IMPROVING EMPLOYEE COPING CAPABILITIES AMID PANDEMIC-INDUCED REMOTE WORKING CONDITIONS VIA THE APPLICATION OF MBSR (MINDFULNESS-BASED STRESS REDUCTION) TRAINING.

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ABSTRACT

Remote working has become an essential part of the work environment since the COVID-19 pandemic. The old habits of business life changed instantly. Accordingly, some challenges emerged for both organizations and employees in adapting to the new situation. These challenges have created stress among employees, affecting their personal lives and business lives. This study examines the perceived stress, well-being, self-awareness, self-efficacy, and resilience levels of remote-working employees in Turkey before and after the eight-week, online Mindfulness-Based Stress Reduction (MBSR) Program was implemented during the Covid-19 pandemic. For the implementation of the study, three groups of employees - all working remotely - were assembled. The first experimental group was 20 employees from an insurance company. The second experimental group was 14 employees from a beverage company. They all received the MBSR training, which was given by the author, for eight weeks. The third group was the control group of 33 employees from different sectors, and they did not receive any MBSR training. Before and after the MBSR program, a survey was conducted among both the control group and the experimental groups. In this current study, "The Perceived Stress Scale" was used to determine the stress level of the participants, "The WHO Well-being Scale" was used to determine the well-being level of the participants, "The Mindfulness Attention Awareness Scale" was used to determine the self-awareness level of the participants, "The Brief Resilience Scale" was used to determine the resilience level of the participants, and "The General Self-efficacy Scale" was used to determine the self-efficacy level of the participants. The data collected from the surveys were evaluated through the IBM SPSS Statistics 25 program. The model employed by the research intends to indicate that there is a significant change in the perceived stress, self-awareness, self-efficacy, well-being, and resilience levels of those who received the MBSR training rather than in the levels of those who did not receive the MBSR training.

Keywords: Remote Working, Stress, Resilience, MBSR, Well-being, Self-efficacy.

MBSR (MINDFULNESS TEMELLİ STRES AZALTMA) EĞİTİMİ UYGULAMASI YOLUYLA PANDEMİ KAYNAKLI UZAKTAN ÇALIŞMA KOŞULLARINDA ÇALIŞANLARIN BAŞ ETME YETENEKLERİNİ GELİŞTİRMEK

ÖZET

Uzaktan çalışma, COVID-19 pandemisinden bu yana çalışma ortamının önemli bir parçası haline geldi. İş hayatının eski alışkanlıkları bir anda değişti. Buna göre, hem kurumlar hem de çalışanlar için yeni duruma uyum sağlamada bazı zorluklar ortaya çıktı. Bu zorluklar, çalışanlar arasında stres yaratarak onların özel ve iş yaşamlarını etkilemektedir. Bu çalışmada, COVID-19 salgını sırasında, Türkiye'de uzaktan çalışanların algıladıkları stres, iyilik hali, öz farkındalık, öz-yeterlik ve dayanıklılık düzeyleri, çalışmanın yazarı tarafından verilen sekiz haftalık çevrimiçi (online) Mindfulness Temelli Stres Azaltma (MBSR) Programı'nın uygulanmasından önce ve sonra olarak incelenmektedir. Çalışmanın uygulanması için tamamı uzaktan çalışan üç grup uzaktan çalışan bir araya getirilmiştir. İlk deney grubu bir sigorta şirketinden 20 çalışan, ikinci deney grubu ise bir içecek şirketinden 14 çalışandı bulunmaktaydı. Deney grubundaki herkes sekiz hafta boyunca MBSR eğitimini aldı. Üçüncü grup ise farklı sektörlerden 33 uzaktan çalışandan oluşan kontrol grubu olup, herhangi bir MBSR eğitimine katılmamışlardır. MBSR programından önce ve sonra, kontrol grubu ve her iki deney grubu arasında bir anket uygulaması yapılmıştır. Bu çalışmada, katılımcıların stres düzeylerini ölçmek için "Algılanan Stres Ölçeği", katılımcıların iyi oluş düzeylerini ölçmek için "WHO İyi Oluş Ölçeği", katılımcıların öz-farkındalık düzeylerini ölçmek için "Bilinçli Farkındalık Ölçeği" kullanılmıştır. Dayanıklıklarını ölçmek için "Kısa dayanıklılık Ölçeği" ve öz-yeterlik düzeylerini ölçmek için "Genel Öz-yeterlik Ölçeği" kullanılmıştır. Anketlerden toplanan veriler SPSS programı aracılığıyla değerlendirilmiştir. Araştırma tarafından kullanılan model, MBSR eğitimini alanların, MBSR eğitimi almayanlara göre algıladıkları stres, öz farkındalık, öz-yeterlik, iyilik hali ve dayanıklılık düzeylerinde anlamlı ve ölçülebilir düzeyde olumlu bir değişim olduğunu göstermeyi amaçlamaktadır.

Anahtar Sözcükler: Uzaktan Çalışma, Stres, Dayanıklılık, MBSR, İyi Oluş, Öz-yeterlilik.

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DEDICATION

For my mother, Hidayet Yelkencioğlu. Your last advice to me was "whatever they say, follow your dreams". This motto has put me on the road to being me. Love you forever.

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ABBREVIATIONS

DMN   : Default Mode network

EU   : European Union

ICT   : Information Communication Technologies

JDC   : Job-Demand Control Model

JDCS   : Job-Demand Control Support Model

MBSR   : Mindfulness-based Stress Reduction

SPSS   : Statistical Package for Social Sciences

WFA   : Work From Anywhere

WFH   : Work From Home

WHO   : World Health Organization

CHAPTER I

1.INTRODUCTION

1.1 Background to the Study

The COVID-19 virus was declared a pandemic by the World Health Organization on 11 March 2020 (Weigelt et al., 2021; Kondratowicz et al., 2021). Fear of an unknown disease, uncertainty, and governmental restrictions triggered a sudden and comprehensive switch to remote life, both professionally and personally (Kondratowicz et al., 2021; Weigelt et al.2021). Approximately 68% of the global workforce began to work under nationally-imposed pandemic restrictions (ILO, 2020).

This unexpected situation decreased people's level of well-being by more than 71% (Kondratowicz et al., 2021). People had both pleasant and unpleasant experiences in their personal and professional lives. Most workers had no prior experience in remote working, and companies were not prepared for remote-working conditions (Wang et al., 2020). Before the pandemic, remote working was perceived as a positive idea by employees or as a motivational tool by employers. However, the COVID-19 pandemic changed these perceptions: remote working was now a source of pressure. As the pressure built, stress took center stage.

Stress has been a part of human life, and it is inevitable. According to Lazarus, individual cognitive appraisal decides whether stress is threatening or challenging (distress) or motivating (eustress) (Pandey & Gaur, 2005). The COVID-19 pandemic has given humanity diverse experiences, affecting the perceived stress levels.

Perceived stress has several effects on both psychological and physical conditions. The remote-working-induced stress has changed employees' well-being, resilience, self-efficacy, and self-awareness levels, influencing business performance.

Mindfulness is paying attention to the present moment non-reactively, non-judgmentally, and open-heartedly (Alidina S., 2010). It is a tool that supports people to be flexible and adaptable in adverse environments.

Experiential studies of mindfulness interventions demonstrate that mindfulness serves to reduce stress and improve health (Nehra et al., 2013). Based on this finding, this study was conducted with a sample of 34 remote-working employees participating in the MBSR (Mindfulness-based Stress Reduction) program during the COVID-19 pandemic. The results were compared to the control group of 33 remote-working employees.

1.2 Purpose of the Study

This experimental study aims to explore the conditions of remote working employees during the COVID-19 pandemic and investigate the relationship between the perceived stress, self-awareness, resilience, well-being, and self-efficacy levels before and after the MBSR training. The study claims that mindfulness training will support those employees by reducing perceived stress levels and will improve coping capabilities through increased well-being, resilience, self-awareness, and self-efficacy levels.

1.3 Significance of the Study

There are many studies that have been conducted to measure stress reduction in the literature. However, this study aimed to measure the stress that occurred during the COVID-19 pandemic. This study is organized primarily to improve the capabilities of remote working employees during the COVID-19 pandemic to cope with pandemic-induced stress.

Secondly, before the pandemic, the MBSR courses used to be organized as face-to-face group courses. However, the pandemic life changed that habit to make online courses instead. Although both the mindfulness teachers and participants had doubts about the results of online courses, the outcomes were satisfactory. The MBSR courses for that study were online.

Additionally, the MBSR-oriented experiential studies in Turkey have been conducted chiefly for psychology. This study is the first experimental study in Turkey

in which MBSR training was practiced for employees, conducted for management science, and practiced online.

Lastly, the teacher of the MBSR course is also the author of this study (Appendix B).

1.4 Study Outline

In the first chapter, there is a brief introduction to the study. Its purpose, significance, outline, and general information are stated.

In the second chapter, the literature about the variables of the research model is reviewed. Stress, remote working, well-being, resilience, self-efficacy, self-awareness, mindfulness, and the MBSR program are discussed.

In the third chapter, the research model and methodology, the hypothesis tested in the research, and information about the survey, measures, scales, and statistical analysis are discussed.

In the fourth chapter, the results of the research are reported in detail. The results of the hypothesis tests and the findings related to the experimental and control groups are discussed.

In the fifth chapter, the findings of the experimental research and the results are discussed in relation to the literature.

In the last chapter, the study is summarized and concludes with a discussion of its limitations and with suggestions for future research.

CHAPTER 2

2.LITERATURE REVIEW

2.1 Remote Working

Remote working, or teleworking, is a type of working situation where the employees are allowed to work anywhere they choose - mainly at home (Azimov, 2020) - provided that they communicate with the company via information communication technologies (ICT) (Prasad et al., 2020; ILO, 2020).

According to the Official Gazette of the Republic of Turkey, "Teleworking refers to the business relationship established in writing, based on the principle that the worker fulfills the act of working within the scope of the work organization created by the employer, at home or outside the workplace, using technological communication." (Resmi Gazete, 2021).

The terms "teleworking" and "telecommuting" were first used in 1973 by Jack Niles (Abilash and Siju, 2021). Niles was a NASA scientist who used telephone lines for communication. In those years, telecommuting was an effort to reduce traffic and oil consumption by decreasing office/home trips (Hidayat, 2022).

In the 1980s, working conditions started to change (Kondratowicz et al., 2021). The development of intelligent technologies affected the nature of work (Grant et al., 2013). Teleworking became a novel way of working and was thought of as a working environment revolution (Daib-Bahman a Al-Enzi, 2020). Although working remotely was perceived as the route of white-collar workers and high-income earners (Wang et al., 2020), these developments led organizations to offer remote working as an incentive to support employee well-being (Grant et al., 2013). The flexible working hours and improved work/life balance increased the satisfaction level of employees (Grant et al., 2013).

The number of remote employees increased by 115% between 2005 and 2015. In 2015, it was 20 - 25% of all employees (Strain et al., 2018). In the U.S, the number of remote-working employees was 1.8 million and increased to 3.9 million in 2017: 2.9% of all U.S. employees. Similarly, 2% of employees in Europe worked remotely in 2015 (Wang et al., 2020).

The number of remote workers in Britain increased from 9.2% in 2001 to 10.3% in 2011. In 2017, newspapers in Britain were claiming that "the office is dead" (Felstead & Henseke, 2017).

According to Eurostat, the average of employees in E.U. countries working remotely in 2019 was 5.4%. The percentage of employees who sometimes worked remotely rose from 6% to 9% in the last decade. The highest score was 14.1% in Finland and The Netherlands, while the lowest was 0.8% in Romania and 0.5% in Bulgaria (Popovici et al. 20). According to the Upwork Future Workforce Report, the share of remote workers in the U.S. in 2019 was 13.2% (Ozimek, A., 2020). In Turkey, it was 2.1% (Eurostat, 2022). Of the 2,865 international respondents to the Global Work-from-home Experience Survey, 31% regularly worked at home before the pandemic (Global Workplace Analytics, 2020).

2.1.1 Remote Working and the COVID-19 Pandemic

When the COVID-19 outbreak changed the business environment worldwide, the private and public sectors were forced to work in a different way: remote working (Prasad et al.,2020). It emerged that there was no need to be physically present in the office for sectors such as technology, research and development, e-commerce, and pharmaceutical. Consequently, the existing communication technology was used to conduct virtual meetings, conferences, workshops, etc. Zoom, Skype, WhatsApp, bluejeans, Microsoft Teams, Webex, and Hangouts proved to be the preferred programs (Prasad et al., 2020).

The popularity of remote working was rising before the pandemic, and many companies were planning to allow some employees to work from home. However, even the companies which had been preparing were not really prepared. Most companies were simply not ready for the total shift to remote working (Azimov, 2020).

When the World Health Organization declared COVID-19 to be a pandemic, many companies such as Google, Hitachi, and Microsoft announced that they would work remotely (Abilash & Siju, 2021). However, unlike in the 1970s, the primary purpose of remote working in 2020 was to prevent viral contagion (Hidayat, 2022). Whether familiar or not, the switch to remote working was not easy. The changes in the working environment, working habits, and daily life increased the stress levels for both employees and employers. This affected employee productivity and motivation and became a significant problem during the pandemic (Azimov, 2020).

Companies tried to find ways to adapt to the new situation and continue operations remotely (Azimov, 2020). It was the largest-ever shift from work to home (Bernazzani, 2020). About 70% of full-time workers in the U.S. became remote workers.

Additionally, according to data from the "Upwork Future Workforce Report" survey of April 2020 (during the pandemic), the percentage of employees working remotely in the USA sharply increased to 74% (Ozimek, 2020).

The World Economic Forum's 2020 research among 15 sectors in 26 developed and emerging countries showed that digital working processes rapidly increased to 84% (including a 44% expansion of remote working).

During the pandemic, the global percentage of employees regularly working remotely rose to 88% (Global Workplace Analytics, 2020). As shown in Table 1, Finland had the highest rate (25.1%), followed by Luxemburg (23.1%) and Ireland (21.5%); compared to 2019, Romania (2.5%), Bulgaria (1.2%), and Turkey (3%) increased their remote work percentages (Eurostat, 2020). Remote working in Japan went from 26% in March 2020 to 67% in May 2020 (Miyake et al., 2021). In the U.K., remote working reached 47% (Tursunbayeva et al., 2022).

Table 2.1 Percentage Of People Usually Working From Home İn Europe 2020, By Country.

Country Name	Percentage
Finland	25.1
Luxemburg	23.1
Ireland	21.5
Austria	18.1
Netherlands	17.8
Belgium	17.2
Denmark	17.0
France	15.7
Germany (Unreliable Data)	14.8
Malta	14.8
Portugal	13.9
Estonia	12.6
EU27	12.3
Italy	12.2
Spain	10.9
Poland	8.9
Iceland	8.7
Slovenia	7.4
Sweden	7.3
Serbia	7.2
Czechia	7.2
Greece	7.0
Montenegro (2019 Data)	5.8
Slovenia	5.7
Lithuania	5.4
Switzerland	4.9
United Kingdon (2019 Data)	4.7
Norway	4.7
Latvia	4.5
Cyprus	4.5
Hungary	3.6
Croatia	3.1
Turkey	3.0
North Macedonia	2.9
Romania	2.5
Bulgaria	1.2

"Usually working at home" means doing at home any productive work related to the current job for at least half of the days worked in four weeks.

2.1.2 Types of Remote Working

There have been several names or definitions given to remote working since the 1970s.

First of all, the terms WFH (working from home), WFA (working from anywhere), teleworking, e-working (mostly in the UK), telecommuting, and remote working are used interchangeably (ILO, 2020). However, teleworking is defined as the use of information and communication technologies while working remotely (Tursunbayeva et.al, 2022).

Secondly, home-based telework, home remote working (Daib-Bahman and Al-Enzi, 2020), or work from home (ILO, 2020) are the classic home-based telework, where the employees work entirely at home, either full-time or part-time. Information and communication technologies are used to contact the company (Daib-Bahman & Al-Enzi, 2020).

Thirdly, teleworking can be done from remote offices separate from the main office, or from on-site offices where costs are lower (Daib-Bahman and Al-Enzi, 2020). These offices are equipped with communication technology (Abilash & Siju, 2021).

As well, telecottage offices are organized for both teleworking and on-site working. They have facilities shared with other businesses and employees or freelancers (Daib-Bahman & Al-Enzi, 2020).

In addition, some mobile/nomadic workers use portable equipment and do their work anywhere they need to be, including in customers' offices (Watson & Lightfoot, 2003; Daib-Bahman & Al-Enzi, 2020).

Mobile work is doing work by using mobile phones or tablets, even after regular working hours (Abilash & Siju, 2021).

In this study, "remote working" is used to mean working outside the workplace (mostly home) and using information and communication technologies (ICT).

2.1.3 Advantages of Remote Working for Companies

Working remotely brought substantial cost savings for the companies. Such as: saved communication time (reduced informal communication), lower office costs (heating, lighting, internet, phone, so on.) (Diab-Bahman & Al-Enzi, 2020), and

reduced fuel and office transportation expenses (Abilash & Siju, 2021). During COVID-19, companies saved on real estate and fixed costs, but some companies had to support their employees in terms of computers, internet access, or other necessary equipment (Tursunbayeva et al., 2022).

Additionally, teleworking increased employees' autonomy and contributed to their engagement and prudence when working. These enabled an increase in employee morale, satisfaction, creativity, and productivity (Diab-Bahman & Al-Enzi, 2020; Watson & Lightfoot, 2003; Hidayat et al., 2022). Employees also dedicated themselves to their work, which increased their feelings of self-efficacy at work (Palumbo, 2020).

In order to support and motivate their employees, some companies started offering remote work as an incentive in the 2000s. Yahoo, for example, offered remote work programs to employees in order to motivate them. In the field, "Work From Home" and "Work From Anywhere" (NASA, Gitlab, Akamai, Github, DataStax) emerged as incentive options for employees (Choudhury et al., 2020).

Both working from home (WFH) and working from anywhere (WFA) provide employees flexibility. However, in addition to WFH's flexibility in choosing working conditions, WFA also provides the flexibility of choosing the geographic location. Employees can work wherever in the World they are comfortable (Choudhury et al., 2020) and that geographic flexibility also allows companies to extend their operations and increase their competitiveness (Tursunbayeva, 2022).

A study by Bloom et al. in China revealed that voluntarily shifting from office working to WFH increased employees' productivity by 13% (Bloom et al., 2015) In another study, a shift from WFH to WFA increased work output by 4.4% (Choudhury et al., 2020).

Remote working employees do not spend time commuting or personal grooming (Abilash & Siju, 2021; Hernandez, 2020). They have flexible and psychologically comfortable times for working at home, and they can spend more quality time with their families (Hernandez, 2020). In addition, working in a quieter atmosphere increases the employee's attention and performance (Popovici et al. 2020).

On the other hand, some employees may not accept being a part of remote working culture, and this may reduce the motivation and satisfaction of those employees (Popovici, et.al, 2020).

Likewise, some companies may have doubts about remote working. In 2013, Yahoo banned remote working because work quality and speed had decreased.

Likewise, Hewlett-Packard tried to get its employees back to the office (Felstead & Henseke, 2017).

2.1.4. Advantages of Remote Working for Employees

There are several advantages of remote working for employees. First of all, remote-working employees have the flexibility and autonomy to decide how to organize their time to accomplish their tasks (Watson & Lightfoot, 2003; Flores, 2019) and where they will work. This flexibility creates opportunities for employees to focus on their jobs without the interruptions of an on-site working environment (Vione & Kotera, 2021). It reduces the work stress of 'nine to five office working'(Watson & Lightfoot, 2003). Moreover, it increases the balance between their personal and working lives, well-being, work motivation (Prasad et al., 2020), and happiness. According to a study by Bernazzani at the end of 2019, at the cusp of the pandemic, remote-working employees were 29% happier than on-site employees (Azimov, 2020).

Secondly, remote working empowers employees to balance their family and work time better (Watson & Lightfoot, 2003; Flores, 2019). This allows employees to look after their families and to work more productively. Since remote working supports more significant contact with family members, especially with those at home who are disabled or are primary caregivers, employees can fulfill their work duties under any conditions. Working at home may prevent absenteeism because it allows employees to work even if they are mildly ill (virtual presenteeism) (Popovici et al., 2020). Additionally, working at home eliminates the time spent traveling to and from the office (Daib-Bahman & Al-Enzi, 2020; Watson & Lightfoot, 2003; Al-Shatry, 2012).

Thirdly, remote working has significantly broadened the attractiveness of qualified workers, according to Gallup research in 2020. Anyone from anywhere in the world can apply for the job. Since working from home was limited before COVID-19, workers with disabilities who could not get to an office were not considered potential employees (Tursunbayeva, 2022). During the pandemic, however, there was an increase in professionals like teachers and translators hired for remote work (Tursunbayeva, 2022). The increase in employment opportunities has been mirrored by increased employee engagement with their work (Prasad et al.,2020).

Lastly, remote-working employees experience greater job satisfaction because they can determine the best practices for their tasks. The work environment - along with colleagues, salary level, and employer - is crucial in determining job satisfaction (Hidayat, 2022). An experimental study in 2021 among 86 employees reported that working at home increased job satisfaction and work motivation (Hidayat, 2022; Bachtal, 2021) and productivity.

2.1.5 Challenges of Remote Working

Remote working creates challenging conditions which shape the workers' psychology, family relationships, and social and professional environments (Wang et al., 2020).

With the appearance of the COVID-19 pandemic and the global lockdowns in February and March 2020, people experienced sudden and dramatic changes in their lives. In an instant, their homes become their workplaces. Life was lived inside, not outside. All the family members had to share their computers, desks, and the internet. Children had online classes, not at school (Anderson & Kelliher, 2020).

A study by Moretti et al. in 2020 found that 39% of the 51 remote-working participants perceived themselves as less productive but less stressed. Isolation from the familiar work environment (40.6%) and separation from colleagues (41.2%) were judged to be disadvantages of remote working (Moretti et al., 2020).

Part of the remote-working employees found it challenging to shift roles from worker to family member. Knowing that home was also the workplace created role confusion (Mulki, 2020). According to research by Rocco Palumbo in 2015, work/life balance was significantly and negatively affected by working from home (Palumbo, 2020). If there is a work/life imbalance, employees may feel stressed, and this may cause problems with family and colleagues. The lack of boundaries between work and life may cause a loss of connection to work (Allen, 2020). This results in stress, which affects the employee's physical and psychological health and reduces job performance (Gorjifard & Crawford, 2020). Employees with children had to deal with them while trying to accomplish their work. Employees sometimes had inter-role conflicts, such as being cook, teacher, and accountant at the same time. Parents working from home sometimes share these duties by working shifts (Weigelt et al., 2021).

Moreover, remote-working employees established spatial boundaries (organizing a working space separate from their daily life), temporal boundaries (following office work hours for working at home), and social boundaries (keeping family and work roles separate) (Mulki, 2020). These measures counteract the decrease in the restorative effect of home (Grant et al., 2013).

Other challenges of remote working include communication problems, isolation from the workplace, technological problems, dread of 24/7 availability, burnout, over-working, interruptions, loneliness, lack of human interaction, and inadequate health habits (Prasad et al., 2020).

In addition to that, some remote workers face challenges as barriers to productivity. Multi-tasking (doing work and housework simultaneously) (Hernandez, 2020) and greater workloads create the feeling of pressure. Trying to manage them affects the morale and performance of the employees (Ghani et al., 2021), which leads to increased stress and decreased motivation. Remote workers also faced an increase in fixed costs like internet and electricity and a decrease in regular communication with managers and colleagues (Hernandez, 2020).

Some employees struggle with self-discipline and procrastinate by spending time on social media or taking longer breaks instead of working on their tasks (Wang et al., 2020). The monitoring of employees is expected to reduce this procrastination (Ghani et al., 2021).

Uncertainty is a major challenge of remote working. The pandemic was full of questions about the future of business life. The new conditions and norms of working caused emotional stress (Daib-Bahman & Al-Enzi, 2020; Sangeeta, 2020), insufficient focus on their work duties, and less engagement (Sangeeta, 2020). Uncertainty about the virus and worries about health, the economy's future, the possibility of job losses, and communication via Zoom confronted employees at the beginning of the pandemic lockdowns (Anderson & Kelliher, 2020). The employees had little or no experience working at home until the pandemic. The self-employed and a relatively few remote workers were set up at home (Hermandez, 2020) or wherever they wanted to work (Vione& Kotera, 2021). Since 2019, remote work has motivated fear of getting ill (Owl, 2020).

Social isolation is another major challenge of remote working. Loneliness can be perceived as social isolation (Asghar & Iqbal, 2019). Employees may have preferences for the places where they used to work. Working remotely may make them

feel socially and professionally isolated (Mulki, 2020), and may make them feel lonely or isolated due to a lack of interaction with colleagues (Daib-Bahman & Al-Enzi, 2020; Flores, 2019; Watson & Lightfoot, 2003; Allen, 2020). Employees develop daily rituals at the office: having a break with colleagues or going out for lunch to move about and get their minds off the office. At home, however, having a simple break seems more complicated. This leads to delocalization, stress, and burnout (Sousa, 2020)

The discrepancy between one's desired social life and actual social life creates loneliness, which causes anxiety and distress (Miyake et al., 2021). A study on loneliness was done among the working-age population (19 - 65 years old) in The Netherlands in 2012. It showed that 40 - 48% of the participants felt lonely (Miyake et al., 2021). Social isolation during lockdowns harmed people's well-being and resilience. The mental effects of social isolation are burnout (Perry, 2018), eating disorders, distress, sadness, and insomnia (Miyake et al., 2021).

Social isolation also has physical effects. "At least half of the employees (mostly in managerial and administrative roles) reported being unhappy with their current (remote) work/life balance and experiencing more physical symptoms compared to their normal working conditions." Dietary and exercise habits also affect mental well-being; obesity and other non-communicable diseases are risk factors that affect mental well-being (Hernandez, 2020).

According to some studies, loneliness may cause cardiovascular diseases and increase systolic blood pressure and psychological illnesses (Asghar & Iqbal, 2019). A study of remote-working employees in Japan reported that increased support from co-workers leads to a decrease in their feelings of loneliness. Similarly, an increase in support from their supervisors was followed by a decrease in their feelings of loneliness (Miyake et al., 2021). Remote workers need to continue interacting and connecting with their colleagues (Flores, 2019).

Strain is another challenge. There are three forms of strain: Exhaustion, disengagement, and dissatisfaction. Exhaustion is related to psychological and physical energy and health. Engaged employees use all their energy for work; however, disengaged employees avoid investing their energy in work (Perry, 2020). Organizations and employees are interrelated on the way to successfully meeting a target. Employees who feel secure, involved, and valued in the organization expend

more effort and become more engaged in their work. This leads to higher productivity, more satisfied customers, and increased profit for the company (Sangeeta, 2020).

Another challenge is overwork. Remote-working employees are not bound to regular working hours. According to a study of 25 European Union (EU) countries, the working hours of remote workers are longer than those of office workers (Eurofound & ILO, 2015).

Since remote working has led to increased information and communication technology (ICT), technological fatigue (Ghani et al., 2021) has emerged. It may occasion health risks such as anxiety, stress, burnout, headaches, eyestrain (Popovici et al.,2020), and trauma disorders affecting hands, wrists, elbows, and the spine. (Ghani et al., 2021).

Lastly, there is the challenge of communication. Since remote-working communication with colleagues, supervisors, and clients is not face-to-face, communication can be uncoordinated and less effective, resulting in misunderstandings (Ghani et al., 2021; Flores, 2019). This leads to lower productivity (Wang et al., 2020).

To sum up, remote working conditions during the COVID-19 pandemic created strain, challenge, and stress, which affected business and personal life in many aspects.

2.2 Stress

Stress can be defined as the psychological and physical condition that happens when the individual's energetic capacity can not cope with the situation (Valanciene et al., 2020).

The physiologist Walter B. Cannon is the first researcher to work on the psychology of emotion in 1932. He claimed that a combination of cold, low blood sugar, and lack of oxygen results in a disturbance of homeostasis and creates stress (Lazarus & Folkman, 1984).

Afterward, the word "stress" was used by Hans Selye in 1936 (Kabat-Zinn, 2021; ILO, 2016). According to Selye, "stress is a nonspecific response of the body to a demand" (Selye, 1976; ILO, 2016; Valanciene et al., 2020).

As well, Selye defined "stressor" as the triggering of the stimulus (Lazarus & Folkman, 1984), causing the psychological and physiological responses (Kabat-Zinn,

2021; ILO, 2016). A stressor can be a biological agent, an environmental situation, an event (ILO, 2016), or a thought or feeling (Kabat-Zinn, 2021).

When stress occurs, a person's whole system is affected. Emotions like anxiety, depression, boredom, irritability, and frustration arise, as do sensitivity to criticism, lack of concentration, blurry mind, and poor concentration and decision-making. All of this is reflected in the body and in behavior. Sweating, headaches, breathlessness, stomach problems, and skin and cardiac problems may occur. Our behavior may become more aggressive, we may make more mistakes, and addictions and eating and sleeping disorders may appear (Valanciene et al., 2020).

Walter B. Cannon observed a cat's responses to a barking dog and called those responses "fight or flight" (Kabat-Zinn, 2021). The cat's response is a stress response to dealing with potential danger. When stress occurs, the adrenal gland pumps and blood begins to flow into the limbs, preparing the body to fight, flight or freeze (Steinhouse, 2018).

We all have two cognitive systems. System 1 is automatic and intuitive, and acts rapidly. On the other hand, System 2 is reflective, controlled, and acts much slower. The brain's prefrontal cortex (the thinking and deciding part) is disconnected when intense stress occurs (System 1), and the amygdala and basal ganglia are activated. When System 2 is operating, the prefrontal cortex is activated (Valanciene et al., 2020). Therefore, being aware of situations and not making important decisions during stressful times is critical (Steinhouse, 2018).

Likewise, when a threat is detected, our bodies and mind react positively to that perceived threat. Our muscles tense, our eyes dilate, our hearing sharpens, and strong emotions like anxiety, fear, shame, and anger appear. Stress hormones like adrenaline and cortisol accompany our increased heartbeat. Our body is ready to fight (Kabat-Zinn, 2021).

The autonomic nervous system consists of the sympathetic and parasympathetic systems. The sympathetic system is activated in threatening times and prepares the body to fight. The parasympathetic system calms the body and the heartbeat (Kabat-Zinn, 2021).

Stress is the natural response of the body and mind to specific situations. The situations may be desired or emergencies. The stimuli that elicit an individual's responses are called demands or stressors. If appearing at work, stressors may be

related to the role or interpersonal demands, or the conditions or policies in the workplace (Simmons & Nelson, 2007).

The cognitive appraisal process is activated when a stressor reaches the senses. If the stressor is evaluated as a threat, it is called "distress" (Simmons & Nelson, 2007). Distress, defined by Selye in 1974 (ILO, 2016), or toxic stress (Valanciene et al., 2020) is negative stress related to adverse health outcomes, absenteeism, and staff turnover (Simmons & Nelson, 2007).

However, if the stressor is evaluated as good for our well-being, it is called "eustress". Eustress, defined by Selye in 1974 (ILO, 2016), or tolerable stress (Valanciene et al., 2020) is tolerable stress that can be coped with mentally and with the support of family, friends, and others. This stress encompasses challenging and risk-taking experiences that result in the feeling of reward. Eustress is positive stress expected to have outcomes that are healthy and enhance our well-being (Simmons & Nelson, 2007).

Stressors are neutral; our response to them as attractive or aversive occurs within ourselves. The responses may be positive or negative, and this affects the outcomes at work (Simmons & Nelson, 2007). Dr. Seligman argues that the stressors do not determine the response itself. The important factor is how we perceive and manage the stressors (Kabat-Zinn, 2021).

"Stress is a detrimental reaction experienced through individuals' interaction with their psychosocial environment" (Rahman, S. & Cachia, M., 2021). Stress has adverse effects on human behavior. Behaviors, decisions, and attitudes regarding the situation affects our performance while we work (Rahman & Cachia, 2021).

