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Healthy Work Environment Ecosystems for Teleworking and Hybrid Working

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Abstract

The COVID-19 pandemic has brought global physical, psychological, social and occupational health challenges. Telework and hybrid work have been a necessary response that has sustained and transformed companies and work at a global level. The main objective of this paper is to understand and characterize how ecosystems of healthy work environments in the context of telework and hybrid work. The Healthy Workplace Model proposed by the World Health Organization (Burton, 2010) was adopted. Thus, we analyzed the relationship between core principles related to physical work environment, psychosocial work

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environment, organizational culture, enterprise internal and external social responsibility and resources for occupational health in teleworking and hybrid working contexts. The study involved a total of 1829 participants, 1246 (68.1%) female and 571 (31.2%) male. The age of the professionals varies between 18 and 72 years, with a mean of 43 years and standard deviation of 10.45. The Healthy Workplaces Ecosystems Tool (EATS) was used (Gaspar et al., 2022). 57% of participants were in telework, 16% in hybrid work and 27% in face-to-face work. The comparative results showed statistically significant differences in relation to all dimensions of healthy work environments between the three types of work. The professionals in hybrid work situations have a more positive perception of the organisational culture, psychosocial work environment, physical work environment, resources for health and social responsibility, and better mental health indicators. The professionals in hybrid situations are followed by the professionals in telecommuting and, finally, the professionals in face-to-face situations. Three linear regression models were performed to understand the factors that best explain the psychosocial risks related to mental health (PRMH) in the three types of work. The results reveal that for workers who are in face-to-face exclusive work what best explains PRMH ($R^2 = .41$) is marital status, psychosocial environment, leadership commitment, professional engagement, physical environment and stress management skills. For professionals in hybrid work what best explains the PRMH ($R^2 = .36$) is age, marital status, psychosocial environment, professional engagement and stress management skills. For teleworking professionals that best explains the PRMH ($R^2 = .39$) is psychosocial environment, leadership commitment, professional engagement, community engagement/social responsibility, physical environment and stress management competencies. The results show that workers in hybrid situation reveal a more positive perception of the ecosystems of healthy work environment. The professionals who have exclusive face-to-face job are those who report a more negative perception of the work environment. For all workers, PRMH are explained by the psychosocial environment, the professional's involvement and stress management skills. Specificities are identified for each type of work that should be taken into account in the promotion of healthy work environment ecosystems adapted to the new types and diversity of work models in order to promote mental health and prevent psychosocial risks at work.

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1. Introduction

Remote work has long been associated with flexibility in managing tasks, with its advantages and challenges well documented in various studies [1-3]. The evolution of technology has transformed the nature of work, enabling employees to work from multiple locations and granting them the freedom to choose their own workspace [3]. This flexibility has impacted work outcomes such as job satisfaction, organizational commitment and identification, stress, performance, wages, withdrawal behaviors, and firm-level metrics [1]. Despite its benefits, remote work presents unique challenges, including the lack of immediate support from managers or colleagues and the potential struggle to maintain focus without supervision. Balancing work and personal life can also become increasingly complex, the working environment must be understood in an ecologic and systemic perspective [4,5]. Nevertheless, remote work has been found to benefit both organizations and employees, as it allows companies to cut costs and boost productivity while offering employees the flexibility to work outside of traditional office hours [6]. This arrangement can result

in reduced stress [7], improved wellbeing [8], and higher job satisfaction [2, 5], particularly for remote working parents who enjoy a flexible schedule and display a lower inclination to change jobs [9]. Moreover, remote work can lead to feelings of isolation and loneliness due to the lack of social interaction, which may negatively impact employee productivity [10,11]. Remote work effectiveness is influenced by factors such as wellbeing, work-life balance, and anxiety [7, 11], all of which can be managed to enhance productivity and job effectiveness. As a result, teleworkers may find it challenging to detach from work and fully recover from stress, which can negatively impact their overall well-being and work-life balance [7,12]. The literature has not yet developed much knowledge about hybrid work, in which professionals reconcile and articulate the face-to-face work with the distance work [13,14]. Some studies conclude that telework has a more positive impact on the well-being and performance of the professional [15], others reveal that hybrid work is the form of work that promotes greater balance between autonomy, reconciliation of personal and professional life, and continuation of positive working relationships, proximity with the leadership and organization [16]. Most of the studies agree that hybrid work and telework are more welfare-promoting when compared to work exclusively in person [13, 14, 15,16]. The main objective of this paper is to understand and characterize how ecosystems of healthy work environments in the context of telework and hybrid work.

