

## Compressed Workweek Pilot Survey

Employee Wellbeing Outcomes of a Compressed Workweek Pilot

Dr. Stephanie Gilbert, Associate Professor of Management, Cape Breton University

Internal IONS Contact

REB File #: 2022-058

Informed Consent Form

Dear Participant,

My name is Dr. Stephanie Gilbert. I am an Associate Professor of Management in the Shannon School of Business at Cape Breton University. I thank you for your interest in participating in this study of employees associated with testing employee outcomes (i.e., burnout, job attitudes, productivity) of a reduced workweek (going from 5 days to 4) in Nova Scotia non-profit organizations.

The purpose of this study is to understand how employees' experiences of a shorter work week may influence outcomes such as burnout, job attitudes, productivity, recovery, and satisfaction within the workplace. The reduced hour workweek pilot is intended to promote employee well-being, and this study will examine if it achieves this outcome.

This study will involve a series of surveys over the next few months' time. We will conduct longer, 30-minute surveys at the beginning, middle, and end of the pilot period as well as biweekly 10-minute surveys throughout the pilot. We ask that you consider participating in all surveys, as your data is very valuable especially when we can link it across time and see patterns of change as you transition to the compressed workweek.

To invite you to participate in the study, your organization has provided us with your email address. Your survey responses will be linked over time using a participant ID code, which will be stored along with your email address in a file that is separate from your survey responses. Once we finish data collection, the file linking response IDs to email addresses will be destroyed so that all data is de-identified.

There is a risk that some of the questions may make you feel uncomfortable. Please know that participation is voluntary and that you may decline to answer any question or discuss any topic or stop your participation at any time.

To protect your identity, all identifying names or references will be deleted from the dataset and your information will remain confidential and securely in my possession. No one at your organization will see your individual responses and only myself and my research assistant will have access to your data. Any research assistants working on the project will sign a confidentiality agreement to ensure your information remains private. Your participation in this study will have no influence on your employment status in your organization. Organizations who are participating in this study will receive aggregate reports only that show how the compressed workweek is affecting employee outcomes. Reports will only be provided to your organization if at least three employees have completed each survey, to further protect employee privacy. Data will be stored on password-protected computers and servers at CBU. I will not link your name to anything you say in any publications or presentations of this study. Aggregate, de-identified results will be disseminated to your organization in monthly reports and in a final report and in one or more academic publications or during public presentations. Monthly report

information is intended to allow your organization to be able to learn about the effects of the new schedule and adjust their practices surrounding the reduced hour workweek throughout the pilot if necessary to maximize benefit to employee wellbeing.

The research findings will benefit employees, employers, researchers and students in better understanding the needs of employees and how a compressed workweek addresses those needs.

If you have any additional questions concerning this research or your participation in it, please feel free to contact me at any time.

By consenting to proceed with this survey you have not waived any rights to legal recourse in the event of research-related harm. If you have any questions about this study, please contact me at [stephanie\\_gilbert@cbu.ca](mailto:stephanie_gilbert@cbu.ca) or 902-563-1926, This research has been reviewed and approved by the Cape Breton University Research Ethics Board. If you have any questions or concerns about this study, you may contact Dr. Bishakha Mazumdar, Chair of the REB at [bishahkha\\_mazumdar@cbu.ca](mailto:bishahkha_mazumdar@cbu.ca).

Thank you for your interest in participating. Stephanie Gilbert, PhD Department of Management Cape Breton University

- I consent to participate.
- I do not consent to participate.

## Compressed Workweek Pilot Survey

### Survey Instructions

This survey has seventeen questions and a section on demographics (age, family type, education, etc.). All questions are optional. Each of the seventeen questions has multiple ideas you will be asked to rate or agree/disagree with, please answer as many as you can, as honestly as you can, thinking about this present point in time.

In some questions, you will find that one line may speak to a positive trait or experience, and the next line may speak to a negative trait or experience. These are intentionally mixed in like this. As much as possible try to capture your initial reaction to the statement you read.

