

Flexible working policies



About this report

This report forms part of Wellcome's 2020 Workplace Mental Health Commission. The aim of the commission was to understand the existing evidence behind a sample of approaches for supporting anxiety and depression in the workplace, with a focus on younger workers.

You can read a summary of all the findings from Wellcome's 2020 Workplace Mental Health Commission on our website: <https://wellcome.org/reports/understanding-what-works-workplace-mental-health>

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**The Mediating Role of Flexible Work Policies on Worker Mental Health
(Final Report)**

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by

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Executive Summary

Background and Rationale

Work, in its many forms, is a core component of adulthood. Most of the world spends one-third, if not more, of their adult life engaged in work. It is central to our existence, self-sufficiency, and identity. Although we commonly describe our lives based on time spent at work versus our personal/family time, they are intrinsically intertwined for most people. Phrases such as “work-life integration” have been developed to capture the interactive nature of these components of our lives. Research demonstrates that poor work-life integration can result in negative mental health including depression, anxiety, stress, and burnout. Similarly, mental health can impact the broader workplace through poor work performance, turnover, and organizational costs, and can negatively affect relationships, daily functioning, and personal health.

Employers and unions developed flexible work policies (FWP) in part, to help workers achieve more sustainable work-life integration. Effective FWP might also improve workers’ mental health. FWP, such as telecommuting and flexible time off have been used for more than 30 years globally, and yet, there is little research on the relationship between FWP and mental health. This report draws on a broad body of literature to (1) identify and characterize FWPs, (2) link FWP to workers’ depression, anxiety, and stress, (3) identify challenges to implementing effective FWP, (4) explore FWP in the context of age and gender, and (5) make evidence-based recommendations for developing, implementing, and maximizing the impact of FWP on workers’ mental health. A total of 106 studies/reports were identified as meeting inclusion criteria for this project; documents were reviewed by members of the research team for appropriateness and classified according to relevance and quality.

Findings

We identified eight commonly used FWP designed to support workers in managing their work-life integration. The evidence supports the relationship between use of FWP and improved mental health; this relationship is characterized as FWP improve work-life integration which in turn reduces depression, anxiety, and other mental health symptoms such as stress and burnout. FWP can be used to help prevent depression and anxiety, as well as be an intervention for workers who are struggling with mental health issues. FWP are an effective

means of helping workers with mental health issues enter the workforce, sustain employment, or re-integrate after an absence.

We identified several barriers that may prevent workers from accessing and/or using FWP. The most prominent reason was lack of supervisor support. Supervisors frequently have the authority to grant or withhold access to FWP. Some workers avoided using FWP because of a biased and stigmatizing organizational culture that prevents workers from using FWP, even when readily available. Career concerns also reduced workers' use of FWP; common concerns included poor future performance evaluations and reduced opportunities for career advancement. Many employees expressed concerns about using FWP related to issues of depression and anxiety because of perceived mental health stigma and feared workplace discrimination.

Conclusions and Recommendations

Understanding that there are important contextual factors, the available evidence provides strong support for the overall value of FWP in supporting workers' mental health and well-being. The variety of FWP allows for implementation in an array of employment settings and across a diverse workforce. We identified three key areas for managers/supervisors to focus on when developing, implementing, and maximizing the effectiveness of FWP: (1) *training*, (2) *communication and messaging*, and (3) *creating a workplace culture of mental health and well-being*. Our evidence-based recommendations include: (1) train managers/supervisors and workers about FWP to increase access, uptake and perceived value, (2) develop strategies to increase worker-management communication and collaboration and dissemination of information about FWP, and (3) increase use of FWP and develop strategies to support workers who may be in positions that can't easily incorporate FWP.

The Mediating Role of Flexible Work Policies on Worker Mental Health

1. Introduction

Most of the world's population spends one-third or more of their adult time working. Work plays an important role in individual and family self-sufficiency and is critically important to one's sense of identity and life purpose. In the 1970's, Kanter (1977)¹ reported that work and family/personal life are not separate spheres as once considered, but rather people take personal experiences, including stress and mental health to work and vice versa, they bring work experiences, reactions and stress home and into their communities.

When mental health is considered a chronic health condition affecting workers' well-being and workplace outcomes, depression and anxiety are leading drivers of lost productivity.^{2,3} Given advances in assessment and treatment for depression and anxiety, it makes sense to examine how workplace policies and programs can support and sustain worker mental health. There is a strong potential return on investment for investing in care for workers who are struggling with depression and/or anxiety to stabilize health and productivity and maintain optimal levels of functioning.⁴ Employers can positively contribute to a global public health approach that not only leads to improved worker well-being but also maximizes businesses' bottom lines by supporting workers' mental health and well-being. Chisholm and colleagues' (2016)³ global return on investment analysis for treatment for depression and anxiety indicated a \$2.3-\$3.0 to \$1 return on investment in terms of economic benefits alone.

