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The effects of social and organizational connectedness on employee well-being and remote working experiences during the COVID-19 pandemic

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Abstract

Maintaining social connectedness is crucial for health and well-being—especially during uncertain times such as the COVID-19 pandemic. The present study examined (1) the effects of general and organizational indicators of connectedness on employee well-being and (involuntary) remote work experiences during lockdown and (2) whether organizational connectedness attenuated the ill effects of isolation on employee well-being. Full- and part-time workers ($N = 188$) recruited during the UK's second national COVID-19 lockdown completed a questionnaire measuring time spent interacting and alone during lockdown, social connectedness, organizational identification, perceived organizational support, organizational communication, ill-being, organizational well-being (i.e., well-being at work), and remote working experiences. Hierarchical regression analyses revealed that those with greater social connectedness and organizational support reported less ill-being. In contrast, those spending more time alone and, unexpectedly, those strongly identifying with their organization, reported more ill-being. Additionally, those who felt greater organizational support had more positive remote working experiences, whereas stronger organizational identification negatively related to the latter. Only organizational support was significantly associated with (more positive) well-being at work. Furthermore, moderation analyses showed that time spent alone during the pandemic was associated with poorer organizational well-being but only among those with lower levels of organizational identification, and those whose organizational communication strategies were poorer. These findings demonstrate that indicators of organizational connectedness played a distinct role in explaining ill-being, workplace well-being, and remote working experiences, above and beyond the effects of general connectedness, during lockdown.

1 | INTRODUCTION

The global health pandemic sparked by the COVID-19 outbreak has aroused unprecedented uncertainty, including to public health and employment (Ruffolo et al., 2021). While feelings of distress are typical reactions to uncertainty (Vinkers et al., 2020), such contexts are pernicious for a species for whom self-certainty facilitates a sense of control and better quality of life (Wu & Yao, 2007). The longevity of restrictions designed to "flatten the curve" of infection further threaten well-being by imposing a "social connectivity paradox," where less interaction minimizes the risk of infection to the detriment of elevating rates of social disconnect (Smith et al., 2020). This approach, although necessary to contain the spread of the virus, may have had negative implications for public health. Indeed, the adverse effects of isolation are well-known (Nicholson, 2012), and a growing body of research has demonstrated the benefits that belonging to, and identifying with, social groups have on well-being (C. Haslam et al., 2018; S. A. Haslam, Jetten & Postmes, 2009; Jetten et al., 2017). While workplaces offer a stabilizing retreat in times of crisis (Malinen et al., 2020), pandemic-driven changes such as the increased adoption of remote working practices have also disrupted how individuals work and interact (Forbes et al., 2020)—compounding the psychological outcomes of distancing protocols. Accordingly, to combat the consequences of possible future confinement and improve (involuntary) remote working experiences, it is important that factors associated with ill-being and maladjustment, and those which promote resilience, are identified.

1.1 | Social (dis)connectedness and well-being

A growing body of research has applied social identity processes to health domains (C. Haslam et al., 2019). The social identity approach, comprising social identity theory (Tajfel & Turner, 1979) and self-categorization theory (Turner et al., 1987), prescribes that individuals' sense of self is shaped by the internalization of group memberships into the self-concept; that is, people think and behave not only in terms of idiosyncratic personal identities ("me" and "I"), but also collective social identities ("us" and "we"; Reicher et al., 2010). Consistent with this, the social identity approach to health postulates that the strength of group-based connections, and the positive sense of social identity they afford, invigorates health by providing a prophylactic "social cure" against ill-being and by buffering further illness among those who are already afflicted (C. Haslam et al., 2018). Accumulating evidence also indicates that connectedness improves well-being by enabling access to health-enhancing psychosocial resources, including a sense of belongingness (Baumeister & Leary, 1995), control and agency (Hopkins et al., 2016), self-affirmation (Cruwys et al., 2015), meaning and purpose (Wegge et al., 2006), and collective self-efficacy and support (Junker et al., 2019). Crucially, connectedness also grounds individuals with feelings of "existential security" (C. Haslam et al., 2008)—a resource that can increase resilience when people feel vulnerable (Postmes & Jetten, 2006).

Numerous studies support the idea that social connectedness is associated with better health. Indeed, previous research has demonstrated that greater connectedness diminishes symptoms of depression (C. Haslam et al., 2016; Postmes et al., 2019), stress (C. Haslam et al., 2016; S. A. Haslam, Jetten, & Waghorn, 2009), anxiety (C. Haslam et al., 2016), and loneliness (C. Haslam et al., 2016; Jose & Lim, 2014). For instance, measuring the effects of social integration on well-being, Appau et al. (2019) found that increased interaction with, and perceived belongingness to, one's neighbors amplified subjective well-being. Moreover, Steffens et al. (2021) found moderate-to-strong effects of identification on health in their meta-analysis of 27 studies employing identification-building interventions. Given the impact of group belonging on physical and psychological health, social connections are particularly critical during crises such as the COVID-19 pandemic. However, disease-containment measures risk obstructing capacities to maintain relationships and cope with pandemic-related stressors by restricting physical interaction (Bzdok & Dunbar, 2020) and, in turn, compromising well-being through increased isolation (Robb et al., 2020). The effects of confinement during previous disease outbreaks, including SARS-CoV-1, reinforce this, with longer quarantines found to predict poor psychological outcomes (Brooks et al., 2020). At-risk groups of experiencing such effects include the elderly and those with limited social networks, as both report clinical levels of distress when self-isolated (Armitage & Nellums, 2020). It is thus probable that more time spent alone during COVID-19 lockdowns increased ill-being, particularly among the less socially connected.

However, research on the effects of COVID-19 lockdowns on well-being is mixed. Weinstein and Nguyen (2020) found that self-isolation did not negatively impact the mental health of living-alone individuals during the early stages of the pandemic. Yet, later studies have reported negative associations between isolation and well-being (White & Van Der Boor, 2020). For instance, Zacher and Rudolph (2020) found that levels of well-being did not change in German respondents between December 2019 and March 2020 but had decreased by May 2020. Specifically, in their study, negative affect was related to decreased identity-related resources including support and controllability, suggesting cumulative effects of isolation on well-being. Similar UK patterns have emerged, with mental health issues increasing from 24.3% in 2017-2019 to 31.9% in June 2020 (Daly et al., 2020). Moreover, Lyons et al. (2020) report a 68% deterioration in Australian students' well-being as a result of lockdown, with connectedness loss identified as a primary impact. Hence, in some countries, self-isolation seemingly hindered well-being by reducing connectedness. The mixed evidence, however, suggests that different groups may react differently to the challenges of lockdown, with those who already lived alone before lockdown perhaps more resilient to the effects of isolation.

