Handelshøyskolen BI

GRA 19703 Master Thesis

Thesis Master of Science 100% - B

Predefinert informasjon

Startdato:	16-01-2022 09:00	**Termin:**	202210
Sluttdato:	01-07-2022 12:00	**Vurderingsform:**	Norsk 6-trinns skala (A-F)
Eksamensform:	T		
Flowkode:	202210||10788||IN00||B||T		
Intern sensor:	(Anonymisert)		

Deltaker

Munir Said Safi, Alexander Moene Podolski

Informasjon fra deltaker

Tittel *:	How corporate wellness programs affect judgments of responsibility for employee burnout and Zoom fatigue
Navn på veileder *:	Mads Nordmo Arnestad

Inneholder besvarelsen konfidensielt materiale?:	Nei	**Kan besvarelsen offentliggjøres?:**	Ja

Gruppe

Gruppenavn:	(Anonymisert)
Gruppenummer:	7
Andre medlemmer i gruppen:	

– Master of Science Thesis –

Hand-in date:

01.07.22

How corporate wellness programs affect judgments of responsibility for employee burnout and Zoom fatigue

Campus:

BI Norwegian Business School Bergen

Examination code and name:

GRA 19703 Master Thesis

Supervisor: Mads Nordmo Arnestad

Programme:

MSc in Leadership & Change

Acknowledgement

This master thesis is part of the MSc in Leadership & Change at BI Norwegian Business School. We are thankful for everyone who participated in helping finalize it.

We would first and foremost like to express our greatest gratitude and a special thanks to our supervisor, Mads Nordmo Arnestad, for his feedback, exciting discussion, and helpful contributions. We really appreciate the many insightful discussions that challenged us to think critically. It has been an honor to have Mads as our supervisor throughout this process. Thank you!

Furthermore, we would like to give thanks to our family and friends who helped and supported us. Lastly, we would like to thank each other for such great and exciting teamwork. For both of us, the process of writing together has been enriching, challenging, and we genuinely believe that our thesis touches upon an interesting and highly relevant topic.

Have a great read,
The authors

Executive summary

The question of responsibility for employee mental health has been discussed in terms of corporate wellness programs. Still, there is a lack of research on perceptions of responsibility for those struggling with Zoom fatigue. Therefore, this thesis investigates how corporate wellness programs affect judgments of responsibility for employee burnout and Zoom fatigue. Two experiments were conducted with a total of 8 hypotheses based on established research and theory.

Experiment 1 aimed at investigating how the mere availability of a corporate wellness program affects perceptions of responsibility for employee mental health issues. The result of this experiment showed that the theorized skew of judgment of responsibility from the employer to the employee is less than first anticipated. However, they also indicate that this shift in responsibility is conditional on the belief in the efficacy of the corporate wellness program. The more people believe in a program, the more they tend to place responsibility on the employer. If one thinks that corporate wellness programs work and are available to employees, more responsibility will be given to the individual themselves. But if one believes that they do not work, one concurrently does not believe that the responsibility lies with the individual. Consequently, if an employer chooses not to offer a wellness program and the employees believe in the program, the responsibility is set lower on individuals and higher towards the employer. Thus, it can be said that the presence of a wellness program changes the perception of responsibility; however, it depends on whether you believe that such a program would be effective.

Experiment 2 investigated how employees' uptake of corporate wellness offerings affect the perception of responsibility for poor staff mental health. As with experiment 1, the results showed that the theorized skew of judgment of responsibility upon the employer and the employees is less than first anticipated. People's perception of responsibility does not seem to be affected at all by employee uptake of the corporate wellness offering. Thus, the employer and employees were given about the average responsibility for the employees' mental health issues.

Through the results of both experiments, we found that (1) the theorized shift in perceived responsibility was less than first anticipated, (2) the skew in responsibility seemed to be conditioned by the belief in the efficacy of the corporate wellness program, and (3) employees' uptake of corporate wellness programs did not seem to affect perceptions of responsibility in any way.

Table of contents

List of models

List of tables

List of figures

1. Introduction

Following the Covid-19 pandemic, millions of employees around the world were required to work from home indefinitely, using videoconferencing technologies to collaborate. The unprecedented shift to full-time remote employment proved the viability of remote work on a large scale, further legitimizing the last decade's ongoing work-from-home movement (Brucks & Levav, 2022). Working from home has several positive impacts, such as cutting the cost of "home-work-home" traveling, improved performance, increased employee satisfaction, saved time and organizational resources (Barbuto et al., 2020; Thulin et al., 2019). However, research has also highlighted several negative impacts, particularly in relation to mental health and well-being, such as stress, fatigue, and exhaustion from excessive videoconferencing (i.e., Zoom fatigue) (Riedl, 2022; Spagnoli et al., 2020). In response, many organizations have increased their investments in health promotion, offering corporate wellness programs to employees as a self-care tool to cope with mental health issues (Greenwood & Anas, 2021).

Clearly, there are several parties in the workplace, such as employers and managers, unions, government agencies, and employees. Each has influence or control over the different factors that affect employees' health. Therefore, they might hold different attitudes toward the causation of health issues, and consequently about the placement of responsibility for employees health (Green, 1988). Employers obviously want a healthy workforce and try to minimize their liability by offering a wellness program for employees. Such an approach conveniently leads to a shift in responsibility from employer to employee. Thus, employees are judged as responsible for any occupational disease, making this fundamental switch in responsibility problematic (Gordon, 1987). Several scholars have pointed to the focus on self-responsibility and self-management that form part of various health promotion strategies. They argue that this focus sees individuals as morally deficient, ignorant, and lacking the capacity and self-control to take sizeable responsibility for their health if they do not adopt the health initiatives (Crawford, 2006; Crawshaw, 2013; LeBesco, 2011; Lupton, 2015; Petersen & Lupton, 1996).

Health is also influenced by a significant number of forces outside the individual's control. While acknowledging individual choice and responsibility for their health, this set of beliefs concentrates on the role of the environment. The workplace can be seen as a crucial influence on health when attention is on the organization and the design of work (Shain & Kramer, 2004). Furthermore, employee mental health is considered as more the responsibility of the organization. Mainly because employees are subjected to work pressure by their employers, stress can be seen as a risk factor for mental health issues (Van Berkel et al., 2014). Additionally, throughout history, we have implicitly placed the burden of effecting change on employees (Minkler, 1978) and not the more powerful management, thereby blaming the victims for their poor health. This is exactly the viewpoint of several ill-conceived workplace health promotion programs (Allegrante & Sloan, 1986). In any case, there has been limited research on this debate, making it natural to find the issue interesting and prompting further research on the phenomenon. Of note, the number of mental health problems related to Zoom fatigue has skyrocketed during the pandemic mainly due to the use of home office and videoconferencing technologies (Bennett et al., 2021; Shockley et al., 2021; Spagnoli et al., 2020).

The question of responsibility for employee health has been discussed in light of corporate wellness programs by several scholars. Even though they have debated the topic, to our knowledge no research has investigated people's perceptions of responsibility of employee burnout and Zoom fatigue. Additionally, very few controlled experiments have been conducted such that we cannot say anything for sure about causation. Therefore, we see a need to address the evident gap in the literature that has been very relevant during the Covid-19 pandemic. Through the debate of who is responsible for employee mental health, we came up with the following research question:

"How do corporate wellness programs affect judgments of responsibility for employee burnout and Zoom fatigue?"

The purpose of this thesis is to elaborate on previous research targeting responsibility for employee mental health issues. To answer our research question, we conducted two experiments: the first to investigate how the mere availability

of a corporate wellness mindfulness webinar series for employees may affect people's perceptions of responsibility for employees' poor mental health, and the second to uncover how employees' uptake of corporate wellness offerings affects said perception. A review of existing literature will be conducted on relevant academic topics to build on previous debates about responsibility for employee mental health.

2. Literature review

This chapter presents a literature review of the thesis topic, starting with a broad overview of remote work in the earlier stages up to recent times during the pandemic. Then, presenting digital leadership and the main findings around this concept. Further, we narrowed down our review to target corporate wellness programs, and lastly presenting moral responsibility.

2.1 Remote work

Without a doubt, the pandemic had a significant impact on human life, organizations, and societies. It disrupted individuals' lives through career shifts, job losses, and personal challenges to physical and mental health. Organizations have had to reorganize and channel existing resources toward new ways of working as the traditional approaches are no longer viable and unsustainable (Franken et al., 2021). There has been a shift within workplaces because of the pandemic, forcing organizations to swiftly adapt to the new circumstances. The rise of the remote work arrangement is clearly one such adaption (Brynjolfsson et al., 2020).

2.1.1 Defining remote work

Remote work can be defined as work or tasks performed by employees who utilize technology in order to work outside the normal organizational office environment (Gajendran & Harrison, 2007; Olson, 1983). Employees who work physically distant or in a different location from their coworkers and management are referred to as remote workers (Staples, 2001). The location could be a satellite office, home office, or coworking space; however, a home office can be regarded as the primary location for remote workers (Gajendran & Harrison, 2007). Additionally, there are no agreed terms for "remote work"; different terms such as "teleworking", "home-working", "remote work", "virtual work" etc. are used throughout the literature. All these terms seem to have the same meaning and are interchangeable (Baruch, 2001).

2.1.2 Prerequisites for remote work

The feasibility of remote work is dictated by the characteristics of the individual's jobs and of organizations (O'Neill et al., 2009; Peters et al., 2004). Research outlines that knowledge workers are normally best suited for working remotely,

and remote work is likely to be performed by those with a high level of education, those whose work do not require a physical presence, and who are supervised by a leader or manager who participates in the remote work. Additionally, organizations with more than one physical office location and several levels of employees are more likely to prefer and facilitate remote work (Peters et al., 2004).

2.1.3 Evolution of remote work

The widespread attentiveness of teleworking in management literature started in the 1970s when the term "teleworking" was coined to describe remote working outside the office (Baruch, 2001). It was envisioned at the time that advances in technology would curb urban sprawl and increase employee productivity (Kumar et al., 2021). Crises on a local and global level have a rich history in increasing remote work adoption. For example, both corporations and academia became more interested in virtual work following the oil crisis in the 1970s (Kumar et al., 2021). This form of work was expected to be the "next workplace revolution" in the 1980s (Baruch, 2001); and the interest in remote work continued to grow in the 1990s among employers, communities, employees, transportation planners, and many others (Handy & Mokhtarian, 1996). Furthermore, advancements in communication technologies and the use of electronic devices, such as cell phones, personal computers, email, etc. have escalated the adoption and increased the feasibility of remote work in the 2000s (Kumar et al., 2021). This phenomenon has been regarded as a win-win scenario for employers and employees alike to reduce real estate costs, making it possible to choose talent from anywhere, motivate employees, and sustain the employee work-family balance (Madsen, 2003).

2.1.4 Current state of remote work

In recent years, information technology has become an integral part of the work and office environment such that physical working offices have been gradually losing their importance (Nakrošienė et al., 2019). Between 2005 and 2015, the number of U.S employees who either fully or partially telecommuted increased by 115 percent, according to the American Psychological Association (Abrams, 2019). Among the European Union (EU) Member States, the average number of

teleworkers amounted to 17 percent in 2015, ranging from 7 percent in Italy to 37 percent in Denmark (Nakrošienė et al., 2019).

Scholars have pointed out several advantages and implications of remote work for individuals, organizations, and society at large (Pérez et al., 2003). Regarding organizations and employees, they have discussed the cost-savings, enterprise flexibility, retention and recruitment of staff, and jobs for those with a disability (Di Martino & Wirth, 1990). Furthermore, employees who work remotely have more flexibility and time to engage with other (non-work) aspects of life, hence improving their work-life balance (Kumar et al., 2021). Other possible advantages include increased autonomy (Harpaz, 2002), the saving of travel time and expenses (Morgan, 2004), increased productivity (Fonner & Roloff, 2010; Golden & Veiga, 2008; Harpaz, 2002), and reduced air pollution and traffic congestion (Handy & Mokhtarian, 1996; Harpaz, 2002).

The growing adoption of telework has, however, created several challenges. Scholars have identified the negative effects of remote work, such as employees worrying that their career prospects may be reduced as a consequence of reduced visibility (Maruyama & Tietze, 2012), work-family conflicts (Eng et al., 2010), less worker happiness and more stress (Song & Gao, 2020), isolation (Ammons & Markham, 2004), and long working hours (Jaiswal & Arun, 2020).

2.1.5 Impact of Covid-19 on remote work

A movement was brewing before 2020 within many organizations. Personal technology and digital connectivity has advanced at a rapid pace, and employees have started to ask, “Do we really need to be physically present at the office to do our work?” (Choudhury, 2020). We received the answer when the pandemic sparked what some call the “working-from-home-economy”. Some workers may have had the freedom and flexibility to work remotely even before the pandemic; however, the unprecedented and seemingly temporary shift to remote work may look like it is here to stay (Amico, 2021). As part of this shift, many organizations have had to rely heavily on digital platforms with video call capabilities (e.g., Microsoft Teams, Zoom, Skype) as substitutes for face-to-face meetings (Shockley et al., 2021).

2.1.6 Virtual meetings

Just a few weeks into full-time remote work life, the specific concept of "virtual meeting fatigue" emerged, known as "Zoom fatigue" (Fosslien & Duffy, 2020; Gallo, 2020). This phenomenon arose in the common vernacular to describe the degree to which employees felt fatigued or exhausted after a long day of virtual videoconferencing (Bennett et al., 2021; Fosslien & Duffy, 2020; Gallo, 2020; Shockley et al., 2021). This exhausting condition may be justified in part by the necessity of increased concentration and focus in order to absorb information (Fosslien & Duffy, 2020; Gallo, 2020; Jiang, 2020). For instance, during an in-person conference, you may rely on whispered side exchanges to catch up if you lose focus or ask quick, clarifying questions. However, during a videoconference, this becomes almost impossible. You only have the option to use the private chat feature or awkwardly interrupt and unmute yourself to ask if your colleague could repeat themselves (Fosslien & Duffy, 2020).

Meetings are a common activity in daily organizational life. However, how daily fatigue relates to meetings performance has been understudied in the organizational literature (Shockley et al., 2021). Shanock et al. (2013) studied surface acting and perceived meeting effectiveness and its relation to emotional exhaustion. They found that meeting participants can surface act, for instance acting pleasant toward other meeting participants even when they disagree, or putting on a smile when they feel angry about a decision. In other words, they act inconsistently with their internal emotional state. Faking one's emotions during meetings takes the focus away from the task at hand and leads to decrements in performance (Beal et al., 2005). Hence, this strategy may use up participants' emotional resources, leaving them feeling emotionally depleted during and after meetings, which can negatively affect meeting performance (Shanock et al., 2013). Additionally, there has been a steady increase in virtual meetings both in frequency and duration since the transition to the remote work setting. A consequence of working at home (alone) versus the office (together with others), is that employees experience an increased need for coordination. When one sits together, a lot of the coordination takes place informally, for instance during coffee breaks. However, during the pandemic with the home office, this coordination had to take place through formal meetings. Therefore, employees tend to experience spending a lot of time during the day on virtual meetings,

which of course could led to an increase in Zoom fatigue and ineffective virtual meetings (Cramton, 2001; Graber, 2015; Laker et al., 2022)

Virtual meetings performance indicators, such as voice and engagement, can be linked with self-presentation (Shockley et al., 2021). Employees have the ability to observe and evaluate coworkers voice-related behavior (McClean et al., 2013) and engagement (Venz & Sonnentag, 2015). Thus, in order for employees to voice their ideas and engage in virtual meetings, they are required to deploy their cognitive resources (Bennett et al., 2018). Employees will be more visibly fatigued and less likely to voice their ideas and stay engaged (Shockley et al., 2021). However, the reduced cognitive attention caused by virtual engagement does not prevent all collaborative actions (Brucks & Levav, 2022). Idea generation is usually followed by a decision about which idea to pursue that necessitates cognitive attention and analytical reasoning (Simon, 1955). As videoconferencing groups have a narrower visual focus than in-person groups, they tend to produce less innovative ideas. Yet, when it comes to idea selection, there is no indication that videoconferencing groups are less productive (Brucks & Levav, 2022). Furthermore, the idea of self-presentation is supported outside the context of virtual meetings. It has been shown that self-presentation in a customer service environment, where employees regulate their emotional display - such as smiling to customers despite the employee's own internal emotional state - can lead to fatigue and exhaustion and in the end, a lack of performance (Hülsheger & Schewe, 2011). Of note, this idea was tested in an organization field experiment, showing that taking part in virtual meetings and using a camera is fatiguing. Fatigue itself can be problematic for voice and engagement during meetings may affect employee well-being and performance (Shockley et al., 2021).

Working remotely in the technology world has been around for quite a while. However, it has evolved drastically as a response to the Covid-19 pandemic. Some employees may enjoy the new freedom and not having to commute to the office; yet, as months and quarters go by, it can start to get lonely, and employees may experience a lack of motivation (Taplin, 2020). The academic research around remote productivity is mixed, with some saying it increases while others suggest a decline (McGregor & Doshi, 2020). An experiment with 1,000 employees was conducted in 2015, outlining a 13 percent increase in employee

performance and a 50 percent drop in employee quit rates while working remotely. Despite the positive results, half of them requested returning to the office after nine months. They felt lonely and depressed, indicating that working from home for an extended period may reduce productivity and lead to mental health issues (Gorlick, 2020).

A study conducted with PwC executives showed an increase in productivity at the initial stage when employees were first forced to work remotely. However, a potential problem was soon found. The productivity levels and increases were propped up by a small number of super achievers, who had been working longer hours and harder than before the pandemic (Buggenhout et al., 2020). The distinctions between work and non-work are blurring in an unexpected way such that many employees are unable to distinguish between their personal and professional lives. Afternoons blend with evenings, weekdays blend with weekends, and little time off remains (Giurge & Bohns, 2020). The rest of PwC´s executives found remote work more difficult on a practical or emotional level, or a combination of both. This indicates that fatigue and stress may lead to issues related to performance, engagement, and mental health (Buggenhout et al., 2020). Additionally, research has shown that in-person collaboration is crucial for innovation and creativity. Face-to-face meetings are essential to developing new ideas and keeping employees focused and motivated (Gorlick, 2020). Thus, in the current situation, remote work is likely to reduce motivation (McGregor & Doshi, 2020)

Based on the theoretical findings, we will use the term “Zoom fatigue” throughout the thesis. This expression will be a collective term for the symptoms employees experience due to an excessive use of video meetings in a remote work setting, such as fatigue, isolation, depression, stress etc. - issues related to mental health. We would like to point out that the term “Zoom fatigue” applies to all forms of video meetings through several digital platforms such as Skype, Microsoft Teams etc. and not only through the platform called Zoom.

2.2 Digital leadership

Over the last few decades, organizations have been looking to use new digital technologies and learn how to benefit from them to survive digital disruption. New innovations and technologies have had a major influence on how industries traditionally work (Hess et al., 2016). With the increased pace of new technologies, organizations must utilize and cultivate the power of these technologies with the aim of creating a competitive advantage (Sheninger, 2019). Organizations that do not manage to follow digitalization trends will in the future be slower, less flexible, and less competitive (Zeike et al., 2019). Furthermore, as a result of digital disruptions, leaders are facing new challenges. Across sectors and regardless of an organization's size, companies are converting their traditional workplaces into digital spaces (Cortellazzo et al., 2019). Leadership is seen as a critical factor in an organization's digital transformation success. Leaders must keep the business functioning, while also planning for an unpredictable future (Gray, 2018).

There are numerous definitions of leadership: a general one is the process of influencing others to achieve organizational goals (Contreras et al., 2020). The impact of digital leaders is even more visible since they must influence building productive and functioning virtual teams to achieve these goals (Contreras et al., 2020). Of note, the most common definition of digital leadership is that of Avolio et al. (2013) who define digital leadership as "a social influence process embedded in both proximal and distal contexts mediated AITs (advanced information technologies) that produce a change in attitudes, feelings, thinking, behavior, and performance" (Avolio et al., 2013). Digital leadership has become more important than ever, as organizations continue to embrace new forms of it. To increase business performance, it is important that leaders possess a combination of skills and digital capability that will drive those innovations ensuing from digital transformation (Katanic, 2021; Mihardjo et al., 2019; Mihardjo & Furinto, 2018).

Especially during the last two decades, leadership work has been impacted by the increasing use of technologies such as Artificial Intelligence (AI) in organizational operation and governance (Bhatta, 2021). Leaders are to be held responsible for the new ethical challenges that have emerged from the dark side of

digital transformation. This will further blur the lines between employees' personal and professional lives while fomenting the overuse of digitalization procedures, causing employees to be overwhelmed with information (Cortellazzo et al., 2019). The more complex and advanced the technology, the larger the associated ethical issues and the more frequently companies need to deal with privacy, government regulations, cybersecurity, confidentiality, and other concerns about their employees' future (Hai et al., 2021). Therefore, organizations cannot present themselves as technologically savvy if they are not concerned about the ethical impacts of the use of technology on employees, customers, and the other stakeholders in their ecosystem (Bannister et al., 2020). Few leaders and organizations outline an overall approach to ethical impacts as a result of the technology being used, especially not at the first stages of digital transformation (Bannister et al., 2020).

2.2.1 Impact of Covid-19 on digital leadership

The Covid-19 pandemic has altered work life across the globe. Organizations have made rapid substantial changes in the way they work by depending more on flexible practices not limited by time, location, type of communication, along with the use of information (Contreras et al., 2020). To successfully deploy these strategies, the necessary technology, as well as social and organizational support, are required. Leaders throughout the world face upheaval and uncertainty on a daily basis, and they need to prepare for an uncertain future. Change has been the key constant during the pandemic; therefore, leaders have had to make changes to their working method to cope with a drastically moving environment, flexible work arrangements, and other unforeseen possibilities (Committee of 200, 2021; Contreras et al., 2020). Leadership plays a crucial role in times of transition or crisis, which has been the case with the pandemic. During the pandemic, leaders' abilities have certainly been challenged. They have had to be smart and effective; however, they also have needed to influence others to get the work done. After the outbreak of the coronavirus, social distancing - deliberately increasing physical space between individuals - was adopted as a sound preventative method (Prin & Bartels, 2020). Employees have been physically away from their colleagues, and their supervisors have not been present for problem solving. As a result, digital leaders need to create a work environment that encourages engagement to accomplish desired organizational results (Contreras et al., 2020). To achieve

these goals, digital leaders must apply their skills and abilities to develop both productive and successful digital teams. To ensure the effectiveness of these virtual teams, leaders must establish a level of trust with each team member, as well as a virtual "presence", to avoid physical distance from becoming a barrier (Cowan, 2014).

As a result of working remotely, employees may experience decreased trust and support from their managers and organizations (Newman & Ford, 2021). Therefore, one of the most important task for managers is to create and sustain solid connections with those employees working from home (Golden, 2006). Establishing trust between managers and virtual workers requires open communication (Graves & Karabayeva, 2020). It is critical to express care for employees' well-being and let them know that their efforts are valued. Meanwhile, managers should not undervalue the importance of communication, as messages may be missed when working remotely. Resisting the desire to micromanage employees not physically present, especially if trust has not been established, is critical (Graves & Karabayeva, 2020; Neeley, 2020). Hence, managers must devote additional time and effort to building trust since remote workers must believe in their leaders as a trustworthy source and organizational support. Employees experiencing high levels of trust may be more proactive, concentrate more on tasks, communicate better, and become more open to feedback (Newman & Ford, 2021).

Employee mental health is not a new concept: it has been around for quite some time. Leaders must guide their staff through challenging times and manage difficult circumstances with humility and understanding. Nonetheless, the Covid-19 pandemic was a tipping point for employee burnout (Committee of 200, 2021). Some companies brought in human resources professionals to check in regularly with employees to ask about their mental health, leading to higher motivation and productivity (Arora & Suri, 2020). A survey has shown that employees value regular check-ins to see how they are doing, both emotionally and professionally. Emotional support from senior executives is generally appreciated (Sull et al., 2020). However, due to the restrictions (e.g., decree for home office) of the pandemic, these check-ins were not enough to increase employee well-being. As humans, we are essentially social animals. In fact, some studies suggest that the feeling of disconnection from others is a significant health risk as excessive

alcohol consumption, smoking, and lack of physical activity (Holt-Lunstad et al., 2010; Shirom et al., 2011). Psychological health is grounded in both acceptance by and attachment to others. Many organization management teams responded to the excessive use of remote work with an increased investment in corporate wellness programs. These programs were offered to employees to cope with Zoom fatigue and meant as a tool to support self-care (Barton et al., 2022).

Support from top management does send a message of concern about employee health and that management is prepared to invest resources and time to address the issue. Employees will most likely not want to get involved or even support these initiatives if they feel their leaders are only superficially interested in promotion programs and not genuinely interested in enhancing employee well-being (Leka & Houdmont, 2010). Leaders play an important role in creating an organizational culture of health and well-being (Milner et al., 2015). Employees who perceive their leadership to be in support are correlated with positive behaviors and outcomes (Hoert et al., 2016). Hoert et al. (2016) argue that employees who sense high levels of leadership support for health promotions also exhibit lower levels of job stress, more positive health behaviors, and increased levels of participation in such wellness programs. However, it might be argued that leaders who only voice their support for wellness programs do not directly impact employee well-being. Employees might not acknowledge the strategies and policies put in place by their leaders, only seeing the outcomes. The lack of tangible evidence of leadership commitment might lead to lower levels of impact (Milner et al., 2015).

Participation in wellness programs facilitates the link between personal health and corporate identities. These programs act as an identity bridge, easing the individual into the work environment (Dailey & Zhu, 2016). Furthermore, in a study about whether transformational leaders influence their employees, empowerment and the impression of justice were revealed to be facilitators of exceptional performance. Via justice and employee empowerment, transformational leaders can influence employees to go above and beyond what is expected. This can have a positive impact on both the company's success, as well as individual well-being (Walsh et al., 2014).