Flexible Work Policies

Flexible work policies (FWP) have been developed, in part, to help workers achieve more sustainable work-life integration. Common examples include: 1) telecommuting (working from home), 2) flex start/stop time, when an employee can shift their workday start/stop time while still working the same number of hours, and 3) flexible time off, such as taking time during the workday to attend to personal matters. However, the outcomes from FWP have not been explored with regard to how use of such programs may impact work/life stress and mental health. Workplace stress has been strongly linked to the quality of supervision practices,^{5,6,7,8,9} and this project originally proposed to examine how FWP may mediate the negative impact of poor supervision on anxiety and depression. A summary of how this project evolved is described below.

Our review of the literature and existing evidence shifted our understanding of the interactions between FWP, management and workers, and worker mental health. The evolution of this work shapes our understanding of what a FWP is, the nuanced and complex perspective

of how FWP work, who they benefit, and their impact on worker mental health. Further, this shift affects recommendations for leaders to maximize worker health and productivity to improve overall workplace success. This report aims to identify the key concepts linking FWP and worker mental health and providing recommendations for maximizing their benefits for workers and businesses.

2. Study Method

The gold standard for reviewing and drawing inferences from evidence is the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) framework.¹⁰ The information and recommendations in this report were derived from a systematic review and integration of the literature. Specific criteria were used to maintain the quality of the evidence. We focused on academic literature from established bibliographic databases (e.g., PsycINFO, Business Search Premier) and gray (non-peer reviewed) literature (e.g. government/foundation reports). All literature reviewed for this project included a discussion of FWP and workers' well-being. Our initial search identified 386 non-duplicate documents; these documents were reviewed by members of the research team for appropriateness and yielded 106 documents for review. Articles were reviewed and classified according to relevance and quality; relevant data were extracted using a standardized form. (See Appendix A for additional information.)

Most studies identified country-specific workforces, with 10 countries represented; however, there was a sub-category of studies that included international samples of workers. Many different industries were reviewed. Most of the evidence referred to "general" or "non-specific" industries. Four studies incorporated national workforce data. The remaining data included workers in education, financial services, construction, health care, manufacturing, IT/computer software, tourism, and government. Most studies/reports were not age-specific beyond referencing "adults;" however, we located and included 7 studies^{11,12,13,14,15,16,17} (12%) that were specifically targeted younger workers.

3. Review of Evidence

3.1 *Theoretical Model*

This work has been organized around Halpern's (2005)¹⁸ model of benefits of time-flexible work policies. Halpern's model was developed to explain how work-related stress among workers and productivity loss for employers are mediated by time-flexible policies. Our own work has demonstrated that parts of Halpern's model support the relationship of worker characteristics and workplace policies. We have adapted Halpern's model as a framework for the current project and added a focus on potential barriers to when, why, and how workers

interact with FWP. Halpern's work supported a model linking increased number/availability of FWP to reduced work-related stress and higher commitment to the employer; furthermore, reductions in work-related stress were associated with reduced cost to employers by decreasing absenteeism, missed work deadlines, etc. (See Appendix B for additional information.)

3.2 Conceptualizing Flexible Workplace Policies

Employers historically developed FWP as a strategy to support the overall well-being of the workforce, while also supporting desired workplace outcomes.^{19,20} Many of these policies developed in the U.S. started in the 1970's with increased influx of women entering the workplace, increased needs for child care with more dual-working parents, and additional demands from all workers for increased flexibility to support work-life integration. The primary types of FWP are described in Table 1.

Employers try to reduce negative spillover effects into work from personal or family life by offering FWP to help workers cope with the often competing demands of work and life, while simultaneously providing workers increased opportunities to focus on work-related tasks.^{21,22} Given the push and pull of worker and workplace needs, more research is warranted to identify which FWP not only successfully support employers' desired goals, but also support overall worker health and well-being. In theory, a healthy workforce leads to healthy or positive workplace outcomes; therefore, supporting worker mental health is not only a nice thing to do, but it is sound business practice that will help workplaces improve productivity and remain competitive.²³

3.2.1 Involuntary versus Voluntary FWP

It is important to highlight that a given FWP might be implemented involuntarily by an employer or requested voluntarily by a worker, and that the subsequent impact of that policy may vary widely. Voluntary FWP are those that are made available to employees and may be accessed if/when a worker chooses to do so. FWP that are involuntarily mandated by employers are often to benefit the business in some way and not for the expressed benefit of the worker. In these situations, workers have no control over the enactment and application of the policy. In these instances, any FWP may be more harmful than helpful to a worker, as compared to the scenario when the worker requested it.^{120,24}