Yet physical distance need not impede social connection, as advances in communication-technologies and social media have enabled individuals to maintain connections online (Chayko, 2014; but see Allen et al., 2014 for the pitfalls of social media for connectedness). Although face-to-face connectedness often better

predicts well-being (Challands et al., 2017), virtual means of connection played an important role during the pandemic in keeping people connected (Moore & March, 2022). For example, Moore and March (2022) found that loneliness was associated with more engagements of virtual connection (including forms of non-face-to-face communication and social media), which in turn was associated with better coping behaviors such as keeping occupied and engaging in healthy behaviors. Moreover, Nitschke et al. (2021) found that socially connected individuals, who maintained most interactions virtually, reported reduced distress during lockdown. In their study, connectedness was measured by the number of people participants communicated with. However, it has been claimed that connectedness lies not in the frequency of interactions but in one's sense of belongingness (S. V. Bentley, 2020). The present study thus adopts measures of connectedness in terms of perceived ingroup belongingness, in addition to the frequency of social interactions, to assess whether both elements of connectedness were important predictors of well-being in the context of the COVID-19 pandemic.

The benefits that connectedness and belonging afford to health and well-being have also been demonstrated in workplace contexts. Given that the average person will spend a significant time of their adult time at work (e.g., the average annual working hours in the United Kingdom was 1497 h per worker in 2021; OECD, 2022), it is likely that workplace experiences may affect not only organizational outcomes but also individuals' health and well-being. Indeed, work-related stress and negative work experiences are known to adversely affect individuals' physical and psychological health (S. Cohen et al., 2007; Kalimo et al., 2000; Melamed et al., 2006), including increasing the risk for coronary heart disease (Ferrie et al., 2005; Wirtz & von Känel, 2017), and destructive employee behaviors such as drug and alcohol abuse (Frone, 2008). Notwithstanding that workplace stress was increasing steadily in the United Kingdom before the COVID-19 pandemic (Labour Force Survey, 2021), studies have also found that working through the pandemic was associated with higher stress and lower well-being in the workplace (Galanti et al., 2021; Trougakos et al., 2020; Yu et al., 2021). However, whereas negative experiences at work could have detrimental consequences for employee health and well-being, the workplace may also offer positive benefits to individuals. For instance, work provides a space for people to socialize, and the benefits of workplace friendships are well-documented, including making work more enjoyable (Yager, 1997), providing instrumental and emotional support (Berman et al., 2002; House, 1981), improving job satisfaction (Winstead et al., 1995), and bolstering group performance by facilitating cooperation, commitment, communication and other group processes (Jehn & Shah, 1997). Extensive research has also demonstrated how the benefits of connectedness and belonging on health extend to the workplace from a social identity perspective (Jetten et al., 2017; Steffens et al., 2017; van Dick et al., 2017, 2018). Thus, feeling connected at work may also buffer against negative experiences and have protective effects on employee well-being.

With many employees in the United Kingdom forced to quickly adapt to remote working at the early stages of the COVID-19 pandemic, elements of organizational connectedness may have offered protective effects and buffered against ill-being during this time. In this paper, we therefore examine the potential role that general social connectedness and organizational connectedness variables play in improving workplace well-being and remote working experiences during a novel and dynamic macro-level context—the COVID-19 pandemic.

1.2 | The connectedness–health relationship in organizational contexts

1.2.1 | Organizational identification

Organizational identification constitutes a form of connectedness where employees define themselves in terms of their membership to their organizations (Ashforth & Mael, 1989). Organization identification enables employees to cope with work-related stressors and have better organizational well-being (S. A. Haslam & van Dick, 2011). This is because organizational connections not only facilitate support and collective self-efficacy (Avanzi et al., 2015), but also help employees to interpret information, formulate decisions, and regulate interactions (Hogg & Terry, 2000). Several studies support this (van Dick & Wagner, 2002; Wegge et al., 2006), with meta-analyses revealing small-to-moderate positive associations between organizational identification and well-being (Steffens et al., 2017). Organizational identification may be especially beneficial in stress-inducing work environments (van Dick et al., 2018), given that group members with greater identification report reduced neuroendocrine stress reactions in stressful situations (Häusser et al., 2012). Hence, it is possible that those who more strongly identify with their organizations may have experienced better well-being and more positive remote working experiences during lockdown.

1.2.2 | Organizational support

Perceived organizational support refers to perceptions that organizations value employee contributions and care for their well-being by providing them with emotional and material resources to work effectively (Rhoades & Eisenberger, 2002). Through signalling a readiness to reward employee efforts, perceived organizational support influences workplace belongingness by satisfying socio-emotional needs such as affiliation (Stinglhamber et al., 2016) and facilitating a merging of the self and the organization following norms of reciprocity (Edwards, 2009). This is beneficial for well-being given that higher perceived organizational support is associated with reduced work-related stress (Roemer & Harris, 2018; Tetteh et al., 2020) and buffers against ill-health in disaster contexts (Bloom et al., 2017). For instance, Labrague and Santos (2020) found that frontline nurses with higher organizational support reported less COVID-19 anxiety, which suggests that perceived organizational support has played an important role in protecting employee

well-being during the pandemic. As such, perceived organizational support may offer benefits to employee well-being akin to the effects of organizational identification. Indeed, perceived organizational support occurs as a result of employees' tendency to personify their organizations and assign them human-like characteristics (Eisenberger et al., 1986; Levinson, 1965). Consequently, employees view their treatment (or perceived organizational support) as an indicator of where they stand within the organization. That is, perceived organizational support may work as an indicator of how (dis)favored employees are (Rhoades & Eisenberger, 2002). Thus, just as organizational identification and feeling connected to co-workers may be important indicators of organizational connectedness, feeling supported by the organization may be perceived as a proxy for organizational connectedness.

1.2.3 | Organizational communication

Moreover, during turbulent times, employees benefit from leaders who collectively develop strategies to address concerns and communicate these to them (Stephenson et al., 2018). More broadly, intra-organizational communication involves a process of information exchange between, and transmission of identity-relevant content to, organizational members (Miller, 2015; Schinoff et al., 2016). In this study, effective organizational communication is conceptualized as timely communications, tailored to employees' specific needs, flowing downward from organizations to employees to share COVID-19-related information and involve employees in action plans to tackle challenges raised by the COVID-19 pandemic. Indeed, organizational communications are shown to reduce occupational stress (De Nobile, 2016) and burnout, particularly when they are participative (Atouba & Lammers, 2020). Organizational communications are especially important in contexts of job insecurity and change by mitigating the vagueness of uncertainty and increasing capacities to understand, predict and control stressors (Bordia et al., 2004; Edwards et al., 2022; Keim et al., 2014; Vander Elst et al., 2010). Thus, it is likely that receiving adequate organizational communications throughout lockdown increased employees' well-being.

