

Psychological Health and Safety in the Workplace: Exploration and Understanding of Perceptions and Practice of Workplace Job Control, Flexibility and Mental Health in COVID-19

by

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## Abstract

**Purpose:** The purpose of this research is to explore and understand perceptions of workplace flexibility and job control/ autonomy policy in practice as related to mental health and psychological health & safety in the workplace within the context of COVID-19 Pandemic (1-15). This thesis explored: (i) how employees perceive workplace practices related to job control/ autonomy and (ii) better understand the effects of job control/ autonomy and flexibility in the workplace.

**Methods:** This qualitative research project was guided by focused ethnography methodology grounded in constructivism and subjectivism theories (16-19). One large Organization in Alberta with psychological health & safety practices and flexible working options was recruited and invited their employees to participate in the study (20). 14 self-selected participants from various job functions and authority, confidentially volunteered to participate in a 60-minute semi-structured interview. Data was co-created through participant interviews using a semi-structured interview guide (21). Analysis was guided by the work of Srivastava and Hopwood, 2009 (22).

**Results:** Three main themes, each with three sub-themes, emerged from the data to capture the employee perception of working at PO through the context of the COVID-19 pandemic restrictions and the transition to normalcy post March 2023. The themes and subthemes included 1. Leadership Response, subthemes; Benefits & Mental Health Resources, Communication During the COVID-19 Pandemic and Response Action, Flexible Working Policy.

2. Context, subthemes; Company Culture, The COVID-19 Pandemic, and Personal Context. 3. Equity, Job Role and Function, Workplace Flexibility, and Experience of Job Control/Autonomy.

**Conclusion:** Perceptions of workplace job control/autonomy and flexibility are influenced by many factors in the workplace. Participants in this study supported the identification of key actions that either supported or hindered their experience of these factors. Clear communication, modern leadership skill sets, and an ability to balance employee needs, organizational function, and company ideals such as vision, mission, and goals played a crucial role in developing employee perception of job control/autonomy and flexibility. Therefore, impacting productivity, employee satisfaction, and company culture.

**Key words:** *Psychological Health & Safety, Workplace Mental Health, Job Control, Workplace Flexibility, Post-Pandemic Workplace Mental Health Practices, Workplace Mental Health Promotion*

## **Preface**

This thesis, “Psychological Health & Safety: Exploring and Understanding Perceptions and Practice of Job Control, Flexibility and Mental Health in COVID-19”, is part of a qualitative research project approved by the University of Alberta Research Ethics Board, Pro00104586, October 17, 2022, and is the original work of Megan K. Hunter. The final amendment, Pro00104586\_REN1, was approved September 26, 2023.

## **Dedication**

To employees and employers in Alberta, knowing we spend much of our life at work I dedicate this project to you. I will continue my efforts, in both grassroots and upstream health promotion, towards psychologically safe workplaces that support mental health for all.

To the Canadian Standards Association (CSA) in partnership with the Mental Health Commission of Canada (MHCC) for developing Canada's Psychological Health & Safety Standard for Workplaces and the work you do to provide tools to support its implementation and evaluation.

## Acknowledgements

I would like to acknowledge the incredible community who has supported me wholeheartedly along the journey to completing this thesis and accompanying research. I believe we never truly do anything remarkable alone, but in community and relationship with others. The remarkable humans listed here have contributed to this project and I am ever grateful.

There are times the English language fails us with words that fully capture what we are trying to express, this is one of those moments as I try to encapsulate my appreciation for my supervisor, Dr. Candace Nykiforuk. Early in my career I had the privilege of an introduction to Dr. Nykiforuk and her work through PLACE Research Lab's Policy Readiness Tool. Her innovation and ways of bridging theory into practice through fostering community inspired me, and continues to do so. There is no doubt being a professor through a global pandemic was a challenge, but through it all Dr. Nykiforuk kept her students' well-being and aspirations as a high priority. I felt seen, guided, and supported in decisions concerning my academic trajectory and health. Thank you, for suggesting I try the "research route" and for welcoming me into the vibrant community you've built.

To the Supervisory Committee, Dr. Candace Nykiforuk and Dr. Susan Chatwood, who saw me through from start (pandemic, parental leave, and a concussion) to finish, graciously sharing their wisdom, compassion, and expertise. The landscape of health promotion in Alberta and Northwest Territories has been shaped and continues to be shaped by your contributions, the future is already thankful, as am I.

Professionally and personally the guidance of my mentor, Jennifer Carson, who not only cheered me on at every step and affirmed the importance of mental health promotion, but welcomed me into her Edmonton home for the semesters I spent commuting from Calgary between 2018-2022. Jenn, there is no greater honour than being your student child, I am grateful beyond words.

To my incredible colleagues, peer mentors and friends, who also happen to be really great researchers; Dr. Andrea Korda, Michelle Stiphout MSc, Brittany Molner MSc, Stephanie Caron-Roy MSc, PLACE Research Lab Community, Centre for Healthy Communities, Alberta Kinesiology Association, and former ASEBP Colleagues including; Health Advisor Huddle, Anna MacDonald, Shandy Reed, Neil Neary, Partner Relations Health Services Team and our Communicorns. Together we create a better future, each one of you has contributed to this work, and on a personal level, you've enriched my life in numerous ways. We've always been more than colleagues, we're friends who have each other's backs.

Thank you to the University of Alberta, School of Public Health, and the HEED 320 Social Dimension of Health Promotion, Winter 2005 for igniting a passion for Health Promotion and illustrating the need for health equity in Canada to me, for this inspired my career.

My passion for health began at home thanks to Mentoah Jane, Mama Jane, for setting an example of curiosity and a belief in the ability to achieve what we set out to in life. This thesis was created in the space my family, Jon, Sander, and our rescue rabbits made possible through trips to grandma's, bike park excursions, and gracious love and encouragement.

“If you want to go fast, go alone. If you want to go far, go together.” - African Proverb

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## List of Abbreviations

### List 1: Workplace Health Promotion Known and Used Abbreviations

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ABBREVIATION	DEFINITIONS
(COVID-19)	Severe Acute Respiratory Syndrome Coronavirus 2
(PH&S)	Psychological Health & Safety
(OHS)	Occupational Health & Safety
(EFAP)	Employee Family Assistance Program
(WPMH)	Workplace Mental Health

## List 2: Organization (Pseudonym) Abbreviations Created for this Study

I am labelling the organization as a Participating Organization (PO) to preserve confidentiality. The Participating Organization has two formal companies with different roles. There was representation from each company in this research project. For ease they will be referred to the abbreviations listed in the chart below.

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ABBREVIATION	DEFINITION
(PO)	Participating Organization (As a whole)
(PO-A)	Participating Organization Company A
(PO-B)	Participating Organization Company B
(CC)	Company Contact

## Researcher Positioning

I come to this research from an intersectionality of a biological female who identifies as a woman. I was born on Treaty 6 Territory. My settler heritage is 75% Scottish (paternal side 100% and 50% maternal side) 2nd generation Immigrant Albertan Settler, 25% English/German (maternal) 4<sup>th</sup> generation Edmontonian Settler descent. The family I grew up in identified as Anglican religiously, however my nuclear family did not practice. My first language is English, I comprehend and speak beginner level French. I am a first generation academic at the bachelors and master's level on both sides of my lineage.

I grew up in a culturally and socioeconomically diverse neighbourhood, Millwoods, in Edmonton Alberta, Canada. There, I attended public Elementary school grades K-6, then Jr. High 7-9, and High School grades 10-12. My family consisted of my mother and father (blue collar small business entrepreneurs) and younger brother; we lived in the same home together for the first 22 years of my life. During the time of my childhood our family would have been considered middle class. Upon high school graduation, my parents' small business had reached a stable state and was able to maintain a higher socioeconomic status than in my younger years where times were more financially variable.

After taking a year to work, I attended Grant MacEwan College and the University of Alberta resulting in a Bachelor of Kinesiology (BKin) majoring in Healthy Living, Lifestyle, and Wellbeing (now known as Health Promotion). A noteworthy influence during BKin, was the course Social Determinants of Health Promotion HEED 320. Here a guest speaker, who worked with Indigenous peoples on nearby Indigenous Reservation communities, discussed the current



health conditions and their effects on the residents of the reservation environment. This description was incongruent with my perceived knowledge of Indigenous populations in Alberta and completely shifted my perspective to see the inequity in our system, how it was negatively affecting the health of a whole population, and the stigma that kept the majority Albertans misinformed and unaware. These learnings stuck with me and have been a foundational driver of my commitment to health promotion in public health.

I moved abroad at 22, spending time in Switzerland working at an international summer camp for children ages 7-17 from across the globe. It is here where I discovered the power of willingness to communicate. How it spans across cultures, languages, and norms to achieve a common goal when we seek ways beyond shared language to listen and understand one another. Next stop was California, where I obtained a Multiple Subjects Teaching Credential (BEd) from Sonoma State University. I taught casually in an elementary school in Novato, Marin County for about two years. I returned to Canada at the age of 27 and began working in Health Promotion by way of outdoor education leadership through the City of Edmonton and as a Workplace Wellness Liaison for the Alberta School Employee Benefit Plan.

As a Workplace Wellness Liaison, I witnessed the shift in benefit claims from mostly physical injuries to psychological in long term and short-term disability leaves within the Alberta education sector. This shift was a key contributor in my decision to obtain workplace mental health training. Specifically, becoming a Certified Psychological Health & Safety Practitioner and learning to integrate Canada's Psychological Health & Safety Standard in the Workplace. Along with this experience, I came to a place in my career where I wanted to explore my blind spots

and gaps in understanding in the practice of Health Promotion. I applied to the University of Alberta's School of Public Health to engage in research exploring how the Psychosocial Factors of job control and flexibility affect mental health.

December 2019 marked the completion of course requirements for the MSc program related to this thesis and I began working as a research assistant at the PLACE Research Lab supporting qualitative data analysis. In March 2020 the COVID-19 pandemic rearranged our lives in ways we could not have seen coming. The pandemic prompted a shift in my research question as our collective experience of work, home, and general ways of life had changed worldwide. My research question now contained examining the effect of COVID-19 pandemic had on our workplace mental health through a lens of job control and flexibility.

Since 2020 I have been supporting workplaces in Psychological Health & Safety practices through my consulting company Peak + Prairie Co. Health Promotion, as Workplace Training & Programs, Manager at Canadian Mental Health Association, Alberta Division, Human Resources Consultant with City of Calgary and, most recently, as the Senior Advisor Employee Well-Being at Calgary Board of Education. Between March 2020 and December, 2023, I have delivered over 400 virtual and in person mental health promotion sessions, workshops, keynotes, masterclasses and training combined across Canada and North America. This has been an ongoing insight into the real time effects of COVID-19 on workplace mental health from multiple sectors including, manufacturing, energy, education, higher education, health care, non-profit, government, tech, and municipalities (23-30).

Along with these changes, in May of 2021 I became a first-time mother and paused my studies between May 2021 and August 2022. Returning to thesis work in September 2022. In the time during parental leave the landscape of research shifted significantly to encompass a wider breadth of studies looking at not only psychological health and safety in the workplace, but also the role of the restrictions related to the COVID-19 pandemic placed on mental health in the workplace. As a result of the significant shift in our collective experience, I chose to start a new search strategy as not only my research question had changed, but also the availability of research related to my topic had vastly expanded, along with a legislation change in 2022 to include psychological protection in Alberta's Occupational Health & Safety documents (31). Both shifts are noteworthy to the relevance of workplace mental health.

I cannot fully separate myself from my experiences or knowledge that came before this study, but rather can refer to them as prior/foundational knowledge. It is my intent to recognize the subjective view I bring to this research and give the co-created data the opportunity to be analyzed inductively. I commit to reflexivity by questioning how I am viewing the data as part of the rigour strategy of this research.

My hope for this study is to identify themes that emerge signature to the lived experience of employees across different roles within the same organization throughout the COVID-19 pandemic. I also hope through these themes and co-created data of lived experience there can be some broader recommendations for other workplaces in Alberta and beyond around job control and flexibility as they relate to mental health, psychological safety, and the experience of navigating the COVID-19 pandemic.

## Chapter 1: Introduction

### Significance

Prior to the COVID-19 Pandemic, employers in Alberta and across Canada have been focusing attention on how to support the mental health of their employees, addressing employer priorities such as the rising costs of short and long term disability claims related to mental health, a focus on improving productivity, and being competitive in attracting talent (32-35). This focus includes incorporating psychological health and safety policy to promote workplace mental health and protect against psychological harm (36). In 2013 the Mental Health Commission of Canada in partnership with Canadian Standards Association created Canada's National Standard for Psychological Health & Safety (PH&S) in the Workplace (37). Over the past decade workplaces across sectors in Alberta and Canada have begun adopting the standard as part of their workplace safety and well-being approaches (38) as a way to improve the workplace environment in support of mental health and protection against psychological injury (38).

The workplace can impact employees' physical and mental health in a variety of ways. Occupational Health & Safety (OH&S) legislation and frameworks are adhered to for physical safety of employees on all worksites and offices in relation to physical risks encountered by employees. For example, washing hands after using a restroom and returning to the workplace or wearing masks to prevent the spread of communicable diseases. For mental health, Psychological Health & Safety (PH&S) standards have been developed in Canada by the Canadian Mental Health Commission in 2013 and identify 15 psychosocial factors that seek to protect employees against psychological harm and promote good mental health. For example,

involvement and influence is a psychosocial factor that recognizes the importance of employee voice in workplace decisions (37).

Elements of the workplace environment, specifically topics of job autonomy and flexibility (1, 39-46), are relevant to employers seeking to improve their workplace productivity and employee experience based on existing research connecting low job control with heart disease and poorer mental health in employees (47-50). This study addresses the gap in research on job control/autonomy and flexibility specific to Alberta workplaces as many research findings on the health risks related to job control/autonomy came from Scandinavian and some European workplaces (for details, see Chapter 2: Literature Review). Workplace flexibility and job control/autonomy can enhance effective implementation of psychologically protective workplace policy as a way to support and create workplaces with supportive environments for positive mental health (41-43, 46, 51-56).

Promoting mental and physical health in the workplace during the COVID-19 pandemic mattered in Alberta because of the numerous stressors that impacted day-to-day activities for Albertans, including work from home restrictions which impacted job functions that could be done remotely, while excluding jobs that were required to be onsite or front line (23-26, 28, 30). Both situations, working remotely and frontline, during the COVID-19 pandemic added challenges for employee mental health relative to the risks to which they were exposed, including increased loneliness and isolation for remote employees and bullying of front line workers (24-29).

## **Background and Rationale**

The average full-time employed Canadian worker spends between 35-45 hours per week at work according to Statistics Canada (57). Which, if adjusted for 8 hours of sleep a night and factoring 2 hours per day preparing, commuting, and transitioning from work responsibilities to personal life, works out to 44% or slightly over  $\frac{1}{3}$  of usable hours in a week dedicated to work. Depending on career or job type, this may be less or more hours - and time at or off work may or may not align with that of family and friends. In many cases, Canadians spend more time with their colleagues and workmates than their family and friends outside of the workplace (57).

An employee's job title, description, responsibility, and leadership style contribute to the level of control and flexibility in the manner in which their work is delivered (58). Job control, also referred to as job autonomy, is described as "an individual's ability to make decisions about the way they work and use their skills" (45, p 54) . Flexibility related to the workplace has three categories, flex work, flex space (the setting, location, and or environment in which work is done) and flex time (the timing of work, including but not limited to hours of work and when work/work tasks are done) (1, 40, 59-66). The variance of job control and flexibility between employee roles, positions, and sectors was put under a spotlight during the COVID-19 pandemic (67-70).

## **Research Question and Purpose**

The purpose of this research is to explore and understand perceptions of workplace flexibility and job control/autonomy policy in practice as related to psychological health &

safety in the workplace (1-15). This thesis will explore: (i) how employees in a large organization in Alberta perceive workplace practices related to job control/autonomy, and (ii) employee and employer perceptions of the effects of job control/autonomy and flexibility practices in the workplace within the context of the COVID-19 pandemic.

This thesis research adds to the existing body of knowledge related to the workplace-employee experience during the height of the COVID-19 pandemic. Specifically adding value by its exploration of the experience of an organization in Alberta, through a lens of psychological health and safety through the onset of the COVID-19 pandemic. This study will thoroughly examine the challenges and solutions organizations faced, such as remote work for jobs where pragmatically possible, government regulations for health and safety (masking, physical distancing), and vaccine policies.

### **Study Description and Study Context**

The focus of this study on the employee/employer experience when forced by extenuating circumstances to expand beyond the traditional employment structure, and how it relates to mental health of the employees will provide context from which to view job control and flexibility; see Chapter 2 - Literature Review for a discussion of current research in this area.

Research supporting positive health outcomes associated with job control and flexibility is strong, highlighting benefits such as reduced risks of cardiovascular disease in blue collar workers with high levels of job control in Lithuania (47), and positive correlations between supportive leaders who foster workplace flexibility and job satisfaction (47-48, 53, 71-72). There is a gap in understanding perceptions of flexibility and adequate job control in the workplace

where policies for each exist (4, 6-8, 15). Policy, when intentional, can represent an organizations' commitment to a valued behaviour, however often there can be differences between the intention of a policy and the implementation of the policy in the workplace day-to-day (73). As the effects of the Covid-19 pandemic mandated an adjustment to previous day to day operations (74), this study explores how employers and employees perceive new and existing policies and identifies emerging themes to support future development of essential conditions and implementation strategies of psychological protection in the workplace.

In early 2023, I successfully recruited a provincially based organization in Alberta whose employees were affected by work transitions and changes due to the COVID-19 pandemic and whose leadership made choices in response to the pandemic for customer and employee health and safety. Once the organization committed to be part of this project, a site visit and interviews were arranged with voluntary participants from various roles across the organization to share their experience of job control and flexibility during the COVID-19 pandemic and discuss, if desired, their current mental health. The organization also agreed to share internal policies, frameworks, and procedures pertaining to job control, flexibility and psychological health & safety in their workplace. A site visit was completed February 6, 2023 to observe team dynamics, sense of physical space of those who worked onsite, and company culture. See Chapter 3 - Methods for more details on study design, data collection, and data analysis. Further, the information noted in the literature review themes has been valuable in providing context for the research question and study design. I used the information to inform the approach, methods, and crafting of the semi-structured interview guide (16).



The findings co-created by the research team and the participating organization reveal the experience of both employers and employees during times of change; see Chapter 4 - Results for details. Chapter 5 - Discussion discusses these findings relative to other studies that examine what role the workplace has in protecting mental health (37, 75-77). This study was completed during a transitional phase between the ease of restrictions to mitigate the spread of the COVID-19 pandemic and the beginning of a new normal for workplaces in Alberta. In March 2023 PH&S was integrated into OH&S Legislation in Alberta as an employer's duty to prevent and protect employees from psychological injury (31). This addition is significant as it indicates the role of employers to take reasonable responsibility for protecting employees against psychological injury, similar to their role in preventing physical injury (31).

## Chapter 2: Literature Review

### Preamble: Audit Trail of Search Strategies and Relevant Timeline Events

The timeline of world events relevant to this research have been noted to provide context to the subjective lens of this thesis. Upon starting this project in Fall 2019, literature focusing on psychological safety in the workplace was limited. For example, the main documentation available to professionals was the Canadian Standard for Psychological Health & Safety (PH&S) in the Workplace (37). No legislation was in place for protection of psychological health in Alberta OH&S Code (31). In March 2023, the term psychological was added to Alberta's OH&S code as part of its purpose:

*(a) the promotion and maintenance of the highest degree of physical, psychological and social well-being of workers (31).*

As part of this study, I reviewed the literature on psychological safety in the workplace and repeated it across three timeframes given the rapid changes of the workplace health field during the onset and height of the COVID-19 pandemic. These time frames have been separated into Phases to help organize the literature reviewed: Phase 1 Fall 2019-March 2020; Phase 2 March 2020 - April 2021; and Phase 3 Fall 2022-March 2023.

Sources included relevant research papers, publications, articles, books, and gray literature. The searches completed prior to March 2020 yielded few but significant results, as the growing body of knowledge pertaining to workplace job control and flexibility indicated an interest in more flexible, autonomous, and beneficial ways of working. While there were very few papers on psychological health and safety, workplace mental health research was easier to

find. Prior to the COVID-19 pandemic, mental health at work, while becoming part of the mainstream conversation and focus of some employers, carried a stigma that deterred many individuals from seeking help even if they had access to programs and resources to do so (82). The three phases of my literature review show how the landscape of workplace mental health looked prior to the COVID-19 pandemic and post March 2020. Specifically, it showed where the research was pointing to remote and flexible work and the importance of psychological health and safety in the workplace for employee mental health.

Following the overview of search results from the three phases of my literature search, I will describe and discuss the literature that I reviewed. In Fall 2019 the first phase of literature searches was performed using the key search terms; Workplace Mental Health, Workplace Flexibility, Job Control, Job Autonomy, Psychological Health & Safety, Workplace Psychological Health & Safety, Psychological Health & Safety Standard, Psychological Health & Safety Standard Canada. Definitions of these terms and other terms relevant to this study are listed in Table 1: Definitions of Terms.

