Employee Well-Being and Digital Work during the COVID-19 Pandemic

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Abstract: The digitalisation of work is resulting in a transformation in the relationship between employees and employers as well as the perception of quality of life. Under the conditions of the COVID-19 pandemic, individuals whose work could be done with digital tools were directed to work remotely. Performing work duties at a distance from the workplace, colleagues, and supervisors affects the workplace resources available to employees and can have an impact on employee well-being. The main purpose of this paper is to analyse the relationship between remote working and employee well-being. The research hypothesis was that there is a relationship between employee well-being and the level of digitisation of work performed, as measured by the frequency of remote working. This article presents the results of empirical research conducted in January 2021, using the CAWI method, on a representative sample of Polish workers (n = 1000). An exploratory factor analysis and logistic regression were carried out. The results point to the three-dimensional nature of employee well-being, which includes workplace relationships, health, and work–life balance. Based on the results, working exclusively remotely was shown to negatively affect well-being in terms of workplace relationships and work–life balance. There was no statistically significant association between remote working and subjective health assessment. The results have important implications for the management of employee well-being in remote working settings. Originality/value lies in the fact that the article provides practical guidance in planning hybrid work arrangements.

Keywords: corporate social responsibility; employee well-being; digital work; COVID-19

1. Introduction

The COVID-19 pandemic caused sudden changes in work organisation (e.g., working from home, virtual teamwork) and affected workers (e.g., through social distancing, stress, and unemployment) [1]. It has imposed the need to digitise work and focused on the quality of life and health of employees. Studies have shown negative effects of COVID-19 on well-being [2], job satisfaction, and family life [3]. Throughout the pandemic, employee well-being has become one of the main priorities of employers [4].

The responses of organisations to the pandemic have taken into account the need to respond to changes in employee needs. This has resulted in a heightened focus on corporate social responsibility (CSR) [5] and organisations are placing increasing importance on the well-being of their employees [6]. They have been introducing various work-integrated learning programmes or embedding a well-being approach in their organisational culture. Through this, they are not only contributing toward the improvement of employee moods but also providing working conditions conducive to high performance [7]. As many as 80% of organisations operating globally (71% in Poland) declare that employee well-being is important or very important for their success [8]. However, only 12% (10% in Poland) express full readiness to implement this approach. This limited interest in practice results in a research gap on the components of employee well-being and its relationship with digital work performance [9,10].
The dynamics of the pandemic environment have made it necessary for organisations to act and make decisions based on individual experiences. As they have been unable to experiment with different approaches, they have instead been selecting those with proven effectiveness. Lack of knowledge regarding optimal solutions can potentially lead to repeated disruptions in the organisation. The sudden, rapid need for the digitalisation of work from the COVID-19 pandemic resulted in challenges in the spheres of maintaining work efficiency, commitment, and work–life balance. There is therefore a pressing need for up-to-date research on employee well-being.

Although every activity, even those performed in the office without the use of technology, requires a degree of digital support, “remote work” involves the extensive use of new technologies in the performance of daily duties. For the purpose of this article, the terms “remote work”, “telecommuting”, and “digital work” are used interchangeably.

The present article aims to explore the relationship between employee well-being and digital working by adopting the following research hypothesis: there is a relationship between employee well-being and the level of digitisation of work performed, measured by the frequency of remote work. The analysis is based on the results of a survey of Polish workers on their opinions of employee well-being, which was conducted during the COVID-19 pandemic in January 2021. The article is structured in three sections: (1) a theoretical introduction on the essence and research models of employee well-being and the characteristics of remote working in Poland during the pandemic, (2) a section devoted to the methodology of empirical research, including a description of the aim, assumptions, and the research sample, and (3) a section presenting the results of statistical analyses, ending with conclusions.

2. Theoretical Background

2.1. Employee Well-Being

Organisations’ efforts to promote employee well-being stem from the concept of corporate social responsibility, which reflects the initiatives that a company undertakes to positively influence society and contribute to its well-being [11]. One of the main objectives of these activities is to maximise the positive and minimise the negative impacts of the company on the environment [12]. Through CSR initiatives, organisations reveal to their stakeholders that they care about society, the environment, and their employees [13,14]. CSR initiatives include creating working conditions where employees are healthy and happy, which are especially relevant in times of a pandemic. The bidirectional relationship between CSR and employee well-being has been confirmed by research [15–17].