1.3 | Staying connected from afar: Remote working experiences during the COVID-19 pandemic

In addition to well-being concerns, atypical and abrupt requirements to work remotely presented another pandemic-related challenge for many employees (Kniffin et al., 2021). Negative outcomes associated with remote working, such as ill-being and isolation, may have been exacerbated by the pandemic through blurring work-family boundaries, encouraging over-work and reducing time for recuperation (Grant et al., 2013; Molino et al., 2020) —especially in women expected to integrate work–family roles (Hilbrecht et al., 2008). Moreover, temporal and spatial dispersion from the workplace can induce social and professional isolation (Golden et al., 2008), constraining belongingness and precipitating ill-being by reducing engagement in identity-enhancing workplace practices (Mann & Holdsworth, 2003; Morganson et al., 2010; Thatcher & Zhu, 2006). There are also reports of isolation due to pandemic-enforced remote working during lockdowns (Al Issa & Jaleel, 2021), especially among employees working alone without familial responsibilities (Iqbal et al., 2020).

To this extent, positive remote working experiences appear conditional upon connections within and outside of work (Charalampous et al., 2019). Through establishing social infrastructure beyond work to compensate for organizational disconnect (Anderson et al., 2015) and retaining bonds with colleagues (Rudnicka et al., 2020), social and work-related connections provide "secure bases" for coping with remote working demands by promoting resilience and belonging (Cook et al., 2020). How far employers enhance identification through supporting workers further improves remote working experiences (Desrosiers, 2001), with perceived organizational support found to attenuate remote workers' isolation (T. A. Bentley et al., 2016) and reduce physical challenges in those transitioning to pandemic-enforced remote working (Caldeira et al., 2020). Adequate organizational communications similarly bind teleworkers to organizations (Wiesenfeld et al., 1999), with appropriate information-sharing approaches found to decrease work–family conflict (Lautsch et al., 2009) and improve well-being (Prasad et al., 2020). Hence, remote working experiences during lockdown were likely influenced by both social and organizational connectedness.

1.4 | The present research

The present study seeks to examine the effects of general indicators of general connectedness (including social connectedness, frequency of social interactions, and time spent alone) and indicators of organizational connectedness (including organizational identification, perceived organizational support, and organizational communication) on the well-being and remote working experiences of employees during the UK's second COVID-19 lockdown. We will also examine whether indicators of organizational connectedness made a unique contribution to employee well-being and remote working experiences above and beyond the effects of general connectedness.

Specifically, we expect that those with greater general connectedness (as measured by social connectedness and frequency of social interactions), will report less ill-being, higher organizational well-being, and more positive remote working experiences. Further, we expect that indicators of organizational connectedness made a distinct contribution to explaining employee well-being and remote working experiences, such that those who highly identify with their organization, perceive more organizational support and perceive better intra-organization communications will report less ill-being, higher organizational well-being, and more positive remote working experiences.

2 | METHOD

2.1 | Participants, design, and procedure

An online cross-sectional survey was designed using Qualtrics software. Individuals working full- or part-time in the United Kingdom aged 18 or older were deemed eligible for inclusion in the study. Participants were recruited during the UK's second national lockdown from November 5 to 30, 2020, via social media advertisements, email invitations, internal university bulletins, and the crowdsourcing platform Prolific. Those recruited using Prolific received a small financial incentive for completing the survey. Ethical approval was received from the authors' institution Ethics Committee. Our target sample size of at least 141 participants was selected to provide 90% power to detect a medium effect size of $f^2 = 0.15$ (J. Cohen, 1988) as indicated by a power analysis using G*Power (Faul et al., 2009). Three participants recruited via Prolific failed an attention check but were retained for analyses (see Aronow et al., 2019 for a discussion on removing participants who fail such checks).[1] After removing incomplete responses (34) and those from unemployed individuals (4), the final sample comprised 188 employees ranging in age from 18 to 68 ($M_{age} = 34.30$, $SD = 11.63$; one participant did not specify their exact age and was excluded from age calculations). Of the respondents, 54 (28.7%) identified as male, 132 (70.7%) as female and 1 (0.5%) did not specify their gender (see Table 1 for details about participants' employment).

TABLE 1 Participants' employment details

	n	%
Employment status		
Full-time	132	70.2
Part-time	56	29.8
Remote work pre-pandemic		
Yes, full-time	32	17.0
Yes, part-time	23	12.2
Started full-time remote work during pandemic	18	9.6
No	133	70.7
Started full-time remote work during pandemic	58	30.9
Job category		
Clerical support workers	26	13.8
Professionals	56	29.8
Elementary workers	3	1.6
Plant/machine operators or assemblers	2	1.1
Technicians or associate professionals	18	9.6
Service or sales workers	29	15.4
Skilled agricultural, forestry or fishery workers	2	1.1
Craft and related trade workers	3	1.6
Managers	19	10.1
Armed forces officer	1	0.5
Other occupations	29	15.4

2.2 | Measures

The presentation of all measures was randomized to avoid order effects.

2.2.1 | Social connectedness

Social connectedness was measured using three items adapted from Saeri et al. (2018). Participants selected how accurately the statements (e.g., "I know that people in my life accept and value me" and "I know that people around me share my attitudes and beliefs") described themselves on a five-point scale ranging from 1 ("very inaccurate") to 5 ("very accurate"). Participants' responses to all items were averaged to create a social connectedness score, with higher values indicating more social connectedness (Cronbach's $\alpha = .68$).

2.2.2 | Frequency of social interaction

As another measure of general connectedness, respondents reported how frequently they spent interacting (in-person and virtually) during lockdown using one item taken from Weinstein and Nguyen (2020). After considering who they socialize or enjoy conversations with, participants selected how often during lockdown they interacted with these individuals face-to-face and virtually (over social media, phone, and text) on a six-point scale ranging from 1 ("hourly or several times a day") to 6 ("not at all"). Participants' responses to all types of interactions were averaged to create a frequency of social interaction score, with lower values indicating more frequent social interaction (Cronbach's $\alpha = .65$).

2.2.3 | Frequency of time spent alone

The amount of time participants spent alone during lockdown was measured using one item taken from Weinstein and Nguyen (2020). Participants specified how often they had performed daily activities during lockdown without interacting with others using the anchors: "most of the day", "a few times a day", "once a day", "several times a week", "once a week", and "almost never".[2]

2.2.4 | Organizational identification

The degree to which participants identified with their organization was measured using a six-item measure adapted from Edwards and Peccei (2007). Participants indicated the extent to which they agreed

with each statement (e.g., "My employment in my workplace is a big part of who I am" and "I share the goals and values of my workplace") on a five-point scale ranging from 1 ("strongly disagree") to 5 ("strongly agree"). Participants' responses to all items were averaged to create an organizational identification score, with higher values indicating stronger organizational identification (Cronbach's α = .93).

