

# When access to resources isn't enough: Engagement as the key to remote worker well-being

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## THE REMOTE WORK PARADOX

Remote work offers autonomy but autonomy without structure creates new demands. Without dedicated workspaces, predictable routines, and immediate colleagues, employees must independently manage the **conditions** of their work, not just the work itself (Wang et al., 2021).

**36%** of U.S. remote workers report burnout  
**27%** report significant loneliness

Both exceed global averages (Gallup, 2025). Yet few RCTs have tested scalable interventions.

**1,024**  
U.S. REMOTE & HYBRID WORKERS

**4**  
RANDOMIZED CONDITIONS

**6**  
MEASUREMENT OCCASSIONS

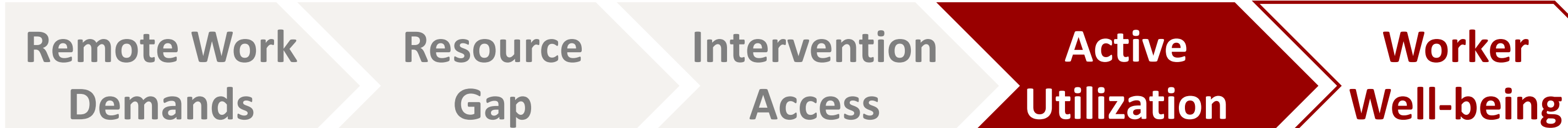
## EXPERIMENTAL DESIGN

Recruited via social media, randomized via Qualtrics. Weekly pulse surveys over 4 weeks plus baseline and endpoint.

**Primary outcomes:** well-being (*happiness + life satisfaction*)

**Analytical approach:** Multilevel modeling with *pre-registered* intent-to-treat (ITT) and treatment-on-the-treated (TOT) estimated separately

- CONDITION 1. Control** – survey only, no intervention materials
- CONDITION 2. Workspace Prompts** – weekly redesign tips targeting boundary clarity, distractions & ergonomics
- CONDITION 3. Prompts + Incentive** – same tips with a \$10 gift card to reduce adoption friction
- CONDITION 4. Planning Tool** – digital daily planner scaffolding goal-setting, time-blocking & reflection



## THEORETICAL BACKGROUND & HYPOTHESES

### JOB DEMANDS-RESOURCES (JD-R) MODEL

**All conditions** Remote work depletes structural resources; practical supports are likely to buffer the demand-strain link

### CHOICE ARCHITECTURE & IMPLEMENTATION INTENTIONS

**Conditions 2 & 3** Behavioral prompts and commitment devices reduce friction and bridge the intention-action gap

### ACTION REGULATION THEORY

**Condition 4** Scaffolds the cognitive action cycle (goal setting, planning, monitoring, and feedback) disrupted by unstructured remote work.

### PRE-REGISTERED HYPOTHESES

- ITT Effect:** Receiving supports will improve well-being vs. control
- Workspace Prompt Adoption:** Prompt adoption will mediate well-being
- Planning Tool Utilization:** Greater engagement will predict higher well-being