Despite research demonstrating how management may increase the value of work and make the environment better for employees, there are studies that demonstrate

the contrary. Research on corporate psychopaths, toxic leadership, and employee attitudes toward health as a highly personal affair are among the most popular topics (Mazur & Mazur-Malek, 2017a). There are clear indicators that corporate psychopaths have significant, negative impacts on conflict, bullying and employee well-being (Boddy, 2014). When considering unfavorable workplace behavior and influence, toxic leadership is taken into account. Abuse, fostering injustice, indecisiveness, divisiveness, and a lack of integrity decrease work satisfaction and organizational commitment among employees (Mehta & Maheshwari, 2013).

2.3 Corporate wellness programs

Organizations are increasingly investing in employee health and well-being to generate a high-functioning staff (James, 2013; Parks & Steelman, 2008; Ton, 2014). One of the most common socially-responsible policies targeting employees are corporate wellness programs (Gubler et al., 2018). These programs can be defined as on-site or off-site services introduced by organizations to promote and encourage health and safety for all employees (Parks & Steelman, 2008).

A survey performed by Fidelity Investments and the National Business Group on Health in 2013 found that almost 90 percent of companies use corporate wellness programs of some sort (Wieczner, 2013). Furthermore, corporate wellness programs impact several aspects of employees well-being, such as social, emotional, psychological, and physical wellness. These programs include, but are not limited to, mindfulness-based programs or yoga interventions (Della Valle et al., 2020; Vonderlin et al., 2020), disease-targeted programs (e.g., diabetes, asthma, heart disease, cancer, depression, etc.) (Mattke et al., 2013), and health screenings/health risk assessments to detect health issues or lifestyle management programs (Mattke et al., 2013). Hence, many organizations utilize corporate wellness programs to benefit from the healthier employees to reduce absenteeism and insurance costs, lower the number of injuries, and increase worker productivity (Gubler et al., 2018). For the purpose of this study, terms like “corporate wellness program”, “corporate wellness offering”, “corporate wellness initiatives”, “corporate wellness efforts”, "health promotion program" and “wellness program” etc. are used interchangeably to refer to programs implemented by employers to prevent and treat health problems.

2.3.1 Brief overview of corporate wellness programs

Corporate wellness programs have been utilized in the workplace since the late 1800s. There are reported incidences of practices initiated by the Pullman Company in the United States, where the management established an athletic association to provide housing, stores, and schools (McPeck, 2019). Soon, other manufacturers invested in similar programs as they believed that healthy workers would increase production. However, these initiatives were the exception, not the rule; in comparison with the standards we see today, they would be considered crude. Still, these programs made companies see the benefits of a healthy workforce (Albecht, 2016; McPeck, 2019).

Although organizations began promoting worksite health almost 150 years ago, the majority of initiatives did not occur until the 1970s when true corporate wellness programs started to come into focus (Olmstead, 2011; Reardon, 1998) with Johnson & Johnson's Live for Life program, launched in 1979. Their effort is considered to be the prototype for the modern corporate wellness program (Oppenheim, 2019). Offering their employees access to a large-scale program to improve their health, as well as reducing costs related to employee benefits and increasing worker productivity, was seen as groundbreaking (Goetzel et al., 2002).

Between the 1980s and the early 2000s, companies came to focus on treating high-cost employees and designing wellness programs that targeted high-risk employees' health issues. This high-risk-only bias changed with the research from Dee Edington (2001) who found that people naturally flow between low-risk to medium to high-risk, and from high-risk to medium and to low-risk. With the realization of the importance of all employees' well-being, organizations shifted their lens focus on all workers, not just those considered at high risk for health issues (Albecht, 2016). Over the past fifteen years, corporate wellness programs have become very common, especially in large, multinational organizations. In particular, U.S.-based organizations have made significant strides toward guaranteeing the well-being of employees, with companies in Europe increasingly following suit (Oppenheim, 2019).

2.3.2 Corporate wellness efficacy

Wellness has been an increasingly valid topic of discussion in the workplace. Healthy and content employees have long been recognized as exhibiting a higher productivity rate. Increased employee happiness would obviously benefit the organization, resulting in a reduced cost of healthcare and lower absenteeism. Therefore, many organizations have chosen to increase their investments in these special programs while aiming to improve employee wellbeing and health, thus making workers more effective and efficient (Mazur & Mazur-Małek, 2017b). Upkeeping employee wellness is crucial to enhancing interpersonal relations at work, stimulating job satisfaction and employer loyalty, increasing the number of work tasks performed, implementing more effective strategies, and working more effectively (Ford et al., 2011).

2.3.2.1 Absenteeism and presenteeism

Corporate wellness initiatives have become a common way for organizations to address employee well-being and lower absenteeism and presenteeism (Valentine et al., 2019), the two primary causes of lost productivity in the workplace. Absenteeism is the absence from work of an employee due to illness or disability (Cancelliere et al., 2011). Traditionally, costs related to absenteeism have always been high. In fact, absenteeism is used to assess the efficacy of corporate wellness programs because of the potential cost savings (Gubler et al., 2018; Ho, 1997; Parks & Steelman, 2008). The expense of lower productivity owing to frequent absence from work, less experienced replacements, and the added expenditure of recruiting temporary workers are the primary economic repercussions of employee absenteeism (Ho, 1997). Seeing that one of the main reasons behind the implementation of corporate wellness programs is to improve employee health, it may also reduce absenteeism rates. Lowering these costs, as well as having healthier employees present, give organizations an incentive to implement wellness programs (Gubler et al., 2018; Parks & Steelman, 2008).

Workers present at work but limited in their job performance due to a health concern exhibit presenteeism (Cancelliere et al., 2011). Presenteeism is sometimes considered to be a more positive phenomenon than absenteeism. However, it can be just as damaging for both organizations and employees (Dew et al., 2005). For employers, presenteeism is often a hidden cost. Workers may be physically

present at work but unable to perform at their best because of a health condition. Organizations have become more aware of this type of productivity loss and its significant economic implications. Hence, workplace health promotion and corporate wellness programs aimed specifically at presenteeism have become more common (Ammendolia et al., 2016). Organizations should not focus on whether they should implement corporate wellness programs but rather concentrating on the efficacy and design of such programs to reduce health risks and enhance productivity (Cancelliere et al., 2011).

Absenteeism and presenteeism are both part of a continuum, where presenteeism stands between full work engagement and absenteeism (Johns, 2008a). Hence, absenteeism and presenteeism are frequently considered to be interrelated. When absenteeism is not an available option or considered too costly for the organization, there is a rational possibility that presenteeism will occur (Johns, 2008b). Individuals may only be absent if they are sick or endure a low quality of life. This barrier will vary depending upon the working situation, the type of illness, the degree of coping, and the social support available. As a result, the line between absenteeism and presenteeism might shift dramatically over time (Cancelliere et al., 2011).

2.3.2.2 Employee productivity

Due to a decrease in employee productivity, many companies around the world are implementing corporate wellness programs with the aim of improving their employees' mental and physical health to increase workers' productivity (Clack & Fraser, 2019). Gubler et al (2018) argue that corporate wellness programs might be effective and enhance employee productivity through two mechanisms: job motivation and capability.

By implementing a corporate wellness program, organizations can show interest in employee well-being. Programs designed to improve workers' health are costly, but they signal concern for the quality of the work life, as well as their life outside of work. This should contribute to increased motivation and therefore employee productivity (Gubler et al., 2018). Many organizations implement corporate wellness programs to help employees identify and focus on their existing health conditions and issues. When workers become aware of unknown health

conditions, they might feel gratitude toward their employers for providing them with valuable information (Bartlett & DeSteno, 2006; Gubler et al., 2018). Such information provides the basis for the reciprocity theory of actors. In this case, employees are reacting to the unexpected giving by responding in turn, even though the receiver does not want the gift (Grant & Gino, 2010). Hence, when employees learn about an unknown illness, it might increase their productivity and desire to make a contribution to the organization (Dabos & Rousseau, 2004; Gubler et al., 2018).

The use of corporate wellness programs could also increase productivity and efficiency by helping employees improve their health, thus reinforcing their work capability. If employees are already aware of a health problem, organizations may focus their wellness programs to make them take action toward better health. This includes, for instance, free counseling on nutrition, substance abuse, weight loss, and exercise. Encouraging people to devise a strategy to achieve a desired result should greatly improve their chances of success. Hence, employees can take the necessary measures to attain a positive and healthier lifestyle (Milkman et al., 2011; Rogers et al., 2015). It is generally acknowledged that health issues impair one's capacity to work. Consequently, employees who improve their health may be those most beneficial for their employers, as these workers will see the largest productivity gains as a result of improved work capability (Currie & Madrian, 1999; Gubler et al., 2018). Therefore, it is important that organizations offer effective wellness programs to all employees and not only to those with health problems. All employees should benefit from participating in wellness programs, as they might improve both their health and productivity (Gubler et al., 2018).

2.3.2.3 Job satisfaction

Job satisfaction is a complex and extensively researched area. Many studies have found that job satisfaction has a strong impact on employee motivation, which in turn has a major impact on productivity (Aziri, 2011). Even though the term "job satisfaction" has been used widely in scientific research, there is still no general agreement as to what it actually is. Still, it is typically defined as the level of positive affect toward the employee's job (Spector, 1997). Furthermore, job satisfaction has to do with how people feel about their work. The concept represents a combination of favorable and unfavorable feelings and emotions voiced by employees toward their work, as well as their sense of achievement and

success on the job (Kaliski, 2007; Newstrom, 2007). The level of job satisfaction may also be affected by several organizational factors, one of which is whether the organizations offers a wellness program (Parks & Steelman, 2008).

Job satisfaction is of particular interest because of its impact and consequences for the organization, such as absenteeism and turnover, and for the employee in terms of mental and physical health. Hence, it would be beneficial for an organization to seek highly-satisfied employees (Ho, 1997). Employers that offer wellness programs will be showing more interest in their employees. This will enhance employees attitudes toward the organization (Parks & Steelman, 2008), as they see organizations that offer wellness programs favorably, provoking better attitudes toward the business, job satisfaction, and benefit satisfaction (Ho, 1997). Furthermore, simply offering a wellness program may indicate to employees that the organization cares, and by participating in such programs has been shown to be effective, resulting in increased employee job satisfaction (Zoller, 2004; Abdullah & Lee, 2012).

2.3.3 Corporate wellness programs during covid-19

The uncertain and difficult circumstances experienced throughout the pandemic have left many employees struggling to deal with daily activities. Distractions and problems have arisen while having a home office, forcing employees to balance work with childcare and reconciling feelings of being isolated. Therefore, workers forced into social isolation and unconventional work arrangements have shown the need to preserve and improve their psychological well-being (Chang et al., 2021). The induced need to work from home, using a digital format, has led to Zoom fatigue (Chaturvedi & Rathore, 2021; Laker & Roulet, 2021). Nonetheless, it is the organization’s responsibility to take care of employee well-being and engagement, issues that have become even more important during the pandemic (Chanana & Sangeeta, 2021; Forbes Human Resources Council, 2021; Juchnowicz & Kinowska, 2021). When employees work remotely, the organizations must take measures to preserve, nurture, and enhance their morale, as well as cope with the remote work environment (Mishra & Jena, 2020). The organization must foster a culture in which each employee feels valued as a member of the work team, even when at home (Pattnaik & Jena, 2020). As a result, offering psychological support to employees through various efforts has

become crucial. Some efforts have included free therapy and counseling services, as well as unlimited access to self-care applications for mental health and psychological assistance (Chang et al., 2021).

Due to the pandemic and its restrictions, organizations have evidently been unable to maintain physical corporate wellness initiatives. They have had to modify and adjust their programs for remote personnel. Mindfulness is one approach that may help employees deal with the obstacles and distractions that come with remote work (Toniolo-Barrios & Pitt, 2021). Mindfulness is defined as being aware of and paying attention to what is happening right now without passing judgement (Brown & Ryan, 2003). Mindfulness-based interventions have increased substantially, both in research and practice over the last decades (Bossi et al., 2022; Hofmann & Gómez, 2017; Keng et al., 2011). Furthermore, research has shown that mindfulness-based therapy has a significant effect for a variety of psychological problems, especially stress, depression and anxiety (Grossman et al., 2004; Hofmann et al., 2010; Khoury et al., 2013; Khoury et al., 2015). Therefore, employees forced to work from home during the Covid-19 pandemic may benefit from mindfulness in three essential ways: (1) facilitating psychological detachment, (2) improving attention to work tasks and thus improving performance, and (3) allowing employees to better manage and recover from Zoom or screen fatigue (Toniolo-Barrios & Pitt, 2021). Additionally, according to a variety of studies, a mindful employee is more engaged, focused, and productive. Hence, mindfulness is an important component of enhancing employee engagement and increasing job productivity for remote workers (Pattnaik & Jena, 2020).

As previously highlighted, we are aware that corporate wellness programs can take different forms such as virtual fitness classes, webinars, or mindfulness exercises, etc. Yet, in this thesis, we have chosen mindfulness webinars as the main program for treatment in both experiments. However, the scope of this paper is not mindfulness, but rather individuals' perceptions of responsibility between the employer and the employee regarding employee struggles with Zoom fatigue. In short, mindfulness itself is beyond the scope of the thesis. We chose the mindfulness webinar as a possible program for treatment when there are limited

options. This has been the case during the Covid-19 pandemic, as social interactions and physical contact have been restricted.

2.3.4 Moral responsibility

The excessive use of remote work during the pandemic has led organizations to reevaluate their strategies regarding the struggle with Zoom fatigue. They have tried to reduce the negative impacts that remote work has had on employees. To do so, many organizations have increased their investment in corporate wellness programs. They could offer these programs as a tool to support self-care (Barton et al., 2022). Employees were given the choice to participate and take advantage of these programs to improve their mental health. In such choice situations, moral responsibility emerges. Where the specific choice has wide-ranging consequences both for the decision maker and the other parties affected by the outcome (Zsolnai, 1997). Zsolnai (1997) argues that moral responsibility is displayed when the actor cares about the subject of his/her action. The responsibility relationship will be entered into by the actor, either in a natural way or via a contract.

During the pandemic, the employer had the choice to either offer a wellness program or decline to invest in one, while employees had the opportunity to either participate or decline to participate. Both the employer and the employees were in a situation where the responsible choice involved finding and implementing the best decision alternative consistent with the idea of moral responsibility. There are several components of importance in choice situations: (1) a minimum of two choices for the decision maker, (2) the organization or the decision maker has at least one goal to be achieved, (3) a minimum of one ethical norm represents the duty of the choice maker, (4) and at least one stakeholder is present in the given situation (Zsolnai, 1997).

Organizations and their top management have a crucial role in creating a culture of well-being and health (Hoert et al., 2016) that goes beyond financial performance, in which both the organization and employees can thrive (Grawitch et al., 2009). It is obvious that organizations would like to improve employee well-being since poor well-being tends to cost the organization in greater turnover, absenteeism, and performance decrements (Allen, 1983; Cascio, 2015; Kuoppala et al., 2008; Tziner & Birati, 1996). Employees could take advantage of

such programs and improve their well-being, thus positively impacting both their work and private lives. Additionally, when employees are given the choice to participate, they are in control and have more responsibility for their mental well-being. In other words, an individual is responsible only for those decisions and actions made voluntarily and freely; if they act involuntarily, they should not be blamed or held responsible (Leichter, 2003). Having freedom of choice makes it easier to "blame the victim". That is an ideology where the individuals themselves are blamed for their illnesses and related issues and given responsibility for their health (Crawford, 1977). In other words, being ill or having issues is redefined as being guilty (Minkler, 1999). Therefore, organizations might try to lower their liability and expect employees themselves to take care of their health, as they are being blamed and given the responsibility for it.

In light of the pandemic, without doubt mental health has been on employers' and employees' minds, especially the negative impacts that remote work has on employees well-being. The Theory of Dyadic Morality (TDM) outlines that moral judgments are based on a cognitive template of harm. The definition of harm involves two minds perceived and causally connected, where "an intentional agent causes damage to a vulnerable patient*"* (Schein & Gray, 2018, p.1). Therefore, employers that decline to offer a wellness program to employees who are clearly mentally harmed due to Zoom fatigue might be judged as morally wrong and responsible for their health issues. The dyadic morality model is dynamic and causal, suggesting links between moral judgment and harm. The obvious link from harm to immorality denotes that perceived harm leads to the judgment of acts as immoral. In other words, when acts are observed as harmful, they will be judged as morally wrong (Schein & Gray, 2018). Negative information weighs heavily on the overall impression of a person (Reeder & Spores, 1983). For instance, only a single immoral action or behavior (e.g., stealing) is normally enough to sour one´s impression or evaluation. Additionally, this negative evaluation often persists even when the same person is concurrently credited with various flattering behaviors (Birnbaum, 1973). Thus, organizations that choose not to offer a wellness program may be perceived immoral and given more responsibility. Further, employees who do not choose to participate could be perceived negatively and therefore given more responsibility for their mental health issues.

In chapter 3 and 4, we present our two experiments. Each will have a narrowed theoretical framework used as a basis for presenting our hypotheses. For both experiments, we will provide the method, results, and analysis, and lastly a discussion of each experiment. A preregistration describing our research plan, hypotheses, how the data would be collected and analyzed was reported for both of our experiments at AsPredicted.org. These preregistrations can be found in Appendix 1 and 2, for experiment 1 and 2, respectively.

3. Experiment 1

How does the mere availability of a corporate mindfulness webinar series for employees affect people's perceptions of responsibility for employees' poor mental health?

3.1 Theoretical framework

Although the trend toward workplace health promotion represents a morally sound, selfless step in the evolution of corporate social responsibility, it has been argued that workplace health promotion is not without potential misuse, and its goals and methods ought not to be above ethical scrutiny (Allegrante & Sloan, 1986). There are several examples of corporate wellness programs helping individuals adopt more healthy lifestyles, which again may help reduce absenteeism and other costs related to health issues for organizations (Gordon, 1987). However, the job site is not a neutral setting for employees or employers, as the workplace is often considered a rather hostile and polarized environment. Therefore, one significant aspect to consider when discussing corporate wellness programs is who has a responsibility for health (Gordon, 1987; Kakimoto, 2020). If organizations want to cut healthcare costs, which are then passed on to customers in the form of increased product costs, workers must take greater responsibility for their own health (Allegrante & Sloan, 1986). Organizations must balance these measures with awareness of the issues of equity, justice, and privacy, as well as any attempts to adopt organizational changes meant to provide healthy and safe working environments, if they are to improve worker health (Allegrante & Sloan, 1986).

Health promotion has been criticized because of its tendency to place sole responsibility on the individual to make needed lifestyle changes. This critique is mainly based on the fact that individuals often have to focus on work, family or social situations, rather than practicing good health habits (O'Donnell, 1988). However, maintaining one's health often impacts overall well-being, even though health is not what matters alone in attaining it. The choices we make, the habits we practice, and the lifestyles we choose are all contributing parts of overall well-being (Dougherty, 1993; Martin, 2001). Hence, to maintain good health, individuals have the responsibility to exercise reasonable care, making themselves

morally accountable if they fail to meet them (Martin, 2001). These wellness programs present a clear message that the factors impacting employees' health are solely under their control and not related to work. Again, it is about diverting attention from the crucial role played by occupational factors and employer responsibility to shifting responsibility to the employees themselves (Green, 1988). “Blaming the victim” is an essential part of this shift of responsibility. This philosophy blames individuals for their health issues and proposes that instead of relying on costly medical services, they should take more responsibility for their health (Crawford, 1977).

The ultimate outcome of corporate wellness programs is to increase employee overall health, and changes in employees’ perceptions are usually the first step in changing reality (Perrault et al., 2020). In regard to wellness programs, there has been a great focus on employee participation in past research, ignoring the potential effects these programs have regardless of attendance. Safeer and Allen (2019) suggest that wellness programs are an essential part of organizations’ culture of health, regardless of whether employees participate or not. Hence, the mere presence of a wellness program can act as a resource and impact how well employees deal with their jobs on a daily basis. In this regard, researchers have underlined that HR practices, including wellness programs, are viewed as messages for employees to attach meaning (Chen & Wang, 2014; Sanders & Yang, 2016). However, corporate wellness programs might create negative perceptions, even though organizations initially provide these programs to show support for their employees (Madison, 2016; Mujtaba & Cavico, 2013). Consequently, the question of whether organizations offer wellness programs to shift the responsibility to employees is of importance (Gordon, 1987). As a result, we seek to investigate whether the mere availability of wellness programs in organizations affect perceptions of who is responsible for the poor mental health of the workers. Based on this, the first two hypotheses for experiment 1 are as follows:

Hypothesis 1: Organizations that offer mindfulness webinars to remote workers are judged to be less responsible for the workers symptoms of Zoom fatigue.

Hypothesis 2: Remote workers who are offered a mindfulness webinar are judged to be more responsible for their mental health issues.

Even if limited, past research has examined the link between availability of corporate wellness programs and employee attitudes through the theory of perceived organizational support (POS). Eisenberger et al., (1986) initially developed this theory based on the extent to which employees believe that the organization values their contribution and cares about their personal well-being. Thus, employers who provide wellness programs are viewed as having greater concern for their employees, and as a result enhance employee attitudes toward the organization (Ho, 1997; Parks & Steelman, 2008).

Employees might also feel a sense of self-blame for their health issues, as well as the fear of being blamed by health professionals. This could lead to demoralization about their own health and well-being (Richards et al., 2003). Hence, organizations face the challenge of employees wanting to keep their private lives and work separated, while others are concerned about the role of the employer and a possible violation of privacy. Furthermore, some employees might arrange corporate wellness programs themselves (Robroek et al., 2012). It is therefore reasonable to believe that individuals come to evaluate organizations that offer mindfulness webinars as less responsible for employee health issues and the workers offered a mindfulness webinar as more responsible. Consequently, organizations that do not offer a mindfulness webinar are then more responsible for employee health issues, while workers not offered a mindfulness webinar are less responsible. Thus, we hypothesize that:

Hypothesis 3: Organizations that offer mindfulness webinars are assigned a lower percentage of the responsibility for remote workers' mental health issues, while employees offered a mindfulness webinar are assigned a higher percentage of responsibility. Additionally, organizations that do not offer mindfulness webinars are assigned a higher percentage of the responsibility for the remote workers' mental health issues, while employees not offered a mindfulness webinar are assigned a lower percentage of responsibility.

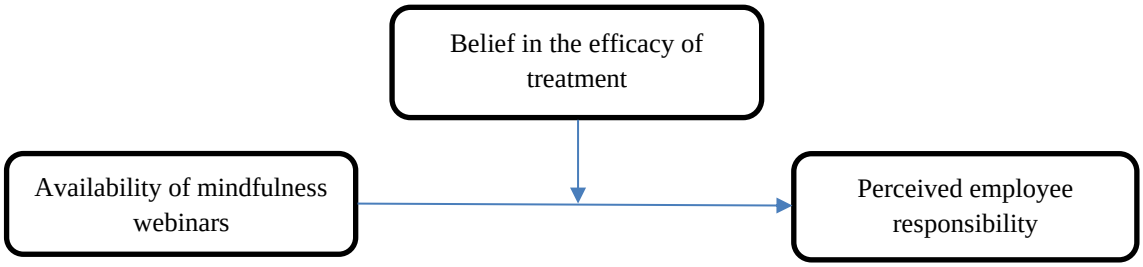
As employees spend a majority of their waking hours at work, employers have the unique opportunity to provide effective and convenient wellness programs that reach large groups of people (Churchill et al., 2014). However, the individual's motivation to change is the most significant stumbling block in health promotion and wellness. Organizations are finding that corporate wellness programs are not

achieving significant or lasting changes in health behavior (Seifert et al., 2012). One reason might be that employees show concern about why these programs are offered in the first place. Still, the availability of wellness programs and work-life benefits may, as previously mentioned, show that employers genuinely value and care about their employees' health and well-being (Caillier, 2017a; Hewett et al., 2019; Kim et al., 2015). From a social exchange perspective, employees will remain with the organization and increase their level of satisfaction when provided with work-life benefits (Caillier, 2017a). Hence, we make the assumption that whether workers believe in corporate wellness programs has a moderating effect on the relationship between the availability of wellness programs and the perception of employee responsibility. We then hypothesize the following:

Hypothesis 4: Whether the remote workers are responsible for their own mental health will depend on whether one has belief in the efficacy of mindfulness webinars initiative. Therefore, the relationship between offering a mindfulness webinar and the allocation of responsibility will be moderated by the participants' belief in the efficacy of mindfulness webinars.

Model 1

Model for H4 experiment 1



Note. We have chosen mindfulness webinars as the main program for treatment (moderator).

3.2 Methodology

3.2.1 Research strategy and design

The intention of these experiments was to answer the research question: *How do corporate wellness programs affect judgments of responsibility for employee burnout and Zoom fatigue?* As mentioned, we intended to present each of the experiments separately. Experiment 1 focused on how the mere availability of a corporate wellness program affects people's perceptions of responsibility for

employees' poor mental health. In this specific experiment, we were interested in investigating people's perceptions of responsibility between the employer and employee, regarding employees' poor mental health during the pandemic. Due to the lack of research about the responsibility for employee mental health, we hoped that new findings would further contribute to the organizational research and inspire others to investigate the phenomenon even further.

We decided to test our hypotheses and answer our research question by applying a quantitative research approach. Quantitative research in various ways attempts to count and/or measure social phenomena and the relations among them (Bell et al., 2019). In the process of creating a relation between concepts, multiple observations provide greater accuracy. As a result, the possibility of certainty about predictions increases (Warne, 2014). We found the experimental design to be convenient and appropriate for our thesis to identify any changes between and across groups on how the mere availability of a corporate wellness program affects perceptions of responsibility. Thus, two separate survey-based experiments were conducted in Norwegian. The experimental design is a well-known method and suited to investigate causal relationships, enabling causal inferences to be drawn by testing descriptive hypotheses regarding variables that can be manipulated (Bell et al., 2019). Additionally, the experiments demonstrate a strong internal validity (Bell et al., 2019). We came up with several hypotheses to be measured by applying different variables to facilitate our findings. The measurements were analyzed to gather information that answers our hypotheses, and finally interpret it. This approach can be referred to as a deductive approach, which follows the sequence of framing hypotheses, testing them by collecting and analyzing the data, and lastly, either accepting or falsifying the hypotheses. Furthermore, an exploratory design was used, with the aim of collecting new insights from which new hypotheses could be constructed (Bell et al., 2019).