2.2.5 | Organizational support

The level of support participants perceived from their organization was assessed using the eight-item Survey of Perceived Organizational Support (Eisenberger et al., 1986). Positive items examined beliefs that employers value employee contributions and are concerned about their well-being (e.g., "The organisation has taken pride in my accomplishments at work"), whereas negative items (reverse coded) examined beliefs that employers disregard employees' interests and fail to acknowledge their efforts (e.g., "The organisation has failed to appreciate any extra effort from me"). Items were measured on a five-point scale ranging from 1 ("strongly disagree") to 5 ("strongly agree"). Participants' responses to all items were averaged to create an organizational support score, with higher values indicating perception of higher levels of organizational support (Cronbach's α = .91).

2.2.6 | Organizational communication

Participants indicated to what extent their employer had shared information about, and involved them in, their plans related to COVID-19 on a six-item measure adapted from Edwards et al. (2022). For instance, participants indicated to what extent their employer "communicated the details of its plans in response to the COVID-19 outbreak in a timely manner", "seem to tailor its communication linked to COVID-19 to individuals' specific needs", and "tried to address [their] personal concerns regarding the implications of COVID-19". Items were measured on a five-point scale from 1 ("not at all") to 5 ("to a very great extent"). Participants' responses to all items were averaged to create an organizational communication score, with higher values indicating perception of more effective pandemic-related organizational communications (Cronbach's α = .91).

2.2.7 | Ill-being

Consistent with Weinstein and Nguyen (2020), an ill-being composite measure was computed by averaging scores from different ill-being indicators. Specifically, consistent with Weinstein and Nguyen (2020), we used measures of depression, loneliness, and anxiety, in addition to a measure of stress, as detailed below. These measures were selected to assess various feelings and concerns likely to arise from lockdown. All scales were introduced with the stem "During lockdown, in general throughout the day, to what extent did you feel…," and employed a five-point response scale ranging from 1 ("never") to 5 ("all the time"). Perceived stress was measured using a 10-item measure adapted from the Perceived Stress Scale (S. Cohen & Williamson, 1988). Participants rated how often they, for instance, "felt that [they] were on top of things" during lockdown. Depression was assessed using a 10-item short version of the Center for Epidemiologic Studies Depression Scale (Andresen et al., 2013). Respondents indicated how often they had, for instance, "felt that everything [they] did was an effort". Participants reported their frequency of loneliness using the Loneliness Rating Scale (Scalise et al., 1984). For the purposes of the study's focus on isolation, and consistent with Weinstein and Nguyen (2020), only scores on the Depletion and Isolation subscales were analyzed. For depletion items, participants indicated how often they had felt "empty", "secluded", "alienated", "withdrawn", and "numb". For isolation items, participants selected how often they had felt "unloved", "worthless", "hopeless", 'abandoned' and "deserted". Anxiety was measured using a six-item version of the State-Trait Anxiety Inventory (Tluczek et al., 2009), where participants reported how often they felt, for instance, "tense" and "worried". Participants' responses to all items were averaged to create an ill-being score, with higher values indicating worse ill-being (Cronbach's α = .96).

2.2.8 | Organizational well-being

Participants' perceptions of whether their organization had promoted well-being during lockdown were measured using a nine-item measure adapted from Felstead et al. (2019). Respondents indicated how often during lockdown their job had made them feel various emotions, such as "relaxed" and "miserable", with negative items reverse coded. Adjectives were rated on a five-point scale ranging from 1 ("never") to 5 ("all the time"). Participants' responses to all items were averaged to create an organizational well-being score, with higher values indicating better organizational well-being (Cronbach's α = .91).

2.2.9 | Remote working experiences

To measure participants' pandemic-specific adjustment to, and experiences of, remote working, a six-item measure was devised where respondents rated how far they agreed with statements such as "I have maintained virtual contact with my colleagues since working remotely from home" and "I have found working remotely at home more difficult than physically going to work" (reverse coded). Items were rated on a five-point scale ranging from 1 ("strongly disagree") to 5 ("strongly agree"). This measure was only displayed to participants who indicated that they were working remotely. Participants' responses to all items were averaged to create a remote working experiences score, with higher values indicating more positive remote working experiences (Cronbach's α = .67).

2.3 | Control variables

Participants also reported their age, gender, and employment status to be included as controls, based on evidence that well-being and remote working outcomes vary according to these variables (Hsu, 2019; Kantarci & Kolodziej, 2017; Quinn & Smith, 2018).[3]

2.4 | Analytic plan

Data were analyzed using SPSS 28. Descriptive and correlational analyses were first conducted. We then tested the hypotheses with three hierarchical regressions, one for each outcome (ill-being, organizational well-being, and remote working experiences). Demographic controls were entered as predictors in the first step, followed by the indicators of general connectedness entered in the second step, and the indicators of organizational connectedness entered in the third step.

3 | RESULTS

3.1 | Descriptive and correlational analyses

Table 2 presents the descriptive statistics and correlation coefficients. Bivariate Pearson's correlations revealed that ill-being was negatively correlated with perceived organizational support, social connectedness, and age, but positively correlated with time spent alone. Moreover, organizational well-being was positively correlated with perceived organizational support, organizational communication, organizational identification, and social connectedness. However, only perceived organizational support was significantly correlated with remote working experiences.

3.2 | Regression analyses

To test our predictions that both general and organizational connectedness predicted ill-being, organizational well-being, and remote working experiences during the COVID-19 pandemic, we ran three hierarchical multiple linear regressions, one for each outcome variable. For each of these, in Step 1, age, gender, and employment status were included as control variables. In Step 2, we entered indicators of general connectedness: social connectedness, frequency of time spent interacting, and frequency of time spent alone. In Step 3, we entered indicators of organizational connectedness: organizational support, organizational communication, and organizational identification.

3.2.1 | Predicting ill-being

The first regression analysis regressed ill-being on the control and predictor variables (see Table 3). At Step 1, the model was significant ($F(3, 181) = 5.49$, $p = .001$), accounting for 8% of the variance in ill-being ($R^2 = 0.08$). Only age was significantly associated with ill-being, with younger participants reporting higher ill-being. Inclusion of the general connectedness variables in Step 2 significantly improved the model ($\Delta R^2 = 0.20$, F_{change} (3, 178) = 16.68, $p < .001$). Social connectedness was negatively associated with ill-being, whereas frequency of time spent alone was positively associated with ill-being. That is, the more socially connected participants felt, the lower levels of ill-being they reported; similarly, the more frequently participants spent time alone, the higher levels of ill-being they reported. The effect of time spent interacting with others on ill-being was not significant (see Table 3). Including the organizational variables in Step 3 significantly improved the model ($\Delta R^2 = 0.08$, F_{change} (3, 175) = 7.19, $p < .001$). Organizational variables had unique effects on ill-being when controlling for demographics and social connectedness variables. Specifically, perceived organizational support was negatively associated with ill-being whereas organizational identification was (unexpectedly) positively associated with ill-being. That is, the less supported participants felt by their organization, and the more identified they were with their organization, the more they reported ill-being.