The notion of well-being can be analysed from different standpoints. From a macro perspective, it includes dimensions such as life expectancy, poverty rates, and environmental factors. From the individual’s point of view, it includes subjective or psychological measures of a person’s well-being—an individual’s assessment of their quality of life and employment, which is determined through three main aspects: physical, social, and psychological. Well-being, i.e., the state in which a person feels good, healthy, and happy, is associated with connecting to all spheres of life, among which work activity and occupational functioning play a special role.

Subsequent analyses have identified the category of employee well-being, although it still lacks a clear definition [18–23]. However, one comprehensive definition of employee well-being is given by the World Health Organization—at its core, it is the state of each employee in which they understand their capabilities, cope with life stresses, work productively, and contribute to their community [24]. Research indicates that in the work process, psychological well-being is the most important well-being factor [25]. Well-being is therefore conceptualised using the construct of psychological well-being [26], based on an individual’s development and self-actualisation along six dimensions: positive attitudes toward oneself, trusting interpersonal relationships, a sense of freedom from unacceptable norms governing everyday life, opportunities to control and contribute to one’s environment, a sense of purpose in life, and opportunities to develop one’s potential. The first three
dimensions are derived from theories of self-actualisation and self-determination [26,27]. The last three are derived from the concepts of mastery and optimal functioning. A separate stream of research on workplace well-being has also emerged in the literature, defined as the comprehensive experiences and function of an employee in both physical and psychological dimensions [28]. This construct corresponds to the specificity of work performed in stable conditions and subordinated structures.

Research into employee well-being with regard to human resource management utilises the five-element PERMA model, in which P is positive emotion, E is engagement, R is positive relationships, M is meaning, and A is accomplishments/achievements [21].

Another concept is a three-dimensional model [20] consisting of the following components: health, happiness, and relationships [29]. The first dimension describes well-being in terms of mental and physical health as well as their proper function. The second consists of two aspects of happiness: experiencing hedonistic pleasure at work and the eudemonistic perception of work as meaningful and engaging [30]. The relational dimension considers the perception of the quality of the employee’s interpersonal relationships and includes aspects such as trust, fairness in the workplace, and social support [31]. This model was the inspiration for the methodological assumptions of the present research project.

Well-being can be diagnosed using tools aimed at employees and employers. Diagnostic instruments aimed at employees cover multiple dimensions, including quality of life, meaning in work, likelihood of burnout, severe fatigue, work–life integration, and suicidal ideation (e.g., Employee Well-Being Index) [32]. The Gallup and Sharecare Well-being Index scale consists of five items: (1) having a positive attitude toward daily activities and motivation to achieve goals, (2) having supportive relationships with others in one’s life, (3) being financially secure, (4) feeling safe and proud to belong to a certain community, and (5) having good health and enough energy to perform tasks on a daily basis [33]. This tool was used to prepare the study design.

2.2. Digital Work in Poland during the COVID-19 Pandemic

Exploring the relationship between digital work and employee well-being in Poland during the COVID-19 crisis requires an understanding of local labour market conditions. The effects of the COVID-19 pandemic were quickly shown in the Polish labour market. An increase in the number of unemployed was observed due to growth in the economically active population alongside a simultaneous decrease in the number of job offers. The number of economically active persons in the third quarter of 2020 amounted to 17.2 million, which was up by 423 thousand (2.5%) relative to the second quarter of 2020 and by 73 thousand (0.4%) compared to the same period in 2019 [34]. In April 2020, 57 thousand job vacancies were reported to labour offices, 20 thousand (26%) less than in March 2020. In November 2020, seven months later, 79 thousand vacancies were reported to labour offices; 21 thousand (21.2%) less than a month earlier [35,36]. Due to the decreasing number of job offers and an increase in the number of economically active people, the unemployment rate grew, reaching 5.7% in April 2020 and 6.1% in November 2020. A month after the start of the crisis, 964.8 thousand unemployed were registered in labour offices (55.4 thousand more than a month earlier) and by November 2020 this number had increased to over 1 million [34,37].