3.2.2 Procedure

A posttest only, control group true experimental design was followed in this thesis. With this approach, participants are randomly assigned to either the treatment or the control group, and the outcome of interest is measured only once after the intervention to determine its effects (Gribbons & Herman, 1996). With a posttest only design, we cannot identify any changes in the participants'

perceptions before and after the manipulation (Bell et al., 2019). The participants completed an online survey experiment, using the software platform Qualtrics Survey (See appendix 3 for the full questionnaire). We used the randomization and even distribution feature in Qualtrics to ensure that participants were randomly and evenly distributed between the two possible groups. Due to randomization, a pretest is not regarded as necessary, and we can assume that we obtained comparable groups not subject to selection bias (Gribbons & Herman, 1996). We attained our sampling through an online platform, which was as advantageous as it was fast, convenient, and inexpensive (e.g., Dillmann, Smyth & Christian, 2014). Participation is possible from wherever or whenever and on every device (Malhotra 2010), which facilitated more respondents. Additionally, due to the pandemic and its restrictions, we considered this method of data collection to be more relevant and effective.

All participants started the survey experiment with an introduction explaining the purpose of the thesis and some general information about the experiment. The participants were also asked to agree to informed consent. Further, the randomization feature in Qualtrics was used to randomly assign the participants into two groups and the equal distribution feature were used to ensure an approximate equal total in each group. One of the groups was exposed to a story highlighting an organization during the pandemic, where the employees were having psychological health issues due to the remote work setting. The management team decided to introduce mindfulness webinars as a voluntary initiative for employees to better cope with their mental health issues. However, the initiative resulted in a low or no effect. After being exposed to the story, participants were asked to answer questions about their own judgments of responsibility in the described story. Further, four questions from Rhoades, Eisenberger and Armeli (2001) to measure organizational support were asked before the participants completed the survey experiment by filling in their demographics.

The participants in the second group were exposed to a similar story as the first group. However, in the second group's story, the management team decided not to introduce any initiatives for employees to cope with their mental health issues due

to the remote work setting during the pandemic. This group was asked the exact same questions as the first throughout the whole survey experiment.

3.2.3 Participants

Collecting data is an important part of the research process. To investigate our variables, we devised the experiment as a self-completion questionnaire, using Qualtrics Survey. During the data collection period, 267 responses were collected. The sample data was collected using a non-probability convenience sampling. However, this type of sampling is not ideal as it may jeopardize the generalizability and the validity of the thesis. The main goal of the experiments was not necessarily to generalize due to the restrictions placed upon the method regarding its external validity (Bell et al., 2019). Therefore, the aim of the thesis was not to generalize the findings, but rather to make inferences concerning any possible relationships that might arise among the variables we chose to investigate.

We chose to target the general working population living in Norway, and the experiment was aimed at full-time workers. Both the leaders and employees were encouraged to complete the surveys. We imposed an age limitation, requiring people to be at least 18 years or older. This dictate was to make sure that all respondents were adults, increasing the chance of respondents being full-time workers. Initially, we contacted friends and family in our private networks who we knew worked full-time through private messages on Facebook. We then distributed the survey to organizations by e-mail to secure a sufficient number of responses. In our final dataset, most of the responses came from the organizations and their employees, while a few came from our private networks of friends and family.

An attention check was used in this experiment to test whether the participants had carefully read the case description in the introduction phase of the survey experiment. From the 267 responses collected in experiment 1, 23 were deleted because these participants did not answer the attention check item correctly (the attention check was whether the organization offered a mindfulness webinar). This question was the only one with a forced response, and the participants could quit the experiment whenever they wanted.

However, we chose to include the answers of those participants who had not completed the whole experiment, as this could serve as valuable data as well. For instance, participants answering every question outside their age still provided valuable data and thus were not excluded. The final sample (N=244) consisted of participants randomly assigned to either the control or experimental group. Respectively, there were 113 participants in each group. The last 18 abandoned the survey experiment without accepting the informed consent. The age distribution in the final sample was somewhat evenly distributed. All age groups are represented, and it seemed like the general population. The final sample consisted of 112 females and 66 males, making our sample female dominant. The majority of the participants held at least a bachelor's degree or higher education. The participants in the final sample were approximately evenly distributed between working in the public and private sector. Such a distribution also existed between those who are employees and those with some managerial responsibility. Further, salary was evenly distributed with the majority of participants at around average. Not all participants answered all the demographic questions as it was not mandatory (See Appendix 4 for the full demographics summary for experiment 1).

All in all, the final sample was similar to a normal distribution and is a convenience sample. We did not use any techniques to achieve and ensure a representative sample; we only collected data from full-time employees who voluntarily wanted to participate. However, based on demographic variables, we can say that the final sample resembled a representative sample, and we can attach greater confidence to the conclusions based on it.

3.2.4 Measures

In the following section, we present the measurements used in the thesis. The complete questionnaire can be found in Appendix 3. The questionnaire consisted of eleven questions. In addition, we included one control question to make sure that all participants read the case description carefully. Finally, the questionnaire included a few regarding demographics. For most of our questions, we chose to use a seven-point Likert scale, with a few exceptions.

3.2.4.1 Independent variable

In our first experiment, the participants were randomly assigned to two groups, and the type of information they were exposed to was the independent variable. Participants in group 1 were exposed to a story highlighting that the management team of the organization had decided to offer mindfulness webinars. Participants in group 2 were exposed to a story highlighting that the management team decided not to introduce any initiatives for employees. After being randomly exposed to one of the stories, we were interested in looking at the possible effects on our dependent variables.

3.2.4.2 Dependent variables

Employer responsibility

To measure employer responsibility, participants were asked to evaluate to what extent they believed the employer was responsible for the poor mental health of their employees. The response options ranged from (1 = completely disagree) to (7 = completely agree), with a neutral point (4 = neither agree nor disagree).

Employee responsibility

Employee responsibility measured participants' opinions on to what extent the employees themselves are responsible for their poor mental health. Participants were asked to rank their perceptions on a scale from (1 = completely disagree) to (7 = completely agree), with a neutral point (4 = neither agree nor disagree).

Percentage responsibility

Participants were also asked to rate their perception of responsibility between the employer and the employee regarding employees' mental health on a percentage scale (0-100).

Organizational support

Participants were asked to evaluate whether the organization appeared to be taking care of its employees. To measure organizational support, we asked questions based on the framework created by Rhoades, Eisenberger and Armeli (2001). For each question, participants were asked to rank their perceptions of the

organizational support on a scale from (1 = completely disagree) to (7 = completely agree), with a neutral point (4 = neither agree nor disagree).

3.2.4.3 Moderator variable

Belief in mindfulness webinar

To measure belief in the mindfulness webinar, participants were asked to evaluate to what extent they considered the webinar or other web-based courses in cognitive and breathing techniques to be effective tools against the chronic fatigue incurred in the remote work setting. To indicate participants' evaluation, a seven-point response option was used from (1 = completely disagree) to (7 = completely agree), with a neutral point (4 = neither disagree nor agree).

3.2.4.4 Control question and demographics

To make sure participants read the case description and answered the questions accordingly, one control question was included at the end of the survey itself. The attention check was whether the organization offered a mindfulness webinar. Those participants who failed to answer this attention check question correctly were excluded from the final sample. After the control question, the remaining questions related to demographics. This included gender, age, income, sector of work, whether participants were leaders, education level, and whether they had attended any courses or received support for stress reduction during the pandemic.

3.2.5 Research ethics

Several ethical issues could have arisen in the process of conducting the thesis research. Therefore, it was important to be aware of and prepared to address them to ensure the integrity of the study (Bell et al., 2019). First, participation in the survey-based experiment was voluntary, and we insisted on collecting informed consent from all participants. According to Bell et al., (2019), informed consent is considered a core element of conducting research as it coheres to ethical standards and seeks to ensure that research participants are provided with sufficient information about the study to freely make an informed decision about participation. The participants in our experiments were given sufficient information about the experiments, how and what data was to be collected and for what use, and then they were asked to answer whether they consented to participate in the respective experiment. Additionally, participants' personal

information was not available at any point, and the survey experiment was anonymized by the anonymization feature in Qualtrics to ensure that no identifiable data was collected, including the participants IP-addresses. Lastly, the demographic questions alternatives were intentionally broadly categorized such that no participants could be identified by answering these questions.

3.3 Experiment 1: Analysis and results

3.3.1 Reliability

Reliability is regarded as the consistency of the measures in a study. A variable to test the internal reliability is Cronbach´s Alpha; an alpha value greater than 0.7 is considered acceptable (Bell et al., 2019). To test the internal reliability of our measures, we used Cronbach's Alpha. Before we started our main analyses, we checked the reliability of our scales. Some were standardized from previous research while others were constructed for the purpose of this thesis, making it important to check for the reliability. Such a summary of all items and variables can be found in Appendix 5. All of our scales had a Cronbach Alpha higher than 0.7, which shows that the participants clearly paid attention while conducting the survey experiment. This attaches even more confidence and reliability to the final sample.

3.3.2 Correlation analysis

There are a variety of techniques to examine and analyze relationships between variables. To analyze the relationships in our experiments, we chose to perform a correlation analysis with Pearson's r. This technique can be used to examine the relationship between ratio/interval variables. The coefficient will lie between -1 or 1. The closer the coefficient lies to 1 or -1, the stronger the relationship between the variables, and the closer it is to 0, the weaker the relationship (Bell et al., 2019). A correlation table of our variables in experiment 1 is shown in Table 1.

Table 1

Correlations experiment 1

Variables		1	2	3	4	5	6	7
1. Employer responsibility	Pearson Correlation	--						
	N	191						
2. Employee responsibility	Pearson Correlation	-,201**	--					
	Sig. (2-tailed)	,005						
	N	190	190					
3. Organizational support	Pearson Correlation	-,327**	,273**	--				
	Sig. (2-tailed)	<,001	<,001					
	N	182	182	182				
4. Belief in Mindfulness webinar	Pearson Correlation	,094	-,006	-,075	--			
	Sig. (2-tailed)	,198	,935	,314				
	N	188	188	181	188			
5. Age	Pearson Correlation	-,063	,008	,148	,115	--		
	Sig. (2-tailed)	,426	,921	,059	,144			
	N	163	163	163	162	163		
6. Income	Pearson Correlation	-,078	,149*	,150*	-,066	,347**	--	
	Sig. (2-tailed)	,305	,050	,048	,388	<,001		
	N	173	173	173	172	159	173	
7. Education level	Pearson Correlation	,054	,129	-,038	-,112	,054	,415**	--
	Sig. (2-tailed)	,474	,086	,619	,139	,492	<,001	
	N	178	178	178	177	163	173	178

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

There were no strong correlations between variables in this experiment; however, we did find a few moderate correlations. The less organizational support perceived by the participants, the more responsibility for the employees poor mental health is placed on the company (r = -.327). This substantiated our general idea. Organizations that choose to introduce an initiative are judged as more supportive and then perceived as less responsible for employees mental health issues because the company has at least tried.

We also found it noteworthy that there was no strong correlation between age and the responsibility variables [(r = -.063) and (r =.008)]. One might think that younger employees attribute greater responsibility to their employers; at least it would be stereotypical. Newspaper headlines like “Today's younger employees expect so much from their employers”, are not uncommon (e.g., Berger, 2022; Fox, 2022; Kislik, 2022; O’Boyle, 2021). However, we could see no strong correlation. Similarly, one might think that employees with higher levels of education have a different perception of responsibility than those without a higher education [(r=.054) and (r=.129)], but that did not seem to be the case.

3.3.3 Hypotheses results

In this section, we present our four hypotheses for experiment 1 and the results. The questionnaire and scales that were utilized to measure the various constructs can be found in Appendix 3.

Hypothesis 1

H1: *Organizations that offer mindfulness webinars to remote workers are judged to be less responsible for the workers symptoms of Zoom fatigue.*

An Independent Samples t-test was performed to test the differences in the perceptions of responsibility placed on the organization between the two groups (see Appendix 6 for the group statistics). The individuals in group 1 reading that the organization was offering a mindfulness webinar which had little or no effect. They perceived the organizations as somewhat more responsible for remote workers mental health issues [M=4.04, SD=1.357]. The individuals in group 2, reading that the organization considered introducing mindfulness webinars but decided against it, perceived the organization as even somewhat more responsible

for remote workers mental health issues [M=4.31, SD=1.154]. The assumption of equal variances was tested and satisfied with Levene's test. The Independent Samples t-test showed a non-significant result, [t(189)= -1.475, p=.071].

Based on this result, we can say that there was a difference in perceived responsibility between the groups in line with the direction of our hypothesis. However, the findings were non-significant and failed to support H1. These findings suggested that the organization is somewhat more responsible for employees mental health issues, regardless if it introduces or declines to introduce mindfulness webinars to cope with employees struggling with Zoom fatigue.

Hypothesis 2

H2: *Remote workers who are offered a mindfulness webinar are judged to be more responsible for their mental health issues.*

An Independent Samples t-test was performed to test the differences in perceptions of responsibility placed on employees between the two groups (see Appendix 6 for the group statistics). The individuals in group 1, reading that the organization offered a mindfulness webinar but it had little or no effect, perceived employees as somewhat more responsible for remote workers' mental health issues [M=4.49, SD=1.169]. The individuals in group 2, reading that the organization considered introducing mindfulness webinars but decided against it, perceived the employees as even somewhat more responsible for remote workers' mental health issues [M=4.72, SD=1.007]. The assumption of equal variances was tested and satisfied with Levene's test. The Independent Samples t-test showed a non-significant result, [t(188)= -1.456, p=.073.]

Based on this result, we can say that there was a difference in perceived responsibility between the groups. However, the findings were non-significant and did not support H2. These findings suggested that employees are somewhat more responsible for their own mental health issues, regardless whether the organization introduces or declines to introduce mindfulness webinars to cope with them. This was somewhat contrary to our hypothesis in that those who read that the organization does not offer a mindfulness webinar perceived employees themselves as more responsible for their mental health issues. Figure 1 shows the perception of responsibility from hypothesis 1 and 2 in experiment 1.

Figure 1

Differences in the perception of responsibility placed on the employer and the employees

Note. Perception of responsibility in hypothesis 1 is shown on the bars to the left, and the perception of responsibility in hypothesis 2 is shown on the bars to the right.

In H1 and H2, we let the participants freely allocate responsibility to the employer and employees, respectively. Basically, the participants could answer that the employer and the employees are equally responsible for the latter's poor mental health. That is why we also wanted the participants to respond in tradeoff mode, indicating how many percent of the total responsibility for the employees' poor mental health should be placed on the employer and employees, respectively.

Hypothesis 3

H3: *Organizations that offer mindfulness webinars are assigned a lower percentage of the responsibility for the remote workers' mental health issues, while employees offered a mindfulness webinar are assigned a higher percentage of responsibility. Additionally, organizations that do not offer mindfulness webinars are assigned a higher percentage of the responsibility for the remote workers' mental health issues, while employees not offered a mindfulness webinar are assigned a lower percentage of responsibility.*

An Independent Samples t-test was performed to test the differences in the percentage perception of responsibility distributed to the employee and the

organization between the two different groups (see Appendix 6 for the group statistics). The individuals in group 1, reading that the organization offered a mindfulness webinar but it had little or no effect, perceived the organization as somewhat less responsible for the remote workers' mental health issues [M=46.30, SD=19.910] and employees as somewhat more responsible for remote workers' mental health issues [M=53.69, SD=19.910].

Similarly, individuals in group 2, reading that the organization considered introducing mindfulness webinars but decided against it, perceived the organization as somewhat less responsible for remote workers' mental health issues [M=45,64, SD=16.173]. They perceived employees as somewhat more responsible for the remote workers' mental health issues [M=54.35, SD=16.173]. The assumption of equal variances was tested and satisfied with Levene's test. The Independent Samples t-test showed a non-significant result, [t(185)= .250, p=.401].

Based on this result, we can say that there was a difference in perceived responsibility between the groups. However, the findings were non-significant and did not support H3. The findings were somewhat contrary to our hypothesis in that those who read that the organization does not offer a mindfulness webinar perceived the employees themselves as more responsible for their mental health issues, regardless whether the organization introduced or declined mindfulness webinars.

Hypothesis 4

H4: *Whether the remote workers are responsible for their own mental health will depend on whether one has belief in the efficacy of mindfulness webinars initiative. Therefore, the relationship between offering a mindfulness webinar and allocation of responsibility will be moderated by the participants' belief in the efficacy of mindfulness webinars.*

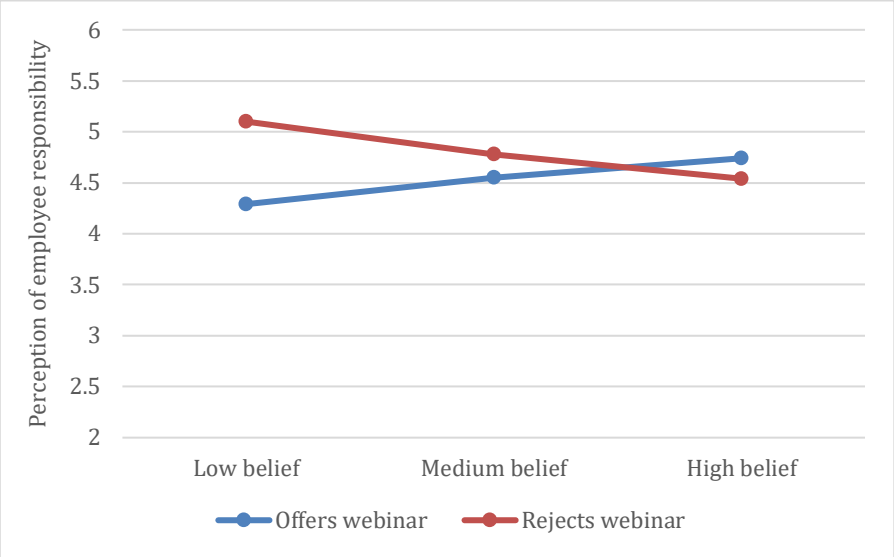
We tested the hypothesis of whether the belief in the efficacy of mindfulness webinars moderate the relationship between whether the individuals read that the organization offered a mindfulness webinar (group 1 and group 2) and their perceptions of employee responsibility. We followed the "Process Procedure" and added special Macros to the SPSS program to test for any moderation effects

(Hayes, 2013) (see Appendix 7 for the (partial) PROCESS macro output). The overall model was statistically significant, R= .24, R^2= .058, F(3, 184)= 3.75, p= .012. Our independent variable (whether the organization offered a mindfulness webinar) was significant, b=1.39, CI [.563, 2.22], $t(184)$=3.31, p=.001, and our outcome variable (employee responsibility) was significant, b= .42, CI [.099, .74], t(184)= 2.58, p= .01. Additionally, our interaction coefficient between the independent and the outcome variable was also significant, b= -.29, CI [-.489, -.09], t(184)= -2.87, p= .004. This indicates whether the individuals read that the organization offered a mindfulness webinar (group 1 and group 2) and their perceptions of employee responsibility was moderated by belief in the efficacy of mindfulness webinar.

The standardized slope for the effect of the independent variable was significant when the belief in the efficacy was one SD below the mean, b = .81, CI [.328, 1.29], t(184)= 3.31, p = .001, while not significant at the mean, b = .23, CI [-.085, .548], t(184)= 1.45, p = .15 and one SD above the mean, b = -.20, CI [-.659, .253], t(184)= -.878, p = .38. This explains the moderator effect: it is mostly from below the mean up to the mean; while further above the mean, there is less effect. As the belief in the efficacy of mindfulness webinar increases, the strength of the relationship between whether the individuals read that the organization offered a mindfulness webinar and their perception of employee responsibility decreases. The interaction is shown in Figure 2.

Figure 2

Interaction effect of belief in the efficacy of mindfulness webinar between availability of wellness programs and employee responsibility



Individuals in group 1, reading that the organization offered a mindfulness webinar but it had little or no effect (and who did have a low belief in mindfulness webinars) perceived employees as somewhat responsible for their mental health issues. Those who had a medium belief in mindfulness webinars perceived employees as somewhat more responsible. Lastly, those with a high belief perceived employees to be as even somewhat more responsible for their own mental health issues.

The individuals in group 2, reading that the organization considered introducing mindfulness webinars but decided against it (and who had a low belief in mindfulness webinars) perceived employees as more responsible for their mental health issues. Those who held medium belief in mindfulness webinars perceived employees to be somewhat more responsible but less so than those with a low belief. Furthermore, those with a high belief perceived employees to be somewhat responsible for their mental health issues but less responsible than those with a low and medium belief in mindfulness webinars.

Based on this result, we can say that there was a significant moderated effect and differences in perceived responsibility between the groups. This finding was significant and supported H4. The more belief people have in the offered program, the more they place responsibility on the shoulders of the employer. If one thinks

that mindfulness webinars work and are available to employees, more responsibility will be given to the individuals themselves. But if one believes that it does not work, then one also does not believe that the responsibility lies with the individual. Consequently, if the employer chooses not to offer a wellness program and the employees believe in the program, the responsibility bar is set lower for the individuals and higher for the employer. Therefore, our findings suggested that the presence of a wellness program changes the perception of responsibility, but it depends on whether you believe that such a program has an effect or not.

3.4 Discussion experiment 1

Experiment 1 aimed at investigating how the mere availability of a corporate wellness program affects perceptions of responsibility for employees mental health issues, or more specifically, whether a wellness program offered by the organization will determine if the responsibility for employee mental health issues lies with the organization or the employees themselves. Therefore, the main expectation for experiment 1 was to see a shift in responsibility between the employer and the employee. Hence, if the organization offered a wellness program, there would be a shift in responsibility from employer to employee. Consequently, if the organization does not offer a wellness program, the employer has a greater responsibility for employees' mental health issues.

The results in experiment 1 showed no significant support for H1-H3. In contrast to these hypotheses, we found significant support for H4. For this hypothesis, the findings showed that the relationship between whether individuals read that the organization offered a mindfulness webinar and their perceptions of employees' responsibilities was moderated by belief in the efficacy of the mindfulness webinar. That is, the more belief people have in a program, the more they will place the responsibility on the employer. If one thinks that mindfulness webinars work and are available to employees, more responsibility will be given to the individual themselves. But if one believes that it does not work, then one also does not believe that the responsibility lies with the individual. Consequently, if the employer chooses not to offer a wellness program, and the employees believe in the program, the responsibility bar is set lower for individuals and higher for the employer. Thus, it can be said that the presence of a wellness program changes the perception of responsibility, but it depends on whether you believe that such a

program has an effect or not. Furthermore, the findings for H4 may explain why H1-H3 are not significant. In the first three hypotheses, it was not assessed whether participants believed in the efficacy of mindfulness webinars. Thus, the fourth hypothesis tells us that the main idea for H1-H3 is correct. However, it must be seen in the context of the person being asked about their belief in mindfulness webinars, as it seems that "belief in mindfulness webinar" is an important factor affecting how individuals allocate responsibility between the employer and employee.

According to theory, the mere availability of a corporate wellness program can act as a resource and impact how employees deal with their jobs on a day-to-day basis, as it is an essential part of an organization's culture of health (Safeer & Allen, 2019). Organizations offering these programs may then be perceived as less responsible for employees' mental health issues. However, this sits in contradiction with our expectations in H1, as our findings suggested that the organization is perceived as more responsible for their employees' mental health issues regardless of whether such programs are offered or not. Further, Madison (2016) and Mujtaba & Cavico (2013) suggest that corporate wellness programs could create negative perceptions among employees. This is in line with our findings, as organizations were viewed as more responsible even when offering such a program. An interesting discussion in light of the results of H2 relates to Martin (2001), who argues that individuals themselves must exercise reasonable care with regard to their own well-being, and people are morally responsible for failing to take responsibility for their own health. In line with this theory, we found it highly interesting that our findings indicated that employees are perceived as more responsible for mental health issues, even where the organization chooses not to offer mindfulness webinars.

The theory of perceived organizational support (POS) (Eisenberger et al., 1986) can be evaluated in connection with our findings regarding H3. Hence, whether employers offer mindfulness webinars or not will influence the extent to which employees believe the organization values their contributions and cares about their well-being. In this case, it was natural to assume that offering mindfulness webinars would have participants considering employers as caring more about employees. This in turn would increase positive employee attitudes toward the organization (Ho, 1997; Parks & Steelman, 2008). Admittedly, this is in line with

our results. We saw how participants reading that the organization offered mindfulness webinars gave the organizations a lower percentage of responsibility. This indicated that people think that employers care about employees' mental health issues. However, looking at the other group, i.e., those reading that the organization chose not to offer mindfulness webinars, the tendency was the same. Participants might have sensed that the employees themselves must take responsibility for their own mental health issues. Even if these webinars had been offered, employee participation is not guaranteed. This may be due to the fear of being blamed. This is supported by the fact that employees feel greater responsibility, as it might be difficult to seek help for their mental health issues. This is in line with Robroek et al., (2012), who found that employees want to separate work and private life and thus initiate programs themselves to improve their health.

We found significant support for H4 in this moderation effect: the more belief in the program, the more the participants placed responsibility on the employer. If one thinks that mindfulness webinars work and are available to employees, more responsibility will be given to the individual themselves. This indicates that if mindfulness webinars are offered, those who believe that this measure works will remain loyal to the organization, as it will provide a higher degree of satisfaction when receiving work-life benefits (Caillier, 2017a). In addition, the mere availability of a corporate wellness program shows that the organization actually cares about the employees and their well-being. Those having a high belief in the mindfulness webinars will then view the organization as caring, which in turn may lead to the employer being perceived as less responsible. Nevertheless, the workplace is not a neutral setting (Gordon, 1987), and employers often assume that employees should have greater responsibility for their own health issues if the organization is to reduce healthcare costs (Allegrante & Sloan, 1986).

Therefore, it is natural that not everyone will come to believe that wellness programs work. This was reflected in our results: if one believes they do not work, then one also does not believe that the responsibility lies with the individual. Consequently, if the employer chooses not to offer a wellness program, and the employees believe in the program, the responsibility bar is set lower for the employees and higher for the employer. Thus, it can be said that the presence of a

wellness program changes the perception of responsibility, but it depends on whether you believe that such a program has an effect or not.