3.2.2 | Predicting organizational well-being

The second analysis regressed organizational well-being on the control and predictor variables (see Table 4). At Step 1, the model was not significant ($F(3, 180) = 1.25$, $p = .292$, $R^2 = 0.02$). However, when entering the general connectedness variables in Step 2, the model became significant ($F(6, 177) = 3.16$, $p = .006$), accounting for 10% of the variance ($R^2 = 0.10$). Inclusion of these variables significantly improved the model ($\Delta R^2 = 0.08$, F_{change} (3, 177) = 4.98, $p = .002$). Of the general indicators of connectedness, only social connectedness was positively associated with organizational well-being, such that that those who reported being more socially connected reported better organizational well-being. Adding the organizational connectedness variables in Step 3 significantly improved the model ($\Delta R^2 = 0.21$, F_{change} (3, 174) = 17.75, $p < .001$). Of the organizational connectedness variables, only perceived organizational support was positively associated with organizational well-being; the effects of social connectedness became nonsignificant.

3.2.3 | Predicting remote working experiences

The third regression analysis regressed remote working experiences on the control and predictor variables. Only Step 3 was significant (see Table 5), ($F(9, 143) = 2.74$, $p = .006$), accounting for 15% of the variance ($R^2 = 0.15$). Only perceived organizational support and organizational identification were significantly associated with remote working experiences, with those who perceived higher levels of organizational support reporting better remote working experiences, whereas those who identified more strongly with their organization reported more negative remote working experiences.

TABLE 2 Correlations, Cronbach α's, means, and *SD*s

	1	2	3	4	5	6	7	8	9	10	11	12
1. Ill-being												
2. Organizational well-being	−0.647***											
3. Remote working experiences	−0.333***	0.243**										
4. Organizational support	−0.277***	0.498***	0.238**									
5. Organizational communication	−0.100	0.362***	0.145	0.539***								
6. Organizational identification	−0.080	0.261***	−0.030	0.562***	0.423***							
7. Social connectedness	−0.414***	0.241***	0.071	0.293***	0.186*	0.336***						
8. Frequency of time spent interacting	0.043	−0.095	−0.057	−0.145*	−0.144*	−0.238**	−0.219**					
9. Frequency of time spent alone	0.168*	−0.055	<0.001	−0.037	0.022	−0.095	−0.123	0.086				
10. Age	−0.277***	0.091	0.058	−0.029	0.086	0.111	0.068	0.313***	0.001			
11. Gender (0 = male; 1 = female)	0.093	−0.113	−0.003	0.063	0.067	0.077	0.156*	−0.077	−0.148*	−0.005		
12. Employment status (0 = full-time; 1 = part-time)	0.027	−0.033	−0.111	−0.067	−0.120	−0.180*	−0.108	0.092	0.051	−0.061	0.056	
M	2.69	3.19	3.28	3.24	3.34	3.47	3.78	3.23	3.96	34.30		
SD	0.70	0.88	0.66	0.88	1.01	1.03	0.73	1.04	1.87	11.63		

Note: Frequency of time spent interacting: lower scores represent a higher frequency of interaction.

*p < .05; **p < .01; ***p < .001.

TABLE 3 Hierarchical regression analysis predicting ill-being

Predictor variables	*F(df)*	R^2	*Adj* R^2	ΔR^2	*F change*	*B*	*SE*	*β*	*t*	*p*	95% CI	
Step 1	5.49 (3, 181)**	0.08	0.07									
Age						−0.02	0.004	−.27	−3.82	<.001	−0.03	−0.01
Gender (0 = male; 1 = female)						0.15	0.11	.09	1.31	.192	−0.07	0.36
Employment status (0 = full-time; 1 = part-time)						0.01	0.11	.01	0.08	.936	−0.21	0.23
Step 2	11.80 (6, 178)***	0.29	0.26	0.20	16.68***							
Age						−0.02	0.004	−.26	−3.87	<.001	−0.02	−0.01
Gender (0 = male; 1 = female)						.29	0.10	.19	2.85	.005	0.09	0.49
Employment status (0 = full-time; 1 = part-time)						−0.08	0.10	−.05	−0.83	.406	−0.28	0.11
Social connectedness						−0.40	0.07	−.41	−6.13	<.001	−0.53	−0.27
Frequency of time spent interacting						0.03	0.05	.04	0.59	.558	−0.07	0.12
Frequency of time spent alone						0.05	0.02	.14	2.14	.034	0.004	0.10
Step 3	11.08 (9, 175)***	0.36	0.33	0.08	7.19***							
Age						−0.02	0.004	−.32	−4.88	<.001	−0.03	−0.01
Gender (0 = male; 1 = female)						.28	0.10	.18	2.92	.004	0.09	0.47
Employment status (0 = full-time; 1 = part-time)						−0.04	0.10	−.03	−0.44	.660	−0.23	0.15
Social connectedness						−0.38	0.06	−.39	−5.82	<.001	−0.50	−0.25
Frequency of time spent interacting						0.06	0.05	.09	1.24	.217	−0.03	0.15
Frequency of time spent alone						0.06	0.02	.15	2.37	.019	0.009	0.102
Organizational support						−0.28	0.07	−.35	−4.34	<.001	−0.41	−0.16
Organizational communication						0.06	0.05	.08	1.06	.290	−0.05	0.16
Organizational identification						0.18	0.06	.26	3.31	.001	0.07	0.29

**$p < .01$;
***$p < .001$.

3.3 | Exploratory analyses

It is plausible that the negative effects of spending more time alone on employee well-being could have been counteracted by the strong ties that linked (some) employees to their organizations. To explore this possibility, we conducted exploratory moderation analyses to test whether indicators of organizational connectedness buffered against the negative effects of isolation on organizational well-being and general ill-being. In their study of living alone adults in the United Kingdom and the United States during the early weeks of lockdown, Weinstein and Nguyen (2020) found no significant negative effects on their participants' mental health. The authors noted that the finding could reflect the level of resilience in those who live alone. However, the authors have encouraged others to consider possible nuanced reactions to self-isolation as different groups may react differently. In this sense, we believe that those who feel stronger ties to their organizations may have reacted to social isolation differently.

Six moderation analyses (using PROCESS, Model 1; Hayes, 2018) were conducted to explore the potential moderating effects of (1) organizational identification, (2) organizational communication, and (3) organizational support on the association between time spent alone and organizational well-being on the one hand, and on the association between time spent alone and ill-being on the other hand. In all analyses, we entered the same covariates as in the multiple regressions: age, gender, employment status. Effects are reported in Table 6.