The nature of work is so challenging and demanding that it causes stress. Long working hours, job insecurity, lack of control, work/family conflict, time constraints, heavy workload, lack of managerial support, too many responsibilities (Lomas et al., 2018), uncertainty, under-use of skills, high attention demands, conflicting demands, poor physical conditions, poor communication and support from employers, and social isolation (ILO, 2016) can all cause stress. This stress may transform into anxiety or depression. Workplace stress causes approximately 120,000 deaths in the U.S. every year. According to the European Working Conditions Survey, 22% of European workers in 2012 had work-related stress, costing companies billions of euros. Furthermore, decreasing well-being in the general population also increases productivity loss and work-related depression, and absenteeism (Lomas et al., 2018).

Stressors also affect our well-being, including our physical and mental health. High-stress levels may cause mental and physical disorders such as burnout, anxiety, depression, and cardiovascular diseases (ILO, 2016).

The COVID-19 pandemic caused fear and anxiety among people. The uncertain nature of the lockdowns and quarantines led to psychological problems. Loneliness, separation from family, misinformation, and social media caused stress, depression, and anxiety (Sood, 2020).

The pandemic forced many workers to experience full-time remote work. It was the very first time for most of them, and this abrupt switch created concerns about the impact of remote working on their job performance (Allen, 2020).

During this shift from office to home, physical (muscular, skeletal) disorders (Allen, 2020) such as neck pain and/or lower back pain were common among remote-working employees (Moretti et al., 2020) because employees' home furniture was not ergonomic. Research among 51 mobile workers in Italy showed that 70.5% of them experienced pain while working: 41.2% had back pain, 23.5% had neck pain, and 23.5% had pain in multiple sites (Moretti et al., 2020; Tahir, 2021).

Finally, technostress was another challenge. This consists of personal and environmental factors such as gender and wifi quality. Research among 142 academic staff found that some employees—especially women, older employees, and those with lower-quality internet infrastructure—had difficulties with technology (Tahir, 2021).

To sum up, stress has been a part of personal and business life. The COVID-19 pandemic affected the perceived stress level, which also affected employees' well-being, resilience, self-efficacy, and self-awareness levels.

2.3 Employee Well-being

There are many definitions of employee well-being in the literature. WHO (World Health Organization) defines it as "a state of every individual employee to understand his capability, to manage the normal stress of life, to work productively and to contribute to her/his community." (Pradhan & Hati, 2019). Others define employee well-being as the quality of work-life, work-related quality of life, psychological well-being, and employee mental health (Pradhan & Hati, 2019). Pawar defines employee well-being as the sum of positive functioning and positive experiences of employees (Pawar, 2020). Employee well-being is also defined as an

employee's experience of all dimensions, including physical, emotional and psychological health, and comfort and happiness (Pradhan & Hati, 2019).

There are four dimensions of employee well-being:

Physical well-being is being strong physically, looking after the body and its healthy functions, and having a proper weight, sleep (Kabadayi, 2020), shelter, clothing and food (Pawar, 2020). Employees need monetary compensation in order to have good standards of physical well-being (Pawar, 2020).

Mental well-being is the psychological and emotional health that positively supports people during stress or hard times. It also lets people realize their potential and abilities, which helps them to be productive (Kabadayi, 2020). Psychological well-being has a direct relationship with job involvement and absenteeism (Hausser et al., 2010).

Social well-being includes healthy communication, relationships, and networking with others (Kabadayi, 2020). Employees possessing social well-being have a sense of belonging to their organization and are kind and trusting toward their coworkers (Pawar, 2020).

Financial well-being is having financial freedom and one's desired living standards, and feeling secure about the future (Kabadayi, 2020).

Organizations recognize that their most important resource is human resources (ILO, n.d.). Healthier and happier employees are more productive (Bridget, 2011; ILO, n.d.). The failure to meet or promote employees' well-being needs may produce problems: stress, conflict, mental health issues, and abuse of alcohol. These facts prompted organizations to establish employee well-being programs for lifestyle changes, smoking, dieting, exercising, and mental well-being (ILO, n.d.). However, some of these programs fail because well-being is subjective and multi-dimensional (physical, emotional, material, and social). Employee well-being is a part of an employee's overall well-being and is perceived through workplace interventions (Bridget, 2011).

Employee well-being contributes to organizations by reducing the potential costs of illness and health care. Since well-being enhances the physical and mental health of the employees, job performance, productivity, and turnover of them increase. Additionally, happy and satisfied employees try to attend work as much as possible, increasing work attendance. Moreover, psychological well-being experience may support the positive attitude of the employees, which in return encourages them to

boost their potential personal resources. Task achievements increase the commitment to the organization (Pradhan & Hati, 2019).

The primary cause of absenteeism and reduced job involvement is psychological well-being. Karasek introduced the Job Demand-Control (JDC) model, which claims that job demands and job control are the essential job characteristics and influence well-being. Then, social support was added to the model and the name was changed to the JDCS model as an essential job characteristic (Hausser et al., 2010).

JDCS model explains the mental strain occurrence at the workplace by focusing on the current relationships among the Job demands (workload and time pressure, physical and emotional demands) and job control (individual's autonomy, including the power to make decisions and skill discretion) (Rahman & Cachia, 2021; Hausser et al., 2010).

High demands and low control over jobs can reduce well-being, which may increase high-strain jobs, and accordingly, physical and mental illnesses (strain hypothesis) occur (Hausser et al., 2010).

Contrary, job control has an interactive (buffer) effect on the negative effect of job demands on well-being (buffer hypothesis). In order to decrease the high strain on the job, there is no need to change the level of job demand. Social support may be the buffer to solving stressful situations (Hausser et al., 2010).

2.4 Resilience

Resilience is a good developmental outcome or positive adaptation despite high-risk status, sustained competence under stress, and recovery from trauma or adversity (Kulandaiammal, 2020; Luthans et al., 2015)

Inevitable risks such as disasters, health problems, unemployment, and trauma can affect one's life (Luthans et al., 2015). According to a study by Shatte et al., stress and work outcomes worsen during difficult situations. However, high employee resilience reduces depression, absence, and productivity loss by 10% - 20% and increases employee performance, regardless of the work environment (Shatte et al., 2017). In addition, a supportive work environment increases resilience and decreases burnout, stress, and the desire to give up (Shatte et al., 2017).

Positive mental skills enable people to be steady and focused when adversity occurs (Shatte et al., 2017). Positive self-perception, emotional stability, positive

thinking, and self-regulation increase resilience (Luthans et al., 2015). Resilient employees persevere at their tasks whatever the environment brings (Shatte et al., 2017).

Employees learn to be resilient. While successfully coping and dealing with adversity or change, they adapt to the new environment. Those experiences enable employees to be more flexible and adaptable to future challenges. Moreover, employee resilience develops if the work environment supports and collaborates with employees (Naswall et al., 2015).

Moreover, appreciated and supported employees are more resilient. High job demands with low decision latitude and low social support create stress and low physical and mental well-being (Shatte et al., 2017).

Career resilience is the ability, whenever facing adversity like COVID-19, to persist and adapt to the situation. Contextual and individual factors (behaviors, skills, and attitudes) affect employees' career resilience. They protect employees from risks and support their resilience (Hitec & McDonald, 2020).

Resilience supports adaptability to the workplace settings (Malik & Garg, 2018) and the ability to bounce back (Rahman & Cachia, 2021) whenever adversity or challenges arise (Kulandaiammal, 2020; Shatte et al., 2017). Resilience fosters employee performance and augments professional development (Malik & Garg, 2018)

Mindfulness increases resilience (Rupprect et al., 2019). It reduces stress and improves personal hardiness, well-being, and empathy in the workplace. Accordingly, it allows employees to deal with stressors efficiently. Additionally, employees trained in mindfulness can support other employees (Rahman & Cachia, 2021). Mindfulness generates mindfulness through affective regulation and persistence. People practicing mindfulness become aware of their automatic emotive or behavioral reactions and accept them as they are. This awareness improves the capacity of nonreactivity toward negative thoughts and emotions in challenging times, which also supports people's resilience and recovery (Glomb & Duffy, 2011).

People respond to adversity differently, some better than others. As Lazarus & Folkman stated in 1984, adversity or stress is the perceived discrepancy between the actual situation and the desired situation, covering the plans, goals, and needs. Resilience is an interactive concept that can be understood by observing the response to significant adversity (Parsons et al. 2016).

In today's complicated world, personal mental qualities, such as being able to focus or pay attention, and coping with challenging thoughts and emotions, have critical importance for self-efficacy and resilience (Parsons et al. 2016).

According to experimental research, resilience combines our traits, our family, and the supportive networks in our lives. Moreover, automatic cognitive biases have a solid relation to emotional vulnerability, and human attention automatically moves to the negative possibilities or threats instead of the positive or the neutral ones. As well, anxiety and stress become active. This negatively affects the brain's executive functioning (prefrontal cortex) and disrupts the attention, focus, and flexibility of the executive function (Parsons et al. 2016).

The capacity for persistence and affective regulation is necessary for resilience in adverse situations. Mindfulness supports maintaining positivity and well-being. Moreover, mindfulness increases the capacity to stay calm, without reacting to thoughts or emotions and accepting them as they are. Mindfulness allows us to approach others positively and be unaffected by others' negativity. Consequently, we can stay calm and resilient in the face of adversity, stress, or challenges in the work environment, and continue working.

There are not many studies on employee resilience however, as Suhandiah et al. conducted research on the number of reliable studies of employee resilience studies published in English was only one study in 2004 and raised to 32 studies by 2019 (Suhandiah et al., 2020).

To sum up, there is a reverse relationship between employee stress and resilience. Accordingly, high resilience strengthens the coping capabilities of employees in adverse times.

2.5 Self-efficacy

Self-efficacy is defined as "people's beliefs in their capabilities to exercise control over their functioning and the events that affect their lives" (Bandura, 1994; Abun et.al, 2021). According to Bandura, self-efficacy affects the motivation, way of thinking, and behavior when performing an activity or accomplishing a task. People with high self-efficacy tend to set higher goals and do not quit the task when faced with a challenge. On the other hand, low self-efficacy may cause stress and anxiety, leading to depression and helplessness. (Abun et al., 2021).

Self-efficacy is one of the concepts of social cognitive theory (Abun et al., 2021) Perceived self-efficacy (what people feel and think) (Cede & Gozen, 2021) is the primary factor in shaping people's behavior (Luszczynska, 2005).

Bandura claims that self-efficacy beliefs define people's behaviors, feelings, thinking, and motivation in life (Bandura, 1994) There is a correlation between solid self-efficacy and human accomplishments. Those who have both high confidence in their capabilities and strong self-efficacy beliefs set themselves challenging goals and dedicate themselves to achieving them. If they fail, they do not give up, and quickly recover. They are less vulnerable to stress and depression (Bandura, 1994).

On the other hand, those who doubt their abilities and avoid challenging tasks have weak commitments to their goals. Accordingly, giving up in difficult situations, instead of finding a solution to the problems, becomes the easier route for them. If they fail, they take a long time to recover. They may judge themselves or compare themselves with others. Such people are vulnerable to stress and depression (Bandura, 1994).

According to Bandura, the individual's beliefs about him/herself or the surrounding world have an essential role in the ability to adapt to new situations like new working conditions (Kondratowicz et al., 2021). Self-efficacy is one of the central beliefs that allows an individual to cope with hard times (Kondratowicz et al., 2021) and to produce the desired results through action (Kulandaiammal, 2020).

In addition, people's beliefs about their coping capabilities during challenging times affect not only their stress levels but also their motivation levels (Bandura, 1994). Perceived self-efficacy "is the personal judgments of one's capabilities to organize and execute the course of action to attain designated goals" (Zimmerman, 2000).

Organizational performance is strongly related to individual work performance, and self-efficacy is one of the main components of work performance and productivity (Abun et al., 2021). According to the research of Raghuram et al., there is a positive relationship between self-efficacy and employee behavior with remote work and the work outcomes. If telecommuters have strong self-efficacy, they can develop strategic skills, adapt to and meet the challenges of teleworking, and attain positive outcomes (Raguram et al., 2003)

Unlike Stajkovic & Luthans, the research explains that self-efficacy enables employee proactivity, especially in remote work, to recreate the sufficient conditions in business settings (Stajkovic & Luthans, 1998; Raguram et al., 2003).

Self-efficacy is formed in a supportive environment. The supervisory rewards systems in an organization may boost the employees' perceived self-efficacy. Since self-efficacy is the product of experience, the positive and negative outcomes of experiences produce today's self-efficacy belief (Abun et al., 2021) (Aypay, 2010).

General self-efficacy beliefs are related to psychological well-being. It is the confidence that one has to cope with stress and temptation, to solve problems effectively, focus on opportunities, and move resources where the situation requires them (Luszczynska et al., 2005; Aypay, 2010). According to Bandura, negative emotions lead to cognitive confusion, which may obstruct problem-solving. Individuals with high self-efficacy have fewer negative feelings in challenging times. This supports them in managing the situation. Similarly, physical pain is perceived less by individuals with high self-efficacy (Luszczynska, 2005).

During the COVID-19 pandemic, workplace safety for all organizations became essential. A safe environment supports employees' well-being, health, and productivity. Employees with high self-efficacy assume more challenging tasks to achieve success, and they are more likely to contribute to safety behaviors (Akanni et al., 2021).

There are four sources of self-efficacy belief. The first, "enactive mastery experience", refers to experiencing success while performing a task. The employee then believes that it can be done again. The second is witnessing someone else experience success. This may create the belief that "if they can do it, I can do it too"(vicarious experience). This may also create additional ideas about performing a task. Third, hearing persuasive, encouraging, or motivating words may produce a belief in self-efficacy. Last, being physically and emotionally fit enables one to perform tasks easily. If employees possess physical and emotional well-being, boosting self-efficacy is easier. In order to cope with challenging situations, employees need their moods to be enhanced (Abun et al, 2021; Bandura, 1994).

To sum up, self-efficacy empowers people via the ability to shape their lives rather than just passively reacting to environmental forces (Kulandaiammal, 2020). It strengthens the coping capability of employees in adverse times.

2.6 Mindfulness

Suffering has always been a part of human life. Aging, illness, struggles, and death create physical and emotional pain. People always search for reasons behind this pain, and for ways to cope with it (Siegel & Germer &Olendzki, 2009).

Throughout history, spiritual traditions such as Hinduism, Islam, Judaism, Christianity, and Taoism have emphasized the importance of being in the present moment (Stahl & Goldstein, 2010).

Buddha's teachings appeared about 2,500 years ago (Aktepe & Tolan, 2020). Buddhism consists of principles and practices called Dharma. Buddhism contends that happiness and spiritual freedom can be reached through Dharma, which leads to personal insight and overcomes suffering (Bodhi, 2011). The Buddhist word for "mindfulness" (Sati) originated in the Pali language (Sati) and was first translated into English by T.W. Rhys Davids in 1881 (Gethin, 2015). It expresses "awareness, attention and remembering" (Siegel et al., 2009; Stahl &Goldstein, 2010).

There are many definitions of mindfulness:

Jon Kabat-Zinn defines it as "the awareness that emerges through paying attention, intentionally, in the present moment, and non-judgmentally, to the unfolding of experience moment to moment" (Kabat-Zinn, 2003; Panditharathne & Chen, 2021).

Nyanaponika Thera defines mindfulness as "the unfailing master key for knowing the mind and thus the starting point; the perfect tool for shaping the mind, and thus the focal point; and the loyalty manifestation of the achieved freedom of the mind, and thus the culminating point" (Kabat-Zinn, 2005).

Bishop defines mindfulness as attending to the present by being open to the moment experienced with curiosity and acceptance (Bartlett et al., 2019).

Walpola Rahula defines mindfulness as observing, watching, and examining like a scientist and without judging (Stahl & Goldstein, 2010).

Mindfulness is paying attention to the present moment with an intention to be aware of the moment and the experience. Being open and caring about the experience is the main part of the definition (Shapiro, S.L.& Wang, M.C. & Peltanson, E.H., 2016).

Mindfulness consists of three elements. The first is intention: consciously knowing why the attention is focused (Tenney, M & Gard, T. 2016). The purpose of intention is to remind us of the dynamic and evolutionary path of self-regulation to

self-exploration and finally to self-liberation. As the meditation practice deepens, awareness and insight create new intentions leading to new insights (Shapiro et al., 2006).

The second is attention: training the mind to be here and now and to experience the nature of the present moment (Tenney, M & Gard, T. 2016). Paying attention is observing the experiences both inside and outside of us, here and now (Shapiro et al., 2006).

The third is attitude: the way of attention (Tenney, M & Gard, T. 2016). The attitude is essential for mindfulness; however, the quality of attitude shapes the experience of mindfulness. The attention may be cold quality or friendly and compassionate quality (Shapiro et al., 2006).

If mindfulness is developed as a skill, it enables one to observe feelings and thoughts easily. Through that path, the experience of the present moment becomes an attitude (Steinhouse, 2010).

2.6.1 Mindfulness Attitudes for Practicing

Mindfulness teaches us how we can meet our awareness and evaluate it. These attitudes support us in cultivating mindfulness (Kabat-Zinn, 2021; Nehra et al., 2020; Atalay, 2019).

● Non-judging: The nature of the human mind is to label and categorize everything experienced as good, bad, or neutral. That happens through associations with experiences, beliefs, family, and environment. This is a natural function of our minds. Judging may take control of the mind, which prevents seeing and analyzing actual reality. Non-judging is impartially witnessing and observing the things that arise during that experience. Mindfulness meditation provides that non-judging by observing (Nehra et al., 2012; Aktepe & Tolan, 2020; Kabat-Zinn, 2021).

● Patience: In this fast-shifting life, the mind flits to the past and future, and thinks about them. These thoughts bring other thoughts to this moment, and the rumination continues. The skill of patience teaches us to stop and to give time and space to all that happens. This is accepting and recognizing the present moment (Nehra et al., 2012; Aktepe & Tolan, 2020).

● Beginner's Mind: This is like discovering the world with the excitement of a child seeing and experiencing it for the first time. The beginner's mind gets us out

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of our autopilot way of seeing and lets us see the opportunities and possibilities (Nehra et al., 2012; Aktepe & Tolan, 2020).

- Trust: Trusting ourselves shows the best path to follow. The intuitions, feelings, and abilities that arise are the best authorities to trust. Even if mistakes occur, trusting shows the solutions by discovering the inner self (Nehra et al., 2012; Kabat-Zinn, 2013).

- Non-striving: This is about doing nothing. Mindfulness meditation has no goal other than to meditate: sitting and just being in the meditative position and expecting nothing. While meditating, and accepting whatever happens (Nehra et al., 2012; Kabat-Zinn, 2021).

- Acceptance: Acceptance is accepting what arises, such as thoughts, feelings, emotions, and sensations, without trying to change them. Some of them are liked, and some of them are not. Each is taken as it comes and is accepted as it is (Nehra et al., 2012; Kabat-Zinn, 2021).

- Letting Go: In our lives, we may be aware of some thoughts, feelings, emotions, or situations that our minds become attached to and cannot let go of. In mindfulness practices, noticing the nature of our mind, letting go of the present experience, and welcoming the new one with kindness and compassion are so precious (Nehra et al., 2012; Kabat-Zinn, 2021).

- Kindness: While practicing mindfulness, our minds tend to behave unsympathetically. However, difficulties, failures, and unpleasant thoughts and emotions naturally occur. Behaving kindly and understanding helps us in our mindful journey (Nehra et al., 2012; Kabat-Zinn, 2021).

- Curiosity: Curiosity or openness is like trying to see the world with new eyes. It is a learning process about the experience that is happening now. It may or not be complicated.

When mindfulness becomes habitual, our thinking mind becomes the observer and has its freedom from the perceiving world (Tenney, M & Gard, T. 2016). Shunryu Suzuki, the Japanese mindfulness teacher, argued that there are many more possibilities in the beginner's mind than in the expert's mind. If the beginner's mind is activated, new ways to see and solve problems arise. New possibilities about the situation may be seen, which enhances creativity and may lead to new discoveries and opportunities (Tenney, M & Gard, T. 2016).

Our mind wanders about 47% of the time. It moves among self-related thoughts, experiences and the future, making plans instead of being present. As is its nature, it produces negative emotions and self-related thoughts, and decreases the performance of whatever is practiced now (Tenney, M & Gard, T. 2016).

Normally we perceive the world through the filters of our thinking mind and our ego. We have experiences, beliefs, and opinions about life, and they distort reality. This is called the "default mode network (DMN)". When we do not focus on or pay attention to an event, the DMN is activating (Tenney & Gard, 2016; Mason, 2007).

When the thinking mind mode is on, we behave or react in the way that we are used to. In this habitual way, our behaviour is on autopilot, which is structured by our genes and experiences. Some of those automatic behaviors make our lives easier, as when a medical doctor acts on autopilot in an emergency and saves a person's life (Tenney, M & Gard, T. 2016).

However, we have many other automatic behaviors that do not serve us at all. These may lead to unconscious decisions in our personal and professional lives. Our reactions and responses are habitual. Moreover, we naturally perceive the world as "me" and "others". This does not provide us with an enjoyable life. The negative feelings of anxiety, fear, and selfishness arise. The lens of ego brings burnout, less creativity, and a negative attitude to our environment. In order to recognize these automatic behaviors the minds should be trained. Mindfulness can shift the perspective to mindful awareness. This leads us to the beginner's mind, which enables us to be aware of the thinking mind, the ego, the attitude, and our judgments. Our inner world and outer world become crystal clear, and it becomes as it is (Tenney, M & Gard, T. 2016).

Mindfulness and mindfulness-based practices make many contributions to our physical and psychological health. Physically, they reduce the symptoms of physical distress caused by illness. Moreover, mindfulness increases melatonin levels and decreases blood pressure, somatic health problems, and pain (Glomb et al., 2011).

Psychologically, mindfulness reduces stress, depression, and distress. It also improves our capabilities to cope with chronic conditions such as cancer pain, diabetes, heart disease, and pain disorders (Glomb et al., 2011).

Moreover, mindfulness meditation practices improve overall well-being. By generating positive emotions, these practices improve life satisfaction, motivation to

achieve a goal, social connectedness, and the quality of sleep and relationships (Glomb et al., 2011).

Mindfulness changes our relationship with an experience (Shapiro et al., 2012). Practicing mindfulness improves resilience, which boosts our abilities to cope with adverse experiences (Steinhouse, 2018).

It was formerly believed that the brain's physical structure does not change after adolescence. Neuroscience research then discovered neuroplasticity: the property of the brain to physically change. According to a 2004 study by Bogdan Dragonski and his colleagues, the cerebral cortex - the outer layer of the brain - can increase after juggling for three months (Tenney & Gard. 2016).

Additional research was conducted by Woollett and Maguire (University College London) on taxi drivers in London in 2011. In order to get a license, drivers need to pass the Knowledge Exam. London has about 25,000 streets and 20,000 landmarks, so preparation for the test takes two to four years. The researchers discovered that preparing for the exam increased the grey part (spatial memory) of the candidates' brains (Tenney & Gard. 2016; McEwen, 2016).

Brain activity is affected when well-being increases, and distress decreases. According to research done with the electroencephalographic (EEG) technique, alpha activity - sign of decreased anxiety - increases during mindfulness meditation. In addition, theta and gamma activities increase due to reduced anxiety. Further research was conducted with functional magnetic resonance imagining (fMRI) to examine the parts of the brain activated during meditation. Long-term meditators experience an increase in prefrontal cortex activity and in thickness of the internal awareness and attention sections (middle prefrontal cortex). The amygdala activity decreases (Glomb et al., 2011).

Furthermore, MBSR training was given to 41 employees of a company (n = 25 experimental group, n = 16 control group). They were pre-tested and post-tested, including four-month follow-up brain tests (EEG), and influenza vaccine were applied. Comparison of the two group's results showed that the left side of the brain (related to positive emotions) and that the antibody titer increased greatly (The right part of the brain is related to negative emotional expression.) (Kabat-Zinn, 2003).

2.6.2 Mindfulness-based Interventions (MBIs)

Mindfulness has gone beyond its spiritual meaning and become a supportive tool (Outler, 1955, p.132; Stahl, Goldstein, 2018, p.15). Mindfulness-based interventions became effective in supporting mental health and well-being by reducing the symptoms of stress, anxiety, and depression.(Bostanov et al., 2018).

In 1979, Jon Kabat-Zinn structured and implemented an MBSR (Mindfulness-Based Stress Reduction) program in the stress reduction clinic at MIT. Other, new MBSR-modeled mindfulness-based intervention programs followed: MBCT (Mindfulness-Based Cognitive Therapy), Mindfulness-Based Eating Awareness Training (MB-EAT), Mindfulness-Based Relapse Prevention (MBRP), Mindfulness-Based Cancer Care (Lehrhaupt & Meibert, 2017), Mindfulness-Based Compassionate Living (MBCL) (Brink et al., 2021), Acceptance and Commitment Therapy (ACT), and Dialectical Behavior Therapy (DBT) (Nehra et al., 2013).

Many people began to be aware of mindfulness through the therapeutic benefits of mindfulness meditation practiced by the participants of mindfulness-based intervention programs (Glomb et al., 2011). These participants include many clinicians, researchers, and academicians in disciplines like health and medicine, psychology, education, brain science, business, law, and leadership (Kabat-Zinn, 2019).
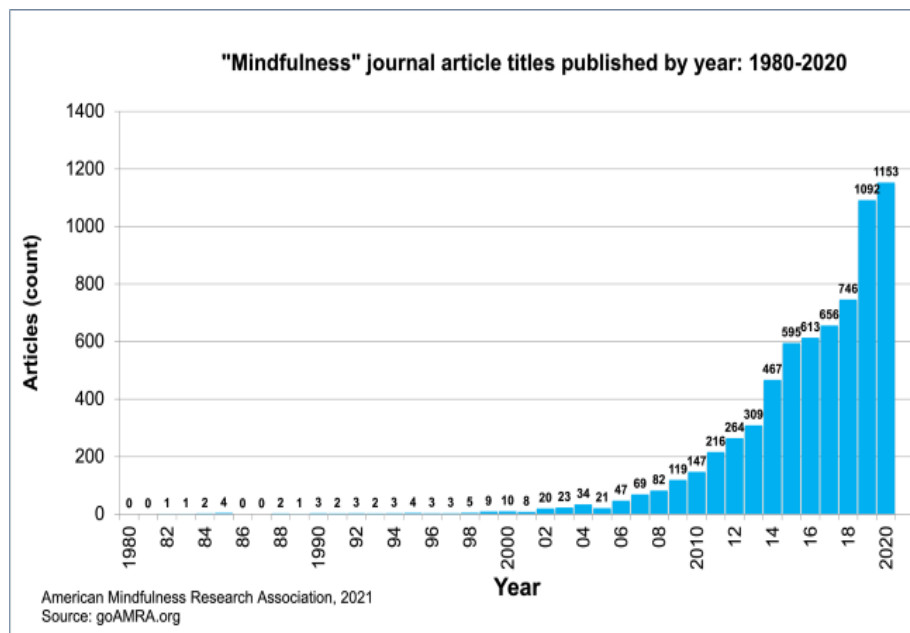
Figure 2.1 Mindfulness Articles Count (2021)

There has been a growing interest in mindfulness-based research (articles) since the 1980s, as shown in Figure 2.1 (AMA, 2021). The number of scientific papers on mindfulness increased from 69 in 2007 to 692 in 2017 (Kabat-Zinn, 2019), and to 1,153 in 2020 (AMA, 2021).

2.6.3 MBSR (Mindfulness-based Stress Reduction)

Jon Kabat-Zinn has been the pioneer in the medical usage of mindfulness meditation, and he developed and implemented the Mindfulness-Based Stress Reduction (MBSR) program at the University of Massachusetts Medical Center in Worcester in 1979 (Brantley, 2003). His practice of Zen meditation, yoga, and vipassana was the main motivation. MBSR has been a vehicle that brings dharma wisdom to American culture secularly, without attachment to the name or form of dharma (Kabat-Zinn, 2019).

Interest in the MBSR program has been growing all around the world. There are about 200 medical centers offering MBSR as a treatment option, and there were 240 courses in Europe and North America by 1998 (Nehra et al., 2013).

MBSR is an eight-week course. Each session lasts 2.5 hours. After the fifth week, there is an additional six-hour-long silent day (Mindfulness day). The MBSR program is experience-based. Every week, a subject is discussed, and formal and informal meditations are done together. The participants are expected to practice for about 45 minutes every day (Lehrhaupt & Meibert, 2017; Brentley et al., 2019; Nehra et al., 2020; Kabat-Zinn, 2021) (Appendix A).

Formal practices are body-scanning, sitting meditations, and mindful Hatha Yoga series. The informal meditations are mindful eating, mindful listening, mindful walking, mindful observing, and mindful walking (Lehrhaupt & Meibert, 2017; Brentley et al., 2019).

MBSR has a supportive role in health care. It can reduce the perceived stress level and accordingly may reduce symptoms such as "chronic pain, cardiovascular diseases, sleep disorders, depression and anxiety, fibromyalgia, psoriasis, chronic diseases (e.g., diabetes, multiple sclerosis), cancer, common stress, and burnout" (Lehrhaupt & Meibert, 2017).

According to Jon Kabat-Zinn's publication in 1992, the Stress Reduction Clinic reported a significant reduction in the symptoms of anxiety and panic disorders. In

1995, the follow-up reports confirmed that the participants who continued practicing mindfulness meditations had significant improvements in their symptoms of anxiety (Brantley, 2003).

Dr. Richard Davidson 1999 study argued that mindfulness meditation training can significantly change the brain's structure and functioning. In his study, the experimental group had an 8-week MBSR course, and the control group did not. The results showed that the experimental group's anxiety levels decreased by about 12%, while the control group's anxiety levels increased slightly (Lehrhaupt & Meibert, 2017)

2.6.4 Mindfulness in the Workplace

Occupational stress is a problem for employees and organizations in terms of mental health, well-being, and its effects on tasks. Studies support the argument that mindfulness training has benefits for work engagement, burnout, leadership, productivity, and cognitive functioning (Bartlett et al., 2019; Pattnaik & Jena, 2020).

Workplace stress affects job performance including decision-making, problem-solving, and productivity. Mindfulness improves attention, awareness, flexibility (cognitive and responsive) and tolerance, and reduces prejudgment and misperception. This enables employees to behave effectively, and to not respond automatically (Shapiro et al., 2015).

Mindfulness also improves the coping mechanisms and fast recovery connected to resilience. Mindfulness creates an environment that supports learning, and this compassionate, non-judgemental environment activates the neural systems that support learning and adapting to the situation (Shapiro et al., 2015).

Mindfulness increases the emotional intelligence of employees. They become more resilient because the supportive result of mindfulness reduces the perceived stress level (Hansen, 2016).

Failure is a part of business life and may cause negative emotions like shame, which decreases self-efficacy, motivation, and attention. This hinders the learning and recovery process from failure. Mindfulness exercises support employees in being aware of and accepting the feelings - observed with kindness and without judgement - that arose during the experience. The tolerance level increases, and the possibility of emotional reactivity decreases (Shapiro et al., 2015).

In addition, mindful awareness improves employees' perceptions and enhances their creativity. They explore alternative ways, perspectives and possibilities to approach problems or tasks (Shapiro et al., 2015; Pattnaik & Jena, 2020).

Multitasking in the office increases employees' stress and reduces their well-being, performance and productivity. Mindfulness teaches them to focus on one task now and another task afterward, and this mindful approach helps them to be more attentive to their work (Shapiro et al., 2015; Pattnaik & Jena, 2020).

Practicing mindfulness increases empathy and compassion toward others, including clients. It also increases internal dialogues, which creates a safe and collaborative working environment and social connectedness among employees (Shapiro et al., 2015).

2.6.5 Mindfulness-based Programs in the Workplace

Mindfulness-based programs became popular in the 2000s after large companies like Google, General Mills, Intel and Target offered the programs to their employees (Bartlett et al., 2019). The mindfulness training industry is growing day by day (Vonderlin et al., 2020). In 2017, the industry was worth 1.1 billion USD (Bartlett et al., 2019).

Google's mindfulness-based emotional intelligence program for its employees, "Search Inside Yourself, was created in 2007 and has become a worldwide employee and leadership program for companies (Panditharathene & Chen, 2021).