4. Experiment 2

How does employee uptake of corporate wellness offerings affect people's perceptions of responsibility for employees' poor mental health?

4.1 Theoretical framework

The pandemic has had long-lasting and far-reaching effects on individuals across all aspects of life such as family, health, work, and more. Given this impact, many organizations have been prompted to investigate their support of employee well-being. Despite huge investments in well-being programs, many employees are not participating in them even though they stand to benefit (Valencia, 2021). This limited participation has led employers to experiment with different incentives to encourage participation. Unsurprisingly, employers that do not use incentives experience lower participation rates, and uptake appears to increase with the use of rewards. However, even though incentives seem to be effective for increasing uptake, they are not a panacea. A rich, well-designed program might be equally effective at boosting employee participation rates (Mattke et al., 2015).

Participants and non-participants in wellness programs find maintaining a healthy lifestyle to be important; it is good that the employer is trying to improve employee health (Robroek et al., 2012). Further, Robroek et al., (2012) finds that a possible reason for the low uptake of the wellness program is that employees would like to keep their private lives and work separated. They prefer to arrange or participate in such programs themselves, and not via their employers. Studies have also shown that female employees are more likely to participate than men. Additionally, a higher overall participation level has been found in wellness programs that focus on offering a multi-component strategy, incentives, and multiple behaviors rather than physical activity alone (Robroek et al., 2009).

Without a doubt, organizations that make a heavy investment in wellness programs would like all their employees to participate. These programs are often implemented to reduce organizational costs, decrease absenteeism, increase job satisfaction, and increase attractiveness for potential new employees (Parks & Steelman, 2008). This emphasis leads to a convenient shift of responsibility from the employer to the employee, making this fundamental shift questionable

(Gordon, 1987). This shift in responsibility could be regarded as the "blame the victim" philosophy, which faults the worker for her or his occupational issues or illness (Crawford, 1977; Gordon, 1987; Richards et al., 2003). Martin (2001) argues that individuals themselves are morally responsible for failing to take care of their health, and there is a need to exercise their well-being with reasonable care. However, as emphasized, the uptake of such wellness programs has been somewhat mixed, mostly with low participation rates. Thus, in experiment 2, we aimed to investigate how the mere employee uptake of corporate wellness programs affects people's perceptions of responsibility for employees' poor mental health. Based on these theoretical findings and the fundamental shift in responsibility from employer to the employees, our first two hypotheses for the second experiment are as follows:

Hypothesis 1: If employees struggling with Zoom fatigue choose to participate in a corporate mindfulness webinar, the organization is judged to be more responsible for their mental health, relative to when the employees choose to not participate.

Hypothesis 2: If employees struggling with Zoom fatigue choose to participate in a corporate mindfulness webinar, the employees are judged to be less responsible for their mental health, relative to when the employees choose to not participate.

It may be argued that employers offering corporate health programs are not attempting to exert control, but rather provide a fringe benefit to employees, who may or may not choose to accept. Employers stand to gain from healthier employees; therefore employees might question management's motives for providing these initiatives and see participation as coercion (Green, 1988). The success of a high uptake of a wellness program is equally dependent on the organization's commitment to establishing a healthy workplace and employee engagement. This can be achieved by understanding and incorporating employees values and opinions into the program development (McCleary et al., 2017). Employees' perceptions of the program's effectiveness are an important driver of outcome (Hasson et al., 2014; Nielsen & Randall, 2012). This indicates that it is vital to evaluate employee perceptions of a wellness program as an outcome measure (Batorsky et al., 2016). Employees have different interests and needs and

are more likely to participate in programs when involved in the program design process. Actively seeking input from employees improves both the organization and employee health (McCleary et al., 2017). Getting involved in the process makes employees more aware of the health resources and may serve to enhance their perceptions that their organization supports health and wellness. In fact, it may result in higher participation rates (Perrault et al., 2020).

Based on these theoretical findings, there is reason to believe that employees who participate in wellness programs are perceived as less responsible for their mental health issues while those employees who reject these programs are perceived as more responsible. Therefore, our third hypothesis in the second experiment is as follows:

Hypothesis 3: Employees who opt into a corporate mindfulness webinar are assigned a lower percentage of the responsibility for remote workers' mental health issues, while the organization is assigned a higher percentage of responsibility. Additionally, employees who opt out of a corporate mindfulness webinar are assigned a higher percentage of the responsibility for remote workers' mental health issues, while the organization is assigned a lower percentage of responsibility.

For HR practices to have the desired impact on employee behaviors and attitudes, employees must interpret them in a positive manner. If they lack organizational identification and feel dissatisfaction in their jobs, they might feel less cared about and perceive the organization's HR practices as laden with negative attributions. On the other hand, if the practices are interpreted with positive motives on the part of management (e.g., caring about employee well-being) rather than controlling reasons (e.g., forcing behavior, reducing costs), the practice may lead to positive employee outcomes and attitudes (Nishii et al., 2008). This indicates that employee beliefs about the value of wellness programs and the organizational support for these programs will affect employees' willingness to participate (Ott-Holland et al., 2019).

The conservation of resources (COR) theory outlines that individuals must possess resources, such as personal resources (e.g., feelings and energy) or

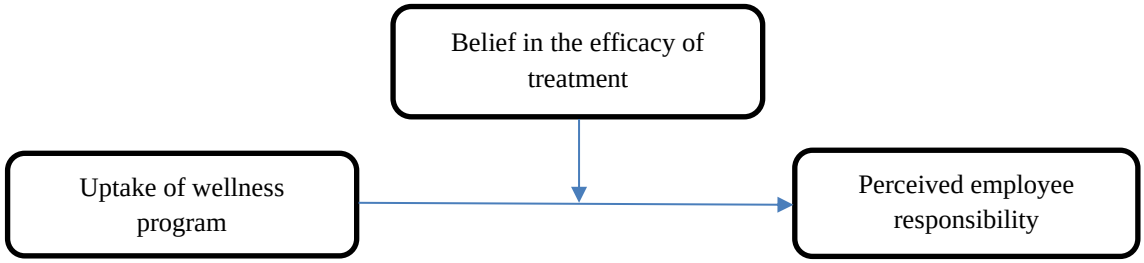
concrete resources (e.g., money) to cope with demanding experiences (Hobfoll, 1989). Lacking sufficient personal resources makes them prone to negative psychological states. Therefore, participating in wellness programs can restore or create new personal resources as a buffer to cope with the negative impact of the work environment (Bakker et al., 2003). Furthermore, connections have been established between COR theory and wellness programs, which outlines how these programs can increase personal resources (i.e., wellness self-efficacy) (Kim et al., 2015). Their findings suggest that participating in wellness programs improves participants' wellness self-efficacy; in other words, they become more efficacious (i.e., resource gain) in their ability to improve their well-being.

Based on these theoretical findings, we suggest that the belief in corporate wellness programs might moderate the relationship between whether the individuals read that the employees opt into the program and their perceptions of employee responsibility. Therefore, our fourth hypothesis in the second experiment is as follows:

Hypothesis 4: Whether the remote workers are responsible for their own mental health will depend on whether one has belief in the efficacy of mindfulness webinars initiative. Therefore, the relationship between participating in a mindfulness webinar and the allocation of responsibility will be moderated by the participants' belief in the efficacy of mindfulness webinars.

Model 2

Model for H4 experiment 2



Note. We have chosen mindfulness webinars as the main program for treatment (moderator).

4.2 Methodology

4.2.1 Research strategy and design

As mentioned, we decided to test our hypotheses and answer our research question for the purpose of this thesis by applying a quantitative research approach, through two separate survey-based experiments conducted in Norwegian. The intention of these experiments was to answer our research question: *How do corporate wellness programs affect judgments of responsibility for employee burnout and Zoom fatigue?* In summary, experiment 2 focused on how employees' uptake of corporate wellness offerings affect people's perceptions of responsibility for employees' poor mental health. Similar to experiment 1, we were interested in investigating perceptions of responsibility between the employer and the employee.

The procedure in experiment 2 in large part corresponded to the previous experiment; and as such it is important to point out that we had deliberately chosen to exclude some parts in the method section for experiment 2, as it would be exactly the same as in experiment 1. Thus, we mainly included the parts that are different between the experiments, methodologically.

Experiment 2 was very similar to experiment 1 in method and design. In this second experiment, we were interested in further investigating how individual's perceptions of responsibility for employees' mental health differ between the employers and employees, based on whether they read that most of the employees decided to participate in the mindfulness webinar or not. We came up with several hypotheses measured by applying different variables to facilitate our findings.

Similar to experiment 1, we followed an deductive approach, where we framed hypotheses, tested them by collecting and analyzing data, and lastly to either accept or falsify the hypotheses. Additionally, an exploratory design was used in this experiment, with the main goal of collecting new insights from which new hypotheses could be developed (Bell et al., 2019).

4.2.2 Procedure

As in experiment 1, a posttest only control group true experimental design was followed. The participants completed an online survey experiment, using the

software platform Qualtrics Survey (Appendix 8 for full questionnaire). The questionnaire followed the same format, features, and questions as in experiment 1. For this experiment, both groups were exposed to a story highlighting an organization during the pandemic, where the employees were having psychological health issues due to a remote work setting. The management team decided to introduce and offer mindfulness webinars as a voluntary initiative to better cope with their mental health issues. One group was exposed to a story highlighting that most of the employees opted to make use of the mindfulness webinars. However, participating in these webinars did not reduce mental health issues. After being exposed to this story, participants were asked to answer questions about their own judgments of the responsibility in the described story. Further, four questions from Rhoades, Eisenberger and Armeli (2001) as measures of organizational support were asked before the participants completed the survey experiment by filling in their demographics.

The participants in the second group were exposed to a similar story in the introduction as the first group. However, in the second group's story, most of the employees opted out of participating in the mindfulness webinars. This group was asked the exact same questions as the first group throughout the entire survey experiment.

4.2.3 Participants

Similar to experiment 1, in this second experiment, we created a self-completion questionnaire, using Qualtrics Survey. During the data collection period, 267 responses were amassed. Again, the sample data was collected using a non-probability convenience sampling, with the exact same criteria for data collection as in experiment 1. It is important to highlight that we did not send both experiments to the same people or organizations.

An attention check was also used in this experiment to test whether the participants carefully read the case description in the introduction phase of the survey experiment. From the 267 responses collected in experiment 2, 12 were deleted because these participants did not answer the attention check item, which asked whether most employees opted to make use of the mindfulness webinar. This question was the only one with a forced response, and the participants could quit the experiment whenever they wanted. However, we chose to include the

answers of those participants who had not completed the full experiment, as this was also valuable data. For instance, participants answering every question outside their age still offered valuable data and thus were not excluded. The final sample (N=255) consisted of participants randomly assigned to either the control or the experimental group. Respectively, 106 participants in group 1, 116 in group 2, and 33 participants abandoned the survey experiment without accepting the informed consent.

The demographics in experiment 2 were very similar to those in experiment 1, with only small differences appearing between the populations. The age distribution in the final sample was somewhat evenly distributed ranging from 19 to 69 years old, meaning all age groups were represented to resemble the general population. The final sample consisted of 125 females and 62 males, making experiment 2 female dominant. The majority of the participants held at least a bachelor's degree or higher education. The participants in the final sample were approximately evenly distributed between working in the public and private sectors. However, the distribution had a higher degree of employees and less with any managerial responsibility. Further, the salary range was evenly distributed with the majority of participants hovering around the average. Not all participants answered all the demographic questions as it was not mandatory (See Appendix 9 for the full demographics summary for experiment 2).

All in all, the final sample in experiment 2 was similar to a normal distribution and is a convenience sample. Similar to experiment 1, we did not use any particular techniques to achieve and ensure a representative sample. However, based on the demographic variables, we can still say that the final sample resembles a representative sample. This indicates that the sample is representative, and we can attach greater confidence to the conclusion based on it.

4.2.4 Measures

In the following section, the measurements used in this thesis are presented; however we have excluded the dependent variables (employer responsibility, employee responsibility, percentage responsibility, and organizational support), moderator variable (belief in mindfulness webinar), and demographics as they are similar to experiment 1. Therefore, we chose to only present our independent variable and control question in this experiment, as these are different from

experiment 1. The complete questionnaire can be found in Appendix 8. It consisted of eleven questions similar to experiment 1, and we elected to use a seven-point Likert scale, with a few exceptions.

4.2.4.1 Independent variable

In our second experiment, participants were randomly assigned to two groups; the type of information they were exposed to was the independent variable. Participants in group 1 were exposed to a story highlighting that most of the employees opted to make use of the mindfulness webinars. The participants in the second group were exposed to a similar story in the introduction as the first group. However, in the second group's story, most of the employees opted out of participating. After being randomly exposed to one of the stories, we were interested in looking at the possible effects on our dependent variables.

4.2.4.2 Control question

To make sure participants read the case description and answered the questions accordingly, one control question was placed at the end of the survey. This attention check asked the participants whether most employees opted to make use of the mindfulness webinar. Those participants who failed to answer correctly were excluded from the final sample.

4.3 Experiment 2: Analysis and results

The analysis in experiment 2 was performed exactly as in experiment 1, but with different independent variables.

4.3.1 Reliability

To test the internal reliability of our measure, we used Cronbach's Alpha. Similar to experiment 1, before we started with our main analysis for experiment 2, we checked the reliability of our scales. These measures and a number of items were identical to those in experiment 1. A summary of all items and variables can be found in the appendix 10. All our scales in experiment 2 had a Cronbach Alpha higher than 0.7, showing that the participants clearly had paid attention to the survey experiment. This attached even more confidence and reliability to the final sample.

4.3.2 Correlation analysis

Similar to experiment 1, there were no strong correlations between variables in experiment 2. However, we did find one relation relevant for the second experiment. Less organizational support perceived by the participants means more responsibility for employee mental health issues is placed on the organization [r = -.361]. This relation substantiated our main idea for experiment 2. The more supportive the organization was judged, the less they were perceived as responsible. A correlation table of our variables in experiment 2 is shown in Table 2.

Table 2

Correlations experiment 2

Variables		1	2	3	4	5	6	7
1. Employer responsibility	Pearson Correlation	--						
	N	205						
2. Employee responsibility	Pearson Correlation	-,284**	--					
	Sig. (2-tailed)	<,001						
	N	197	197					
3. Organizational support	Pearson Correlation	-,361**	,207**	--				
	Sig. (2-tailed)	<,001	,004					
	N	192	189	192				
4. Belief in Mindfulness webinar	Pearson Correlation	-,107	,046	,258**	--			
	Sig. (2-tailed)	,135	,528	<,001				
	N	196	193	191	196			
5. Age	Pearson Correlation	-,066	,074	,089	-,079	--		
	Sig. (2-tailed)	,380	,324	,238	,292			
	N	181	180	179	180	181		
6. Income	Pearson Correlation	-,081	,194**	,088	-,176*	,320**	--	
	Sig. (2-tailed)	,270	,009	,236	,016	<,001		
	N	186	183	184	186	179	186	
7. Education level	Pearson Correlation	,058	-,027	-,028	-,149*	,033	,452**	--
	Sig. (2-tailed)	,426	,711	,706	,041	,662	<,001	
	N	188	185	186	188	180	186	188

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

4.3.3 Hypotheses results

In this section, we present our four hypotheses for experiment 2 along with the results. The questionnaire and scales utilized to measure the various constructs can be found in Appendix 8.

Hypothesis 1

H1: *If employees struggling with Zoom fatigue choose to participate in a corporate mindfulness webinar, the organization is judged to be more responsible for their mental health, relative to when the employees choose to not participate.*

An Independent Samples t-test was performed to test the differences in the perceptions of responsibility placed on the organization between the two groups (See Appendix 11 for group statistics). The individuals in group 1, reading that most of the employees participated in the mindfulness webinars, but that had little or no effect, perceived the organization as somewhat less responsible for remote workers' mental health issues [M=3.95, SD=1.496]. Similarly, the individuals in group 2, reading that most of the employees did not participate in the mindfulness webinars, perceived the organization as somewhat less responsible for remote workers' mental health issues [M=3.94, SD=1.461]. The assumption of equal variances was tested and satisfied with Levene's test. The Independent Samples t-test showed a non-significant result, [t(203)= .059 p=.477].

Based on this result, there seems to be no difference in perceived responsibility between the groups, which is not the direction originally hypothesized. Furthermore, the findings were non-significant and failed to support H1. These findings suggest that there is no difference in the perceived responsibility upon the organization between the groups, regardless whether employees opt in or out of the mindfulness webinars.

Hypothesis 2

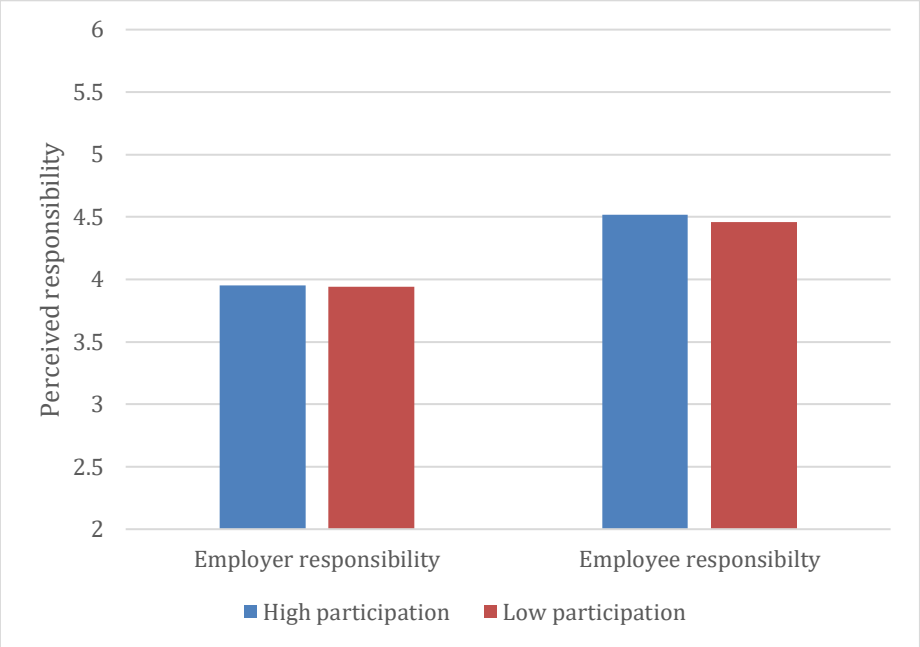
H2: *If employees struggling with Zoom fatigue choose to participate in a corporate mindfulness webinar, the employees are judged to be less responsible for their mental health, relative to when the employees choose to not participate.*

An Independent Samples t-test was performed to test the differences in the perceptions of responsibility placed on employees between the two groups (See Appendix 11 for group statistics). Individuals in group 1, reading that most of the employees participated in the mindfulness webinars, but that had little or no effect, perceived the employees more responsible for remote workers' mental health issues [M=4.52, SD=1.102]. Individuals in group 2, reading that most of the employees did not participate in the mindfulness webinars, perceived the employees as more responsible for remote workers' mental health issues [M=4.46, SD=1.366]. The assumption of equal variances was tested and satisfied with Levene's test. The Independent Samples t-test showed a non-significant result, [t(195)= .302 p=.382].

Based on this result, we can say that there is a small difference in perceived responsibility between the groups, but the difference is in the opposite direction of what we had hypothesized. The findings were non-significant and did not support H2. The employees who opted out of the mindfulness webinars were judged less responsible for remote workers' mental health issues and more responsible when they opted in. Figure 3 shows the perception of responsibility from hypothesis 1 and 2 in experiment 2.

Figure 3

Differences in the perception of responsibility placed upon the employer and the employees



Note. Perception of responsibility in hypothesis 1 is shown on the bars to the left, and the perception of responsibility in hypothesis 2 is shown on the bars to the right.

Similar to experiment 1, in H1 and H2, we let the participants freely allocate the responsibility to the employer and employees, respectively. Basically, the participants could answer that the employer and employees are equally responsible for employees' poor mental health. That is why we also wanted the participants to respond in tradeoff mode, indicating how many percent of the total responsibility for the employees' poor mental health should be placed on the employer and employees, respectively.

Hypothesis 3

H3: *Employees who opt into a corporate mindfulness webinar are assigned a lower percentage of responsibility for remote workers' mental health issues, while the organization is assigned a higher percentage of responsibility. Additionally, employees who opt out of a corporate mindfulness webinar are assigned a higher percentage of responsibility for the remote workers' mental health issues, while the organization is assigned a lower percentage of responsibility.*

An Independent Samples t-test was performed to test the differences in percentage perception of responsibility distributed to the employee and the organization between the two groups (See Appendix 11 for group statistics). The individuals in group 1, reading that most of the employees attended the mindfulness webinars, but that had little or no effect, perceived the organization as slightly less responsible for remote workers' mental health issues [M=48.04, SD=19.271] and the employees as slightly more responsible [M=51.95, SD=19.271].

Similarly, the individuals in group 2, reading that most of the employees did not participate in the mindfulness webinars, perceived the organization as somewhat less responsible for remote workers' mental health issues [M=45.91, SD=18.557]. They perceived employees to be somewhat more responsible [M=54.08, SD=18.557]. The assumption of equal variances was tested and satisfied with Levene's test. The Independent Samples t-test showed a non-significant result, [t(196)= .791, p=.215].

Based on this result, we can say that there is a difference in perceived responsibility between the groups. However, the findings were non-significant and failed to support H3. The findings are somewhat contrary to our hypothesis, in that those who read that most of the employees opted into the mindfulness webinars perceived the employees as more responsible for their mental health issues, and even more responsible when employees opted out.

Hypothesis 4

H4: *Whether remote workers are responsible for their own mental health will depend on whether one has belief in the efficacy of mindfulness webinars initiative. Therefore, the relationship between participating in a mindfulness webinar and the allocation of responsibility will be moderated by the participants' belief in the efficacy of mindfulness webinars.*

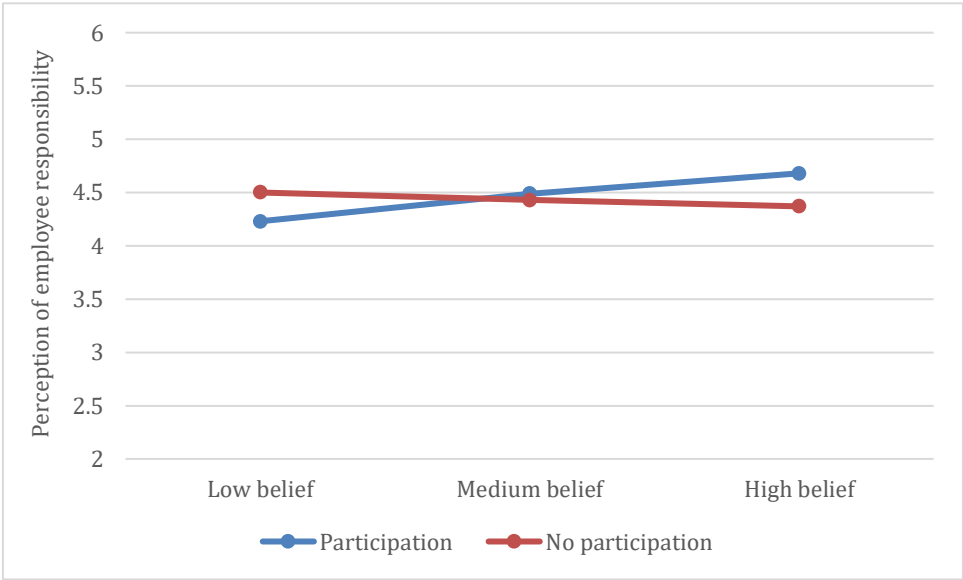
We tested the hypothesis: does the belief in the efficacy of mindfulness webinars moderate the relationship between whether the individuals read that the employees opting in to a mindfulness webinar (group 1 and group 2) and their perceptions of employee responsibility. We followed the "Process Procedure" in SPSS to test for any moderation effects (Hayes, 2013) (Appendix 12 for (partial) PROCESS macro output). The findings showed that the overall model is not

statistically significant, R = .11, R^2= .014, F(3, 189)= .87, p = .46. Our independent variable (whether the individuals read that the employees opt in to the mindfulness webinar) was not significant, b= .601, CI [-.339, 1.54], t(189)= 1.26, p= .209, and our outcome variable (employee responsibility) was not significant, b= .293, CI [-.073, .659], t(189)= 1.58, p= .12. Additionally, the interaction coefficient between those variables was not significant, b= -.167, CI [-.389, .057], t(189)= -1.466, p= .144.

This indicates that the relationship between whether the employees opting in to mindfulness webinar (group 1 and group 2) and the perception of employee responsibility is not moderated by the belief in the efficacy of mindfulness webinar. The belief in the efficacy of mindfulness webinar did not seem to affect participants' perceptions of employee responsibility regardless whether the employees opted in or out. Based on this result, we can say that there was no moderation effect and the findings failed to support H4 in experiment 2. The interaction effect is shown in Figure 4.

Figure 4

Interaction effect of belief in the efficacy of mindfulness webinar between employees´ uptake of a wellness program and employee responsibility



4.4 Discussion experiment 2

Experiment 2 aimed at investigating how employee uptake of corporate wellness offerings affects perceptions of responsibility for employee poor mental health.

Our main expectation for this experiment was that there would be a skewed shift in perceived responsibility between the employer and employees, determined by whether the employees opting into the corporate wellness offering.

With this as our main expectation, we can clearly summarize our findings for H1-H4. There was no such shift in responsibility in the direction hypothesized. None of the hypotheses in experiment 2 received significant support. Consequently, in H1, there was no difference in the perceived responsibility upon the organization, regardless of the employees' uptake of the corporate wellness offering. However, the findings in H2 indicated a small difference in perceived responsibility for the employees between the two groups, where employees who opted out of the offering are judged less responsible than those opting in. Nonetheless, the findings in H3 did not indicate a difference in the same direction. Instead, they suggested that the employees themselves are perceived as more responsible for their mental health issues when they are opting out of the offering rather than opting in. Further, the findings in H4 suggested that the belief in the efficacy of mindfulness webinar did not seem to affect the participants perception of employee responsibility, regardless of the employees' uptake of the offering. In summary for experiment 2, the findings suggested that the participants' perceptions of responsibility did not seem to be affected in any way by employees' uptake of the corporate wellness offerings. About the average responsibility falls upon the employer and the employees. The uptake of the offering does not seem to change the locus of responsibility.