This is in no way a performance evaluation of you, your supervisor, or your co-workers. You may also find yourself wondering “how is this relevant”? This survey aims to take a broad approach to see how a reduced hour work week changes or impacts how we do our jobs, how we feel about our jobs, our relationships with our co-workers, supervisors, family, health, and well-being.

If you have any questions about words or ideas in the survey (what does this word mean? what do they mean by this question?) please reach out to the person in your organization who is responsible for overseeing the reduced hour work week.

## Reduced Hour Work Week as an Organizational Company Change

Please respond to the following questions about your organization's planned change to a reduced hour work week.

**SCALE: Strongly disagree, Somewhat disagree, Neither agree nor disagree, Somewhat agree, Strongly agree**

1. I believe in the value of this change.
2. This change is a good strategy for this organization.
3. I think that management is making a mistake by introducing this change.
4. This change serves an important purpose.
5. Things would be better without this change.
6. This change is not necessary.
7. I have no choice but to go along with this change.
8. I feel pressure to go along with this change.
9. I have too much at stake to resist this change.
10. It would be too costly for me to resist this change.
11. It would be risky to speak out against this change.
12. Resisting this change is not a viable option for me.
13. I feel a sense of duty to work toward this change.
14. I do not think it would be right of me to oppose this change.
15. I would not feel badly about opposing this change.
16. It would be irresponsible of me to resist this change.
17. I would feel guilty about opposing this change.
18. I do not feel any obligation to support this change.

#### Your Workload (how much work you are expected to do)

**SCALE: Strongly disagree, Somewhat disagree, Neither agree nor disagree, Somewhat agree, Strongly agree**

1. I usually have enough time to complete my work.
2. I have too much work to do.
3. I have to work very quickly to finish all of my tasks.
4. There is never enough time to finish all of my work.
5. I'm frequently behind in my work.

#### Your Work Experience

**SCALE: Strongly disagree, Somewhat disagree, Neither agree nor disagree, Somewhat agree, Strongly agree**

In order to work effectively since beginning the reduced hour work week:

1. I have had to learn new skills.
2. I have had to take additional training.
3. I have had to adjust my time management processes.
4. I have had to learn to use new tools (e.g., programs, technology).
5. I have adequate time to engage in training and professional development.
6. I have had to reduce my professional development in order to stay within my work hours.
7. My work conflicts with my personal life.
8. Because of work, I have had to miss family functions.

9. It is difficult to balance my work and life demands.
10. My family feels that I work too much.
11. I feel like I have to choose between my work and having a family.
12. Work gets in the way of time with my family and friends.
13. There is not enough recognition for good work in my job.
14. Nobody in authority appreciates my work.
15. I usually hear if I've done a good job.

### Leadership Scale

Please rate your direct-report supervisor/leader in terms of how frequently they engaged in the behaviour described below in the last 3 months. Please be realistic and answer in terms of how they typically behave. Remember your answers are confidential.

My leader...

**SCALE: Never, Sometimes, About half the time, Most of the time, Always**

1. Communicates a clear and positive vision of the future.
2. Treats others as individuals, support and encourage their development.
3. Gives encouragement and recognition to others.
4. Fosters trust, involvement, and co-operation among team members.
5. Encourages thinking about problems in new ways and questions.
6. Is clear about their values and practices what they preach.
7. Instills pride and respect in others and inspires them by doing their best.

### Co-worker Support

Indicate to what extent you agree with the following:

**SCALE: Strongly disagree, Somewhat disagree, Neither agree nor disagree, Somewhat agree, Strongly agree**

1. My coworkers strongly consider my goals and values
2. Help is available from my coworkers when I have problems.
3. My coworkers really care about my well-being.
4. My coworkers would forgive an honest mistake on my part.
5. My coworkers are willing to help me when I need a special favor.
6. If given the opportunity, my coworkers would take advantage of me.
7. My coworkers show very little concern for me.
8. My coworkers care about my opinions.

### Workplace Belonging and Commitment

The following questions concern your CURRENT feelings about your job.

**SCALE: Strongly disagree, Somewhat disagree, Neither agree nor disagree, Somewhat agree, Strongly agree**

1. I would be very happy to spend the rest of my career with this organization.
2. I really feel as if this organization's problems are my own.
3. I do not feel a strong sense of belonging to my organization.
4. I do not feel "emotionally attached" to this organization.