**Table 1: Definition of terms**

Term	Definition
Job Control and Autonomy	"An individual's ability to make decisions about the way they work and use their skills (referred to together as job control)" (45, p54).
Workplace Flexibility	"The ability of workers to make choices influencing when, where, and for how long they engage in work related tasks" (15, p152) and contains 3 subtypes, flextime, flexplace, flexwork (15).
<ul style="list-style-type: none"> <li>• Flextime</li> </ul>	Flexibility in timing of work, for example when work is done during the day and/or hours of work themselves (15).
<ul style="list-style-type: none"> <li>• Flexplace</li> </ul>	Flexibility in work location (15).
<ul style="list-style-type: none"> <li>• Flexwork</li> </ul>	How work is done (15).
Psychological Health & Safety (PH&S)	The Canadian National Standard for Psychological Health & Safety in the Workplace defines a psychological healthy and safe workplace as "a workplace that promotes workers' psychological well-being and activity works to prevent harm to worker psychological health, including neglect, reckless, or intentional ways." (37, p5)

<p>Workplace Mental Health (WPMH)</p>	<p>The Government of Canada defines Mental Health in the Workplace as a psychologically healthy workplace whereas a respectful and productive environment exists and makes every reasonable effort to promote and protect the mental health of employees (78).</p>
<p>COVID-19</p>	<p>WHO officially classifies diseases in the International Classification of Disease (ICD) On February 11, 2020 severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was named as the virus and announced as COVID-19 (79).</p>
<p>Pandemic</p>	<p>When there is a disease or illness of similar nature, in excess of normal expectancy from a common or propagated source, experienced worldwide (80).</p>

In October 2019, the first searches were performed on multiple Health Sciences Databases including: EBSCO - MEDLINE & CINAHL Plus, PubMed (NLM), ProQuest, PsychINFO (OvidSP), Web of Science, and Google Scholar on University of Alberta’s digital library services. using the key words; Workplace Mental Health, Workplace Flexibility, Job Control, Job Autonomy, Psychological Health & Safety, Workplace Psychological Health & Safety, Psychological Health & Safety Standard, Psychological Health & Safety Standard Canada.

Relevant articles and grey literature were also being collected ad hoc from sources used by workplaces and focused on employee mental health from Mental Health Commission of Canada, Government of Canada, Government of Alberta, Canadian Mental Health Association, and Tiny Pulse.

Since its public release in 2013, The Canadian National Standard for Psychological Health & Safety in the Workplace (37) has been gaining popularity and adoption by workplaces across Canada and the world (36, 76, 81-85). Prior to the COVID-19 pandemic, employer motivation to address mental health in the workplace was due to increased spending on employee health claims and lost time due to mental illness (86-89). Addressing stigma around mental health was an approach being studied and implemented by organizations (32-33, 90-95), however stigma continued to play a role in how mental health was addressed in workplaces (94-98). This was reflected in search results using the key words (listed above) which brought in 80-200 articles, many related to, but not explicitly stating workplace psychological safety (95, 99-101). Results that did mention Psychological Health & Safety focused mainly on the health care sector (102-104).

#### *Phase 2 (March 2020 - April 2021)*

In March 2020, Canada declared COVID-19 a pandemic and took measures to protect Canadians, including, but not limited to social restrictions, closing of businesses deemed non-essential, quarantine for affected individuals, and work from home orders where practicable (74). Few, if not all, citizens of Canada and the world were unaffected (74). In Alberta, a work from home mandate was announced March 10, 2020 meaning that employees who could complete their work remotely shifted to working virtually. Those with roles deemed essential

(e.g., frontline health, emergency response workers, utilities, and grocery operations) continued to complete their duties in person and onsite at their workplaces. The official lift of restrictions occurred on March 1, 2022 after two previous attempts to lift mandates in June and September 2021 (74). When restrictions were lifted many organizations continued to allow employees, who could, work remotely. Workplaces began asking remote employees to gradually return to worksites a few days a week, some workplaces continued with a remote first culture, and others expecting a full return to the physical workplace. These transactions took a few years, with some Albertan organizations waiting until 2023 before announcing a return to the workplace approach.

Post-March 2020-April 2021 the following terms were added to Phase 1 Terms included Workplace Mental Health COVID-19, Workplace Flexibility COVID-19, Job Control COVID-19, Job Autonomy COVID-19, Job Flexibility COVID-19, Psychological Health & Safety COVID-19, Workplace Psychological Health & Safety COVID-19, Psychological Health & Safety Standard COVID-19, and Psychological Health & Safety Standard Canada COVID-19. I continued to repeat these search terms until September 2022 to monitor relevant studies as they were published.

The same databases from Phase 1 were used. Searches brought back modest results, yielding between 80-300 papers. Similar to Phase 1, many of the results were unrelated to workplace psychological safety (or related concepts such as job control or autonomy). As with Phase 1, those that did were international studies (95, 100-101, 105-108). The added COVID-19 pandemic searches found some mental health and COVID-19 pandemic and/or COVID-19 pandemic related research was found, however these did not relate to psychological health and safety.

From March 2020 through to December 2023, employee mental health had become a focus of companies in multiple sectors (101, 109-115). Many employers were forced to move workers to home offices seemingly overnight and were noticing changes in employee affect, behaviour, and mental state (111, 116-117). Other industries, such as frontline workers in health care, utilities, emergency services and grocery, had work that could not be completed remotely, or was deemed essential services, which presented both physical and psychological health risks to the workforce. From May 2021-September 2022 this study was paused to accommodate parental leave. For the purpose of this research, the leave gave space for the accumulation of studies published about the effects of the pandemic on our mental health in relation to the workplace.

### *Phase 3 (September 2022-March 2023)*

As a measure of reflexivity, a literature scan was redone in November 2022 and February 2023 using the terms from Phase 2 (Post-March 2020; which included those from Phase 1) as listed above to determine the current environment of research and to align the literature review with the study timeline.

This employer focus on employee mental health began to appear in the literature as studies about employee mental health, both related and unrelated to COVID-19 pandemic notably increased. Literature search results, using the search terms in Phase 1 and 2, with 80-300 papers between March 2020 - April 2021 were showing results of 500-1900 between September 2022-March 2023.

There was a marked difference in search result volume from Phase 2 to Phase 3. Searches that may have populated 80-300 papers in a search in Phase 2 had upwards of 500-



1900 results in Phase 3. Such rapid growth suggests that mental health related to the workplace and the effects of the COVID-19 pandemic had become an area of research interest in the early phases of the pandemic. The amount of research on this topic significantly increased since 2020, with some searches related to workplace mental health bringing up 1500+ scientific papers. I was curious if this sharp increase in research in such a short amount of time was in part due to the increased interest in workplace mental health combined with the global pandemic inviting us to expand our networks due to improved virtual meeting environments and time in lockdown working on research during this time. Some potential contributors to the increased volume of research related to workplace mental health since 2020 included: workplace health as a growing topic of interest due to the effects of the COVID-19 pandemic on employee mental across employment sectors (118-133) the growing organizational need to incorporate Psychological Health & Safety practices into the workplace when Alberta's OH&S Legislation changed to incorporate protection of employee mental health through protection against psychological injury (31) and, the significant shift in how work is done for those who moved to a virtual office and for those who worked frontline positions, meaning changes to job control and flexibility (24-30, 56, 68-69, 74, 111-112, 114, 116-126, 134-135).

To communicate the importance of job control and flexibility in the context of the workplace, literature review themes stemming from all three Phases were identified as related to workplace mental health, PH&S, job control and flexibility as follows: 1) Psychological Health & Safety in the workplace and Alberta's OHS Legislation; 2) impact of job control/autonomy and flexibility on employee health and well-being; and 3) global pandemic effect on workplaces.

## **Psychological Health & Safety (PH&S) in the Workplace and Alberta's OH&S Legislation**

PH&S standards for Canadian workplaces were released in 2013 by the Mental Health Commission of Canada in partnership with the Canadian Standards Association (37). With the purpose of providing standard of psychological protection and mental health promotion in Canadian workplaces. There are 15 psychosocial factors described in the standard, with two additional factors for healthcare workers. The 15 Psychosocial Factors from Canada's National Standard for Psychological Health & Safety in the Workplace lended context to how psychological protection and health promotion in the workplace can be achieved as guided by the PH&S National Standard; see Table 2.

**Table 2: 15 Psychosocial Factors for Psychological Health & Safety in the Workplace (37)**

Psychosocial Factor	Definition
Psychological and Social Support	Co-workers and supervisors respond appropriately to and are supportive of employees' psychological and mental health concerns. (37)
Organizational Culture	A shared assumption of trust, honesty, and fairness are characteristics of a strong organizational culture. (37)
Civility & Respect	Interactions between employees, their clients, customers, and the public are respectful, considerate, and acknowledge the dignity of others. (37)
Clear Leadership & Expectations	Effective leadership supports employees through clear communication of what they need to know and how their work contributes to the organization. (37)
Psychological Competencies & Demands	A good fit between the workplace and an employees' job skills, interpersonal and emotional competencies, and the position they hold. (37)
Growth & Development	Employees are encouraged and supported to develop their interpersonal, emotional, and job skills. (37)
Recognition & Reward	Employees are appropriately appreciated and acknowledged for their efforts in a timely and fair manner. (37)
Involvement & Influence	Employees feel they have opportunities to have meaningful input and involvement in their work. (37)
Workload Management	Employees can reasonably accomplish the tasks and responsibilities of their role successfully within the time available to them. (37)
Engagement	Engaged employees enjoy and feel connected to and motivated to do their work. (37)

Balance	Recognition of the need for balance between the demands of work, family, and personal life. (37)
Psychological Protection	Employees feel safe to speak, share and receive feedback, report mistakes or problems without the fear of negative consequences. (37)
Protection of Physical Safety	Appropriate steps taken by an organization to protect and manage the physical safety of employees. (37)
<b>Healthcare specific factors (can apply to other professions)</b>	
Moral Distress Specific to Healthcare	A work environment that encourages employees to care for their own psychological health & safety. (136, p4)
Psychological Self-Care Specific to Healthcare	A work environment, including colleagues and the employer, that supports and enables staff to perform their work with a sense of integrity. (136, p4)

**The 15 factors of psychological health and safety in the workplace (37, 136)**

The PH&S standard is relevant to Alberta's workplaces because the recent addition of psychological protection was added to Alberta's OH&S Legislation in 2022 (31) holds employers responsible for reasonably protecting employees from psychological injury in the workplace similar to their role in protecting physical health and safety. The PH&S standard guides employers on how to foster protection from psychological injury and promote good mental health in the workplace using the 15 psychosocial factors listed in Table 2. Perceived employee job control/autonomy and flexibility play a role in the 15 psychosocial factors. For example, how job control/autonomy is related to Involvement & Influence through an employee's ability

to make decisions about their work (45) and flexibility is related to Balance in the ability to manage work-life flow (12).

Another example of a psycho-social factor in the workplace is the impact of Workload Management. Workload management can affect employees in two specific ways. Firstly, the workplace must foster an environment where expectations for deadlines and quality of tasks accomplished align well with the amount of time available, and within the agreed upon hours of work. Secondly, a work environment where there is a recognition for the need to balance the demands of work, family, and personal life (37) for employees. This perception of job control/autonomy and flexibility by the employee impacts their ability to make decisions of how best to allocate their time and recognize the quality of their management support experience in the process (137).

Part of the creation of Canada's National Standard on PH&S was a large case study including 30 organizations across workplace sectors in Canada (38). Results varied from organization to organization in different sectors, for example, a healthcare organization reported that implementation of the National Standard increased awareness of the standard as well as mental health resources for employees (38). A municipality from the study incorporated PH&S practices into their Human Resources (HR) plan as well as their Occupation Health & Safety (OHS) management system so employees could report and document resolution of a psychological risk in the workplace (38). A private company in the study focused on improving work-life balance and found employees had a greater sense of being valued in the workplace (38).

With PH&S now an employer responsibility, exploring concepts such as job control/autonomy and flexibility that support the 15 psychosocial factors plays an important role providing employers with information on how to protect employees against psychological injury in the workplace (138-141).

### **Impact of Job Control/Autonomy and Flexibility on Employee Health and Well-being**

Job control and autonomy have been shown to have protective effects against cardiovascular disease such as coronary heart disease and stroke for workers, mainly men, in blue collar positions according to a series of studies based in Scandinavia (44, 47-50, 71, 142-145). This is relevant as the Participating Organization (PO) for this study had a number of technical (or blue collar) workers who were required to be onsite during the work from home orders. It is noted the studies linking cardiovascular risk and job control/autonomy are based in Scandinavia, similar studies exploring the Albertan or Canadian workforce were not found in the searches. This gap in the literature is one that this thesis will begin to bridge.

Recognizing that stress is a key risk factor for cardiovascular disease, a study in 2008 linked formal flexible work schedules to reduction of stress in employees. (1) This further relates to psychological safety by providing employees with the ability to better manage workload and, in return, improve balance between their work and personal life (146). Other studies prior to the COVID-19 pandemic looked at workplace flexibility, e.g., time flexibility, supportive managers, how and when work could be completed, supported workers in reducing work-life conflict, and addressing workload management (12, 40). These studies found that workers struggled with work life-balance, including the significant impact of unpaid domestic

labour. Flexible working environments that included flex-time and location of work had a perceived positive impact on creating work-life harmony (12, 40, 63).

Worker values and preference for remote work, in person work or hybrid work has a significant impact on the effectiveness of the working arrangement in which the employee is operating (39, 122, 127, 152-154). What we do know about work preferences is, when we ask employees how they want to work and they respond with a work style preference, that preference is indicative of the most productive and successful conditions for that individual (10, 14, 15, 58, 80, 134).

Questions such as “Who can work remotely?”, “Which roles have flexibility?”, and “Which roles lend to more autonomy and job control?” unveil the inequities between who could be removed from exposure to the SARS-CoV-2 virus during social restrictions and work from home orders. Many low wage workers were labelled essential during the COVID-19 pandemic, and despite their elevated exposure to the SARS-CoV-2 virus and high risk of burnout, many did not have adequate protection and resources such as employer health benefits or sick time to support them through difficult working conditions (143, 152).

Prior to COVID-19, studies seeking to understand the relationship between job control, job demands, and social class found low job control and high job demand had poorer health outcomes for both men and women using self-rated health reporting (28, 152-153). However, many studies suggest workplace flexibility is both a positive tool for women in the workplace who are balancing responsibilities of home and work to reduce burn out, but also can act as a double edged sword as it reinforces gendered labour in the home (5, 14, 154-161).

There were several other studies that focused on the potential positive influence remote work could have on mental health due to the flexibility it would allow employees (162-169). Specifically, one study looked at employee perspectives of healthy working in remote working conditions and found employees in the workplace enjoyed cultivating personal space, creating specific ergonomic conditions for personal preferences, and boosted their self-regulation during the workday (162). A few studies focused on the environmental and injury reduction benefits of introducing more remote/flexible work by reducing commute traffic, and therefore road anger and traffic accidents as well (166-169). Namely, a North American study found that traffic incidents increased in winter weather during commuting hours, before work start times 7-9 am and afterwork 4-6 pm, suggesting organizations could help prevent winter driving accidents by allowing for flexible start times and telecommuting options for those who can work remotely when poor winter driving conditions are present (167).

### **Global Pandemic Impact on Workplaces**

Since the onset of the COVID-19 pandemic, there have been a number of studies exploring the vast perceptions and views on remote work, the COVID-19 pandemic, and psychological safety recognizing the benefits of understanding employee preferences and workstyles in creating productive and healthy workplaces (43, 80, 116-117, 119). This body of literature included the exploration of remote working during lockdowns where the homes of workers who could do their jobs remotely, also became their workplaces, roommate or partners' office, a school if the children were present in the home, a gym, and place where life had to exist because services outside the home were limited to reduce the spread of the COVID-19 virus (30). Other studies explored the experiences of frontline healthcare and



customer service workers who were considered essential or had jobs in the gig economy that involved interacting with people and increased their exposure to the COVID-19 Virus (24, 25).

When a work from home order and shut down for non-essential services was put in place on March 10, 2020 by the Government of Canada (74) it was decided, in a limited timeframe, which roles would be able to work from home, which were not, who was considered an essential service also referred to as frontline workers) and which roles were protected from exposure to the COVID-19 virus and which were required to manage the virus as a vocational risk.

In many organizations work that could be performed remotely and work that required employees to be on site existed across a spectrum. Prior to the pandemic, in Alberta, remote work was a rumble beneath the surface of workplace conversations, along with other wellness related worker requests like standing desks, reserved for those who “earned” their way to remote working, if at all (119, 163, 170-173). The idea of remote working shifted from a fringe idea for specific jobs or employees who had established a rapport with their employer, to a mass implementation of remote working logistics within a relatively short span of time due to the onset of the Covid-19 pandemic. Some employees describe it as “overnight”, while some companies reported the shift happening over a weekend, and still some reporting a transition time of up to a week (30, 122). Regardless of the specific logistical timeline for making a transition to an alternative workplace structure, the government mandates regarding work were the catalyst to push forward these ideas (30, 74, 122) These changes had a mixed reception, what was considered an optimal working environment for some, those who valued focus time and the ability to design their workspace to their preferences, was a burden for

some who described themselves as now “Living at Work” (122). Many remote employees found their workdays dedicated to back-to-back hours of virtual meetings, usually using Zoom. This led to a term called Zoom Fatigue, which described the tiredness one experienced after socializing on camera for work (117). Zoom Fatigue was also experienced by some in their social and family lives as lockdowns limited in-person socialization to people within the immediate household (28).

What was considered essential work determined who needed to remain in the workplace or continue to work in public spaces, which was mostly healthcare workers, emergency services, blue collar utility positions, grocery and gig economy workers (171, 174-175). Workers who remained in public spaces experienced the COVID-19 pandemic differently than those who could work remotely. Front line medical workers experienced high burnout rates, service workers experienced increased rates of bullying from customers, and all sectors of employment who faced exposure to the public experienced fear of catching the COVID-19 virus during work hours (152,174, 176-177). This contrasted greatly with the experience of those who could work remotely, to the point that a study was done exploring the idea of staying at home for safety during the pandemic and the privilege that came with the ability to do so (174-175).

From a workplace policy perspective, the work from home mandates proved to many organizations, across the public and private sectors, that company functions could be completed successfully remotely and in some cases remote work was the preference of employees (30, 148, 178-179). Some companies pressured employees to return to office stating fiscal reasons such as office building space costs, while other organizations embraced

flexibility as a recruitment and retention strategy and created policies for new ways of working based upon employee preference and workstyle (9, 179-181).

### **Theoretical Position**

The purpose of this study is to understand the perspectives and experiences of employees working in a specific organization. Considering that employee voice is at the centre of this study, their participation in creating understanding is crucial. With this in mind, a Participatory and Postmodernism Theoretical Position (16, 182) was deemed appropriate for this study. Participatory Theoretical Position, also referred to as Participatory Action Research, meaning “People have the universal right to participate in the production of knowledge which is a process of personal and social transformation.”(16, p 43) and Postmodernism as the recognition of the influence of external factors such as culture, norms, and history on employee perception (182). The COVID-19 pandemic is an example of an external factor that influenced the employee perception of organizational policies related to PH&S, flexibility, and job control/autonomy while working for the PO.

In order to align with Postmodernist Theoretical Positions, a data collection method guided by data co-creation using a semi-structured interview guide aligns with the purpose of understanding employee perspectives about job control/autonomy and flexibility in their workplace. Co-creation of knowledge for this research project is defined as “the joint, collaborative, concurrent, peer-like process of producing new value, both materially and symbolically” (183, p 644). This approach allows for participants to have the space to make sense of their thoughts and be guided, but not limited by the interview questions. Using a semi-

structured interview guide supports the opportunity of participants to explain, share, and reflect on their perceptions without being limited by heavy structure or mandatory questions in a particular order. The process of developing theoretical position and methods was completed using an Armchair Walk Through (16) see Table 3.

**Table 3: Armchair Walk Through, Essentials of Qualitative Inquiry (16)**

<b>Decision Topics</b>	<b>Decision Drivers (M.K. Hunter, 2023)</b>
Theoretical Position	Participatory Postmodernism
Research Tradition	Qualitative
Epistemology	Constructivist - The act of participants actively building knowledge rather than passively taking in information.  Co-created Knowledge experience - Formulated with voluntary participants (which in itself is will affect results and reflections)
Ontology	Subjective to who, what, where, when, why, objective reality
Methodology	Curiosity (researcher) Driven, Qualitative, focused ethnography study. Exploring the practice of job-control/autonomy and flexibility of the workplace in the age of COVID-19 from the perspectives of employees from the same organization with different roles from different departments seeking to find themes

Notable models and frameworks related to this study are the Socio-Ecological Model of Health Promotion (184), and the 15 Psychosocial Factors from Canada’s National Standard for Psychological Health & Safety in the Workplace (37) (Table 2) provided a framework and reference for the 15 psychosocial factors during the design of the semi-structured interview guide and were reflected upon during the data analysis and discussion phases of the study.

Specifically, the Socio-Ecological Model of Health Promotion (185) lended guidance on best practices for health promotion within an organization as a dynamic system (see Figure 1). Specifically, the model supported development of the semi-structured interview guide and was used as a reference when reviewing the PO organizations policies, procedures, benefits and programs available to employees in support of their mental health.