In our second experiment, the organization made corporate wellness offerings to shirk their responsibility and place the blame of struggling with Zoom fatigue on the employees themselves. This could be regarded as the "blame the victim" philosophy (Gordon, 1987) and explains the findings in H1. The findings did not indicate any difference in perceived responsibility for the organization making the offering, regardless of the employees' uptake, which might lead participants' perceiving a higher responsibility for employees. It has been argued that the individuals themselves are morally responsible for failing to take responsibility for their own health, and their well-being needs to be exercised with reasonable care (Martin 2001). This may be the reason the participants perceived employees to be more responsible, regardless of their uptake of the offering in H2. By

participating in the offering, the participants perceived the employees themselves as more responsible for their mental health issues, while they were perceived as slightly less responsible when they did not participate.

The fading balance between work and personal life due to excessive remote work (Giurge & Bohns, 2020) has made non-participants in corporate wellness offerings argue for keeping work and life separate. Additionally, arguments have been made that it is not the employers task to offer such programs (Robroek et al., 2012). Of note, self-blame for health issues and the fear of being blamed might lead to rejection and deter seeking help (Richards et al., 2003). These arguments are in line with H3, which indicates that the employees themselves are perceived as responsible for their mental health issues, regardless of their uptake of the corporate offerings.

HR practices need to be interpreted by employees in a positive manner for the desired outcome on employees' attitudes and behavior (Nishii et al., 2008). Employees' beliefs about the value of wellness programs and organizational support for them will affect employees' willingness to participate (Ott-Holland et al., 2019). Participating in wellness programs improves participants' wellness self-efficacy; in other words, they become more efficacious (i.e., resource gain) in their ability to improve their well-being (Kim et al., 2015). However, it is difficult to find how the participants in experiment 2 interpreted the case description based on personal behavior and attitudes. Additionally, we saw that the belief in the efficacy of mindfulness webinar did not moderate the relationship between the uptake of the offerings and the participants' perception of employee responsibility. This is not in line with the theory above and shows that the participants' perceptions of employee responsibility were not affected by the uptake of the offerings.

5. General discussion

This chapter presents a discussion of theory and the results of this thesis. First, a summary of the results from our analysis will be presented. Next, some theoretical and practical implications will be offered, and lastly, we provide an overview of the key limitations of the thesis together with recommendations for future research.

5.1 Discussion

The main purpose of the thesis was to gain a greater understanding of people's perceptions of responsibility for employee burnout and Zoom fatigue. The Covid-19 pandemic has had an enormous impact on organizations, humans, and society. There has been a rapid shift within workplaces, and organizations have been forced to adapt to new and challenging circumstances. The increased use of remote work is one such adaptation (Brynjolfsson et al., 2020). Extensive use of videoconferencing has had a negative impact on employee mental health, and organizations have had to take action. One of the initiatives was increased investment in corporate wellness programs. After a comprehensive review of the organizational literature, we found that wellness offerings have been researched and used by organizations for a long time. In addition, the question of responsibility for employees' mental health has been raised in several research studies (Allegrante & Sloan, 1986; Crawford, 1977; Galanter, 1977; Gordon, 1987; Green, 1988; Van Berkel et al., 2014). However, to our knowledge, no papers have researched perceptions of responsibility for the employer and employees regarding employee mental health. Hence, the following research question was formulated:

"How do corporate wellness programs affect judgments of responsibility for employee burnout and Zoom fatigue?"

Experiment 1 focused on how the mere availability of a corporate wellness program affects people's perceptions of responsibility for employees' struggling with Zoom fatigue. In general, our initial assumptions for H1 through H3 in experiment 1 were that organizations offering mindfulness webinars are perceived to be less responsible for remote workers' mental health issues, while remote

workers offered a mindfulness webinar are perceived to be more responsible. Additionally, organizations that do not offer mindfulness webinars are perceived to be more responsible for remote workers' mental health issues, while the remote workers not offered the webinar are perceived to be less responsible. Our fourth and last hypothesis in experiment 1 was that the relationship between whether offering a mindfulness webinar and perceptions of employee responsibility would be moderated by the participants belief in the efficacy of the webinar.

The results of experiment 1 showed that we did not receive support for H1-H3; however, we did receive support for H4. In H4, the results showed that the belief in the efficacy of a mindfulness webinar moderate the relationship between whether the participants read that the organizations offered a mindfulness webinar and their perceptions of employee responsibility. If an organization does not offer a wellness program, they will be perceived as more responsible for employees' mental health issues, while lower responsibility will be given to the employees themselves. However, this relationship is dependent on the degree of belief in the efficacy of the wellness offering. Furthermore, the belief in wellness offerings might explain why H1-H3 in this experiment did not receive support, as it was not assessed whether the participants believed in the efficacy of such offerings in H1 through H3.

Experiment 2 focused on how employees' uptake of corporate wellness offerings affects people's perceptions of responsibility for employees' struggling with Zoom fatigue. Our initial assumptions for H1 through H3 in experiment 2 were that employees who choose to participate in a mindfulness webinar are perceived to be less responsible for remote workers' mental health issues, while the organization is perceived as more responsible. Additionally, employees who choose not to participate are perceived to be more responsible for remote workers' mental health issues, while the organization is perceived as less responsible. The fourth hypothesis in experiment 2 was that the relationship between whether participating in a mindfulness webinar and the allocation of employee responsibility will be moderated by the participants' belief in the efficacy of the mindfulness webinars.

The results of experiment 2 did not receive support for H1 through H4, so there was no shift in perceived responsibility in the direction initially hypothesized. The results suggest that the participants' perceptions of responsibility did not seem to be affected in any way by the employees' uptake of corporate wellness offerings. Both the employer and the employees were given about average responsibility for employee mental health, and the offerings' uptake did not seem to affect perceptions of responsibility.

5.2 Theoretical implications

In general, the results of the two experiments showed that contrary to our hypotheses, the theorized skew of judgment in responsibility when offering or participating in corporate wellness programs was less than first anticipated. Nevertheless, we found that the shift in responsibility is conditional and present when people believe in the efficacy of these programs. Therefore, when corporate wellness programs are offered and people believe that the initiative works, then a shift in responsibility from the employer to the employee is present. This finding is in line with the claims asserted in previous research. Additionally, our findings suggest that perceptions of responsibility do not seem to be affected in any way by the employee's uptake of the corporate wellness offering.

It is of economic interest for a company to shift responsibility to employees when determining which party should be held accountable for work-related illnesses. Such that the employer will not be required to make costly changes in processes and the work environment or be held liable (Green, 1988). Thus, there is a tendency to focus attention on the victims of problems rather than the problems themselves. It is easy and convenient to focus on victims, as they are particularly helpless, vulnerable, and less likely to fight back. Additionally, the focus is diverted from other possible explanations for the problems such as work or life conditions (Allegrante & Sloan, 1986; Crawford, 1977; Galanter, 1977). This fundamental shift in responsibility is questionable (Gordon, 1987), and organizations might try to offer a wellness program to limit their responsibility or defer them to employees. Our hypotheses were derived from these assumptions in that the employer would be given less responsibility if they offered a mindfulness webinar and higher responsibility when they declined to offer such an initiative.

Consequently, employees would be given more responsibility for their mental health issues when offered a wellness program and less responsibility when not offered a program. However, our findings showed a contrary perception of responsibility: people find themselves more responsible for their mental health issues, regardless of whether the organization introduces or declines to introduce a wellness program.

We found, however, that the theorized shift in responsibility is conditional and present when people believe in the efficacy of a wellness program. The more belief people have in such a program, the more they place responsibility upon the employer. If one thinks that mindfulness webinars work and are available to employees, the more responsibility will be given to the employees themselves. But if one believes that it does not work, then one also does not believe that the responsibility lies with them. Consequently, if the employer chose not to offer a wellness program and the employees believe in the efficacy of the program, the responsibility bar is set lower for individuals and higher for the employer. Thus, it may be said that the presence of a wellness program changes the perception of responsibility, but it depends on whether you believe that the program will have an effect or not. A possible reasoning for this skew in responsibility might be that when employers offer a wellness program, they are showing concern for their employees and are genuinely interested in their well-being and health (Caillier, 2017b).

Additionally, belief in such programs and participating in them might lead employees to become more efficacious (i.e., resource gain) in their ability to improve their physical and mental well-being (Kim et al., 2015). Therefore, one perceives employees themselves as more responsible and the employer as less responsible. The opposite direction of perceived responsibility could be explained as follows: if one believes in the wellness program and the employer does not offer such an initiative, one could perceive the employer as less caring of their employees and therefore give more responsibility to the employer. This finding may be interpreted as follows: if employees believe in the wellness program, then the organization should decide to offer such an initiative to lower their liability and say that here we have an offer. However, if employees do not believe in the

program, it should not be offered by the organization, as people would not perceive employees as responsible for their mental health issues.

We found the lack of empirical support for our second experiment interesting in that our findings suggested that perceptions of responsibility do not seem to be affected in any way by employees' uptake of the corporate wellness offering. The employer and employees were given about average responsibility for employee mental health issues. The theory of self-blame could be a possible explanation for why people perceived employees themselves to be more responsible, regardless of the uptake (Richards et al., 2003). Furthermore, with the pandemic and increased use of remote work leading employees to struggle with balancing their work and personal lives (Giurge & Bohns, 2020), it could lead to a reluctance to spend even more time on work-related tasks, such as participating in wellness programs. Thus, employees would want to keep their work and personal lives separate (Robroek et al., 2012) and therefore perceive themselves as more responsible for their own mental health issues, while also willing to arrange initiatives on their own outside of work. Hence, we found that employee´s uptake of a corporate wellness program does not seem to affect perceptions of responsibility.

Overall, through the findings of both experiments, we found that the theorized shift in perceived responsibility was less than anticipated. It seems to be conditioned by the belief in the efficacy of the corporate wellness program. What we need now are more nuanced theories about when and how moral responsibility can be skewed. It has been argued that if people are offered a wellness program and the option of participating, they will be perceived as more responsible for their mental health issues. However, based on our findings, this might not always be the case. Our findings should motivate researchers to investigate further as to when and how the skew in perceived responsibility occurs or does not occur.

5.3 Managerial implications

Our research is of future relevance for managers, employees, and workers' unions. The findings of this thesis showed that the perceived shift in responsibility from employer to employee was less prominent than anticipated. Hence, it would be beneficial for managers to develop corporate wellness programs with a clear impact and positive implications on employees. For workers and unions, it is vital

to pay close attention to organizational offerings. Wellness initiatives too weak to have a noticeable impact on employees but robust enough to shift moral responsibility from employer to employee might emerge swiftly. By understanding and incorporating employees' beliefs and perspectives into program development, the entire issue may be avoided (McCleary et al., 2017). Providing managers with feedback is crucial. Rather than the modest positive outcome of such efforts, the focus should be on the unfortunate perceptions of responsibility seesawing between the employer and the employee. As a result, unions should monitor what managers do and let them know that the programs being launched must be implemented properly or not at all.

Since Covid-19 has become more manageable, organizations have been debating whether to return to the old way of doing things. Organizations like Apple, Google, Microsoft etc., have decided that staff will return to the office. Yet, the trend toward remote work is constantly evolving, and other organizations have determined that employees can work from home permanently (CBS News, 2022). For instance, the new policies at Airbnb allow workers to live and work almost anywhere in the world. Hence, the organization embraces a work policy that attracts new talent and ensures flexibility (Carr, 2022). Employees can work for up to three months in each country they visit every year, while still attending regular physical events such as team meetings and seminars (Carr, 2022; CBS News, 2022).

This hybrid work model affords employees more flexibility to get their work done when and where they are most productive, while still being physically present upon occasion. Employees experiencing organizational leadership support may show positive behaviors and outcomes toward the organization; being allowed this flexibility might enhance them (Hoert et al., 2016). Managers in various organizations might be interested in this approach when organizing everyday work to increase employee productivity, satisfaction, and motivation. If a wellness initiative is successful, it could lead to lower costs associated with absenteeism, presenteeism, and employee health issues. Since organizations know what works and what does not, they can reduce expenses for future wellness programs. Still, managers may discover in a few years that this strategy has not worked, especially if employees do not acknowledge the policies put in place, leading to lower levels of leadership impact (Milner et al., 2015).

At the onset of the pandemic, the main motivator for remote work was avoidance of social contact. Today, on the other hand, attracting talent is the essential driver. Hence, organizations must be able to provide the possibility of working remotely for new employees. This work environment is becoming increasingly popular among young professionals, allowing them to be at peace during working hours. In addition, they have the opportunity of living where they desire. Employees will not participate in initiatives if they feel managers are only interested in health promotion programs and not in enhancing employee well-being (Leka & Houdmont, 2010). However, those working from home might not participate in or understand the organizational climate, making remote work difficult or unsatisfying. This can result in challenges such as uncertain conditions, distractions, and a sense of isolation (Chang et al., 2021). As a result, managers should not spend time pondering how to attract employees back to the office. Instead, they should concentrate on creating work environments that will boost employee productivity and engagement in a hybrid work setting (Contreras et al., 2020).

Naturally, employers would like to offer corporate wellness programs to employees and make them as effective as possible. Nevertheless, offering such programs can quickly create a dilemma. A possible way to assure effectiveness is to build up the hype and excitement around the program. The potential placebo and general expectation effect will improve its perceived effectiveness. Hence, if the organization concentrates on the positive consequences and communicates how participation will help employees with their health issues, this most likely will increase the uptake of the program. On the other hand, by fostering this perceived effectiveness and increased uptake of the program among employees, the organization is simultaneously contributing to the general downside that the organization places the responsibility on the employees. The implication is if employees choose not to participate, the organization will hold them accountable since it had designed a program for them and communicated how effective it would be. Hence, this dilemma is important to be aware of.

One of the most important job resources is creating and sustaining solid connections between managers and employees working from home (Golden, 2006). Yet, establishing trust requires open communication (Graves & Karabayeva, 2020), and it is critical to express care for employee well-being.

Managers must devote time and effort to building trust as remote workers must believe in their leaders as a trustworthy source and perceive organizational support (Graves & Karabayeva, 2020; Neeley, 2020; Newman & Ford, 2021). These arguments are supported by our findings. The degree of belief one has in corporate wellness efforts influences perceived responsibility for employees health issues whether given to the employer or the employee. Therefore, engendering a high degree of trust may lead to better, more open communication on employee health and any initiatives employees feel would work. A good dialogue between managers and employees should enable the organization to develop wellness programs that employees can believe in. This, in turn, can make both parties assume responsibility for employee mental health.

5.4 Limitations and future research

Despite the fact that our experiments did not produce as many significant results as we had hoped, we are still left with some interesting findings. Nonetheless, this thesis is not without limitations. Both experiments had the same limitations as they were relatively compatible. These limitations might restrict the generalizability of our main findings. They must be acknowledged as they could influence future research in taking the proper direction.

One of the main limitations is that the entire sample is made up of Norwegian workers. Additionally, the sample is convenience biased in that the size in both experiments was too small and therefore not representative of the general population, making our findings difficult to generalize. Despite the lack of generalizability, our convenience sample is similar to a normal distribution, which increases the representativeness of the sample and therefore our confidence in it.

Of note, Norwegian working life may be described as quite unique in the sense that employees are well-protected through unions and the law, and the employer-employee relationship is based on a high degree of trust, especially between managers and employees. Thus, the effects of our findings could have been different if the experiments had been conducted in countries where this is not the case, as cultural differences likely influence how participants feel about this topic. As a result, future research using samples from other countries, where the relationship between employers and employees differs from that in Norway, may

provide alternative results. Future research should also make sure to obtain a larger sample size.

Our thesis is also limited by the lack of previous research on how corporate wellness programs affect perceptions of responsibility between the employer and the employee. No previous research has considered perceptions of responsibility for employee mental health issues. Hence, scarce research exists upon which to build our hypotheses and research design. Furthermore, we employed a hypothetical scenario. The participants were presented with a potentially real issue to address. Based on the given matter, they had to answer questions and give their perceived perceptions of responsibility either for the employer or the employee. Hence, future research should concentrate on investigating this topic in a real-world environment. Participants would be exposed to a more realistic scenario that would contribute to more in-depth research on perceptions of responsibility. Additionally, future research should investigate when and how the skew in perceived responsibility occurs or does not occur.

Lastly, the Covid-19 pandemic forced organizations and employees into a novel and challenging situation, where they had to adapt quickly. Hence, we acknowledge a limitation related to participants' behaviors and attitudes. Rapid and unexpected changes may cause people to adopt immature attitudes about the employer's responsibility during crisis situations. This suggests that people may be unaware of such responsibility for employees working remotely. Therefore, it is possible that people's initial attitudes and opinions may not correspond with their attitudes and opinions after a few years. Whether corporate wellness programs affect perceptions of responsibility between the employer and the employee is worth investigating more fully in the future. People will not only have greater knowledge of this issue, but the revolution around the hybrid workday will have made significant progress, as it is constantly evolving.

6. Conclusion

In conclusion, this thesis sought to examine people's perceptions of responsibility for employees' poor mental health. Two experiments with a total of 8 hypotheses were postulated based on established research and theory that sought to answer our research question: "*How do corporate wellness programs affect judgments of responsibility for employee burnout and Zoom fatigue?"*

Experiment 1 aimed at investigating how the mere availability of a corporate wellness program affects perceptions of responsibility for employees' mental health issues. The findings of experiment 1 were contrary to our hypotheses and the theorized skew of judgment in responsibility from the employer to employees was less than first anticipated. Nevertheless, we found that the shift in responsibility is conditional and present when people believe in the efficacy of corporate wellness programs. Therefore, when corporate wellness programs are offered and people believe these initiatives works, the shift in responsibility from the employer to the employee is present. The more people believe in the program, the more they place responsibility on the employer. If one thinks that mindfulness webinars work and are available to employees, more responsibility will be given to themselves. But if one believes that they do not work, then one also does not believe that the responsibility lies with the employees. Consequently, if the employer chooses not to offer a wellness program, and the employees believe in the program, the responsibility bar is set lower for employees and higher for the employer. In short, it can be said that the presence of a wellness program changes perceptions of responsibility, but it depends on whether you believe that such a program has an effect or not.

Experiment 2 aimed at investigating how employees' uptake of corporate wellness offerings affected perceptions of responsibility for employees' poor mental health. The findings in experiment 2 concluded that people's perceptions do not seem to be affected in any way by the employee´s uptake of the wellness offering. Thus, the theorized skew of judgment of responsibility from the employer to employees was less than first anticipated. The employer and the employees were given about the average responsibility for employees' mental health issues.

Overall, through the findings of both of our experiments, we found that the theorized shift in perceived responsibility was less than anticipated and seems to be conditioned by the belief in the efficacy of the corporate wellness program. Additionally, our findings suggested that perceptions of responsibility do not seem to be affected by the employees' uptake of the corporate wellness offering. What we have found should motivate researchers to investigate further as to when and how the skew in perceived responsibility occurs or does not occur.

7. References

Abdullah, D. N. M. A., & Lee, O. Y. (2012). Effects of Wellness Programs on Job Satisfaction, Stress and Absenteeism between Two Groups of Employees (Attended and Not Attended). *Procedia - Social and Behavioral Sciences*, *65*, 479–484. https://doi.org/10.1016/j.sbspro.2012.11.152

Abrams, Z. (2019). *The future of remote work*. https://www.Apa.Org. https://www.apa.org/monitor/2019/10/cover-remote-work

Albecht, H. (2016). *Back to the Future: How the Evolution of Corporate Wellness Influences Its Destiny*. HuffPost. https://www.huffpost.com/entry/back-to-the-future-how-th_b_9637092

Allegrante, J. P., & Sloan, R. P. (1986). Ethical dilemmas in workplace health promotion. *Preventive Medicine*, *15*(3), 313–320. https://doi.org/10.1016/0091-7435(86)90050-2

Allen, S. G. (1983). How Much Does Absenteeism Cost? *The Journal of Human Resources*, *18*(3), 379–393. https://doi.org/10.2307/145207

Amico, L. (2021, October 29). The Realities of Remote Work. *Harvard Business Review*. https://hbr.org/2021/10/the-realities-of-remote-work

Ammendolia, C., Côté, P., Cancelliere, C., Cassidy, J. D., Hartvigsen, J., Boyle, E., Soklaridis, S., Stern, P., & Amick, B. (2016). Healthy and productive workers: Using intervention mapping to design a workplace health promotion and wellness program to improve presenteeism. *BMC Public Health*, *16*(1), 1190. https://doi.org/10.1186/s12889-016-3843-x

Ammons, S. K., & Markham, W. T. (2004). Working at Hdome: Experiences of Skilled White Collar Workers. *Sociological Spectrum*, *24*(2), 191–238. https://doi.org/10.1080/02732170490271744

Arora, P., & Suri, D. (2020). Redefining, relooking, redesigning, and reincorporating HRD in the post Covid 19 context and thereafter. *Human Resource Development International*, *23*(4), 438–451. https://doi.org/10.1080/13678868.2020.1780077

Avolio, B., Sosik, J., Kahai, S., & Baker, B. (2013). E-leadership: Re-examining transformations in leadership source and transmission. *The Leadership Quarterly*, *25*. https://doi.org/10.1016/j.leaqua.2013.11.003

Aziri, B. (2011). Job satisfaction: A literature review. *Management Research and Practice, 3*, 77–86.

Bakker, A. B., Demerouti, E., Taris, T. W., Schaufeli, W. B., & Schreurs, P. J. G. (2003). A multigroup analysis of the job demands-resources model in four home care organizations. *International Journal of Stress Management, 10*(1), 16–38. https://doi.org/10.1037/1072-5245.10.1.16

Bannister, C. (2020, January 15). *Ethical technology and trust*. Deloitte Insights. https://www2.deloitte.com/us/en/insights/focus/tech-trends/2020/ethical-technology-and-brand-trust.html

Bannister, C., Buckley, N., & Sniderman, B. (2020). *Ethical tech: Making ethics a priority in today's digital organization*. Deloitte Insights. https://www2.deloitte.com/us/en/insights/topics/digital-transformation/make-ethical-technology-a-priority.html

Barbuto, A., Gilliland, A., Peebles, R., Rossi, N., & Shrout, T. (2020). *Telecommuting: Smarter Workplaces*. https://kb.osu.edu/handle/1811/91648

Bartlett, M. Y., & DeSteno, D. (2006). Gratitude and Prosocial Behavior: Helping When It Costs You. *Psychological Science, 17*(4), 319–325. https://doi.org/10.1111/j.1467-9280.2006.01705.x

Barton, M. A., Kahn, B., Maitlis, S., & Sutcliffe, K. M. (2022, April 4). Stop Framing Wellness Programs Around Self-Care. *Harvard Business Review*. https://hbr.org/2022/04/stop-framing-wellness-programs-around-self-care

Baruch, Y. (2001). The status of research on teleworking and an agenda for future research. *International Journal of Management Reviews, 3*(2), 113–129. https://doi.org/10.1111/1468-2370.00058

Batorsky, B., Van Stolk, C., & Liu, H. (2016). Is More Always Better in Designing Workplace Wellness Programs?: A Comparison of Wellness Program Components Versus Outcomes. *Journal of Occupational and Environmental Medicine, 58*(10), 987–993.

Beal, D. J., Weiss, H. M., Barros, E., & MacDermid, S. M. (2005). An Episodic Process Model of Affective Influences on Performance. *Journal of Applied Psychology, 90*(6), 1054–1068. https://doi.org/10.1037/0021-9010.90.6.1054

Bell, E., Bryman, A., & Harley, B. (2019). *Business research methods* (Fifth

edition). Oxford University Press.