Take for example *job sharing* as a FWP. Workers who request voluntary job-sharing might do so to add skills or have more flexibility over their workday, reduce their hours, lower stress, or improve work-life integration. Conversely, an employer who places a worker into a job-sharing role may be reducing a worker's hours and pay involuntarily and to the detriment of

the worker. The onset of the Novel Coronavirus-2019 and subsequent impact on businesses around the world yields another example. Many workers enjoy, or even need, the flexibility to work remotely; however, as work-from-home mandates went into place, research is suggesting that there are significant mental health implications associated with extended remote work including worker isolation.⁴

3.2.2 Prevention, Intervention, and Re-integration.

Global/organizational level FWP are often preventative and proactive in nature and designed to be applied universally to the workforce. Intervention policies tend to be more selective, reactive, and individualized. These policies are designed to operate at the individual level and can be helpful when addressing mental health issues with workers as they tend to be more customizable. Less studied but empirically supported is the idea of FWP as a mechanism for helping workers (re)integrate into the workplace. Much like physical injuries or health issues, mental health challenges may require reduced work capacity, reassigned duties, etc. and may or may not fall under legislative mandates for workplace accommodations.^{25,26,27}

Table 1. Types of Flexible Workplace Policies

Policy	Definition	Example
Flex Location/Telecommuting	Worker is given the flexibility to choose where their work is performed	Working from home 1 or more days/week
Flex Start/Stop Time	Worker maintains the same number of hours of work in a day but able to shift start/stop/break times	Reporting to work an hour early in order to leave an hour that day, having an extended lunch break and then working later that day
Flex Scheduling	Worker is given autonomy to create their own schedule	Able to change schedule as needed (e.g., from week to week)
Compressed Work Week	Worker works longer hours and fewer days	Working 4 10-hour days instead of 5 8-hour days
Flex Time Off	Worker is able to take time out of the workday to attend to personal matters	Attending a doctor's appointment; running an errand
Flex Employment Status	Worker is able to change their employment status (FTE) short term or long term	Opportunity to increase FTE during busy seasons; ability to reduce FTE to take college classes
Job Reassignment	Voluntary temporary shift to a different job in order to meet organizational needs, alternative to furlough, or give	A worker unable to meet essential job duties due to COVID-19 might receive a temporary transfer to another

	worker a break from intense work	position allowing them to work from home
Job-Sharing	Worker is able to work at a reduced FTE by splitting their job duties with another worker	Two workers desiring part-time status could be matched so that they collectively cover a full-time position and share benefits

4. Outcomes

Most of the literature examining the effects of FWP focuses on work-life integration (previously called “work-life balance”).^{4,19,28} Our original approach to this project was to explore FWP as the mediator between negative supervisory/administrative practices and worker mental health, but this review of the literature strongly suggests that it is improved work-life integration that is a mediator between FWP and worker mental health, as well as between FWP and worker satisfaction, retention, and productivity.²⁸ Worker “mental health” was defined based on a variety of emotional, psychological, and physical experiences and included depression, anxiety, stress and burnout. Most outcomes were measured based on self-report using standardized assessment tools.²¹ Depression and anxiety are more clearly defined based on specific symptoms and often considered as “states of being” resulting from bio-chemical issues (e.g., low serotonin) and/or extended situational sources (e.g., grief, stress), In contrast, stress is defined here as a generalized experience that is interpreted as reactions to external situations such as conflict at home or work, work deadlines, and physically/emotionally difficult jobs; burnout represents a state of physical and emotional exhaustion subsequent to extended exposure to stress.³⁰

4.1 Work-Life Integration.

FWP may be particularly beneficial for workers juggling work and personal life, which can be stressful and contribute to anxiety and depression.³⁰ Conflict between work-and-home-life may increase when there are more work hours, more household responsibilities, less supervisor support, less family-friendly organizational policies, and increased child- and/or elder-care responsibilities.³¹

Workplace culture also has an impact on work-life conflict. Workplace culture may impact whether human resources approves a request for flexible work arrangement to care for a dependent. Having a formal policy in place that supports flexible work arrangements to care for dependents has improved the usage of FWP arrangement. That being said, if face time is highly valued in the organization, the use of FWP could decrease.^{4,32}

The increased use of technology has an impact on work-life integration. Remote work and the blending of work and home may increase conflict because work may be perceived as replacing home time. Work-family conflict decreases, however, when workers are offered flexibility to align their work and home needs, including allowing flexible start and stop times to the day.⁴