5. I do not feel like “part of the family” at my organization.
6. This organization has a great deal of personal meaning for me.

### Intentions to Stay

The following questions concern your CURRENT feelings about your job.

**SCALE: Definitely not, Probably not, Might or might not, Probably yes, Definitely yes**

1. To what extent would you prefer another more ideal job than the one you now work in?
2. To what extent have you thought seriously about changing organizations since beginning to work here?
3. If you have your own way, will you be working for this organization three years from now?

### Job Satisfaction

The following questions are about your CURRENT feelings about your job.

**SCALE: Strongly disagree, Somewhat disagree, Neither agree nor disagree, Somewhat agree, Strongly agree**

1. I feel fairly satisfied with my present job.
2. Most days I am enthusiastic about my work.
3. Each day of work seems like it will never end.
4. I find real enjoyment in my work.
5. I consider my job rather unpleasant.

### Psychological Safety at Work

The following questions are related to your feelings about your job, please use the scale below, to respond to the questions.

**SCALE: Strongly disagree, Somewhat disagree, Neither agree nor disagree, Somewhat agree, Strongly agree**

1. If you make a mistake in this organization, it is often held against you.
2. Members of this organization are able to bring up problems and tough issues.
3. People at this organization sometimes reject others for being different.
4. It is safe to take a risk at this organization.
5. It is difficult to ask other members of this organization for help.
6. No one at this organization would deliberately act in a way that undermines my efforts.
7. When working with members of this organization, my unique skills and talents are valued and utilized.

### Autonomy at Work

Indicate the extent to which you agree with the following statements about your job.

**SCALE: Strongly disagree, Somewhat disagree, Neither agree nor disagree, Somewhat agree, Strongly agree**

1. The job gives me a chance to use my personal initiative or judgment in carrying out the work.
2. The job allows me to make a lot of decisions on my own.
3. The job provides me with significant autonomy in making decisions.
4. The job allows me to make decisions about what methods I use to complete my work.
5. The job gives me considerable opportunity for independence and freedom in how I do the work.
6. The job allows me to decide on my own how to go about doing my work.

### **Rest and Time Away from Work (Work Recovery)**

Please respond to the following questions with respect to your free evenings and days off work.

**SCALE: Strongly disagree, Somewhat disagree, Neither agree nor disagree, Somewhat agree, Strongly agree**

1. I forget about work.
2. I don't think about work at all.
3. I distance myself from my work.
4. I get a break from the demands of work.
5. I kick back and relax. I do relaxing things.
6. I use this time to relax.
7. I use the time for leisure.
8. I learn new things.
9. I do things that challenge me.
10. I do something to broaden my horizons.
11. I feel like I can decide for myself what to do.
12. I decide my own schedule.
13. I determine for myself how I want to spend my time.
14. I take care of things the way I want them done.

### **Employee Engagement**

Please use the scale below to respond to the questions.

**SCALE: Strongly disagree, Somewhat disagree, Neither agree nor disagree, Somewhat agree, Strongly agree**

1. At my work, I feel bursting with energy.
2. At my job, I feel strong and vigorous.
3. I am enthusiastic about my job.
4. My job inspires me.
5. I feel happy when I am working intensely.
6. When I get up in the morning, I feel like going to work.
7. I am proud of the work that I do.
8. I am immersed in my work.
9. I get carried away when I am working.

## Physical and Mental Well-being

To what extent do you agree with the following statements?

**SCALE: Strongly disagree, Somewhat disagree, Neither agree nor disagree, Somewhat agree, Strongly agree**

1. Are you able to focus on achieving work goals?
2. Do you feel energetic enough to complete your work?
3. Are you able to focus on finding a solution when unexpected problems arose at work?
4. Are you able to finish hard tasks?
5. Are you able to work with other people on shared tasks?
6. Are the stresses of your job hard to handle?
7. Do you feel hopeless about finishing your work?
8. Do you find your attention wandering?
9. Are you tired because you lost sleep?
10. Do you need to take breaks from your work?
11. Are you unable to take satisfaction in your work?