Bennett, A. A., Bakker, A. B., & Field, J. G. (2018). Recovery from work-related effort: A meta-analysis. *Journal of Organizational Behavior*, *39*(3), 262–275. https://doi.org/10.1002/job.2217

Bennett, A. A., Campion, E. D., Keeler, K. R., & Keener, S. K. (2021). Videoconference fatigue? Exploring changes in fatigue after videoconference meetings during COVID-19. *Journal of Applied Psychology*, *106*(3), 330–344. https://doi.org/10.1037/apl0000906

Berger, C. (2022). *Gen Z workers will be 30% of the workforce by 2030—Here's want they want from their employers*. Fortune. https://fortune.com/2022/05/27/gen-z-workers-want-flexibility-at-work/

Bhatta, N. (2021). Emerging Ethical Challenges of Leadership in the Digital Era: A Multi-Vocal Literature Review. *Electronic Journal of Business Ethics and Organization Studies*, *26*(1). https://jyx.jyu.fi/handle/123456789/74932

Birnbaum, M. H. (1973). Morality judgment: Test of an averaging model with differential weights. *Journal of Experimental Psychology*, *99*(3), 395–399. https://doi.org/10.1037/h0035216

Boddy, C. R. (2014). Corporate Psychopaths, Conflict, Employee Affective Well-Being and Counterproductive Work Behaviour. *Journal of Business Ethics*, *121*(1), 107–121. https://doi.org/10.1007/s10551-013-1688-0

Bossi, F., Zaninotto, F., D'Arcangelo, S., Lattanzi, N., Malizia, A. P., & Ricciardi, E. (2022). Mindfulness-based online intervention increases well-being and decreases stress after Covid-19 lockdown. *Scientific Reports*, *12*(1), 6483. https://doi.org/10.1038/s41598-022-10361-2

Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology*, *84*(4), 822–848. https://doi.org/10.1037/0022-3514.84.4.822

Brucks, M. S., & Levav, J. (2022). Virtual communication curbs creative idea generation. *Nature*, *605*(7908), 108–112. https://doi.org/10.1038/s41586-022-04643-y

Brynjolfsson, E., Horton, J., Ozimek, A., Rock, D., Sharma, G., & TuYe, H.-Y. (2020). *COVID-19 and Remote Work: An Early Look at US Data* (No.

w27344; p. w27344). National Bureau of Economic Research. https://doi.org/10.3386/w27344

Buggenhout, N. V., Murat, S., & Sousa, T. de. (2020). *Sustaining productivity in a virtual world*. Strategy+business. https://www.strategy-business.com/article/Sustaining-productivity-in-a-virtual-world

Caillier, J. G. (2017a). Do Work-Life Benefits Enhance the Work Attitudes of Employees? Findings from a Panel Study. *Public Organization Review*, *17*(3), 393–408. https://doi.org/10.1007/s11115-016-0344-4

Caillier, J. G. (2017b). The impact of high-quality workplace relationships in public organizations: CAILLIER. *Public Administration*, *95*(3), 638–653. https://doi.org/10.1111/padm.12328

Cancelliere, C., Cassidy, J. D., Ammendolia, C., & Côté, P. (2011). Are workplace health promotion programs effective at improving presenteeism in workers? A systematic review and best evidence synthesis of the literature. *BMC Public Health*, *11*(1), 395. https://doi.org/10.1186/1471-2458-11-395

Carr, A. (2022, mai 2). Airbnb's Remote-Work Makeover Is Really About Competing for Talent. *Bloomberg.Com*. https://www.bloomberg.com/news/newsletters/2022-05-02/airbnb-abnb-remote-work-push-is-about-competing-for-talent

Cascio, W. F. (2015). Costing Human Resources. In *Wiley Encyclopedia of Management* (pp. 1–1). John Wiley & Sons, Ltd. https://doi.org/10.1002/9781118785317.weom050012

CBS News. (2022, april 29). *Airbnb allows employees to live and work from anywhere*. https://www.cbsnews.com/news/airbnb-remote-work/

Chanana, N. & Sangeeta. (2021). Employee engagement practices during COVID-19 lockdown. *Journal of Public Affairs*, *21*(4), e2508. https://doi.org/10.1002/pa.2508

Chang, C.-H., Shao, R., Wang, M., & Baker, N. M. (2021). Workplace Interventions in Response to COVID-19: An Occupational Health Psychology Perspective. *Occupational Health Science*, *5*(1), 1–23. https://doi.org/10.1007/s41542-021-00080-x

Chaturvedi, S., & Rathore, A. S. (2021). Virtual Wellness Program for Employees during Pandemic Covid-19. *International Journal of Recent Advances in Multidisciplinary Topics*, *2*(6), 218–221.

Chen, D., & Wang, Z. (2014). The effects of human resource attributions on employee outcomes during organizational change. *Social Behavior and Personality*, *42*(9), 1431. https://doi.org/10.2224/sbp.2014.42.9.1431

Choudhury, P. (Raj). (2020, November 1). Our Work-from-Anywhere Future. *Harvard Business Review*. https://hbr.org/2020/11/our-work-from-anywhere-future

Churchill, S. A., Gillespie, H., & Herbold, N. H. (2014). The Desirability of Wellness Program and Incentive Offerings for Employees. *Benefits Quarterly*, *30*(1), 48–57.

Clack, L., & Fraser, W. (2019). *An Examination of the Impact of Workplace Wellness Programs on Health Outcomes in the U.S. Versus European Countries*. *19*, 66–72.

Committee of 200. (2021, september 28). *The Changing Role Of Leadership In Unprecedented Times*. Forbes. https://www.forbes.com/sites/committeeof200/2021/09/28/the-changing-role-of-leadership-in-unprecedented-times/

Contreras, F., Baykal, E., & Abid, G. (2020). E-Leadership and Teleworking in Times of COVID-19 and Beyond: What We Know and Where Do We Go. *Frontiers in Psychology*, *11*. https://doi.org/10.3389/fpsyg.2020.590271

Cortellazzo, L., Bruni, E., & Zampieri, R. (2019). The Role of Leadership in a Digitalized World: A Review. *Frontiers in Psychology*, *10*, 1938. https://www.frontiersin.org/article/10.3389/fpsyg.2019.01938

Cowan, L. D. (2014). e-Leadership: Leading in a Virtual Environment--Guiding Principles For Nurse Leaders. *Nursing Economic$*, *32*(6), 312–319, 322.

Cramton, C. D. (2001). The Mutual Knowledge Problem and Its Consequences for Dispersed Collaboration. *Organization Science*, *12*(3), 346–371. https://doi.org/10.1287/orsc.12.3.346.10098

Crawford, R. (1977). YOU ARE DANGEROUS TO YOUR HEALTH: THE IDEOLOGY AND POLITICS OF VICTIM BLAMING. *International*

Journal of Health Services, *7*(4), 663–680.

Crawford, R. (2006). Health as a meaningful social practice. *Health (London, England: 1997)*, *10*(4), 401–420. https://doi.org/10.1177/1363459306067310

Crawshaw, P. (2013). Public health policy and the behavioural turn: The case of social marketing. *Critical Social Policy*, *33*(4), 616–637. https://doi.org/10.1177/0261018313483489

Currie, J., & Madrian, B. C. (1999). Chapter 50 Health, health insurance and the labor market. I *Handbook of Labor Economics* (Bd. 3, s. 3309–3416). Elsevier. https://doi.org/10.1016/S1573-4463(99)30041-9

Dabos, G. E., & Rousseau, D. M. (2004). Mutuality and Reciprocity in the Psychological Contracts of Employees and Employers. *Journal of Applied Psychology*, *89*(1), 52–72. https://doi.org/10.1037/0021-9010.89.1.52

Dailey, S. L., & Zhu, Y. (2016). Communicating Health at Work: Organizational Wellness Programs as Identity Bridges. *Health Communication*, *32*(3), 261–268. https://doi.org/10.1080/10410236.2015.1120698

Della Valle, E., Palermi, S., Aloe, I., Marcantonio, R., Spera, R., Montagnani, S., & Sirico, F. (2020). Effectiveness of Workplace Yoga Interventions to Reduce Perceived Stress in Employees: A Systematic Review and Meta-Analysis. *Journal of Functional Morphology and Kinesiology*, *5*(2), 33. https://doi.org/10.3390/jfmk5020033

Dew, K., Keefe, V., & Small, K. (2005). 'Choosing' to work when sick: Workplace presenteeism. *Social Science & Medicine*, *60*(10), 2273–2282. https://doi.org/10.1016/j.socscimed.2004.10.022

Di Martino, V., & Wirth, L. (1990). Telework: A new way of working and living. *International Labour Review*, *129*(5), 529.

Dillman, D. A., Smyth, J. D., & Christian, L. M. (2014). *Internet, phone, mail, and mixed mode surveys: The tailored design method, 4th ed* (s. xvii, 509). John Wiley & Sons Inc.

Dougherty, C. J. (1993). Bad faith and victim-blaming: The limits of health promotion. *Health Care Analysis: HCA: Journal of Health Philosophy and Policy*, *1*(2), 111–119. https://doi.org/10.1007/BF02197104

Edington, D. W. (2001). Emerging research: A view from one research center. *American Journal of Health Promotion: AJHP*, *15*(5), 341–349. https://doi.org/10.4278/0890-1171-15.5.341

Eisenberger, R., Huntington, R., Hutchison, S., & Sowa, D. (1986). Perceived organizational support. *Journal of Applied Psychology*, *71*(3), 500–507. https://doi.org/10.1037/0021-9010.71.3.500

Eng, W., Moore, S., Grunberg, L., Greenberg, E., & Sikora, P. (2010). What Influences Work-Family Conflict? The Function of Work Support and Working from Home. *Current Psychology*, *29*(2), 104–120. https://doi.org/10.1007/s12144-010-9075-9

Etzioni, A. (1988). *The moral dimension: Toward a new economics*. Free Press.

Fonner, K. L., & Roloff, M. E. (2010). Why Teleworkers are More Satisfied with Their Jobs than are Office-Based Workers: When Less Contact is Beneficial. *Journal of Applied Communication Research*, *38*(4), 336–361. https://doi.org/10.1080/00909882.2010.513998

Forbes Human Resources Council. (2021, januar 25). *13 Wellness Program Features To Support Your Employees*. Forbes. https://www.forbes.com/sites/forbeshumanresourcescouncil/2021/01/25/13-wellness-program-features-to-support-your-employees/

Ford, M. T., Cerasoli, C. P., Higgins, J. A., & Decesare, A. L. (2011). Relationships between psychological, physical, and behavioural health and work performance: A review and meta-analysis. *Work & Stress*, *25*(3), 185–204. https://doi.org/10.1080/02678373.2011.609035

Fosslien, L., & Duffy, M. W. (2020, April 29). How to Combat Zoom Fatigue. *Harvard Business Review*. https://hbr.org/2020/04/how-to-combat-zoom-fatigue

Fox, M. (2022, mai 18). *Here's what Gen Z and millennials want from their employers amid the Great Resignation*. CNBC. https://www.cnbc.com/2022/05/18/what-gen-z-and-millennials-want-from- employers-amid-great-resignation.html

Franken, E., Bentley, T., Shafaei, A., Farr-Wharton, B., Onnis, L., & Omari, M. (2021). Forced flexibility and remote working: Opportunities and challenges in the new normal. *Journal of Management & Organization*, 1–

19. https://doi.org/10.1017/jmo.2021.40

Freeman, R. E. (1984). *Strategic management: A stakeholder approach*. Pitman.

Gajendran, R. S., & Harrison, D. A. (2007). The good, the bad, and the unknown about telecommuting: Meta-analysis of psychological mediators and individual consequences. *Journal of Applied Psychology, 92*(6), 1524–1541. https://doi.org/10.1037/0021-9010.92.6.1524

Galanter, R. B. (1977). To the victim belong the flaws. *American Journal of Public Health, 67*(11), 1025–1026.

Gallo, C. (2020, July 16). *Three Cures For Virtual Meeting Fatigue, According to New Microsoft Research*. Forbes. https://www.forbes.com/sites/carminegallo/2020/07/16/three-cures-for-virtual-meeting-fatigue-according-to-new-microsoft-research/

Giurge, L. M., & Bohns, V. (2020, April 3). 3 Tips to Avoid WFH Burnout. *Harvard Business Review*. https://hbr.org/2020/04/3-tips-to-avoid-wfh-burnout

Goetzel, R. Z., Henke, R. M., Tabrizi, M., Pelletier, K. R., Loeppke, R., Ballard, D. W., Grossmeier, J., Anderson, D. R., Yach, D., Kelly, R. K., McCalister, T., Serxner, S., Selecky, C., Shallenberger, L. G., Fries, J. F., Baase, C., Isaac, F., Crighton, K. A., Wald, P., … Metz, R. D. (2014). Do workplace health promotion (wellness) programs work? *Journal of Occupational and Environmental Medicine, 56*(9), 927–934. https://doi.org/10.1097/JOM.0000000000000276

Goetzel, R. Z., Ozminkowski, R. J., Bruno, J. A., Rutter, K. R., Isaac, F., & Wang, S. (2002). The long-term impact of Johnson & Johnson's Health & Wellness Program on employee health risks. *Journal of Occupational and Environmental Medicine, 44*(5), 417–424. https://doi.org/10.1097/00043764-200205000-00010

Golden, T. D. (2006). The role of relationships in understanding telecommuter satisfaction. *Journal of Organizational Behavior, 27*(3), 319–340. https://doi.org/10.1002/job.369

Golden, T. D., & Veiga, J. F. (2008). The impact of superior–subordinate relationships on the commitment, job satisfaction, and performance of virtual workers. *The Leadership Quarterly, 19*(1), 77–88. https://doi.org/10.1016/j.leaqua.2007.12.009

Gordon, J. (1987). Workplace health promotion: The right idea in the wrong place. *Health Education Research*, *2*(1), 69–71. https://doi.org/10.1093/her/2.1.69

Gorlick, A. (2020, March 30). The productivity pitfalls of working from home in the age of COVID-19. *Stanford News*. https://news.stanford.edu/2020/03/30/productivity-pitfalls-working-home-age-covid-19/

Graber, S. (2015, March 20). Why Remote Work Thrives in Some Companies and Fails in Others. *Harvard Business Review*. https://hbr.org/2015/03/why-remote-work-thrives-in-some-companies-and-fails-in-others

Grant, A. M., & Gino, F. (2010). A little thanks goes a long way: Explaining why gratitude expressions motivate prosocial behavior. *Journal of Personality and Social Psychology*, *98*(6), 946–955. https://doi.org/10.1037/a0017935

Graves, L. M., & Karabayeva, A. (2020). Managing Virtual Workers—Strategies for Success. *IEEE Engineering Management Review*, *48*(2), 166–172. https://doi.org/10.1109/EMR.2020.2990386

Grawitch, M. J., Ledford, G. E., Ballard, D. W., & Barber, L. K. (2009). Leading the healthy workforce: The integral role of employee involvement. *Consulting Psychology Journal: Practice and Research*, *61*(2), 122–135. https://doi.org/10.1037/a0015288

Gray, C. (2018, april 5). What are the qualities of a digital leader? *ManpowerGroup*. https://www.manpowergroup.co.uk/the-word-on-work/digital-leader-qualities/

Green, K. L. (1988). Issues of Control and Responsibility in Workers' Health. *Health Education Quarterly*, *15*(4), 473–486. https://doi.org/10.1177/109019818801500407

Greenwood, K., & Anas, J. (2021, October 4). It's a New Era for Mental Health at Work. *Harvard Business Review*. https://hbr.org/2021/10/its-a-new-era-for-mental-health-at-work

Gribbons, B., & Herman, J. (1996). *True and Quasi-Experimental Designs*. https://doi.org/10.7275/FS4Z-NB61

Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004). Mindfulness-based stress reduction and health benefits: A meta-analysis. *Journal of*

Psychosomatic Research, *57*(1), 35–43. https://doi.org/10.1016/S0022-3999(03)00573-7

Gubler, T., Larkin, I., & Pierce, L. (2018). Doing Well by Making Well: The Impact of Corporate Wellness Programs on Employee Productivity. *Management Science*, *64*(11), 4967–4987. https://doi.org/10.1287/mnsc.2017.2883

Hai, T. N., Van, Q. N., & Tuyet, M. N. T. (2021). Digital Transformation: Opportunities and Challenges for Leaders in the Emerging Countries in Response to Covid-19 Pandemic. *Emerging Science Journal*, *5*, 21–36. https://doi.org/10.28991/esj-2021-SPER-03

Handy, S. L., & Mokhtarian, P. L. (1996). The future of telecommuting. *Futures*, *28*(3), 227–240. https://doi.org/10.1016/0016-3287(96)00003-1

Harpaz, I. (2002). Advantages and disadvantages of telecommuting for the individual, organization and society. *Work Study*, *51*(2), 74–80. https://doi.org/10.1108/00438020210418791

Hasson, H., Brisson, Guérin, Gilbert-Ouimet, M., Baril-Gingras, G., Vézina, M., & Bourbonnais. (2014). An organizational-level occupational health intervention: Employee perceptions of exposure to changes, and psychosocial outcomes. *Work & Stress*, *28*. https://doi.org/10.1080/02678373.2014.907370

Hayes, A. F. (2013). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach* (pp. xvii, 507). Guilford Press.

Hess, T., Matt, C., Benlian, A., & Wiesböck, F. (2016). Options for Formulating a Digital Transformation Strategy. *MIS Quarterly Executive*, *15*, 123–139.

Hewett, R., Shantz, A., & Mundy, J. (2019). Information, beliefs, and motivation: The antecedents to human resource attributions. *Journal of Organizational Behavior*, *40*(5), 570–586. https://doi.org/10.1002/job.2353

Ho, J. T. S. (1997). Corporate wellness programmes in Singapore: Effect on stress, satisfaction and absenteeism. *Journal of Managerial Psychology*, *12*(3), 177–189. https://doi.org/10.1108/02683949710174801

Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist*, *44*(3), 513–524.

https://doi.org/10.1037/0003-066X.44.3.513

Hoert, J., Herd, A. M., & Hambrick, M. (2016). The Role of Leadership Support for Health Promotion in Employee Wellness Program Participation, Perceived Job Stress, and Health Behaviors. *American Journal of Health Promotion*, *32*(4), 1054–1061. https://doi.org/10.1177/0890117116677798

Hofmann, S. G., & Gómez, A. F. (2017). Mindfulness-Based Interventions for Anxiety and Depression. *The Psychiatric clinics of North America*, *40*(4), 739–749. https://doi.org/10.1016/j.psc.2017.08.008

Hofmann, S. G., Sawyer, A. T., Witt, A. A., & Oh, D. (2010). The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, *78*(2), 169–183. https://doi.org/10.1037/a0018555

Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social Relationships and Mortality Risk: A Meta-analytic Review. *PLOS Medicine*, *7*(7), e1000316. https://doi.org/10.1371/journal.pmed.1000316

Hülsheger, U. R., & Schewe, A. F. (2011). On the costs and benefits of emotional labor: A meta-analysis of three decades of research. *Journal of Occupational Health Psychology*, *16*(3), 361–389. https://doi.org/10.1037/a0022876

Jaiswal, D. A., & Arun, D. C. J. (2020). *Unlocking the COVID-19 Lockdown: Work from Home and Its Impact on Employees*. https://doi.org/10.21203/rs.3.rs-34556/v1

James, J. (2013, mai 16). *Workplace Wellness Programs (Updated) | Health Affairs Brief*. https://www.healthaffairs.org/do/10.1377/hpb20130516.373854/full/

Jiang, M. (2020). *The reason Zoom calls drain your energy*. https://www.bbc.com/worklife/article/20200421-why-zoom-video-chats-are-so-exhausting

Johns, G. (2008a). Absenteeism or Presenteeism? Attendance Dynamics and Employee Well-Being. I S. Cartwright & C. L. Cooper (Red.), *The Oxford Handbook of Organizational Well Being*. Oxford University Press. https://doi.org/10.1093/oxfordhb/9780199211913.003.0002

Johns, G. (2008b). Absenteeism and Presenteeism: Not at Work or Not Working Well. I J. Barling & C. Cooper (Red.), *The SAGE Handbook of Organizational Behavior: Volume I - Micro Approaches* (s. 160–177). SAGE Publications Ltd. https://doi.org/10.4135/9781849200448

Jones, E. E., Davis, K. E., & Gergen, K. J. (1961). Role playing variations and their informational value for person perception. *The Journal of Abnormal and Social Psychology*, *63*(2), 302–310. https://doi.org/10.1037/h0048514

Juchnowicz, M., & Kinowska, H. (2021). Employee Well-Being and Digital Work during the COVID-19 Pandemic. *Information*, *12*(8), 293. https://doi.org/10.3390/info12080293

Kakimoto, K. (2020). Is the workplace wellness program doing good?: Ethical considerations around health promotion at workplace. *Environmental and Occupational Health Practice*, *2*(1), 2020-0016-RA. https://doi.org/10.1539/eohp.2020-0016-RA

Kaliski, B. S. (2007). *Encyclopedia of Business and Finance* (2nd edition). Macmillan Reference USA.

Katanic, S. (2021, juli 21). *Effective Digital Leadership Is Key To Digital Transformation*. Forbes. https://www.forbes.com/sites/forbesagencycouncil/2021/07/21/effective-digital-leadership-is-key-to-digital-transformation/

Keng, S.-L., Smoski, M. J., & Robins, C. J. (2011). Effects of Mindfulness on Psychological Health: A Review of Empirical Studies. *Clinical psychology review*, *31*(6), 1041–1056. https://doi.org/10.1016/j.cpr.2011.04.006

Khoury, B., Lecomte, T., Fortin, G., Masse, M., Therien, P., Bouchard, V., Chapleau, M.-A., Paquin, K., & Hofmann, S. G. (2013). Mindfulness-based therapy: A comprehensive meta-analysis. *Clinical Psychology Review*, *33*(6), 763–771. https://doi.org/10.1016/j.cpr.2013.05.005

Khoury, B., Sharma, M., Rush, S. E., & Fournier, C. (2015). Mindfulness-based stress reduction for healthy individuals: A meta-analysis. *Journal of Psychosomatic Research*, *78*(6), 519–528. https://doi.org/10.1016/j.jpsychores.2015.03.009

Kim, S. D., Hollensbe, E. C., Schwoerer, C. E., & Halbesleben, J. R. B. (2015). Dynamics of a wellness program: A conservation of resources perspective. *Journal of Occupational Health Psychology*, *20*(1), 62–71. https://doi.org/10.1037/a0037675

Kislik, L. (2022). *What Do Newer Generations Of Employees Want, And Can Your Business Adjust?* Forbes. https://www.forbes.com/sites/lizkislik/2022/01/28/what-do-newer-generations-of-employees-want-and-can-your-business-adjust/

Kumar, P., Agrawal, A., & Budhwar, P. (2021). *Work from Home: Multi-Level Perspectives on the New Normal*. Emerald Publishing Limited. http://ebookcentral.proquest.com/lib/bilibrary/detail.action?docID=6803996

Kuoppala, J., Lamminpää, A., & Husman, P. (2008). Work health promotion, job well-being, and sickness absences—A systematic review and meta-analysis. *Journal of Occupational and Environmental Medicine*, *50*(11), 1216–1227. https://doi.org/10.1097/JOM.0b013e31818dbf92

Laker, B., Pereira, V., Malik, A., & Soga, L. (2022, March 9). Dear Manager, You're Holding Too Many Meetings. *Harvard Business Review*. https://hbr.org/2022/03/dear-manager-youre-holding-too-many-meetings

Laker, B., & Roulet, T. (2021, april 26). *How Organizations Can Promote Employee Wellness, Now and Post-Pandemic*. MIT Sloan Management Review. https://sloanreview.mit.edu/article/how-organizations-can-promote-employee-wellness-now-and-post-pandemic/

LeBesco, K. (2011). Neoliberalism, public health, and the moral perils of fatness. *Critical Public Health*, *21*(2), 153–164. https://doi.org/10.1080/09581596.2010.529422

Leichter, H. M. (2003). "Evil Habits" and "Personal Choices": Assigning Responsibility for Health in the 20th Century. *The Milbank Quarterly*, *81*(4), 603–626. https://doi.org/10.1046/j.0887-378X.2003.00296.x

Leka, S., & Houdmont, J. (Eds.). (2010). *Occupational health psychology*. Wiley-Blackwell.

Lupton, D. (2015). Health promotion in the digital era: A critical commentary. *Health Promotion International*, *30*(1), 174–183. https://doi.org/10.1093/heapro/dau091

Madison, K. M. (2016). The Risks Of Using Workplace Wellness Programs To Foster A Culture Of Health. *Health Affairs*, *35*(11), 2068–2074. https://doi.org/10.1377/hlthaff.2016.0729

Madsen, S. R. (2003). The effects of home-based teleworking on work-family conflict. *Human Resource Development Quarterly*, *14*(1), 35–58. https://doi.org/10.1002/hrdq.1049

Malhotra, N. K. (2020). *Marketing research: An applied orientation* (Seventh edition, global edition). Pearson.

Martin, M. W. (2001). Responsibility for Health and Blaming Victims. *Journal of Medical Humanities*, *22*(2), 95–114. https://doi.org/10.1023/A:1009074811781

Maruyama, T., & Tietze, S. (2012). From anxiety to assurance: Concerns and outcomes of telework. *Personnel Review*, *41*(4), 450–469. https://doi.org/10.1108/00483481211229375

Mattke, S., Kapinos, K. A., Caloyeras, J. P., Taylor, E. A., Batorsky, B. S., Liu, H. H., Van Busum, K. R., & Newberry, S. (2015). *Incentives for Workplace Wellness Programs: They Increase Employee Participation, but Building a Better Program Is Just as Effective*. RAND Corporation. https://www.rand.org/pubs/research_briefs/RB9842.html

Mattke, S., Liu, H., Caloyeras, J., Huang, C. Y., Van Busum, K. R., Khodyakov, D., & Shier, V. (2013). Workplace Wellness Programs Study. *Rand Health Quarterly*, *3*(2), 7.

Mazur, B., & Mazur-Malek, M. (2017a). Towards Corporate Wellness: Health Culture and Wellness Programs. *Journal of Intercultural Management*, *9*(3), 45–61.

Mazur, B., & Mazur-Małek, M. (2017b). Evaluating the Effectiveness of a Worksite Wellness Program. *International Journal of Contemporary Management, 4/2016*. https://doi.org/10.4467/24498939IJCM.16.025.6706

McClean, E. J., Burris, E. R., & Detert, J. R. (2013). When Does Voice Lead to Exit? It Depends on Leadership. *Academy of Management Journal*, *56*(2), 525–548. https://doi.org/10.5465/amj.2011.0041

McCleary, K., Goetzel, R. Z., Roemer, E. C., Berko, J., Kent, K., & Torre, H. D. L. (2017). Employer and Employee Opinions About Workplace Health Promotion (Wellness) Programs: Results of the 2015 Harris Poll Nielsen

Survey. *Journal of Occupational and Environmental Medicine*, *59*(3), 256–263. https://doi.org/10.1097/JOM.0000000000000946

McGregor, L., & Doshi, N. (2020, April 9). How to Keep Your Team Motivated, Remotely. *Harvard Business Review*. https://hbr.org/2020/04/how-to-keep-your-team-motivated-remotely

McPeck, W. (2019, januar 18). *The Forgotten History of Worksite Wellness Programs: Coming Back Around To Employee Wellbeing*. linkedin.com. https://www.linkedin.com/pulse/forgotten-history-worksite-wellness-programs-coming-back-mcpeck/

Mehta, S., & Maheshwari, G. C. (2013). Consequence of toxic leadership on employee job satisfaction and organizational commitment. *Journal of Contemporary Management Research*, *8*, 1–23.