4.2 Anxiety and Depression.

The relationship between FWP and depression and anxiety can take on different forms. The majority of the evidence reviewed focused on FWP as interventions (both informal and formal) to reduce depression and anxiety;^{23,27,28,33} however, evidence was also located that discussed the potential value of using FWP to support workers with depression and anxiety to reintegrate into the workplace following absences due to mental health issues.^{25,26,34,35,36} Within the context of the current review, depression and anxiety were typically measured using standardized assessments, with some being clinical/diagnostic in nature. Assessment of depression and anxiety was consistently based on symptomology. For example, feeling sad, losing interest in things, and having low energy are typical symptoms of depression;³⁷ feeling panicked, nervous, and tense are classic symptoms of anxiety.²⁵ Workers may not access FWP for mental health accommodations for many reasons including stigma, workplace culture, and budget concerns.²⁵ FWP also may not be enough due, in part, to work-life spill-over or needs for more specialized assessment and mental health treatment and support. Spill-over from one's home or family life can lead to increased work-life conflict, which can contribute to increased levels of anxiety and/or depression. FWP that support ease to leave work to care for selves and dependents may decrease mental health symptoms.²⁴ The organizational culture (including general attitudes and supervisor practices) may drive the use of FWP.²³ Supervisor support of workers and improved supervisory communication may improve worker mental health.³³ Additionally, with the help of coworker support, FWP may improve mental health.^{24,33}

Increasing the use of technology to support telework and remote work can have both positive and negative effects on mental health outcomes. To start, workers may be unable to “disconnect” from work, contributing to anxiety and depression. As a result of tele- or remote work, workers may have fewer interactions with coworkers and may be fearful of missing work opportunities and important decisions. A positive impact of telework or remote work is the reduction in commuting time, which could increase time for other activities that support mental health and well-being.⁴

4.3 Stress.

Halpern (2005)¹⁸ found that FWP decreased worker stress. However, Wickramasinghe (2012)⁹ found that the impact of FWP on a worker's stress is largely dependent on how supportive the workers perceived their supervisors. Evidence suggests worker stress levels were dependent on the alignment of management styles to the workers' work style. For example, an autocratic management style would bode worse for workers who are self-directed and desire autonomy, whereas democratic management styles will induce more stress for workers who need clear direction and oversight. Managers need to know how to adapt their style in response to workers' needs.²³

Additionally, workplace flexibility bias on behalf of the manager/supervisor has a significant impact on workers' stress levels, regardless of whether a worker is a caregiver or has used FWP in the past. Just the presence of flexibility bias 'in the air' can be stressful for workers.³⁸ Timm et al. (2015)³³ echoes this, finding that a negative work culture can decrease the use of FWP and in general decrease engagement in the workplace.

4.4 Absenteeism, Presenteeism, and Retention.

The impact of FWP on absenteeism, presenteeism, and retention is dependent on many factors. Having FWP in place could improve worker satisfaction, improve attachment to the workplace, retention, commitment, and reduce presenteeism and absenteeism.^{18,36,39} Mental health has been identified as one of the driving forces of presenteeism and absenteeism.²⁹ Providing mental health support for workers may increase worker engagement when at work; thereby decreasing presenteeism²⁹. In general, workplace cultures that give workers permission to take care of personal and family responsibilities is important to reduce absenteeism and presenteeism.³⁹

5. Factors Impacting Access and Use of Flexible Work Policies

One of the strongest predictors of workers' use of and benefits of FWP is supervisor support.^{40,41} While policies may be available, a lack of supervisor support to use FWP results in workers not using benefits even when needed.³⁰ Some barriers to encouraging workers to use FWP could be minimized through appropriate administrative action and support.

5.1 FWP Stigma and Bias.

Some workers may choose to not request flexible working conditions from their supervisors or even access existing organizational FWP because of the perceived stigma and bias associated with using them. This may be particularly relevant for younger workers or workers who do not have family responsibilities. Workers without children may be perceived as not needing this level of workplace flexibility. Managers and coworkers may be more supportive

of workers accessing FWP when they do so for child or older adult caretaking responsibilities as compared to workers who utilize FWP for self-care and personal work-life integration. The latter are sometimes viewed as abusing the system if there aren't discernible justifications for using FWP and/or resentment when a portion of the workforce is not able to utilize FWP but other workers can.^{25,34,38,39}

5.2 Job Influence.

Some workers may not use FWP, particularly telecommuting, because they feel it negatively impacts their abilities to influence their current job or access opportunities for advancement. This was most notable in organizations that valued "face time," meaning the importance of seeing who was in the office.³⁹ Workers felt that extended time out of the office reduced their access to managers/supervisors and limited their ability to participate in decision-making. Additionally, some workers felt that being physically absent from the workplace might diminish their potential for promotion and job growth because they were "out of sight, out of mind." Additionally, some jobs do not allow for telework due to the nature of the work (i.e. transportation, service industry, manufacturing, farming), thereby setting up a potential inequitable two-tiered workplace where some workers can readily benefit from FWP and other workers are not able to access or use them at all. Additional negative career impacts of using FWP include reduced wages, lower performance evaluations, and reduction from full-time to part-time work.^{41,42}

5.3 Mental Health Stigma.

Several studies referenced workers' concerns about using FWP because of stigma and potential discrimination around mental health issues such as depression and anxiety^{26,27}. Most workers felt that issues around mental health were not openly discussed in the workplace and that there was a culture of negative attitudes about people with mental health challenges. Workers who wanted or needed FWP did not access them because (1) they didn't want coworkers/managers to know they were dealing with mental health challenges, (2) they didn't want to be viewed as unable to do their job, and (3) they didn't want to be seen as needing special accommodations.