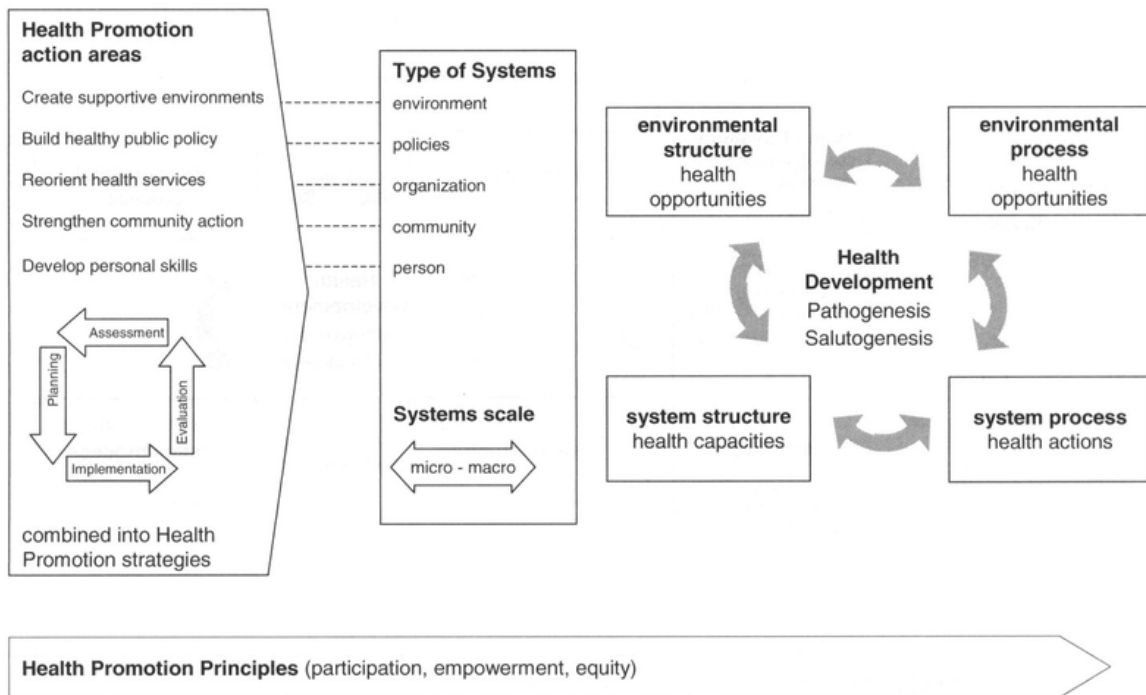


Figure 1: Socio-Ecological Model of Health Promotion as a guiding framework (Bauer, G. F. et al, 2003) (185)

## Chapter 3: Methodology & Methods

### Study Design

The focus of this study is to begin to uncover and understand the lived experience of employees with respect to job control, autonomy, and flexibility within the same organization, under the same widespread policies and procedures. In this focused ethnographic qualitative research study, I sought to explore how policies allowing for workplace flexibility, autonomy, and job control were perceived, interpreted, and experienced by employees within the same organization across job titles, roles, departments and segments of an organization.

Methodological coherence exploration for this research project was guided by an Armchair Walkthrough, (see Chapter 2, Table 3). Qualitative research, according to Popay, Rogers & Williams (1998) focuses on the meanings that people attach to experiences, the relationship between knowledge, experience and action and the social factors that shape these processes. It begins from the premise that experientially there is no single truth-starting instead from the premise that there will be different meanings attaching to the same or similar experiences depending on the social context.” (17)

Focused ethnography “is a more targeted form of ethnography, led by a specific research question and conductive within a specific context such as an organization” (16, p 39). In general, ethnography seeks to understand a lived experience of a group of people within a shared culture (186). This study was focused on the shared experiences of employees within one organization, and as such, the organizational culture, policies, and practices during the COVID-19 pandemic are all points of commonality between the respondent employees.

Focused ethnography fit as a method to explore the experiences of these individuals as the goal

of this study was to uncover perceptions of employees from a common organization, specifically pertaining to their impression of job control, flexibility, and mental health. Specific methodological details are provided later in this chapter.

The study took place between October 20, 2022 (ethics approval and organization recruitment began) and May 2, 2024 (last organization check in with Company Contact (CC) during thesis writing process). Notable dates and processes are outlined in the Organization and Participant Recruitment and Data Generation sections.

Data analysis of participant interviews took place between May 2023 and April 2023 using inductive analysis (22), meaning “that the patterns, themes, and categories of analysis come from the data; they emerge out of the data rather than being imposed on them prior to data collection and analysis”(187)

Themes and sub-themes emerged from the analysis; see Chapter 4: Results for a fulsome description. The results informed my Discussion chapter, which explores ideas on what organizations can do in terms of workplace job control/autonomy and flexibility while strengthening psychological safety and improving employee mental health in the workplace, as well as strengths and limitations of both the study and the study PO.

Chapter 6 offers my concluding thoughts, which include policy implications, future research recommendations, and ideas for knowledge translation of the study results and learnings.

The study design as described above reflected the purpose of the research goal, which was to explore and understand perceptions of workplace flexibility and job control/autonomy policy in practice, as related to psychological health & safety in the workplace, while creating space for individual reflection on organizational response to the COVID-19 pandemic.

### *Ontology, Epistemology, and Methodology*

Table 3 (see Chapter 2) outlines the decisions I made about the approach for this research project using a process for qualitative research projects called an Armchair Walkthrough (16) (Chapter 2, Table 3). In addition to its utility for documenting a researcher's theoretical position, Mayan (2009) describes an Armchair Walkthrough as a way to think about the study, step by step horizontally while visualizing the methodology, methods, theory, and/or analytic technique visually (16).

The focus of this qualitative research was to understand the perspectives of working for an organization during the COVID-19 pandemic with policies for flexibility and explore perceptions of said policy relating to mental health and job control, aligning this project with participatory and postmodernist theoretical positions.

The epistemology lens for this study was constructivist (18), whereas meaning is socially derived from a specific group of people within a specific context where meaning and understanding are developed and shared by the community (19). This was demonstrated by participants co-creating knowledge with me, the interviewer, during semi-structured interviews. The ontology was subjective, meaning the co-created data is assumed to be reflective of the context, including experiences and bias, of both the researcher and the



participant in their interactions and conversation (188). In this study it took the form of participants being encouraged to provide their perspective from their own understanding of their experience as asked by me, the researcher, who interacted with the participants through my own subjective understanding of the organization, the participant's responses, and my own prior experiences of workplaces and the research question.

### **Organization and Participant Recruitment**

Recruitment practices were informed by Guro and Malin, et al. (2015) who emphasized the importance of the recruitment process being aligned with the research question and how the type of organization and/or participant can impact the data collection process (20). I knew this study required an organization that had many types of roles, jobs, and leadership levels to foster inclusion of a variety of voices from across the organization and narrow in on the widespread perspectives of employees during a specific moment the organization was experiencing. Recruitment for a participating organization was distributed via a digital poster on LinkedIn from October 20, 2022 - January date, 2023 (APPENDIX B). In total, 7 organizations expressed interest in participating, 6 on LinkedIn and 1 through the Canadian Mental Health Association, Alberta Division's PH&S Community of Practice all via the recruitment poster on LinkedIn. Interested organizations were emailed the study information document (APPENDIX C). Criteria for a participating organization included; being in Alberta, having experienced policy additions or changes due to the COVID-19 pandemic, and access to employees who were willing to share their experiences (specifically, 8-15 voluntary (and anonymous) participants from various positions across the organization who would participate in for a 60-minute interview).

Of the LinkedIn interactions, all 6 organizations indicated timing was not optimal for the following reasons: upcoming holiday season, year-end, internal changes to structure, uncertainty due to COVID-19 pandemic restrictions, hesitancy of questions about the experience of the COVID-19 pandemic, and mental health questions being asked to their staff.

In November 2022, during a Psychological Health & Safety practitioners Community of Practice via Canadian Mental Health Association, Alberta Division (CMHA AB) a member of the community asked about the LinkedIn call for a participating organization and expressed interest. Interest turned into a commitment to participate, after reviewing study information and confidentiality letter, from the organization's Human Resources in January 2023. The participating organization is referred to as PO throughout this thesis. As there are two parts of this organization, the administrative group is referred to as participating organization part A (PO-A) and the field work functions as participating organization part B (PO-B).

The following key touch points were completed between myself and the PO's Company Contact (CC). On February 6, 2023 a physical onsite environmental scan occurred, hosted by the CC, so that I could complete an overview of the PO's existing mental health resources and review Canada's psychological health & safety approach at one of the PO's larger physical spaces. Also, on February 6, 2023 an email call for participants was provided to the CC, who then sent it out to all employees of the PO with instructions to contact me, the researcher, directly to indicate interest in participation (confidentially).

On February 17, 2023, a virtual environmental scan and walk through of the PO's intranet to review policy and procedures was completed (see Chapter 4, Onsite and Virtual

Environmental Scans). On February 21, 2023 a second call for participants was sent out, tailored to recruit senior leadership and participants from departments not yet represented. Ongoing email communication between the CC and myself continued quarterly (March 30, 2023-June 6, 2024) to communicate study progress (e.g., when interviews had been completed, when thesis outline and writing began, etc.); no results were shared during these communications. The CC shared that the PO was interested in having the study presented to Human Resources and Leadership, and potentially the organization at large, once complete.

Fifteen employees self-identified to participate. Interviews were booked with 14 participants between February 22, 2023 and April 4, 2023. 15 Participants emailed me directly to express interest in the study and were sent a Participant Information and Consent Letter, (APPENDIX D) via email with a study overview and confidentiality statement as well as a link to schedule their interview time. Scheduling was done through a Google plug in called Calendly, where participants could pick from a number of available interview dates and times I offered. Calendly would automatically create a calendar invite with a secure Google Meet link and send out reminder's day or an hour before the scheduled time. Once participants booked their time a link to the demographics questions was sent, this link was also sent with the interview reminder one day before their scheduled time. One participant withdrew their interest due to a personal health event, the other 14 went ahead as scheduled. Aside from the participant that withdrew, all participants emailed me once to express interest, I replied to their email with the information and links described above, Calendly provided email reminders, and I sent thank you emails to participants following their interview.

## **Data Generation**

Data generation for this study was co-created through semi-structured interviews with the organization's employees after both a physical and virtual environmental scans of the organization.

Understanding employees' perceptions was the purpose of the research question. In order to seek out their perception, the context of employer-provided policies, procedures, health benefits, and resources were sought after for an understanding of what the employer offers, thinks they offer, and communicating with their employees was necessary. Employer-provided policies, procedures, health benefits, and resources informed the participant interviews and supported me, the researcher, in gaining context of physical and virtual workspaces participants work within. As such, two environmental scans were completed for this research project: 1) onsite environmental scan and 2) virtual environmental scan. See Environmental Scans section below for details.

Employee voice was sought out to understand their perceptions of what was available to them, what they heard from the employer, and how they accessed (or not) these offerings. Self-selected employee participants, who held varying job functions and experience with the organization, co-created data during 60-minute, semi-structured interviews with me, the researcher. Note, there was senior leadership representation in the employee participant interviews; their perspective was captured as an employee. See Participant Interviews section below for further description.

## *Environmental Scans*

In order to better understand the workplace context of the PO, I requested permission to perform two environmental scans. First an onsite environmental scan of one of the physical buildings was conducted so that I could experience first-hand safety measures (e.g., visitor sign in, cleaning protocols, physical space, etc.) and physical communication methods to employees (e.g., posters, floor stickers, etc.). Secondly, I conducted a virtual environmental scan where CC guided me through PO's intranet to review policy/ internal mental health resources and benefits prior to participant interviews. I did not have direct access to the Intranet, CC shared their screen and went through each tab and section in order, spending more time on relevant items such as benefits, mental health supports, and policies. The intent of these scans was to be familiar with the policies that employees would be asked about in the semi-structured interview questions pertaining to mental health resources, workplace flexibility, and job control/autonomy. Since the PO had employees who worked both on site and virtually, having exposure to both the physical and virtual workspaces would scaffold my understanding of participants' perceptions of their workplace.

Environmental scans, according to Charlton, P. et. al (2019), has been described as an important tool to inform decision-making on policy, planning and programme development in the healthcare sector (189) and has roots in business/organizational development. The intent of the onsite and virtual environmental scans in this study was to understand the benefits, programs, policies, and procedures the organization offered employees and to gain an idea of how these offerings were communicated to employees. This allowed me to identify employee

knowledge of offerings and their experience using or not using them. Knowing what existed for employees also gave me insight into the effectiveness of communication to employees about what services, benefits, resources, policies, etc. were included as part of their employment with the organization.

### *Onsite Environmental Scan*

An onsite environmental scan happened on February 6, 2023 at the head office location of PO. At the time of this scan, PO was in the initial phases of their Flexible Working Policy which required the majority of employees to have at least some aspect of their work performed at a PO worksite. The location I visited had low levels of activity during the 3 hours I was hosted by an onsite occupational health employee. I was required to wear a mask during the tour of the facility as mask mandates were still in place for the PO. This is relevant, as being required to adhere to safety policies of the organization provided insight into what it was like to be an onsite employee/visitor during COVID-19 work from home mandates. During the last hour of the onsite environmental scan, CC sent out the first participant recruitment email to all staff.

### *Virtual Environmental Scan*

This scan was completed on February 17, 2023 on the University of Alberta's Google Meet platform, transcribed and recorded by Supernormal AI. The CC provided an in depth walk through of the PO's employee Intranet, including all policies, procedures and frameworks the organization communicated to employees. Resource pages for health and safety, PH&S, and workplace mental health (WPMH) resources including employee family assistance program (EFAP), and benefits were examined. The review was performed using a screen share function

by the CC and took 1.5 hours to complete. The review was guided mostly by my curiosity. As the CC walked me through the PO's Intranet, I asked to review company policies and procedures employees had access to as well as all COVID-19 related information from health and safety protocols, policy and procedure announcements, mental health supports and programming offered to employees. During this review, the CC showed me the health and wellness area of the intranet. This is where recordings of life education sessions the company brought in during COVID-19 lived alongside recordings from Coffee with the Leader (a weekly virtual meeting with the CEO during work from home mandates). The final part of the intranet review included reviewing the full health benefits package and EFAP offerings available to all employees. Throughout the review I was allowed to take screenshots and ask clarifying questions about how policies are communicated, in particular new policies, and about the utilization rates of EFAP and the reception of a recent increase to psychological benefits from \$700 per person to \$1,200. During COVID-19 both psychological benefit and EFAP utilization increased as well as the access to onsite internal occupational health employees.

From this review I gained an understanding of the policies related to workplace flexibility, job control/autonomy, and COVID-19 as well as resources employees have access to for their physical and mental health, and how the organization communicates them. These understandings were used as a baseline of information for me, the researcher, as I entered into participant interviews. Overview results of the onsite and virtual environmental scans will be shared in Chapter 4 - Results, however this information was gathered mainly to add context to participant interviews so perceptions could be reached instead of participants needing to explain the details of the policies, actions, and resources the company provided employees.

## *Participant Interviews*

Participant interviews took place between March and end of April 2023 virtually using University of Alberta's secure Google Meet platform, recorded and transcribed using Supernormal AI, a paid and secure Google Meet plug-in. Interviews were conducted with a semi-structured interview guide (APPENDIX A) to allow for co-creation (183) of data through conversation. My baseline understanding of the organization's policies, resources, virtual and physical space supported me in conceptually meeting the participants where they were at, going beyond explaining the resources and into participants' perceptions of them based on their lived experiences. The interview format allowed participants to create and share meaning associated with job control/autonomy and flexibility in their workplace as the interview guide allowed conversation to flow and include impromptu follow-up questions related to the conversation rather than strict adherence to a particular question order (21).

Confidential participant interviews took place virtually, using Google Meet, between February and April 2023 with 14 self-identified employees from PO. Interview methods included co-creating data with participants using a semi-structured interview guide.

Data co-creation is the joint, collaborative, concurrent, peer-like process of producing new value, both materially and symbolically (183) and was a method that aligned with the purpose of the research question's focus on accessing employee perspectives and acknowledging myself, as the researcher, as a subjective participant in the process of developing meaning during the interview. Data co-creation was achieved through the use of a semi-structured interview guide, which provided space and flexibility for the participant and



researcher to develop understanding through conversation with follow-up questions related to what was being said instead of a strict order of questions (21).

Semi-structured interview guides are commonly used in qualitative research, with this interview guide being guided by *Conducting Semi-Structured Interviews*, Adams, 2015 (21). The interview guide was specifically tailored to develop trust between the interviewer and participants in-order to foster safety during the interview. This was done through the use of open ended questions that begin with easy to answer more general questions, such as “tell me about how long you’ve been with the organization?” and continued progressively into more detailed, specific and potentially personal questions (21). In order to keep the rapport and trust high, it was important for me to follow the flow of the conversation with the participant. For example, I skipped a question if the participant already answered it in our conversation, or asked an open-ended probing question such as “can you tell me more about...” or “how did that experience...”. This meant each interview had its own flow and covered the important topics of the research question in ways uniquely associated with each participant. The flexibility of semi-structured interviews is considered one of its strengths, along with being more structured than a completely unstructured conversation on a specific topic (190).

The interview process was completed by 14 participants. In preparation for the interview, participants were sent a questionnaire prior to their interview to capture their demographic data (APPENDIX E). The types of demographic data captured (time with organization, education level, type of role, etc.) was informed by a study on organizational demographics, such as job function, tenure in its relation to organizational commitment (191).

Reminders were sent to participants to fill out the demographic survey before the interviews, once when an interview was booked and again with the interview reminder email. For those who did not complete the survey before their interview, a reminder was offered, during the interview and, if needed, again after the interview.

The semi-structured interview guide (APPENDIX A) was tested to be roughly 50-minutes for the average participant to talk through. Testing was completed with a critical colleague, who was a fellow master's student in my program. In real time interviews averaged 45-minutes.

Interviews took place between March and April, 2023 with a total of 14 participants from a variety of departments and a mix of operational, administrative, and managerial positions including senior leadership, mid-management, onsite managers and department leaders. Informed consent was communicated through the participant information letter, (APPENDIX D) where ethics, confidentiality, and consent were described.

At the beginning of the interview the participant and I reviewed the confidentiality agreement and ethics statement before the participant was asked if they consented to participate. This consent was recorded and transcribed. Participants were reminded they could retract their participation within two weeks of the interview, as noted in the ethics clearance from University of Alberta REB. All participants agreed and consented to participate. No recalls were requested by participants.

Interviews began with general questions, such as experience within the organization, including length of services and job function as a way to foster trust and connection. We then moved on to questions that fostered observations, thoughts, and ideas about their organization

in general before covering topics such as experience and thoughts about organizational culture. Questions progressively moved into more topic specific and potentially personal questions around mental health, job control/autonomy, and flexibility. For example, 'Do you experience flexibility in your work and/or workplace? If so, how, if not how?' and 'Describe what job control/autonomy looks like to you?'

Throughout the interview, I kept track of the semi-structured interview guide noting when the participant had already covered a question or reordering questions based on the conversation flow. As part of the interview process, I engaged in personal reflection prior to interviews, noting self in responses to participants, note taking during interviews, asking clarifying questions to participants, to name a few.

At the end of the interview participants were asked if they could be contacted if further clarification of their interview was required and if they would like to see the results of the study once completed. All participants agreed to both questions.

## **Data Analysis**

Guided by Braun & Clarke's (2009) phases of thematic analysis (192), the data analysis process began with being present for the original interview, which involved conducting, listening, and reflecting on the interview. Notes on the interview were taken during, after, and when an idea or message I wanted to capture was communicated by the participants. After the interviews, the transcript cleaning and identifier removal process allowed for another review of the data. This is where I would review the AI-generated interview summary, see Role of Artificial Intelligence Software, to cross check my understanding of the interactions between

myself and the participants. The next data review was done by re-watching recordings of interviews to quote, timestamp, and begin to analyze data with an emphasis on identifying recurring topics that could be used as codes. Coding thematic analysis of recordings was the focus of the next review. This is where quotes were extracted from interviews, codes emerged, and quotes were added to the codes (193-194), creating the codebook (APPENDIX F).