The pandemic has forced a change in the way work is done. Many employees, especially those doing office work, were forced to stay at home and change to methods of telecommuting. Some people whose tasks required them to be present at the workplace were directed to hybrid work, allowing them to be present on the company’s premises only during designated times.

The pandemic has had an impact on changing people’s quality of life in general, with particular effects in the context of work. It has forced decisions regarding the establishment of remote work and the management of employees in new conditions without access to data evaluating their impact due to the previous low popularity of this type of work. At the end of 2019, only 345 thousand of the 16.4 million working population of Poland
were performing their work duties outside the workplace [37]. During the pandemic, the number of people working remotely increased exponentially. In the second quarter of 2020, the number of people usually doing their work from home reached 2.1 million (which accounted for 13.1% of all those employed) and had doubled compared to the first quarter of 2020. The majority of those working at home (72.5%) were doing so due to the COVID-19 pandemic [38].

Research shows that Polish employees generally accept the remote form of work—88% of workers surveyed in August 2020 by ManpowerGroup wish to remain telecommuting to a certain degree, of which 13% expect to be able to work from home full-time [39]. A hybrid model, i.e., working partly in the office and partly remotely, was identified as being the most desirable by 75% of respondents. Most of them (54%) would like to work remotely for up to 10 days per month, while 46% would prefer a higher number of days working from home. Only 12% would like to return to the office full-time. The majority of employers (55%) plan to stay with remote working, with 2% preferring to adopt a full-time approach and 53% a hybrid model. Among their organisations, 54% of employers intend to offer their employees up to 10 days per month of working from home and 46% intend to offer more days than this. One in four organisations plan to return to full-time working in the office, while one in five have not yet made their plans clear [39].

This growing popularity of remote working and the interest in maintaining it once the pandemic has subsided justifies the need for research into its impact on employee well-being.

3. Materials and Methods

The present research aimed to analyse the well-being of Polish employees during the COVID-19 pandemic. Data were collected in January 2021 through a survey conducted on a sample of economically active Polish workers (n = 1000) using the CAWI method based on a nationwide, accredited research panel. The representativeness of the sample was achieved using random sampling. The research was dominated by respondents with higher education (52%) and employed on the basis of an employment contract (77%) in the private sector (77%). The research sample was balanced in terms of gender (55% male and 45% female) and age (each of the four age groups covered between 18% and 28% of respondents). More than half (56%) of respondents had not worked remotely during the pandemic. The remainder had worked remotely for less than 1 day per week (13%) to full-time remote work (10%). Health care workers played a special role during the pandemic as they were classified as essential workers. The difficult epidemic situation resulted in longer working hours, increased stress, and anxiety. At the same time, limited opportunities to work remotely and contact with infected people may have had a particular impact on well-being. Therefore, work in health care, which made up 20% of the sample, was separated in the metrics for comparison to other industries.

Detailed characteristics of the research sample are presented in Table 1.

Table 1. Structure of the research sample.

| Characteristic | % of the Sample |
|----------------|------------------|
| Gender         |                  |
| Female         | 45%              |
| Male           | 55%              |
| Age            |                  |
| 18–29          | 18%              |
| 30–39          | 28%              |
| 40–49          | 27%              |
| over 50        | 27%              |
| Education      |                  |
| Vocational     | 8%               |
| Secondary      | 41%              |
| Higher         | 52%              |
Table 1. Cont.

| Characteristic       | % of the Sample |
|----------------------|-----------------|
| Form of employment   |                 |
| Employment contract  | 77%             |
| Civil law agreement  | 9%              |
| Own business (b2b)   | 14%             |
| Size of company      |                 |
| Up to 50 employees   | 42%             |
| 50–249 employees     | 27%             |
| 250–500 employees    | 12%             |
| Over 500 employees   | 9%              |
| Sector               |                 |
| Public               | 20%             |
| Private              | 77%             |
| Foundations, associations and others | 3%         |
| Health care          |                 |
| Health care          | 20%             |
| Others               | 80%             |
| Remote work          |                 |
| Not working remotely | 56%             |
| Less than 1 day per week | 13%         |
| 1–2 days per week    | 14%             |
| 3–4 days per week    | 7%              |
| Fully remote working | 10%             |