2. Method

2.1. Study design and participants

The study involved a total of 1829 participants, 1246 (68.1%) female and 571 (31.2%) male. The age of the professionals varies between 18 and 72 years, with a mean of 43 years and standard deviation of 10.45. 57% of participants were in telework, 16% in hybrid work and 27% in face-to-face work.

2.2. Instruments

The Healthy Work Environment Ecosystems Tool (EATS) [17] is composed of 62 items organized into 9 dimensions based on the Healthy Workplaces model proposed by the World Health Organization [4, 17]. In this study, eight scales from the EATS were used: (1) Ethics and values (8 items, $\alpha = .91$); (2) Commitment of Leadership (6 items, $\alpha = .95$), (3) Employee Involvement (7 items, $\alpha = .89$); (4) Psychosocial Risk Factors at Work - Leadership and work content (12 items, $\alpha = .91$); (5) Psychosocial of Work Environment related to Well-being and Mental Health (5 items, $\alpha = .86$); (6) Physical environment (5 items, $\alpha = .92$); (7) Community involvement (12 items, $\alpha = .90$) and (8) Personal Health Resources (4 items, $\alpha = .83$). All questions have a 5-point Likert-type scale. All questions have a 5-point Likert-type scale where 1 represents strongly disagree and 5 represents strongly agree. A higher score obtained in each domain reveals a more positive perception of a healthy workplace environment, except for the dimension related to Psychosocial of Work Environment related to Well-being and Mental Health that a higher score reveals a more negative perception regarding the domain.

The 4-item version of the Stress Perception Scale (EPS) was used to assess the degree to which an individual evaluates their life situations as stressful and their stress management skills [17] which in the present study revealed adequate internal consistency ($\alpha = .77$). All questions have a 5-point Likert-type scale where 1 represents strongly disagree and 5 represents strongly agree. A higher score obtained on the scale reveals a more positive perception of stress management.

2.3. Procedure

The instrument was submitted and approved by the Ethics Committee of a national Hospital (Prof. Fernando Fonseca Hospital, EPE reference 031/2021). For data collection, organizations, from different industries, different regions of the country and of

different sizes were contacted. The sample was by convenience. We included large and medium-sized organizations from various sectors of activity. Public, private and social organizations were invited to participate.

The organizations that agreed to participate received the instrument through a link and disseminated the link internally among their workers.

The link gave access to the explanation of the study, contact of the researchers for clarification of doubts, information on confidentiality, anonymity and the voluntary nature of participation. The participant only had access to the beginning of the instrument after signing the informed consent. The questionnaire was conducted via an online platform. On the first page, participants had access to an explanation of the study and objectives, and an informed consent statement that they had to validate. Only after validating the informed consent did they access the page where they started filling out the questionnaire.

The statistical software for descriptive statistics and mean comparison was the IBM SPSS Statistics 22 was used.

3. Results

Table 1 presents the comparison between the three types of work format in the different systems of the healthy workplace ecosystems. Was found statistically significant differences between the work formats for all systems under analysis. Professionals in hybrid work format show more positive mean values when compared to professionals in the other two work formats. On the other hand, professionals who report working exclusively face-to-face are those who show less positive mean values when compared to professionals in the other two work formats. A more positive mean value represents a perception of a healthier work environment, except in the dimension Psychosocial Risk Factors at Work related to Mental Health and stress, where higher mean values reveal more risks and lower mental health scores.