The process of inductive thematic analysis (195-196), which includes gathering specific examples and ideas, noticing patterns then classifying them into broader categories (16, 195-198), also informed the theming and sub-theming process for this study. During replay of interview videos, quote timestamps were noted to be used as examples of themes as they emerged (see Chapter 4, Results). This was done using an iterative process. The iterative process as described, by Berkowitz (1997) as a “looplike pattern” where the research explores ideas in the data and loops back through data trends using questions that emerge and the research question while making connections between ideas formulating patterns which lead to themes and sub themes (22, p77). For this study, my process involved multiple reviews of participant data, as described above, in relation to the overarching research question and semi-structured interview guide questions and categorizing responses into codes which were determined by responses speaking to similar concepts, ideas, or experiences. Once quotes were sorted by code and subcode, I looped between codes, quotes, and the research question and categorized codes into overarching themes and sub-themes. For example, when speaking to a participant, their perception of workplace flexibility with PO was both asked directly (see semi-structured interview guide, (APPENDIX A) and came up during the course of the interviews. When a participant shared an experience that related to flexibility, I would begin to code these

responses into similar silos of information to analyze and compare within the context of from whom they were delivered. For example, when respondents referenced flexibility related to company policy or leadership style they would be coded accordingly. Similarly, when participants brought up topics related to leadership action, I began to code this response into specific sub-codes such as job role, function, and years with the company. The development of codes and subcodes happened inductively (192) as I went through interviews and added specific quotes to each. From there, once all interviews had been reviewed multiple times (see above) and relevant quotes extracted, I reviewed the codes and subcodes with the intent of noticing themes and sub-themes using the Codebook (APPENDIX F). This process involved deep thought and reflection about what story the codes and subcodes were sharing as well as reviewing what I thought I saw with my academic supervisor, Dr. Nykiforuk. I then mapped out the three main overarching themes and the subthemes that related to each as shown in Results, Chapter 4 and listed in Table 6.

### **Ethical Considerations and Rigour**

This research project has been approved by the University of Alberta Research Ethics Board (REB), Research Ethics Board 1, and can be identified as Pro00104586. Ethics clearance was communicated to the participating organization and participants in all documents and correspondence. The ethics for this project were submitted in fall of 2022. Ethics approval was granted October, 2022 and recruitment for a PO began on October 20, 2022.

Ethical considerations included confidentiality and informed consent in recruitment and communications with the organization and participants. Confidentiality, as described in the

introduction of Respecting the Confidentiality and Anonymity in Qualitative Research in Sociology, is that the researcher needs to rigorously align with principles and requirements of fair, honest, objective studies that do not harm the dignity of the human being and respect the confidentiality and anonymity of participants in their qualitative research (199).

A confidentiality agreement was provided in the participant information letter (APPENDIX D) prior to interviews with verbal consent provided at the beginning of the interview and recorded. The agreement acknowledged the potential discomfort a participant may experience in sharing their variety of personal responses, reactions to the implications of their employers' decisions during an unprecedented time, as in the COVID-19 pandemic. I focused on creating a confidential space, with clear intention, and protection of participant identity, in order to build trust and provide psychological safety (200).

Ethics were considered throughout the process of this study. Beginning with how an organization was recruited and on boarded, the participant recruitment, interview guide, all communications before, during, and after interviews as well as during the data analysis and thesis writing process. During COVID-19, when access to participants for studies was limited to online modes, recruiting participants on other social media platforms such as Facebook Groups became a common practice (201). For this study, the call for participation went out using the professional social media platform LinkedIn to recruit as it acted as a public virtual space for organizations to share information. To recruit a participating organization, the recruitment poster containing the ethics approval number (APPENDIX B) was shared publicly on LinkedIn. This was an open call for a participating organization who met the study criteria to self-select.

Once a contact from an organization reached out on the LinkedIn InMail secure message function, I asked permission to send them an email containing study information along with the confidentiality agreement to inform their decision to participate in the study. A follow up email was sent after two weeks if the contact did not respond. Once a follow up was sent, if no communication was received, the organization contact did not receive a third message. A follow-up conversation in response to the LinkedIn call for organization participation happened during a Canadian Mental Health Association, Alberta Division led psychological Health & Safety Community of Practice online gathering in November 2022. This group was made up of multiple organizations across sectors in Alberta. One of the members had come across the call for participation and asked me for more information during the meeting. I disclose this as I was the meeting host. I handled this request by asking the member to email me at the email provided on the recruitment poster, which they did, and then the study information and confidentiality was sent. All communication with the CC about the study moving forward happened through University of Alberta email, Google Meet, or in person as agreed in advance through email.

Participants from within the PO received the email call for participation from CC, however all further communication about the study was done between myself and the interested employee participant directly through email, with no carbon copy or blind carbon copy recipients. The CC, nor anyone else in the organization, was not made aware of which employees expressed interest or participated in the study. This was intentional to protect employee's identity and maintain confidentiality in participating in this study.

For interviews, data analysis and thesis crafting, ethical considerations included adhering to the confidentiality agreement and statements outlined in the organization and participant information emails and letters. At the beginning of each interview the ethics clearance was shared, participants reviewed the confidentiality letter with me and their consent to participate was recorded in the Google Meeting. Participants were told they could ask to stop the interview at any time, choose not to answer questions, and could withdraw their participation from the study within two weeks of their interview (21). Participants were invited to reach out to me by email after the interview if questions or comments came up for them as a way of member checking (16). At the end of the study if they were open to being contacted if I had further questions about their interview and if they would like to receive the results of the study.

Rigour was important during these phases, including being reflective by asking questions such as “Does this level of information risk identification of the organization or an individual within the organization?” during data analysis and thesis crafting, more on rigour below (202). As a result of these actions and considerations, the participating organization’s name was withheld and labeled as PO and organization attributes were limited to broad description (see Table 3). Participant descriptors were limited to aggregate data; see Table 4. Participants were each assigned a letter to represent any quotes shared in the thesis. When needed for context, one piece of information, such as time with the organization or job function was shared. A scan was completed to check no one participant had a mix of identifiers, including information from their quotes, that might compromise their identity.



Since qualitative research uses data generated through human interaction, conversation, and word and not applying statistical measures with numbers as in quantitative research, rigour is approached through creating trustworthiness through validity, reliability, and generalizability (17, 203-205). Kvale (1996) describes the responsibility of rigour for qualitative researchers as [the ability to create] “precision in description and stringency in meaning interpretation correspond in qualitative interviews to exactness in quantitative measurements.” (188, p32)

Trustworthiness, concepts highlighted in the work of Nobel & Smith (2015) include; “Validity, The precision in which the findings accurately reflect the data, Reliability; The consistency of the analytical procedures, including accounting for personal and research method biases that may have influenced the findings, and Generalizability; The transferability of the findings to other settings and applicability in other contexts.” (204, p34). Noble & Smith, 2015, then outline truth value, consistency, confirmability, and applicability as strategies to enhance credibility which were applied to the processes in this study. These concepts acted as an anchor for rigour practices and were supplemented with other sources such as the Consolidated Criteria for Reporting Qualitative Research (COREQ) Tong & Sainsbury, 2007 and Qualitative Research Method - Interviewing and Observations, Jamshed, 2014.

Truth Value recognises that multiple realities exist; the researchers’ outline personal experiences and viewpoints that may have resulted in methodological bias in order to clearly and accurately present participants’ perspectives (204). I acknowledged this in deep personal reflection that went into creating the researcher positioning statement at the beginning of this

thesis. Understanding my perspectives, biases, and experiences prior to entering into the study and how they may interact with the processes throughout the course of the research project helped me to stay grounded and aware of how I appear to the study, and to think about the study impacting the work, I engaged in reflective practices at each stage (206). Notes were taken during literature searches, throughout interviews, while reviewing interview audio, video, and transcripts, as well as throughout data analysis. The reflective practices included noting how I appeared in interviews and interacted with participants. I took an interactive approach to interviews and maintained a consistent stance that was outgoing, expressive and warm.

Consistency in my approach to data co-creation during interviews and data analysis included the use of a consistent semi-structured interview guide, how it was used, and how I participated and interacted with participants during interviews. The interview guide was created using theory and literature on psychological health and safety and health promotion relevant to the research question using best practices for semi-structured interviews and qualitative analysis (21,37, 185, 202). The interview guide was tested by critical colleagues, who included one masters student from my cohort, one Health Promotion MSc-trained practitioner working in health research, and one PhD trained researcher from an adjacent social science field (202). Feedback from these colleagues was integrated and re-tested until the guide had succinct flow with a strong relation to the interview question. Feedback included refining questions to be easily answered by a participant who was not familiar with human resource language and identifying duplicate and/or unnecessary questions.

Consideration was paid to how I was present during interviews. I valued participants' lived experiences by reflecting their thoughts back to them through paraphrasing and acknowledging feelings that were shared. I was highly engaged with a high level of expression and human response to what was said. Given the heaviness of the topics for some participants, this type of interaction felt authentic and appropriate (206). Being responsive to the conversation and interaction was another consistent practice, for example if a participant answered a question in their response to another question it was not re-asked rather the interview moved onto the next question or topic. Member checking was also used as a measure of consistency, circling back to interviews when clarity is required, and being prepared to reach out to participants to confirm their perception if unable to do so in the interview video, audio and/or transcripts (202). This also addressed the trustworthiness concept of confirmability.

In the data analysis, consistent analytic methods were used and included Thematic Analysis (192) and Inductive Analysis (197-198) through an iterative process (22) that involved triangulating interviews with observation data and field notes from the onsite and virtual environmental scans. As mentioned above other methods such as member checking, engaging critical colleagues and reflexivity in the interview process were all kept consistent.

The next strategy for trustworthiness used in this study was applicability of the research findings (205), in this case for other workplaces specifically in Alberta, and potentially workplaces outside of Alberta too. The applicability of research was fairly easy to ascertain. Organizations were left with little options in the face of mandates from the Government of Alberta. Even organizations (including PO) who had the ability to continue operations with only

modifications to number of people in an area, or social distancing, or masking were faced with the determination of potentially using a hybrid work model for their administrative staff. Organizations that directly defied any sort of change to operations were fined and closed by Alberta Health Services (site one of those restaurants or those churches that made the news) In short, no industry or workplace was unaffected, and without infringing on the anonymity of the PO, the structure and services rendered were a solid average of the kinds of workplaces found throughout the province.

The thick verbatim extracted from co-created data was organized into the overarching themes and sub-themes, using the data analysis processes identified above, and created a collective perception of employee experience at the participating organization. These perceptions provided valuable insight into how employees perceived certain communications and actions from their employer that may affect mental health in the workplace. As defined in the organizational attributes, and again with respect to the anonymity of the PO, this organization is well suited as a sample for this type of qualitative research. As a result of this, the individual respondents represented an adequate measure of how the average worker, short of the experience from respondents of more diverse ethnic backgrounds (discussed in chapter 6: limitations), from many differing levels of an organization perceived and reacted to the measures undertaken by their employer to stay safe, healthy, and profitable during the Covid-19 Pandemic. As this study was qualitative and not quantitative, it can be extrapolated that these insights can be transferable to other organizations who face similar challenges when it comes to creating psychologically safe workplaces.

## **Role of Artificial Intelligence Software**

Transcripts were created using software called Supernormal AI that populated traditional speaking lines as well as interview summaries. Interview summaries provided an overview of the conversation I referred to directly after the interview and after reviewing the interview re-play and transcripts. I did not rely on this information, rather used it as a tool to check my own understanding of the interview. For example, I would ask myself “did I also hear/read this point?” “Does this summary reflect the conversation I had/heard/saw/read?”

Transcript software, designed for digital meeting platforms such as Google Meet, utilizes the technology of Artificial Intelligence (AI). Interview transcripts and summaries were then labeled by me using a numerical identifier.

## **Chapter 4: Results**

Data used in this research project included participant interviews along with the onsite and virtual environmental scans. Together, they were used to gain understanding of the perspectives of employees and the employer on job control/autonomy and flexibility in the workplace pertaining to psychological health & safety and mental health. While data analysis was completed using an inductive approach, examples of the 15 Psychosocial Factors that impact psychological health & safety in the workplace emerged during the process and will be mentioned in the discussion of results. This chapter begins with a summary of the PO's characteristics, followed by a description of the results from the environmental scan. The majority of this chapter is dedicated to presenting the results from the participant interviews, which are organized by the three overarching themes of: leadership response, context, and equity.

### **Organizational Attributes of the PO**

The name and identifying characteristics of the participating organization are being kept confidential at the organization's request. PO is considered a Large organization as classified by Statistics Canada, Key Small Business Statistics, 2023 (207). The PO's make up was similar to many larger companies in Alberta with employees in roles that could work remotely and those that could not (see Table 4).

**Table 4: PO's Organizational Attributes**

<b>Attribute</b>	<b>Description</b>
Organization Type	Provincial organization (referred to as Participating Organization (PO))  Alberta based  Government adjacent
Company Make-Up	Made up of 2 companies with different functions, Participating Organization Part A (PO-A) and Participating Organization Part B (PO-B)  PO-A functions mainly as administrative and makes the majority of decisions for the organization as a whole. PO-B functions predominantly to create results and most employees need to be onsite for equipment, space, or resource purposes.  PO as a whole is considered a large-sized organization according to Statistics Canada Key Small Business Statistics, 2023 with more than 500 employees (207).
Physical Worksites	Multiple sites across Alberta.

<p>Remote Working Available Since onset of COVID-19 Work from Home Restrictions</p>	<p>Yes, for those with roles that could be moved fully remote during the pandemic. Example roles: Human Resources, Communications, C-Suite Leadership, Managers, Legal, and Finance.</p> <p>No, for frontline employee managers, safety sensitive positions, technical skilled positions requiring use of company owned equipment, and onsite occupational health employees</p>
<p>On-site Work</p>	<p>Mandatory for those with roles that required specific equipment and safety protocols not available off-site. Example roles: frontline employee managers, safety sensitive positions, technical skilled positions requiring use of company owned equipment, and onsite occupational health employees.</p> <p>Optional, yet highly encouraged, for roles that could be moved fully remote during the pandemic. Example roles: Human Resources, Communications, C-Suite Leadership, Managers, Legal, and Finance.</p>
<p>Flexible Work Policy</p>	<p>Yes, since the onset of COVID-19, the organization created a Flexible Work Policy that allows employees to choose the schedule that works for them. There are a variety of options, including</p>



	condensed work week, earn days off (EDO), fully remote, hybrid, work from anywhere, and in-person.
Resources for Psychological Health & Safety and Internal Mental Health	3 onsite occupational health employees: 2 who share a 1.0 FTE and 1 who covers gaps in schedules. Company Contact (CC) is one of the job-share onsite occupational health employees who has been implementing Canada’s Psychological Health & Safety Standard in their workplace. The onsite occupational health employees played a significant role in mental health resource acquisition, development and advocacy for employees. They work closely with human resources and communications staff in order to do so.

**Onsite and Virtual Environmental Scan: Organizational Policies Related to Job Control, Flexibility, & Mental Health**

As noted in Chapter 3: Methods, prior to participant interviews, the Company Contact , an occupational health employee, facilitated two environmental scans, 1) onsite environmental scan, February 6, 2023, to show me the physical working environment some of the onsite employees experienced and 2) virtually environmental scan, February 17, 2023, to walk me through the company intranet, focusing on the health and wellbeing information available to staff when they log into a company computer or device. These scans were incorporated into the study design as a means of context in-order to co-create data with participants and as a

means of rigour to enhance my understanding of the onsite and virtual working environment as well as employer provided benefits, policies, and programs employees had access to.

### *The Onsite Environmental Scan*

The environmental scan was completed on February 6, 2023 at the main office of the Participating Organization (PO). This large multi-use building housed a number of onsite workers during the COVID-19 work from home measures and recently began to welcome hybrid workers and employees with jobs that could be done completely remotely back to the office space.

Upon arrival I noticed that the large surface parking lot was relatively empty, perhaps at about 25-30% capacity. There was a noticeable bus stop near the building, however it was not on a main bus route. Once I entered the building I was greeted by the front desk and asked to sign in with my name, phone number, address and purpose of visit for contact tracing purposes. Contract tracing was done by internal occupation health employees throughout the pandemic and the company continued this tracing practice. I was required to wear a mask and sanitize my hands upon entering the building.

While I waited for my host, CC, I noted the large and empty cafeteria space. Once CC arrived, they told me the cafeteria shut down during the pandemic and has not been reopened and that the space was rarely used by the few onsite employees. My tour began with a walk through of the facility, including an auditorium traditionally used for large company meetings or presentations, workspaces with equipment and safety gear used by technical employees, and traditional offices spaces where many professional roles and managers had offices or cubicles.

We then stopped at a break station, there were several throughout the building that contained messages for employees about programs, services, and benefits they had access to. There were also notices about washing hands, wearing masks, staying 3 feet apart, and how the PO was responding to the COVID-19 pandemic by increasing cleaning frequency and intensity for the safety of those working onsite. These bulletins were described to me by the CC.

These stations were a reflection of the overall health promotion and Occupational Health & Safety measures identified in the site visit included; posters highlighting handwashing and sanitation, masking policies, social distancing, mental health education sessions, Employee Family Assistance Programs, Government of Alberta COVID-19 information, station cleanliness reports, walking direction stickers, 3 metre physical distance spacing stickers, and a robust sign in and out procedure which included providing information necessary for contact tracing, which was performed, and continues to be performed by internal occupational health employees.

After the tour we sat in the occupational health employee onsite space to discuss COVID-19 health-specific measures the PO engaged in for employee health, safety and well-being. First of all, the PO improved their cleaning protocols and social distancing signage. This included more frequent and more diligent cleaning practices on surfaces and equipment, as well as more hand sanitizing stations, and the availability of cleaning products to staff. For signage, this included directional arrows in high traffic areas, measured spacing markers on floors in areas where there was potential for people to queue, and maximum occupancy signs limiting crowds in shared areas.

While these were mostly voluntary upgrades based on recommendations from the Government of Alberta, PO also made changes to procedure based on more direct and enforceable mandates. Disposable surgical masks were provided, and masking requirements were followed as they were implemented, updated, and modified over the course of the Covid-19 pandemic. Once vaccines became available to the public, PO followed the mandate regarding employee vaccination provided by the Government of Alberta requiring either proof of vaccination or a recent negative Covid-19 rapid test result. This specifically impacted employees who were required to be on-site for their roles, and proved to be divisive, resulting in a number of employees leaving the organization (this was reflected in interviews).

The PO opted to solidify their means of communication with their employee membership in aspects relating to the Covid-19 pandemic, OH&S, as well as both physical and mental health. Relevant information was dispersed via the company intranet for remote workers, as well as in posters, message boards, and physical distancing stickers for on-site workers. The increased visibility of extra hand sanitizing stations, tissues, wipes and hand washing reminders was another way the PO communicated its commitment to protocols to anyone attending the site. Additionally, a rotational schedule was implemented to reduce the number of workers in person at a location at any given time.

The measures discussed during the onsite visit, and from my virtual walk-through experience, created a clear sense of what was expected of anyone onsite as well as communicated that the PO was serious about their safety approach to reducing the spread of the COVID-19 virus to keep anyone onsite safe and healthy. The PO appeared to be following

the most current guidelines, mandates, and policies, and even went above and beyond in providing extra safety equipment, cleaning supplies, and personal protective equipment.

### *The Virtual Environmental Scan*

As noted in Chapter 3, the virtual environmental scan occurred on February 17, 2023 on Google Meet and included reviewing standards, policies, and procedures. It also involved a step-by-step walkthrough of all company policies, procedures, and frameworks related to Health & Safety and Mental Health on the company intranet. Again, the purpose of this meeting was to understand what employees had access to in terms of benefits, programs, policies, mental health supports etc., and how they were communicated/organized. This base knowledge supported me as the interviewer in recognizing when a participant was speaking to specific employer-provided resources. This included insight into specific health benefit plan coverage, EFAP resources, internal education and articles for mental health, past events and upcoming events for employees (e.g. wellness themed lunch n' learns), initiatives for employee health, early drafts of a new Psychological Health & Safety Policy recommendations for leadership, and access to "Headversity" App employees were provided during the COVID-19 pandemic.

The PO began offering various support to employees in response to the COVID-19 pandemic, including changes to where and how some employees could work, the Flexible Working Policy, increased programs and services, and organizational offerings.

The Flexible Working Policy provided employees with the following options to choose how they work.

1. Work from anywhere remotely, i.e. Vancouver, Maui, or Tuscany.
2. Fully remote, i.e. work from home.
3. Hybrid, i.e. work from home 3 days a week and onsite 2 days a week.
4. Compressed work week, i.e. work 4–10-hour days a week.
5. Earned day off program, i.e. work an extra 30-45 minutes a day and get a day off every 2-3 weeks. *\*The day off is fixed and chosen for the employee based on the schedules of colleagues. This option mostly applied to employees with jobs that needed to be performed onsite.*
6. A combination of choices i.e. hybrid and compressed work week.
7. Traditional working hours on-site Monday through Friday 40 hours.

All options were available to employees with roles that could be performed remotely and their choices were subject to preferences of the manager or leader to which they reported. Options 4, 5, 6, and a limited version of 7 were available to employees whose job function needed to be done onsite.

Enhanced programs and services to support employee mental health were reflected in the increased psychological health care coverage to include more types of mental health professions beyond psychologists and psychiatrists, such as counselors, social workers, and therapists, and increased spending to \$1200 per person on the benefits plans per year. A new Employee Family Assistance Program was introduced along with a communication campaign refresh, resulting in more employees knowing about EFAP, what it has to offer and how to access it. Increased onsite occupational health employee access. One of the occupational health

employees was onsite every day and was responsible for contract tracing. Offering mental health learning opportunities were offered each month virtually, these sessions were recorded and stored on the company intranet so employees could rewatch or access in the event they missed a session. A mental health meditation app called “Headversity” was introduced to employees and offered free of charge to support employees in caring for their mental health during the work day.