The survey consisted of 22 questions relating to respondents’ views on particular aspects of employee well-being, engagement, and evaluation of remuneration fairness. Using the Angoff Method on Cutoff Scores and Judgment Consensus, questions related to engagement and pay equity were identified and excluded. Finally, for the purpose of this article, responses to nine questions related to employee well-being perceptions were analysed. The questions assessing employee well-being were adapted from the diagnostic tool “Gallup-Healthways, Well-Being 5 Index” [40]. Four dimensions from the above tool were included in the research:

- **Purpose**, i.e., liking what you do every day and being motivated to achieve your goals—examined through questions exploring job satisfaction and being able to do what you do best (questions 7 and 8 in Table 2)
- **Relationships**, i.e., having supportive relationships in one’s life—examined through items diagnosing the evaluation of the quality and partnership in the relationship with the supervisor (questions 2 and 3 in Table 2)
- **Community**, i.e., being satisfied with where you are and feeling safe in your own community—examined using questions identifying trust and team atmosphere (questions 1 and 4 in Table 2)
- **Health**, i.e., good health and enough energy to get things done on a daily basis—explored through questions about the adequacy of health to fulfil the job and hope for the future (questions 5 and 6 in Table 2)

Table 2. Rotated component matrix—“employee well-being”.

| Item                                                                 | Workplace Relationship | Physical and Mental Health | Work–Life Balance |
|----------------------------------------------------------------------|------------------------|----------------------------|-------------------|
| 1. There is a nice and friendly atmosphere in my team.               | 0.503                  | 0.187                      | 0.063             |
| 2. My relationship with my supervisor is very good.                 | 0.748                  | −0.031                     | 0.061             |
| 3. My supervisor treats me more like a partner than a subordinate.  | 0.772                  | −0.012                     | −0.089            |
| 4. I have confidence in my colleagues and supervisor.               | 0.798                  | 0.022                      | −0.024            |
| 5. My health and physical condition are suitable for the work I do.  | −0.031                 | 0.539                      | 0.212             |
| 6. I look to the future with hope and enthusiasm.                   | 0.137                  | 0.302                      | 0.278             |
| 7. My work gives me satisfaction.                                   | 0.023                  | 0.918                      | −0.197            |
| 8. I do my best at work every day.                                  | −0.016                 | 0.692                      | −0.016            |
| 9. I have a good balance between work and personal life.            | −0.025                 | −0.156                     | 0.951             |
The Gallup-Healthways global survey shows that Polish people assess their well-being at a level similar to that of Western European countries. The exception is the financial dimension, which, for example, is assessed positively by 55% of respondents in neighbouring Germany, but only by 31% in Poland [41]. Due to the atypical results of Polish employees in their assessment of well-being in the financial area, this dimension was not included in the analysis of employee well-being. Additionally, a question on the assessment of work–life balance was added (question 9 in Table 2). Although this is not a component of the Gallup-Healthways tool, research suggests that it significantly forms an indicator of employee well-being [42].

Respondents rated statements on a five-point Likert scale, with 1 being ‘strongly disagree’ and 5 being ‘strongly agree’. Calculations were performed using the statistical package R (version 4.0.2).

Exploratory factor analysis (EFA) with Promax rotation and with Kaiser normalisation was conducted to isolate the factors responsible for employee well-being based on the questions asked in the survey. The KMO coefficient was 0.904, meaning it was close to 1, and Bartlett’s test of sphericity (approximate chi-squared = 4126.47; 36 degrees of freedom) was statistically significant. Both measures indicate the validity of performing an EFA on the dataset.