In 2018, an increasing number of companies and organizations from different sectors offered supportive programs for their employees like mindfulness, yoga, or meditation. Microsoft, Apple, Cisco, Facebook, Linkedin, Twitter, Nike, Ikea, Aetna, UK Parliament, and the US House of Representatives are examples of these organizations (Vonderlin et al., 2020; Pattnail & Jena, 2020).

Studies have shown that scientifically proven mindfulness-based programs such as MBSR and MBCT benefit their participants as discussed above. However, the mindfulness-based programs began to vary according to the demands of the contemporary work environment, like time constraints and requests for reduced training doses, and the programs were reshaped (Bartlett et al., 2019; Vonderlin et al., 2020; Passmore, 2019). The protocols of those new programs are not scientifically proven, and their efficacy is suspect (Bartlett et al., 2019; Vonderlin et al., 2020).

2.6.6 Examples of Mindfulness Experimental Research Findings

Research on the effects of MBSR training for 25 adult participants in 2012 indicated significant improvements in mindfulness, emotion, and well-being. Since mindfulness grows through practicing, the results improved in a two-month follow-up. Mindfulness, emotion regulation, and well-being had all increased. The results of a four-month follow-up showed an even greater increase (Shapiro et al., 2012).

A 10-week mindfulness program was given to 300 participants worldwide in 2020. The result showed that emotional well-being increased by about 10%, social well-being increased by 18%, and psychological well-being increased by 15%. Moreover, perceived stress decreased by about 25%, while self-compassion increased by 16%. The study also showed that acting with awareness increased by 10%, nonreactivity increased by 12%, and being non-judgemental increased by 9% (Meissner et al.,2020).

As well, a study of 36 participants in mindfulness meditation courses, group or private, of less than four weeks to six months showed that their perceived stress level decreased (Hale, 2017).

A study about the effects of Mindfulness training on employee well-being was conducted with an experimental group (n = 12) who attended MBSR training and a control group (n = 11) who did not attend any training. Both the control and experimental groups filled out a questionnaire before, immediately after and four weeks after the training. Additionally, there were interviews about the benefits and challenges of the MBSR training. The results showed a significant increase in the experimental group's mindfulness skills and enhanced well-being (decreased anxiety, satisfaction from life, less stress, and better relationships). However, the follow-up results showed that their anxiety levels increased slightly (although they were still much lower than the first measurement) (Mellor et al., 2016).

According to the analysis of an exploratory study of 24 articles on the effects of MBSR, there were improvements in mindfulness, stress, burnout, anxiety, occupational stress, depression, and self-compassion (Janssen et al., 2018).

Similarly, a meta-analysis study about workplace mindfulness interventions (a wide variety of mindfulness interventions) involved 473 articles. Only 23 of them had sufficient data, and their data were collected via the pre-and post-intervention and the results of 12 of the follow-ups. The results showed that perceived stress, well-being,

and psychological distress levels were positively affected. However, burnout, depression, and work performance were not significant (Bartlett et al., 2019).

In addition, four companies held workplace mindfulness training between 2013 and 2016, and 425 employees participated in surveys before and after the training. There was a significant reduction in perceived stress and burnout, and an increase in mindfulness and perceived well-being. There was also an increase in productivity and employee cooperation within the organizations (Kersemaekers, 2018).

Another meta-analysis looked at mindfulness-based programs with scientifically proven protocols for organizations such as MBSR, MBCT, ACT, and combinations of them. The study examined 56 articles (with 2,689 participants and 2,472 control group employees). The results showed that mindfulness in the workplace reduced perceived stress, burnout, and health complaints, and it increased well-being, productivity, resilience, mindfulness, compassion and job satisfaction, even after three months after the end of the training (Vonderlin et al., 2020).

2.7 Self-Awareness

Awareness is a kind of radar that scans everything that arises both inside and outside of the person (Ackerman, 2020). Self-awareness is accepted as the competence of emotional intelligence. It is monitoring the thoughts, feelings, sensations, emotions, intentions, and personal responses to them (Hede, 2009). In this study, self-awareness is used instead of awareness.

CHAPTER 3

3. THE RESEARCH METHODOLOGY

3.1 Introduction

In this chapter, the research model was proposed. The hypothesis were tested, the pre-test and post-test findings of both experimental and control groups were compared. In addition to that, the findings of the demographic difference tests were presented.

3.2 Proposed Model

In the proposed model, it is claimed that the pandemic-induced remote working conditions caused stress among remote working employees. The MBSR training supports employees to reduce the perceived level of stress.

Moreover, MBSR program improves the coping capabilities of remote working employees by increasing the levels of their resilience, well-being, self-efficacy, and self-awareness.

3.3 Sampling

The study employed two experimental groups and a control group, and the members of these groups worked either remotely or hybrid. The first experimental group was from an insurance company (n:20; dropped to 19 at the end of the course) in Turkey, and the second was from a beverage company (n:14) in Turkey. The control group was from the insurance, telecommunication, IT, commercial, finance, and security sectors (n:33) in Turkey.

Before selecting the experimental groups, I organized two online meetings with the human resources departments of the insurance and beverage companies. We talked about the MBSR course, the experimental study, and the timing of the process. After they decided to participate in the MBSR program, we signed a protocol regarding the protection of the participants' personal data.

The companies' human resources departments emailed the information about the MBSR program and the participation conditions to their employees.

The voluntary participants sent a message indicating their willingness to participate, and then a WhatsApp group was formed for general communication and information flow.

The control group participants were selected randomly.

3.4 Measures

The measures used in this study are detailed below. The survey has 63 questions, which are presented in Appendix C & D.

3.4.1 Demographic Information

The demographic part of the survey contains questions about the participant's age, gender, education level, marital status, number of children, frequency of meditation, mindfulness training, and intention in participating in the MBSR program.

3.4.2 Remote Working Experience

In this part, the questions are about the participant's career length (both in current company and totally), remote-working history, the experience of the positive and adverse effects of remote working, and further interest in working remotely.

3.4.3 The Perceived Stress Scale

The Perceived Stress Scale was developed by Cohen, Kamarck, and Mermelstein in 1983 to measure perceived levels of stress (Klein et al, 2016). The scale has 10 questions (the short version) and five answer choices, from *never* to *very often*.

The scale was translated into Turkish by Eskin et al. in 2013. The result of the study conducted in Turkey showed that the internal consistency of Cronbach's Alpha was.82 while the correlation of test-retest was 88. Their study showed that the Turkish version of the Perceived Stress Scale has both the reliability and the validity to be used in studies (Eskin et al., 2013).

3.4.4 The WHO-5 Well-being Scale

The WHO-5 Well-being Scale was developed by the World Health Organization in 1998. It has five items and assesses subjective well-being. The scale has been translated into more than 30 languages and has become the widely-used scale to measure subjective psychological well-being. The answer choices range from 5 (*all of the time*) to 0 (*at no time*) (Topp et al., 2015).

The WHO-5 Well-being scale was translated into Turkish by Erhan Eser in 1999. The result of the study conducted in Turkey showed that the internal consistency of Cronbach's Alpha was.81(for adults) and.86 (for older adults) while the correlation of test-retest was .63.9. The WHO-5 Well-being Turkish version is internally consistent and fitted to the model used in the adaptation research (Eser, E., 1999).

3.4.5 The Mindfulness Attention Awareness Scale (MAAS)

The Mindfulness Attention Awareness Scale was developed by Kirk Warren Brown and Richard M. Ryan in 2003 (Brown & Ryan, 2003; Ackerman, C.E., 2020). The scale has 15 items and is designed to assess awareness and attention, which are integral parts of consciousness (Brown & Ryan, 2003; Ackerman, C.E., 2020). The scale has six answer choices, from 1 (*almost always*) to 6 (*almost never*) (Ackerman, C.E., 2020).

The MAAS was translated into Turkish by Zümra Özyeşil, Coşkun Arslan, Şahin Kesici and M. Engin Deniz in 2011. The result of the study conducted in Turkey showed that the internal consistency of Cronbach's Alpha was.80 while the correlation of test-retest was 86. Accordingly, the reliability and validity of the scale showed that MAAS could be used to measure the mindfulness skills of Turkish people (Özyeşil et al., 2011).

3.4.6 The Brief Resilience Scale

The Brief Resilience Scale was developed by Smith et al. in 2008. It has six items and assesses the ability to recover or bounce back from stress, especially from negative physical and psychological symptoms (Malik & Garg, 2018). The scale has five choices, from 1 (*strongly disagree*) to 6 (*strongly agree*) (Smith et al. 2008).

The Brief Resilience Scale was translated into Turkish by Tayfun Doğan in 2015. The result of the study conducted in Turkey showed that, the internal consistency coefficient was.83 while the correlation of test-retest was between .49 and .66. The findings showed that the scale has validity and reliability for Turks (Doğan, 2015).

3.4.7 The General Self-efficacy Scale

The General Self-efficacy Scale was developed by Jerusalem and Schwarzer in 1992 (Schwarzer, 2012; Çelikkaleli & Çapri, 2008). It has 10 items and assesses the individual's general self-belief in their personal ability to respond and cope with obstacles that are encountered (Schwarzer, 2012). The scale has five answer choices, from 1 (*not appropriate*) to 5 (*totally appropriate*).

The General Self-efficacy Scale was translated into Turkish by Öner Çelikkaleli and Burhan Çapri in 2008. The result of the study that was conducted in Turkey showed that the internal consistency of Cronbach's Alpha was.87 while the correlation of test-retest was .92. Their version of the scale was found to be reliable and valid for Turkish people (Çelikkaleli & Çapri, 2008).

3.4.8 Data Collection

The first MBSR program for the experimental group (the beverage company) started on 30 July 2021 and ended on 17 September 2021.

The second MBSR program for the experimental group (the insurance company) started on 4 August 2021 and ended on 22 September 2021.

The survey was prepared at Surveymonkey.com. The pre-test link was sent to the groups before the first class, and the post-test link was sent to them on the day of their last class.

The pre-test link for the control group was sent on 30 July 2021, and the post-test link was sent on 22 September 2021.

The control group and both of the experimental groups received the same pre-test and the same post-test.

3.4.9 Statistical Analysis

The data were analyzed with the IBM SPSS 25 (Statistical Package for the Social Sciences) program.

3.5 The Research ModelThe

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┌─────────────────────────────────────────────────────────────┐
│        PANDEMIC- INDUCED  REMOTE WORKING CONDITIONS          │
└─────────────────────────────────────────────────────────────┘
                              ↓
┌─────────────────────────────────────────────────────────────┐
│                         STRESS                              │
│ (ENVIRONMENT OF UNCERTAINTY, DISRUPTION OF FAMILYWORK BALANCE,│
│  EXTENDED WORKING HOURS, LACK OF PHYSICALACTIVITY, ISOLATION │
│                     FROM COWORKERS)                          │
└─────────────────────────────────────────────────────────────┘
                              ↑
┌─────────────────────────────────────────────────────────────┐
│                      MBSR TRAINING                           │
└─────────────────────────────────────────────────────────────┘
                              ↓
┌─────────────────────────────────────────────────────────────┐
│             EMPLOYEES'  COPING CAPABILITIES                  │
│  (RESILIENCE, SELF-EFFICACY, SELF-AWARENESS, WELL-BEING)     │
└─────────────────────────────────────────────────────────────┘
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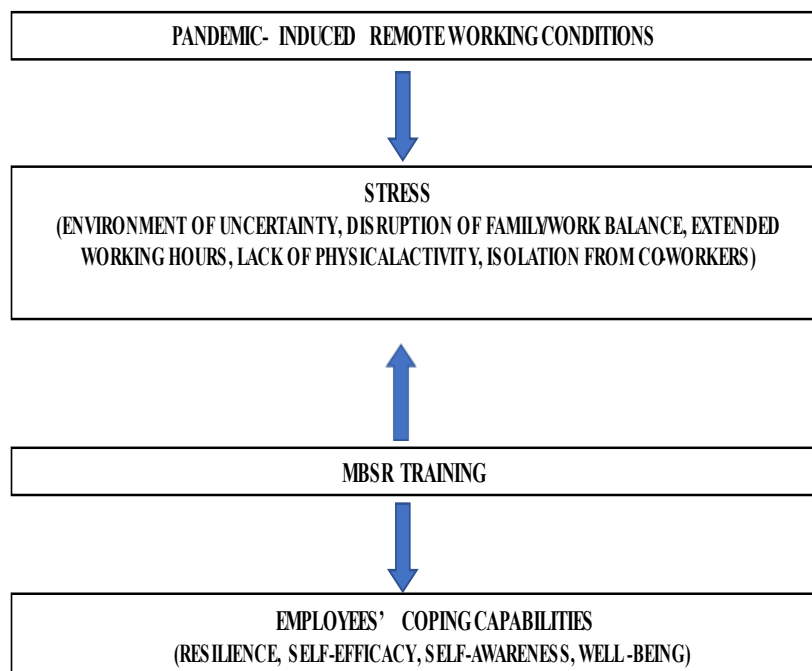
The research model claims that the pandemic-induced remote working conditions causes stress. The MBSR training both decreses the perceived stress level and supports the employee coping capabilities, which are resilience, well-being, self-efficacy, and self-awareness.

3.6 Research Hypotheses

The following hypothesis will be tested in this study:

Hypothesis 1: MBSR training is significantly effective in reducing the stress level of employees.

1.a) The pre-test stress levels of the employees participating in the MBSR training are higher than their post-test levels.

1.b) The post-test stress levels of the employees participating in the MBSR training are lower than the post-test stress levels of the employees in the control group.

Hypothesis 2: MBSR training is significantly effective in increasing the well-being level of employees.

2.a) The pre-test well-being levels of the employees participating in the MBSR training are lower than their post-test levels.

2.b) The post-test well-being levels of the employees participating in the MBSR training are higher than the post-test well-being levels of the employees in the control group.

Hypothesis 3: MBSR training is significantly effective in raising the self-awareness level of employees.

3.a) The pre-test self-awareness levels of the employees participating in the MBSR Training are lower than their post-test levels.

3.b) The post-test self-awareness levels of the employees participating in the MBSR training are higher than the post-test self-awareness levels of the employees in the control group.

Hypothesis 4: MBSR training is significantly effective in increasing the resilience level of employees.

4.a) The pre-test resilience levels of the employees participating in the MBSR training are lower than their post-test levels.

4.b) The post-test resilience levels of the employees participating in the MBSR training are higher than the post-test resilience levels of the employees in the control group.

Hypothesis 5: MBSR training is significantly effective in increasing the self-efficacy level of employees.

5.a) The pre-test self-efficacy levels of the employees participating in the MBSR training are lower than their post-test levels.

5.b) The post-test self-efficacy levels of the employees participating in the MBSR training are higher than the post-test self-efficacy levels of the employees in the control group.

CHAPTER 4

4.RESULTS

4.1 Results

Tested Hypothesis :

Hypothesis 1: MBSR training is significantly effective in reducing the stress level of employees.

1a) The MBSR pre-test stress levels are significantly higher than the post-test levels.

The first hypothesis of the research is whether the pre-test stress levels of the participants in the MBSR training are higher than their post-test stress levels. Before the pre-test and post-test stress levels were examined for significant differences, the dependent variable was checked to ascertain that it met the normality assumption. Since the dependent variable in this hypothesis was the stress levels of the participants, these levels were checked to ascertain that they met the normality assumption. According to the results, parametric or non-parametric tests were selected. Table 4.1 shows the values for the assumption of normality.

Table 4.1 Normality Distribution of Measurements in Experimental Group (Stress)

Variable	Normality Tests						Skewness / Error Coefficient	Kurtosis/Error Coefficient
	Kolmogorov-Smirnov [a]			Shapiro-Wilk				
	Statistics	sd	p	Statistics	Sd	p		
Stress Level	0.082	34	0.200	0.982	34	0.840	-0.037 / 0.403	-0.435 / 0.788

It is seen in Table 4.1 that the p-value of the dependent variable (the participants' stress scores), which was calculated with the Shapiro-Wilk test (preferred because n < 50), was greater than 0.05 (p = 0.200). It is also seen that the values obtained by dividing the skewness and kurtosis coefficients by the standard error coefficient (-0.037 / 0.403 = -0.09 for skewness; -0.435 / 0.788 = -0.55 for kurtosis) were within ±1.96. The skewness and kurtosis values were also within ±1.50. These values (Shapiro-Wilk test result and skewness/kurtosis values) met the normality assumption.

Figure 4.1 is the histogram and QQ plot graph of the assumption of normality. In the normality histogram, the accumulation is in the middle and there is a decreasing trend toward the right. This is an indication of normality. In addition, on the QQ Plot graph, there is a linear distribution, the points are clustered around the line, and there are no large deviations. These are also signs of normality. Parametric tests were used in the first hypothesis since the normality assumptions were met.
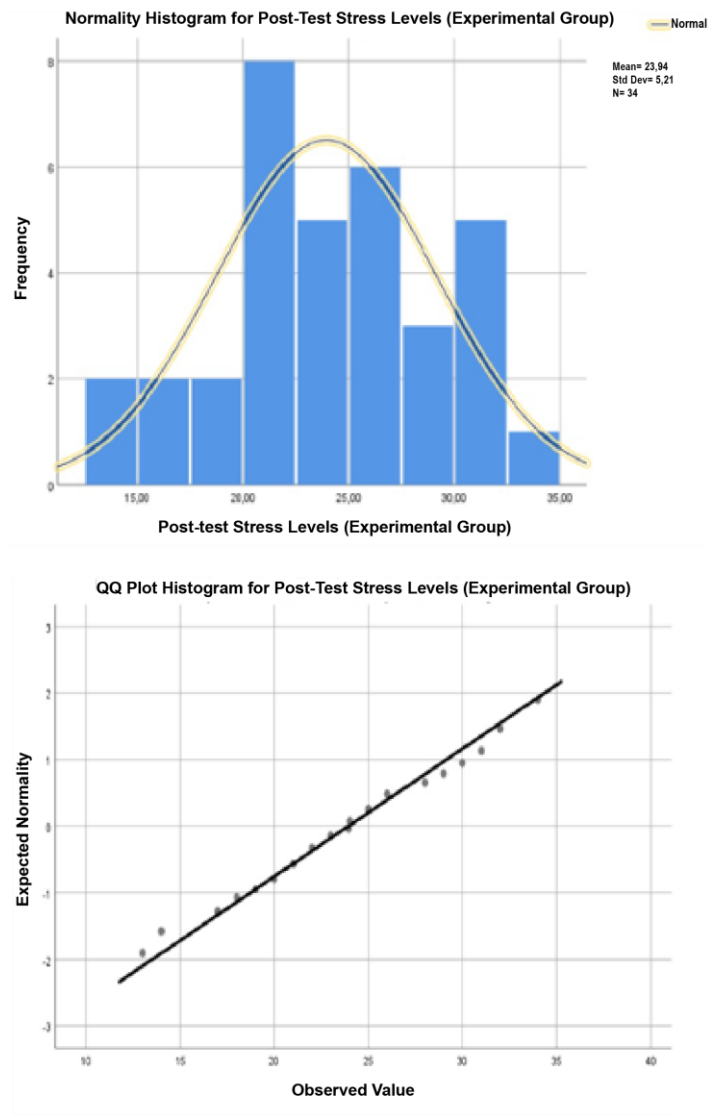
Figure 4.1 Normality Histogram and QQ Plot Graph of Participants' Stress Levels

Table 4.2 Control Group's t-Test Results for Comparing Experimental Group's Pre-test and Post-test Stress Levels

Measurement	N	$\overline{X}$	S	sd	t	p
Pre-test	34	30.05	5.82	33	-6.020	0.00
Post-test	33	23.93	5.21			

It can be observed that, according to repeated measurements made with the control group's t-test results, application of the MBSR program was significantly effective in reducing the participants' stress levels [t(33) = -6.020; p < 0.05]. Before the MBSR program, the experimental group's mean stress level was calculated as $\overline{X}=$ 30.05. After the MBSR program, this mean level was calculated as $\overline{X} = 23.93$. This result showed that application of the MBSR program had a significant effect on reducing the participants' stress levels. Based on this finding, it can be said that the tested hypothesis should be accepted.

Tested Hypothesis : 1b) The post-test stress levels of the participants in the MBSR training are lower than the post-test stress levels of the participants in the control group.

In order to test the second hypothesis of the research, the post-test stress levels of the experimental and control groups were compared with the t-test results of the control group.

Table 4.3 Control Group's t-Test Results for Comparison with Experimental and Control Groups' Post-test Stress Levels

Measurement	N	$\overline{X}$		S	Sd	t	p
Experimental Group	33	23.93		5.29	63	-4.009	0.000
Control Group	33	29.78		6.41			

The Table 4.3 shows a comparison of the stress levels of the participants in the experimental and control groups at the end of the MBSR program. According to the results of the analysis, there was a statistically significant difference between the post-test levels of the experimental and control groups [t(63) = -4,009; p < 0.05]. Considering the means ($\overline{X}_{Experiment} = 23.93$; $\overline{X}_{Control} = 29.78$), the significant difference is in favor of the control group. In other words, the post-test stress levels of the participants in the experimental group were significantly lower than the levels of those in the control group.

Tested Hypothesis: MBSR training is significantly effective in increasing the participants' well-being levels.

2a) The pre-test levels of the participants in the MBSR training are lower than their post-test levels.

The second hypothesis of the research is whether the pre-test well-being levels of the participants in the MBSR training are lower than their post-test well-being levels. Normality assumptions of the dependent variable were checked before examining whether there was a significant difference between pre-test and post-test-being scores. Since the dependent variable in this hypothesis was the well-being levels of the participants, these levels were checked to ascertain that they met the normality assumption. According to the results, parametric or non-parametric tests were selected. Table 4.4 shows the values for the assumption of normality.

Table 4.4 Normality Distribution of Measurements in Experimental Group (Well-being)

Variables	Normality Tests						Skewness / Error Coefficient	Kurtosis / Error Coefficient
	Kolmogorov-Smirnov [a]			Shapiro-Wilk				
	Statistics	sd	p	Statistics	Sd	p		
Well-being Level	0.200	34	0.001	0.956	34	0.187	-0.307 / 0.403	0.185 / 0.788

It is seen in Table 4.4 that the p value of the dependent variable (the participants' well-being levels), calculated with the Shapiro Wilk test (preferred because $n < 50$), was greater than 0.05 ($p = 0.200$). It is also seen that the values obtained by dividing the skewness and kurtosis coefficients by the standard error coefficient (-0.307 / 0.403 = -0.76 for skewness; 0.185 / 0.788 = -0.23 for kurtosis) were within ±1.96. The skewness and kurtosis values were also within ±1.50. These values (Shapiro-Wilk test result and skewness/kurtosis values) met the normality assumption.

Figure 4.2 is the histogram and QQ plot graph of the wellness variable for the normality assumption for the experimental group. In the normality histogram, the accumulation tends to decrease toward the middle and the right. This is a sign of normality. In addition, on the QQ Plot graph, there is a linear distribution, the points

are clustered around the line, and there are no large deviations. These are also signs of normality. Parametric tests were used in the second hypothesis since the normality assumptions were met.
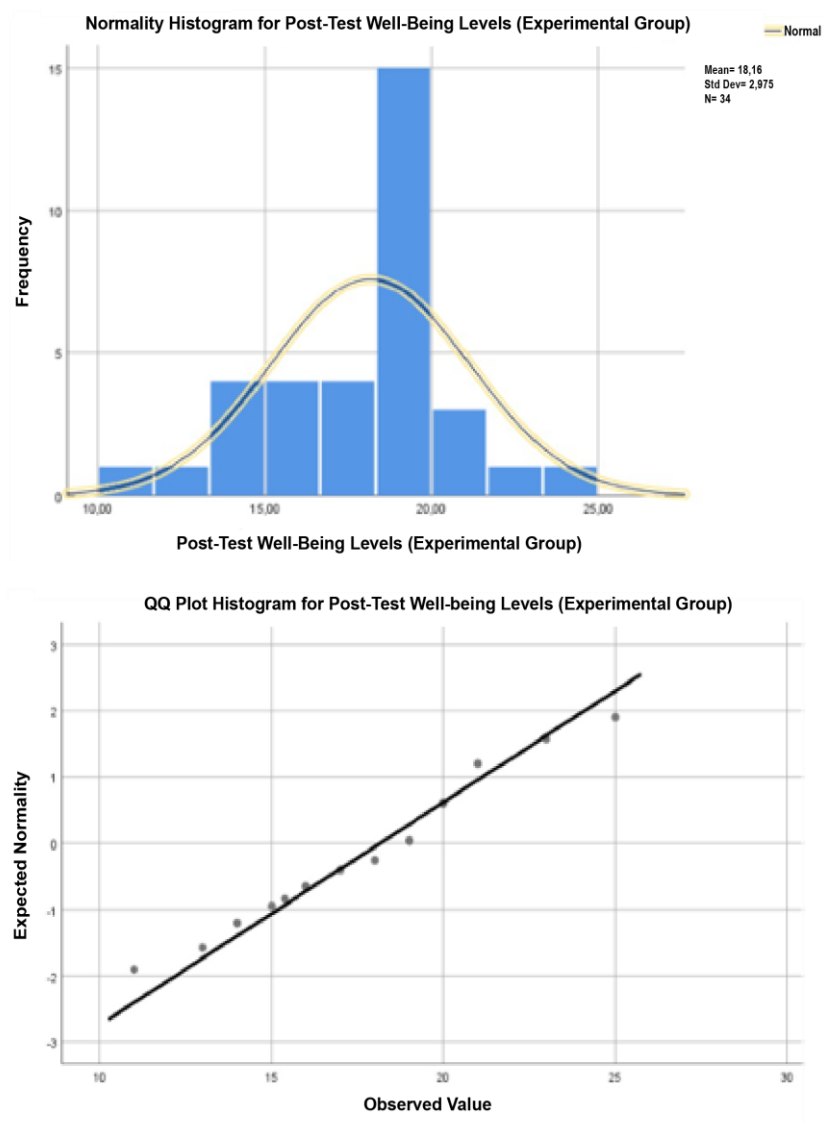
Figure 4.2 Normality Histogram and QQ Plot Chart of Participants' Well-being Levels

Table 4.5 Control Group's t-Test Results for Comparing Experimental Group's Pre-test and Post-test Well-being Levels

Measurement	N	X̄	S	sd	t	p
Pre-test	34	15.38	3.28	33	4.263	0.000
Post-test	33	18.15	2.97			

It is observed that, according to repeated measurements made with the control group's t-test results, the application of the MBSR program was significantly effective in increasing the participants' well-being levels [t(33) = 4.263; p < 0.05]. Before the MBSR, the experimental group's mean well-being level was calculated as $\overline{X}$ pre-test = 15.38. After the MBSR, this mean level was calculated as $\overline{X}_{\text{post-test}}$ = 18.15. The finding that emerged according to the calculated values showed that application of the MBSR program to the participants in the experimental group had a significant effect on their well-being levels. Based on this finding, it can be said that the tested hypothesis should be accepted.

Tested Hypothesis: The post-test well-being levels of the participants in the MBSR training are higher than the post-test well-being levels of the participants in the control group.

In order to test the second hypothesis of the research, the post-test well-being levels of the experimental and control groups were compared with the control group's t-test results.

Table 4.6 Control Group's t-Test Results for Comparison with Experimental and Control Groups' Well-being Levels

Measurement	N	$\overline{X}$	S	sd	T	p	Cohen's d
Experimental Group	33	18.24	2.97				
				63	2.209	0.031	0.54
Control Group	33	16.56	3.15				

Table 4.6 shows a comparison of the well-being levels of the participants in the experimental and control groups at the end of the MBSR program. According to the results of the analysis, there was a statistically significant difference between the post-test levels of the experimental and control groups [t(63) = 2.209; p < 0.05]. Considering the means ($\overline{X}$ Experiment = 18.24; $\overline{X}$ Control = 16.56), it is seen that the significant difference is in favor of the experimental group. In other words, the post-test leves of the participants in the experimental group were significantly higher than those of the participants in the control group. According to Cohen's d coefficient (0.54), calculated for the effect size of the significant difference, there was a moderate

level of effectiveness. This finding also showed that application of the MBSR program to participants significantly increased their well-being.

Hypothesis 3: MBSR training is significantly effective in raising the participants' self-awareness levels.

3a) The pre-test self-awareness levels of the participants in the MBSR training are lower than their post-test self-awareness levels.

The third hypothesis of the research is whether the pre-test self-awareness levels of the participants in the MBSR training are lower than their post-test self-awareness levels. The normality assumption of the dependent variable was tested before examining whether there was a significant difference between the pre-test and the post-test self-awareness levels. Since the dependent variable in this hypothesis was the self-awareness levels of the participants, these levels were checked to ascertain that they met the normality assumption. According to the results, parametric or non-parametric tests were selected. Table 4.7 shows the values for the assumption of normality.

Table 4.7 Normality Distribution of Measurements in Experimental Group (Self-awareness)

Normality Tests						Skewness / Error Coefficient	Kurtosis / Error Coefficient
Variables	Kolmogorov-Smirnov [a]			Shapiro-Wilk			
	Statistics	sd	p	Statistics	Sd	p	
Self-awareness Level	0.085	34	0.200	0.965	34	0.345	0.721 / 0.403	1.182 / 0.788

It is seen in Table 4.7 that the p value of the dependent variable (participants' awareness level), calculated with the Shapiro-Wilk test (preferred because $n < 50$), was greater than 0.05 ($p = 0.345$). It is also seen that the values obtained by dividing the skewness and kurtosis coefficients by the standard error coefficient ($0.721 / 0.403 = 1.78$ for skewness; $1.182 / 0.788 = 1.50$ for kurtosis) were within ± 1.96. The skewness and kurtosis values were also within ± 1.50. It is seen that these values (Shapiro-Wilk test result and skewness/kurtosis values) met the normality assumption.

Figure 4.2 is the histogram and QQ plot graph for the assumption of normality. In the normality histogram, the accumulation is in the middle. In other words, it

resembles a bell curve, and there is a decreasing trend toward the right. This is a sign of normality. In addition, on the QQ Plot graph, there is a linear distribution, the points are clustered around the line, and there are no large deviations. These are also signs of normality. Parametric tests were used in the third hypothesis since the normality assumptions were met.
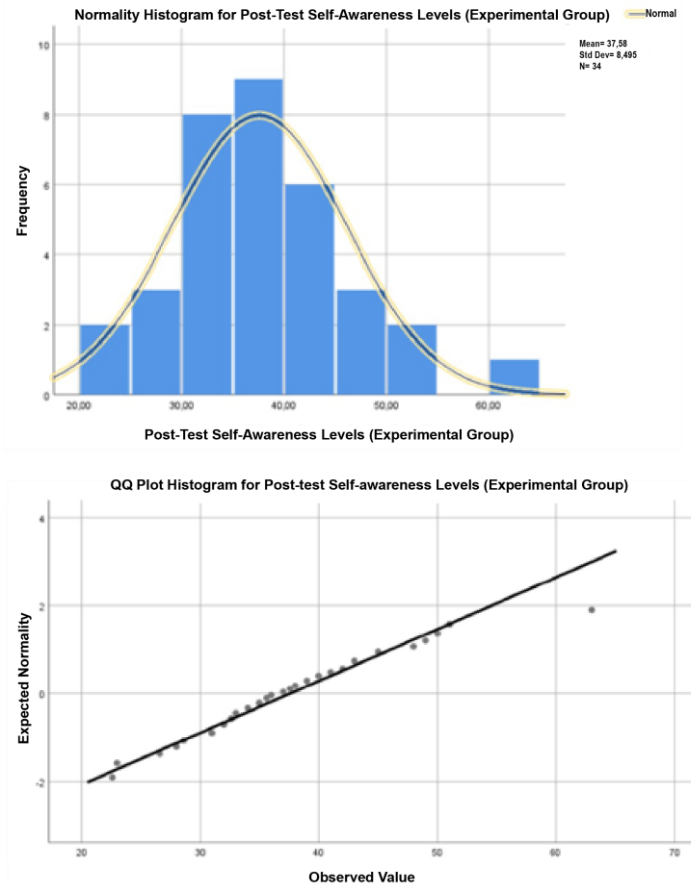
Figure 4.3 Normality Histogram and QQ Plot Graph of Participants' Self-awareness Levels.