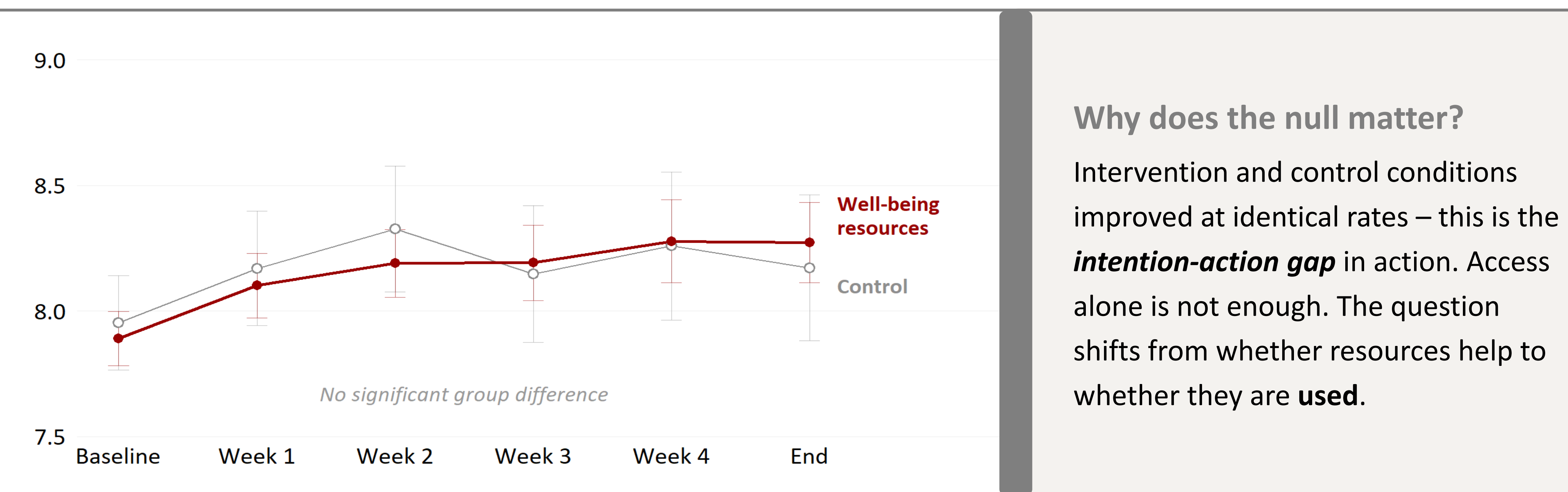


FIGURE 1. ITT: WELL-BEING OVER TIME BY CONDITION

### Why does the null matter?

Intervention and control conditions improved at identical rates – this is the **intention-action gap** in action. Access alone is not enough. The question shifts from whether resources help to whether they are **used**.

Does offering resources alone improve well-being – or does active utilization?

## Well-being improved through utilization, not access.

Employees who actively utilized workspace recommendations or consistently engaged with the planning tool reported significantly higher well-being. Assignment to an intervention condition alone conferred no advantage over control.

### ITT EFFECT

Simply receiving support was **not** significantly associated with better well-being vs. control across all conditions.

✖ NOT SUPPORTED

### WORKSPACE PROMPT ADOPTION

Adoption of recommendations mediated well-being gains in conditions 2 & 3. Mediation fully supported.

✔ SUPPORTED

### PLANNING TOOL UTILIZATION

Greater planning tool (condition 4) engagement associated with higher well-being – dose-response sustained over 4 weeks.