As a result of the exploratory factor analysis, it was concluded that there was a solid basis for differentiating between three components of employee well-being, respectively named:
1. “Workplace relationships”—atmosphere, relationship with supervisor, camaraderie, and trust
2. “Physical and mental health”—physical condition appropriate to perform the job, hope for the future, job satisfaction, and the opportunity to do one’s best
3. “Work–life balance”

The factor structure explained more than 68.4% of the variation in the entire study construct and the limiting value of the component loadings was 0.3. Table 2 presents the statements included in the individual extracted components and the levels of the factor loadings.

4. Results

To determine the impact of telecommuting on the identified employee well-being factors, three logistic regression models were estimated—a separate one for each of the three components. The response variables in each model were the employee well-being factors: “workplace relationships”, “physical and mental health”, and “work–life balance”. The explanatory variable was “remote working”. Three control variables were included in each model: “sector”, “health care”, and “size of the company”, relating to the type of organisations in which the respondents were employed.

First, the descriptive statistics of the individual employee well-being factors examined were counted (Table 3).

| Item                        | n   | Mean | SD   | Median | Min | Max |
|-----------------------------|-----|------|------|--------|-----|-----|
| Workplace relationships     | 1000| 3.70 | 0.855| 3.75   | 1   | 5   |
| Physical and mental health  | 1000| 3.82 | 0.785| 4.00   | 1   | 5   |
| Work–life balance           | 1000| 3.76 | 0.993| 4.00   | 1   | 5   |

The analysis was conducted using logistic regression to make it possible to examine the influence of explanatory variables on the dichotomous response variable. To be able to analyse the logistic regression models, it was necessary to determine a uniform index within each of the components of employee well-being. Given that the scores for all three factors were derived from the Likert scale, they were divided into two groups in relation
to the median values. The following measures of individual employee well-being factors were adopted:

- “Workplace relationships” = 1 for values ≥ 3.75, 0 for values < 3.75
- “Physical and mental health” = 1 for values ≥ 4.0, 0 for values < 4.0
- “Work–life balance” = 1 for values ≥ 4.0, 0 for values < 4.0

For each of the examined variables, a reference value was adopted, i.e., one against which comparisons were made. In the case of “remote working”, the reference value was the declaration by the employee that he/she did not work remotely. Situations in which remote work was carried out with varying frequency, from less than once a week to exclusive remote work, were referred to through the lack of remote working. For “sector”, the public sector was taken as the reference value, with the private sector and the category combining foundations with associations being referred to. For the variable defining work in “health care”, the reference was the exercise of work in this industry and for the “size of the company”, the smallest organisations, i.e., up to 50 employees, were taken as the reference value. Their share in the surveyed sample was the highest (42%).

Based on the results obtained, we can conclude that “remote working” has a significant impact on the first of the identified employee well-being factors—“workplace relationships” (Table 4). The odds ratio for the “workplace relationships” factor to be greater than or equal to the median level in the survey (3.75) was less than 1 for both working remotely 1–2 days per week (0.66) and when working fully remotely (0.5). This implies that working remotely 1–2 days per week or working remotely full-time decreases the probability of well-being in the “workplace Relationships” dimension compared to not working remotely.

Table 4. A logistic model explaining the chance of well-being—“workplace relationships” factor.