Table 4.8 Control Group's t-Test Results for Comparing Experimental Group's Pretest and Post-test Self-awareness Levels

Measurement	N	$\overline{X}$	S	sd	t	p
Pre-test	34	40.97	10.34	33	-2.386	0.002
Post-test	33	44.97	10.24			

It can be seen that, according to repeated measurements made with the control group's t-test results, application of the MBSR program was significantly effective in increasing the self-awareness levels of the participants [t(33) = -2.386; p < 0.05.] Before the MBSR training, the experimental group's mean self-awareness level was calculated as $\overline{X}$ Pre - $_{Test}$ = 40.97. After the MBSR training, this mean level was calculated as $\overline{X}$ $_{post-test}$ = 44.97. The finding that emerged from the calculated values showed that application of the MBSR program to the participants in the experimental group significantly raised their self-awareness levels. Based on this finding, it can be said that the tested hypothesis should be accepted.

Tested Hypothesis: The self-awareness levels of the participants in the MBSR training are higher than the post-test self-awareness levels of the participants in the control group.

In order to test the third hypothesis of the research, the post-test self-awareness levels of the experimental and control groups were compared with the control group's t-test results.

Table 4.9 Control Group's t-Test Results for Comparison with Post-test Self-awareness Levels of Experimental and Control Groups

Measurement	N	$\overline{X}$	S	sd	T	p	Cohen's d
Experimental Group	33	44.97	10.24	64	2.984	0.004	0.73
Control Group	33	38.00	8.61				

The table shows a comparison of the self-awareness levels of the participants in the experimental and control groups at the end of the MBSR program. According to the results of the analysis, there was a statistically significant difference between the post-test scores of the experimental and control groups [t(64) = 2.984; p < .05]. Considering the means ($\overline{X}$ $_{Experiment}$ = 44.97; $\overline{X}$ $_{Control}$ = 38.00), it is seen that this significant difference is in favor of the experimental group.

Hypothesis 4: MBSR training is significantly effective in increasing the resilience levels of participants.

4a) The pre-test resilience levels of the participants in the MBSR training are lower than their post-test levels.

The fourth hypothesis of the research is whether the pre-test resilience levels of the participants in the MBSR training are lower than their post-test resilience levels. The normality assumptions of the dependent variable were checked before examining whether there was a significant difference between the pre-test and post-test resilience levels. Since the dependent variable in this hypothesis was the resilience levels of the participants, these levels were checked to ascertain that they met the normality assumption. According to the results, parametric or non-parametric tests were selected. Table 4.10 shows the values for the assumption of normality.

Table 4.10 Normality Distribution of Measurements in Experimental Group (Resilience)

Variables	Normality Tests						Skewness / Error Coefficient	Kurtosis / Error Coefficient
	Kolmogorov-Smirnov [a]			Shapiro-Wilk				
	Statistics	sd	p	Statistics	Sd	p		
Resilience Level	0.108	34	0.200	0.975	34	0.618	0.013 / 0.403	0.139 / 0.788

It is seen in Table 4.10 that the p value of the dependent variable (resilience level of participants), calculated with the Shapiro-Wilk test (preferred because n < 50), is greater than 0.05 (p = 0.618). It is also seen that the values obtained by dividing the skewness and kurtosis coefficients by the standard error coefficient (0.013 / 0.403 = 0.03 for skewness; 0.139 / 0.788 = 0.17 for kurtosis) were within ±1.96. The skewness and kurtosis values were also within ±1.50. These values (the Shapiro-Wilk test result and skewness/kurtosis values) met the normality assumption.

Figure 4.3 is the histogram and QQ plot graph of the resilience level variable for the normality assumption for the experimental group. In the normality histogram, it is seen that the accumulation tends to decrease toward the middle and the right. This is a sign of normality. In addition, when looking at the QQ Plot graph, it is seen that there is a linear distribution, the points are clustered around the line, and there are no large

deviations. These are also signs of normality. Parametric tests were used in the fourth hypothesis since the normality assumptions were met.
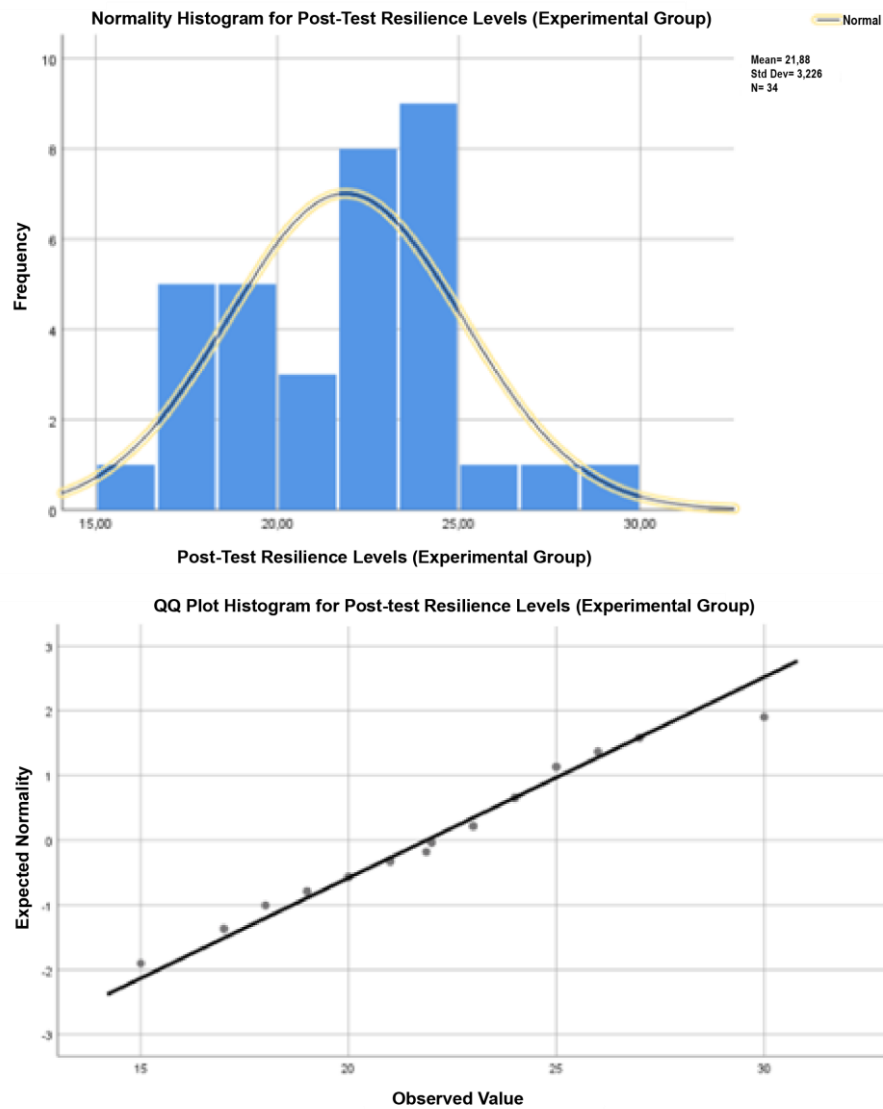
Figure 4.4 Normality Histogram and QQ Plot Chart of Participants' Resilience Levels

Table 4.11 Control Group's t-Test Results for Comparing Experimental Group's Pre-test and Post-test Resilience Levels

Measurement	N	$\overline{X}$	S	sd	t	p
Pre-test	34	18.97	3.22	33	4.656	0.000
Post-test	33	21.87	4.14			

It is seen that, according to repeated measurements made with the control group's t-test results, application of the MBSR program was significantly effective in increasing the resilience levels of the participants [t(33) = 4,656; p<0.05]. Before the MBSR program, the experimental group's mean resilience level was calculated as $\overline{X}$Pre - $_{Test}$ = 18.97. After the MBSR program, this mean level was calculated as $\overline{X}_{post\text{-}test}$ = 21.87. The finding from these calculated values showed that application of the MBSR program to the participants in the experimental group significantly increased their resilience levels. Based on this finding, it can be said that the tested hypothesis should be accepted.

Tested Hypothesis : The post-test resilience levels of the participants in the MBSR training are higher than the post-test resilience levels of the participants in the control group.

In order to test the fourth hypothesis of the study, the post-test resilience levels of the experimental and control groups were compared with the control group's t-test results.

Table 4.12 Control Group's t-Test Results for Comparison with Experimental and Control Groups' Post-test Resilience Levels

Measurement	N	$\overline{X}$	S	sd	T	p	Cohen's d
Experimental Group	33	21.87	3.27				
				63	2.058	0.04	0.51
Control Group	33	20.06	3.82				

Table 4.12 shows a comparison of the resilience level measurements of the experimental and control groups at the end of the MBSR program. According to the results of the analysis, there was a statistically significant difference between the post-test resilience levels of the experimental group and the control group [t(63) = 2,058; p < 0.05]. Considering the means ($\overline{X}_{Experiment}$ = 21.87; $\overline{X}_{Control}$ = 20.06), it is seen that the significant difference is in favor of the experimental group. In other words, the post-test resilience levels of the experimental group were significantly higher than the post-test resilience levels of the control group. According to Cohen's d coefficient (0.51), calculated for the effect size of the significant difference, there was a moderate level

of effectiveness. This finding also shows that application of the MBSR program to the participants significantly increased their resilience levels.

Hypothesis 5: MBSR training is significantly effective in increasing the self-efficacy level of participants.

5a) The pre-test self-efficacy levels of the participants in the MBSR training are lower than their post-test self-efficacy levels.

The fifth hypothesis of the research is whether the pre-test self-efficacy levels of the participants in the MBSR training are lower than their post-test levels. The normality assumptions of the dependent variable were checked before examining whether the self-efficacy levels differed significantly between the pre-test and the post-test. Since the dependent variable in this hypothesis was the self-efficacy levels of the participants, they were checked to ascertain that they met the normality assumption. According to the results, parametric or non-parametric tests were selected. Table 4.13 shows the values for the assumption of normality.

Table 4.13 Normality Distribution of Measurements in Experimental Group (Self-efficacy)

	Normality Tests						Skewness / Error Coefficient	Kurtosis / Error Coefficient
Variables	Kolmogorov-Smirnov [a]			Shapiro-Wilk				
	Statistics	sd	p	Statistics	Sd	p		
Self-efficacy Level	0.110	34	0.200	0.969	34	0.423	0.239 / 0.403	0.350 / 0.788

It is seen in Table 4.13 that the p-value of the dependent variable (participants' self-efficacy level), calculated with the Shapiro Wilk test (preferred because n < 50), is greater than 0.05 (p = 0.423). It is also seen that the values obtained by dividing the skewness and kurtosis coefficients by the standard error coefficient (0.239 / 0.403 = 0.59 for skewness; 0.350 / 0.788 = 0.44 for kurtosis) were within ±1.96 . The skewness and kurtosis values were also within ±1.50. These values (Shapiro-Wilk test result and skewness/kurtosis values) met the normality assumption.

Figure 4.4 is the histogram and the QQ plot graph of the self-efficacy level variable for the normality assumption for the experimental group. In the normality histogram, the accumulation tends to decrease toward the middle and the right. This is a sign of normality. In addition, on the QQ Plot graph, there is a linear distribution, the points are clustered around the line, and there are no large deviations. These are also signs of normality. Parametric tests were used in the fifth hypothesis since the normality assumptions were met.
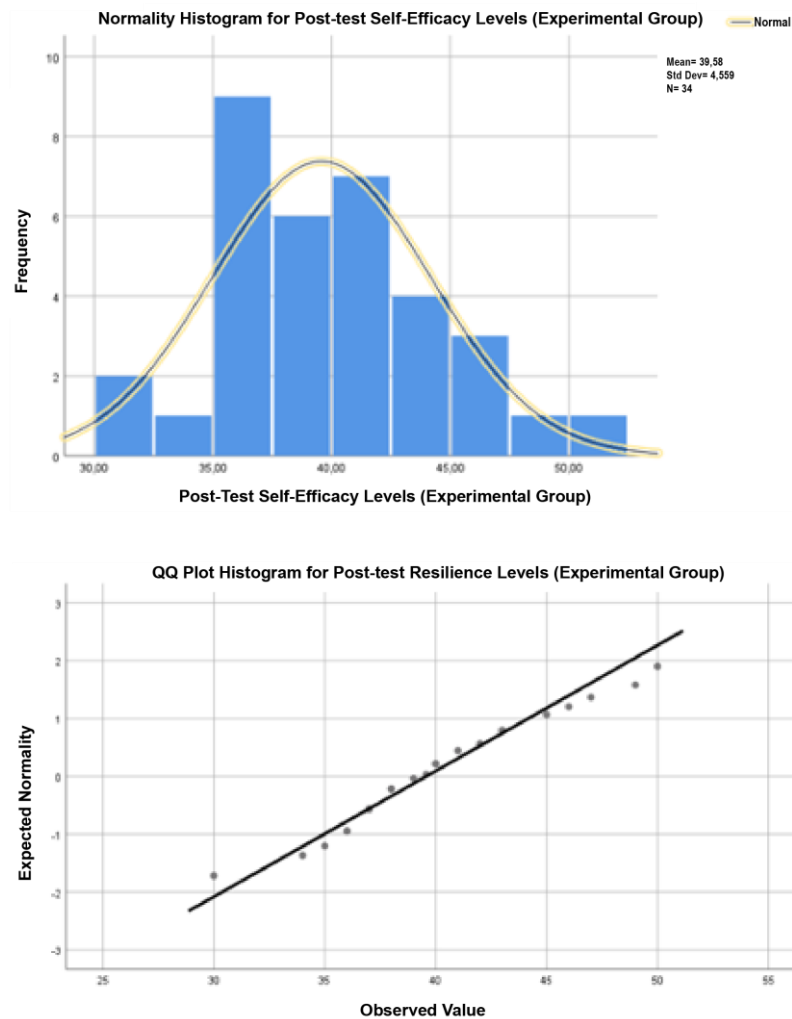
Figure 4.5 Normality Histogram and QQ Plot Graph of Participants' Self-efficacy Levels

Table 4.14 Control Group's t-Test Results For Comparing Pre-test and Post-test Self-efficacy Levels of Experimental Group Participants

Measurement	N	$\overline{X}$	S	sd	t	p
Pre-test	34	36.63	6.19	32	2.672	0.012
Post-test	33	39.57	4.67			

It is seen that, according to repeated measurements made with the control group's t-test results, application of the MBSR program was significantly effective in increasing the self-efficacy levels of the participants [t(33) = 2.672; p < 0.05.] Before the MBSR program, the mean self-efficacy value of the participants in the experimental group was calculated as $\overline{X}$ pre - $_{Test}$ = 36.63. After the MBSR program, this mean value was calculated as $\overline{X}$ $_{post\text{-}test}$ = 39.57. The finding from these calculated values showed that application of the MBSR program to the participants in the experimental group significantly increased their self-efficacy levels. Based on this finding, it can be said that the tested hypothesis should be accepted.

Tested Hypothesis: The post-test self-efficacy levels of the participants in the MBSR training are higher than the post-test self-efficacy levels of the participants in the control group.

In order to test the fifth hypothesis of the study, the post-test self-efficacy values of the experimental and control groups were compared with the control group's t-test.

Table 4.15 Control Group's t-Test Results for Comparison with Experimental and Control Groups' Post-test Self-efficacy Levels

Measurement	N	$\overline{X}$	S	sd	T	p	Cohen's D
Experimental Group	33	39.57	4.67	63	1.635	0.107	-
Control Group	33	37.65	4.79				

The table shows a comparison of the self-efficacy levels of the participants in the experimental and control groups at the end of the MBSR program. According to the analysis, there was no statistically significant difference between the post-test scores of the experimental and control groups [t(63) = 1.635; p > 0.05]. Considering

the means ($\overline{X}_{Experiment}$ = 39.57; $\overline{X}_{Control}$ =37.65), there was no significant difference. However, it is shown that the self-efficacy level of the experimental group increased at the end of the MBSR training.

Findings Related to Correlation

Table 4.16 Spearman-Brown Correlation Test Results Showing Relationships among Dependent Variables of Study

Correlation Values		Stress	Well-being	Resilience	Self-efficacy	Awareness
Stress	r	1	-.617 **	-.532 **	-.365 *	-.353 *
	p		,000	,001	,034	,041
	N		34	34	34	34
Well-being	r		1	,594 **	,504 **	,467 **
	p			,000	,002	,005
	r			34	34	34
Resilience	p			1	,726 **	.394 *
	r				,000	,021
	p				34	34
Self-efficacy	r				1	,190
	p					,282
	r					34
Self-awareness	p					1
	r					
	p					
** Correlation is significant at the 0.01 level (2-tailed).						
* Correlation is significant at the 0.05 level (2-tailed).						

Table 4.16 shows the correlation analysis of the relationships among the dependent variables of the study according to the post-test measurement values of the experimental group. The results of the analysis revealed a moderately negative statistically significant relationship between the stress levels of the participants in the experimental group and their well-being levels (r = 0.62; p < 0.01). In other words, as the stress levels of the participants in the experimental group increased, there was a significant decrease in their well-being levels. Similarly, as a result of the analysis, a

moderately negative statistically significant correlation was found between the stress levels of the participants in the experimental group and their resilience levels (r = 0.53; p < 0.01). In other words, as the stress levels of the participants increased, there was a significant decrease in their resilience levels. The results also showed a moderately negative statistically significant correlation between the post-test stress levels and post-test self-efficacy levels of the participants in the experimental group (r = 0.37; p < 0.05). In short, when the stress levels of the participants in the experimental group increased, there was a decrease in their self-efficacy levels. Similarly, a moderately negative statistically significant correlation was found between the stress levels and self-awareness levels of the participants in the experimental group (r = 0.35; p < 0.05). In other words, it was revealed that when the stress levels of the participants increased, their self-awareness levels decreased.

A moderately positive significant correlation was found between the post-test well-being levels and resilience levels of the participants in the experimental group (r = 0.59; p < 0.01). In other words, it is seen that as the participants' well-being levels increased, their resilience levels also increased. Again, the post-test levels of the participants revealed a moderately positive significant correlation between their well-being and self-efficacy levels (r = 0.50; p < 0.01). In other words, as the participants' well-being levels increased, their self-efficacy levels also increased. When the post-test measurements of the participants were examined, there emerged a moderately positive significant correlation between their well-being levels and awareness level (r = 0.47; p < 0.01).

Examination of the post-test measurements of the participants in the experimental group revealed a highly positive significant correlation between their resilience levels and their self-efficacy levels (r = 0.73). In other words, an increase in the resilience levels of the participants showed that there would be an increase in their self-efficacy levels. Similarly, as a result of the analysis, it is seen that there was a moderately positive significant correlation between the participants' resilience levels and their awareness levels (r = 0.39; p < 0.05). In other words, an increase in the resilience levels of the participants showed that there would be an increase in their awareness levels. The analysis found no statistically significant relationship between the post-test self-efficacy levels and self-awareness levels of the participants (r = 0.19; p > 0.05).

Findings Related to Difference Tests

Difference by Gender (Experimental Group)

Table 4.17 Mann-Whitney U Test Results Showing Statistical Differences among Dependent Variables and Experimental Group Participants' Genders

Variable	Experimental Group	Gender	n	Mean Rank	Overall Rank	U	p
Stress	Pre-Test	Male	5	18.10	90.50	69,500	.88
		Female	29	17.40	504.50		
		Total	34				
	Post-Test	Male	4	13.50	54.00	44,000	.44
		Female	29	17.48	507.00		
		Total	33				
Well-being	Pre-Test	Male	5	12.90	64.50	49,500	.26
		Female	29	18.29	530.50		
		Total	34				
	Post-Test	Male	4	23.88	95.50	30,500	.12
		Female	29	16.05	465.50		
		Total	33				
Resilience	Pre-Test	Male	5	18.00	90.00	70,000	.90
		Female	29	17.41	505.00		
		Total	34				
	Post-Test	Male	4	20.75	83.00	43,000	.41
		Female	29	16.48	478.00		
		Total	33				
Self-efficacy	Pre-Test	Male	5	18.50	92.50	67,500	.81
		Female	29	17.33	502.50		
		Total	34				
	Post-Test	Male	4	25.38	101.50	24,500	.06
		Female	29	15.84	459.50		
		Total	33				
Self-awareness	Pre-Test	Male	5	23.50	117.50	42,500	.14
		Female	29	16.47	477.50		
		Total	34				
	Post-Test	Male	4	13.50	54.00	44,000	.44
		Female	29	17.48	507.00		
		Total	33				

According to table 4.17, there was no significant difference between the pre-test stress levels of male and female participants in the experimental group (U = 69,500; p > 0.05). It is observed that the male participants' mean rank (18.10) was higher than the female participants' mean rank (17.40).

There was no significant difference between the post-test stress levels of the male and female participants in the experimental group (U = 44,000; p > 0.05). It is observed that the male participants' mean rank (13.50) was lower than the female participants' mean rank (17.48).

There was no significant difference between the male and female participants' pre-test well-being levels (U = 49,500; p > 0.05). It is observed that the male participants' mean rank (12.90) was lower than the female participants' mean rank (18.29).

There was no significant difference between the male and female participants' post-test well-being levels (U = 30,500; p > 0.05). It is observed that the male participants' mean rank (23.88) was higher than the female participants' mean rank (16.05).

There was no significant difference between the pre-test resilience levels of the male and female participants in the experimental group (U = 70,000; p > 0.05). It is observed that the male participants' mean rank (18.00) was higher than female participants' mean rank (17.41).

There was no significant difference in the post-test resilience levels between the male and female participants in the experimental group (U = 43,000; p > 0.05). It is observed that the male participants' mean rank (20.75) was higher than the female participants' mean rank (16.48).

There was no significant difference between the pre-test self-efficacy levels of the male and female participants in the experimental group (U = 67,500; p > 0.05). It is observed that the male participants' mean rank (18.50) was higher than female participants' mean rank (17.33).

There was no significant difference between the post-test self-efficacy levels of the male and female participants in the experimental group (U = 24,500; p > 0.05). It is observed that the male participants' mean rank (25.38) was higher than the female participants' mean rank (15.84).

There was no significant difference between the pre-test self-awareness levels of the male and female participants in the experimental group (U = 42,500; p > 0.05). It

is observed that the male participants' mean rank (23.50) was higher than the female participants' mean rank (16.47).

There was no significant difference between the post-test self-awareness levels of the male and female participants in the experimental group (U = 44.00; p > 0.05). It is observed that the male participants' mean rank (13.50) was lower than the female participants' mean rank (17.48).

Difference by Education Level (Experimental Group)

Table 4.18 Mann-Whitney U Test Results Showing Statistical Differences among Dependent Variables and Experimental Group Participants' Education Levels

Variable	Experimental Group	Education Level (Degree)	n	Mean Rank	Overall Rank	U	p
Stress	Pre-Test	Bachelor	25	17.44	436.00	111,000	.95
		Graduate	9	17.67	159.00		
		Total	34				
	Post-Test	Bachelor	24	17.60	422.50	93,500	.56
		Graduate	9	15.39	138.50		
		Total	33				
Well-being	Pre-Test	Bachelor	25	16.18	404.50	79,500	.19
		Graduate	9	21.17	190.50		
		Total	34				
	Post-Test	Bachelor	24	17.38	417.00	99,000	.71
		Graduate	9	16.00	144.00		
		Total	33				
Resilience	Pre-Test	Bachelor	25	16.54	413.50	88,500	.35
		Graduate	9	20.17	181.50		
		Total	34				
	Post-Test	Bachelor	24	16.52	396.50	96,500	.64
		Graduate	9	18.28	164.50		
		Total	33				
Self-efficacy	Pre-Test	Bachelor	25	15.90	397.50	72,500	.12
		Graduate	9	21.94	197.50		
		Total	34				
	Post-Test	Bachelor	24	16.42	394.00	94,000	.57
		Graduate	9	18.56	167.00		
		Total	33				

Self-wareness	Pre-Test	Bachelor	25	17.58	439.50	110,500	.94j
		Graduate	9	17.28	155.50		
		Total	34				
	Post-Test	Bachelor	24	16.27	390.50	90,500	.48
		Graduate	9	18.94	170.50		
		Total	33				

According to table 4.18 there was no significant difference between the pre-test stress levels of the bachelor and graduate degree-holders in the experimental group (U= 111,000; p> 0.05). It is observed that the *bachelor* mean rank (17.44) was lower than the *graduate* mean rank (17.67).

There was no significant difference between the post-test stress levels of the bachelor and graduate degree-holders in the experimental group (U= 93.500; p> 0.05). It is observed that the *bachelor* mean rank (17.60) was higher than the *graduate* mean rank (15.39).

There was no significant difference between the pre-test well-being levels of the bachelor and graduate degree-holders in the experimental group (U = 79,500; p > 0.05). It is observed that the *bachelor* mean rank (17.60) was higher than the *graduate* mean rank (15.39).

There was no significant difference between the post-test well-being levels of the bachelor and graduate degree-holders in the experimental group (U = 79,500; p > 0.05). It is observed that the *bachelor* mean rank (16.18) was higher than the *graduate* mean rank (21.17).

There was no significant difference between the pre-test resilience levels of the bachelor and graduate degree-holders in the experimental group (U = 88,500; p > 0.05). It is observed that the b*achelor* mean rank (16.54) was lower than the *graduate* mean rank (20.17).

There was no significant difference between the post-test resilience levels of the bachelor and graduate degree-holders in the experimental group (U = 96,500; p > 0.05). It is observed that the *bachelor* mean rank (16.52) was lower than the *graduate* mean rank (18.28).

There was no significant difference between the pre-test self-efficacy levels of the bachelor and graduate degree-holders in the experimental group (U = 94.00; p >

0.05). It is observed that the *bachelor* mean rank (15.90) was higher than the *graduate* mean rank (21.94).

There was no significant difference between the post-test self-efficacy levels of the bachelor and graduate degree-holders in the experimental group (U = 94,000; p > 0.05). It is observed that the *bachelor* mean rank (17.58) was higher than the *graduate* mean rank (17.28).

There was no significant difference between the pre-test self-awareness levels of the bachelor and graduate degree-holders in the experimental group (U = 110.500; p > 0.05). It is observed that the *bachelor* mean rank (17.58) was higher than the *graduate* mean rank (17.28).

There was no significant difference between the post-test self-awareness levels of the bachelor and graduate degree-holders in the experimental group (U = 90,500; p > 0.05). It is observed that the *bachelor* mean rank (16.27) was lower than the *graduate* mean rank (18.94).

Difference by Marital Status (Experimental Group)

Table 4.19 Mann-Whitney U Test Results Showing Statistical Differences among Dependent Variables and Experimental Group Participants' Marital Status

Variable	Experimental Group	Marital Status	n	Mean Rank	Overall Rank	U	p
Stress Level	Pre-Test	single	17	19.44	330.50	111,500	**.26**
		married	17	15.56	264.50		
		Total	34				
	Post-Test	single	16	16.94	271.00	135,000	.97
		married	17	17.06	290,00		
		Total	33				
Well-Being	Pre-Test	single	17	17.06	290,00	137,000	.79
		married	17	17.94	305.00		
		Total	34				
	Post-Test	single	16	14.38	230.00	94,000	.13
		married	17	19.47	331,00		
		Total	33				

Durability	Pre-Test	single	17	15.59	265.00	112,000	.26
		married	17	19.41	330.00		
		Total	34				
	Post-Test	single	16	16.88	270.00	134,000	.94
		married	17	17.12	291.00		
		Total	33				
Self-Efficacy	Pre-Test	single	17	16.82	286.00	133,000	.69
		married	17	18.18	309.00		
		Total	34				
	Post-Test	single	16	17.41	278.50	129,500	.81
		married	17	16.62	282.50		
		Total	33				
Self-awareness	Pre-Test	single	17	17.12	291.00	138,000	.82
		married	17	17.88	304.00		
		Total	34				
	Post-Test	single	16	19.63	314.00	94,000	.13
		married	17	14.53	247.00		
		Total	33				

According to table 4.19, there was no significant difference between the pre-test stress levels of the single and married participants in the experimental group ($U = 111,500$; $p > 0.05$). It is observed that the single participants' mean rank (19.44) was higher than the married participants' mean rank (15.56).

There was no significant difference between the post-test stress levels of the single and married participants in the experimental group ($U = 135,000$; $p > 0.05$). It is observed that the single participants' mean rank (16.94) was lower than the married participants' mean rank (17.06).

There was no significant difference between the pre-test well-being levels of the single and married participants in the experimental group ($U = 137,000$; $p > 0.05$). It is observed that the single participants' mean rank (17.06) was lower than the married participants' mean rank (17.94).

There was no significant difference between the post-test well-being levels of the single and married participants in the experimental group ($U = 94,000$; $p > 0.05$).

It is observed that the single participants' mean rank (14.38) was lower than the married participants' mean rank (19.47).

There was no significant difference between the pre-test resilience levels of the single and married participants in the experimental group (U = 112,000; p > 0.05). It is observed that the single participants' mean rank (15.59) was lower than the married participants' mean rank (19.41).

There was no significant difference between the post-test resilience levels of the single and married participants in the experimental group (U = 134,000; p > 0.05). It is observed that the single participants' mean rank (16.88) was lower than the married participants' mean rank (17.12).

There was no significant difference between the pre-test self-efficacy levels of the single and married participants in the experimental group (U = 133,000; p > 0.05). It is observed that the single participants' mean rank (16.82) was lower than the married participants' mean rank (18.18).

There was no significant difference between the post-test self-efficacy levels of the single and married participants in the experimental group (U = 129,500; p > 0.05). It is observed that the single participants' mean rank (17.41) was higher than the married participants' mean rank (16.62).

There was no significant difference between the pre-test self-awareness levels of the single and married participants in the experimental group (U = 138,000; p > 0.05). It is observed that the single participants' mean rank (17.12) was lower than the married participants' mean rank (17.88).

There was no significant difference between the post-test self-awareness levels of the single and married participants in the experimental group (U = 94,000; p > 0.05). It is observed that the single participants' mean rank (17.63) was higher than the married participants' mean rank (14.53).

Difference by Mindfulness Training Status (Experimental Group)

Table 4.20 Mann-Whitney U Test Results Showing Statistical Differences among Dependent Variables and Experimental Group Participants' MBSR Training Status

Variable (Levels)	Experimental Group	Mindfulness Training	n	Mean Rank	Overall Rank	U	p
Stress	Pre-test	Not taken	11	18.64	205.00	114,000	.65
		Taken	23	16.96	390.00		
		Total	34				
	Post-test	Not taken	10	17.05	170.50	114,500	.94
		Taken	23	16.98	390.50		
		Total	33				
Well-being	Pre-test	Not taken	11	19.91	219,00	100,000	.33
		Taken	23	16.35	376.00		
		Total	34				
	Post-test	Not taken	10	18.45	184.50	100,500	.57
		Taken	23	16.37	376.50		
		Total	33				
Resilience	Pre-test	Not taken	11	19.05	209.50	109,500	.53
		Taken	23	16.76	385.50		
		Total	34				
	Post-test	Not taken	10	21.10	211.00	74,000	.11th
		Taken	23	15.22	350.00		
		Total	33				
Self-efficacy	Pre-test	Not taken	11	20.50	225.50	93,500	.22
		Taken	23	16.07	369.50		
		Total	34				
	Post-test	Not taken	10	19.25	192.50	92,500	.38
		Taken	23	16.02	368.50		
		Total	33				
Self-awareness	Pre-test	Not taken	11	13.68	150,50	84,500	.12
		Taken	23	19.33	444.50		
		Total	34				
	Post-test	Not taken	10	16.10	161.00	106,000	.72
		Taken	23	17.39	400.00		
		Total	33				

According to table 4.20 there was no significant difference between the pre-test stress levels of the experimental group participants who took the mindfulness training and of those who did not (U = 114,000; p > 0.05). It is observed that *not taken* had a higher mean rank (18.64) than *taken* (mean rank: 16.96) .