✔ SUPPORTED

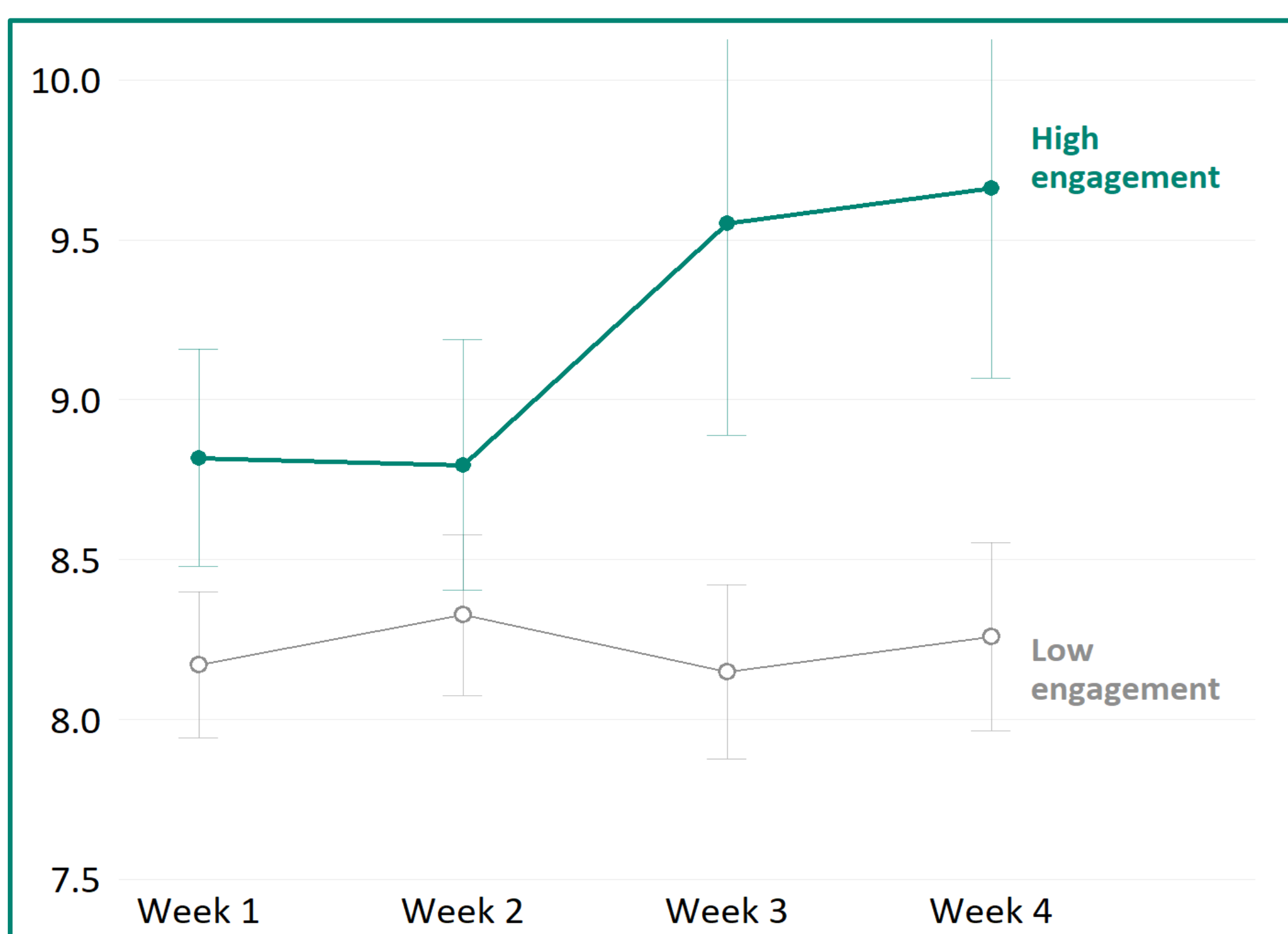


FIGURE 2. WELL-BEING BY WORKSPACE PROMPT ADOPTION

High adoption group shows significantly greater well-being gains vs. low adoption across all weeks.

### WORKSPACE PROMPT ADOPTION (Mediation)

Recommendation adoption mediated well-being gains in conditions 2 & 3. Indirect effects significant via Monte Carlo CIs (20k replications). **Full mediation supported.**