| Variable                  | Reference Category                | Coefficient | Std. Error | Stat. Z | p-Value | OR       | Lower Bound of the Conf. Interval | Upper Bound of the Conf. Interval |
|---------------------------|-----------------------------------|-------------|------------|---------|---------|----------|----------------------------------|----------------------------------|
| Intercept                 |                                   | −0.440      | 0.207      | −2.123  | 0.034   | 0.644    | 0.428                            | 0.965                            |
| Sector                    | Private Foundations, associations, and others | −0.213      | 0.167      | −1.280  | 0.201   | 0.808    | 0.583                            | 1.121                            |
|                           | Public                            | −0.383      | 0.396      | −0.966  | 0.334   | 0.682    | 0.306                            | 1.464                            |
| Health care               | Others                            | 0.429       | 0.174      | 2.457   | 0.014   | 1.535    | 1.094                            | 2.169                            |
|                           | Health care                       |             |            |         |         |          |                                  |                                  |
|                           | Others                            |             |            |         |         |          |                                  |                                  |
|                           | Health care                       |             |            |         |         |          |                                  |                                  |
|                           | 50–249 employees                  | 0.182       | 0.166      | 1.101   | 0.271   | 1.200    | 0.867                            | 1.661                            |
|                           | 250–500 employees                 | 0.323       | 0.215      | 1.504   | 0.133   | 1.382    | 0.906                            | 2.107                            |
|                           | Over 500 employees                | 0.041       | 0.187      | 0.218   | 0.827   | 1.042    | 0.721                            | 1.501                            |
| Remote work               | Less than 1 day per week          | −0.261      | 0.202      | −1.292  | 0.196   | 0.771    | 0.517                            | 1.141                            |
|                           | 1–2 days per week                 | −0.413      | 0.197      | −2.096  | 0.036   | 0.661    | 0.447                            | 0.970                            |
|                           | remotely                           | −0.022      | 0.253      | −0.088  | 0.930   | 0.978    | 0.592                            | 1.606                            |
|                           | Fully remote working              | −0.667      | 0.238      | −2.802  | 0.005   | 0.513    | 0.318                            | 0.811                            |

Of the control variables, a significant relationship linked “health care” with employees’ ratings of “workplace relationships”. Based on the analysis, the chance that the value of the “workplace relationships” factor would indicate a level greater than or equal to the median in the survey was approximately 1.5 times higher when working in other industries compared to health care.

Due to a lack of statistical significance, no relationship could be established between the factor “physical and mental health” and the factor “remote working” based on the findings (Table 5). Of the control variables, work in the “health care” industry was the only
statistically significant relationship linked with this factor. Based on the analysis, we can conclude the chance that the score of the factor “physical and mental health” will indicate a value greater than or equal to the median in the study (4.0) is approximately 3.2 times higher for jobs in industries other than health care, assuming a constant value of the other parameters of the model.

Table 5. A logistic model explaining the chance of well-being—“physical and mental health” factor.

| Variable                        | Reference Category                      | Coefficient | Std. Error | Stat. Z | p-Value | OR   | Lower Bound of Conf. Interval | Upper Bound of Conf. Interval |
|---------------------------------|----------------------------------------|-------------|------------|---------|---------|------|------------------------------|-----------------------------|
| Intercept                       |                                        | −1.141      | 0.220      | −5.177  | <0.001  | 0.329| 0.206                       | 0.489                       |
| Sector                          | Private, Foundations, associations, and others | −0.042      | 0.170      | −0.249  | 0.804   | 0.959| 0.687                       | 13.37                      |
|                                 | Public                                  | −0.101      | 0.390      | −0.259  | 0.796   | 0.904| 0.417                       | 19.43                      |
| Health care                     | Others                                  | 1.156       | 0.187      | 6.194   | <0.001  | 3.176| 2.218                       | 46.14                      |
| Size of company                 | Up to 50 employees                      | 0.095       | 0.166      | 0.573   | 0.566   | 1.100| 0.794                       | 15.24                      |
|                                 | 250-500 employees                       | 0.303       | 0.217      | 1.395   | 0.163   | 1.354| 0.884                       | 20.75                      |
|                                 | Over 500 employees                      | 0.282       | 0.186      | 1.514   | 0.130   | 1.325| 0.921                       | 19.10                      |
| Remote work                     | Less than 1 day per week                | −0.093      | 0.204      | −0.454  | 0.650   | 0.912| 0.610                       | 1358                      |
|                                 | 1-2 days per week                       | −0.075      | 0.195      | −0.384  | 0.701   | 0.928| 0.632                       | 1359                      |
|                                 | 3-4 days per week                       | 0.281       | 0.259      | 1.088   | 0.277   | 1.325| 0.800                       | 22.12                      |
|                                 | Fully remote working                    | −0.350      | 0.227      | −1.540  | 0.123   | 0.704| 0.449                       | 109.7                      |

The results indicate that there is a statistically significant relationship between “work–life balance” assessment and “remote working” (Table 6). The coefficient for the chance that the “work–life balance” score would indicate a value greater than or equal to the survey median (4.0) was less than one (0.58), i.e., the chance of work–life balance well-being was decreasing for fully remote work relative to office-based work.