There was no significant difference between the post-test stress levels of the experimental group participants who took the mindfulness training and of those who did not (U = 114,500 ; p > 0.05). It is observed that *not taken* had a higher mean rank (17.05) than *taken* (mean rank: 16.98).

There was no significant difference between the pre-test well-being levels of the experimental group participants who took the mindfulness training and of those who did not (U = 100,000; p > 0.05). It is observed that *not taken* had a higher mean rank (19.91) than *taken* (mean rank: 16.35).

There was no significant difference between the post-test well-being levels of the experimental group participants who took the mindfulness training and of those who did not (U = 100,500 ; p > 0.05). It is observed that *not taken* had a higher mean rank (18.45) than *taken* (mean rank: 16.37).

There was no significant difference between the pre-test resilience levels of the experimental group participants who took the mindfulness training and of those who did not (U = 109,500 ; p > 0.05). It is observed that *not taken* had a higher mean rank (19.05) than *taken* (mean rank: 16.76).

There was no significant difference between the post-test resilience levels of the experimental group participants who took the mindfulness training and of those who did not (U = 100,500 ; p> 0.05). It is observed that *not taken* had a higher mean rank (21.10) than *taken* (mean rank: 15.22).

There was no significant difference between the pre-test self-efficacy levels of the experimental group participants who took the mindfulness training and of those who did not (U = 93,500 ; p > 0.05). It is observed that *not taken* had a higher mean rank (20.50) than *taken* (mean rank: 16.07).

There was no significant difference between the post-test self-efficacy levels of the experimental group participants who took the mindfulness training and of those who did not (U = 92,500; p > 0.05). It is observed that *not taken* had a higher mean rank (19.25) than *taken* (mean rank: 16.02).

There was no significant difference between the pre-test self-awareness levels of the experimental group participants who took the mindfulness training and of those

who did not (U = 106,000; p > 0.05). It is observed that *not taken* had a lower mean rank (13.68) than *taken* (mean rank: 19.33).

There was no significant difference between the post-test self-awareness levels of the experimental group participants who took the mindfulness training and of those who did not (U = 106,000; p > 0.05). It is observed that *not taken* had a lower mean rank (16.10) than *taken* (mean rank: 17.39).

Difference by Working Time in Current Organization (Experimental Group)

Table 4.21 Mann-Whitney U Test Results Showing Statistical Differences among Dependent Variables and Control Group Participants' Time Worked in Current Organizations

Variable (Levels)	Experimental Group	Years Worked in Current Organization	n	Mean Rank	Overall Rank	U	p
Stress	Pre-test	0 - 5	17	16.44	279.50	126,500	.53
		6 +	17	18.56	315.50		
		Total	34				
	Post-test	0 - 5	10	14.75	236.00	100,000	.19
		6 +	23	19.12	325.00		
		Total	33				
Well-being	Pre-test	0 - 5	17	18.62	316.50	125,500	.51
		6 +	17	16.38	278.50		
		Total	34				
	Post-test	0 - 5	10	19.16	306.50	101,500	.21
		6 +	23	14.97	254.50		
		Total	33				
Resilience	Pre-test	0 - 5	17	16.65	283.00	130,000	.62
		6 +	17	18.35	312,00		
		Total	34				
	Post-test	0 - 5	10	19.44	311,00	97,000	.17
		6 +	23	14.71	250.00		
		Total	33				

Self-efficacy	Pre-test	0 - 5	17	19.06	324.00	118,000	.36
		6+	17	15.94	271.00		
		Total	34				
	Post-test	0 - 5	10	17.78	284.50	123,500	.65
		6+	23	16.26	276.00		
		Total	33				
Self-awareness	Pre-test	0 - 5	17	16.44	279.50	126,500	.54
		6+	17	18.56	315.50		
		Total	34				
	Post-test	0 - 5	10	18.22	291.50	116,500	.48
		6+	23	15.85	269.50		
		Total	33				

According to table 4.21, there was no significant difference between the pre-test stress levels of the experimental group participants working in their current organizations for 0 - 5 years and of those working for 6 years or more (U = 126,500; p > 0.05). It is observed that *0 - 5 years* had a lower mean rank (16.44) than *6 years or more* (mean rank: 18.56).

There was no significant difference between the post-test stress levels of the experimental group participants working in their current organizations for 0 - 5 years and of those working for 6 years or more (U = 100,000; p > 0.05). It is observed that *0 - 5 years* had a lower mean rank (14.75) than *6 years or more* (mean rank: 19.12).

There was no significant difference between the pre-test well-being levels of the experimental group participants working in their current organizations for 0 - 5 years and of those working for 6 years or more (U = 125,500; p > 0.05). It is observed that *0 - 5 years* had a higher mean rank (18.62)than *6 years or more* (mean rank: 16.38).

There was no significant difference between the post-test well-being levels of the experimental group participants working in their current organizations for 0 - 5 years and of those working for 6 years or more (U = 101,500; p > 0.05). It is observed that *0 - 5 years* had a higher mean rank (19.16) than *6 years or more* (mean rank: 14.97).

There was no significant difference between the pre-test resilience levels of the experimental group participants working in their organizations for 0 - 5 years and of those working for 6 years or more (U = 130,000; p > 0.05). It is observed that *0 - 5 years* had a lower mean rank (16.65) than *6 years or more* (mean rank: 18.35).

There was no significant difference between the post-test resilience levels of the experimental group participants working in their current organizations for 0 - 5 years and of those working for 6 years or more (U = 97,000; p > 0.05). It is observed that *0 - 5 years* had a higher mean rank (19.44) than *6 years or more* (mean rank: 14.71).

There was no significant difference between the pre-test self-efficacy levels of the experimental group participants working in their current organizations for 0 - 5 years and of those working for 6 years or more (U = 118,000; p > 0.05). It is observed that *0 - 5 years* had a higher mean rank (19.06) than *6 years or more* (mean rank: 15.94).

There was no significant difference between the post-test self-efficacy levels of the experimental group participants working in their current organizations for 0 - 5 years and of those working for 6 years or more (U = 123,500; p > 0.05). It is observed that *0 - 5 years* had a higher mean rank (17.75) than *6 years or more* (mean rank: 16.26).

There was no significant difference between the pre-test self-awareness levels of the experimental group participants working in their current organizations for 0 - 5 years and of those working for 6 years or more (U = 126,500; p > 0.05). It is observed that *0 - 5 years* had a higher mean rank (16.44) than *6 years or more* (mean rank: 15.85).

There was no significant difference between the post-test self-awareness levels of the experimental group participants working in their current organizations for 0 - 5 years and of those working for 6 years or more (U = 116,500; p > 0.05). It is observed that *0 - 5 years* had a higher mean rank (18.22) than *6 years or more* (mean rank: 15.85).

Difference by Work Sector (Experimental Group)

Table 4.22 Mann-Whitney U Test Results Showing Statistical Differences among Dependent Variables and Control Group Participants' Work Sector

Variable (Levels)	Group	Work Sector	n	Mean Rank	Overall Rank	U	p
Stress	Pre-test	Insurance	20	20.20	404.00	86,000	.06
		Beverage	14	13.64	191.00		
		Total	34				
	Post-test	Insurance	19	18.34	348.50	107,500	.35
		Beverage	14	15.18	212.50		
		Total	33				
Well-being	Pre-test	Insurance	20	14.55	291.00	81,000	**.04**
		Beverage	14	21.71	304.00		
		Total	34				
	Post-test	Insurance	19	14.87	282.50	92,500	.14
		Beverage	14	19.89	278.50		
		Total	33				
Resilience	Pre-test	Insurance	20	15.35	307.00	97,000	.13
		Beverage	14	20.57	288.00		
		Total	34				
	Post-test	Insurance	19	16.42	312.00	122,00	.69
		Beverage	14	17.79	249.00		
		Total	33				
Self-efficacy	Pre-test	Insurance	20	16.35	327.00	117,000	.42
		Beverage	14	19.14	268.00		
		Total	34				
	Post-test	Insurance	19	16.97	322.50	132,500	.99
		Beverage	14	17.04	238.50		
		Total	33				
Self-awareness	Pre-test	Insurance	20	18.03	360.50	129,500	.71
		Beverage	14	16.75	234.50		
		Total	34				
	Post-test	Insurance	19	19.55	371.50	84,500	.07
		Beverage	14	13.54	189.50		
		Total	33				

According to table 4.22, there was no significant difference between the pre-test stress levels of the experimental group participants working in the insurance sector and of those working in the beverage sector (U = 86,000; p > 0.05). It is observed that *insurance* had a higher mean rank (20.20) than *beverage* (mean rank: 13.64).

There was no significant difference between the post-test stress levels of the experimental group participants working in the insurance sector and of those working in the beverage sector (U = 107,500; p > 0.05). It is observed that *insurance* had a higher mean rank (18.34) than *beverage* (mean rank: 15.18).

There was a significant difference between the pre-test well-being levels of the experimental group participants working in the insurance sector and of those working in the beverage sector (U = 81.00; p < 0.05). It is observed that *insurance* had a lower mean rank (14.55) than *beverage* (mean rank: 21.71). The significant difference is in favor of those working in the beverage industry.

There was no significant difference between the post-test well-being levels of the experimental group participants working in the insurance sector and of those working in the beverage sector (U = 92,500; p > 0.05). It is observed that *insurance* had a lower mean rank (14.87) than *beverage* (mean rank: 19.89).

There was no significant difference between the pre-test resilience levels of the experimental group participants working in the insurance sector and of those working in the beverage sector (U = 97,000; p > 0.05). It is observed that *insurance* had a lower mean rank (15.35) than *beverage* (mean rank: 20.57).

There was no significant difference between the post-test resilience levels of the experimental group participants working in the insurance sector and of those working in the beverage sector (U = 122.00; p > 0.05). It is observed that *insurance* had a lower mean rank (16.42) than *beverage* (mean rank: 17.79).

There was no significant difference between the pre-test self-efficacy levels of the experimental group participants working in the insurance sector and of those working in the beverage sector (U = 117,000; p > 0.05). It is observed that *insurance* had a lower mean rank (16.35) than *beverage* (mean rank: 19.14).

 There was no significant difference between the post-test self-efficacy levels of the experimental group participants working in the insurance sector and of those working in the beverage sector (U = 132,500; p > 0.05). It is observed that *insurance* had a lower mean rank (16.97) than beverage (mean rank: 17.04).

There was no significant difference between the pre-test self-awareness levels of the experimental group participants working in the insurance sector and of those working in the beverage sector (U = 129,500; p > 0.05). It is observed that *insurance* had a higher mean rank (18.03) than *beverage* (mean rank: 16.75).

There was no significant difference between the post-test self-awareness levels of the experimental group participants working in the insurance sector and of those working in the beverage sector (U = 84,500; p > 0.05). It is observed that *insurance* had a lower mean rank (19.55) than *beverage* (mean rank: 13.54).

Difference by Future Work-style Preference (Experimental Group)

Table 4.23 Mann-Whitney U Test Results Showing Statistical Differences among Dependent Variables and Control Group Participants' Future Work-style Preference

Variable (Levels)	Group	Future Work-style	n	Mean Rank	Overall Rank	U	p
Stress	Pre-test	Remote	11	15.27	168.00	102,000	.37
		Hybrid	23	18.57	427.00		
		Total	34				
	Post-test	Remote	11	17.50	192.50	115,500	.83
		Hybrid	22	16.75	368.50		
		Total	33				
Well-being	Pre-test	Remote	11	21.55	237.00	82,000	.09
		Hybrid	23	15.57	358.00		
		Total	34				
	Post-test	Remote	11	14.32	157.50	91,500	.25
		Hybrid	22	18.34	403.50		
		Total	33				
Resilience	Pre-test	Remote	11	16.82	185.00	119,00	.78
		Hybrid	23	17.83	410.00		
		Total	34				
	Post-test	Remote	11	15.86	174.50	108,500	.63
		Hybrid	22	17.57	386.50		
		Total	33				

Self-efficacy	Pre-test	Remote	11	19.05	209.50	109,500	.53
		Hybrid	23	16.76	385.50		
		Total	34				
	Post-test	Remote	11	17.32	190.50	117,500	.89
		Hybrid	22	16.84	370.50		
		Total	33				
Self-awareness	Pre-test	Remote	11	17.64	194.00	125,000	.96
		Hybrid	23	17.43	401.00		
		Total	34				
	Post-test	Remote	11	17.45	192.00	116,000	.85
		Hybrid	22	16.77	369.00		
		Total	33				

According to table 4.23, there was no significant difference between the pre-test stress levels of the experimental group participants wanting remote work and of those wanting hybrid work (U = 102,000; p > 0.05). It is observed that *remote* had a lower mean rank (15.27) than *hybrid* (mean rank: 18.57).

There was no significant difference between the post-test stress levels of the experimental group participants wanting remote work and of those wanting hybrid work (U = 115,500; p > 0.05). It is observed that *remote* had a higher mean rank (17.50) than *hybrid* (mean rank: 16.75).

There was no significant difference between the pre-test well-being levels of the experimental group participants wanting remote work and of those wanting hybrid work (U = 82,000; p > 0.05). It is observed that *remote* had a higher mean rank (21.55) than the *hybrid* (mean rank: 15.57).

There was no significant difference between the post-test well-being levels of the experimental group participants wanting remote work and of those wanting hybrid work (U = 91,500; p > 0.05). It is observed that *remote* had a lower mean rank (14.32) than *hybrid* (mean rank: 18.34).

There was no significant difference between the pre-test resilience levels of the experimental group participants wanting remote work and of those wanting hybrid work (U = 119,000; p > 0.05). It is observed that *remote* had a lower mean rank (16.82) than hybrid (mean rank: 17.83).

There was no significant difference between the post-test resilience levels of the experimental group participants wanting remote work and of those wanting hybrid work (U = 108,500; p > 0.05). It is observed that *remote* had a lower mean rank (15.86) than *hybrid* (mean rank: 17.57).

There was no significant difference between the pre-test self-efficacy levels of the experimental group participants wanting remote work and of those wanting hybrid work (U = 109,500; p > 0.05). It is observed that *remote* had a higher mean rank (19.05) than *hybrid* (mean rank: 16.76).

There was no significant difference between the post-test self-efficacy levels of the experimental group participants wanting remote work and of those wanting hybrid work (U = 117,500; p > 0.05). It is observed that *remote* had a higher mean rank (17.32) than *hybrid* (mean rank: 16.84).

There was no significant difference between the pre-test self-awareness levels of the experimental group participants wanting remote work and of those wanting hybrid work (U = 125,000; p > 0.05). It is observed that *remote* had a higher mean rank (17.64) than *hybrid* (mean rank: 17.43).

There was no significant difference between the post-test self-awareness levels of the experimental group participants wanting remote work and of those wanting hybrid work (U = 116,000; p > 0.05). It is observed that *remote* had a higher mean rank (17.45) than *hybrid* (mean rank : 16.77).

Difference by Changes in Hours Worked in Pandemic (Experimental Group)

Table 4.24 Mann-Whitney U Test Results Showing Statistical Differences among Dependent Variables and Changes in Hours Control Group Participants Worked during Pandemic

Variable (Levels)	Experimental Group	Hours Worked	n	Mean Rank	Overall Rank	U	p
Stress	Pre-test	No increase	9	16.50	148.50	103,500	.73
		Increased	25	17.86	446.50		
		Total	34				
	Post-test	No increase	8	18.56	148.50	87,500	.60
		Increased	25	16.50	412.50		
		Total	33				

Well-being	Pre-test	No increase	9	18.67	168.00	102,000	.68
		Increased	25	17.08	427.00		
		Total	34				
	Post-test	No increase	8	14.94	119.50	83,500	.48
		Increased	25	17.66	441.50		
		Total	33				
Resilience	Pre-test	No increase	9	19.94	179.50	90,500	.39
		Increased	25	16.62	415.50		
		Total	34				
	Post-test	No increase	8	15.75	126.00	90,000	.67
		Increased	25	17.40	435.00		
		Total	33				
Self-efficacy	Pre-test	No increase	9	17.72	159.50	110,500	.94
		Increased	25	17.42	435.50		
		Total	34				
	Post-test	No increase	8	14.25	114.00	78,000	.35
		Increased	25	17.88	447.00		
		Total	33				
Self-awareness	Pre-test	No increase	9	16.22	146.00	101,000	.65
		Increased	25	17.96	449.00		
		Total	34				
	Post-test	No increase	8	18.06	144.50	91,500	.72
		Increased	25	16.66	416.50		
		Total	33				

According to table 4.24, there was no significant difference between the pre-test stress levels of the experimental group participants whose work hours did not increase and of those whose work hours increased (U = 103,500; p > 0.05). It is observed that *increased* had a higher mean rank (17.86) had a higher average than *no increase* (mean rank: 16.50).

There was no significant difference between the post-test stress levels of the experimental group participants whose work hours did not increase and of those whose work hours increased (U = 87,500; p > 0.05). It is observed that *increased* had a lower mean rank (16.50) than *no increase* (mean rank: 18.56).

There was no significant difference between the pre-test well-being levels of the experimental group participants whose work hours did not increase and of those whose work hours increased (U = 102,000; p > 0.05). It is observed that *increased* had a lower mean rank (17.08) than *no increase* (mean rank: 18.67).

There was no significant difference between the post-test well-being levels of the experimental group participants whose work hours did not increase and of those

whose work hours increased (U = 102,000; p > 0.05). It is observed that *increased* had a higher mean rank (17.66) than *no increase* (mean rank: 14.94).

There was no significant difference between the pre-test resilience levels of the experimental group participants whose work hours did not increase and of those whose work hours increased (U = 90,500; p > 0.05). It is observed that *increased* had a lower mean rank (16.62) than *no increase* (mean rank: 19.94).

There was no significant difference between the post-test resilience levels of the experimental group participants whose work hours did not increase and of those whose work hours increased (U = 90,000; p > 0.05). It is observed that *increased* had a higher mean rank (17.40) than *no increase* (mean rank: 15.75).

There was no significant difference between the self-efficacy levels of the experimental group participants whose work hours did not decrease and of those whose work hours increased (U = 110.500; p > 0.05). It is observed that *increased* had a lower mean rank (17.42) than *no increase* (mean rank: 17.72).

There was no significant difference between the post-test self-efficacy levels of the experimental group participants whose work hours did not increase and of those whose work hours increased (U = 78,000; p > 0.05). It is observed that *increased* had a higher mean rank (17.88) than *no increase* (mean rank: 14.25).

There was no significant difference between the pre-test self-awareness levels of the experimental group participants whose work hours did not increase and of those whose work hours increased (U = 101,000; p > 0.05). It is observed that *increased* had a higher mean rank (17.96) than *no increase* (mean rank: 16.22).

There was no significant difference between the post-test self-awareness levels of the experimental group participants whose work hours did not increase and of those whose work hours increased (U = 91,500; p > 0.05). It is observed that *increased* had a lower mean rank (16.66) than *no increase* (mean rank: 18.06).

Difference by Age Range (Experimental Group)

Table 4.25 Kruskal-Wallis H Test Results Showing Difference among Dependent Variables and Range of Experimental Group Participants' Ages

Variable (Levels)	Experimental Group	Age Range	n	Mean Rank	sd	χ^2	p
Stress	Pre-test	20 - 29	8	16.88	2	1.076	.58
		30 - 39	16	16.13			
		40 - 49	10	20.20			
		Total	34				
	Post-test	20 - 29	8	16.19	2	0.268	.87
		30 - 39	15	16.57			
		40 - 4 9	10	18.30			
		Total	33				
Well-being	Pre-test	20 - 29	8	21.56	2	3.229	.20
		30 - 39	16	18.09			
		40 - 49	10	13.30			
		Total	34				
	Post-test	20 - 29	8	19.25	2	0.801	.67
		30 - 39	15	17.00			
		40 - 49	10	15.20			
		Total	33				
Resilience	Pre-test	20 - 29	8	17.81	2	1.093	.58
		30 - 39	16	19.00			
		40 - 49	10	14.85			
		Total	34				
	Post-test	20 - 29	8	19.38	2	4.795	.09
		30 - 39	15	19.43			
		40 - 49	10	11.45			
		Total	33				
Self-efficacy	Pre-test	20 - 29	8	23.50	2	4.326	.12
		30 - 39	16	16.75			
		40 - 49	10	13.90			
		Total	34				
	Post-test	20 - 29	8	16.44	2	0.706	.70
		30 - 39	15	18.47			
		40 - 49	10	15.25			
		Total	33				

Self-awareness	Pre-test	20 - 29	8	14.13	2	4.547	.10
		30 - 39	16	15.72			
		40 - 49	10	23.05			
		Total	34				
	Post-test	20 - 29	8	18.69	2	1.972	.37
		30 - 39	15	14.43			
		40 - 49	10	19.50			
		Total	33				

According to Table 4.25, there was no significant difference between the experimental group participants' age ranges and their pre-test stress levels [χ^2 (df = 2; n = 34) = 1.076; p > 0.05]. It is observed that the 40 - 49 age range had the highest mean rank (20.20), while the 30 - 39 age range had the lowest mean rank (16.13). In other words, the pre-test stress level was highest in the participants aged 40 - 49.

There was no significant difference between the experimental group participants' age ranges and their post-test stress levels [χ^2 (sd = 2; n = 34) = 0.268; p > 0.05]. It is observed that the 40 - 49 age range had the highest (mean rank (18.30), while the 20 - 29 age range had the lowest mean rank (16.19).

There was no significant difference between the experimental group participants' age ranges and their pre-test well-being levels [χ^2 (df = 2; n = 34) = 3.229; p > 0.05]. It is observed that the 20 - 29 age range had the highest mean rank (21.56), while the 40 - 49 age range had the lowest mean rank (13.30). In other words, the pre-test well-being level was highest in the participants aged 20 - 29.

There was no significant difference between the experimental group participants' age ranges and their post-test well-being levels [χ^2 (df = 2; n = 34) = 0.801; p > 0.05]. It is observed that the 20 - 29 age range had the highest mean rank (19.25), while the 40 - 49 age range had the lowest mean rank (15.20). In other words, the post-test well-being level was highest in the participants aged 20 - 29.

There was no significant difference between the experimental group participants' age ranges and their pre-test resilience levels [χ^2 (df = 2; n = 34) = 1.093; p > 0.05]. It is observed that the 30 - 39 age range had the highest mean rank (19.00), while the 40 - 49 age range had the lowest mean rank (14.85). In other words, the pre-test resilience level was highest in the participants aged 20 - 29.

There was no significant difference between the experimental group participants' age ranges and their post-test resilience levels [χ^2 (df = 2; n = 34) = 4.795; p > 0.05]. It is observed that the 30 - 39 age range had the highest mean rank (19.43), while 40 - 49 age range had the lowest mean rank (11.45). In other words, the post-test resilience level was highest in the participants aged 20 - 29.

There was no significant difference between the experimental group participants' age ranges and their pre-test self-efficacy levels [χ^2 (df = 2; n = 34) = 4.326; p > 0.05]. It is observed that the 20 - 29 age range had the highest mean rank (23.50), while the 40 - 49 age range had the lowest mean rank (13.90). In other words, the pre-test self-efficacy level was highest in the participants aged 20 - 29.

There was no significant difference between the experimental group participants' age ranges and their post-test self-efficacy levels [χ^2 (df = 2; n = 34) = 0.706; p > 0.05]. It is observed that the 30 - 39 age range had the highest mean rank (18.47), while the 40 - 49 age range had the lowest mean rank (15.25). In other words, the post-test self-efficacy level was highest in the participants aged 30 - 39.

There was no significant difference between the experimental group participants' age ranges and their pre-test self-awareness levels [χ^2 (sd = 2; n = 34) = 4,547; p > 0.05]. It is observed that the 40 - 49 age range had the highest mean rank (23.05), while the 20 - 29 age range had the lowest mean rank (14.13). In other words, the pre-test self-awareness level was highest in the participants aged 40 - 49.

There was no significant difference between the experimental group participants' age ranges and their post-test self-awareness levels [χ^2 (df = 2; n = 34) = 1.972; p > 0.05]. It is observed that the 40 - 49 age range had the highest mean rank (19.50), while the 30 - 39 age range had the lowest mean rank (14.43). In other words, the post-test self-awareness level was highest in the participants aged 40 - 49.

Difference by Number of Children (Experimental Group)

Table 4.26 Kruskal-Wallis H Test Results Showing Differences among Dependent Variables and Experimental Group Participants' Number of Children

Variable (Levels)	Experimental Group	Number of Children	n	Mean Rank	sd	χ^2	p
Stress	Pre-test	0	17	18.56	2	0.560	.76
		1	9	17.39			
		2+	8	15.38			
		Total	34				
	Post-test	0	17	16.85	2	0.411	.81
		1	8	18.69			
		2+	8	15.63			
		Total	33				
Well-being	Pre-test	0	17	18.47	2	1.323	.52
		1	9	18.78			
		2+	8	14.00			
		Total	34				
	Post-test	0	17	16.50	2	0.475	.79
		1	8	16.06			
		2+	8	19.00			
		Total	33				
Resilience	Pre-test	0	17	17.62	2	0.143	.93
		1	9	18.22			
		2+	8	16.44			
		Total	34				
	Post-test	0	17	17.47	2	0.101	.95
		1	8	17.44			
		2+	8	18.56			
		Total	33				
Self-efficacy	Pre-test	0	17	19.06	2	1.052	.59
		1	9	14.89			
		2+	8	17.13			
		Total	34				
	Post-test	0	17	16.06	2	0.390	.82
		1	8	17.44			
		2+	8	18.56			
		Total	33				
Sekf-awareness	Pre-test	0	17	15.47	2	2.127	.35
		1	9	17.61			
		2+	8	21.69			
		Total	34				
	Post-test	0	17	19.71	2	2.900	.24
		1	8	13.19			
		2+	8	15.06			
		Total	33				

According to Table 4.26, there was no significant difference between the experimental group participants' number of children and their pre-test stress levels [χ^2 (df = 2; n = 34) = 0.560; p > 0.05]. It is observed that the participants with no children had the highest mean rank (18.56), while the participants with more than one child had the lowest mean rank (15.38). In other words, the pre-test stress level was highest in the participants with no children.

There was no significant difference between the experimental group participants' number of children and their post-test stress levels [χ^2 (df = 2; n = 34) = 0.411; p > 0.05]. It is observed that the participants with one child had the highest mean rank (18.69), while the participants with more than one child had the lowest mean rank (15.63). In other words, the post-test stress level was highest in the participants with no children.

There was no significant difference between the experimental group participants' number of children and their pre-test well-being levels [χ^2 (df = 2; n = 34) = 1.323; p > 0.05]. It is observed that the participants with one child had the highest mean rank (18.78), while the participants with more than one child had the lowest mean rank (14.00). In other words, the pre-test well-being level was highest in the participants with one child.

There was no significant difference between the experimental group participants' number of children and their post-test well-being levels [χ^2 (df = 2; n = 34) = 0.475; p > 0.05]. It is observed that the participants with more than one child had the highest mean rank (19.00), while the participants with one child had the lowest mean rank (16.06). In other words, the post-test well-being level was highest in the participants with more than one child.

There was no significant difference between the experimental group participants' number of children and their pre-test resilience levels [χ^2 (df = 2; n = 34) = 0.143; p>0.05]. It is observed that the participants with one child had the highest mean rank (18.22), while the participants with more than one child had the lowest mean rank (16.44). In other words, the pre-test resilience level was highest in the participants with one child.

There was no significant difference between the experimental group participants' number of children and their post-test resilience levels [χ^2 (df = 2; n = 34) = 0.101; p > 0.05]. It is observed that the participants with more than one child had the highest mean rank (18.56), while the participants with one child had the lowest mean

rank (17.44). In other words, the post-test resilience level was highest in the participants with one child.

There was no significant difference between the experimental group participants' number of children and their pre-test self-efficacy levels [χ^2 (df = 2; n = 34) = 1.052; p > 0.05]. It is observed that the participants with no children had the highest mean rank (19.06), while the the participants with one child had the lowest mean rank (14.89). In other words, the pre-test self-efficacy level was highest in the participants with no children.

There was no significant difference between the experimental group participants' number of children and their post-test self-efficacy levels [χ^2 (df = 2; n = 34) = 0.390; p > 0.05]. It is observed that the participants with more than one child had the highest mean rank (18.56), while the participants with no children had the lowest mean rank (16.06). In other words, the post-test self-efficacy level was highest in the participants with more than one child.

There was no significant difference between the experimental group participants' number of children and their pre-test self-awareness levels [χ^2 (df = 2; n = 34) = 2.127; p > 0.05]. It is observed that the participants with more than one child had the highest mean rank (21.69), while the participants with no children had the lowest mean rank (15.47). In other words, the pre-test self-awareness level was highest in the participants with more than one child.

There was no significant difference between the experimental group participants' number of children and their post-test self-awareness levels [χ^2 (df = 2; n = 34) = 2,900; p > 0.05]. It is observed that the participants with no children had the highest mean rank (19.71), while the participants with one child had the lowest mean rank (13.19). In other words, the post-test self-awareness level was highest in the participants with no children.

Difference by Status of Continued Meditation (Experimental Group)

Table 4.27 Kruskal-Wallis H Test Results Showing Differences among Dependent Variables and Experimental Group Participants' Frequency of Continued Meditation

Variable (Levels)	Experimental Group	ContinuedMeditation Frequency	n	Mean Rank	sd	χ^2	p
Stress	Pre-test	Never	7	20.43	2	1.055	.59
		Sometimes	21	16.19			
		Usually	6	18.67			
		Total	34				
	Post-test	Never	7	23.07	2	3.862	.14
		Sometimes	20	15.98			
		Usually	6	13.33			
		Total	33				
Well-being	Pre-test	Never	7	16.14	2	0.453	.78
		Sometimes	21	17.31			
		Usually	6	19.75			
		Total	34				
	Post-test	Never	7	11.43	2	5.389	.07
		Sometimes	20	16.93			
		Usually	6	23.75			
		Total	33				
Resilience	Pre-test	Never	7	13.57	2	1.432	.49
		Sometimes	21	18.31			
		Usually	6	19.25			
		Total	34				
	Post-test	Never	7	8.21	2	11.451	**.00**
		Sometimes	20	17.30			
		Usually	6	26.25			
		Total	33				
Self-efficacy	Pre-test	Never	7	16.29	2	1.011	.60
		Sometimes	21	16.86			
		Usually	6	21.17			
		Total	34				
	Post-test	Never	7	12.64	2	8.507	**.01**
		Sometimes	20	15.50			
		Usually	6	27.08			
		Total	33				
Self-awareness	Pre-test	Never	7	23.86	2	3.615	.16
		Sometimes	21	15.98			
		Usually	6	15.42			
		Total	34				
	Post-test	Never	7	24.07	2	10.393	**.00**
		Usually	20	17.68			
		Sometimes	6	6.50			
		Total	33				

According to Table 4.27, there was no significant difference between the experimental group participants' continuation of meditation and their pre-test stress levels [χ^2 (df = 2; n = 34) = 1.055; p > 0.05]. It is observed that the participants who never continued to meditate had the highest mean rank (20.43), while the participants who sometimes continued to meditate had the lowest mean rank (16.19). In other words, the pre-test stress level was highest in the participants who never continued to meditate.

There was no significant difference between the experimental group participants' continuation of meditation and their post-test stress levels [χ^2 (df = 2; n = 34) = 3,862; p > 0.05]. It is seen that the participants who never continued to meditate had the highest mean rank (23.07), while the participants who usually continued to meditate had the lowest mean rank (13.33). In other words, the post-test stress level was highest in the participants who never continued to meditate.

There was no significant difference between the experimental group participants' continuation of meditation and their pre-test well-being levels [χ^2 (df = 2; n = 34) = 0.453; p > 0.05]. It is seen that the participants who usually continued to meditate had the highest mean rank (19.75), while the participants who never continued to meditate had the lowest mean rank (16.14). In other words, the pre-test well-being level was highest in the participants who usually continued to meditate.

There was no significant difference between the experimental group participants' continuation of meditation and their post-test well-being levels [χ^2 (df = 2; n = 34) = 5,389; p > 0.05]. It can be observed that the participants who usually continued to meditate had the highest mean rank (23.75), while the participants who never continued to meditate had the lowest mean rank (11.43). In other words, the post-test well-being level was highest for the participants who usually continued to meditate.