5.4 Demographic/Cultural Factors

5.4.1 Age. Special attention was given to the potential value of FWP in addressing depression, anxiety, and mental health among younger workers. The workplace is multi-generational, and different aged groups of workers may struggle with different mental health or related well-being challenges. Additionally, workers may benefit from different types of programs

and policies at different developmental life stages. For younger workers (18-25 years), the risk for depression and anxiety is elevated given that this is a time in life when mental illness often first appears or is first diagnosed¹¹, with 75% of all mental illnesses beginning by the time individuals are in their mid-20s¹². A 2020 report by Accenture indicated that approximately 75% of workers in the UK will have been personally experienced a mental health challenge before the age of 30 and twice as likely as their senior peers.¹³ This same report found that younger workers (18-30yrs) were less likely to discuss their mental health issues with their employers even as work stress was the number one reported concern. The U.S. National Institute of Mental Health estimated that in 2017 young adults age 18-25 had the highest prevalence rate of mental illness (25.8%) of all age groups.¹⁴ Similar statistics have been found in Canadian workforces that younger workers are four times more likely than the general population to experience anxiety and other mental illnesses.¹⁵

Although most studies did not explicitly address younger workers, some considerations can be extrapolated by identifying the needs and wants of workers of different age groups. Research by Ernst and Young Global Generations Research (2015) explored the difference between “Gen Z” (18-25yrs), “Young Millennials” (25-30yrs), and “Older Millennials” (30-39yrs) workers and found significant differences in what workers wanted and needed. Health benefits were the primary benefits desired by all three groups, but issues of work-life integration, time off, and flexibility were more important to “Older millennials.” “Younger millennials” rated work-life integration in their top three, but not “Gen Z” workers. This sample of younger workers was more focused on feeling valued and recognized with a desire to work freely and independently without being micromanaged. These findings suggest a desire FWP, but for different reasons across age groups. Interestingly, the Yello Recruiting (2019)¹⁶ survey of 700 young adults and HR professionals across the United States, indicated that younger workers reported that having mental health benefits was an important consideration in accepting a job than any other age group.

Family responsibilities may be most relevant to workers in their 30s and 40s, and “family friendly” FWP such as flex worktime may be less relevant to younger and older workers who don’t have child or other dependent care needs. Familiarity and comfort with technology that supports FWP (e.g., flex location) may also limit the use of these policies.⁴ Younger workers may be more likely to be employed in low-wage, non-professional jobs that aren’t amenable to FWP (such as hourly and/or service work).¹⁷ Older workers may be more likely to save their sick leave and not take it unless its critical or an emergency situation; thus, they may be coming to

work when others workers might choose to stay home.⁴³ Younger workers may be more reticent to discuss mental health issues and the need for work flexibility because they are young and inexperienced.¹⁷

5.4.2 Gender. FWP have long been identified as helpful to women with child-rearing responsibilities; men are often perceived as needing less FWP for children. The research suggests there are no gender differences in the types or frequency of FWP used; however, Brescoll, Glass, and Sedlovskaya (2013)⁴⁴ reported that such a finding is misleading because women may be more likely to request FWP but also be in positions where FWP are not as available thus creating a false sense of parity. Brescoll et al. also found significant gender differences in supervisors' approval of FWP requests and in workers' assumptions underlying request approvals. Specifically, men seeking FWP were more likely than women to be approved if they were viewed as contributing to career development; no gender differences were found if the request for FWP were perceived as being family oriented.

5.4.3 Culture. Although we did not find any specific evidence comparing multi-cultural factors associated with FWP and mental health, our review did yield a single study that explored the relationship between work-life integration and depression and anxiety across seven cultures.⁴⁵ The results supported the widely established relationship that improved work-life integration is associated with less depression and anxiety. More interestingly though was the conclusion that respondents from cultures that promote individualism over collectivism tended to demonstrate greater reductions in anxiety and depression as work-life integration improved. Similar positive results were observed in cultures characterized as gender egalitarian versus those that were not. Based on the evidence linking FWP and work-life integration, it is reasonable to think that some FWP may be more beneficial to employees from different cultures.

6. Recommendations

The following section provides recommendations for developing, implementing, and monitoring FWP to support the mental health and well-being of workers and to improve workplace outcomes by reducing presenteeism, absenteeism, and turnover. Recommendations fall into three domains with specific strategies suggested in each domain. Additionally, these eight recommendations were derived directly from the evidence we reviewed.