## Stress Scale

Please use the scale below to respond to the questions.

**SCALE: Never, Sometimes, About half the time, Most of the time, Always**

1. In the last month, how often have you been upset because of something that happened unexpectedly?
2. In the last month, how often have you felt that you were unable to control the important things in your life?
3. In the last month, how often have you felt nervous and “stressed”?
4. In the last month, how often have you felt confident about your ability to handle your personal problems?
5. In the last month, how often have you felt that things were going your way?
6. In the last month, how often have you found that you could not cope with all the things that you had to do?
7. In the last month, how often have you been able to control irritations in your life?
8. In the last month, how often have you felt that you were on top of things?
9. In the last month, how often have you been angered because of things that were outside your control?

## Employee Burnout

Please indicate how frequently the following statements apply to you using the scale below.

**SCALE: Never, at least a few times a year, at least once a month, several times a month, once a week, several times a week, everyday**

1. I feel emotionally exhausted because of my work.
2. I feel worn out at the end of a working day.
3. I feel tired as soon as I get up in the morning and see a new working day stretched out in front of me.
4. I can easily understand the actions of my colleagues/supervisors.

5. I get the feeling that I treat some clients/colleagues impersonally, as if they were objects.
6. Working with people the whole day is stressful for me.
7. I deal with other people's problems successfully.
8. I feel burned out because of my work.
9. I feel that I influence other people positively through my work.
10. I have become more callous to people since I have started doing this job.
11. I'm afraid that my work makes me emotionally harder.
12. I feel full of energy.
13. I feel frustrated by my work.
14. I get the feeling that I work too hard.
15. I'm not really interested in what is going on with many of my colleagues.
16. Being in direct contact with people at work is too stressful.
17. I find it easy to build a relaxed atmosphere in my working environment.
18. I feel stimulated when I have been working closely with my colleagues.
19. I have achieved many rewarding objectives in my work.

**How many days have you been absent in the past 6 months for any reason \*except\* vacations and scheduled time off?**

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**How many days have you been absent in the past 6 months because of being sick or not feeling well?**

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### **Presenteeism**

First, please indicate the condition(s) that has affected you the most over the past 4 weeks, if any. This is your 'primary health condition' in the question below

- Allergies
- Arthritis or joint pain/stiffness
- Asthma
- Back or neck disorders
- Breathing disorders (bronchitis/emphysema)
- Depression, anxiety, or emotional disorder
- Heart or circulatory problem (artery disease, high blood pressure, angina)
- Migraines/chronic headaches
- Stomach or bowel disorder
- Other \_\_\_\_\_

Next, please think about your primary health condition that you indicated in the question above while answering the following questions.

Despite (or because of having) your primary health problem...



**SCALE: Strongly disagree, Somewhat disagree, Neither agree nor disagree, Somewhat agree, Strongly agree**

1. Because of my (health problem), the stresses of my job were much harder to handle
2. Despite having my (health problem) I was able to finish hard tasks in my work.
3. My (health problem) distracted me from taking pleasure in my work.
4. I felt hopeless about finishing certain work tasks, due to my (health problem).

**Job Performance (how you feel about your responsibilities and how well you execute your responsibilities).**

Please indicate the extent to which you agree with the following statements about the frequency with which you do the following at work:

**SCALE: Never, at least a few times a year, at least once a month, several times a month, once a week, several times a week, everyday**

1. Adequately complete assigned duties.
2. Fulfill responsibilities specified in job description.
3. Perform tasks that are expected of me.
4. Meet formal performance requirements of the job.
5. Engage in activities that will directly affect my performance evaluation.
6. Neglect aspects of the job I am obligated to perform.
7. Fail to perform essential duties.
8. Carry out the core parts of my job well.
9. Complete my core tasks well using the standard procedures.
10. Ensure my tasks are completed properly.
11. Help others who have been absent.
12. Help others who have heavy workloads.
13. Assist the supervisor with his/her work (when not asked).
14. Take time to listen to co-workers' problems and concerns.
15. Go out of the way to help new employees.
16. Take a personal interest in other employees.
17. Pass along information to co-workers.
18. Give advance notice when unable to come to work.
19. Take undeserved breaks from work.
20. Spends a great deal of time with personal phone conversations.
21. Complains about insignificant things at work.
22. Conserves and protects organizational property.