There is no significant difference between the experimental group participants' continuation of meditation and their pre-test resilience levels [χ^2 (df = 2; n = 34) = 1.432; p > 0.05]. It can be seen that the participants who usually continued to meditate had the highest mean rank (19.25), while the participants who never continued to meditate had the lowest mean rank (13.57). In other words, the pre-test resilience level was highest in the participants who usually continued to meditate.
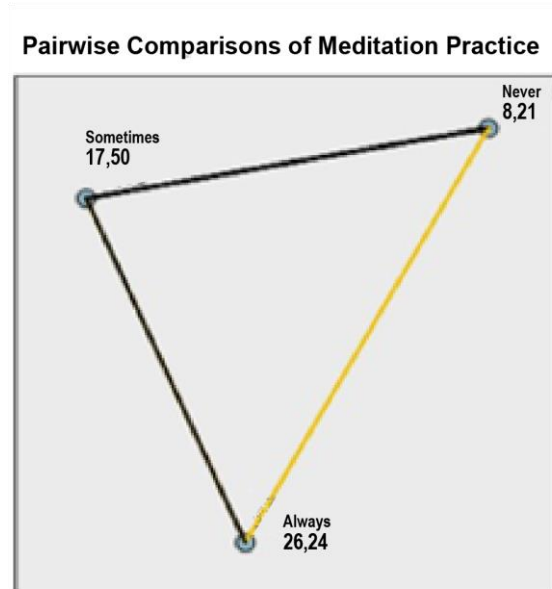
There was a significant difference between the experimental group participants' continuation of meditation and their post-test resilience levels [χ^2 (df = 2; n = 34) =

11,451; p < 0.05]. Figure 4.6, which emerged after Bonferroni correction according to the post-hoc test performed to determine between which groups the significant difference was, is given.

Figure 4.6 Paired Group Comparisons Between Experimental Group Participants' Frequency of Continued Meditation and Post-test Resilience Levels

As can be seen from the pairwise comparisons, there was a significant difference between the participants who never continued to meditate (mean rank: 8.21) and those who usually continued to meditate (mean rank: 26.25). The significant difference is in favor of the participants who usually continued to meditate. In other words, the resilience level of the participants who usually continued to meditate was significantly higher.

According to Table 4.27, there was no significant difference between the experimental group participants' continuation of meditation and their pre-test self-efficacy levels [χ^2 (df = 2; n = 34) = 1.011; p > 0.05]. As can be seen, the participants who usually continued to meditate had the highest mean rank (21.17), while the participants who never continued to meditate had the lowest mean rank (16.29). In other words, the participants who usually continued to meditate had the highest self-efficacy post-test scores.

According to figure 4.7 there was a significant difference between the experimental group participants' continuation of meditation and their self-efficacy post-test levels [χ^2 (df = 2; n = 34) = 8.507; p < 0.05]. Figure 4.7, which emerged after Bonferroni correction according to the post-hoc test performed to determine between which groups the significant difference was, is given.
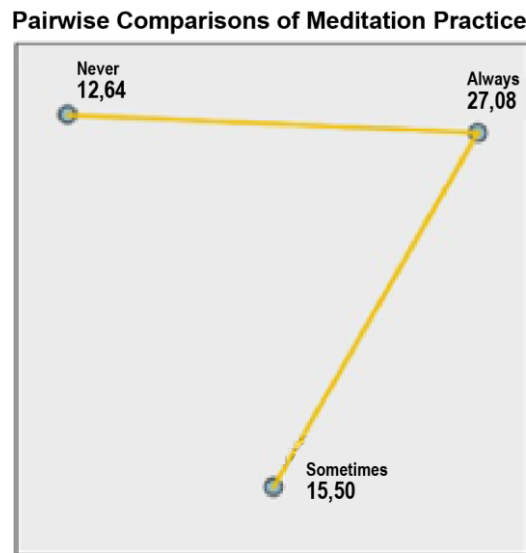
Pairwise Comparisons of Meditation Practice

Figure 4.7 Paired Group Comparisons Between Experimental Group Participants' Frequency of Continued Meditation and Post-test Self-efficacy Levels

As can be seen from the pairwise comparisons, there was a significant difference between the participants who never continued to meditate (mean rank: 12.64) and those who usually continued to meditate (mean rank: 27.08). The significant difference is in favor of the participants who usually continued to meditate. Similarly, there was a significant difference between the participants who sometimes continued to meditate (mean rank: 15.50) and those who usually continued to meditate (mean rank: 27.08). The significant difference is in favor of the participants who usually continued to meditate. In other words, the self-efficacy level of the participants who usually continued to meditate was significantly higher.

According to Table 4.27, there was no significant difference between the experimental group participants's continuation of meditation and their pre-test self-awareness levels [χ^2 (df = 2; n = 34) = 3615; p > 0.05]. The participants who never

continued to meditate had the highest mean rank (23.86), while the participants who usually continued to meditate had the lowest mean rank (15.42). In other words, the pre-test self-awareness level was highest in the participants who never continued to meditate.

According to figüre 4.8, there was a significant difference between the experimental group participants' continuation of meditation and their post-test self-awareness levels [χ^2 (df = 2; n = 34) = 10,393; p < 0.05]. Figure 4.8, which emerged after Bonferroni correction according to the post-hoc test performed to determine between which groups the significant difference was, is given.
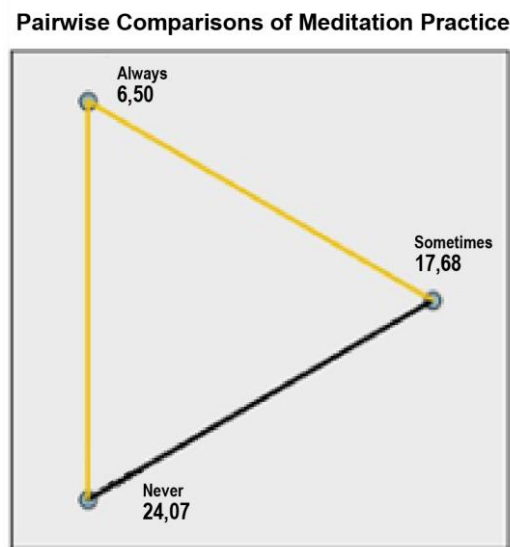
Pairwise Comparisons of Meditation Practice

Always 6,50

Sometimes 17,68

Never 24,07

Figure 4.8 Paired Group Comparisons Between Experimental Group Participants' Frequency of Continued Meditation and Post-test Self-awareness Levels

As can be seen from the pairwise comparisons, there was a significant difference between the participants who never continued to meditate (mean rank: 24.07) and those who usually continued to meditate (mean rank: 6.50). The significant difference is in favor of participants who never continued to meditate. Similarly, there was a significant difference between the participants who sometimes continued to meditate (mean rank: 17.68) and those who usually continued to meditate (mean rank: 6.50). The significant difference favors the participants who sometimes continued to meditate. In other words, the post-test self-awareness level of the participants who usually continued to meditate was significantly higher.

Difference by Professional Seniority (Experimental Group)

Table 4.28 Kruskal-Wallis H Test Results Showing Differences among Dependent Variables and Experimental Group Participants' Professional Seniority

Variable (Levels)	Exper. Group	Professional Seniority (Years)	n	Mean Rank	sd	χ^2	p
Stress	Pre-test	0 – 5	6	20.67	3	4.312	.23
		6 – 10	6	10.08			
		11 – 15	11	18.14			
		16 – 20	11	19.18			
		Total	34				
	Post-test	0 – 5	6	16.17	3	0.592	.89
		6 – 10	6	14.67			
		11 – 15	10	18.15			
		16 – 20	11	17.68			
		Total	33				
Well-being	Pre-test	0 – 5	6	21.00	3	2.883	.41
		6 – 10	6	21.75			
		11 – 15	11	15.27			
		16 – 20	11	15.50			
		Total	34				
	Post-test	0 – 5	6	16.25	3	2.633	.45
		6 – 10	6	22.67			
		11 – 15	10	15.25			
		16 – 20	11	15.91			
		Total	33				
Resilience	Pre-test	0 – 5	6	17.42	3	3.227	.36
		6 – 10	6	16.17			
		11 – 15	11	21.59			
		16 – 20	11	14.18			
		Total	34				
	Post-test	0 – 5	6	19.00	3	3.902	.27
		6 – 10	6	20.75			
		11 – 15	10	18.55			
		16 – 20	11	12.45			
		Total	33				
Self-efficacy	Pre-test	0 – 5	6	21.17	3	4.984	.17
		6 – 10	6	23.75			
		11 – 15	11	15.64			
		16 – 20	11	13.95			
		Total	34				
	Post-test	0 – 5	6	14.50	3	1.604	.66
		6 – 10	6	20.92			
		11 – 15	10	17.50			
		16 – 20	11	15.77			
		Total	33				

Self-awareness	Pre-test	0 - 5	6	15.92	3	2.261	.52
		6 - 10	6	16.25			
		11 - 15	11	15.36			
		16 - 20	11	21.11			
		Total	34				
	Post-test	0 - 5	6	21.33	3	1.848	.60
		6 - 10	6	13.92			
		11 - 15	10	16.55			
		16 - 20	11	16.73			
		Total	33				

According to Table 4.28, there was no significant difference between the experimental group participants' professional seniority and their pre-test stress levels [χ^2 (df = 3; n = 34) = 4.312; p > 0.05]. It is observed that *0 - 5 years seniority* had the highest mean rank (20.67), while *6 - 10 years seniority* had the lowest mean rank (10.08). In other words, the participants with 0 - 5 years seniority had the highest pre-test stress levels.

There was no significant difference between the experimental group participants' professional seniority and their post-test stress levels [χ^2 (df = 3; n = 34) = 0.592; p > 0.05]. It is observed that *11 - 15 years seniority* had the highest mean rank (18.15), while *6 - 10 years seniority* had the lowest mean rank (14.67). In other words, the participants with 11 - 15 years seniority had the highest post-test stress levels.

There was no significant difference between the experimental group participants' professional seniority and their pre-test well-being levels [χ^2 (df = 3; n = 34) = 2,883; p > 0.05]. It is observed that *6 - 10 years seniority* had the highest mean rank (21.75), while *11 - 15 years seniority* had the lowest mean rank (15.27). In other words, the participants with 6 - 10 years seniority had the highest pre-test well-being levels.

There was no significant difference between the experimental group participants' professional seniority and their post-test well-being levels [χ^2 (df = 3, n = 34) = 2,633; p > 0.05]. It is observed that *6 - 10 years seniority* had the highest mean rank (22.67), while *11 - 15 years seniority* had the lowest mean rank (15.25). In other words, the participants with 6 - 10 years seniority had the highest post-test well-being levels.

There was no significant difference between the experimental group participants' professional seniority and their pre-test resilience levels [χ^2 (df = 3; n =

34) = 3.227; p > 0.05]. It is observed that *11 - 15 years seniority* had the highest mean rank (21.59), while *16 - 20 years seniority* had the lowest mean rank (14.18). In other words, the participants with 11 - 15 years seniority had the highest pre-test resilience levels.

There was no significant difference between the experimental group participants' professional seniority and their post-test resilience levels [χ^2 (df = 3; n = 34) = 3,902; p > 0.05]. It is observed that *6 - 10 years seniority* had the highest mean rank (20.75), while *16 - 20 years seniority* had the lowest mean rank (12.45). In other words, the participants with 6 - 10 years seniority had the highest post-test resilience levels

There was no significant difference between the experimental group participants' professional seniority and their pre-test self-efficacy levels [χ^2 (df = 3; n = 34) = 4,984; p > 0.05]. It is observed that *6 - 10 years seniority* had the highest mean rank (23.75), while *16 - 20 years seniority* had the lowest mean rank (13.95). In other words, the participants with 6 - 10 years seniority had the highest pre-test self-efficacy levels.

There was no significant difference between the experimental group participants' professional seniority and their post-test self-efficacy levels [χ^2 (df = 3; n = 34) = 1,604; p > 0.05]. It is observed that *6 - 10 years seniority* had the highest mean rank (20.92), while *16 - 20 years seniority* had the lowest mean rank (15.77). In other words, the participants with 6 - 10 years seniority had the highest self-efficacy post-test levels.

There was no significant difference between the experimental group participants' professional seniority and their pre-test self-awareness levels [χ^2 (df = 3; n = 34) = 2,261; p>0.05]. It is observed that *16 - 20 years seniority* had the highest mean rank (21.11), while *11 - 15 years seniority* had the lowest mean rank (15.36). In other words, the participants with 16 - 20 years seniority had the highest pre-test self-awareness levels.

There was no significant difference between the experimental group participants' professional seniority and their post-test self-awareness levels [χ^2 (df = 3; n =3 4) = 1,848; p > 0.05]. It is observed that *0 - 5 years seniority* had the highest mean rank (21.33), while *6 - 10 years seniority* had the lowest mean rank (13.92). In other words, the participants with 0 - 5 seniority had the highest post-test self-awareness levels.

Difference by Job Position (Experimental Group)

Table 4.29 Kruskal-Wallis H Test Results Showing Differences among Dependent Variables and Experimental Group Participants' Job Positions

Variable (Levels)	Exper. Group	Job Position	n	Mean Rank	sd	χ^2	p
Stress	Pre-test	Specialist/Assist. Specialist	14	17.86	3	3.310	.34
		Mid-level Manager	10	20.05			
		Senior Manager	4	19.50			
		Clerk/Other	6	11.08			
		Total	34				
	Post-test	Specialist/Assist. Specialist	13	17.27	3	0.981	.81
		Mid-level Manager	10	18.35			
		Senior Manager	4	12.75			
		Clerk/Other	6	17.00			
		Total	33				
Well-being	Pre-test	Specialist/Assist. Specialist	14	16.04	3	2.045	.56
		Mid-level Manager	10	18.35			
		Senior Manager	4	14.00			
		Clerk/Other	6	21.83			
		Total	34				
	Post-test	Specialist/Assist. Specialist	13	16.35	3	3.000	.39
		Mid-level Manager	10	16.05			
		Senior Manager	4	24.63			
		Clerk/Other	6	14.92			
		Total	33				
Resilience	Pre-test	Specialist/Assist. Specialist	14	18.50	3	0.789	.85
		Mid-level Manager	10	18.05			
		Senior Manager	4	17.38			
		Clerk/Other	6	14.33			
		Total	34				
	Post-test	Specialist/Assist. Specialist	13	20.19	3	4.190	.24
		Mid-level Manager	10	12.45			
		Senior Manager	4	20.00			
		Clerk/Other	6	15.67			
		Total	33				
Self-efficacy	Pre-test	Specialist/Assist. Specialist	14	16.39	3	3.063	.38
		Mid-level Manager	10	15.80			
		Senior Manager	4	16.00			
		Clerk/Other	6	23.92			
		Total	34				
	Post-test	Specialist/Assist. Specialist	13	19.85	3	4.158	.25
		Mid-level Manager	10	14.60			
		Senior Manager	4	21.25			
		Clerk/Other	6	12.00			
		Total	33				
Self-awareness	Pre-test	Specialist/Assist. Specialist	14	18.18	3	2.568	.46
		Mid-level Manager	10	14.40			
		Senior Manager	4	23.63			
		Clerk/Other	6	17.00			
		Total	34				
	Post-test	Specialist/Assist. Specialist	13	15.92	3	3.072	.38
		Mid-level Manager	10	20.45			
		Senior Manager	4	10.88			
		Clerk/Other	6	17.67			
		Total	33				

According to Table 4.29, there was no significant difference between the experimental group participants' job positions and their pre-test stress levels [χ^2 (df = 3; n = 34) = 3.341; p > 0.05]. It is observed that the mid-level managers had the highest mean rank (20.05), while the clerks/others had the lowest mean rank (10.08). In other words, the mid-level managers had the highest pre-test stress levels.

There was no significant difference between the experimental group participants' job positions and their post-test stress levels [χ^2 (df = 3; n = 34) = 0.981; p > 0.05]. It can be seen that the mid-level managers had the highest mean rank (18.35), while the senior managers had the lowest mean rank (12.75). In other words, the mid-level managers had the highest post-test stress levels.

There was no significant difference between the experimental group participants' job positions and their pre-test well-being levels [χ^2 (df = 3; n = 34) = 2,045; p > 0.05]. It is observed that the clerks/others had the highest mean rank (21.83), while the senior managers had the lowest mean rank (14.00). In other words, the clerks/others had the highest pre-test well-being levels.

There was no significant difference between the experimental group participants' job positions and their post-test well-being levels [χ^2 (df = 3; n = 34) = 3,000; p > 0.05]. It is seen that the senior managers had the highest mean rank (24.63), while the clerk/others had the lowest mean rank (14.92). In other words, the senior managers had the highest pre-test well-being levels.

There was no significant difference between the experimental group participants' job positions and their pre-test resilience levels [χ^2 (df = 3; n = 34) = 0.789; p > 0.05]. It is observed that the specialists/assistant specialists had the highest mean rank (18.50), while the clerks/others had the lowest mean rank (14.33). In other words, the specialists/assistant specialists had the highest pre-test resilience levels.

There was no significant difference between the experimental group participants' job positions and their post-test resilience levels [χ^2 (df = 3; n = 34) = 4,190; p > 0.05]. It is seen that the specialists/assistant specialists had the highest mean rank (20.19), while the mid-level managers had the lowest mean rank (12.45). In other words, the specialists/assistant specialists had the highest post-test resilience levels.

There was no significant difference between the experimental group participants' job positions and their pre-test self-efficacy levels [χ^2 (df = 3; n = 34) = 3.063; p > 0.05]. It is observed that the clerks/others had the highest mean rank (23.92),

while the mid-level managers had the lowest mean rank (15.80). In other words, the specialists/assistant specialists had the highest pre-test self-efficacy levels.

There was no significant difference between the experimental group participants' job positions and their post-test self-efficacy levels [χ^2 (df = 3; n = 34) = 4.158; p > 0.05]. It is seen that the senior managers had the highest mean rank (21.25), while the clerks/others had the lowest mean rank (12.00). In other words, the senior managers had the highest post-test self-efficacy levels

There was no significant difference between the experimental group participants' job positions and their pre-test self-awareness levels [χ^2 (df = 3; n = 34) = 2,568; p > 0.05]. It is observed that the senior managers had the highest mean rank (23.63), while the mid-level managers had the lowest mean rank (14.40). In other words, the senior managers had the highest pre-test self-awareness levels.

There was no significant difference between the experimental group participants' job positions and their post-test self-awareness levels [χ^2 (df = 3; n = 34) = 3,072; p > 0.05]. It is seen that the mid-level managers had the highest mean rank (20.45), while the senior managers had the lowest mean rank (10.88). In other words, the mid-level managers had the highest post-test self-awareness levels.

Difference by Remote Working Status (Experimental Group)

Table 4.30 Kruskal-Wallis H Test Results Showing Differences among Dependent Variables and Experimental Group Participants' Remote Working Status

Variable (Levels)	Exper. Group	Remote Working	n	Mean Rank	sd	χ^2	p
Stress	Pre-Test	Never	4	12.50	2	1.878	.39
		Sometimes	7	15.36			
		Always	23	19.02			
		Total	34				
	Post-test	Never	3	11.17	2	1.280	.53
		Sometimes	7	16.71			
		Always	23	17.85			
		Total	33				
Well-being	Pre-test	Never	4	15.88	2	0.446	.80
		Sometimes	7	19.57			
		Always	23	17.15			
		Total	34				
	Post-test	Never	3	27.00	2	3.919	.14
		Sometimes	7	17.93			
		Always	23	16.07			
		Total	33				

Resilience	Pre-test	Never	4	18.75	2	0.073	.96
		Sometimes	7	17.43			
		Always	23	17.30			
		Total	34				
	Post-test	Never	3	22.00	2	1.097	.58
		Sometimes	7	17.93			
		Always	23	16.07			
		Total	33				
Self-efficacy	Pre-test	Never	4	24.88	2	2.745	.25
		Sometimes	7	18.14			
		Always	23	16.02			
		Total	34				
	Post-test	Never	3	22.33	2	1.186	.55
		Sometimes	7	15.14			
		Always	23	16.87			
		Total	33				
Self-awareness	Pre-test	Never	4	9.50	2	3.205	.20
		Sometimes	7	20.29			
		Always	23	18.04			
		Total	34				
	Post-test	Never	3	15.83	2	1.087	.58
		Sometimes	7	13.86			
		Always	23	18.11			
		Total	33				

According to Table 4.30, there was no significant difference between the experimental group participants' remote working status and their pre-test stress levels [χ^2 (df = 3; n = 34) = 1.878; p > 0.05]. It is seen that *always* had the highest mean rank (19.02), while *never* had the lowest mean rank (12.50). In other words, the participants who always worked remotely had the highest pre-test stress levels.

There was no significant difference between the experimental group participants' remote working status and their post-test stress levels [χ^2 (df = 3; n = 34) = 1,280; p > 0.05]. It is observed that *always* had the highest mean rank (17.85), while *never* had the lowest mean rank: 11.17). In other words, the participants who always worked remotely had the highest post-test stress levels.

There was no significant difference between the experimental group participants' remote working status and their pre-test well-being levels [χ^2 (df = 3; n = 34) = 0.446; p > 0.05]. It is seen that *sometimes* had the highest mean rank (19.57),

while *never* had the lowest mean rank (15.88). In other words, the participants who sometimes worked remotely had the highest pre-test well-being levels.

There was no significant difference between the experimental group participants' remote working status and their post-test well-being levels [χ^2 (df = 3; n = 34) = 3.919; p > 0.05]. It is observed that *never* had the highest mean rank (27.00), while *always* had the lowest mean rank (16.07). In other words, the participants who never worked remotely had the highest post-test well-being levels.

There was no significant difference between the experimental group participants' remote working status and their pre-test resilience levels [χ^2 (df = 3; n = 34) = 0.073; p > 0.05]. It is seen that *never* had the highest mean rank (18.75), while *always* had the lowest mean rank (17.30). In other words, the participants who never worked remotely had the highest pre-test resilience levels.
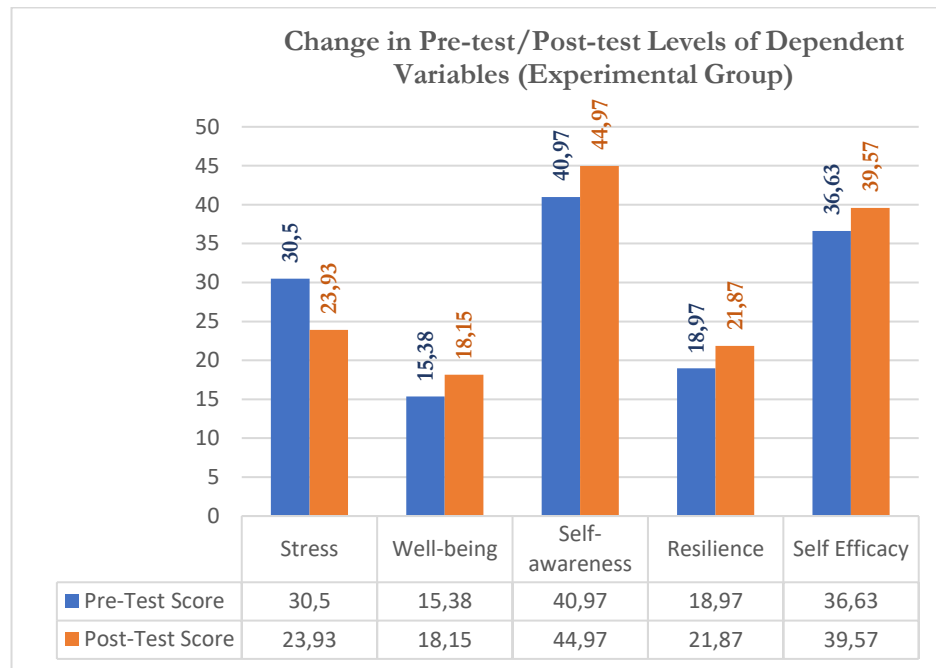
There was no significant difference between the experimental group participants' remote working status and their post-test resilience levels [χ^2 (df = 3; n = 34) = 1.097; p > 0.05]. It is observed that *never* had the highest mean rank (22.00), while *always* had the lowest rank (16.07). In other words, who never worked remotely had the highest post-test resilience levels.

There was no significant difference between the experimental group participants' remote working status and their pre-test self-efficacy levels [χ^2 (df =3; n=34) =2,745 ; p>0.05]. It is seen that *never* had the highest mean rank (24.88), while *always* had the lowest mean rank (16.02). In other words, the participants who never worked remotely had the highest pre-test self-efficacy levels.

There was no significant difference between the experimental group participants' remote working status and their post-test self-efficacy levels [χ^2 (df = 3; n = 34) = 1.186; p > 0.05]. It is observed that *never* had the highest mean rank: 22.33), while *sometimes* had the lowest mean rank: 15.14). In other words, the participants who never worked remotely had the highest post-test self-efficacy levels.

There was no significant difference between the experimental group participants' remote working status and their pre-test self-awareness levels [χ^2 (df = 3; n = 34) = 3,205; p > 0.05]. It is seen that *sometimes* had the highest mean rank (20.29), while *never* had the lowest mean rank (9.50). In other words, the participants who sometimes worked remotely had the highest pre-test self-awareness levels.

According to Table 30, there was no significant difference between the experimental group participants' remote working status and their post-test self-awareness levels [χ^2 (df = 3; n = 34) =1.087; p > 0.05]. It is observed that *always* had the highest mean rank (18.11), while *sometimes* had the lowest mean rank: 13.86). In other words, the participants who always worked remotely had the highest post-test self-awareness levels.

Change in Pre-test/Post-test Levels of Dependent Variables (Experimental Group)

	Stress	Well-being	Self-awareness	Resilience	Self Efficacy
Pre-Test Score	30,5	15,38	40,97	18,97	36,63
Post-Test Score	23,93	18,15	44,97	21,87	39,57

Figure 4.9 Change in Pre-test/Post-test Levels of Dependent Variables (Experimental Group)
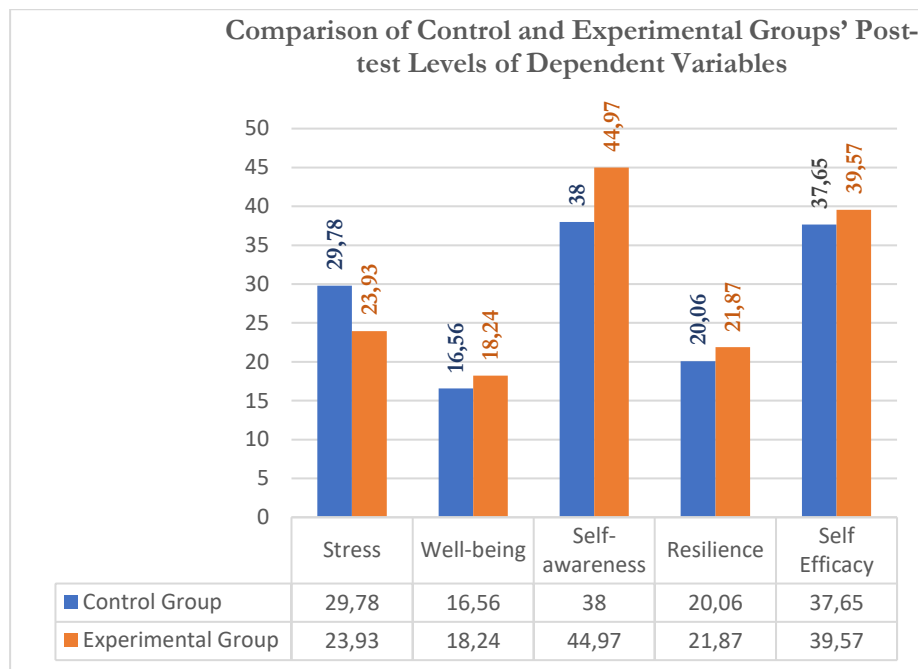
Looking at Figure 4.9, the pre-test stress level of the participants in the experimental group was 30.05, and their post-test stress level was 23.93. As a result of the implementation of the MBSR program, it is seen that the stress level of the participants decreased by 6.12 points (a 20.37% negative change).

It is seen that the pre-test well-being level was 15.38, and the post-test level was 18.15. This was a 2.77-point increase (a 18.01% positive change) between the pre-test and the post-test well-being levels. With implementation of the MBSR program, there was an increase in the participants' well-being level.

It is seen that the pre-test self-awareness level was 40.97, and the post-test level was 44.97. There was a 4.00-point increase (a 9.76% positive change) between the pre-test and post-test measurements. With implementation of the MBSR program, the participants' self-awareness levels increased.

It is seen that the pre-test resilience level was 18.97, and the post-test level was 21.87. There was an increase of 2.9 points (a 15.87% positive change) between the pre-test and post-test measurements. Implementing the MBSR program increased the participants' resilience levels.

It is seen that the pre-test self-efficacy level was 36.63, and the post-test level was 39.57. This was an increase of 2.94 points (a 8.02% positive change) between the pre-test and post-test measurements. With implementation of the MBSR program, the participants' self-efficacy increased.

Comparison of Control and Experimental Groups' Post-test Levels of Dependent Variables

	Stress	Well-being	Self-awareness	Resilience	Self Efficacy
Control Group	29,78	16,56	38	20,06	37,65
Experimental Group	23,93	18,24	44,97	21,87	39,57

Figure 4.10 Comparison of Control and Experimental Groups' Post-test Levels of Dependent Variables

Figure 4.10 Shows comparisons of the post-test levels of the dependent variables for the control and experimental groups. While the control group participants' stress levels had an arithmetic mean of 29.78, the experimental group participants' mean was measured as 23.93. It is understood that the decrease in the participants' stress levels, which favored the experimental group, resulted from implementation of the MBSR program.

While the control group participants' well-being levels had an arithmetic mean of 16.56, the experimental group participants' mean was measured as 18.24. It is understood that the increase in the participants' well-being levels, which favored the experimental group, resulted from implementation of the MBSR program.

While the control group participants' self-awareness levels had an arithmetic mean of 38.00, the experimental group participants' mean was measured as 44.97. It is understood that the increase in the participants' self-awareness levels, which favored the experimental group, resulted from implementation of the MBSR program.

While the control group participants' resilience levels had an arithmetic mean of 20.06, the experimental group participants' mean was measured as 21.87. It is understood that the increase in participants' resilience levels, which favored the experimental group, resulted from implementation of the MBSR program.