6.1 Training

Perhaps one of the first places to start with regard to broad or universal recommendations to workplaces based on this literature review is to recommend that FWP are

clearly written into workplace policies that can be used as a reference or guide by all workers and their supervisors. Following codification of such FWP is the need to communicate support for such programs and policies in a manner that reduces stigma and encourages utilization to support a culture of workplace health and well-being. To accomplish this, training is needed at all levels of the work organization. Three specific types of trainings were identified in the literature.

- (1) **Train workplace leaders to increase the availability and effectiveness of FWP to support workers.** Starting with leadership, all managers/supervisors need specialized training to understand what the workplace offers, how they can talk with workers about FWP and increase their comfort to manage workers who use various FWP.²⁰ Training should include examples of how managers can increase workers' sense of autonomy to provide access to FWP and when appropriate, offer a level of customization to meet the worker's individual needs.²⁵ Such training can include emotional intelligence and anti-stigma to increase self-efficacy of managers ability to talk with workers about work-life integration and to work collaboratively to identify solutions to problems. Attention should also be given to formal versus informal FWP. Formal FWP are organizational policies that are codified through human resources.⁴ Informal FWP may arise from the culture of a workplace without being formally recognized and are often implemented based on the authority of supervisors to negotiate individual requests from workers.³²
- (2) **Train workers and manager/supervisors on how to use FWP effectively.** Understanding what FWP are available and how to use them successfully is critical. Provide training in skills needed for successful flex work (e.g. working independently and time management). As workers request to work remotely more often and as needs arise for forced tele-work such as we are seeing now due to COVID-19, it is important to train managers and supervisor how to effectively community with employees and work teams when working remotely and to use technology effectively for workplace productivity and supervision.⁴
- (3) **Train EVERYONE about mental health and well-being.** This type of training will yield multiple benefits, including raising awareness of mental health issues and reducing stigma and preparing everyone to be aware of the signs of depression, anxiety, or other mental health problems and how to effectively communicate concern to coworkers and refer to appropriate resources for additional support.^{20,23,25} Training need not necessarily

be expensive or time consuming to be effective, and numerous training programs already exist, such as Mental Health First Aid.⁴⁶

6.2 Communication and Messaging

Effective communication and messaging are key components to successfully utilizing FWP to address depression, anxiety, and other mental health needs in the workplace.³⁵

- (1) **Increase active and ongoing communication between workers and managers.** Our review of the evidence identified implementing workplace advisory boards as one effective way of fostering regular feedback and communication.⁴⁷ Advisory boards comprised of diverse workplace stakeholders help inform leaders about what is going on under the surface and what new or revised FWP may be needed to meet emerging needs. Further benefits of advisory boards include the opportunity for advisory board members to share information about how to access and use FWP throughout the workplace – a type of built in marketing and promotion from trusted peers – many who have used such programs themselves.
- (2) **Develop and implement communication strategies to inform workers about FWP.** Employers need to include information about FWP in various formats, such as new hire training and orientation; new supervisor training; ongoing health and wellness events and workplace public health campaigns; education workplace programs about access to FWP. Internal stakeholders such as human resources and employee assistance programs (EAP) can be strong advocates and facilitators for work-life integration, safety, and physical and mental health well-being. It is important to share updated information regularly with employees through regular team or department meetings, employee resource or affinity groups, and peer and mentoring programs. Instill messages that caring for health and mental health is a workplace priority and just as important as showing up for work.

6.3 Creating a Culture of Mental Health and Well-being

For FWP to be successful they must be available, supported and used. Managers/supervisors must consider the main reasons workers do not access FWP and make attempts to remove those barriers.

- (1) **Encourage workers to use FWP.** Grice (2007) discusses creating a “community of support” where the expectation is that the use of FWP, regardless of reason, should be encouraged if it aligns with maintaining a healthy workforce.²⁴ FWP should be treated as

the “norm,” an expected benefit of being an employee of the organization, and not a “special privilege” reserved only for the “deserving.”^{21,50}

- (2) **Develop alternative strategies to support workers who are unable to access or use FWP.** Multiple reviews noted that FWP are not equally applicable to all jobs or workers, but this should not prevent employers from implementing strategies to support all employees. Our literature review identified specific supplemental services such as onboarding training, stress and time management, the provision of health and worker well-being programs, and mentorship/coaching can all be provided to all employee groups.⁴⁸ Additional strategies to support these workers include offering more opportunities for job development and skills training and enhanced fringe benefits such as more paid leave.⁴⁹
- (3) **Make FWP an active part of the workplace.** The evidence says that to be effective, FWP and other supportive policies must be infused into all aspects of workplace; they cannot just live in a policy binder or website.⁴¹ They need to be alive and responsive to the ever-changing needs of the workplace. FWP should be actively discussed and use encouraged in meetings between management and workers, be that in individual supervisory sessions or large-scale organizational settings. FWP should be regularly reviewed to determine if they are being used and if they are effective in meeting the needs of workers.