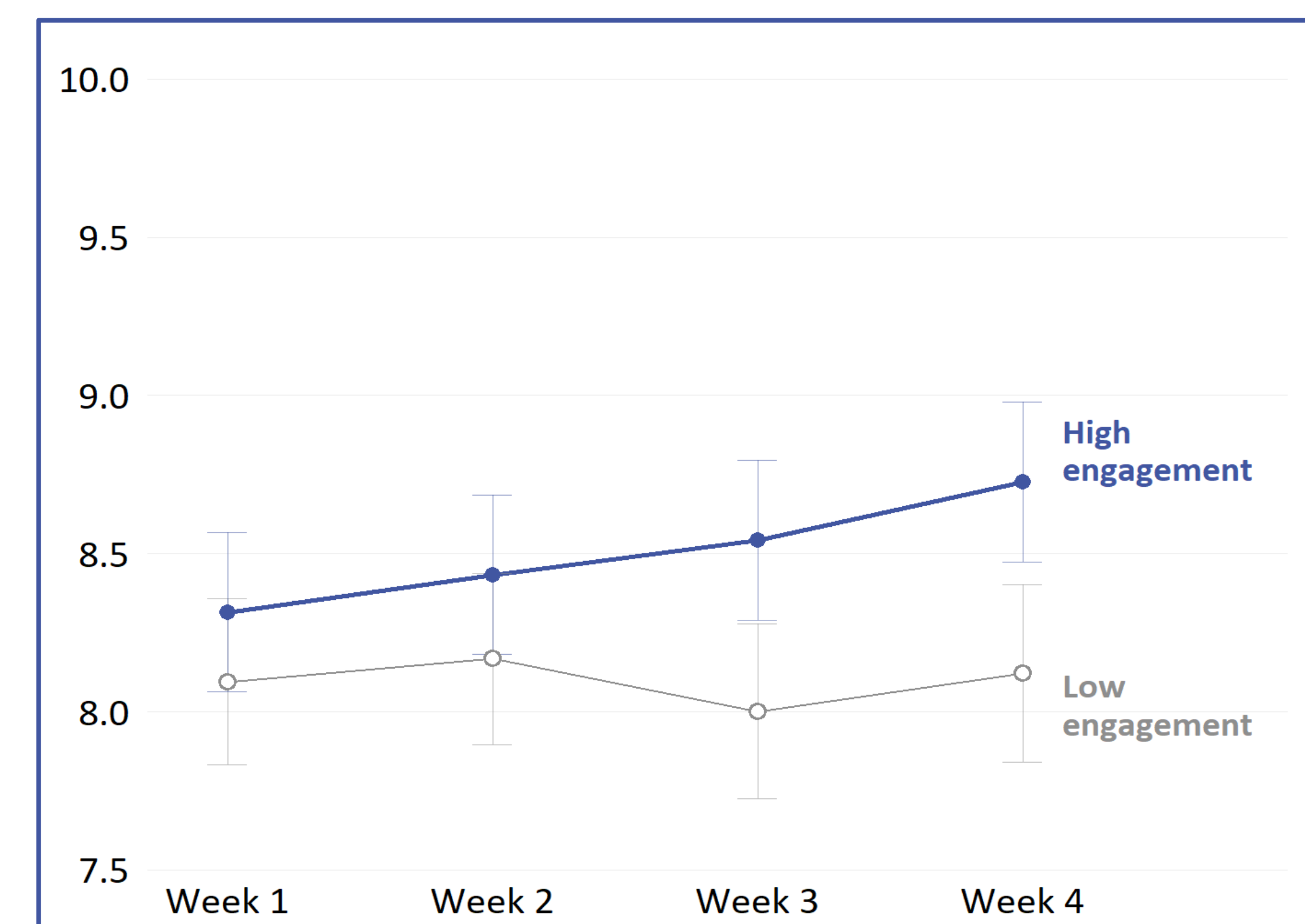


FIGURE 3. WELL-BEING BY PLANNING TOOL ENGAGEMENT

High-engagement participants show a significant upward well-being trajectory; low engagement participants remain flat.

### PLANNING TOOL UTILIZATION (DOSE-RESPONSE)

**Between-person engagement:**  $b = 0.35, p = .014$ .  
**Within-person engagement:**  $b = 0.40, p < .01$ .  
**High-use participants:** well-being gains sustained Week 1 → 4 ( $\Delta = 0.82, p = .007$ ).

## THE INTENTION-ACTION GAP IN ORGANIZATIONAL RESEARCH

The intention-behavior correlation averages  $r = .53$  across domains (Webb & Sheeran, 2006) indicating that a substantial proportion of intended change never occurs. Applied to organizational interventions: **offering resources may predict access, not enactment.**

Our pre-registered ITT/TOT dual estimation isolated this mechanism. **Utilization, not assignment, is the operative mechanism of change.**

## WHAT BOOSTED ADOPTION AND WHAT DIDN'T LAST

The \$10 gift card (condition 3) significantly increased adoption at Week 1 ( $b = 0.22, p = .039$ ). But **effects disappeared by Week 2:** one-time incentives produce short-lived change without structural supports to sustain them (Gneezy et al., 2011).

## WHO THRIVED REGARDLESS OF CONDITION

Self-control and psychological safety were robust predictors of well-being **across all conditions**, independent of intervention assignment:

**Self-control** → well-being:  $b = 0.61, p < .001$

**Psychological safety** → well-being:  $b = 0.44, p < .001$

These traits appear to function as foundational personal resources for remote work functioning, independent of any intervention.

## PRACTICAL IMPLICATIONS

- Build utilization structures** – Onboarding, practice periods, and planning rituals help convert access into action.
- Be specific** – Concrete if-then prompts outperform generic encouragement.
- Sustained tools** – Planning tools with consistent use show growing well-being benefits.

## LIMITATIONS & FUTURE DIRECTIONS

Self-report outcomes; 4-week window may be insufficient for habit formation; ~34% attrition modeled via REML.

Future work should incorporate objective performance data, longer trial windows, and examine why employees do and do not utilize available supports, identifying the individual, contextual, and design factors that bridge the intention-action gap.

Scan the QR code for the pre-registration, including references.  
**Note.** This study was funded by the Russell Sage Foundation