While the control group participants' self-efficacy levels had an arithmetic mean of 37.65, the experimental group participants' mean was measured as 39.57. It is understood that the increase in participants' self-efficacy levels, which favored the experimental group, resulted from implementation of the MBSR program.
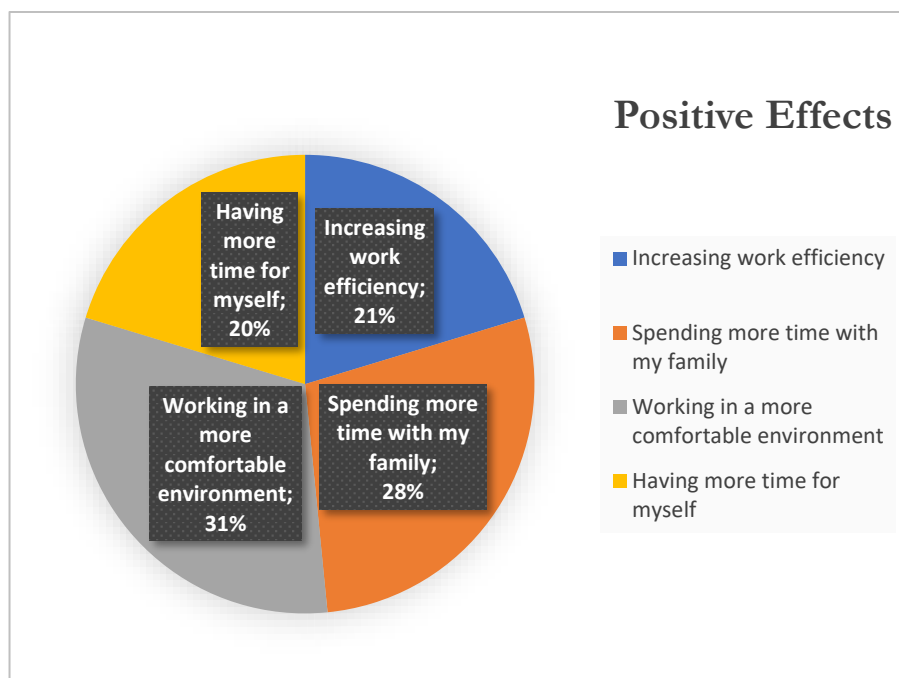
Figure 4.11 Positive Effects of Remote Working on Experimental Group Participants

Figure 4.11 shows the distribution of various positive effects of the remote working process according to the opinions of the experimental group participants. According to the distribution, the most positive effect of the remote working process was "working in a more comfortable environment" (f = 20; 31%). Second was

"spending more time with my family" (f = 18; 28%), third was "increasing work efficiency" (f = 13; 21%), and last was "having more time for myself" (f = 13; 20%).
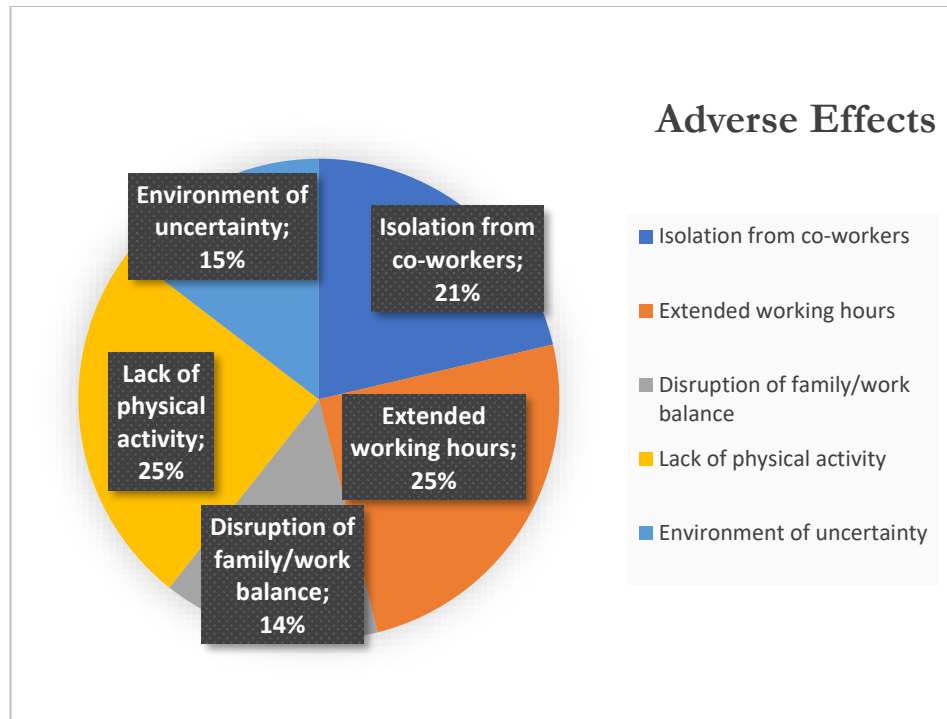
Figure 4.12 Negative Effects of Remote Working on Experimental Group Participants

Figure 4.12 shows the distribution of various negative effects of the remote working process according to the opinions of the experimental group participants. According to the distribution, the most negative effects of remote working were "decreased physical activity" (f = 22; 25%) and "extended working hours" (f = 22; 25%). Next was "separation from co-workers" (f = 19; 21%), followed by "environment of uncertainty" (f = 13; 15%) and "disruption of family/work balance" (f = 13; 14%).

CONTROL GROUP TESTS

Table 4.31 Control Group's t-Test Results for Comparing Control Group Participants' Pre-test and Post-test Stress Levels

Measurement	N	$\overline{X}$	S	sd	t	p
Pre-test	33	28.18	7.69	32	-0.812	0.423
Post-test	33	29.78	6.31			

It is seen that, according to repeated measurements made with the results of the control groups' t-test, there was no significant difference between the control group's pre-test and post-test stress levels [t(32) = -0.812; p > 0.05.] The pre-test mean ($\overline{X}$= 28.18) was lower than the post-test mean ($\overline{X}$= 29.78). In other words, an increase was observed in the control group participants' stress levels in the time between the two measurements.

Table 4.32 Control Group's t-Test Results for Comparing Control Group Participants' Pre-test and Post-test Resilience Levels

Measurement	N	$\overline{X}$	S	sd	t	p
Pre-test	33	20.46	4.16	32	0.443	0.661
Post-test	33	20.06	3.76			

It is observed that, according to repeated measurements made with the results of the control group's t-test, there was no significant difference between the control group's pre-test and post-test resilience levels [t(32) = 0.443; p > 0.05.] The pre-test mean ($\overline{X}$ = 20.46) was higher than the post-test mean ($\overline{X}$= 20.06). In other words, a decrease was observed in the control group participants' resilience levels in the time between the two measurements.

Table 4.33 Control Group's t-Test Results for Comparing Control Group Participants' Pre-test and Post-test Self-efficacy Levels

Measurement	N	$\overline{X}$	S	sd	t	p
Pre-test	33	38.31	4.17	32	0.555	0.583
Post-test	33	37.65	4.72			

It is seen that, according to repeated measurements made with the results of the control group's t-test, there was no significant difference between the control group's pre-test and post-test self-efficacy levels [t(32) = 0.555; p > 0.05.] The pre-test mean ($\overline{X}$= 38.31) was higher than the post-test mean ($\overline{X}$ = 37.65). In other words, a decrease was observed in the control group participants' self-efficacy levels in the time between the two measurements.

Table 4.34 Control Group's t-Test Results for Comparing Control Group Participants' Pre-test and Post-test Well-being Levels

Measurement	N	$\overline{X}$	S	sd	t	p
Pre-test	33	16.24	4.10	32	-0.434	0.667
Post-test	33	16.56	3.10			

It is observed that, according to repeated measurements made with the results of the control group's t-test, there was no significant difference between the control group's pre-test and post-test well-being levels [t(32) = -0.434 ; p > 0.05.] The pre-test mean ($\overline{X}$= 16.24) was partially lower than the post-test mean ($\overline{X}$= 16.56). In other words, a partial increase was observed in the control group participants' well-being levels in the time between the two measurements.

Table 4.35 Control Group's t-Test Results for Comparing Control Group Participants' Pre-test and Post-test Self-awareness Levels

Measurement	N	$\overline{X}$	S	sd	t	p
Pre-test	33	37.68	9.09	32	-0.139	0.890
Post-test	33	38.00	8.47			

It can be seen that, according to repeated measurements made with the results of the control group's t-test, there was no significant difference between the control group's pre-test and post-test self-awareness levels [t(32) = -0.139; p > 0.05.] The pre-test mean ($\overline{X}$ = 37.68) was slightly lower than the post-test mean ($\overline{X}$ = 38.00). In other words, a slight increase was observed in the control group participants' self-awareness levels in the time between the two measurements.

Table 4.36 Experimental Group's t-Test Results for Comparing of Pre-test Self-awareness Levels of Participants in Experimental and Control Groups

Measurement	N	$\overline{X}$	S	sd	t	p
Pre-test (Experimental)	34	41.85	10.99	65	1.687	0.096
Pre-test (Control)	33	37.68	9.09			

It can be observed that there was no significant difference between the control group and the experimental group's pre-test self-awareness levels [t(65) = 1.687; p > 0.05.] The experimental group's pre-test mean ($\overline{X}$ = 41.85) was higher than the control group's pre-test mean ($\overline{X}$ = 37.68). In other words, although there was no significant difference between the two measurements, the experimental groups' mean was higher.

Table 4.37 Experimental Group's t-Test Results for Comparing Pre-test Well-being Levels of Participants in Experimental and Control Groups

Measurement	N	$\overline{X}$	S	sd	t	p
Pre-test (Experimental)	34	15.38	3.28	65	-0.948	0.347
Pre-test (Control)	33	16.24	4.10			

It is seen that there was no significant difference between the control group and the experimental group's pre-test well-being levels [t(65) = -0.948; p > 0.05.] The experimental group's pre-test mean ($\overline{X}$= 15.38) was lower than the control group's pre-test mean ($\overline{X}$= 16.24). In other words, although there was no significant difference between the two measurements, the control group's mean was higher.

Table 4.38 Experimental Group's t-Test Results for Comparing Pre-test Stress Levels of Participants in Experimental and Control Groups

Measurement	N	$\overline{X}$	S	sd	t	p
Pre-test (Experimental)	34	30.05	5.82	65	1.129	0.263
Pre-test (Control)	33	28.18	7.69			

It is observed that there was no significant difference between the control group and the experimental group's pre-test stress levels [t(65)= 1,129; p > 0.05.] The experimental group's pre-test mean ($\overline{X}$= 30.05) was higher than the control group's pre-test mean ($\overline{X}$ = 28.18). In other words, although there was no significant difference between the two measurements, the experimental group's mean was higher.

Table 4.39 Experimental Group's t-Test Results for Comparing Pre-test Resilience Levels of Participants in Experimental and Control Groups

Measurement	N	$\overline{X}$	S	sd	t	p
Pre-test (Experimental)	34	18.97	4.14	65	-1.147	0.859
Pre-test (Control)	33	20.46	4.16			

It can be seen that there was no significant difference between the control group and the experimental group's pre-test resilience levels [t(65) = -1,147; p > 0.05.] The experimental group's pre-test mean ($\overline{X}$ = 18.97) was lower than the control group's pre-test mean ($\overline{X}$= 20.46). In other words, although no significant difference was detected between the two measurements, the control group's mean was higher.

Table 4.40 Experimental Group's t-Test Results for Comparing Pre-test Self-efficacy Levels of Participants in Experimental and Control Groups

Measurement	N	$\overline{X}$	S	sd	t	p
Pre-test (Experimental)	34	36.58	6.11	65	-1.344	0.184
Pre-test (Control)	33	38.31	4.17			

It is observed that there was no significant difference between the control group and the experimental group's pre-test self-efficacy levels [t(65) = -1,344; p > 0.05.] The experimental group's pre-test mean ($\overline{X}$ = 36.58) was lower than the control group's pre-test mean ($\overline{X}$ = 38.31). In other words, although there was no significant difference between the two measurements, the control group's mean was higher.
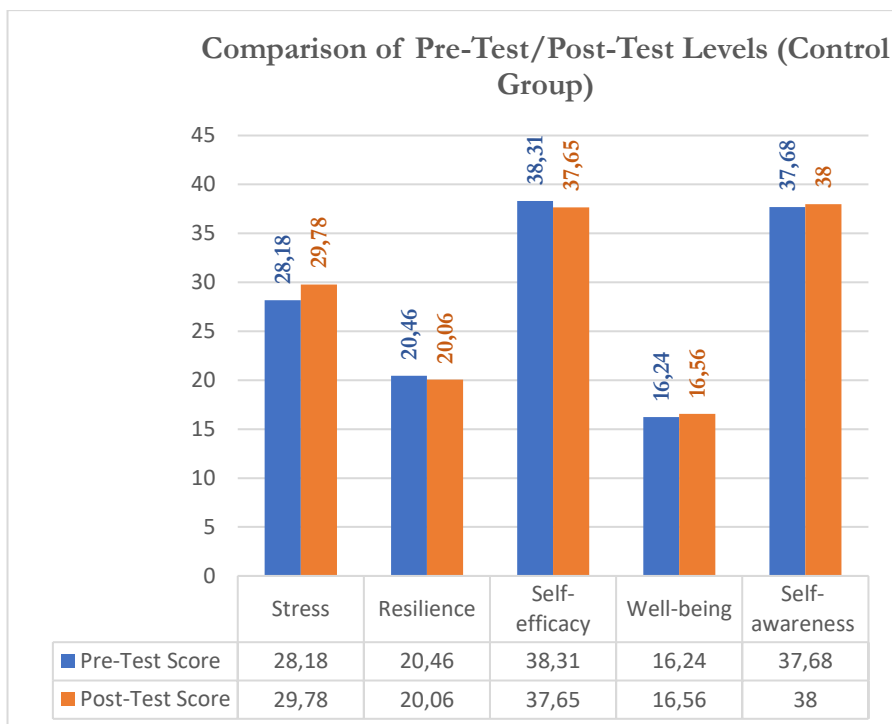
Figure 4.13 Comparison of Pre-Test/Post-Test Levels of Control Group
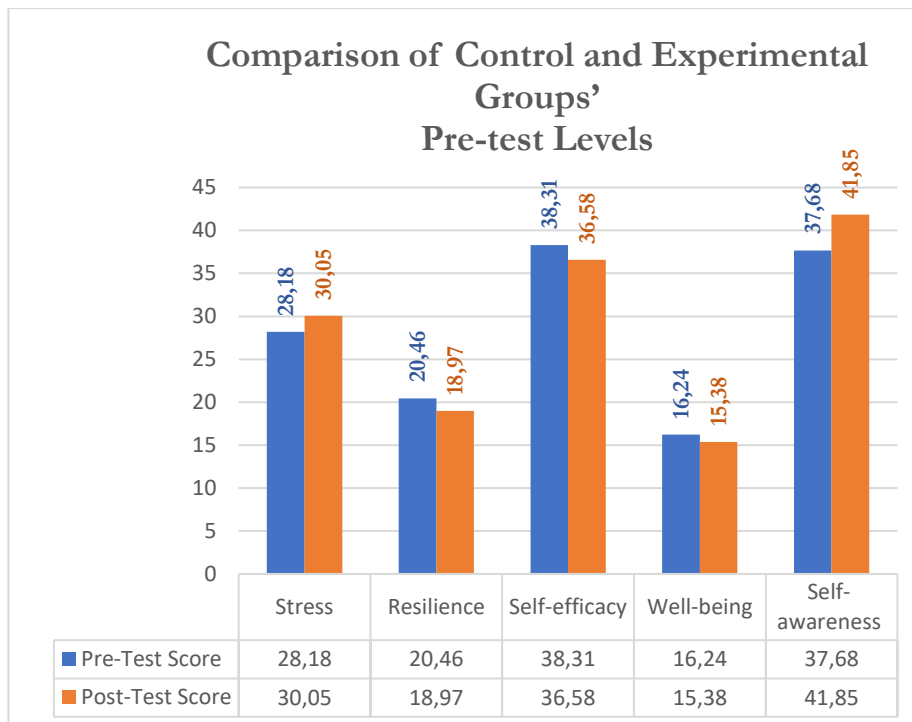
In Figure 13, the changes in the pre-test and post-test levels of the control group participants can be seen. For the stress variable, the pre-test level was $\overline{X}$ = 28.18 and the post-test level was $\overline{X}$ = 29.78. In the time between the two measurements, the observed increase in the control group participants' stress levels was 5.67%.

For the resilience variable, the pre-test level was $\overline{X}$= 20.46 and the post-test level was $\overline{X}$ = 20.06. In the time between the two measurements, the observed decrease in the control group participants' resilience levels was 1.95%.

For the self-efficacy variable, the pre-test level was $\overline{X}$ = 38.31 and the post-test level was $\overline{X}$= 37.65. In the time between the two measurements, the observed decrease in the control group participants' self-efficacy levels was 1.72%.

For the well-being variable, the pre-test level was $\overline{X}$ = 16.24 and the post-test level was $\overline{X}$= 16.56. In the time between the two measurements, the observed increase in the control group participants' well-being levels was 1.97%.

For the self-awareness variable, the pre-test level was $\overline{X}$ = 20.46 and the post-test level was $\overline{X}$= 20.06. In the time between the two measurements, the observed increase in the control group participants' self-awareness levels was 0.84%.

Figure 4.14 Comparison of Control and Experimental Groups' Pre-tet Levels

In Figure 14, the differences in the pre-test levels of the control group and the experimental group can be seen. For the stress variable, the control group's level was $\overline{X}$ = 28.18 and the experimental group's level was $\overline{X}$ = 30.05. There was a difference of 6.63% between the two measurements, and the points of the experimental group is higher.

For the resilience variable, the control group's level was $\overline{X}$ = 20.46, and the experimental group's level was $\overline{X}$ = 18.97. There was a difference of 7.28% between the two measurements, and the points of the experimental group is higher.

For the self-efficacy variable, the control group's level was $\overline{X}$ = 38.31 and the experimental group's level was $\overline{X}$ = 36.58. There was a difference of 4.51% between the two measurements, and the points of the experimental group is higher.

For the well-being variable, the control group's level was $\overline{X}$= 16.24 and the experimental group's level was $\overline{X}$ = 15.38. There was a difference of 5.29% between the two measurements, and the points of the experimental group is higher.

For the self-awareness variable, the control group's level was $\overline{X}$ = 37.68 and the experimental group's level was $\overline{X}$ = 41.85. There was a difference of 11.06% between the two measurements, and the points of the experimental group is higher

REGRESSION TESTS

Table 4.41 Simple Linear Regression Results Showing Effect of Well-being Level on Stress Level

Variable (Level)	B	Standard Error $_B$	β	t	p
Stable	44.202	4.598	-	9.612	0.000
Well-being	-1.111	0.249	-0.625	-4.463	0.000
R = 0.617 R^2=0.380 F(1.31) = 19.918 p = 0.000					

Following the analysis of the post-test levels of the experimental group participants, a significant relationship was observed between the well-being and stress levels (R = 0.617; R^2 = 0.380). Also, the well-being level was shown to be a significant predictor of the stress level (F $_{1-31)}$ = 19.918; p < 0.05). The increase in the participants' well-being level explained 38.0% of the decrease in their stress level. One unit of change in the well-being level reduced the stress level by -1.111 units. According to the regression analysis, the stress level was predicted by this regression equation: Stress Level = (-1.111 x Well-Being) + 44,202.

Table 4.42 Simple Linear Regression Results Showing Effect of Resilience Level on Stress Level

Variable (Level)	B	Standard Error $_B$	β	t	p
Stable	42.744	5.431	-	7.871	0.000
Resilience	-0.859	0.246	-0.532	-3.500	0.001
R = 0.532 R^2 = 0.283 F(1.31) = 12,250 p = 0.001					

Following the analysis of the post-test levels of the experimental group participants, a significant relationship was observed between the resilience and stress levels (R = 0.532; R^2 = 0.283). As well, the resilience level was shown to be a significant predictor of the stress level (F $_{1-31)}$ = 12.250 ; p < 0.05). The increase in the participant's resilience level explained 28.3% of the decrease in their stress level. One unit of

change in the resilience level reduced the stress level by -0.859 units. According to the regression analysis, the stress level was predicted by this regression equation: Stress Level = (-0.859 x Resilience Level) + 42,744.

Table 4.43 Simple Linear Regression Results Showing Effect of Self-efficacy Level on Stress Level

Variable (Level)	B	Standard Error $_B$	β	t	p
Stable	40,315	7,547	-	5,342	0.000
Self-efficacy	-0.414	0.189	-0.365	-2,185	0.037
$R = 0.365$ $R^2 = 0.133$ $F(1.31) = 4.773$ $p = 0.037$					

Following the analysis of the post-test levels of the experimental group participants, a significant relationship was observed between the self-efficacy and the stress levels ($R = 0.365$; $R^2 = 0.133$) As well, the self-efficacy level was seen to be a significant predictor of the stress level ($F_{1-31} = 4,773$; $p < 0.05$). The increase in the participants' self-efficacy level explained 13.3% of the decrease in their stress level. One unit of change in the self-efficacy level reduced the stress level by -0.414 units. According to the regression analysis, the stress level was predicted by this regression equation: Stress Level = (-0.414 x Self-efficacy Level) + 40,315.

Table 4.44 Simple Linear Regression Results Showing Effect of Awareness Level on Stress Level

Variable (Level)	B	Standard Error $_B$	B	t	p
Stable	11,554	3,579	-	3,228	0.003
Self-awareness	-0.330	0.093	0.537	3,548	0.001
$R = 0.353$ $R^2 = 0.124$ $F(1.31) = 12.586$ $p = 0.001$					

Following the analysis of the post-test levels of the experimental group participants, a significant relationship was observed between self-awareness and stress levels (R = 0.353; $R^2 = 0.124$). Also, the self-awareness level was seen to be a significant predictor of the stress level ($F_{1-31} = 12.586$; $p < 0.05$). The increase in the participants' self-awareness level explained 12.4% of the decrease in their stress level. One unit of change in the self-awareness level reduced the stress level by -0.330 units. According to the regression analysis, the stress level was predicted by this regression equation: Stress Level = (-0.330 x Self-efficacy Level) + 11,554.

CHAPTER V

5. FINDINGS AND DISCUSSION

This experimental study was conducted during the COVID-19 pandemic. Accordingly, the 67 participants of the study (experimental and control groups) were all working remotely, either full time or hybrid. They all had some positive and adverse experiences with remote working. Most of them claimed that the positive effects of remote working were working in a more comfortable environment, spending more time with family, working more efficiently, and having more time for themselves. On the other hand, they said that the adverse effects of remote working were extended working hours, lack of physical activity, isolation from co-workers, an environment of uncertainty, and disruption of family/work balance.

The study model claims that remote working conditions create stress for those employees. The MBSR training program may reduce the stress level and also may lead to increases in the coping capabilities (self-awareness, resilience, well-being and self-efficacy) of the employees.

The first hypothesis is about the stress levels of the remote-working employees. Comparison of the stress levels of the experimental group before and after the MBSR course shows a significant decrease ($\overline{X}$= 30.05 to $\overline{X}$ = 23.93). Additionally, comparison of the experimental and control groups' stress levels before and after the MBSR course shows that, in the interval, the stress level of the control group increased ($\overline{X}$= 28.18 to $\overline{X}$ = 29.78); however, the experimental group's stress level decreased. These results support the first main hypothesis that "MBSR training is effective in reducing the stress level of employees".

The second hypothesis is about the well-being levels of the remote-working employees. Comparison of the well-being levels of the experimental group before and after the MBSR course shows a significant increase ($\overline{X}$= 15.38 to $\overline{X}$ = 18.15). Moreover, comparison of the experimental and control groups' levels of well-being before and after the MBSR course shows that, in the interval, the well-being level of the control group slightly increased ($\overline{X}$= 16.24 to $\overline{X}$ = 16.56); however, the experimental group's well-being level significantly increased. These results support the second main hypothesis that "MBSR training is effective in increasing the well-being level of employees".

The third hypothesis is about the self-awareness levels of the remote-working employees. Comparison of the self-awareness levels of the experimental group before and after the MBSR course shows a significant increase ($\overline{X}$ = 40.97 to $\overline{X}$ = 44.97). Furthermore, comparison of the experimental and control groups' levels of self-awareness before and after the MBSR course shows that, in the interval, the self-awareness level of the control group slightly increased ($\overline{X}$ = 37.68 to $\overline{X}$ = 38.00); however, the experimental group's self-awareness level significantly increased. These results support the third main hypothesis that "MBSR training is effective in raising the self-awareness level of employees".

The fourth hypothesis is about the resilience levels of the remote-working employees. Comparison of the resilience levels of the experimental group before and after the MBSR course shows a significant increase ($\overline{X}$ = 18.97 to $\overline{X}$= 21.87). As well, comparison of the experimental and control groups' levels of resilience before and after the MBSR course shows that, in the interval, the resilience level of the control group slightly decreased ($\overline{X}$ = 20.46 to $\overline{X}$= 20.06); however, the experimental group's resilience level significantly increased. These results support the fourth main hypothesis that "MBSR training is effective in raising the resilience level of employees".

The fifth hypothesis is about the self-efficacy levels of the remote-working employees. Comparison of the self-efficacy levels of the experimental group before ($\overline{X}$= 36.63) and after ($\overline{X}$ = 39.57) the MBSR course show a significant increase. In addition, comparison of the experimental and control groups' levels of self-efficacy before and after the MBSR course shows that, in the interval, the self-efficacy level of

the control group slightly decreased ($\overline{X}$ = 38.31 to $\overline{X}$= 37.65); however, the experimental group's self-efficacy level significantly increased. These results support the fifth main hypothesis that "MBSR training is effective in raising the self-efficacy level of employees".

The findings of the study supported the research model. Along with the research model testing, additional tests lead to additional findings. As the stress level of the remote workers in the experimental group increased, the levels of well-being, resilience, self-efficacy, and self-awareness decreased. Moreover, there was a positive correlation between the well-being of the participants and their levels of resilience and self-efficacy. The increase in resilience also caused an increase in self-efficacy.

The regression tests showed that a one-unit increase in the levels of well-being, resilience, self-efficacy, and self-awareness caused a decrease in the stress level. The level of well-being (-1.111), then the level of resilience (-0.859), the level of self-efficacy (-0.414), and finally the level of self-awareness (-0.330) demonstrated this effect in this experimental group.

Lastly, the difference tests related to the participants's demographic information showed that there were no significant differences among the factors of gender, educational level, marital status, training status, working time, future work style preference, hours worked in the pandemic, age range, number of children, job position, remote work or professional seniority. However, significant differences were found in the well-being levels of different sectors: the well-being level of the beverage sector participants was higher than that of the insurance sector participants.

It was also found that the participants practicing mindfulness meditation have significantly higher levels of resilience, self-efficacy, and self-awareness.

CHAPTER VI

6. CONCLUSION

The beginner's mind is full of potential and possibilities, with no limitations. As time passes, the mind grows with experience: family, school, friends, and environment contribute to shaping the mind. The perceptions, judgments, beliefs, and perspectives occur over time and become the habit of perception and interpretation of the world. Whatever is repeated and learned becomes habitual over time.

The habitual way of living becomes the automatic pilot (the reality), which hides the other possibilities of life and possible solutions to the problems. The way of living, experiencing, coping, solving, and communicating becomes habitual.

The nature of the mind is designed for staying alive. Accordingly, it classifies the information as pleasant or unpleasant and acts relatedly. The mind brings past experiences or future possibilities here and makes the decision. The amygdala part of the brain - the region of perceptions - creates automatic emotional and behavioral reactions (Atalay, 2019). However, there may be better possibilities that the automatic pilot hid.

St. Augustin wrote in his book "Confessions" over 1,600 years ago that men travel to marvel at the majesty of mountains, rivers, sea, ocean, and stars; however, they neglect to marvel at themselves (Outler, 1955; Stahl, Goldstein, 2018). Living in automatic mode disconnects from reality and discovering other possibilities.

In 2020, the COVID-19 pandemic stopped and changed the world's habitual life. The fears of an unknown disease, of restrictions, and of financial and social problems increased the strain and challenges of life.

The working environment suddenly shifted to remote or hybrid working. Before the pandemic, remote working was an incentive that companies offered their employees. These few remote-working employees worked where they wanted and enjoyed it. However, the pandemic made working remotely and staying at home compulsory for all employees, and this turned working at home into adversity.

In addition, most employees and companies were not ready for this shift. Accordingly, remote working becomes a stressor for both companies and employees. Stress at work tends to diminish well-being, and this may cause health problems (Sonnentag & Fritz, 2007). As the shutdown continued, stress increased and well-being decreased. Since coping capabilities were insufficient, support was needed.

This study was conducted during the COVID-19 pandemic environment in 2021. The experimental groups' participants were all working remotely or hybrid in two different companies in the insurance and beverage sectors. They all declared that they had stress and that their motive for participating in the MBSR course was to cope with this stress. The control group's participants worked remotely or hybrid in different sectors.

The research model claims that the remote-working conditions in the COVID-19 pandemic were different from the usual remote-working conditions. While these novel conditions had some positive effects, they also had more adverse effects, creating stress.

The model also claims that the MBSR training reduces the stress level of remote-working of employees and improves their coping capabilities by increasing their self-awareness, resilience, well-being, and self-efficacy levels.

Apart from the research model, additional regression and correlation tests were conducted. When the employees' perceived stress levels decreased, their self-awareness, resilience, well-being, and self-efficacy increased. Moreover, the increased self-awareness, resilience, well-being, and self-efficacy caused a slight decrease in the perceived stress levels. There was a study similar to the current study, with a sample group (n:32) and a control group (n:32). After taking the eight-week course, the sample group showed increased levels of self-efficacy, resilience, hope, and optimism and a decreased level of stress (Jain & Singh, 2016).

Mindfulness teaches that life is like a guest house, and whatever happens now will not stay forever and will leave sometime, and that is the nature of life. This wisdom makes the mind reach the actual point quickly through mindfulness practices. It keeps

the automatic pilot mode away and enables one to be aware of the actual happenings without perception and eventually respond.

COVID-19 has been a challenge for everybody globally, and that was an unexpected shock. It has changed and reshaped business life as well as personal ones. Although it is claimed that the pandemic is over, the world may face different strains and challenges in the future.

The companies and employees, who were flexible to the changes, adapted to the new situations easily instead of fighting or trying to change the problem. The challenges become a change to organizational learning.

This study and the experience of the COVID-19 pandemic showed that psychological capital is crucial for organizations. It improves employees' coping capabilities in challenging situations. Mindfulness training (MBSR) educates employees to be aware of the automatic pilots and automatic responses, discover alternative ways and be aware of human nature. That awareness also improves the communication between co-workers and customers and empathy, flexibility, and adaptation to any situation.

The Significance of the Study

The significance of this study is that it is the first management science study in Turkey of the MBSR program applied to companies. A further significance is that all of the study's phases (the MBSR program, the surveys, and all the arrangements) were done online.

Limitations

There are some limitations to the study. The companies of the experimental group wanted the MBSR teacher to sign an agreement based on the law for the protection of personal data. This created an invisible barrier when talking to the participants and suspicions about the permission to use the research data.

Since the courses were online, bringing the participants together was difficult. When their working hours were extended, they could not join the training classes on time.

The courses brought together employees from different departments of the same company. Some employees were grateful to have a chance to meet their co-workers. Other employees, however, did not want to talk much because senior or other co-workers were online.

Furthermore, collecting the post-test data was more complicated than collecting the pre-test data. Many messages, emails, and phone calls were necessary to collect the later data.

Before and after the MBSR courses, interviews could have been conducted. However, although the participants had volunteered to participate, there could have been hesitation or sharing of correct information.

Follow-up tests could have been given to the participants after the post-tests. However, since the pandemic working environment started to change, the findings might not have been accurate.

Future Research Suggestions

In the literature, several studies support the claim that the MBSR program decreases stress and increases self-awareness and well-being. However, just a few reliable studies have been conducted on MBSR practices for companies.

Companies usually do not want their employees to participate in an MBSR program that lasts eight weeks and has classes of two and a half hours every week. They want a shorter program with fewer classes. Accordingly, mindfulness teachers are asked to prepare abridged programs. These programs, however, are not scientifically-proven MBSR programs.

For future research, employee resilience and employee self-efficacy are developing fields of study. Experimental research can be done on mindfulness and stress. The crucial point is to use mindfulness-based and scientifically-proven programs for mindfulness training.

REFERENCES

Abilash, K. M,. & Siju, N. M. (2021). Telecommuting: An empirical study on job performance, job satisfaction and employees commitment during pandemic circumstances. *International Journal of Management*, *8*(3), 1-10.

Abun, D., Nicolas, M. T., Apollo, E. P., Magallanes, T., & Encarnacion, M. J. (2021). Employees' self-efficacy and work performance of employees as mediated by work environment. *Research In Business & Social Science*, *10*(7), 1-15. http://doi.org/10.20525/ijrbs.v10i.1470

Abun, D., Magallanes, T., Marlene, T. N., Fredoline, J. P., & Madamba, M. B. (2021). Effect of attitude toward work, work environment on the employees' work self-efficacy. *International Journal of Research In Business and Social Science, 10*(7), 129-141. https://doi.org/10.20525/ijrbs.v10i7.1459

Ackerman, C. E. (2017, February). 11 Mindfulness questionnaires, scales & assessments for measuring awareness. *Positivepsychology.com*. https://positivepsychology.com/mindfulness-questionnaires-scales-assessments-awareness/#maas

Akanni, A. A., Ajila, C. O., Omisile, I. O., & Ndubeze, K. N. (2021). Mediating effect of work self-efficacy on the relationship between psychosocial safety climate and workplace safety behaviors among bank employees after covid-19 lockdown. *Central European Management Journal*, *29*(1), 2-13. http://doi.org/10.7206/cemj.2658-0845.38

Akhtar, F., Khan, H., & Rasheed, M. (2019). The power of positive psychological capital: An exploratory study. *Arabian Journal of Business and Management Review, 9*(4). ISSN: 2223-5833

Aktepe, I. & Tolan, O. (2020). Mindfulness: A current review. *Current Approaches in Psychiatry*, *12*(4), 534-561. http://doi.org/10.18863/pgy.692250

Alidina, S. (2010). *Mindfulness for dummies*. John Wiley & Sons, Ltd.