Mihardjo, L., & Furinto, A. (2018). The effect of digital leadership and innovation management for incumbent telecommunication company in the digital disruptive era. *International Journal of Engineering and Technology*, *7*. https://doi.org/10.14419/ijet.v7i2.29.13142

Mihardjo, L., Sasmoko, S., Alamsjah, F., & Djap, E. (2019). Digital leadership role in developing business model innovation and customer experience orientation in industry 4.0. *Management Science Letters*, *9*, 1749–1762. https://doi.org/10.5267/j.msl.2019.6.015

Milkman, K. L., Beshears, J., Choi, J. J., Laibson, D., & Madrian, B. C. (2011). Using implementation intentions prompts to enhance influenza vaccination rates. *Proceedings of the National Academy of Sciences*, *108*(26), 10415–10420. https://doi.org/10.1073/pnas.1103170108

Milner, K., Greyling, M., Goetzel, R., Da Silva, R., Kolbe-Alexander, T., Patel, D., Nossel, C., & Beckowski, M. (2015). The relationship between leadership support, workplace health promotion and employee wellbeing in South Africa. *Health Promotion International*, *30*(3), 514–522. https://doi.org/10.1093/heapro/dat064

Minkler, M. (1978). Ethical Issues in Community Organization. *Health Education Monographs*, *6*(2), 198–210. https://doi.org/10.1177/109019817800600204

Minkler, M. (1999). Personal Responsibility for Health? A Review of the Arguments and the Evidence at Century's End. *Health Education & Behavior*, *26*(1), 121–141. https://doi.org/10.1177/109019819902600110

Mishra, T., & Jena, L. K. (2020). Virtual workplaces and lean leadership: Integrative conceptualization and organizational implications. *Strategic HR Review*, *19*(4), 177–181. https://doi.org/10.1108/SHR-04-2020-0031

Morgan, R. E. (2004). Teleworking: An assessment of the benefits and challenges. *European Business Review*, *16*(4), 344–357. https://doi.org/10.1108/09555340410699613

Mujtaba, B. G., & Cavico, F. J. (2013). Corporate Wellness Programs: Implementation Challenges in the Modern American Workplace. *International Journal of Health Policy and Management*, *1*(3), 193–199. https://doi.org/10.15171/ijhpm.2013.36

Nakrošienė, A., Bučiūnienė, I., & Goštautaitė, B. (2019). Working from home: Characteristics and outcomes of telework. *International Journal of Manpower*, *40*(1), 87–101. https://doi.org/10.1108/IJM-07-2017-0172

Neeley, T. (2020, mars 16). 15 Questions About Remote Work, Answered. *Harvard Business Review*. https://hbr.org/2020/03/15-questions-about-remote-work-answered

Newman, S. A., & Ford, R. C. (2021). Five Steps to Leading Your Team in the Virtual COVID-19 Workplace. *Organizational Dynamics*, *50*(1), 100802. https://doi.org/10.1016/j.orgdyn.2020.100802

Newstrom, J. W. (2007). *Organizationa Behavior: Human Behavior at Work* (12th edition). McGraw-Hill/Irwin.

Nielsen, K., & Randall, R. (2012). The importance of employee participation and perceptions of changes in procedures in a teamworking intervention. *Work and Stress*, *26*, 91–111. https://doi.org/10.1080/02678373.2012.682721

Nishii, L. H., Lepak, D. P., & Schneider, B. (2008). EMPLOYEE ATTRIBUTIONS OF THE "WHY" OF HR PRACTICES: THEIR EFFECTS ON EMPLOYEE ATTITUDES AND BEHAVIORS, AND CUSTOMER SATISFACTION. *Personnel Psychology*, *61*(3), 503–545. https://doi.org/10.1111/j.1744-6570.2008.00121.x

O'Boyle, E. (2021, mars 30). *4 Things Gen Z and Millennials Expect From Their Workplace*. Gallup.Com. https://www.gallup.com/workplace/336275/things-gen-millennials-expect-workplace.aspx

O'Donnell, M. P. (1988). Let Us Move beyond the Short Sighted "Blame the Victim" Rhetoric. *American Journal of Health Promotion*, *2*(4), 66–67. https://doi.org/10.4278/0890-1171-2.4.66

Olmstead, G. (2011). Work Site Health Promotion. I *Patty's Industrial Hygiene* (s. 2699–2715). John Wiley & Sons, Ltd. https://doi.org/10.1002/0471435139.hyg125

Olson, M. H. (1983). Remote office work: Changing work patterns in space and time. *Communications of the ACM*, *26*(3), 182–187. https://doi.org/10.1145/358061.358068

O'Neill, T. A., Hambley, L. A., Greidanus, N. S., MacDonnell, R., & Kline, T. J. B. (2009). Predicting teleworker success: An exploration of personality, motivational, situational, and job characteristics. *New Technology, Work and Employment*, *24*(2), 144–162. https://doi.org/10.1111/j.1468-005X.2009.00225.x

Ott-Holland, C. J., Shepherd, W. J., & Ryan, A. M. (2019). Examining wellness programs over time: Predicting participation and workplace outcomes. *Journal of Occupational Health Psychology*, *24*(1), 163–179. https://doi.org/10.1037/ocp0000096

Oppenheim, S. (2019, juni 11). *How The Corporate Wellness Market Has Exploded: Meet The Latest Innovators In The Space*. Forbes. https://www.forbes.com/sites/serenaoppenheim/2019/06/11/how-the-corporate-wellness-market-has-exploded-meet-the-latest-innovators-in-the-space/

Parks, K. M., & Steelman, L. A. (2008). Organizational wellness programs: A meta-analysis. *Journal of Occupational Health Psychology*, *13*(1), 58–68. https://doi.org/10.1037/1076-8998.13.1.58

Pattnaik, L., & Jena, L. K. (2020). Mindfulness, remote engagement and employee morale: Conceptual analysis to address the "new normal".

International Journal of Organizational Analysis, *29*(4), 873–890. https://doi.org/10.1108/IJOA-06-2020-2267

Perrault, E. K., Hildenbrand, G. M., & Rnoh, R. H. (2020). Employees' Refusals to Participate in an Employer-Sponsored Wellness Program: Barriers and Benefits to Engagement. *Compensation & Benefits Review*, *52*(1), 8–18. https://doi.org/10.1177/0886368719899209

Pérez Pérez, M., Martínez Sánchez, A., & Pilar de Luis Carnicer, M. (2003). The organizational implications of human resources managers' perception of teleworking. *Personnel Review*, *32*(6), 733–755. https://doi.org/10.1108/00483480310498693

Perrault, E. K., Hildenbrand, G. M., & Rnoh, R. H. (2020). Employees' Refusals to Participate in an Employer-Sponsored Wellness Program: Barriers and Benefits to Engagement. *Compensation & Benefits Review*, *52*(1), 8–18. https://doi.org/10.1177/0886368719899209

Peters, P., Tijdens, K. G., & Wetzels, C. (2004). Employees' opportunities, preferences, and practices in telecommuting adoption. *Information & Management*, *41*(4), 469–482. https://doi.org/10.1016/S0378-7206(03)00085-5

Petersen, A., & Lupton, D. (1996). *The new public health: Health and self in the age of risk* (pp. xvi, 208). Sage Publications, Inc.

Prin, M., & Bartels, K. (2020). Social distancing: Implications for the operating room in the face of COVID-19. *Canadian Journal of Anesthesia/Journal Canadien d'anesthésie*, *67*(7), 789–797. https://doi.org/10.1007/s12630-020-01651-2

Read, S. J., Vanman, E. J., & Miller, L. C. (1997). Connectionism, Parallel Constraint Satisfaction Processes, and Gestalt Principles: (Re) Introducing Cognitive Dynamics to Social Psychology. *Personality & Social Psychology Review (Lawrence Erlbaum Associates)*, *1*(1), 26. https://doi.org/10.1207/s15327957pspr0101_3

Reardon, J. (1998). The history and impact of worksite wellness. *Nursing Economic$*, *16*(3), 117–121.

Reeder, G. D., & Spores, J. M. (1983). The attribution of morality. *Journal of Personality and Social Psychology*, *44*(4), 736–745.

https://doi.org/10.1037/0022-3514.44.4.736

Rhoades, L., Eisenberger, R., & Armeli, S. (2001). Affective commitment to the organization: The contribution of perceived organizational support. *Journal of Applied Psychology*, *86*(5), 825–836. https://doi.org/10.1037/0021-9010.86.5.825

Richards, H., Reid, M., & Watt, G. (2003). Victim-blaming revisited: A qualitative study of beliefs about illness causation, and responses to chest pain. *Family Practice*, *20*(6), 711–716. https://doi.org/10.1093/fampra/cmg615

Riedl, R. (2022). On the stress potential of videoconferencing: Definition and root causes of Zoom fatigue. *Electronic Markets*, *32*(1), 153–177. https://doi.org/10.1007/s12525-021-00501-3

Robroek, S. J., van Lenthe, F. J., van Empelen, P., & Burdorf, A. (2009). Determinants of participation in worksite health promotion programmes: A systematic review. *International Journal of Behavioral Nutrition and Physical Activity*, *6*(1), 26. https://doi.org/10.1186/1479-5868-6-26

Robroek, S. J. W., van de Vathorst, S., Hilhorst, M. T., & Burdorf, A. (2012). Moral issues in workplace health promotion. *International Archives of Occupational and Environmental Health*, *85*(3), 327–331. https://doi.org/10.1007/s00420-011-0675-y

Rogers, T., Milkman, K., John, L., & Norton, M. (2015). Beyond good intentions: Prompting people to make plans improves follow-through on important tasks. *Behavioral Science & Policy*, *1*, 33–41. https://doi.org/10.1353/bsp.2015.0011

Safeer, R., & Allen, J. (2019). Defining a Culture of Health in the Workplace. *Journal of Occupational and Environmental Medicine*, *61*(11), 863–867. https://doi.org/10.1097/JOM.0000000000001684

Sanders, K., & Yang, H. (2016). The HRM Process Approach: The Influence of Employees' Attribution to Explain the HRM-Performance Relationship. *Human Resource Management*, *55*(2), 201–217. https://doi.org/10.1002/hrm.21661

Schein, C., & Gray, K. (2016). Moralization and Harmification: The Dyadic Loop Explains How the Innocuous Becomes Harmful and Wrong. *Psychological*

Inquiry, *27*(1), 62–65. https://doi.org/10.1080/1047840X.2016.1111121

Schein, C., & Gray, K. (2018). The Theory of Dyadic Morality: Reinventing Moral Judgment by Redefining Harm. *Personality and Social Psychology Review*, *22*(1), 32–70. https://doi.org/10.1177/1088868317698288

Seifert, C. M., Chapman, L. S., Hart, J. K., & Perez, P. (2012). Enhancing Intrinsic Motivation in Health Promotion and Wellness. *American Journal of Health Promotion*, *26*(3), 1–12. https://doi.org/10.4278/ajhp.26.3.tahp

Shain, M., & Kramer, D. M. (2004). Health Promotion in the Workplace: Framing the Concept; Reviewing the Evidence. *Occupational and Environmental Medicine*, *61*(7), 643–648. https://doi.org/10.1136/oem.2004.013193

Shanock, L. R., Allen, J. A., Dunn, A. M., Baran, B. E., Scott, C. W., & Rogelberg, S. G. (2013). Less acting, more doing: How surface acting relates to perceived meeting effectiveness and other employee outcomes. *Journal of Occupational and Organizational Psychology*, *86*(4), 457–476. https://doi.org/10.1111/joop.12037

Sheninger, E. (2019). *Digital leadership: Changing paradigms for chaning times.* (2nd edition). Corwin.

Shirom, A., Toker, S., Alkaly, Y., Jacobson, O., & Balicer, R. (2011). Work-based predictors of mortality: A 20-year follow-up of healthy employees. *Health Psychology*, *30*(3), 268–275. https://doi.org/10.1037/a0023138

Shockley, K. M., Gabriel, A. S., Robertson, D., Rosen, C. C., Chawla, N., Ganster, M. L., & Ezerins, M. E. (2021). The fatiguing effects of camera use in virtual meetings: A within-person field experiment. *Journal of Applied Psychology*, *106*(8), 1137. https://doi.org/10.1037/apl0000948

Simon, H. A. (1955). A Behavioral Model of Rational Choice. *The Quarterly Journal of Economics*, *69*(1), 99–118. https://doi.org/10.2307/1884852

Song, Y., & Gao, J. (2020). Does Telework Stress Employees Out? A Study on Working at Home and Subjective Well-Being for Wage/Salary Workers. *Journal of Happiness Studies*, *21*(7), 2649–2668. https://doi.org/10.1007/s10902-019-00196-6

Spagnoli, P., Molino, M., Molinaro, D., Giancaspro, M. L., Manuti, A., & Ghislieri, C. (2020). Workaholism and Technostress During the COVID-19 Emergency: The Crucial Role of the Leaders on Remote Working. *Frontiers in Psychology*, *11*.

https://www.frontiersin.org/article/10.3389/fpsyg.2020.620310

Spector, P. (1997). *Job Satisfaction: Application, Assessment, Causes, and Consequences*. SAGE Publications. https://doi.org/10.4135/9781452231549

Staples, D. S. (2001). A study of remote workers and their differences from non-remote workers. *Journal of End User Computing*, *13*(2), 3–14. http://dx.doi.org/10.4018/joeuc.2001040101

Sull, D., Sull, C., & Bersin, J. (2020, juni 3). *Five Ways Leaders Can Support Remote Work*. MIT Sloan Management Review. https://sloanreview.mit.edu/article/five-ways-leaders-can-support-remote-work/

Taplin, S. (2020, November 18). *Council Post: How Do You Keep Your Employees Motivated In A Remote Environment? Leadership Through Gamification*. Forbes. https://www.forbes.com/sites/forbestechcouncil/2020/11/18/how-do-you-keep-your-employees-motivated-in-a-remote-environment-leadership-through-gamification/

Thulin, E., Vilhelmson, B., & Johansson. (2019). New Telework, Time Pressure and Time Use Control in Everyday Life. *Sustainability*, *11*, 3067. https://doi.org/10.3390/su11113067

Ton, Z. (2014). *The Good Jobs Strategy: How the Smartest Companies Invest in Employees to Lower Costs and Boost Profits*. Houghton Mifflin Harcourt.

Toniolo-Barrios, M., & Pitt, L. (2021). Mindfulness and the challenges of working from home in times of crisis. *Business Horizons*, *64*(2), 189–197. https://doi.org/10.1016/j.bushor.2020.09.004

Tziner, A., & Birati, A. (1996). Assessing employee turnover costs: A revised approach. *Human Resource Management Review*, *6*(2), 113–122. https://doi.org/10.1016/S1053-4822(96)90015-7

Täuber, S., Mulder, L., & Flint, S. (2018, november 19). *The Impact of Workplace Health Promotion Programs Emphasizing Individual Responsibility on Weight Stigma and Discrimination*. https://www.frontiersin.org/articles/10.3389/fpsyg.2018.02206/full?utm_source=FWEB&utm_medium=NBLOG&utm_campaign=ECO_FPSYG_work-health

Valencia, C. (2021, October 5). How to Get Employees to (Actually) Participate in Well-Being Programs. *Harvard Business Review*. https://hbr.org/2021/10/how-to-get-employees-to-actually-participate-in-well-being-programs

Valentine, D., Ferebee, S., & Heitner, K. (2019). The Effect of Wellness Programs on Long-Term Contract Employees' Workplace Stress, Absenteeism, and Presenteeism. *International Journal of Adult Vocational Education and Technology*, *10*, 30–40. https://doi.org/10.4018/IJAVET.2019100103

Van Berkel, J., Meershoek, A., Janssens, R. M., Boot, C. R., Proper, K. I., & van der Beek, A. J. (2014). Ethical considerations of worksite health promotion: An exploration of stakeholders' views. *BMC Public Health*, *14*(1), 458. https://doi.org/10.1186/1471-2458-14-458

Venz, L., & Sonnentag, S. (2015). Being engaged when resources are low: A multi-source study of selective optimization with compensation at work. *Journal of Vocational Behavior*, *91*, 97–105. https://doi.org/10.1016/j.jvb.2015.09.008

Vonderlin, R., Biermann, M., Bohus, M., & Lyssenko, L. (2020). Mindfulness-Based Programs in the Workplace: A Meta-Analysis of Randomized Controlled Trials. *Mindfulness*, *11*(7), 1579–1598. https://doi.org/10.1007/s12671-020-01328-3

Walsh, M., Dupré, K., & Arnold, K. (2014). Processes through Which Transformational Leaders Affect Employee Psychological Health. *German Journal of Human Resource Management: Zeitschrift für Personalforschung*, *28*, 162–172. https://doi.org/10.1177/239700221402800109

Warne, R. (2014). A Primer on Multivariate Analysis of Variance (MANOVA) for Behavioral Scientists. *Practical Assessment, Research, and Evaluation*, *19*(1). https://doi.org/10.7275/sm63-7h70

Wieczner, J. (2013, april 8). Your Company Wants to Make You Healthy. *Wall Street Journal*. https://online.wsj.com/article/SB10001424127887323393304578360252284151378.html

Zeike, S., Bradbury, K., Lindert, L., & Pfaff, H. (2019). Digital Leadership Skills and Associations with Psychological Well-Being. *International Journal of Environmental Research and Public Health*, *16*(14), 2628. https://doi.org/10.3390/ijerph16142628

Zoller, H. M. (2004). Manufacturing health: Employee perspectives on problematic outcomes in a workplace health promotion initiative. *Western Journal of Communication*, *68*(3), 278–301. https://doi.org/10.1080/10570310409374802

Zsolnai, L. (1997). Moral responsibility and economic choice. *International Journal of Social Economics*, *24*(4), 355–363. https://doi.org/10.1108/03068299710162204

8. Appendices

Appendix 1: Preregistration experiment 1

CONFIDENTIAL - FOR PEER-REVIEW ONLY

The responsibility-eschewing effect of offering a mindfulness webinar. (#86349)

Created: 01/27/2022 04:13 AM (PT)

This is an anonymized copy (without author names) of the pre-registration. It was created by the author(s) to use during peer-review.
A non-anonymized version (containing author names) should be made available by the authors when the work it supports is made public.

---

1) Have any data been collected for this study already?

No, no data have been collected for this study yet.

2) What's the main question being asked or hypothesis being tested in this study?

Companies who offer mindfulness webinars to remote workers are judged to be less responsible for the workers symptoms of burnout and depression caused by excessive use of digital meetings (zoom fatigue). Conversely, remote workers who are offered a mindfulness webinar are judged to be more responsible for their mental health.

3) Describe the key dependent variable(s) specifying how they will be measured.

Level of responsibility attributed to employer is measured with two items:
The employer is responsible for their remote workers current struggles with mental health
The responsibility for the remote workers suffering lies with the workers themselves (reversed coded)

Level of responsibility attributed to workers is measured with two items:
The workers are themselves responsible for their own mental health.
Each worker must themselves do what is necessary to cope with the challenges they face at work.

We also ask participants to indicate how many percent of the responsibility for workers mental health they feel should be attributed to the employer, and how many to the individual worker.

We adapted four items from Rhoades, Eisenberger and Armeli (2001) measure of organizational support:

1. The organization really cares about the workers well being
2. The organization does not care a lot about how the workers are doing
3. If the workers face an issue, I belive the organization would try to help
4. The organization would probably take advantage of the workers if the opportunity arose

4) How many and which conditions will participants be assigned to?

Across both conditions, the workers are described as struggling with the symptoms of zoom fatigue after a long period of excessive workload in a remote setting. The independent variable is whether or not the company offers a mindfulness webinar as a remedy.

Two conditions:

1. Participants learn that the organization offers a mindfulness webinar to the remote workers
2. Participants learn that the organization considers offering a mindfulness webinar, but decides against it.

5) Specify exactly which analyses you will conduct to examine the main question/hypothesis.

Independent sample T-test to explore mean differences between the groups.

Moderation analysis to explore whether or not belief in the efficacy of mindfulness webinars moderates the relationship between the availability of such webinars and attribution of responsibility.

6) Describe exactly how outliers will be defined and handled, and your precise rule(s) for excluding observations.

An attention check item will be used, and any participants who fails the attention check will be excluded in the analysis. The item asks the participants whether or not the organization offered a mindfulness webinar.

7) How many observations will be collected or what will determine sample size? No need to justify decision, but be precise about exactly how the number will be determined.

A convenience sample of 200 working adults.

8) Anything else you would like to pre-register? (e.g., secondary analyses, variables collected for exploratory purposes, unusual analyses planned?)

Belief in the efficacy in the mindfulness webinars will be measured by two items:

1. I think mindfulness webinars can have a strong positive effect for people who are struggling with remote work
2. I am very skeptical about whether this kind of webinars can actually help those who are struggling (reversed coded)

Appendix 2: Preregistration experiment 2

CONFIDENTIAL - FOR PEER-REVIEW ONLY

The responsibility-eschewing effect of declining to participate in a mindfulness webinar. (#86350)

Created: 01/27/2022 04:23 AM (PT)

This is an anonymized copy (without author names) of the pre-registration. It was created by the author(s) to use during peer-review.
A non-anonymized version (containing author names) should be made available by the authors when the work it supports is made public.

---

1) **Have any data been collected for this study already?**

No, no data have been collected for this study yet.

2) **What's the main question being asked or hypothesis being tested in this study?**

Employees who struggle with mental health due to excessive workload in a remote setting (zoom fatigue), who nevertheless opt out of a corporate mindfulness webinar, are judged to be more responsible for their mental health issues than employees who opt in to the webinar. Conversely, the employer is judged to be more responsible for the suffering of employees who opt in to the webinar, but less responsible for those who opt out.

3) **Describe the key dependent variable(s) specifying how they will be measured.**

Level of responsibility attributed to employer is measured with two items:
The employer is responsible for their remote workers current struggles with mental health
The responsibility for the remote workers suffering lies with the workers themselves (reversed coded)

Level of responsibility attributed to workers is measured with two items:
The workers are themselves responsible for their own mental health.
Each worker must themselves do what is necessary to cope with the challenges they face at work.

We also ask participants to indicate how many percent of the responsibility for workers mental health they feel should be attributed to the employer, and how many to the individual worker.

We adapted four items from Rhoades, Eisenberger and Armeli (2001) measure of organizational support:

1. The organization really cares about the workers well being
2. The organization does not care a lot about how the workers are doing
3. If the workers face an issue, I belive the organization would try to help
4. The organization would probably take advantage of the workers if the opportunity arose

4) How many and which conditions will participants be assigned to?

Across both conditions participants will learn that the organization is offering a mindfulness webinar to their employees in order to help them cope with zoom fatigue, resulting from excessive workload in a remote work setting. The independent variable will be whether or not most employees make use ofthe offer.

5) Specify exactly which analyses you will conduct to examine the main question/hypothesis.

Independent sample T-test to explore mean differences between the groups.

Moderation analysis to explore whether or not belief in the efficacy of mindfulness webinars moderates the relationship between the availability of suchwebinars and attribution of responsibility.

6) Describe exactly how outliers will be defined and handled, and your precise rule(s) for excluding observations.

An attention check item will be used, and any participants who fails the attention check will be excluded in the analysis. The item asks the participants whether or not most employees opted to make use of the mindfulness webinar.

7) How many observations will be collected or what will determine sample size?

No need to justify decision, but be precise about exactly how thenumber will be determined.

A convenience sample of 200 working adults.

8) Anything else you would like to pre-register? (e.g., secondary analyses, variables collected for exploratory purposes, unusual analyses planned?)

Belief in the efficacy in the mindfulness webinars will be measured by two items:

1. I think mindfulness webinars can have a strong positive effect for people who are struggling with remote work
2. I am very skeptical about whether this kind of webinars can actually help those who are struggling (reversed coded)

Appendix 3: Survey (Experiment 1)

Experiment 1. The mere availability of a mindfulness webinar

Start of Block: Intro

Takk for at du ville delta i denne spørreundersøkelsen, utført av studenter ved Handelshøyskolen BI. Ansvarlig for studien er Mads Nordmo Arnestad.

Formålet med studien er å undersøke hva folk tenker om arbeidsgivers ansvar for de ansattes psykiske helse under en pandemi.

Studien tar ca 5 minutt å gjennomføre. Alle data som samles inn anonymiseres. Vi vil ikke kunne identifisere enkeltdeltakere. Du kan når som helst trekke deg fra studien.

Deltakelse i studien medfører ingen fare for psykisk eller fysisk helse.

Vennligst indiker ditt samtykke til å delta, og klikk videre.

○ Jeg samtykker (1)

Page Break

I studien vil du først bli bedt om å lese om en bedrift. Etter dette vil du bli stilt spørsmål om hvordan du tenker og føler om denne bedriften. Vennligst les teksten nøye, du kan bli stilt kontrollspørsmål underveis for å sjekke at du leste.

End of Block: Intro

Start of Block: Mindfulness webinar tilstede

Account Management Nor AS har siden utbruddet av Covid-19 pandemien måtte ta i bruk hjemmekontor i utstrakt grad. Dette har medført at mange ansatte tilbringer store deler av dagen sin i digitale møter. I undersøkelser fremgår det at mange av de ansatte sliter med de psykologiske virkningene av denne arbeidsformen. Svært mange oppgir symptomer som overlapper med utmattelse/utbrenthet og depresjon som konsekvens av overdreven bruk av digitale møter, og en generelt isolert livsstil. På bakgrunn av disse undersøkelsene har bedriftens ledelse hyret inn en mindfulness coach, og arrangert frivillige meditasjonswebinar for de ansatte.

Mindfulness er en samlebetegnelse på meditasjonsteknikker som har til formål å redusere stress og anspenthet, og styrke konsentrasjonsevnen. Her skal de ansatte kunne lære seg pusteteknikker og kognitive teknikker som skal gjøre at de angivelig tåler arbeidet sitt bedre. Dette tiltaket har imidlertid vist seg å ha liten eller ingen effekt på problemet. (du kan klikke videre etter 20 sekund)

End of Block: Mindfulness webinar tilstede

Start of Block: Mindfulness webinar avvist

Account Management Nor AS har siden utbruddet av Covid-19 pandemien måtte ta i bruk hjemmekontor i utstrakt grad. Dette har medført at mange ansatte tilbringer store deler av dagen sin i digitale møter. I undersøkelser fremgår det at mange av de ansatte sliter med de psykologiske virkningene av denne arbeidsformen. Svært mange oppgir symptomer som overlapper med utmattelse/utbrenthet og depresjon som konsekvens av overdreven bruk av digitale møter, og en generelt isolert livsstil.