Table 6. A logistic model explaining the chance of well-being—“work–life balance” factor.

| Variable                        | Reference Category                      | Coefficient | Std. Error | Stat. Z | p-Value | OR   | Lower Bound of Conf. Interval | Upper Bound of Conf. Interval |
|---------------------------------|----------------------------------------|-------------|------------|---------|---------|------|------------------------------|-----------------------------|
| Intercept                       |                                        | −0.431      | 0.209      | −2.059  | 0.039   | 0.650| 0.429                       | 0.977                       |
| Sector                          | Private, Foundations, associations, and others | −0.039      | 0.173      | −0.226  | 0.821   | 0.962| 0.687                       | 1354                      |
|                                 | Public                                  | −0.194      | 0.415      | −0.468  | 0.639   | 0.823| 0.352                       | 18.15                      |
| Health care                     | Others                                  | −0.233      | 0.172      | −1.356  | 0.175   | 0.792| 0.566                       | 11.12                      |
| Size of company                 | Up to 50 employees                      | −0.005      | 0.172      | −0.031  | 0.975   | 0.995| 0.710                       | 1.391                      |
|                                 | Over 500 employees                      | −0.137      | 0.227      | −0.605  | 0.545   | 0.872| 0.555                       | 13.52                      |
| Remote work                     | Less than 1 day per week                | 0.389       | 0.200      | 1.948   | 0.051   | 1.476| 0.995                       | 21.81                      |
|                                 | 1-2 days per week                       | 0.163       | 0.198      | 0.822   | 0.411   | 1.177| 0.795                       | 17.31                      |
|                                 | 3-4 days per week                       | 0.176       | 0.260      | 0.675   | 0.500   | 1.192| 0.709                       | 19.73                      |
|                                 | Fully remote working                    | −0.542      | 0.260      | −2.088  | 0.037   | 0.581| 0.342                       | 0.952                      |
5. Discussion

The conducted research indicates that in the case of workers in Poland, employee well-being consists of three factors. The results obtained from the exploration of the collected data allow us to extend the knowledge by proposing a model including workplace relationships, physical and mental health, and work–life balance. The first of these addresses the relationship with superiors and co-workers. It includes the assessment of the atmosphere—perceiving it as accommodating and approachable—and also a positive evaluation of the relationship with the superior and the belief that he/she treats the employee as a partner rather than a subordinate. A component of this dimension is also the declaration of trust in colleagues and the supervisor. This is the lowest rated workplace well-being factor by Polish employees. The second well-being factor of Polish employees is the belief that their physical and mental health is in good condition. It includes the assertion that the employee’s health and psycho-physical condition is adequate relative to the performed job. It includes job satisfaction, a generally positive attitude toward the future, and the ability to do what one does best every day. Physical and mental health is the highest-rated employee well-being factor by Polish employees. The last component is the employees’ belief that they have a balance between work and personal life.

There is a consensus in the literature on the difficulty of maintaining a work–life balance when working exclusively remotely [1]. When working from home, it is difficult to draw lines between work and non-work [43]. During the pandemic, in addition to coping with the increased workload that can result from the shift to remote working, workers had to also cope with childcare due to the widespread suspension of schools and training, as well as ongoing concerns about the health of family and friends. The additional demands have blurred work and family roles, making it difficult to maintain appropriate boundaries between work and family [44]. The present research has confirmed the validity of these claims in the case of Polish workers during the COVID-19 pandemic by indicating that exclusive remote working negatively affects an employee’s work–life balance. Employers aiming to support remote work should favour hybrid solutions—combining aspects of remote working with presence in the workplace. One way in which employers could support workers balancing blurred work–family roles could be to provide information and support, e.g., information about whether and when local childcare or eldercare options are available, as well as self-development and training opportunities that can help workers adapt to changing roles and demands [45].