Table 1- *Descriptive Statistics and Comparison analysis according to working format: teleworking, face-to-face and hybrid.*

	Telework	Presential	Hybrid	Z/p
Variables (scale of measurement)	Mean (SD)	Mean (SD)	Mean (SD)	
Ethics and Values	3.41 (0.85)	3.26 (0.91)	3.78 (0.72)	35.379/p < .001
Commitment of Leadership	3.20 (1.02)	3.06 (1.04)	3.62 (0.91)	29.398/p < .001
Employee Involvement	3.69 (0.81)	3.58 (0.82)	4.00 (0.74)	26.271/p < .001
Psychosocial Risk Factors at Work - Leadership and work content				
Psychosocial Risk Factors at Work- Mental Health	3.75 (0.73)	3.64 (0.72)	4.11 (0.62)	42.024/p < .001
Physical environment	3.41 (0.99)	3.38 (0.92)	3.92 (0.92)	36.286/p < .001
Community Engagement	3.64 (0.66)	3.50 (0.69)	4.23 (0.79)	41.897/p < .001
Personal Health Resources	2.77 (0.96)	2.86 (0.86)	3.34 (0.88)	43.371/p < .001
Stress	2.48 (0.74)	2.53 (0.72)	2.33 (0.71)	7.436/p < .001

Table 2 presents three robust regression models that allow us to analyse how sociodemographic characteristics, dimensions of Healthy Work Environments and Stress help to understand Psychosocial Risk Factors at Work related to Mental

Health in the three types of work formats: face-to-face, teleworking and hybrid format.

The first model relative to face-to-face work explains 41% of the Psychosocial Risk Factors at Work related to Mental Health variance $F(8, 456) = 35.55, p < .001$). Marital status, the following dimensions of the healthy work environment: Commitment of Leadership, Employee Involvement, Psychosocial environment, Physical environment and Stress are the ones that best explain the mental health of professionals in face-to-face work.

The second model concerning telework explains 36% of the Psychosocial Risk Factors at Work related to Mental Health variance $F(8, 1027) = 71.59, p < .001$). The following dimensions of the healthy work environment: Commitment of Leadership, Employee Involvement, Psychosocial environment, Physical environment, Community Engagement, Personal Health Resources and Stress are the ones that best explain the mental health of teleworking professionals.

The third model concerning hybrid work, explains 39% of the Psychosocial Risk Factors at Work related to Mental Health variance $F(8, 281) = 21.71, p < .001$). Marital status, age, the following dimensions of healthy work environment: Employee Involvement, Psychosocial environment and stress are the ones that best explain the mental health of professionals in hybrid work.

Table 2. Linear regression for explaining the Psychosocial Risk Factors at Work related to Mental Health by the sociodemographic characteristics, dimensions of Healthy Work Environments and Stress

		Non-standard coefficients		Standardized coefficients		
		B	Standard error	β	t	p
Presential	(Constant)	2.80	0.39		7.13	<.001
	Gender (1 – Female)	-0.05	0.08	-0.02	-0.60	.547 (n.s.)
	Age	0.00	0.00	0.04	0.78	.435 (n.s.)
	Children (Yes/No)	-0.04	0.10	-0.02	-0.36	.717 (n.s.)
	Marital Status	0.23	0.09	0.11	2.51	<.05
	Ethics and Values	0.11	0.08	0.10	1.26	.208 (n.s.)
	Commitment of Leadership	-0.19	0.07	-0.20	-2.72	<.01
	Employee Involvement	0.31	0.06	0.26	4.78	<.001
	Psychosocial environment	-0.47	0.09	-0.35	-5.21	<.001
	Physical environment	-0.18	0.06	-0.17	-3.18	<.01
	Community Engagement	0.08	0.09	0.06	0.93	.351 (n.s.)
	Personal Health Resources	-0.09	0.06	-0.08	-1.51	.132 (n.s.)
	Stress	0.52	0.05	0.39	9.84	<.001
Telework	(Constant)	2.65	0.27		9.66	<.001
	Gender (1 – Female)	0.07	0.06	0.03	1.26	.208 (n.s.)
	Age	0.00	0.00	0.04	1.50	.133 (n.s.)
	Children (Yes/No)	0.03	0.07	0.01	0.44	.659 (n.s.)
	Marital Status	0.02	0.06	0.01	0.35	.726 (n.s.)
	Ethics and Values	0.04	0.07	0.03	0.56	.574 (n.s.)
	Commitment of Leadership	-0.16	0.05	-0.16	-2.91	<.01