Organizationally, PO introduced weekly coffee with the CEO (or executive leadership in cases of the CEO’s absence) as a way to communicate changing policies, health procedures, and communicate company offerings, for example benefit coverage increases, “Headversity” app etc. for employees during the COVID-19 Pandemic. These coffee meetings also acted as a space for employees to ask questions to leadership. As a measure of organizational commitment to mental health, a first ever Psychological Health & Safety (PH&S) Policy for PO had been drafted and was in the process of being shared with Human Resources and Executive Leadership.

### **Participant Demographics**

Of the 14 participants, 9 completed the demographic questionnaire circulated before their interview. Due to the confidentiality settings on the survey, I was unable to identify who had not filled out the survey, however I did monitor interviews and transcripts for data not captured in the survey while doing data analysis and filled in the gaps where possible.

The research design sought to understand perspectives from employees across the organization with varying job functions, demographic factors such as age and education, as well as length of service with the organization and/or their job function. While some demographic

categories were not equally distributed, the study participants represented a wide range of ages, length of service with the organization, education level, and role function. There was representation from each working reporting level from onsite technical (blue collar) workers, professional roles, middle management, and senior leadership. The demographic form asked for sex as well as an optional question to state pronouns. Due to confidentiality, exact roles and job functions have not been shared. See Table 5 for participant demographic information.

**Table 5: Participant Demographic Information (n=14)**

Characteristics		Number [n] Percentage (%) (% n/14)
Sex (M/F)	Male	4 (29%)
	Female	10 (71%)
Age (years)	35-45	3 (33.3%)
	45-55	1 (33.3%)
	44-65	4 (44.4%)
	65 +	1 (11.1%)
Length of Service (Years)	1-5	1 (11.1%)
	5-10	5 (55.6%)
	10-15	2 (22.2%)
	15-25	1 (11.1%)
Time in Current Role (Years)	1-5	4 (44.4%)
	5-10	2 (22.2%)



	10-15	2 (22.2%)
	15-25	1 (11.1%)
Education	High School Diploma	4 (44.4%)
	Job Based Training by Organization	1 (11.1%)
	Technical Degree	3 (33.3%)
	Masters Degree	2 (Derived from Interview, not reflected on survey) (22.2%)
	Doctorate Degree	1 (11.1%)
Ethnicity (self-identified)	White/Caucasian	9 (100%)

## Interview Themes and Sub Themes

Three main themes, Leadership Response, Context, and Equity, emerged from the data to capture the shared phenomenon of experience working at the PO through the context of the COVID-19 pandemic restrictions. Each theme had three related sub-themes (Table 6), which will be described below and illustrated with quotes from the participants. To protect confidentiality, participant quotes are labeled using alphabetical letters assigned to their interview.

**Table 6: Themes and Sub-Themes from Participant Interviews**

Theme	Sub-Themes
Leadership Response	<ul style="list-style-type: none"><li>• Benefits &amp; Mental Health Resources</li><li>• Communication During the COVID-19 Pandemic and Response Action</li><li>• Flexible Working Policy</li></ul>
Context	<ul style="list-style-type: none"><li>• Company Culture</li><li>• The COVID-19 Pandemic</li><li>• Personal Context</li></ul>
Equity	<ul style="list-style-type: none"><li>• Job Role and Function</li><li>• Workplace Flexibility</li><li>• Experience of Job Control/Autonomy</li></ul>

Aside from the themes and subthemes identified to describe the perceptions of working for PO during the COVID-19 pandemic, the responses to interview questions revealed that there were as many views on the organization's response to the COVID-19 pandemic as there were people interviewed. This may be explained by individual perceptions of events based upon personal experiences, psyche, and opinions which reflects the complexity of workplace psychological health & safety.

## Leadership Response

Leadership response was identified as a main theme in participant interviews. This included what leadership provided employees to meet an increased need for mental health benefits and resources, how leadership communicated these resources and with employees, and the implementation of a Flexible Working Policy. These all occurred during the high volume of change and uncertainty the organization was experiencing due to the COVID-19 pandemic and work from home orders.

### *Benefits & Mental Health Resources*

Benefits and mental health resources were adjusted by the PO in response to the increased need to focus on employee mental health. Employees spoke about regular coffee meetings, also referred to as coffee chats, with the CEO during the COVID-19 pandemic, and the focus on discussing mental health and sharing information about the benefits the organization provided for all employees. These coffee chats were a weekly open invitation to all employees during COVID-19 pandemic when the work from home orders were in operation. Pandemic updates and mental health benefits and resources were provided, along with opportunities to ask the CEO questions.

*“[We had organization-wide] Coffee meetings with [the CEO] and they would have a bit of an agenda and during that whole time, [the CEO] Really emphasized the whole mental health, taking care of people. For the flex thing, we're going to offer up as an option. And man, [The CEO] was all over it. And it's just like I say, with grace and sincerity and yeah, a good part of [the CEO's] meetings, with some, sometimes focused*

*around [mental health]. Acknowledging the resources, please give us feedback. Please reach out. Like [the CEO] really cared. I just felt it was fantastic.” Participant J*

*“They were, they were more than generous with, you know, saying, You know, if you need help, they know if you're going through some mental health struggles, reach out to the onsite occupational health employee's office. I mean we were scrambling here, you know kind of doing not only our [specific] role but we were trying to figure out the whole covid protocols and routines and we still had people and people in the building. So we needed to figure out how we could manage those people who were still coming to the building and everyone was scared.” Participant G*

Onsite occupational health employees and external programs including an Employee Family Assistance Program and community resources were available and communicated to all employees. A reported barrier to accessing external programs was long wait times for appointments. Internal offerings through the onsite occupational health employee's office became a reliable service for some.

*“Through our employee and family assistance program, they turn around and they come back and you know, they're not being, you know, their appointment is like two weeks out, right? They need to be seen within a few days not a few weeks and I just find every time that we've tried to access community support there's lots of barriers and there's lots of delays and people unfortunately end up coming back to [our onsite occupational health employees] because they aren't, they don't get the support that they*

*need and they're like, okay, is there something else that we can try? Right, so I feel like we're constantly looking for something better.” Participant G*

An increase in mental health benefits and employer provided resources were noted by many of the participants *“they've layered on some additional supports, like we have access to an employee family assistance program. They rolled out an app that has some like meditation and mindfulness stuff [referring to “Headversity”]. They [increased] the benefit room for, I think, psychologist visits and other sort of mental health supports. So I'd say it's just it's a lot more front and centre than it would have been Pre-covid. That's for sure.” Participant N*

Employees recognised *“The employer has made financial commitments, not denying that. In fact, I think our employer probably leads with a lot of this virtual digital support system but we have a mental health pandemic that has affected everyone.”*

Participant A, and suggested *“onsite psychologists for employees”* in addition to remote EFAP counselling services.

### *Communication During the COVID-19 Pandemic and Response Action*

Communication from leadership during the pandemic was discussed in each interview. Perceptions of the communication varied between participants depending on their position and role within the PO. Participants who were told they could work from home perceived communication to be clear and helpful, and participants who were to remain onsite perceived the communications less helpful due to the inequitable access of options being offered and discussed during coffee chats and/or all employee communication.

Employees who worked remotely during the work from home orders and continued to have flexible working abilities afterwards spoke of communication becoming clearer, for example: *“I felt like we got clearer and more consistent communication during covid than we did pre-covid. Which seems sort of counterintuitive. But I think there were sort of some information silos when we were all working in person”* (Participant N). Other participants also noted a “communication upgrade” during the COVID-19 pandemic due to all employees getting the same information, at the same time, in the same way. A reduction in “water cooler” conversation was noted as a positive shift towards more widespread communication as a result of this consistent and intentional messaging.

Regular communication throughout the pandemic was performed virtually to provide equitable access to information. Those working virtually praised leadership for their regular communication and for developing a crisis management team to support organizational communications.

*“Communicating through the pandemic, regularly, almost daily. In some cases, we put out a hundred plus communication messages through that. During that time, we had a crisis. What we call the crisis management team that was focused on operational. Operational management Through that entire period, the team meant almost daily. We communicated across the organization, at least weekly. We did constant updates on, you know, where, what were the stats? How were we doing? How many people were off the job? What's anyone, you know what kinds of steps have we had to take because of an incident where, you know? The commitment to transparency through that entire*

*period. through that and to putting the spotlight on our on-site professionals our onsite occupational health employees. We did what we called moments with niche or minutes with one of our onsite occupational health employees, who would do little, who would do little video vignettes on you know, tips and techniques and what to look for in and would relate that in very plain language.” Participant M*

Participants who worked predominantly onsite reflected on the original communication about the COVID-19 pandemic and the work from home order as, *“It was abrupt if that makes sense. We had a week of well we don't know what's happening. And then all of a sudden one day we were told to go home. So, half of us went home, but half of us stayed at work.” Participant B*

Coffee with the CEO was noted in many of the interviews, as demonstrated above, and was overall appreciated by employees as a form of communication and connectivity during uncertain times. Up to 500 people would join. Updates were provided followed by an “ask me [the CEO] anything”, which provided novel widespread access to executive leadership not experienced before the COVID-19 pandemic.

Mental Health was a regular topic at the coffee chats, as illustrated here:

*“I know [Mental Health] comes up frequently. You know, like the onsite occupational health employees I think we're a touch point and like your employee assistance program information and it comes to mind that our CEO often addresses the situation directly in her calls, which I really appreciated. And she did it with grace, warmth and sincerity. And I always really appreciated that because she really did*

*understand that some people were really struggling and that really stands out for me that she did that. And, some of our leaders were supportive of that message, too. I know, you know, [executive leader] always seem to have a big heart, making sure that the teams are doing okay. And, and well, he was the one that hired me and then he moved up into a new position, but he comes to mind as he asked the question as well.”*

Participant E

Prior to COVID-19, information sharing and the limitations of “water cooler chat” or informal office conversations were described as, *“[certain things are] I think well it's just kind of a word-of-mouth thing that you know goes So, you just hear it through the grapevine, which You know, don't get me wrong and the grapevine can lead you down bad paths too with the gossip. So, you got to pick and choose where you're going with this, but people assume people know, but not everyone does.”* Participant D

Role modelling for authenticity and stigma reduction on the topic of mental health from executive leadership provided an example to other leadership levels within the organization. As described by a mid-level manager from PO-A:

*“I think our biggest thing though, at least from my perspective, with my team members is having that open communication like, you know, like I said before, November December, is very candid. I never tell people when I'm in a downer, I just try and fake it until it's past. I can't do that this year. It was too hard. I recognize that I told them flat out. This is where I am and it's got nothing to do with any of you. You guys are amazing.”* Participant C



### *Flexible Working Policy*

As noted in Chapter 3, the PO created and released a Flexible Working Policy during the COVID-19 pandemic and extended its use into a pilot as the organization navigated returning to the office. Perception of this policy was influenced by the sector of the organization in which the participant worked, as well as their access to the flexible work style options (which varied by employee role). Participants with more choice from the Flexible Working Policy described flexibility options as,

*“I think the Flex schedule came up a few times. They did a survey. [Asking] We want to know if this works for you, we don't plan on changing anything anytime soon, and it would be rare for a government organization to offer such a wonderful flexible schedule. So, and I think the federal government [also] sort of went for something similar as a result of COVID, it turned out some really good things in that respect. So yeah, I I think she addressed them. They nailed it and I did hear the senior leadership team was completely divided on whether they liked [a flexible work policy] there was no middle ground. It was either. They thought it was a really bad idea or a really good idea.”*

Participant E

This participant went on to share, *“overall I think they did a fabulous job. They did a great job communicating. They did a great job, you know, assisting their employees, you know, being very flexible, I mean there have been some great programs that have come out of that, you know, [Flexible Work Policy]”* to describe employee appreciation for communication and flexible work options.

There was a discrepancy in understanding between participants with fewer choices from Flexible Working Policy vs. those who had access to all choices. Employees with fewer choices from the Flexible Working Policy referred to the options not available to them due to their position, and were very aware of the full range of working arrangements available to their more office-based colleagues. On the other hand, participants who had more, if not all, options within the Flexible Working Policy did not speak about employees with less choices or even refer to the idea that some of their colleagues could not make full use of all working arrangements provided by the policy. This was true for all participants with more choice except one, who reflected on the lived experience of those employees with less choice. The PO recognised ‘no one policy would work for dynamic organization and different types of job functions’ (Participants A and N), and identified where the flexible work options left out the needs of those who were required onsite to perform their duties, despite also being “scared” and “anxious” of the multiple unknowns the COVID-19 pandemic presented. One participant described it this way;

*“I think they did want to treat everybody the same, but they realized relatively quickly that you cannot. You cannot treat a late teenager the same as a four-year-old. This was the same kind of thing. You've got people that need access to millions of dollars' worth of equipment they can't take home and someone who [only] needs access to their laptop. They [leadership] still wanted their blanket policies. So, we've got a blanket, you know, you can work a compressed work week, you can do this, you can do that. You can do all these things. Oh, yeah, unless you're [an onsite-worker], you can't do any of these things, but we're still going to tell everybody at once. Here's all the perks*

*but oh it doesn't apply to most of you...[We] Asked our employer for unique considerations. Please acknowledge and please show some signs of unique acknowledgment of our sacrifices. [I interface with the leadership of this or on a monthly basis,] They came back and said they would not set the precedent of rewarding one group of people over the other and you're going, but please understand, you've already done that for 80% of the org in our assessment. So, they denied us now."* Participant A

## **Context**

Context, as described by employees' participants, was a significant theme that arose in describing perceptions of job control/autonomy and flexibility in the workplace. The context developed by participants was reflected in three sub-themes: the company culture, the COVID-19 pandemic, and personal context of employees.

### *Company Culture*

Overall, it was noted that the individuals interviewed in this study had a very high regard for the organization and an appreciation for the work they do, and a dedication to doing the best work they possibly can. The differences noted between participants was reflected in their experience of how they worked, how they were able to work, and the flexibility of the conditions in which they had to do their job.

The company culture was described as;

*"I've worked for the company for this will be my fifth year so I did have a couple of years pre-covid and then of course, went through [COVID]. You know, I think it's a great place to work."* Participant N

*"I like it because it's, you know, people are very innovative for lack of a better word. They're very, you know, they, they say things from a different perspective and they are looking at, you know, new ways to do things."* Participant G

*"So, for those in my last two and a half years, I have had such resentment for the leadership of my organization. But I still have a love for my employer. Does that make sense?"* Participant A

*"I've only been there for two years and it's been a really positive experience. I think my job I would say quite honestly that I've been happier in my role, I think then many jobs I've had it seems, it doesn't seem to have the same challenges and maybe it's just wisdom and experience. I really love the opportunity to meet with the startup community every So I don't do a lot of internal stuff. I don't get embroiled in politics, I guess."* Participant E

There were some reports of areas the organization could improve upon to enhance company culture. The participants reflected on the importance of "walking the talk" and addressing the current issues in the workplace rather than "buzz words" in order to connect with employees and show their voices have been heard by leadership.

*"If you do, your elevator speech's goal as a culture and corporation is to be inclusive and is to be, you know, out there promoting innovation, and, and engagement and growth in Alberta. And, and doing that in an equitable and, you know, inclusive manner with diversity. A lot of times this is going to sound really rude, and I do love my organization, so let me preface it with that. But a lot of times, I feel like the corporate culture is words, it's service words... and a lot of stuff is thrown at us. Like and don't get*

*me wrong, I'm not against equity, diversity and inclusivity but equity and equality are very different things and are very different right? And, and that's never defined, and it's never stated.” Participant C*

Workplace culture was also affected by psychosocial factors such as workload management, which was identified as a concern during the COVID-19 pandemic work from home mandates.

*“This area is overworked and understaffed because people have left and there's no one there to give me that information. I don't have access to that information. There seems to still be a bit of the old. Well, that's not an excuse, make it happen. I can't make it happen because I don't know what I need to do, so we still have a lot of good as the organization is. Falls back on the whole of need to know and a bit of secrecy. And which, you know, I mean, we all you know, we're all here for the betterment of the organization. It would help for me to be able to have access to information, but I don't always get it.” Participant H*

The organizational culture was also described as lacking social connection since the implementation of the COVID-19 pandemic restrictions in the new working structure.

*“The organizational culture, I think, is really good...I think the culture is very genuine and very supportive. But we're also very fragmented. How our organization runs. We're very department based or operations are very specific. The interaction sometimes depending on your role can be limited. So you know, and with the limited,*

*you know, amount of people on site and you know that, you know, you have that general camaraderie. Sometimes I feel, you know, that's a bit lacking.” Participant J*

Social connectedness in the workplace was also affected by the COVID-19 pandemic as described by an employee.

*“Well, I noticed Covid really killed Christmas this year which is kind of good because like I don't like listening to Christmas music and like November October. Like I said, the social aspect of things, it's dialed back a lot...but then you kind of miss, like the social aspects too, like we used to have like the deck, the halls, they called it. where they would do like, you know, they set up the tables, all down the corridor, you know, where everyone from all the groups who go out and commingle and stuff and they don't really do that anymore, like they're starting to a little bit here and there. But even still people will come get the food and then just leave and go back to their offices. So it's I guess it's kind of isolated people in a way but I mean everyone's on their phones have the time anyways.” Participant D*

### *The COVID-19 Pandemic*

The COVID-19 pandemic disrupted not only how and where work was done, for many participants, it also had an impact on their mental health, sense of control, and social connection fostered within the company. Interview data highlighted participants with a more negative outlook on how the organization handled the COVID-19 pandemic restrictions and equity of choice was associated with those who experienced low autonomy and low flexibility based on their job function.

Although the immediate threat of the COVID-19 pandemic is behind us, *“we’re still seeing the effects of Covid on people and how they continue to covid on people cope because I still think people are not coping great with it [their mental health] and they may or may not want to be talking about it and it's coming up in other aspects of their work. You know they're getting frustrated”* (Participant A). This interviewee also reported they were provided direct stories of colleagues who were experiencing substance use disorders in their families and increased accounts of domestic abuse during the pandemic.

The COVID-19 pandemic allowed some to question the idea of control and power in their lives, which was mirrored by organizational behaviour. *“We had a family trip planned and right up to the right before we're going to go, you could sort of like squint and kind of like, wish covid away, or like, oh, there's not that many cases and whatever country we're going to. But we didn't know what we were dealing with and like there wasn't a playbook for this. But I think that's something that everyone could have done. Better just acknowledge their own ignorance, acknowledge their own lack of power, and lack of ability to control any of this and just accept your own powerlessness.”* Participant N

### *Personal Context*

While individual circumstances and specific circumstances varied from person to person, personal context was identified as a shared contributor to the context of this organization and the overall shared experience of being an employee at PO during the COVID-19 pandemic.

Participant C recalled the impact of picking up work due to colleague loss during the COVID-19 pandemic:

*“You know, you worked six, seven days a week because you had to, you felt, you had to and my mental health suffered for it, her mental health suffered for it, and when we talk about it to our higher levels now the first time I did, I got really angry. I’m not really a crier. I cry when I’m angry. I’m really angry. Because you don’t realise the impact, you’re having on the people around you while you’re in it. And I don’t get that time back. With my kids. I don’t get that time back with my husband. I don’t get that time back for myself.”*

Vaccination policies were enforced throughout the organization, however naturally affected on-site employees earlier than employees who could work remotely. One participant recalled, *“I lost 13 of my [colleagues] because they refused to get their vaccination. People that were working from home did not get the vaccination because they were not on the work site. So out of the 20% of my staff that were working on site, I lost 13 more because they refused to get their vaccination. It was hit after hit.”* Participant A

Others described the impact of regulations on their mental health. For example, one employee experienced a serious psychological injury when masking rules were implemented, *“we had like over a year of not having to wear anything. And then all the sudden, they’re like, you have to wear one now. [It] sent me into a panic trying to find something that I would be able to wear because I can’t wear the blue mask because it touches my face and I don’t like that.”* Participant B



Interaction style and preference also played a role in perception of Flexible Work Policy and changed in the workplace due to the COVID-19 pandemic. One employee shared *“I am an introvert and so I get my energy from being alone or having some quiet time. And so, in fact, the fact that I had lots of quiet time and lots of time to focus was not a bad thing for me”* (Participant L). Likewise, another participant shared how working from home provided the ability to have ideal working conditions for their productivity and maintenance of positive mental health.

*“I don't have to commute anymore and so like, you know, driving in traffic in rush hour is really stressful. So, like starting your day off, when you arrive at the office being like, oh my gosh, I just like got out of traffic. It's like, how do I calm myself down and get ready to work? Right away? Right. Whereas like, when you're at home you can kind of just be like, in your peaceful environment. Go get your morning breakfast and then start work. It's like you're not starting at, you know, amped up or like a hundred. You can start at what feels like a calm place. And that already to me means I can be more productive and how I tackle my work. Getting set on the right foot is essentially like that's one of it being productive is being able to sustain concentration for longer without distractions around you, you know. And it's not to say there aren't times where I'd be at home and distracted with things, of course. But I'm finding that I'm able to do things more comfortably.”* Participant K

In contrast, others were relieved to have back on-site/in office options to return to as Participant F shared: *“You know, I could, I could talk to people over, you know, over the Internet and stuff and video call and stuff, but yeah, I quite enjoyed getting back into work.”*

Personal context also encompassed ideas around what illness looks like in the workplace as well as family positioning and responsibilities. Another employee shared their perspective on why flexibility is important because of personal context.