3.3.1 | Moderation analyses: Organizational well-being

The first moderation analysis, testing the moderating effect of organizational identification on the association between time spent alone and organizational well-being, while controlling for age, gender, and employment status, was significant ($F(6, 177) = 3.99$, $p < .001$,

TABLE 4 Hierarchical regression analysis predicting organizational well-being

Predictor variables	*F*(*df*)	R^2	Adj R^2	ΔR^2	*F* change	*B*	*SE*	*β*	*t*	*p*	95% CI	
Step 1	1.25 (3, 180)	0.02	0.004									
Age						0.01	0.01	.08	1.12	.265	−0.01	0.02
Gender (0 = male; 1 = female)						−0.22	0.14	−.11	−1.50	.135	−0.50	0.07
Employment status (0 = full-time; 1=part-time)						−0.05	0.14	−.03	−0.36	.720	−0.33	0.23
Step 2	3.16 (6, 177)**	0.10	0.07	0.08	4.98**							
Age						0.01	0.01	.10	1.26	.208	−0.004	0.019
Gender (0 = male; 1 = female)						−0.32	0.14	−.16	−2.24	.026	−0.60	−0.04
Employment status (0 = full-time; 1=part-time)						0.02	0.14	.01	0.18	.861	−0.25	0.30
Social connectedness						0.30	0.10	.24	3.21	.002	0.11	0.47
Frequency of time spent interacting						−0.07	0.07	−.09	−1.13	.261	−0.20	0.06
Frequency of time spent alone						−0.02	0.03	−.04	−0.49	.623	−0.09	0.05
Step 3	8.62 (9, 174)***	0.31	0.27	0.21	17.75***							
Age						0.01	0.01	.11	1.63	.105	−0.002	0.02
Gender (0 = male; 1 = female)						−0.34	0.13	−.18	−2.72	.007	−0.59	−0.09
Employment status (0 = full-time; 1=part-time)						0.06	0.12	.03	0.51	.611	−0.18	0.31
Social connectedness						0.15	0.08	.13	1.79	.075	−0.02	0.31
Frequency of time spent interacting						−0.04	0.06	−.05	−0.74	.461	−0.16	0.07
Frequency of time spent alone						−0.03	0.03	−.06	−0.87	.385	−0.09	0.03
Organizational support						0.45	0.09	.45	5.23	<.001	.28	0.61
Organizational communication						0.12	0.07	.14	1.75	.081	−0.02	0.25
Organizational identification						−0.08	0.07	−.10	−1.17	.243	−0.23	0.06

**$p < .01$;
***$p < .001$.

$R^2 = 0.12$). Organizational identification, but not time spent alone, was associated with organizational well-being. The interaction between organizational identification and time spent alone was significant. Simple slopes analysis showed that the association between time spent alone and organizational well-being was significant at low levels of organizational identification (−1 SD below the mean; $b = -0.11$, $SE = 0.05$, $t = -2.18$, $p = .031$, 95% CI (−0.21, −0.01)), but not at moderate (mean; $b = -0.03$, $SE = 0.03$, $t = -0.80$, $p = .422$, 95% CI (−0.09, 0.04)) or at high levels of organizational identification (+1 SD above the mean; $b = 0.06$, $SE = 0.05$, $t = 1.17$, $p = .243$, 95% CI (−0.04, 0.15)). That is, frequency of time spent alone was negatively associated with organizational well-being but only for those who reported lower levels of organizational identification. While excluding the covariates did not change the pattern of results, simple slopes at lower levels of organizational identification became marginally significant (with the Johnson–Neyman analysis revealing that the interaction was instead significant at very low levels of organizational identification below −1.319).

The second moderation analysis, testing the moderating effect of organizational communication on the association between time spent alone and organizational well-being, while controlling for age, gender, and employment status, was also significant ($F(6, 177) = 6.39$, $p < .001$, $R^2 = 0.18$)). Organizational communication, but not time spent alone, was associated with organizational well-being. The interaction between organizational communication and time spent alone was significant. Simple slopes were significant at low levels of organizational communication (−1 SD below the mean; $b = -0.11$, $SE = 0.04$, $t = -2.44$, $p = .016$, 95% CI (−0.20, −0.02)), but not at moderate (mean; $b = -0.04$, $SE = 0.03$, $t = -1.19$, $p = .236$, 95% CI (−0.10, 0.03)) or at high levels of organizational communication (+1 SD above the mean; $b = 0.03$, $SE = 0.05$, $t = 0.68$, $p = .500$, 95% CI (−0.06, 0.12)). That is, frequency of time spent alone was negatively associated with employee well-being but only for those who reported lower levels of effective organizational communication. Removing the covariates did not change the pattern of results.

TABLE 5 Hierarchical regression analysis predicting remote working experiences

Predictor variables	F(*df*)	R^2	Adj R^2	ΔR^2	*F* change	*B*	*SE*	*β*	*t*	*p*	95% CI	
Step 1	0.75 (3, 149)	0.02	−0.01									
Age						0.003	0.01	.05	0.60	.549	−0.01	0.01
Gender (0 = male; 1 = female)						0.01	0.12	.004	0.05	.957	−0.22	0.24
Employment status (0 = full-time; 1=part-time)						−0.15	0.11	−.11	−1.37	.172	−0.37	0.07
Step 2	0.56 (6, 146)	0.02	−0.02	0.01	0.38							
Age						0.004	0.01	.07	0.80	.423	−0.01	0.01
Gender (0 = male; 1 = female)						−0.001	0.12	−.001	−0.01	.993	−0.24	0.23
Employment status (0 = full-time; 1 = part-time)						−0.14	0.11	−.10	−1.23	.220	−0.36	0.08
Social connectedness						0.03	0.08	.03	0.33	.740	−0.13	0.18
Frequency of time spent interacting						−0.05	0.06	−.08	−0.87	.386	−0.16	0.06
Frequency of time spent alone						0.10	0.03	.03	0.35	.726	−0.05	0.07
Step 3	2.74 (9, 143)**	0.15	0.09	0.13	6.97***							
Age						0.01	0.01	.14	1.66	.100	−0.002	0.02
Gender (0 = male; 1 = female)						−0.02	0.11	−.01	−0.18	.858	−0.24	0.20
Employment status (0 = full-time; 1 = part-time)						−0.19	0.11	−.14	−1.74	.084	−0.40	0.03
Social connectedness						−0.002	0.08	−.003	−0.03	.974	−0.15	0.15
Frequency of time spent interacting						−0.08	0.05	−.14	−1.55	.124	−0.19	0.02
Frequency of time spent alone						−0.001	0.03	−.002	−0.03	.977	−0.06	0.05
Organizational support						0.30	0.08	.40	3.83	<.001	0.14	0.45
Organizational communication						0.02	0.06	.02	0.26	.797	−0.10	0.13
Organizational identification						−0.24	0.07	−.38	−3.72	<.001	−0.37	−0.11

**$p < .01$;
***$p < .001$.

The third moderation analysis, testing the moderating effect of perceived organizational support on the association between time spent alone and organizational well-being, while controlling for age, gender, and employment status, was also significant ($F(6, 177) = 11.98$, $p < .001$, $R^2 = 0.29$). Organizational support, but not time spent alone, was significantly associated with organizational well-being. The interaction between organizational support and time spent alone was not significant. Removing the covariates did not change the pattern of results.