Research available in the literature suggests that social support and workplace relationships, particularly with the supervisor, influence work during a pandemic [46]. Social support is an important factor in well-being. It improves happiness levels, which in turn helps to increase physical health and well-being [47]. In addition, the empathy and shared responsibility that social support brings helps employees overcome the stress caused by social distance [48]. Remote working significantly limits the opportunities for supportive relationships in the workplace. The present study concluded that telecommuting performed full-time or 1–2 days per week reduces the likelihood of high well-being scores in the “workplace relationships” factor. Lack of personal contact with the supervisor and co-workers negatively affects trust in others and assessment of the atmosphere in the workplace. In the case of exclusive remote work, the relationship with the supervisor is also rated lower. The situation is analogous in the case of hybrid work with a predominance of office-based work, i.e., remote work 1–2 days a week. In the present analysis, no relationship was found between occasional remote work (less than once a week) or frequent but not exclusive work (3–4 times a week) and the assessment of well-being in terms of relationships with colleagues and the supervisor. This means that employers concerned for the well-being of their employees should be cautious about the use of remote working on a permanent or exclusive basis. It would instead be advisable to use remote working occasionally, but not exclusively, from the perspective of well-being in the dimension of workplace relationships. These results extend the knowledge on the impact of remote working on relationships with co-workers, an important dimension of employee well-being. The need for research in this
area is indicated in the literature as first on the list of issues for future research in relation to COVID-19 and the workplace [1].

The study showed no relationship between the assessment of the factor “physical and mental health” and remote working. Based on the results, it is not possible to conclude an effect of remote working on employees’ positive perceptions of their own physical health, hope for a positive future, and job satisfaction. Results presented in the literature indicate that the pandemic has caused an increase in anxiety and depression [49] and it has also been previously shown that confronting negative life events influences an increased risk of mental and physical health problems [50]. On this basis, one would expect there to be a relationship between the remote nature of work and perceptions of mental and physical health. However, the results of our study do not verify this expectation. For Polish employees, the intensity of remote work is not a differentiating factor for subjective well-being in physical and mental health. Further research would be needed to identify the reason behind this lack of relationship. It may be that unfavourable pandemic conditions for mental and physical health have a similar effect on employees, regardless of their ability to work remotely.

6. Conclusions

The conducted research made it possible to positively verify the research hypothesis about the relationship between employees’ well-being and the level of digitalisation of their work, measured by the degree of telecommuting. The results were able to fill the research gap in terms of proving significant relationships between the studied constructs. They also provided information on the impact of remote working on factors making up employee well-being. The paper extends theoretical knowledge on the components of employee well-being by proposing a model including workplace relationships, physical and mental health, and work–life balance and their relationship with the intensity of remote working. Contrary to views expressed in the literature, the study found no statistically significant relationship between employees’ perceptions of physical and mental health and their remote work. Instead, it showed the existence of a significant impact of telecommuting on workplace relationships and the employee’s ability to maintain a work–life balance. These findings provide practical implications—important information in terms of its applicability, indicating desirable ways to shape well-being programmes in organisations.

Limitations and Future Research

The study captured the relationship between remote working with digital instruments and three exploratory dimensions of employee well-being. The research was conducted during the COVID-19 pandemic, which forced the process of digitisation and remote working. A static snapshot is presented as relationships were not explored longitudinally. As the factors examined are time-dependent and variable in nature, further research is needed to consider changes during and after the pandemic. In addition, employee well-being may change sometime after the onset of remote working, so a longitudinal study is therefore recommended.

As this study only concerned Polish employees, it would also be advisable to survey employees working in other countries and regions in order to generalise the results.

Research on employee well-being should take into account both perspectives—those of employees and their employers. The present study identified relationships between the constructs on a sample of employees. To get a complete picture, it would be advisable to conduct the study from the employers’ perspective as well. Furthermore, this study measured the constructs through the construction of an employee self-assessment questionnaire. Research validating the results through other sources of assessment is recommended.

Future research could explore related variables and their components in more detail. Additionally, future research could be expanded to include mediators and moderators of the relationship between employee well-being and digital work.
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