*“I think, the pandemic really created a hypersensitivity around [cold symptoms], let's say things that are pre-pandemic. You know what? You kind of muscle through sniffles and coughs. Anything that was pre-pandemic written off as cold symptoms. And you know, you didn't mask up necessarily and yeah, probably didn't worry to the same degree, but people are conscious now of how their physical health affects those around them. And, furthermore, how they're extended family, then creates a cascading pressure on them as working, let's say, working parents, or working people who have elder care considerations as well. It's not as easy to create walls and swim lanes...for people with kids and who are trying to live, this is alive and fulfilling for big jobs being able to, you know, manage that with more flexibility [is a positive thing].”* Participant M

## **Equity**

It became clear early in the interviews that there was a discrepancy between the range of options employees had based on their job function and role within the organization. This, in turn, was reflected in their perception of workplace flexibility and job control/autonomy.

### *Job/Role Function & History with Company*

Participants reported perceptions of work style choice based on their role within the organization. A pattern of responses emerged. Employees who had full choice of the options (i.e., work from anywhere, fully remote, hybrid, compressed work week, earned days off, combination of choices example; hybrid and compressed work week, or traditional working hours on-site) provided in the Flexible Work Policy had a more favourable view of the program, whereas employees with less choice expressed less favourable reflections of the program.

*“Because of the nature of our business, it cannot be completed at home. We're generating revenue to keep the organization afloat. [Noted an intention vs. implementation in cleaning protocols during the COVID-19 pandemic]. 80% of this organization was valued more in appearance. Valued more in their roles, valued at more than the 20% that we're told “You have to stay [onsite]” and later stated “All of the leadership took work from home. We haven't seen them for two and a half years. I wouldn't even know where my manager is. I don't even know if they're in the country. That's unusual.”* This quote came from Participant A, who shared their thoughts on role specificity and how the pandemic decisions looked from the perspective of an employee without full access to all Workplace Flexible Working Policy options.

The Flexible Work Policy was not equally accessible to all employees. Those who had roles which required on-site functions were aware of the multiple options available, and acutely aware of what they could and could not access, knowing others in the organization were not limited.

*“Because, well, we didn't have a choice. Right now, [Flexible Work Policy], I don't know if anybody's talked to you about where you can work from home. A certain number of days you come into the office, a certain number of days, if you've been with the company for a certain length of time, you can choose to work anywhere. You could be in Mexico right now. And be working. But that's not an option for us.”* Participant B

As mentioned above, one participant who did have full access to flexibility choices reflected on what it might be like to have a role that was required to be onsite and have less choice: *“I get that. Because if they're in a [onsite work role], that's a very secure, safe environment that follows regulations. I get that. But I don't know why they wouldn't be able to have time off. Just like we do with flexible schedules, but coming into the office, I definitely see that. But I wasn't really aware of any more details than my assumptions.”* Participant N

### *Workplace Flexibility*

Employees who had more flexible working choices than others were provided the opportunity to choose where they wanted to work. One participant with full choice describes their experience with choice:

*“I mean there have been some great programs that have come out of that, you know, choose how you work. So, people are allowed to work from home. Now they see that, you know, for some people there was great benefit from work, from working from home, I mean, for me, personally, I couldn't work from home, I'm too distracted. I need to be in the office. I need to be focused but that's, you know, with my background. I mean, that's where I do my work. My best is in the office.”* Participant H

In the next quote, a leader describes their thought process for setting parameters around job specific flexibility, how accommodating role specific flexibility is important to them and ultimately role flexibility is up to the organization.

*“If I'm talking about the job descriptions and responsibilities, we look at the responsibilities in the role in the services, obviously, that that role provides. So, if you are a person that is going to be facing the public or you're going to need to be on site for your work purposes. Obviously, then I'm going to have to make that evaluation. Your job is on site, so it's an on-site offsite. Is it difficult because I like to be able to provide that flexibility where I can fit it into a job description... I have some of the roles on my team where they could work 100% from home. But you know, you are kind of at the mercy of the organization with policies and procedures. And they set these minimums for the whole organization. That sometimes. You know, I think that maybe we could think these through a little better. You know, we're setting a minimum...So I think that the motive for them is different. For me. It's all about your job, the services that you're providing, and the impact of onsite and offsite for your role. So that's how I would evaluate, you know, having that work flexibility.” Participant J*

#### *Experience of Job Control/Autonomy*

The reported experience of job control/autonomy varied across participants, though it appeared to be in line with each participant's experience of flexibility in that the more flexibility a participant perceived, the more job control/autonomy was also perceived.

For example, Participant E had full access to all options in the Flexible Working Policy and appreciated the options they were able to choose that aligned with their workstyle and preference. They also viewed their workplace as one that trusted employees and allowed them appropriate job control/autonomy.

*“When you put that trust in people and you empower people, the results are tenfold. And I don't think that people understand the ripple effect of something that small and that trust is so key and important. Right.”* Participant E

Another employee spoke about how a leader can support job control/autonomy on their team by “having their backs” and trusting their employees.

*“There's self-worth or their appreciated worth on our team for their inputs and their skill sets that they know we have their back and I think from a mental perspective from a leader's perspective on the mental outside, that gives me a sense of relief that they know that I'm there for them that I'm my doors open. I'll answer their questions. I have their back.”* Participant C

A few participants shared their reflections as mid-level leaders on communication. Communication of organizational information was flagged as an area that could be improved upon. They stated increasing transparency in some information could provide more job control/autonomy to mid-level leaders therefore increase job function and productivity of their work and in turn on their teams.

*“There is still hesitation [in sharing certain information]. I'm kept in the dark about a lot of stuff and it's not like I need to know it just because I'm you know, I am a busy body, I need to know it because it makes me better at my job...I'm still in a need-to-know basis and I apparently don't need to know anything about that and so change management still happens around us without us. and we're the ones that are supposed to actually, act out the change. But we're still given very little information about it until such time. Does the change need to be enacted? And then it's like right now we needed that fixed last week.”* Participant H

Participants also reflected on the changing norms in the workplace and how the COVID-19 pandemic acted as an experiment for remote work, an experiment that produced results and proved employees could, and would, perform their roles well outside the physical workspace. This form of job control/autonomy released many employees of the “bum in seat” mentality of some management allowing them to work in ways aligned with their workstyle and preferences.

*“People had gotten used to working from home. There'd be sort of a mass revolt if we went from like two years of everyone doing their jobs, remotely to, okay, you all come back now. 100% of the time, and I think, for the most part people demonstrated that they could do their jobs remotely.”* Participant N

## Summary of Results

Overall, participants shared an appreciation for their employer and the efforts made to adapt to the ever-changing conditions COVID-19 pandemic brought to the workplace, including weekly communication from leadership, improved benefits and mental health offerings, and introduction of the Flexible Work Policy. Context played a big role in participant perception of how the organization responded to COVID-19 pandemic and attended to employee mental health during this time. Participants shared their perception of shifts in company culture, how the COVID-19 pandemic mitigation measures (including work from home mandates) affected their experience, and the influence of their personal context in relation to workplace changes, support, and communication. Perceptions of employee experience of job control/autonomy and flexibility also reflected themes related to equity. Participants' job function, formal authority in the organization, and years of service with the PO played a significant role in their perceptions of their job control/autonomy and flexibility in the workplace.



## Chapter 5: Discussion

The results of this study highlighted themes related to employee perceptions and experiences of job control/autonomy and flexibility in the workplace. In reflecting on the themes outlined in Chapter 4 (leadership response, context, and equity), discussion items relevant to other workplaces in Alberta, and beyond, arose. Specifically, how organizations consider balancing the needs of their employees and the functional needs of the company, the intersection of employee voice vs. public perception, and the role of modern leadership skills in supporting appropriate job control/autonomy and flexibility in the workplace.

Strengths and limitations of this study are divided into two parts. The first part is made up of participant reflections of the strengths of the PO and recommendations to further improve their workplace experience. The second part contains strengths and limitations of the study itself, including the pros and cons of the recruitment timing, the benefits and drawbacks of focusing in on a moment in time reflected in the study, and how focused ethnography both added to, and limited the study. The last part of the discussion chapter is an anecdotal reflection on the impact job control/autonomy and flexibility can have on work quality and productivity.

### **Balancing Needs**

Recognizing there needs to be a balance between the needs of individuals, their specific job function, and the goals of the organization, questions to consider include: Where can organizations provide choice, flexibility, and autonomy in order to improve the working conditions, productivity, and interactions employees have? (134). What is the role of organizational perception in the policies created to outline work style expectations? Is it purely

founded in function? Or how other interested parties (partners, suppliers, other companies, citizens, tax payers, customers etc.) perceive the flexibility and autonomy provided to employees in order to create desirable working conditions with positive outcomes? With positive outcomes including talent retention, talent attraction, productivity and favourable company culture for the current and future workforce.

Designing workplace policy to reflect individual needs and workstyles is a formidable task. How do we find 500+ working arrangements that are different for individuals yet continue to meet the needs of the organization as a whole? To note, organizations are already doing this, it's just not formalised. Blanket policy provides perception of control for the organization, yet can work against employees in preventing them from working in ways that align best with their optimal functioning (150). Many employees are making adjustments to work productively, while at the same time feeling as though they are doing something wrong because their unique needs are not captured in policy (150). This can cause moral distress to employees, identified as psychosocial factor 15 (37), even though the outcome of their individualisation for working conditions provides positive outcomes for the organization.

Policy wording adjustments could create space for individualization and increase psychological safety within a framework, while providing the flexibility in job autonomy that the policies intend. This can be done while fulfilling employee satisfaction needs, and simultaneously ensuring standards that are aligned with the function, purpose, and mandate of the organization. For example, a Flexible Work Policy could include the option to create a schedule that reduces stress for an employee and allows them to fully focus on their work because they can balance their life responsibilities with their job requirements, such as the

Flexibility Work Policy choices we saw provided by the PO. This could look like a new parent in a professional role that has the ability to work remotely and flex their daily schedule to accommodate a pick up or drop off from child care. Or an employee who is caring for an elderly or ill family member having the flexibility to adjust their work hours, within reason, to accommodate transporting their loved one to an appointment (209). This kind of flexibility can reduce an employee's stress level by providing them the reassurance that they can attend to important life matters if and as they arise (1, 40). This peace of mind allows an employee to be more fully present when they are at work, and in some cases an organization may find that employees struggling with a personal issue may view their workplace as a safe place to be while things are uncertain in their personal life (2).

As illustrated in Figure 2: Socio-Organizational Working Model below, needs can be balanced by taking into consideration the overarching vision, mission, values of an organization and the culture it seeks to create, then, within each job function, the employees' skills, abilities, and preferences. Workstyle, psychological competencies, and whole person health are taken into consideration when designing working conditions. These conditions will change from employee to employee, which already happens informally, however, now the position will be custom fit for the employee to be and bring their best selves to the workplace. This is a natural recipe for employee retention and satisfaction, not to mention the natural engagement employees feel when their voices are heard and their preferences considered in line with the needs of the organization. Please note, this model was developed in response to the results from this study, so you will notice each star relates to themes emerged.



**Figure 2: Socio-Organizational Working Model**

Talent optimization is linked to equity, as each employee will have unique needs. An employee will access benefits and company offerings differently based on a variety of personal factors, such as age, gender, family status, socio-economic positioning, etc. Operational Needs relates to context, and context will impact the type of work, purpose of work, and expected outcomes of the work being done. Context is also the work itself, which provides the backdrop to what needs to happen in order for an organization to be successful. Asset Management is reflected in Leadership Response as most decisions about organizational infrastructure and resources are driven by leadership choices and response to context. These three key areas work together to realise the organization's vision, mission, and values which define its culture. One cannot exist without the other. An organization exists to meet a need, the need is met through successfully applying resources to create outcomes, which in turn is driven by a workforce of leaders and employees. Figure 3 highlights the requirements for balancing needs, and highlights the impact of employee flexibility and autonomy as workplace conditions for organizational success.

### **Employee Voice vs. Public Perception**

For many public facing organizations, perception plays a role in policies related to flexible work arrangements, especially related to remote or work from home options (210-212). In some cases, organizations have created policies that go against the feedback and voice of their employees in favour of meeting the expectations of shareholders, clients and/or citizens (212). This has been for a variety of reasons, including but not limited to, stimulating in-person business in urban centres or pressure from funders and/or interested parties such as various levels of government (213). A potential risk of creating policies that are not aligned with

employee voice and feedback is a reduction in employee job satisfaction, productivity, and loyalty leading to high levels of turn over and difficulty attracting talent (214). Best practice dictates that if employees are asked to provide insight or feedback, there needs to be a consistent and clear cycle of communication (93, 139). For example, employees provide feedback and preference in a survey, survey results are then communicated in a timely manner to the organization (even if a decision has not been made), once a decision is made regarding the topic it is clearly communicated to the organization. In cases where the decision is not in line with the popular opinion or feedback from employee voice, justification for the decision and an acknowledgement of why employee preference could not be integrated must be communicated by the leadership team that made the decision. In order for this to happen authentically, which is important for developing trust between the employer and employee, modern leadership skills must be acquired at all decision-making levels in an organization, including, but not limited to, executive leadership, management, and people leaders (180, 215-219).

In this study, coffee chats with the CEO during the COVID-19 pandemic related to work from home measures appeared to be the PO's invitation to open communication. From participants' accounts, there was an opportunity to ask the CEO questions in the moment, which were responded to when possible. This informal communication opportunity seemed to foster employee engagement during a time of uncertainty and worked for some employees. I was not made aware of other opportunities to speak directly to leadership in either an informal or formalized way that would allow for anonymity for those not comfortable with sharing a

question live in a Microsoft Teams call. Having a full circle of communication with multiple ways to provide feedback is an inclusive practice for encouraging employee voice (180).

### **Modern Leadership Skills**

Emotional intelligence, empathy, compassion, and humility, are modern qualities of effective people leaders (215-219). The modern qualities of effective leaders rely on the employer providing space for employee voice, as well as a commitment to listen, and advocate for employee needs. All of which requires the courage to make decisions that work for the people who make up teams, balance the requests with organizational goals, and use clear consistent communication to explain why a choice was made. This is especially important if decisions that work for a team deviates from the traditional or more commonly accepted way things have been done (220). These skills lend themselves to creating cultures of psychological safety for employees (220-222) and workplace cultures that allow for learning from mistakes to foster innovation (223). The importance of modern leadership skills was demonstrated in employee appreciation for coffee chats with the leader where empathy and connection were sought by the CEO along with the invitation to ask questions directly to senior leadership during a time of many unknowns and changing protocols in response to COVID-19 pandemic mandates such as work from home orders.

### **Strengths and Limitations**

As with all research, this study had strengths and faced limitations. This section explores the two types of strengths and limitations through the lens of 1) participants through their interviews and 2) by me, the researcher, through the process of the study.

Strengths from participants will be addressed first, namely the PO's Flexible Working Policy, employee dedication to the organization, and how innovation was fostered. This will be followed by limitations or "lessons learned" by the PO, including reflections on control, transparency, and employee choice.

Study strengths and limitations are discussed following participant reflections and discuss how recruitment timing, the study focusing on moment in time, and ethnography all both had elements that strengthened and limited the study.

#### *Organizational Strengths During the COVID-19 pandemic*

The PO's Flexible Working Policy itself, as a baseline for future iterations that include equitable options for all employees inline/appropriate for/ with job function and role, provided more options for flex-time, flex-space, and flex-work than the organization had ever offered. Not only did this allow employees to choose their work week structure, it introduced a new element of job control/autonomy to employees in the freedom to choose workstyles that they prefer within the parameters of their job function.

From the COVID-19 pandemic, the organization learned just how dedicated people are to the work that they do, and the outcomes of their organization. The more control they gave them, the more flexibility they had, the better job they did. The more boxed-in or trapped they felt, the harder it was to do their work. Equitable treatment is not always fair and is not always equal, but it indeed provides each person with what they need to do their best. It may outwardly appear that some employees require more or different options in work styles, to



optimize their productivity to a level comparable to someone who is able to thrive in a more traditional working environment. (224).

The COVID-19 pandemic also taught the organization just how quickly adaptations can be made when necessitated by circumstance, such as launching remote working programs organization-wide over a weekend. It is difficult to discuss change and new ways of thinking without mentioning the role of innovation in an organization (225). Innovation flourishes when people feel safe to speak, meaning they know their voice will be heard without repercussions. A “safe to fail” environment, where mistakes are celebrated as learning, with the understanding that in trying something new it may not go as planned, and by its very nature new, therefore results may have an element of the unknown (219). Innovation was demonstrated by the speed at which the organization was able to shift functions that could be performed virtually to a remote work environment. In the case of the PO, this was performed overnight for some positions and within a week for most. Remote work has been a topic of discussion for many years and the work from home orders shifted the concept from idea to implementation (141, 147-148, 178, 181).

#### *Considerations and Suggestions Based on Employee Voice*

Normalize the idea that we are not always in control, even at Senior Leadership levels. Some events such as pandemics, government response, and mandates are outside of our ability to decide optimal outcomes. Executive leaders can support employees by sharing in the experience of not fully knowing the situation or what will happen next, and provide their organization a sense of confidence that no matter what is next, they will respond accordingly and include employee voice in the response. An employee reflected on what might have helped

in the face of the unknown, including the idea that it would have been best to state that they will be in this working arrangement until they know more about the pandemic and can see the future more clearly.

*“I think where we might have maybe could have done better is try not to pretend that things were within our control. That wasn't like we have a big conference that we host every year. It's sort of like a showcase event. It's like the biggest thing we do every year this big innovation conference in Calgary and I think that there was a little bit of kind of like wishful thinking like Well if we don't we don't talk about cancelling it then we won't have to cancel it or if we don't acknowledge that we might have to postpone it in the middle of a global pandemic.”* Participant N

When Sr. leadership is transparent about the information they have during an uncertain time, such as changes during the COVID-19 pandemic, these conversations can also provide opportunity for employee input on how to respond next. This kind of invitation for employees provides a sense of involvement and influence which is psychologically protective adding to a psychologically safe workplace.

*“My experience with the organization. I think that Covid was handled as well as it could have been. I think. One big takeaway is that with these kinds of events, everyone wants certainty. And that certainty is impossible. Like you know, when are we going to reopen? When are we going to reopen? You know, first it was are we going to have to send people home and go from there? Oh, absolutely not that you're being ridiculous. This all blows over to, you know, two-week lockdown Oh I'll be back in two weeks so all*

*the thing isn't going like everyone wanted to know when his life going to get back to normal. And nobody knew. And I think one thing that they did well, is they sort of like acknowledge that uncertainty, but I think if like, I hope this never happens, but if there's a covid 25 that everyone sort of, like dusts, off the covid-19 playbook and realises that, like, This is unpredictable, life is unpredictable, the world is unpredictable. We just have to roll with it as we go, and it is what it is, not what it ought to be. And you have to just, you know, do your best every day to manage.”* Participant N reflecting on communication during COVID-19 era.

Employee choice in work schedule, daily hours, location (in alignment and balance with organizational goals and operational needs) provides flexibility where possible to increase control and demonstrate how employee voice is heard, taken into consideration, and decisions communicated back.

Recommendations from all participants circled around the idea of allowing for function-specific choice appropriate to the needs of the organization, aligned with opportunity for the individual to partake in flexibility and job control. Meaning, each job would look a bit different based on the person who is performing the task. Participants also recommended leaning on the concept of trust: trust in the employees who want to do their best work and trust the employees know how they do their best work. All of this, of course, within reason. The organization in this study has shown flexibility and accommodation for those with medical concerns, which is responsive to injuries and medical needs. However, a message that came out in the data is the need for preventative measures, and those preventative measures being associated with the choice, job control, and flexibility that is meaningful to each employee.

*“It's a social issue [how The Covid-19 pandemic was handled by PO]. What they could have done was engage us with meaningful leadership and communication [appropriate to our jobs and work function], which they did not. Meaningfully, explain the situation in which they did not.” Participant A*

Participant A highlights the perception of employees who did not feel they had as much choice both during the Covid-19 pandemic and in the new Flexible Working Policy. As reflected in the interviews, participants who had access to more options for delivering their work felt protected during the pandemic. Having the choice of being able to work from home meant they were able to design a level of exposure to others and risk of contracting the Covid-19 virus to which they were more comfortable. Overall, these employees seemed to feel that their concerns were addressed, and that information was more clearly delivered to them on a higher level than those whose role within the organization required them to work on site and/or allowed them less choice in the new working policy. Many factors impact psychological risk such as job function, length of service, leadership roles versus functional roles, personal history, genetic disposition (141, 227-228). While job functions may not be amenable to complete change, this study revealed there are options. These included the value of the organization taking time out for all to reassess the situation and the necessity of asking workers/employees in all types of roles their options and solutioning together. Participants noted how leadership may be pleasantly thrilled with the options that come from the passion workers have to solve issues together (229).