3.3.2 | Moderation analyses: Ill-being

The fourth moderation analysis, testing the moderating effect of organizational identification on the association between time spent alone and general ill-being, while controlling for age, gender, and employment status, was significant ($F(6, 178) = 4.03$, $p < .001$, $R^2 = 0.12$). Time spent alone, but not organizational identification, was associated with general ill-being. The interaction between organizational identification and time spent alone was not significant. Removing the covariates did not change the pattern of results.

The fifth moderation analysis, testing the moderating effect of organizational communication on the association between time spent alone and general ill-being, was significant ($F(6,178) = 4.18$, $p = .001$, $R^2 = 0.12$). Time spent alone, but not organizational communication, was associated with general ill-being. The interaction between organizational communication and time spent alone was not significant. Removing the covariates did not change the pattern of results.

The sixth moderation analysis, testing the moderating effect of organizational support on the association between time spent alone and general ill-being, was significant ($F(6, 178) = 7.59$, $p < .001$, $R^2 = 0.20$). Both time spent alone and organizational support were associated with general ill-being. The interaction between organizational communication and time spent alone was not significant. Removing the covariates did not change the pattern of results.

TABLE 6 Exploratory moderation analyses predicting organizational well-being and general ill-being

	Outcome variable	
	Organizational well-being	General ill-being
Moderator: organizational identification		
Frequency of time spent alone	$b = -0.03$, $SE = 0.03$, $t = -0.80$, $p = .422$, 95% CI (−0.09, 0.04)	$b = 0.07$, $SE = 0.03$, $t = 2.53$, $p = .012$, 95% CI (0.02, 0.12)
Organizational identification	$b = 0.21$, $SE = 0.06$, $t = 3.31$, $p = .001$, 95% CI (0.08, 0.34)	$b = -0.03$, $SE = 0.05$, $t = -0.53$, $p = .598$, 95% CI (−0.13, 0.07)
Frequency of time spent alone × organizational identification	$b = 0.08$, $SE = 0.04$, $t = 2.32$, $p = .021$, 95% CI (0.01,0.15)	$b = -0.02$, $SE = 0.03$, $t = -0.65$, $p = .518$, 95% CI (−0.07, 0.04)
Moderator: organizational communication		
Frequency of time spent alone	$b = -0.04$, $SE = 0.03$, $t = -1.19$, $p = .236$, 95% CI (−0.10, 0.03)	$b = 0.07$, $SE = 0.03$, $t = 2.60$, $p = .010$, 95% CI (0.02, 0.12)
Organizational communication	$b = 0.32$, $SE = 0.06$, $t = 5.36$, $p < .001$, 95% CI (0.20, 0.44)	$b = -0.06$, $SE = 0.05$, $t = -1.22$, $p = .222$, 95% CI (−0.16, 0.04)
Frequency of time spent alone × organizational communication	$b = 0.07$, $SE = 0.03$, $t = 2.24$, $p = .026$, 95% CI (0.01,0.13)	$b = -0.01$, $SE = 0.03$, $t = -0.41$, $p = .685$, 95% CI (−0.06, 0.04)
Moderator: organizational support		
Frequency of time spent alone	$b = -0.03$, $SE = 0.03$, $t = -0.88$, $p = .383$, 95% CI (−0.09, 0.03)	$b = 0.07$, $SE = 0.03$, $t = 2.61$, $p = .010$, 95% CI (0.02, 0.12)
Organizational support	$b = 0.51$, $SE = 0.06$, $t = 7.93$, $p < .001$, 95% CI (0.38, 0.63)	$b = -0.23$, $SE = 0.05$, $t = -4.28$, $p < .001$, 95% CI (−0.34, −0.13)
Frequency of time spent alone × organizational support	$b = 0.06$, $SE = 0.03$, $t = 1.71$, $p = .089$, 95% CI (−0.01, 0.12)	$b = -0.03$, $SE = 0.03$, $t = -1.19$, $p = .234$, 95% CI (−0.09, 0.02)

Note: Age, gender, and employment status were entered as covariates in all moderation analyses.

In brief, exploratory moderation analyses suggest that organizational connectedness (specifically, organizational identification and effective organizational communication) buffered the effects of social isolation on organizational well-being (but not general ill-being). That is, time spent alone was only associated with worse organizational well-being among those with perceived lower levels of organizational identification and pandemic-related organizational communication.

4 | DISCUSSION

The present study examined the effects of social and organizational connectedness on full- and part-time workers' ill-being, organizational well-being, and remote working experiences during the UK's second COVID-19 lockdown. Hierarchical regressions found that those self-reporting greater social connectedness experienced less ill-being, whereas frequency of time spent alone was associated with more ill-being. Perceived organizational support was associated with less ill-being, better organizational well-being, and better remote working experiences. Despite nonsignificant bivariate correlations, when accounting for the effects of all other predictors, higher levels of organizational identification, unexpectedly, predicted greater ill-being and negative remote working experiences. Furthermore, organizational identification did not predict organizational well-being despite a significant bivariate correlation. However, exploratory moderation analyses showed that organizational identification (and organizational communication) moderated associations between time spent alone and organizational well-being, with those lower on identification (and those experiencing less effective organizational communication) experiencing worse well-being at work with increased frequency of time spent alone. Taken together, these findings demonstrate that organizational connectedness played an important role in shaping employee well-being above and beyond general indicators of social connectedness during lockdown.

4.1 | Social connectedness and ill-being

As predicted, more time spent alone during lockdown increased ill-being. In contrast, and consistent with social identity approach to health (C. Haslam et al., 2018), feeling socially connected as measured by belongingness (but not quantity of social interactions) was associated with lower ill-being during lockdown. This coincides with evidence that group belongingness invigorates well-being by conferring psychological resources that enable individuals to cope with stressors (Alcover et al., 2020; Saeri et al., 2018)—acting as a "social cure" against ill-health (C. Haslam et al., 2018). However, frequency of social interaction (as another index of general connectedness) did not significantly predict ill-being—contrary to findings showing that communicating within larger networks has

lowered stress induced by the COVID-19 pandemic (Nitschke et al., 2021). This highlights the importance of looking beyond the frequency of interactions as a measure of how well connected people feel when considering the impact of group memberships and social connectedness on well-being (Sani et al., 2012).

4.2 | Organizational connectedness, employee well-being, and remote working experiences

The present study demonstrated that organizational elements of connectedness had benefits to employees' well-being and remote working experiences above and beyond the effects of general social connectedness. Perceived organizational support played a key role in determining employees' experiences during the second lockdown. Indeed, it was the only variable of organizational connectedness that predicted each outcome as hypothesized, with greater perceived organizational support being associated with decreased ill-being, better organizational well-being, and more positive remote working experiences. This emphasizes the importance of perceived organizational support as a key resilience strategy in protecting employee well-being during disease outbreaks (Maunder et al., 2006), corroborating findings that perceived organizational support has reduced employee's COVID-19 anxiety (Labrague and Santos, 2020) and emotional exhaustion (Charoensukmongkol & Phungsoonthorn, 2021). This conceptually aligns with a Job Demands-Resources model (Demerouti et al., 2001), where job resources, such as perceived organizational support, are theorized to reduce strain from job demands such as uncertainty and organizational change. These findings also indicate that perceived organizational support offers a critical resource for helping workers to adapt to (involuntary) remote working. Thus, to optimize employee outcomes during pandemics, like that experienced with COVID-19 (or other significant macro-level events that may increase uncertainty and create turmoil), it is crucial that workplaces offer a continuous source of support for remote workers (Malinen et al., 2020).