På bakgrunn av disse undersøkelsene har enkelte ansatte foreslått at bedriften kan hyre inn en mindfulness coach, og arrangere frivillige meditasjonswebinar for de ansatte. Mindfulness er en samlebetegnelse på meditasjonsteknikker som har til formål å redusere stress og anspenthet, og styrke konsentrasjonsevnen. Her kan de ansatte kunne lære seg pusteteknikker og kognitive teknikker som angivelig skal gjøre at de tåler arbeidet sitt bedre. Bedriftens ledelse har imidlertid avslått dette forslaget, uten å presentere noe alternativ.

(du kan klikke videre etter 20 sekund)

End of Block: Mindfulness webinar avvist

Start of Block: Outcomes

I hvilken grad føler du at bedriften har ansvaret for den dårlige psykiske helsen de ansatte forteller om? Vennligst svar på spørsmålene under.

1 Det er i høy grad bedriften sitt ansvar at de ansatte har så svak psykisk helse nå.

- 1. Helt uenig (1)
- 2. (2)
- 3. (3)
- 4. Hverken enig eller uenig (4)
- 5. (5)
- 6. (6)
- 7. Helt enig (7)

2 Ansvaret for at de ansatte sliter må bedriften ta på sin kappe.

- 1. Helt uenig (1)
- 2. (2)
- 3. (3)
- 4. Hverken enig eller uenig (4)
- 5. (5)
- 6. (6)
- 7. Helt enig (7)

Page Break

I hvilken grad føler du at de ansatte selv har ansvaret for den dårlige psykiske helsen de forteller om? Vennligst svar på spørsmålene under.

1 De ansatte er selv ansvarlig for sin egen psykiske helse

- 1. Helt uenig (1)
- 2. (2)
- 3. (3)
- 4. Hverken enig eller uenig (4)
- 5. (5)
- 6. (6)
- 7. Helt enig (7)

2 Hver ansatt må selv ta de nødvendige grep for å tåle belastningen de møter i sitt arbeid

- 1. Helt uenig (1)
- 2. (2)
- 3. (3)
- 4. Hverken enig eller uenig (4)
- 5. (5)
- 6. (6)
- 7. Helt enig (7)

Page Break

I hvilken grad tror du at mindfulness webinarer, eller annen webbasert kursing i kognitive teknikker og pusteteknikk, vil kunne være et effektivt virkemiddel mot den kroniske utmattelsen som kan oppstå ved utstrakt bruk av digitale møter? Vennligst svar på spørsmålene under:

---

1 Jeg tror mindfulness webinar kan ha en sterk positiv effekt på folk som sliter i forbindelse med hjemmekontor

- 1. Helt uenig (1)
- 2. (2)
- 3. (3)
- 4. Hverken enig eller uenig (4)
- 5. (5)
- 6. (6)
- 7. Helt enig (7)

---

2 Jeg er svært skeptisk til hvorvidt denne typen kursing faktisk kan hjelpe de som sliter.

- 1. Helt uenig (1)
- 2. (2)
- 3. (3)
- 4. Hverken enig eller uenig (4)
- 5. (5)
- 6. (6)
- 7. Helt enig (7)

Page Break

Prosent Alt i alt, hvor mange prosent av ansvaret for de ansattes dårlige psykiske helse mener du tilfaller bedriften, og hvor mange tilfaller de ansatte selv?
Bedriften : _____ (1)
Ansatte : _____ (2)
Total : _____

Page Break

Vi vil også spørre deg om hvorvidt du synes denne bedriften ser ut til å forsøke ta vare på sine ansatte. Vennligst ta stilling til spørsmålene under.

Organisatstøtte1 Bedriften bryr seg virkelig om deres velvære

- 1. Helt uenig (1)
- 2. (2)
- 3. (3)
- 4. Hverken enig eller uenig (4)
- 5. (5)
- 6. (6)
- 7. Helt enig (7)

2 Bedriften bryr seg lite om hvordan de ansatte har det

- 1. Helt uenig (1)
- 2. (2)
- 3. (3)
- 4. Hverken enig eller uenig (4)
- 5. (5)
- 6. (6)
- 7. Helt enig (7)

---

3 Om de ansatte har et problem tror jeg bedriften stiller opp for å hjelpe

- 1. Helt uenig (1)
- 2. (2)
- 3. (3)
- 4. Hverken enig eller uenig (4)
- 5. (5)
- 6. (6)
- 7. Helt enig (7)

---

4 Bedriften vil ganske sikkert utnytte de ansatte dersom anledningen byr seg

- 1. Helt uenig (1)
- 2. (2)
- 3. (3)
- 4. Hverken enig eller uenig (4)
- 5. (5)
- 6. (6)
- 7. Helt enig (7)

Page Break

Kontrollspørsmål:

1 I beskrivelsen du leste besluttet bedriften å tilby et mindfulness webinar

- Korrekt (1)
- Ikke korrekt - de vurderte det men besluttet å ikke gjøre det (2)

Page Break

Takkforsvar Takk for dine svar. Selve eksperimentet er nå over. Helt til slutt ønsker vi bare å vite litt om deg. Vennligst besvar spørsmålene under.

3 Hvor gammel er du?

18 26 34 43 51 59 67 75 84 92 100

Alder ()	

4 Hvilket kjønn har du?

- ○ Kvinne (1)
- ○ Mann (2)
- ○ Ingen av delene/ønsker ikke å svare (3)

5 Hvor mye tjener du i året (i NOK)?

- Mellom 0 og 100 000 (1)
- Mellom 100 000 og 200 000 (2)
- Mellom 200 000 og 300 000 (3)
- Mellom 300 000 og 400 000 (4)
- Mellom 400 000 og 500 000 (5)
- Mellom 500 000 og 600 000 (6)
- Mellom 600 000 og 700 000 (7)
- Mellom 700 000 og 800 000 (8)
- Mellom 800 000 og 900 000 (9)
- Mellom 900 000 og 1 000 000 (10)
- Over 1 000 000 (11)

---

6 I hvilken sektor arbeider du?

- Offentlig sektor (1)
- Privat sektor (2)
- Ingen av delene/arbeider ikke (3)

---

7 Er du leder på din arbeidsplass?

- Jeg er ikke leder (1)
- Jeg er mellomleder (2)
- Jeg er toppleder (3)

8 Hva er din høyest fullførte utdannelse?

- ○ Barneskolen (1)
- ○ Ungdomsskolen (2)
- ○ Videregående skole (3)
- ○ Høyskole/universitet bachelor eller mellomfag (4)
- ○ Høyskole/universitet mastergrad/hovedfag (5)
- ○ Doktorgrad (6)

9 Har du selv deltatt på noen form for kursing eller støtte for stressreduksjon i forbindelse med pandemien?

- ○ Ja (1)
- ○ Nei (2)
- ○ Vet ikke (3)

Page Break

Appendix 4: Demographics summary experiment 1

Variable	Item	N	%
Age	18-25	7	4.3
	26-35	36	22
	36-45	34	20.8
	46-55	44	27.1
	56-65	42	25.8
	Total	163	100
Gender	Female	112	62.9
	Male	66	37.1
	Neither/Do not want to answer	0	0
	Total	178	100
Education	Elementary	1	0.6
	Middle school	1	0.6
	High school	19	10.7
	Bachelor's degree or equivalent	97	54.5
	Master's degree or equivalent	60	33.7
	Doctorate	0	0
	Total	178	100
Income	Between 0-100 000	3	1.7
	Between 100 000-200 000	2	1.2
	Between 200 000-300 000	0	0
	Between 300 000-400 000	5	2.9
	Between 400 000-500 000	9	5.2
	Between 500 000-600 000	29	16.8
	Between 600 000-700 000	38	22
	Between 700 000-800 000	26	15
	Between 800 000-900 000	21	12.1
	Between 900 000-1 000 000	15	8.7
	Over 1 000 000	25	14.5
	Total	173	100
Sector of work	Private	91	47.5
	Public	84	51.4
	Neither	2	1.1
	Total	177	100
Job position	I am not a leader	95	53.7
	I am a leader	82	46.3
	Total	177	100

Appendix 5: Experiment 1 Cronbach's Alpha

Variable	Cronbach's Alpha	Mean	Standard deviation
Employer responsibility • *Det er i høy grad bedriften sitt ansvar at de ansatte har svak psykisk helse nå.* • *Ansvaret for at de ansatte sliter må bedriften ta på sin kappe.*	0.804	4.18	2.52
Employee responsibility • *De ansatte er selv ansvarlig for sin egen psykiske helse.* • *Hver ansatt må selv ta de nødvendige grep for å tåle belastningen de møter i sitt arbeid.*	0.732	4.61	2.19
Belief in mindfulness webinar (R) • *Jeg tror mindfulness webinar kan ha en sterk positiv effekt på folk som sliter i forbindelse med hjemmekontor.* • *Jeg er svært skeptisk til hvorvidt denne typen kursing kan faktisk hjelpe de som sliter.*	0.830	3.87	3.17
Organizational support (R) • *Bedriften bryr seg virkelig om deres velvære.* • *Bedriften bryr seg lite om hvordan de ansatte har det.* • *Om de ansatte har et problem tror jeg bedriften stiller opp for å hjelpe.* • *Bedriften vil ganske sikkert utnytte de ansatte dersom anledningen bryr seg.*	0.823	4.45	4.92

All items answered on a seven-point Likert scale from 1 = Completely disagree to 7 = Completely agree. (R) = item was reverse coded.

Appendix 6: Group statistics experiment 1

Group Statistics

	IndV	N	Mean	Std. Deviation	Std. Error Mean
Employer responsibility	1.00	93	4.0376	1.35782	.14080
	2.00	98	4.3061	1.15462	.11663
Employee responsibility	1.00	92	4.4891	1.16962	.12194
	2.00	98	4.7194	1.00787	.10181
Percentage responsibility (Employer)	1.00	89	46.3034	19.91026	2.11048
	2.00	98	45.6429	16.17383	1.63380
Percentage responsibility (Employee)	1.00	89	53.6966	19.91026	2.11048
	2.00	98	54.3571	16.17383	1.63380

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						95% Confidence Interval of the Difference	
						Significance		Mean	Std. Error		
		F	Sig.	t	df	One-Sided p	Two-Sided p	Difference	Difference	Lower	Upper
Employer responsibility	Equal variances assumed	1.264	.262	-1.475	189	.071	.142	-.26849	.18206	-.62762	.09065
	Equal variances not assumed			-1.468	180.825	.072	.144	-.26849	.18283	-.62925	.09227
Employee responsibility	Equal variances assumed	2.834	.094	-1.456	188	.073	.147	-.23026	.15811	-.54216	.08164
	Equal variances not assumed			-1.449	180.022	.074	.149	-.23026	.15886	-.54372	.08320
Percentage responsibility (Employer)	Equal variances assumed	3.325	.070	.250	185	.401	.803	.66051	2.64265	-4.55308	5.87411
	Equal variances not assumed			.247	169.766	.402	.805	.66051	2.66898	-4.60815	5.92918
Percentage responsibility (Employee)	Equal variances assumed	3.325	.070	-.250	185	.401	.803	-.66051	2.64265	-5.87411	4.55308
	Equal variances not assumed			-.247	169.766	.402	.805	-.66051	2.66898	-5.92918	4.60815

Appendix 7: (Partial) output of the PROCESS experiment 1 (Hypothesis 4)

Model summary PROCESS experiment 1 (Hypothesis 4)

R	R^2	*MSE*	*F*	*df1*	*df2*	*p*
.24	.05	1.14	3.75	3.00	184.00	.0120

PROCESS Moderation model experiment 1 (Hypothesis 4)

	coeff (b)	*se*	*t*	*p*	*LLCI*	*ULCI*
Constant	2.65	.64	4.13	.0001	1.38	3.91
IndV	1.39	.42	3.31	.001	.56	2.22
Webmidd	.42	.16	2.58	.01	.09	.074
Int_1	-.29	.10	-2.87	.004	-.49	-.09

Appendix 8: Survey (Experiment 2)

Experiment 2. Accepting or rejecting a mindfulness webinar

Start of Block: Intro

Takk for at du ville delta i denne spørreundersøkelsen, utført av studenter ved Handelshøyskolen BI. Ansvarlig for studien er Mads Nordmo Arnestad.

Formålet med studien er å undersøke hva folk tenker om arbeidsgivers ansvar for de ansattes psykiske helse under en pandemi.

Studien tar ca 5 minutt å gjennomføre. Alle data som samles inn anonymiseres. Vi vil ikke kunne identifisere enkeltdeltakere. Du kan når som helst trekke deg fra studien.

Deltakelse i studien medfører ingen fare for psykisk eller fysisk helse.

Vennligst indiker ditt samtykke til å delta, og klikk videre.

○ Jeg samtykker (1)

Page Break

I studien vil du først bli bedt om å lese om en bedrift. Etter dette vil du bli stilt spørsmål om hvordan du tenker og føler om denne bedriften. Vennligst les teksten nøye, du kan bli stilt kontrollspørsmål underveis for å sjekke at du leste.

Page Break

Problembeskrivelse Account Management Nor AS har siden utbruddet av Covid-19 pandemien måtte ta i bruk hjemmekontor i utstrakt grad. Dette har medført at mange ansatte tilbringer store deler av dagen sin i digitale møter. I undersøkelser fremgår det at mange av de ansatte sliter med de psykologiske virkningene av denne arbeidsformen. Svært mange oppgir symptomer som overlapper med utmattelse/utbrenthet og depresjon som konsekvens av overdreven bruk av digitale møter, og en generelt isolert livsstil. På bakgrunn av disse undersøkelsene har bedriftens ledelse hyret inn en mindfulness coach, og arrangert frivillige meditasjonswebinar for de ansatte. Mindfulness er en samlebetegnelse på meditasjonsteknikker som har til formål å redusere stress og anspenthet, og styrke konsentrasjonsevnen. Her skal de ansatte kunne lære seg pusteteknikker og kognitive teknikker som skal gjøre at de angivelig tåler arbeidet sitt bedre.

(du kan klikke videre etter 20 sekund)

End of Block: Intro

Start of Block: Høy deltakelse

Høy deltakelse De ansatte har utvist stor velvilje til bedriftens tilbud om mindfulness webinar. Så godt som alle ansatte har deltatt på samlingene og forsøkt så godt de kan å nyttegjøre seg av tilbudet. Til tross for dette opplever de fleste fortsatt arbeidet sitt som svært utmattende og isolerende, og symptomene på psykisk uhelse og utbrenthet har ikke avtatt.

End of Block: Høy deltakelse

Start of Block: Lav deltakelse

Lav deltakelse De ansatte har utvist liten velvilje til bedriftens tilbud om mindfulness webinar. Så godt som ingen ansatte har deltatt på samlingene, og de få som har

møtt opp gav halvhjertede forsøk på å nyttegjøre seg av tilbudet. De fleste ansatte opplever fortsatt arbeidet sitt som svært utmattende og isolerende, og symptomene på psykisk uhelse og utbrenthet har ikke avtatt.

End of Block: Lav deltakelse

Start of Block: Outcomes

I hvilken grad føler du at bedriften har ansvaret for den dårlige psykiske helsen de ansatte forteller om? Vennligst svar på spørsmålene under.

1 Det er i høy grad bedriften sitt ansvar at de ansatte har så svak psykisk helse nå.

- 1. Helt uenig (1)
- 2. (2)
- 3. (3)
- 4. Hverken enig eller uenig (4)
- 5. (5)
- 6. (6)
- 7. Helt enig (7)

2 Ansvaret for at de ansatte sliter må bedriften ta på sin kappe.

- 1. Helt uenig (1)
- 2. (2)
- 3. (3)
- 4. Hverken enig eller uenig (4)
- 5. (5)
- 6. (6)
- 7. Helt enig (7)

Page Break

I hvilken grad føler du at de ansatte selv har ansvaret for den dårlige psykiske helsen de forteller om? Vennligst svar på spørsmålene under.

1 De ansatte er selv ansvarlig for sin egen psykiske helse

- 1. Helt uenig (1)
- 2. (2)
- 3. (3)
- 4. Hverken enig eller uenig (4)
- 5. (5)
- 6. (6)
- 7. Helt enig (7)

2 Hver ansatt må selv ta de nødvendige grep for å tåle belastningen de møter i sitt arbeid

- 1. Helt uenig (1)
- 2. (2)
- 3. (3)
- 4. Hverken enig eller uenig (4)
- 5. (5)
- 6. (6)
- 7. Helt enig (7)

Page Break

I hvilken grad tror du at mindfulness webinarer, eller annen webbasert kursing i kognitive teknikker og pusteteknikk, vil kunne være et effektivt virkemiddel mot den kroniske utmattelsen som kan oppstå ved utstrakt bruk av digitale møter? Vennligst svar på spørsmålene under:

1 Jeg tror mindfulness webinar kan ha en sterk positiv effekt på folk som sliter i forbindelse med hjemmekontor

- 1. Helt uenig (1)
- 2. (2)
- 3. (3)
- 4. Hverken enig eller uenig (4)
- 5. (5)
- 6. (6)
- 7. Helt enig (7)

2 Jeg er svært skeptisk til hvorvidt denne typen kursing faktisk kan hjelpe de som sliter.

- 1. Helt uenig (1)
- 2. (2)
- 3. (3)
- 4. Hverken enig eller uenig (4)
- 5. (5)
- 6. (6)
- 7. Helt enig (7)

Page Break

Prosent Alt i alt, hvor mange prosent av ansvaret for de ansattes dårlige psykiske helse mener du tilfaller bedriften, og hvor mange tilfaller de ansatte selv?

Bedriften : _____ (1)
Ansatte : _____ (2)
Total : _____

Page Break

Vi vil også spørre deg om hvorvidt du synes denne bedriften ser ut til å forsøke ta vare på sine ansatte. Vennligst ta stilling til spørsmålene under.

1 Bedriften bryr seg virkelig om deres velvære

- 1. Helt uenig (1)
- 2. (2)
- 3. (3)
- 4. Hverken enig eller uenig (4)
- 5. (5)
- 6. (6)
- 7. Helt enig (7)

2 Bedriften bryr seg lite om hvordan de ansatte har det

- 1. Helt uenig (1)
- 2. (2)
- 3. (3)
- 4. Hverken enig eller uenig (4)
- 5. (5)
- 6. (6)
- 7. Helt enig (7)

3 Om de ansatte har et problem tror jeg bedriften stiller opp for å hjelpe

- 1. Helt uenig (1)
- 2. (2)
- 3. (3)
- 4. Hverken enig eller uenig (4)
- 5. (5)
- 6. (6)
- 7. Helt enig (7)

4 Bedriften vil ganske sikkert utnytte de ansatte dersom anledningen byr seg

- 1. Helt uenig (1)
- 2. (2)
- 3. (3)
- 4. Hverken enig eller uenig (4)
- 5. (5)
- 6. (6)
- 7. Helt enig (7)

Page Break

Introkontroll Kontrollspørsmål:

1 I beskrivelsen du leste valgte de fleste ansatte å benytte seg av tilbudet om mindfulness webinar

- ○ Korrekt (1)
- ○ Ikke korrekt - de ansatte valgte stort sett å ikke benytte seg av tilbudet (2)

Page Break

Takkforsvar Takk for dine svar. Selve eksperimentet er nå over. Helt til slutt ønsker vi bare å vite litt om deg. Vennligst besvar spørsmålene under.

3 Hvor gammel er du?

	18 26 34 43 51 59 67 75 84 92 100
Alder ()	

4 Hvilket kjønn har du?

- ○ Kvinne (1)
- ○ Mann (2)
- ○ Ingen av delene/ønsker ikke å svare (3)

5 Hvor mye tjener du i året (i NOK)?

- Mellom 0 og 100 000 (1)
- Mellom 100 000 og 200 000 (2)
- Mellom 200 000 og 300 000 (3)
- Mellom 300 000 og 400 000 (4)
- Mellom 400 000 og 500 000 (5)
- Mellom 500 000 og 600 000 (6)
- Mellom 600 000 og 700 000 (7)
- Mellom 700 000 og 800 000 (8)
- Mellom 800 000 og 900 000 (9)
- Mellom 900 000 og 1 000 000 (10)
- Over 1 000 000 (11)

---

6 I hvilken sektor arbeider du?

- Offentlig sektor (1)
- Privat sektor (2)
- Ingen av delene/arbeider ikke (3)

---

7 Er du leder på din arbeidsplass?

- Jeg er ikke leder (1)
- Jeg er mellomleder (2)
- Jeg er toppleder (3)

8 Hva er din høyest fullførte utdannelse?

- ○ Barneskolen (1)
- ○ Ungdomsskolen (2)
- ○ Videregående skole (3)
- ○ Høyskole/universitet bachelor eller mellomfag (4)
- ○ Høyskole/universitet mastergrad/hovedfag (5)
- ○ Doktorgrad (6)

9 Har du selv deltatt på noen form for kursing eller støtte for stressreduksjon i forbindelse med pandemien?

- ○ Ja (1)
- ○ Nei (2)
- ○ Vet ikke (3)

Page Break

Appendix 9: Demographics summary experiment 2

Variable	Item	N	%
Age	18-25	14	7.7
	26-35	40	22.1
	36-45	52	28.7
	46-55	48	26.5
	56-65	26	14.4
	66-75	1	0.6
	Total	181	100
Gender	Female	125	66.1
	Male	62	32.8
	Neither/Do not want to answer	2	1.1
	Total	189	100
Education	Elementary	0	0
	Middle school	2	1.1
	High school	41	21.8
	Bachelor's degree or equivalent	85	45.2
	Master's degree or equivalent	59	31.4
	Doctorate	1	0.5
	Total	188	100
Income	Between 0-100 000	0	0
	Between 100 000-200 000	1	0.5
	Between 200 000-300 000	7	3.8
	Between 300 000-400 000	12	6.5
	Between 400 000-500 000	34	18.3
	Between 500 000-600 000	33	17.7
	Between 600 000-700 000	37	19.9
	Between 700 000-800 000	19	10.2
	Between 800 000-900 000	7	3.8
	Between 900 000-1 000 000	10	5.4
	Over 1 000 000	26	14
	Total	186	100
Sector of work	Private	97	51.3
	Public	92	48.7
	Neither	0	0
	Total	189	100

Job position	I am not a leader	127	67.9
	I am a leader	67	32.1
	Total	187	100

Appendix 10: Experiment 2 Cronbach Alpha

Variable	Cronbach's Alpha	Mean	Standard deviation
Employer responsibility • *Det er i høy grad bedriften sitt ansvar at de ansatte har svak psykisk helse nå.* • *Ansvaret for at de ansatte sliter må bedriften ta på sin kappe.*	0.899	3.94	2.95
Employee responsibility • *De ansatte er selv ansvarlig for sin egen psykiske helse.* • *Hver ansatt må selv ta de nødvendige grep for å tåle belastningen de møter i sitt arbeid.*	0.703	4.49	2.50
Belief in mindfulness webinar (R) • *Jeg tror mindfulness webinar kan ha en sterk positiv effekt på folk som sliter i forbindelse med hjemmekontor.* • *Jeg er svært skeptisk til hvorvidt denne typen kursing kan faktisk hjelpe de som sliter.*	0.863	3.86	3.21
Organizational support (R) • *Bedriften bryr seg virkelig om deres velvære.* • *Bedriften bryr seg lite om hvordan de ansatte har det.* • *Om de ansatte har et problem tror jeg bedriften stiller opp for å hjelpe.* • *Bedriften vil ganske sikkert utnytte de ansatte dersom anledningen bryr seg.*	0.794	4.92	4.47

All items answered on a seven-point Likert scale from 1 = Completely disagree to 7 = Completely agree. (R) = item was reverse coded

Appendix 11: Group statistics experiment 2

Group Statistics

	IndV	N	Mean	Std. Deviation	Std. Error Mean
Employer responsibility	1.00	96	3.9479	1.49645	.15273
	2.00	109	3.9358	1.46107	.13995
Employee responsibility	1.00	90	4.5167	1.10273	.11624
	2.00	107	4.4626	1.36620	.13208
Percentage responsibility (employer)	1.00	92	48.0435	19.27186	2.00923
	2.00	106	45.9151	18.55756	1.80247
Percentage responsibility (employee)	1.00	92	51.9565	19.27186	2.00923
	2.00	106	54.0849	18.55756	1.80247

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means							
						Significance				95% Confidence Interval of the Difference	
		F	Sig.	t	df	One-Sided p	Two-Sided p	Mean Difference	Std. Error Difference	Lower	Upper
Employer responsibility	Equal variances assumed	.065	.799	.059	203	.477	.953	.01214	.20684	-.39568	.41996
	Equal variances not assumed			.059	198.442	.477	.953	.01214	.20715	-.39636	.42064
Employee responsibility	Equal variances assumed	5.801	.017	.302	195	.382	.763	.05405	.17919	-.29935	.40745
	Equal variances not assumed			.307	194.688	.380	.759	.05405	.17594	-.29295	.40105
Percentage responsibility (employer)	Equal variances assumed	.120	.729	.791	196	.215	.430	2.12838	2.69201	-3.18064	7.43741
	Equal variances not assumed			.789	189.845	.216	.431	2.12838	2.69924	-3.19597	7.45274
Percentage responsibility (employee)	Equal variances assumed	.120	.729	-.791	196	.215	.430	-2.12838	2.69201	-7.43741	3.18064
	Equal variances not assumed			-.789	189.845	.216	.431	-2.12838	2.69924	-7.45274	3.19597

Appendix 12 (Partial) output of the PROCESS experiment 2 (Hypothesis 4)

Model summary PROCESS experiment 2 (Hypothesis 4)

R	R^2	*MSE*	*F*	*df1*	*df2*	*p*
0.11	0.14	1.56	0.87	3.00	189.00	0.46

PROCESS Moderation model experiment 2 (Hypothesis 4)

	coeff (b)	*se*	*t*	*p*	*LLCI*	*ULCI*
Constant	3.38	0.797	4.24	0.00	1.81	4.95
IndV	0.601	0.476	1.26	0.209	-0.339	1.54
WebV2	0.293	0.186	1.58	0.12	-0.73	0.659
Int_1	-0.167	0.113	-1.466	0.144	-0.389	0.57