	Employee Involvement	0.15	0.05	0.12	3.20	<.001
	Psychosocial environment	-0.21	0.06	-0.16	-3.67	<.001
	Physical environment	-0.19	0.03	-0.19	-5.70	<.001
	Community Engagement	0.15	0.06	0.10	2.83	<.01
	Personal Health Resources	-0.16	0.03	-0.16	-5.06	<.001
	Stress	0.52	0.04	0.39	14.25	<.001
Hybrid	(Constant)	1.47	0.59		2.51	<.01
	Gender (1 – Female)	0.08	0.11	0.04	0.79	.431 (n.s.)
	Age	0.01	0.01	0.11	1.95	<.05
	Children (Yes/No)	-0.05	0.12	-0.03	-0.46	.646 (n.s.)
	Marital Status	0.24	0.10	0.12	2.29	<.05
	Ethics and Values	0.13	0.14	0.09	0.86	.388 (n.s.)
	Commitment of Leadership	-0.10	0.11	-0.09	-0.89	.373 (n.s.)
	Employee Involvement	0.28	0.09	0.21	3.00	<.001
	Psychosocial environment	-0.38	0.12	-0.25	-3.14	<.001
	Physical environment	-0.12	0.06	-0.12	-1.92	.056 (n.s.)
	Community Engagement	-0.06	0.12	-0.03	-0.49	.627 (n.s.)
	Personal Health Resources	-0.03	0.06	-0.03	-0.49	.628 (n.s.)
	Stress	0.70	0.07	0.52	9.84	<.001

4. Discussion

The main objective of this paper was to understand and characterize healthy working environments in different work formats: presential, telework and hybrid work. The Healthy Workplace Model proposed by the World Health Organization (Burton, 2010) was adopted. Thus, we analyzed the relationship between core principles related to physical work environment, psychosocial work environment, organizational culture, enterprise internal and external social responsibility and resources for occupational health in teleworking and hybrid working contexts. Taking into account the ecological and systemic model of healthy work environments [17,18], the three groups were compared: fully face-to-face, telework and hybrid format. Statistically significant differences were found between the three types of work format in relation to all the dimensions studied, with more positive values associated with a perception of ecosystems of healthier work environments having been identified by professionals in hybrid work, followed by professionals in telework and, finally, professionals in exclusive face-to-face work.

Indeed, teleworking and working in hybrid formats are associated with a greater perception of autonomy, flexibility and even trust from the employer [1]. This greater autonomy and flexibility promote greater well-being of professionals, greater ability to reconcile work and personal life, better work management [5,7,8] and even leads to higher performance [9,10].

The results reveal that workers in hybrid work situations consider that their organisation has a culture that is more concerned with workers' well-being and that it has practices and strategies to promote the health of professionals and the organisation as a whole. At the level of leadership commitment, participants also refer that leadership is concerned with the well-being of workers, that leadership is characterised by coordination, guidance, organisation, efficiency and encouragement. At the level of professional engagement, professionals in the hybrid regime report feeling more motivated and satisfied with their work. In the aftermath of the COVID-19 pandemic, the most common work arrangement for knowledge workers is now some form of a hybrid model, a type of 'flexible working where an employee splits their time between the workplace and remote working' [15, 17].

Arrangements such as these offer workers a greater level of control, over where (location) and when (timing) their work tasks are performed, leading to a potential for improvements in flexibility, autonomy, and work–life balance [15,17,18].