Unexpectedly, and despite nonsignificant bivariate correlations, those with greater levels of organizational identification reported higher rates of ill-being and more negative remote working experiences (when accounting for all other predictors). We expected the reverse effect; that is, that those who identified with their organizations more strongly would report lower ill-being and more positive remote working experiences. Indeed, based on the literature on the "social cure" (e.g., C. Haslam et al., 2018) one would expect high levels of identification to offer an "anchor" to employees during times of distress, with high-identifiers perhaps more likely to retain their social connections in the workplace, albeit virtually—in turn providing them with the same benefits to well-being. However, while organizational identification is typically construed as a desirable resource for employee well-being (Steffens & Haslam, 2017), some scholars have cautioned against conceptualizing organizational identification in unequivocally positive terms (Caprar et al., 2022; Irshad & Bashir, 2020). Dukerich et al. (1998) warn of a "dark side" to organizational identification, given that over-identification may lead individuals to incorporate organizations into the self-concept to the extent that their distinctiveness from the organization becomes blurred, and personal needs become fulfilled mostly by organizational membership. This may leave employees vulnerable, overinvesting in the organization to the infringement of nonwork domains (Li et al., 2015). Hence, organizational identification may represent a double-edged sword—proving beneficial for employees only when a balance is reached.

Alternatively, it could be the case that the involuntary remote working experiences, for which many organizations and employees were ill-prepared for, may have had negative effects on (high identified) employees' well-being. Indeed, the pandemic has provoked high levels of uncertainty which were likely unprecedently high for many groups of people in the United Kingdom (where the study was conducted). Uncertainty was also likely particularly strong in the early stages of the pandemic when little was known about the virus and whether treatments and vaccines could be rapidly developed. We know that individuals dislike uncertainty in general (Epstein, 2004). Scholars have also noted a general tendency for resistance to organizational change (e.g., Amarantou et al., 2018) and the involuntary remote work environment which was prevalent at the time of data collection was a significant change for many employees (and organizations). In line with this, Uncertainty-Identity Theory (Hogg, 2000, 2007, 2012) theorizes that social identification provides a useful means of reducing self-uncertainty. Indeed, we turn to others to validate social reality, such as our opinions, beliefs, and attitudes (Festinger, 1950), and worldviews (Hogg & Adelman, 2013), and people more strongly identify with their social groups when they feel uncertain (Hogg & Adelman, 2013). However, we suspect that, particularly in the early stages of the pandemic, remote working challenged the way individuals interacted at work which, in turn, likely affected the ways in which workers related to their workplaces. Those individuals who were highly identified with their organizations may have therefore lost, to a certain extent, the protective effects that a high identification often warrants— thus impacting their levels of well-being.

4.3 | Organizational identification and communication moderate the relationship between time spent alone and organizational well-being

Exploratory moderation analyses showed that organizational identification moderated the association between time spent alone and organization well-being. However, effects were only significant at low levels of organizational identification. This suggests that, during periods of time spent alone, organizational identification offered protective effects on how well participants felt in relation to work. We found similar results when examining the moderating effects of organizational communication on the association of time spent alone on organizational well-being. Specifically, results suggest that time spent alone lowered organizational well-being only for

those employees who experienced less effective communication about COVID-19.

4.4 | Limitations and future directions

The present study is not without limitations. First, the cross-sectional design limits inferences about directionality and causality (Freedman, 2010), with such studies often prone to common method bias (Spector, 2006). However, Evans (1985) notes that, given difficulties in detecting moderator effects outside the laboratory, researchers should be assured of their importance when significant interactions emerge from cross-sectional designs. Hence, one can have confidence that the results obtained are statistically reliable and theoretically relevant.

Additionally, we used a crowdsourcing platform to recruit most respondents. A strength of adopting this approach was that it enabled employees from across working populations and organizational cultures (including blue, white, and pink collar jobs) to be surveyed, ensuring variance in organizational strategies to COVID-19. Still, it is possible that different organizational cultures and climates may have shaped working experiences differently throughout the pandemic. While the current data do not allow us to compare different groups of employees based on their occupation, this would certainly add value to future research on remote and flexible working. Furthermore, an attention check was included to monitor attentiveness, although only in the prolific sample. Although those who fail such checks are commonly excluded, these were retained as their removal can bias estimates and undermine legitimate effects (Aronow et al., 2019). Their removal also did not alter the results obtained.

Finally, we note the lesser role played by organizational communication in explaining ill-being and remote working experiences. While downward-flow organizational communication was investigated, future studies could examine whether other types of organizational communications linked to COVID-19, as well as workplace rumors and gossip (Michelson & Mouly, 2000), play a different role. Still, results suggest that organizational communications buffered against the negative effects of time spent alone on organizational well-being, perhaps because participants felt more included by their employers and more closely connected to their organizations.

5 | CONCLUSIONS

This study examined the roles of social and organizational connectedness on UK employee's well-being and remote working experiences during the COVID-19 pandemic. The findings show that although general indicators of social connectedness were important determinants of well-being, organizational indicators of connectedness played a role in explaining well-being and remote working experiences above and beyond the effects of general social connectedness indicators. Interestingly, we found that while perceived organizational support was positively associated with lower levels of ill-being, better organizational well-being, and more positive remote working experiences, organizational identification had reversed effects on ill-being and remote working experiences (while accounting for the effects of the other predictors)—suggesting potentially detrimental effects on employees during lockdown. However, exploratory moderation analyses showed that organizational identification (and effective organizational communication) did offer some protective effects, given that isolation (as measured by frequency of time spent alone) was only associated with more negative organizational well-being among low-identifiers (and those who received less effective communications). Taken together, these findings suggest that organizational connectedness played a key role in shaping employees' experiences during lockdown.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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ENDNOTES

[1] An attention check was only included on the survey that was distributed via Prolific. Excluding those who failed the attention check included in the Prolific survey did not change the pattern of the results.

[2] The survey also asked participants to indicate the number of hours they spent alone at home not interacting.

[3] The survey also included a measure of Identity Leadership (Steffens et al., 2014) which was not analyzed for parsimony. Participants were also asked whether they had been diagnosed with or had a suspected COVID-19 infection and whether they had self-isolated (and if so, the percentage of time spent in isolation). The survey also included measures about previous remote working experiences.

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