It is important to consider the intention relative to the implementation for measures being asked of employees. One employee described the protocols and safety measures for

COVID feeling like a check box and not fully implemented, aside from government regulations changing. It was little things such as the markings on the floor, they described the *“stickers on the floor for people in our kind of building, they should have actually measured. The one that said, say three feet away because it was like a metre stick and it was not three feet. There was a bunch of weight about that, but anyways, just because people in my type of field are very like, particular and picky and it's like, “This isn't three metres. Why is it like this?”* Participant D.

### *Recruitment Timing*

The timing of recruitment in early 2023 worked well for this study. Recruiting an organization earlier could have resulted in limited capacity to take on a research study amidst the active change management many companies were in as they adjusted to various COVID-19 pandemic protocols and government regulations. The call for participating organizations went out in October of 2022, and although the Government of Alberta lifted the work from home mandate officially on March 1, 2022, many companies were still evaluating how to proceed and continuing work from home options for roles that were able to function remotely. A strength of the recruitment timing was engaging with the PO after they formally rolled out their Flexible Working Policy in coordination with returning to the physical workplace for some employees roughly a year prior to the interviews conducted for this study. Because of this, the study was able to ask employees about their perception of these new policies. This added the ability for participants to reflect on working experiences during the COVID-19 pandemic as well as the shift to their current way of working, without catching them in the throes of policy implementation change management.

### *Reflects a moment in time*

The COVID-19 pandemic and the disruption it brought to workplaces in Alberta continues to linger in places like cultural references and referring to experiences it affected, such as high school graduations and first-time parent experiences. Yet parts of this moment in time can easily be forgotten as employees are asked to return to physical workplaces and flexible working arrangements look different than they did in 2022, perhaps in some cases resembling pre-Covid conditions. A strength of this study was the unique snapshot in time, capturing a moment where both the working experience during the COVID-19 pandemic-related workplace changes and the shift to a new normal since the implementation of a Flexible Working Policy were in recent memory for participants.

The perceptions of participants in this study reflect a very specific moment in the rollout of the PO's Flexible Working Policy. This moment in time is also a limitation of the study, as flexible working arrangements provided insights into how employees who had more freedom to self-direct their work experience were both helpful and divisive for the PO's employees based on participant data in this project. Exploring the policy implementation from the beginning in a future longitudinal study could show adjustments to the policy and employee perceptions over time as a result.

### *Focused Ethnography*

As a research method, focused ethnography seeks to understand the shared understanding or experience within a group of people. This type of research typically recommends 8-15 in depth interviews (150) and is a small representation of a 500+ employee

organization. Which is why individuals from different job functions, roles, and departments were interviewed to extract the thoughts, statements and experiences that do align and were shared as a result of experiencing the COVID-19 pandemic at work with the same employer.

Interviewing a small sample, such as the 14 participants included in this study, can be a strength as it provides strong insight into the shared understandings and perceptions of decisions and working conditions that are shared, detailed, and consistent enough to reach saturation. From a limitation perspective, this smaller sample size could be viewed as not broad enough to capture all employee viewpoints. This particular sample size, while being somewhat diverse in age, education, time with the organization, and job function, did not include a culturally diverse perspective. Knowing that the PO is a large organization in Alberta, this study did not successfully recruit voices of underrepresented groups, which also has been identified in the academic literature as a limitation to many scientific studies (211). A larger sample size may have resulted in more cultural diversity or potentially a more inclusive recruitment strategy could have been implemented to attract more representation (211).

In the future, I would recommend following the guidelines outlined in the King's Model for Minority Ethnic Research Participant Recruitment (230). Briefly, these guidelines suggest the use of a model called MAADE, when selecting participants for a study to increase representation of visible minorities in research. MAADE Stands for Monitor participant ethnicities, Acceptability of challenging research assumptions, Accessibility of research participation to underrepresented ethnicities, Drive trust to encourage active engagement in research, and positive Experience of research participation (230).

### *Researcher Experience*

I would be remiss to exclude my novice status as a researcher as a limitation of this study. This is my first research project of this scale. As a Masters Student, this is my first full research project from start to finish where I was the primary driver of the research topic, study design, ethics approval submission, recruitment, interview coordination and interview process, data analysis, and thesis writing. I was fully supported by the wisdom and guidance of my thesis committee, masters' level university courses, cohort colleagues, and critical colleagues. A limitation of this research aligns with the experiences I have and have not had as a researcher to date and recognition that much of this process was, or at least the application of theory and knowledge to a research project, was new to me.

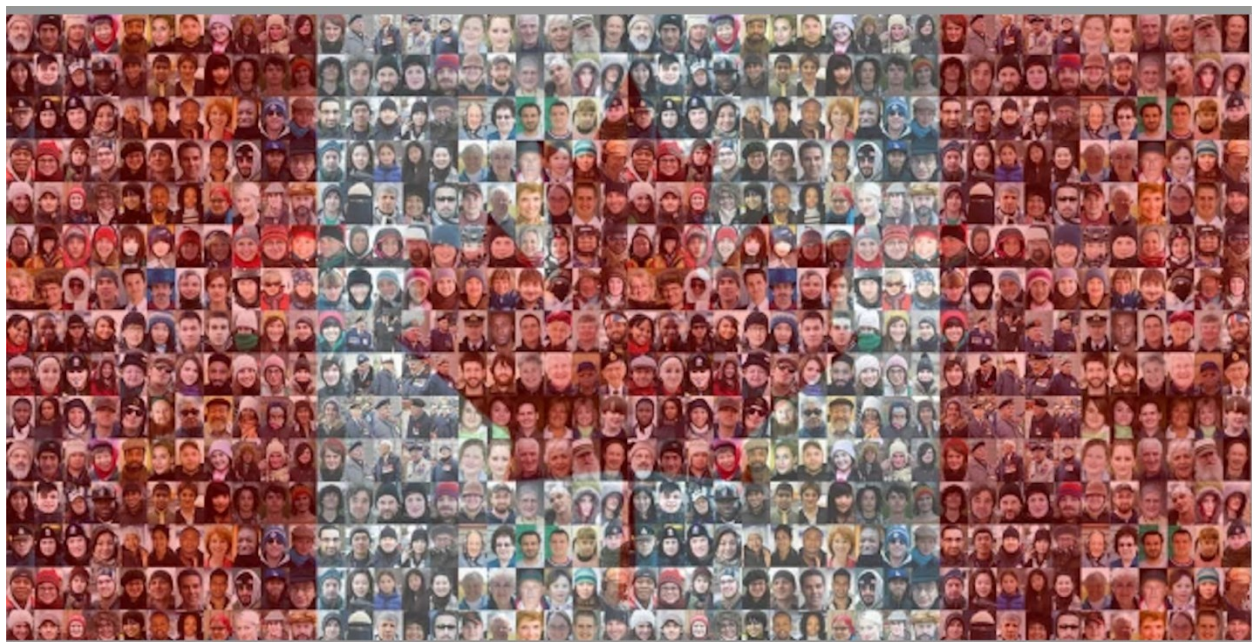
### *Personal Reflection on Job Control and Flexibility*

It may be easy to discount the anecdotal stories of individuals. Understandably, as someone who has been in the corporate workforce for two decades, it is easy to think that an organization is bigger or different than the sum of its parts. However, I have come to learn, and evidenced through this research, that organizations are in fact the make-up of the individuals, and their stories, who do the work that create the organization. Without the individuals, without the stories and the nuance, we have a picture of an organization that is not the people who actually work there. We have the idea of an organization that may or may not be the true reflection of the people who make up its workforce.

Imagery of this would be when we think of a picture that is made up of the faces of people that make up a bigger picture; see Figure 3. This example is of the Canadian flag made



up of thousands of individual photos. At a distance you see the Canadian flag, but on closer inspection you see people that make up the nation. When we get close and see the individuals, they may not be who we originally thought, but they are in fact the real people who do make up Canada. The same can be true for organizations: we must think about an organization as the combined contributions of the people who are part of it. This means we need solutions specific to the people who make up the workplace at that time.



**Figure 3: The Changing Face of Canada: Canadian Flag Mosaic (231)**

An example of symbolism in this image, the visual representation that without even one face the flag is incomplete. A piece would be missing, and although the overarching image of the Canadian Flag would still be discernible, the picture would look unfinished. The portrait of an organization is also like this. The people make up the big picture and when one person is missing or they are not in full health it has an effect on the whole. It's a reminder that each person matters, and if as organizations we can provide the freedom of job control/autonomy

and flexibility that allows for employees to be their best selves and do their best work, we all benefit.

A personal anecdote on how the thesis was written. A more traditional view of work is that you must see somebody working in order to believe that it is happening, similar to some mindsets of leadership in many organizations. I work better under creative and supportive circumstances as a neurodivergent individual. Having the opportunity to get up and walk around use talk to text while I reflect on listening to interviews, reviewing my interviews by audio only as I drive, going to walk and then reading them, reflecting on what I heard, and drawing diagrams sitting on the floor, or putting my computer on top of an exercise bike or crafting a makeshift walking desk, are all more suited to my personal productivity. These are some of the methods I used to make sense of the data that I have collected for this project. Many of my reflections started as a talk to text document that I emailed back-and-forth to myself and multiple text messages that I would send with articles that I read, or memes that help me understand concepts of work life balance, job control, and flexibility. I see this work as a creative collaboration and a project that accounts for the many different ways that information finds us. The pandemic may have been a benefit in this work as well. Prior to the COVID-19 pandemic, there were very few examples of workplace flexibility within Alberta. The pandemic allowed for this province to have a sample of what that did look like and what was possible. It also allowed me to have a more creative approach to how I did research. I was able to access employees all across the province using video conferencing technology. It seems to have gone through an alarming, progressive upgrade, including transcribing, software, and recording opportunities. This made collecting data more secure and easier than ever before. It

also normalised prioritising mental health throughout the process, which was something I intended to do regardless, however now I could with less stigma and better resources to bolster that throughout the process. For all of these reasons, I will forever refer to the writing of this thesis as a crafting process. It was creating art from multiple mediums, and placing them together on a canvas to make sense and meaning of what the data was telling me.

## Chapter 6: Conclusion

The findings of this study lend valuable insight for organizations seeking to enhance workplace policy for job control/autonomy, flexibility, Psychological Health & Safety, and the importance of employer provided mental health benefits and support. Future research considerations and knowledge translation ideas and concluding words are also shared.

### **Application**

The organizational structure of the PO shares many points of commonality with other large workplaces in Canada with a mix of job types that could or could not be performed remotely or virtually during the COVID-19 Pandemic restriction. For these companies a blanket policy for how work was done would not have been appropriate considering the differences in job roles and requirements. Two significant learnings from this study that could be applied in these situations to foster job control/autonomy and flexibility in support of employee mental health and Psychological Health & Safety are 1) workplace policies and leadership skills, and 2) employer provided mental health supports and services including benefits.

#### *Workplace Policy & Leadership Skills*

Workplace policies and leadership skills in the public and private sectors could be positively impacted by the results of this study since they are a reflection of employee voice.

For example, understanding the role of the workplace in employee well-being is being shaped in part by Psychological Health & Safety practices as they continue to mature in various workplace settings (37, 220, 232-234). This is thanks in part to the development of strong audit procedures, reporting, and resolution of psychosocial hazards and injuries (232).

Policy considerations of two types are a reflection of the results from this study. First,) the strengthening of flexwork policies for both remote and onsite workers to include flexspace, flexwork, and flextime and to consider how the energy management of the employee relative to their role can be supported by psychological safety (1-2, 4, 9, 60, 103, 172, 181) viewing job control/autonomy for all employees, within the capabilities and requirements of their job function, as a measure of protection from psychological/psychosocial hazards such as micromanaging, or the pressure to attend work in person while feeling ill, which pose risks to employee physical and mental health (45,49-50, 71, 144).

In order for these policies to be effective, an organization must see value and hold expectations for modern leadership skills, emotional intelligence, empathy, compassion, and humility (215-219) in executive leadership. As discussed in Chapter 5, these skills allow for employees to build trust with the organization and design their work flows and environments to allow for their most effective and productive work (2, 220). A recommendation for fostering these skills is to first identify the modern leadership skills the organization does well and build on them during leadership development sessions. The addition of concepts that may require more focus and allowing for empathetic, compassionate and humble coaching practices for leaders as they develop in these areas can be brought up in small increments at this time (215-220, 223, 229,235-237).

### *Employer Provided Mental Health Supports & Services*

Employer provided benefits, Employee Family Assistance Plans, and other mental health promoting offerings (such as meditation apps) support employees in maintaining good mental health and address mental health concerns when they arise (237-239).

Psychological benefit coverage has significant influence on reducing employee barriers to accessing mental health support, as the high costs of therapy is a major factor (239).

According to the Canadian Psychological Association, the average maximum employer provided benefit for mental health counselling in Canada is \$2006, which is up from \$1,294 in 2021, while the median amount an employer offers for mental health counselling remains at \$750 and unchanged since 2021 (234). While it helps to have employer-paid benefits, a short term psychological concern can take 3-12 sessions to resolve, while long term counselling for more complex concerns can require 12+ sessions (240). Since the Psychologists Association of Alberta's 2023-2024 recommended fee schedule states the average cost of a therapy session should be \$220 (241), the standard benefit coverage amount does not adequately cover an employee to resolve one psychological concern in a calendar year. An EFAP is usually offered to help offset this cost and extend support, however it limits employees to using a mental health practitioner they do not have a pre-existing relationship with, have a limit of 6-10 sessions, and many EFAP programs do not allow users to shift from seeing the mental health practitioner through EFAP to a setting outside of the EFAP contract where regular benefits could be used (242). This means the relationship built between the employee and practitioner cannot continue, which can lead to less effective treatment of a mental health concern. The Canadian Psychological Association recommends employer provided benefit coverage for mental health

counselling to be \$3,500 - \$4000 in order to adequately support employees in the resolution of a mental health issue or management of a mental illness (234). With the high costs of mental health therapy, employer-provided benefits matter and can have a significant impact on an employee's (or employee's dependants) ability to manage a mental health difficulty or illness (234).

### **Future research considerations**

Research that could build on this study includes having the co-created (anonymized) data set from this project reviewed and studied by other researchers using a different lens or data analysis approaches. External to this research, projects answering questions such as “Where are organizations now, since COVID-19 Pandemic?”, “Which organizations have maintained flexible working arrangements?”, “What does autonomy in the workplace look like in different job roles and work settings?”, and “What is the future of work?” would also add much-needed knowledge to this body of literature.

I encourage research that seeks out employee voice and explores the relationship between the intention and implementation of the decisions employers and senior management make and the effects on the mental health and psychological safety of their workforce. A specific focus on how the ways work occurs and its impact on women in the workplace and families, as well as how workplaces prepare for the new generation of employees, as Generation Z and Generation Alpha enter the workforce would be of particular interest.

How employers are focusing on providing mental health support for psychological protection in the workplace is also important to this conversation as Employee Family

Assistance Programs continue to be offered by organizations. Questions that look into the effectiveness of EFAP could be helpful to employers. For example, “Are EFAP programs really doing what we need them to in the workplace?”, “How effective are EFAP programs in supporting employee mental health?”, and “Are there more integrated solutions for organizations to allow employees to build strong relationships with mental health professionals they can go to when experiencing difficulties as well as have ongoing maintenance support?”

### **Knowledge Translation**

Sharing the learnings from this study could support other workplaces in reviewing their policies around job control/autonomy and flexibility as well as review their mental health promotion practices for psychological health and safety in the workplace. One planned strategy and three ideas are shared. The immediate strategy involves communicating results with this study’s Participating Organization, while the three ideas involve a podcast, online tool kit for leadership and human resource professionals, and connecting with policy makers.

For the Participating Organization, the results of this study will be shared with the Human Resources team and senior leadership in the form of an overview of the themes, sub-themes, and learnings. Participants who expressed an interest in seeing the results of this research project will be notified once this thesis has been defended, approved, and submitted, with how to access the study.

An idea to engage a wide audience in an informal and low risk setting is a Workplace Well-Being Best Practices podcast, where experts in the areas of mental health promotion and



psychological safety partner with organizations in Alberta dedicated to maintaining and improving employee well-being discuss practical application of these results.

A knowledge translation project could be the creation of a Human Resources Mental Health Promotion Recommendations Virtual Tool Kit is another idea that could be of use to workplaces in Alberta. This resource would ideally be cost free to end-users, and easily accessed online through a credible source such as the Alberta Government website or Chartered Professionals in Human Resources, Alberta. This would feature ideas such as engaging employee voice to strengthen psychological health and safety in the workplace, how to craft job control/autonomy and flexibility in any role for employee health, how to apply the Socio-Organizational Working Model (Chapter 5, Figure 2), and a Workplace Flexibility and Job Autonomy Pulse Check tool organizations can use to identify their strengths and opportunities.

Since workplace policy and benefit offerings have been part of the discussion around the results of this study, if this study does gain the attention of those who create policy at the provincial level, it may be an opportunity to engage policy makers within Alberta, such as those governing occupational health and safety and public health. This would require building strong and trusting relationships with policy makers, understanding the context of their work, and the processes used for change.

### **Concluding words**

It can be emotionally difficult to hear stories of workplace psychological injuries, especially when considering how contrary the circumstances that produced these injuries were to the many best practices set in place by an organization. Perception of job control/autonomy

and flexibility was shared by participants in this study through their own lens of experience with the PO. There was, even if unintended, an impact differential between those with more choices within the Flexible Working Policy and those who had less.

While job control/autonomy and flexibility can have positive impacts on employee mental health, not every role, job description or person in an organization can have the same level of autonomy or flexibility within the function of what they do (55, 143). However, what we are learning from the experience of the COVID-19 pandemic, and studies done prior to the pandemic on the work from home revolution is: if job control/autonomy and flexibility are offered (appropriate to the job person and function), there is evidence employees continue maintain the standard of production relative to full time - in person work for their organization and in some cases are more effective, productive and have a higher overall job satisfaction (147-149, 181). This can lead to employee retention and attraction as a result of a workplace culture with the reputation of being a good employer, and a great place to work (243-246).

It is important to reflect on the reality that most people work because they have to. Some people are fortunate to have jobs they enjoy in fields they are passionate about, but for others work is a means to an end to stay housed, feed their families, and perhaps indulge in a luxury or two throughout the year. Creating working conditions where employees can go to work knowing their employer protects them from psychological injury is a foundational requirement considering most people work because they must (247). The current landscape of Alberta's poor affordability adds weight to the need for most Albertans to have reliable and sufficient income for rising costs of housing, groceries, and utilities (248). The conversation around equity is relevant here as well, it asks us to question who is working stable, living wage

jobs and who is not? (152) Knowing that most Albertans are working out of necessity, the workplace is a space that must protect the well-being of employees, especially when potential risks to psychological and physical health are identified in certain job functions. Just as we know not all interventions on a hierarchy of controls for both psychological and physical health will not completely eradicate injury, it is the responsibility of organizations to provide reasonable protection and resolution when an injury due to workplace hazard occurs (232). As psychological workplace hazards continue to become more widely understood and adopted by organizations, studies like this one can support the implementation and strengthening of safety controls to reduce and prevent injury. This has the added benefit of promoting good mental health for employees as most best practices include recommendations to strengthen psychological benefits (psychosocial factor: psychological support), allow employees reasonable say in how, when, and where work is done within the scope of their role (psychosocial factor: involvement and influence)(37).

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## ***APPENDIX A Semi-Structured Interview Guide***

### **Semi-Structured Interview Guide**

#### **Introduction**

Welcome, thank you for taking time to speak with me today. My name is Megan Hunter, and I am a MSc student at the University of Alberta's School of Public Health. I am seeking to understand the role COVID-19 in workplace mental health and am interested in your experience during COVID-19 to date, specifically related to mental health and psychological safety factors of flexibility and job control.

This study is intended to dig into this concept further through hearing perceptions from a variety of staff including employees, managers, leaders and human resources in your workplace to gain insight into the phenomenon of COVID-19 in a workplace setting. It is a hope that findings can contribute to the existing bodies of research in workplace mental health and, potentially, the Psychological Health & Safety Standards to inform best practice and future resources in this area.

#### **Purpose**

The purpose of this study is to explore the following four objectives to inform future development of resources and support for mental health in the workplace.

1. Understand manager/employer perceptions of mental health, flexible work environment and job control
2. Understanding employee perceptions mental health, flexible work environment and job control

3. Understand current practices of flexibility and job control in a workplace with cultures supportive of mental health
4. Understand policies of a workplace that promote and encourage mental health, flexibility, and job control

### **Confidentiality & Consent**

Have you had a chance to review the information letter, confidentiality and verbal consent documents sent prior to our discussion today?

Await participant response:

- (YES – do you have any questions before we begin?)
- (NO – review documents with participant by either reading to participant or send file in the chat so they may read and review)

*A brief overview of the documents:*

This study has been approved by the University of Alberta Research Ethics Board. Our discussion today is confidential. Any information shared will have identifying markers removed for use in the research. I understand talking about your work environment can be intimidating and want to reassure you that your participation will not be shared with your employer or colleagues by anyone on the research team. You are not required at any time to disclose your participation in this study. Do you have any questions about this?

We have as much as an hour for our conversation today and I will be recording our discussion for reviewing purposes. You may see me taking notes or checking on the recording

occasionally to ensure it is working. Do know you have my full attention during our time together today.