7. Conclusion

Understanding that there are important contextual factors, the evidence provides strong support for the overall value of FWP in supporting workers’ mental health and well-being, reducing presenteeism, absenteeism, and turnover, and increasing work-life integration. Ryan and Kossek (2008)⁴¹ provide an excellent model titled “*Architecture for Intangibles*” that succinctly captures many of our findings regarding the role of supervisor support for FWP, universality of FWP, negotiability of individualized FWP, and communication about FWP as indicators of successful implementation and outcomes of FWP. Implementing the evidenced-based recommendations above can serve as a starting place to support work organizations in achieving their goals of supporting workers’ mental health and well-being, while simultaneously improving productivity and related workplace outcomes.

8. References

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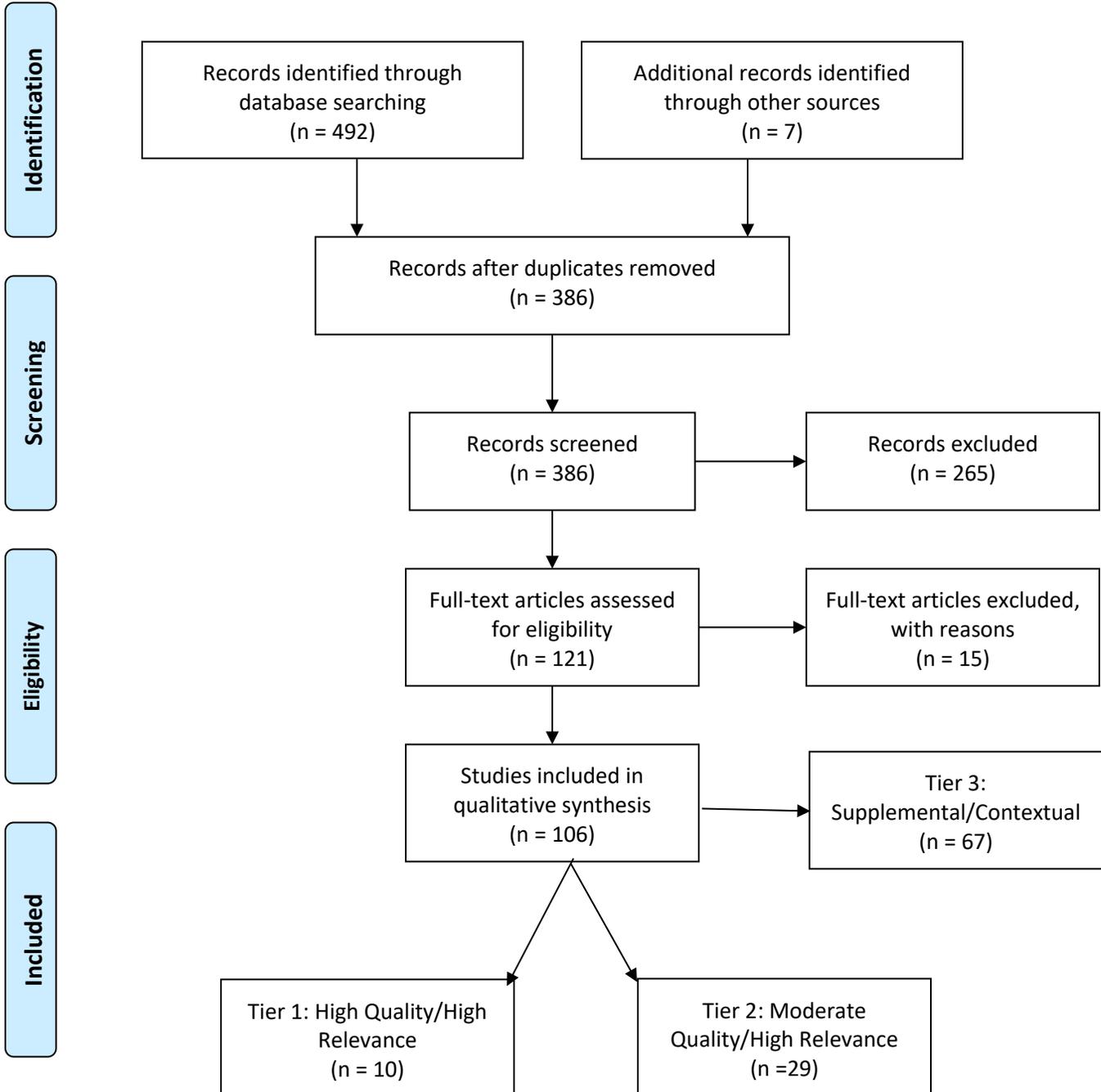
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Appendix A