The following questions ask about basic demographic information. This is important so we can see who this change in ways of working is affecting positively, negatively, or otherwise.

\*As a reminder, your responses to all of the questions on this survey will be kept completely confidential and you will not be identified to your organization. You may also decline to answer any questions on the survey.

How long have you worked with your current organization, in years?

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Are you currently employed full-time or part-time?

- Full time (more than 35 hours per week)
- Part time (20-35 hours per week)
- Part time (but less than 20 hours per week)

Are you currently in a position of management or leadership where you formally supervise one or more direct report staff?

- Yes
- No

How long have you worked in your current position, in years?

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In your job description are you responsible for supervising other people?

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What is your age in years?

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How many people are in your household, including you?

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Do you have any minors/children under the age of 18 as your dependents currently living with you in your home?

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- Yes, how many \_\_\_\_\_
- No

Ages of Children

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Do you currently, consistently (i.e. in your home or through multiple visits/calls each week) care for aging parents, other relatives, or community members outside of work?

- Yes
- No

What is your gender identity?

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What is your Indigenous identity if applicable.

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What is your racial or ethnic background?

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What is your marital status?

- Single (never married)
- Married
- Common-law
- Divorced
- Widowed

What is the highest degree or level of school that you have completed?

- Less than a high school diploma
- High school diploma or equivalent
- College diploma or equivalent
- Bachelor's degree (e.g., BSc, BA)
- Master's degree (e.g., MSc, MA, MBA)
- Doctorate Degree (e.g., PhD, EdD)
- Professional Degree (e.g., MD, JD, DDS)

Employee Outcomes of a Compressed Workweek Pilot Dr. Stephanie Gilbert, Associate  
Professor of Management

Cape Breton University

REB File #: 2022-058

### **Debrief Statement**

Dear Participant:

Thank you for your time and interest in participating in this research study. The purpose of this study is to understand how employees' experiences of a shorter work week may influence outcomes such as burnout, job attitudes, productivity, recovery, and satisfaction within the workplace. The compressed workweek pilot is intended to promote employee well-being, and this study will examine if it achieves this outcome.

The information from this study will assist employees, employers, researchers and students to better understand the needs of employees and how they may be met through a compressed workweek schedule.

Your individual responses will remain confidential and will not be shown to anyone in your organization. Your survey responses will be linked over time using a participant ID code, which will be stored along with your email address in a file that is separate from your survey responses. Reports will only be provided to your organization if at least three employees have completed each survey, to further protect employee privacy.

Once we finish data collection, the file linking response IDs to email addresses will be destroyed so that all data is de-identified. You retain the right to withdraw your information from this project without giving a reason within 8 weeks of data collection. Monthly report information is intended to allow your organization to be able to learn about the effects of the new schedule and adjust their practices surrounding the compressed workweek throughout the pilot if necessary to maximize benefit to employee wellbeing.

If you are feeling any distress as a result of our survey I would be pleased to discuss with you where you could access support resources in your community or at your organization. Some examples include [www.wellnesstogether.ca](http://www.wellnesstogether.ca), <https://taoconnect.org/>, your local clergy person, or counselling via your employee assistance plan.

If you have any questions about this study, please contact me at [stephanie\\_gilbert@cbu.ca](mailto:stephanie_gilbert@cbu.ca) or 902-563-1926, This research has been reviewed and approved by the Cape Breton University Research Ethics Board. If you have any questions or concerns about this study, you may contact Dr. Bishakha Mazumdar, Chair of the REB at [bishahkha\\_mazumdar@cbu.ca](mailto:bishahkha_mazumdar@cbu.ca).

Thank you again for your participation. Stephanie Gilbert, PhD

Department of Management Cape Breton University

Would you like us to send you a copy of the study results at your email address on file when they become available?

- Yes
- No