Your participation is voluntary, and you may let me know at any time if you no longer wish to participate and we will stop the interview/focus group. Further, you may withdraw your participation or a specific comment up to two weeks after this interview has taken place. I am interested in your experience and perspective, meaning there are no right or wrong answers.

May I have your verbal consent in accordance with the verbal consent guidelines of the University of Alberta that you would participate in?

Do you have any questions before we begin?

### **Semi-Structured Interview**

*\*I'd like to get to know a bit about you and your experience here at [company name]\**

1. Can you tell me a bit about your role and how long you have been with [company name]?
2. Are you currently working from home?
  - a. Who else is home with you during work hours?
  - b. Pets?
3. When you think about [company name] what comes to mind?
4. What do you enjoy the most about working here? the least?

What does Mental Health mean to you?

6. When you think about Mental Health in the workplace what comes to mind?
  - What aspects of mental health does your employer provide/encourage (if any)

*\*I would like to ask you a bit about your experience working during COVID-19\**

7. How would you describe [company name]'s organizational culture prior to COVID-19?
  
8. How would you describe [company name]'s org culture since COVID-19?
  
9. Were there changes to your work environment due to COVID-19?
  - a. If so, can you tell me more about what you experienced?
  - b. Can you tell me about any changes to your physical work environment?
    - Social environment
    - Expectations
    - How work was done
    - Updated policies to support remote work (HR)
  
10. How would you describe your mental health over the course of the pandemic?
  - a. Overall, on a scale from 1-10 what influence has your work had on your mental health and why?
  - b. Overall, on a scale from 1-10 what influence has your current mental health had on your work and why?



11. Thinking back to your experience when these changes first were happening, how did you respond?

a. How are you responding to the change now?

12. Personally, how closely have you and the members of your household adhered to Public Health guidelines?

a. Has this been consistent throughout the pandemic or changed?

*Interviewer reminder of Quality criteria(1, 2)*

In your opinion

*\*Let's move on to how [company name] responded to COVID-19\**

13. Tell me about the decisions/actions [company name] made during COVID-19 that supported your work?

- Policies?

- Your mental health?

- Your customers/clients?

14. What could [company name] have done differently during COVID-19 that would have improved your experience as an [employee/ Employer/ Leader/ Manager/ HR]?

• As an employer?

• As a leader/Manger?

- As a member of HR?

15. What lessons do you think [company name] learned from this experience?

- What lessons have you learned as [insert role] with [company name]?

16. Did [company name] provide Mental Health support before COVID-19?

-If so, tell me the support you are aware of?

17. Did [company name] provide enhanced or extra support during COVID-19 for employees?

- If so, can you provide the resources you are aware of?
- If not, what might have been helpful?

*\*Shifting into the concepts of flexibility and job control in the workplace\**

18. Have you heard of the Psychological Health & Safety Standards 15 psychosocial factors?

19. Describe what flexibility in your work looks like to you

20. Do you experience flexibility in your workplace? If so, how? If not, how might that happen in your workplace ideally?

21. What makes it easy to experience flexibility in your workplace?

a. Do all employees have similar flexibility?

b. Has this changed since COVID-19? If yes, how?

22. Describe what job control looks like to you *[and your employees for HR & leadership]*

23. Do you experience job control in your role? If so, how? If not, how might that happen in your workplace ideally?

24. What makes it easy or not to experience job control in your workplace?

a. Do all employees have similar job control?

b. Has this changed since COVID-19?

*\*To wrap up I have a few demographic questions to ask\**

May I ask your age range? [18-29] [30-36] [37-45] [46-55] [56-65] [65+]

What gender do you identify with?

What ethnicity do you identify with?

What is your highest level of education, including the current program?

Do you have anything you would like to add?

### **Program related question**

Can I follow up with you?

Are you interested in receiving the findings of this study?

Thank you very much for your time and participation today. As we have been discussing some potentially difficult topics today, I want to provide you with this resource of mental health support specific to [company name, city and Province]. Please know you are not alone in this and these resources are here for you should you ever need them. Take care and stay well.

### **[Appendix to the Semi-Structured Interview Guide]**

Guiding Frameworks

1. Mental Health Commission of Canada and Canadian Safety Association (3) 2013 National Standard for Psychological health & safety (PH&S) in the workplace and the 15 psychosocial factors
2. Socio-ecological Model (4, 5) as a guiding theory for interview guide questions.

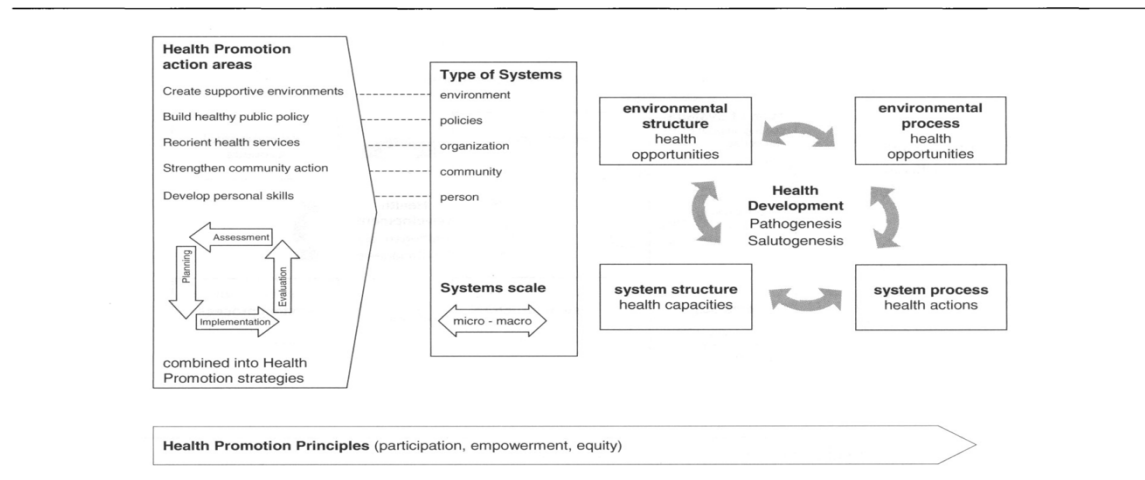


Figure 3 Socio-ecological model of health promotion

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**Perceptions & Practice of  
Workplace Job Control,  
Flexibility & Mental Health in  
COVID-19 study:  
Psychological Health &  
Safety in the Workplace**

**Has your workplace  
experienced  
changes due to  
COVID-19?**

Would your employees  
and colleagues be open to  
sharing their experiences  
to **support the  
development of workplace  
Mental Health supports?**



**YES?**

**Get in touch for more  
information email  
[mhunter@ualberta.ca](mailto:mhunter@ualberta.ca)**



**UNIVERSITY OF  
ALBERTA**  
Pro00104586

Poster

## **APPENDIX C Organization Recruitment Information Email**

Thank you for your interest in being part of Perceptions & Practice of Workplace Job Control, Flexibility & Mental Health in COVID-19 study.

We are looking for an organization/company whose workplace and employees have experienced change due to COVID-19 and have practices of job control and flexibility as part of their culture. Participation is voluntary from both the [interested organization/company] and its employees.

Ideally the study would require access to company policies & procedures as well as any documentation of workplace mental health procedures and recruitment of 15(+) employees from a variety of job descriptions, preferably from the same office or location pre-COVID-19 with at least one participant for each of the following;

- Human Resources
- Management
- Leadership/Ownership
- Professional/Technical Role
- Critical Operations Role (ie. front desk, mail room, custodial staff ect.)

Please find the project information sheet attached to this email for more information. [Study information sheet to be attached]

If this study sounds like something you and your employees might be interested in please simply respond to this email and we can set up a meet and greet to discuss any questions you may have.

We appreciate your consideration and look forward to hearing from you.

Warmly,

Megan Hunter, Principal Investigator

--

Megan Hunter, BKin, BEd, Msc Health Promotion Student  
Graduate Research Assistant Pronouns [she/her]  
Policy, Location and Access in Community Environments (PLACE) Research Lab  
School of Public Health, University of Alberta  
3-300 Edmonton Clinic Health Academy  
11405 - 87 Ave  
Edmonton, AB T6G 1C9  
Phone: 780-918-5561

*The University of Alberta acknowledges that we are located on Treaty 6 territory, and respects the histories, languages, and cultures of First Nations, Metis, Inuit, and all First Peoples of Canada, whose presence continues to enrich our vibrant community.*

## **APPENDIX D Organization and Participant Information and Consent Letter**



SCHOOL OF PUBLIC HEALTH

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11405 - 87 Ave  
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Canada T6G 1C9  
Tel: 780.492.9954  
Fax: 780.492.0364  
@UofAPublicHlth  
www.publichealth.ualberta.ca

### **Participation Information & Consent Letter for Interviews**

Perceptions & Practice of Workplace Job Control, Flexibility & Mental Health in COVID-19

#### **Principal Investigator:**

Megan Hunter, MSc Graduate Student, School of Public Health, University of Alberta School of Public Health, University of Alberta  
11405 – 87 Ave, Edmonton, Alberta, T6G 1C9

#### **Supervisor:**

Dr. Candace Nykiforuk, PhD, CE, Professor and Associate Dean (Research and Research Programs), School of Public Health, University of Alberta  
School of Public Health, University of Alberta  
11405 – 87 Ave, Edmonton, Alberta, T6G 1C9

**Project Number:** Pro00104586

#### **Background and Purpose**

This study will be looking at perceptions of job control and flexibility during COVID-19 from the perspectives of employers and employees with a focus on mental health in the workplace. The focus on mental health will provide a health context to view job control and flexibility from.

We will go about this research by recruiting a company or organization working within Alberta whose employees were affected by work transitions and changes due to COVID-19 and who's leadership made choices in response to the pandemic for customer and employee health and safety. Once a company or organization has self-selected to be part of this project interviews will be arranged with various employees, leadership and human resources voluntary participants to share their experience of job control and flexibility during COVID-19 and discuss, if desired, their current mental health. The company or organization will be welcome to share any policies and procedures pertaining to job control, flexibility and psychological health & safety in their workplace. The researcher may be present during a company online meeting to answer questions about the study and get a sense of team dynamics.

Version: February 1, 2021

Pro00104586



With this information we hope to better understand the experience of both employers and employees during times of change and what role the workplace has in protecting mental health.

### **Participation**

- Participation in this study is fully voluntary by the participants and by the organization/company.
- Consent will be gathered using recorded verbal consent before any interview
- At any time a participant may withdraw their participation to the study and determine what information they would like to be or not be included.
- Recorded One-hour one on one interviews sessions will take place tentatively in February 2021 using virtual meeting software (ie. Zoom, Google Meet) or may take place over a recorded phone call.
- Follow up interviews of up to 45 minutes may be part of the interview process to clarify a response or identify a change in experience. Participants will be asked in their first interview if they would like to participate in a follow up interview if needed.

As a participant you may:

- Elect to not have video recorded or use a voice changing software
- Ask the interviewer to repeat or reframe a question
- Decline answering a question at any time
- Have a safe and equitable environment for your interview
- Withdraw your data up to two weeks after the date of the last interview

### **Potential Benefits & Risks**

There may not be direct personal benefits for participating in this study. Potential benefits of this study, to those who choose to participate, include the ability to debrief the experience of mental health in the workplace during COVID-19 and better understand their own mental health. Information shared may be a benefit in informing best practice for mental health in workplaces in Alberta.

The risks of participation in this study are minimal due to the confidentiality measures put in place and the nature of the study being done virtually reducing physical risk. There is potential for conversations around mental health and COVID-19 to induce strong feelings. One can request the recording be stopped, refuse to answer a question or stop the interview at any time.

**All participants will be provided with a list of supports and services for Mental Health accessible to them.**

### **Confidentiality**

The research team has taken multiple measures to protect the anonymity of participants in both the study results and within their organization/company. Confidentiality will be maintained by the research team in the following ways:

- Access to research data is limited to the Principal Investigator (Megan Hunter) and the Supervisor of the Principal Investigator (Dr. Candace Nykiforuk). The Research Ethics Board and the University Auditors may also have access to the data.

- All files and information will be encrypted and stored in password protected documents on a locked computer.
- Participants will be linked to a unique identifier which will be used in lieu of names. A Master List of participant identifiers will be encrypted, and password protected document on a locked computer. Other identifiable information (ie gender, years with company, job role) will be used for analysis only and will be generalized categories for use in publications and other dissemination of results.
- Study results will be disseminated as a thesis/dissertation and potentially presented at academic conferences or published in academic journals.
- Data will be kept in a password protected zip file stored on a locked computer for 5 years at minimum. At that time a decision to continue to store or permanently delete data will be made and reevaluated once every 5 years until deleted.

### **Use of Data**

Information gathered during interviews, focus groups and through reviewing documents will be used to explore and understand job control, flexibility and mental health in the workplace during COVID-19 through the eyes of employees and employers in the same company. All participation will be anonymous, including the organization/company hosting the study, and identifying information will removed from data. Data will be sorted into common themes for use in the creation of the primary investigator's master's thesis.

An overview of results may be shared in publications, academic reports and/or presentations to communicate the findings from this collaboration. Results may also be shared with industry leaders and organizations such as the Canadian Metal Health Association to support their work in building psychologically safe workplaces. Participants in the study, along with the hosting organization/company, are welcome to receive a Final Report or Project Summary along with an overview of findings if desired.

**Study results will not contain names (or other information that may be linked to any individual participant) or the name of the organization/company unless the research team is informed otherwise.**

### **Funding Agency**

To Date, this project has not been awarded support by a funding agency

### **Contact Information**

Please reach out to the research team for any questions about this study:

- Dr. Candace Nykiforuk, Supervisor (780-492-4109; candace.nykiforuk@ualberta.ca)
- Megan Hunter, Student Investigator (780-918-6651; mhunter@ualberta.ca)

The plan for this study has been reviewed by a Research Ethics Board at the University of Alberta. If you have questions about your rights or how research should be conducted, you can call (780) 492-2615. This office is independent of the researchers Pro00104586.

**Consent Statement**

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact.

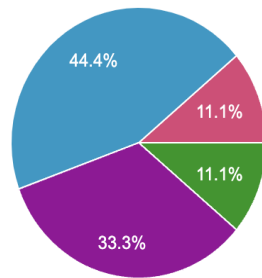
In keeping with the AHS/Government of Alberta's directives put in place to continue research while limiting exposure, interaction and transmission during the COVID-19 pandemic, I understand I will be given the opportunity to verbally agree to participate in the research study described above prior to the interview.

***APPENDIX E Participant Demographics Data & Pre-Interview Question Set***

### What is your highest level of completed education?

 Copy

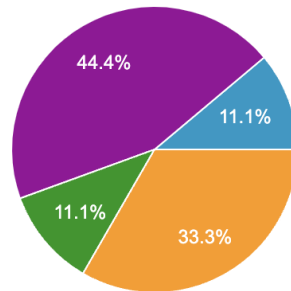
9 responses



- High School Diploma
- Certificate Program
- Professional Diploma
- Bachelor Degree
- Technical Degree (NAIT/SAIT ect.)
- Master Degree
- Ph.D
- Career Based Training, Growth and Development (for those with the comp...)
- Other

### Age Range

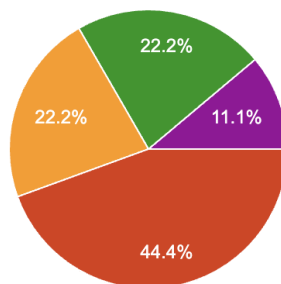
9 responses



- 18-25
- 25-35
- 35-45
- 45-55
- 55-65
- 65+

### How long have you been in your current role?

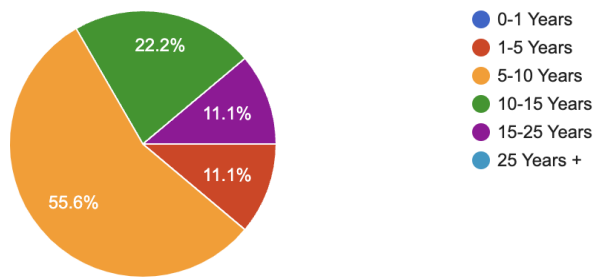
9 responses



- 0-1 Years
- 1-5 Years
- 5-10 Years
- 10-15 Years
- 15-25 Years
- 25 Years +

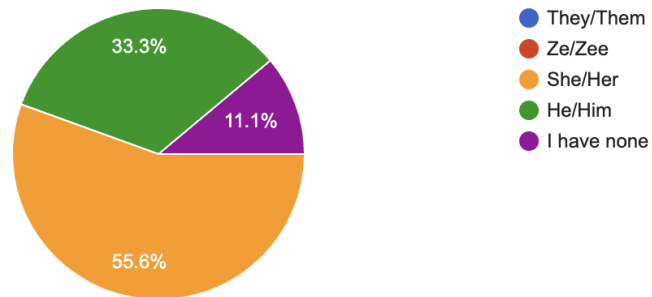
### How long have you been with the organization?

9 responses



### What are your Pronouns?

9 responses





# Workplace Mental Health Study Pro00104586

Intake Form: Confidential

mhunter@ualberta.ca [Switch account](#)



 Not shared

\* Indicates required question

Your role In the Organization \*  
& please state if you work with Innotec or Alberta innovates

Your answer

---

Age Range \*

Choose 

How long have you been with the organization? \*

- 0-1 Years
- 1-5 Years
- 5-10 Years
- 10-15 Years
- 15-25 Years
- 25 Years +

How long have you been in your current role? \*

- 0-1 Years
- 1-5 Years
- 5-10 Years
- 10-15 Years
- 15-25 Years
- 25 Years +



How long have you been in your current role? \*

- 0-1 Years
- 1-5 Years
- 5-10 Years
- 10-15 Years
- 15-25 Years
- 25 Years +

What are your Pronouns? \*

- They/Them
- Ze/Zee
- She/Her
- He/Him
- Other: \_\_\_\_\_

What is your highest level of completed education? \*

Choose ▼

What is your highest level of completed education? \*

Choose



According to [Statistics Canada](#), Canada Reported over 450 \* ethnic and/or cultural origins in the 2021 Census. How would you describe your ethnic and/or cultural origins?

Your answer

Describe the Pandemic in a few words or sentence: \*  
(all answers wellcome - if it helps use the prompt "The pandemic was...")

Your answer

5.

## **APPENDIX F Codebook**

### **Codebook**

#### Co-Created Data Related to Organizational Actions, Policy, & Response

Leadership Action  
Benefits & Mental Health Resources  
Communication During COVID-19 and of Response Action  
Flexible Working Policy

#### Co-Created Data Related to Employee Perception of Organizational Actions, Policy, & Response

##### Leadership Actions

- Job function, role, history with company
- Personal Factors & Positionality re: COVID-19, Generational values, personal preference, relevance to person and position
- Equity aspects: job role, family responsibilities

##### Benefits & Mental Health Resources

- Job function, role, history with company
- Personal Factors & Positionality re: COVID-19, Generational values, personal preference, relevance to person and position
- Equity aspects: job role, family responsibilities

##### Communication During COVID-19 and of Response Action

- Job function, role, history with company
- Personal Factors & Positionality re: COVID-19, Generational values, personal preference, relevance to person and position
- Equity aspects: job role, family responsibilities

##### Flexible Working Policy

- Job function, role, history with company
- Personal Factors & Positionality re: COVID-19, Generational values, personal preference, relevancy to person and position
- Equity aspects: job role, family responsibilities

##### Experience of Autonomy

- Job function, role, history with company
- Personal Factors & Positionality re: COVID-19, Generational values, personal preference, relevancy to person and position
- Equity aspects: job role, family responsibilities

**APPENDIX G Contemporary Research Stance**

**Contemporary Research stance (paradigms) and characteristics (table template from A.J. Onwuegbuzie, R. Frels., 2016)**

<b>Challenge</b>	<b>Question</b>	<b>Notes</b>
Clarification	What led me to select this topic and formulate the question?	Curiosity of how workplaces responded to COVID-19 and the potential effects on employee mental; health
Assumptions	What do I believe about the topic? What truths exist?	I believe COVID-19 had an impact, what and how I would like to explore
Reason and Evidence	What caused me to think of saying that? My positionality/culture/experience is relevant to the topic	In 2013 Canada's National Standard for Psychological Health & Safety was made public and since then OH&S regulations in Alberta included protection from psychological injury as a responsibility of the employer.
Viewpoint and perspective	What alternative viewpoints exist? how might someone else experience the same conditions? What do I value? What might oppose my views and beliefs on this topic?	Individuals make up a workplace, together they create the collective, yet have their own histories, preferences, skills and knowledge that make them unique. While there are some shared experiences of employees, much of how work is perceived will be through an individual lens.
Implications and consequences	Strengths and weaknesses of what I select or say? Generalisation? How might these affect outcomes? How my worldview and cultural exposure related to this topic might affect?	Small study, interviewing 8-15 people with the goal of identifying the shared experiences and the potential reasons some experiences will be perceived differently.

<p>About Questions Themselves</p>	<p>What is the point of this question? What did I seek to know/understand? What is my philosophical stance? Why explore these topics? Why do I see particular problems or issues associated with it?</p>	<p>Questions are a guide. RThe interview is semi structured inorder to provide space for exploring individual thought and experience I am not able to predict.</p>
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