PRISMA Flow Diagram



Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

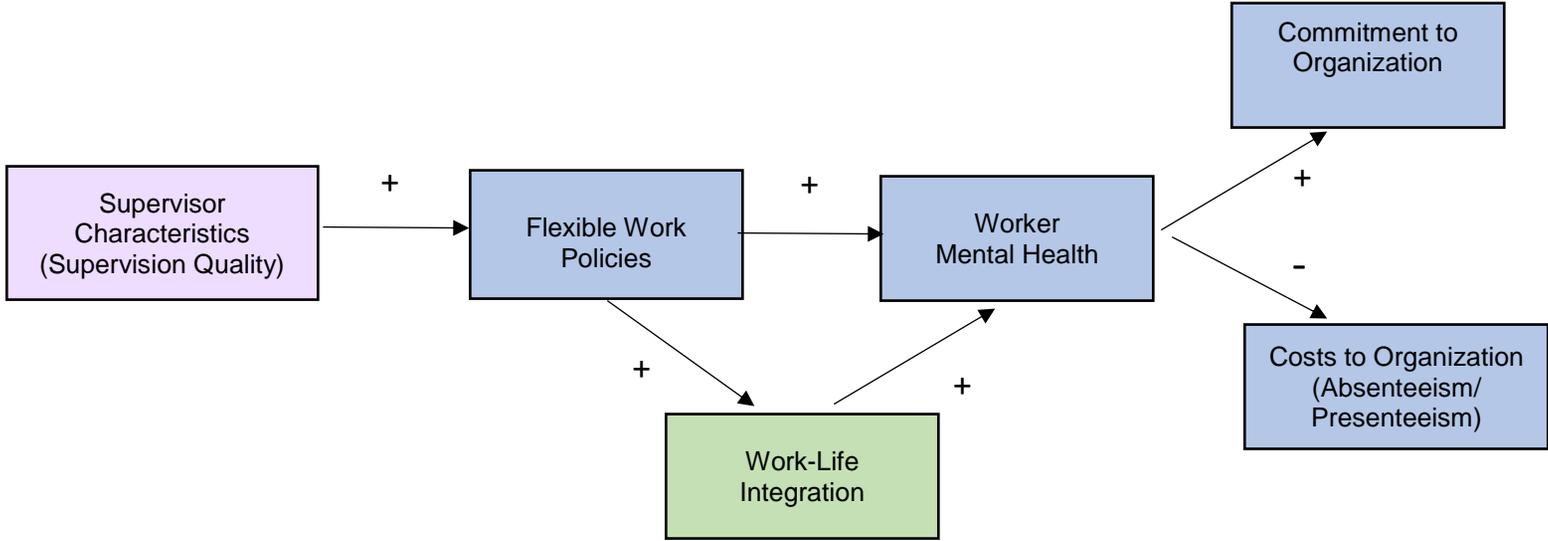
Eligibility criteria:

- The highest quality of evidence can be found in well designed and well-executed randomized control trials (RCTS), followed by studies using quasi-experimental designs. Although less rigorous, correlational studies will also be considered.
- Written (or translated) in English
- To ensure contemporary relevance, only publications from 1990 or later will be considered.
- Study populations are limited to adults (18+ years old) but not constrained to any given industry, geography, or demographic.
- Studies must address at least two of the three primary project constructs in the same study: flexible workplace policies, employee mental and/or behavioral health, and supervisor characteristics/supervisory practices.
 - Flexible workplace policies must include at least one of the following: flexible time and/or flexible locale (e.g., remote work). Additional flexible work policies will be considered if reported.
- Studies may be cross-sectional or longitudinal.
- Studies may utilize one-group or multiple groups.
- Studies must be publicly available.

Search strategy consists of three distinct literature sources; the following sources will be reviewed (at a minimum)

- Clearinghouses
 - Cochran Collaboration
 - Campbell Collaboration
- Bibliographic Databases
 - Applied Social Sciences Index and Abstracts (ASSIA)
 - Education Resources Information Center (ERIC)
 - PsycINFO
 - Social Sciences Citation Index (SSCI)
 - Business Source Premier
 - Family and Society Studies Worldwide
 - Gale Business Collection
- Grey Literature
 - Websites of federal, state, foundation, and private agencies who sponsor or conduct relevant research in order to identify any additional potentially eligible studies that may not be indexed in the standard electronic databases.

Appendix B
Model of Flexible Work Policies Benefits*



- Halpern's Original Model
- New Component of Project
- New Outcome of Project

*Adapted from Halpern, D.F. (2005). How time-flexible work policies can improve stress, improve health, and save money. *Stress and Health*, 21, 157-168.