In terms of the psychosocial work environment, professionals revealed that they have a positive relationship with the leadership, based on trust and transparency in communication, feel valued and that conflicts are solved fairly. Professionals in hybrid work when compared to professionals in teleworking and especially when compared to professionals in face-to-face work show more stress management skills and fewer symptoms of burnout, such as exhaustion, sadness and irritability. They are the most satisfied with the physical work environment in terms of quality, conditions and equipment. Professionals in hybrid jobs are the ones who most report that the organisation promotes a balance between professional and personal life, promotes personal and professional development and is concerned with the professionals' family fragilities. With regard to health resources, there are no differences between professionals who work face-to-face and those who telework. However, professionals in hybrid work stand out as those who most mention that the company promotes and facilitates resources for the adoption of a healthy lifestyle and occupational health. With regard to the understanding of the Psychosocial Risk Factors at Work related to Mental Health, it was found that sociodemographic characteristics have more impact in the case of face-to-face and hybrid work; married professionals have a less positive perception. For all types of work format Employee Involvement, Psychosocial environment and stress are important factors for mental health. For telework and face-to-face work, Commitment of Leadership and Physical environment are also important. It is the teleworking professionals who most mention the importance of health resources for their mental health. Distance working, especially hybrid working, is associated with a perception of a healthier work environment in relation to the different systems of the work ecosystem. On the one hand, the professional has the opportunity to spend days at home or working remotely, which allows for autonomy and conciliation, and on the other hand, on days when he or she has face-to-face work, he or she is in contact with colleagues and leaders and can develop and deepen these interpersonal labour relations [14, 16]. Remote and hybrid work has advantages for professionals and organisations [6, 18]. However, it is important to note that some jobs do not allow work to be done remotely or in a hybrid way and that not all professionals have a positive perception and identify advantages in these forms of work [4, 5]. In these cases, it will be important to analyze, plan and implement measures that allow these professionals to have a healthier work environment from a biopsychosocial and environmental and systemic perspective. The Psychosocial Risk Factors at Work related to Mental Health are one of the main psychosocial risks at work, the study shows that these risks are influenced differently in different work formats. The psychosocial environment, the involvement of professionals and stress management skills emerge as protective factors for all professionals. It was found that professionals in face-to-face work and in telework show increased needs for mental health promotion and prevention of stress and burnout, associated with leadership and the physical environment. It is the teleworking professionals who should be strengthened the most in terms of health resources, since they are exclusively at a distance and have no access to the resources provided in the organisation and surrounding community [12,17].

5. Conclusions

The study allowed for a deeper understanding of the ecosystem of healthy work environments in the different work formats. It allows concluding that the professionals under study clearly reveal that hybrid work is the work format which is most associated with a healthy work environment in its different dimensions, particularly in terms of the organisation's culture, relationship with the leadership, psychosocial work environment and mental health. On the contrary, work exclusively on a face-to-face basis is that which is more strongly associated with a less healthy work environment in its different dimensions. In turn, telework appears in an intermediate position in its relationship with the healthiness of the work environment. We also concluded that there are professionals in hybrid and telework situations who do not have a perception of a healthy work environment and that there are professionals working exclusively face-to-face who do have a perception of a healthy work environment. We conclude that the

hybrid format and teleworking should be used whenever possible as long as it is in agreement with the professional. The study integrates several activity sectors and several functions, which can be seen as a strength for its diversity and comprehensiveness but may also be considered a limitation. It was chosen to include professionals throughout their working life, from the age of 18 to retirement age. This aspect may be considered a limitation due to the wide age spectrum, but it also enriches having information from the entire working life. We will continue to increase the sample in order to reduce this limitation and enhance its opportunity. The results are an important contribution for organisations, managers, and professionals to understand that the experience of the three types of work format influences and is influenced by the different systems of an organisation and that each of them should be taken into account in the promotion of healthy work environments. The Psychosocial Risk Factors at Work related to Mental Health are one of the main psychosocial risks at work, which refers to a preventive intervention and priority intervention in this area, at the level of promotion of healthy psychosocial environment, greater effective involvement of professionals in the decisions of the organization and their own work and objectives and promotion of stress management skills and burnout prevention for all work formats. Teleworking and face-to-face work professionals show higher risks, and a more robust intervention is advocated for leadership, physical environment and resources for the health of professionals provided and facilitated within the organisation and/or in partnership with community resources.

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