Allen, T. (2020, April 13). Psychological science and COVID-19: Working remotely. *Association for Psychological Science.* https://www.psychologicalscience.org/news/backgrounders/backgrounder-covid-19-remote-work.html

Al-Shatry, E. (2012). Remote work skills. *International Journal of Education, E-Business, E-Management and E-Learning*, *2*(6), 546-548. http://doi.org/10.7763/IJEEEE.2012.V2.182

AMRA Library. (2022). *American Mindfulness Research Association.* https://goamra.org/Library.

Anderson, D., & Kelliher, C. (2020). Enforced remote working and the work-life interface during lockdown. *Gender in Management: An International Journal, 35*(7/8), 677-683. http://doi.org/10.1108/GM-07-2020-0224

Asghar, A., & Iqbal, (2019). Loneliness Matters: A Theoretical Review of Prevalence in Adulthood. *Journal of Psychology and Behavioral Science, 7*(1), 41-47.

Atalay, Z. (2019). *Mindfulness-Bilinçli Farkındalık: Farkındalıkla Anda Kalabilme Sanatı*. Inkilap Yayınevi.

Aypay, A. (2010). The adaptation study of general self-efficacy (GSE) SCALE TU Turkish. *Inonu University Journal of the Faculty of Education, 11*(2), 113-131.

Azimov, P. (2020). Effects of remote work on the workplace and workers. [Bachelor's Thesis, LAB University of Applied Sciences LTD*]. LAB University of Applied Sciences* LTD.https://www.theseus.fi/bitstream/handle/10024/353225/FINAL%20version%20of%20thesis.pdf?sequence=2

Bachtal, Y. (2021). Work organization and work psychology theories in the context of Work from Home – A literature-based overview. In: Andreas Pfnür (Hrsg.), *Arbeitspapiere zur immobilienwirtschaftlichen Forschung und Praxis*, Band Nr. 42, Technische Universität Darmstadt.1-26

Bahman, R. D., & Al-Enzi, A. (2020). The impact of COVID-19 pandemic on convential work settings. *International Journal of Sociology and Social Policy, 40*(9/10), 909-924. http://doi.org/10.11.08/IJSSP-07-2020-0262

Bandura, A. (1994). Self-efficacy. In V. S. Ramachaudran (Ed.), *Encyclopedia of human behavior* (Vol. 4, pp. 71-81). New York: Academic Press.

Bartlett, L., Martin, A., Neil, A. L., Mermish, K., Otahal, P., Kilpatrick, M., & Sanderson, K. (2019). A systematic review and meta-analysis of workplace mindfulness training randomized controlled trials. *American Psychological Association, 24*(1). 108-126. http://doi.org/10.1037/ocp0000146

Bloom, N., Liang, J., Roberts, J., & Ying, Z. J. (2015). Does working from home work? An evidence from a Chineese experiment. *The Quarterly Journal of Economics, 130*(1), 165-218. http://doi.org/10.1093/qje/qju032.

Bostanov, V., Ohlrogge, L., Britz, R., Hautzinger, M., & Kotchoubey, B. (2018). Measuring Mindfulness: A psychophysiological approach. *Frontiers in Human Neuroscience, 12*(249). http://doi.org/10.3389/fnhum.2018.00249

Bridget, J. (2011, October). Defining employee well-being. *Occupational Health, 63*(10). https://www.proquest.com/openview/65888b376f379560d4d91f4a1afb1d6d/1?pq-origsite=gscholar&cbl=49149

Brink, E., Koster, F., & Atalay, Z. (2021). *Şefkat korkaklara göre değil.* Inkilap Kitabevi.

Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology*, *84*(4), 822-848.

Caralampous, M., Grant, C. A., Tramontano, C., & Michailidis, E. (2018). Systematically reviewing remote e-workers' well-being at work: a multidimensional approach. *European Journal of Work and Organizational Psychology*, *28* (1), 51-73. http://doi.org/10.1080/1359432X.2018.1541886.

Cede, Ç. Ş., & Gözen, A. (2021). The relationship between mindfulness and self-efficacy. *International Journal of Commerce and Finance*, *7*(2). 184-205. http://ijcf.ticaret.edu.tr/index.php/ijcf/article/view/263

Celikkaleli, Ö., & Capri, B. (2008). Genel yetkinlik inancı ölçeği'nin Türkçe formunun geçerlilik ve güvenilirlik çalışması. *Ç.Ü.Sosyal Bilimler Enstitüsü dergisi, 17*(3), 93-104

Choudhury, P. (2020, November-December). Our work-from-anywhere future. *Harward Business Review*. https://hbr.org/2020/11/our-work-from-anywhere-future

Choudhury, P., Foroughi, C., & Larson, B. (2020). Work-from-anywhere: The productivity effects of geographic flexibility. *Strategic Management Journal*, *42*(4), 655-683.https://doi.org/10.1002/smj.3251

Clark, D. (2021, May 28). Percentage of people usually working from home in Europe2020, by country. https://www.statista.com/statistics/879251/employees-teleworking-in-the-eu/

Cohen, S. (1994). Perceived stress scale. *Mind Garden*. www.mindgarden.com

Davidson, R., & Sharon, B. (2012). *The emotional life of your brain: how ıts unique patterns affect the way you think, feel, and live and how you can change them*. Penguin.

Doğan, T. (2015). Adaptation of the brief resilience scale into Turkish: A validity and reliability study. *The Journal of Happiness, 3*(1), 93-102.

Erci, B. (2006). Reliability and validity of the Turkish version of perceived stress scale.

Eser, E. (1999). WHO (5) İyilik Durumu İndeksi (1998 Sürümü). *Psychiatric Research Unit.* https://www.psykiatri-regionh.dk/who-5/Documents/WHO5_Turkish.pdf

Eser, E., Cevik, C., Baydur, H., Güneş, S., Esgin, T. A., Öztekin, Ç. S., Eker, E., Gümüşsoy, U., Eser, G. B., & Özyurt, B. (2019). Reliability and validity of the Turkish version of the WHO-5, in adults and older adults for its use in primary care settings. *Primary Health Care Research & Development, 20*(e100), 1–7. http://doi.org/10.1017/S1463423619000343

Eskin, M. (2013). The adaptation of perceived stress scale into Turkish: A reliability and validity analysis. *New symposium Journal*, *51*(3). ttps://www.researchgate.net/publication/235946078

Eurofound and the International Labour Office (2017), Working anytime, anywhere: The effects on the world of work, *Publications Office of the European Union*, Luxembourg, and the International Labour Office,

EUROSTAT, (2022, Feb). Employed persons working from home as a percentage of the total employment, by sex, age and professional status. (2022)..https://ec.europa.eu/eurostat/databrowser/view/LFSA_EHOMP__custom_89 9843/bookmark/bar?lang=en&bookmarkId=1a955ba3-e7ff-42b5-9449-69a6db8750ff.

Felstead, A., & Henseke, G. (2017). Assessing the growth of remote working and its consequences for effort, well-being and work-life balance. *New Technology, Work and Employment, 32*(3), 195-212.

Flores, M. F. (2019). Understanding the challenges of remote working and it's impact to workers. *International Journal of Business Marketing and Management (IJBMM)*, *4*(11), 40-44.

Gallup, (2020). https://news.gallup.com/poll/355907/remote-work-persisting-trending-permanent.aspx

Ghani, A.A., Zakaria, Z., & Hazmah, S. N. A. (2021). Covid-19, workplace challenges. *Universiti Teknologi Mara Jurnal Intelek*, *16*(2), 151-161. http://doi.org/ 10.24191/ji.v16i2.418

Glomb, T. M., Duffy, M. K., Bono, J. E., & Yang, T. (2011). Mindfulness at work. Reserach in Personal and Human Resources Management, *30*. 115-157. http://doi.org/10.1108/S0742-7301(2011)0000030005

Goleman, D. (2017, September 28). Here's what mindfulness is (and isn't) good for. *Harward Business Review.* https://hbr.org/2017/09/heres-what-mindfulness-is-and-isnt-good-for?autocomplete=true

Global Workplace Analytics. (2020). *Work form home experience survey.* https://globalworkplaceanalytics.com/global-work-from-home-experience-survey

Gorjifard, R., & Crawford, J. (2021). Working from home: Impact on wellbeing and work-life balance. *New Zealand Journal of Employment Relations, 46(*2),64-78.

Grant, C. A., Wallace, L. M., & Spurgeon, P. (2013). An exploration of the psychological factors affecting remote e-worker's job effectiveness, well-being and work-life balance. *Employee Relations*, *35*(5), 527-546. http://doi.org/10.1108/ER-08-2012-0059

Grant, C. A., Wallace, L. M., Spurgeon, P., Tramontano, C., & Charlampous, M. (2019). Construction and initial validation of the e-work life scale to measure remote e-working. *Employee Relations*, *41*(1), 16-33. http://doi.org/10.1108/ER-09-2017-0229

Hale, R. (2017). The effect of mindfulness meditation on perceived stress and total health care cost. *DNP Scholarly Projects*, *34*. Belmont University. http://repository.belmont.edu/dnpscholarlyprojects/34

Hansen, E. (2016). The effects of mindfulness on work-related stress, well-being, recovery quality, and employee resilience. [Master's Thesis, University of Canterbury]. University of Canterbury. http://dx.doi.org/10.26021/7277

Hausser, J. A., Mojzisch, A., Niesel, M., & Schulz-Hardt, S. (2010). Ten years ago: A review of recent research on the job demand-control(-support) model and psychological well-being. *Work & Stress*, *24*(1), 1-35. http://doi.org/10.1080/02678371003683747

Hede, A. (2009). The dynamics of mindfulness in managing emotions and stress. *Journal of Management Development*, *29*(1), 94-110. http://doi.org/10.1108/02621711011009090

Hernandez, Y. T. (2020). Remote Workers. What are we Missing and Why is it Important during the Covid19 Lockdown. *Journal of Occupational and environmental medicine/Amerikan College of Occupational and Environmental Medicine*, *62*(11), 669-672. http://doi.org/10.1097/JOM00000000002018.

Hidayat, T., Syamsul, M., & Asmara, A. (2022). Employee performance management scenarios in the era of remote work from home. *International Journal of Research and Review, 9*(1), 452-460. http://doi.org/10.52403/ijrr.20220151.

Hite, L. M., & McDonald, K. S. (2020). Careers after COVID-19: challenges and changes.*Human Resource Development International*, *23*(4), 427-437. http://doi.org/10.1080/13678868.2020.1779576

Howe, L. C., & Menges, J. I. (2020, August). Mindsets about remote work predict employees well-being in home office: Evidence from the COVID-19 pandemic. *Microsoft.* https://www.microsoft.com/en-us/research/publication/mindsets-about-remote-work-predict-employee-well-being-in-home-office-evidence-from-the-covid-19-pandemic/

International Labour Organization. (2020). An employer's guide on working from home in response to the outbreak of COVID-19. ISBN 9789220322536. https://labordoc.ilo.org/discovery/delivery/41ILO_INST:41ILO_V1/1272559990002676

International Labour Organization. (2016). *Workplace stress: A collective challenge.* ISBN:978-92-2-130642-9. https://ilo.primo.exlibrisgroup.com/discovery/delivery/41ILO_INST:41ILO_V2/1267949860002676

International Labour Organization. (n.d.) Workplace well-being. https://www.ilo.org/safework/areasofwork/workplace-health-promotion-and-well-being/WCMS_118396/lang--en/index.htm

Jain, H., & Singh, R. (2016). Developing psychological capital through mindfulness based stress reduction (MBSR) therapy. *Indian Journal of Health and Well-being, 7*(1), 79-84. https://www.proquest.com/openview/2a732e3fab5248de473ca24184903b8a/1?pq-origsite=gscholar&cbl=2032134

Janssen, M., Heerkens, Y., Kuijer, W., Heijden, B.V., & Engels, J. (2018). Effects of mindfulness-based stress reduction on employees' mental health: A systematic review. *PLOS ONE*, *13*(1). http://doi.org/10.1371/journal.pone.0191332

Kabadayi, S. (2020). The influence of social distancing on employee well-being: A conceptual framework and research agenda. *Journal of Service Management*. http://doi.org/10.1108/JOSM-05-2020-0140

Kabat-Zinn, J. (2003).Mindfulness-Based Interventions in Context: Past, Present, and Future. *American Psychological Association, D12,* 144-156. http://dx.doi.org/10.1093/clipsy.bpg016

Kabat-Zinn, J. (2003). Coming to our senses. Hyperion. ISBN: 0-7868-6756-6

Kabat-Zinn, J. (2019). Foreword: Seeds of a necessary global renaissance in the making: the refining of psychology's understanding of the nature of mind, self, and embodiment through the lens of mindfulness and its origins at a key inflection point for the species. *Current Opinion in Psychology*. *28*. xi-xvii. http://doi.org/10.1016/j.copsyc.2019.02.005

Kabat-Zinn, J. (2021). *Mindfulness'ın İyileştirici Gücü*. Diyojen Yayıncılık.

Kersemaekers, W., Rupprecht, S., Wittmann, M., Tamdjidi, C., Falke, P., Dongers, R., Speckens, A., & Kohls, N. (2018). A workplace mindfulness intervention may be associated with improved psychological well-being and productivity. A preliminary field study in a company setting. *Frontiers in Psychology, 9*(195). http://doi.org/10.3389/fpsyg.2018.00195

Klein, E. M., Brahler, E., Dreier, M., Reinecke, L., Müller, K. W., Schmutzer, G., Wölfling, K., & Beutel, M. E. (2016). The German version of the perceived stress scale – psychometric characteristics in a representative German community sample. *BMC Psychiarty, 16*(159). http://doi.org/10.1186/s12888-016-0875-9

Kondratowicz, B., Godlewska-werner, D., Polomski, P., & Khoslai M. (2021). Satisfaction with job and life and remote work in the COVID-19 pandemic: the role of perceived stress, self-efficacy and self-esteem. *Current Issues In Personality Psychology*. http://doi.org/10.5114/cipp.2021.108097

Kulandaiammal, R. (2020). Positive psychology in times of adversity: Pandemic and well-being in daily life. *Journal of Research in Psychology*. 79-94. http://doi.org/10.31580/jrp.v2i3.1696

Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal, and coping. *Springer Publishing Company.*

Leahrhaupt, L., & Meibert, P. (2017*). Mindfulness-Based Stress Reduction: The MBSR Program for Enhancing Health and Vitality*. Novato, New World Library.

Lomas, T., Medina, J.C., Ivtzan, I., Rupprecht, S., Eiro-orosa, F.J. (2018). Mindfulness-based interventions in the workplace: An inclusive systematic review and meta-analysis of their impact upon well-being. *The Journal of Positive Psychology*. http://doi.org/10.1080/17439760.1519588

Luszczynska, A., Scholz, U., & Schwarzer, R. (2005). The general self-efficacy scale: Multicultural validation studies. *The Journal of Psychology*, *139*(5), 439-457. http://doi.org/10.3200/JRLP.139.5.439-457

Luthans, F., Youssef-Morgan, C. M., & Avolio, B. J. (2015). *Psychological capital and beyond.* Oxford University Press.

Mallak, L. (1998). Putting organizational resilience to work. *Industrial Management.* https://www.researchgate.net/publication/291863333

Malik, P., & Garg, P. (2018). Psychometric testing of the resilience at work scale using Indian sample. *The Journal for Decision Makers*, *43*(2), 77-91. http://doi.org/10.1177/0256090918773922

Mason, M. F., Norton, M. I., Horn, J. D. V., Wagner, D. M., Grafton, S. T., & Macrae, C. N. (2007). Wandering minds: The default network and stimulus-independent thought. *PubMed Central*, *315* (5810), 393-395. http://doi.org/10.1126/science.1131295

McEwen, B. S. (2016). In pursuit of resilience: stress, epigenetics, and brain plasticity. *Annals Of The New York Academy Of Sciences*, *1373,* 56-64. http://doi.org/10.1111/nyas.13020

Meissner, N., Tamdjidi, C., Stephan, L., & Martini, J. (2020). Balancing well-being and performance in the virtual workplace. *Boston Consulting Group.* https://www.bcg.com/publications/2020/virtual-workplace-work-life-balance

Mellor, N.J., Ingram, L., Huizen, M. V., Arnold, J., & Harding, A. H. (2016). Mindfulness training and employee well-being. *International Journal of Workplace Health Management, 9*(2), 126-145. http://doi.org/10.1108/TJWHM-11-2014-0049

Miyake, F., Chimed-Ochir, O., Hino, A., Ikegami, K., Nagata, T., Tateishi, S., Tsuji, M., Matsuda, S., & Ishimaru, T. (2021). *Job stress and loneliness among remote workers*. http://doi.org/10.1101/2021.05.31.21258062.

Moretti, A., Menna, F., Aulicino, M., Parolette, M., Liguori, S., & Lolascon, G. (2020). Charactesization of home working population during covid-19 emergency: A cross-sectional analysis. *International Journal of Environmental Research and Public Health*, *17*(17). https://doi.org/10.3390/ijerph17176284

Mulki, J. (2020). Working from home: Tips for employees and business owners. *Entrepreneur& Innovation Exchange*. http://doi.org/10.32617/486-5e7a264dabf5e.

Naswall, K., Kuntz, J., & Malinen, S. (2015). Employee resilience scale (EmpRes) measurement properties. Resilient Organisations Research Report. ISSN 1178-7279

Nehra, D. K., Nehra, S., & Dogra, R. (2012). Positive Psychological Functioning with Mindfulness Based Stress Reduction (MBSR) Program. In Yadava, A., & Hooda, D. (eds.) *Biopsychosocial Issues in Positive Health,* (pp. 301-328). Global Vision Publishing House. https://www.researchgate.net/publication/252627080_Positive_Psychological_Functioning_with_Mindfulness_Based_Stress_Reduction_MBSR_Program

Nehra, D. K., Sharma, K. L. & Kumar, V. (2013). Mindfulness based stress reduction: An overview. Mental Health Risks and Resources. In Hooda D, & Sharma, N.R (eds.) *Biopsychosocial Issues in Positive Health,* (pp. 197-231). Global Vision Publishing House. https://www.researchgate.net/publication/237360826

Nicole, M., Tamdjidi, C., Stephan, L., & Martini, J. P. (2020). Balancing well-being and performance in the virtual workplace. *Boston consulting Group,* 1-9. https://www.bcg.com/publications/2020/virtual-workplace-work-life-balance

Ozimek, A. (2020). The Future of Remote Work. http://doi.org/ 10.2139/ssrn.3638597

Özyeşil, Z., Arslan, C., Kesici, Ş., & Deniz, M. E. (2011). Adaptation of the mindful attention awareness scale into Turkish. *Education and Science, 36*(160), 224-235.

Palumbo, R. (2020). Let me go to the office! An investigation into the side effects of working from home on work-life balance. *International Journal of Public Sector Management, 33*(6/7), 771-790. http://doi.org/10.1108/IJPSM-06-2020-0150

Pandey, S., & Gaur, S., (2005). A Positive Mental Health Model for Stress Management Interventions in Organizations: Insights from Positive Psychology, presentedat 92nd Indian Science Congress, organized by Indian Science Congress Association,. *Researchgate.* https://www.researchgate.net/publication/259147552

Panditharathne, P. N. K. W., & Chen, Z. (2021). An integrative review on the research progress of mindfulness and its implications at the workplace. *Sustainability, 13*(13852), 1-27. https://doi.org/10.3390/su132413852

Parsons, S., Kruijt, A., & Fox, E. (2016). A cognitive model of psychological resilience. *Journal of Experimental Psychopathology*, *7*(3), 296-310. http://doi.org/10.5127/jep.053415

Passmore, J. (2019). Mindfulness in organizations (Part2): a practitionars' guide to applying mindfulness-based approaches in leadership development, workplace wellbeing and coaching. *Industrial and Commercial Training, 51*(3). 165-173. http://doi.org/10.1108/ICT-07-2018-0064

Pattnaik, L., & Jena, L. K. (2020). Mindfulness, remote engagement and employee morale: conceptual analysis to address the new normal. *International Journal of Organizational Analysis*. http://doi.org/10.1108/ıjoa-06-2020-2267

Pawar, B. S. (2020). *Employee performance and well-being-Leadership, justice, support, and workplace spirituality*. Routledge.

Perry, S. J., Rubino, C., & Hunter, E. M. (2018). Stress in remote work: Two studies testing the Demand-Control-Person model. *European Journal of Work and Organizational Psychology*, *27*(5), 577-593. https//doi.org/10.108071359432x.2018.1487402

Popovici, V., Popovici, A., & Popovici, L. (2020). Remote working revolution: Current opportunities and challenges for organizations. *Ovidius University Annals, Economic Science Series*, *20*(1), 468-472.

Pradhan, R. K., & Hati, L. (2019). The measurement of employee well-being: Development and validation of a scale. *Global Business Review*. http://doi.org/10.1177/0972150919859101

Prasad, K., Vaidya, R. W., & Mangipudi, M.R. (2020). Effect of occupational stress and remote working on psychological well-being of employees: an empirical analysis during covid-19 pandemic concerning information technology industry in Hyderabad. *Indian Journal of Commerce & Management Studies, 11*(2). http://doi.org/10.18843/ijcms/v11i2/01

Raghuram, S., Wiesenfeld, B., & Garud, R. (2003). Technology-enabled work: The role of self-efficacy in determining telecommuter adjustment and structuring behavior. *Journal of Vocational Behavior*, *63*, 180-198. http://doi.org/10.1016/S0001-8791(03)00040-X

Rahman, S., & Cachia, M. (2021). Resilience and stress management amongst corporate security managers: A hybrid approach to thematic analysis. *Qualitative Research in Organizations and Management: An International Journal, 16*(2), 299-314. http://doi.org/10.1108/QROM-10-2019-1837

Reb, J., & Atkins, W. B. (Ed.). (2015). *Mindfulness in Organizations: Foundations, Research, and Applications.* Cambridge University Press.

Roche, M., Haar, J., & Luthans, F. (2014). The role of mindfulness and psychological capital on the well-being of leaders. *Journal of Occupational Health Pychology.* http://doi.org/10.1037/a0037183

Rupprecht, S., Koole, W., Chaskalson, M., Tamdjidi, C., & West, M. (2019). Running too ahead? Towards a broader understanding of mindfulness in organisations. *Current Opinion in Psychology*, *28*, 32-36. http://doi.org/ 10.1016/j.copsyc.2018.10.007

Saad, L., & Wigert, B. (2021, October 13). Remote work persisting and trending permanently. *Gallup.* https://news.gallup.com/poll/355907/remote-work-persisting-trending-permanent.aspx.

Sangeeta, N. C. (2020). Employee engagement practices during COVID-19 lockdown. *J Public Affairs*. http://doi.org/10.1002/pa.2508

Schwarzer, R. (2012). The general self-efficacy scale (GSE). https://www.researchgate.net/publication/298348466

Selye, H. (1976). *Stress in health and disease.* Butterworth Publishers.

Shapiro, S. L., Carlson, L. E., Astin, J. A., & Freedman, B. (2006). Mechanisms of mindfulness. *Journal of Clinical Psychology, 62*(3), 373-386. http://doi.org/10.1002/jclp.20237

Shapiro, S. L., Jazaieri, H., & Goldin, P. R. (2012). Mindfulness-based stress reduction effects on moral reasoning and decision making. *The Journal of Positive Psychology: Dedicated to Furthering Research and Promoting Good Practice, 1*(12), 37-41. http://doi.org/10.1080/17439760.2012.723732

Shapiro, S., Wang, M., Peltason, E. (2015) 'What is Mindfulness and Why Should Organizations Care about It'. In Reb, K., & Atkins, P. (eds) *Mindfulness in Organizations*, (pp. 17–41). Cambridge University Press. http://doi.org/10.1017/CBO9781107587793.004

Shatte, A., Perlman, A., Smith, B., & Lynch, W. D. (2017). The positive effect of resilience on stress and business outcomes in difficult work environments. *American College of Occupational and Environmental Medicine, 59*(2). http://doi.org/10.1097/JOM.0000000000000914

Shauna, L. S., & Wang, M. C., & Peltanson, E. H. (2016). What is mindfulness, and why should organizations care about it? In Jochen, R. & Atkins, W. B.(Eds). *Mindfulness in Organizations: Foundations, Research, and Applications* (pp. 17-66). Cambridge University Press. http://dx.doi.org/10.1017/CB09781107587793.004

Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: assessing the ability to bounce back. *International journal of behavioral medicine*, *15*(3), 194-200

Simmons, B. & Nelson, D. L. (2007). Eustress at work: Extending the holistic stress model. In Nelson D. & Cooper, C. (Ed.), *Positive Organizational Behavior (pp.* 40-53). SAGE Publications Ltd.

Sonnentag, S., & Fritz, C. (2007). The recovery experience questionnaire: Development and validation of a measure for assessing recuperation and unwinding from work. *Journal of Occupational Health Psychology*, *12*(3), 204-221. http://doi.org/10.1037/1076-8998.12.3.204

Sood, S. (2020). Psychological effects of the coronavirus disease-2019 pandemic. *RHIME*. 7, 23-26.

Soussa, E. (2020, June 02). The new normal: Adapting to the psychology of remote working. *Business Popular Workplace*.

Stahl, B., & Goldstein, E. (2010). *A Mindfulness-Based Stress Reduction Workbook*. New Harbinger Publications, Inc.

Steinhouse, R. (2018). *Mindful business leadership*. Routledge.

Stajkovic, A., & Luthans, F. (1998). Self-efficacy and work-related performance: A meta analysis. *Psychological Bulletin*, *124*(2), 240-261. http://doi.org/10.1037/0033-2909.124.2.240

Suhandiah, S., Ekowati, D., Suhariadi, F., Yulianti, P., & Warnadi, R. (2020). Role and measurement of employee resilience in the organisation: A systematic review on the empirical studies. *International Journal of Innovation, Creativity and Change, 13*(11). www.ijicc.net

Tahir, S. (2021). Remote working during the pandemic and technostress. *Academia Letters*. 1-4. https://doi.org/10.20935/AL1017

Telef, B. B. (2013). The adaptation of psychological well-being into Turkish:A validity and reliability study. *H.U.Journal of Education*. 28(3). 374-384

Tenney, M., & Gard, T. (2016). *The Mindfulness Edge: How to Rewire Your Brain for Leadership and Personal Excellence Without Adding to Your Schedule*. John Wiley & Sons, Inc.

Topp, C. W., Ostergaard, S. D., Sondergaard, S., & Bech, P. (2015). The WHO-5 well-being index: A systematic review of the literature. *Psychotherapy and Psychosomatics*, *84*, 167-176. http://doi.org/10.1159/000376585

Tursunbayeva, A., Di Lauro, S., & Antonelli, G. (2022). Remote work at the time COVID-19 pandemic and beyond: A scoping review. *HR Analytics and Digital HR Practices*. https://doi.org/10.1007/978-981-16-7099-2_6.

Uzaktan çalışma yönetmeliği. (2021, March 10). *Resmi Gazete*. https://www.resmigazete.gov.tr/eskiler/2021/03/20210310-2.htm

Uzun, B. (2020). *En uzun yollar tek adımla baslar*. Inkilap Kitapevi.

Valancie, D., Saulius, T., Majauskiene, D., Skurvydas, A., & Delibasic, M. (2020). Mindfulness-The best way to reduce stress at work? Some theoretical and empirical insights. *Transformations in Business & Economics*, *2B*(50B), 907-922. ISSN 1648-4460.

Vione, K. C., & Kotera, Y. (2021). Mindfulness-based approaches for covid-19 mental health in working from home. *International Journal of Mental Health and Addiction*. http://doi.org/10.1007/s1149-021-00647-3

Vonderlin, R., Biermann, M., Bohus, M., & Lyssenko, L. (2020). Mindfulness-based programs in the workplace: A meta-analysis of randomized controlled trials. *Mindfulness, 11*(7),1579-1598. http://doi.org/ 10.1007/s12671-020-01328-3

Wallace, B. A., & Shapiro, S. L. (2006). Mental Balance and Well-Being: Building Bridges Between Buddhism and Western Psychology. *American Psychological Association, 61*(7), 690-701. http://doi.org/10.1037/0003-066X.61.7.690

Wang, B., Liu, Y., Qian, J., & Parker, S. K. (2020). Achieving Effective Remote Working During the COVID-19 Pandemic: A Work Design Perspective. *Applied Psychology*, *70*(1), 1-44. http://doi.org/10.1111/apps.12290

Watson, I. & Lightfoot, D. J. (2003). Mobile working with connexions. *Facilities. 21*(13714). 347-352. http://doi.org/10.1108/02632770310508006

Weigelt, O., Marcus, B., Felfe, J., Kluge, A., & Ontrup, G. (2021). Working under pandemic conditions. *Zeitschrift für Arbeits- und Organisationspsychologie A&O*, *65*(4), 181-187. https://doi.org/10.1026/0932-4089/a000376

World Economic Forum [WEF], (2020, October). *The future of jobs report 2020*. https://www.weforum.org/reports/the-future-of-jobs-report-2020/

Zimmerman, B. J. (2000). Self-efficacy: An essential motive to learn. *Contemporary Educational Psychology*, *25*, 82-91. http://doi.org/10.1006/ceps.1999.1016

Zuo, S., Wang, S., Wang, F., & Shi, X. (2017, March 21). *The behavioral paths of well-being: An exploratory study to distinguish between hedonic and eudaimonic wellbeing from an activity perspective*. Cambridge University Press. https://www.cambridge.org/core/journals/journal-of-pacific-rim-psychology/article/behavioural-paths-to-wellbeing-an-exploratory-study-to-distinguish-between-hedonic-and-eudaimonic-wellbeing-from-an-activity-perspective/DC04A7927A304431874562A80436EE00

APPENDICES

APPENDIX A

THE EIGHT WEEK LONG MBSR PROGRAM

Class	Orientation Class
Things to Do Before Online Class	Creating Whatsapp group Creating Zoom link Texting program and Zoom link via Whatsapp Sharing survey link
Theme	General Information about Program
Time Allocation	1.5 hours
Formal Practices	Short Sitting Meditation
Informal Practices	No
Class Sequence	History of MBSR What MBSR is and is not Course content Importance of sharing and participation in class Requirements for MBSR Participation Certificate Privacy of personal information shared in class Explanation of formal and informal exercises Homework Completing survey Questions and answers
Home Practice	No

Class	One
Things to Do Before Online Class	Creating Whatsapp group Creating Zoom link Texting program and Zoom link via Whatsapp
Theme	Discovering Mindfulness
Time Allocation	2.5 hours
Formal Practices	Mindful StandingYoga Practices Body Scanning Meditation
Informal Practices	Mindful Eating Meditation (with raisins)
Class Sequence	Welcome Group introductions (participants introduce themselves) Discussing meeting rules (Importance of participants' privacy; no sharing or recordings allowed. Importance of attendance. All participants' cameras to be on if no internet problem.) Sitting Meditation Participants' intentions. What is goal of participation? (Sharing in Zoom breakout rooms, then in main room) Mindful Standing Yoga Mindful Eating Meditation (with 3 raisins): texture, appearance, color, smell, sound, and taste of raisin. (First mindful eating experience is done together; second is done alone; third is done standard way.) Sharing in Zoom breakout rooms, then in main room Definition of mindfulness Discussing 'automatic pilot' Body Scan Meditation (connecting with our bodies) Ingroup experience sharing Discussing home practices Ending with one-minute silence Sending Body Scan Meditation voice recording (after class)
Home Practice	Body Scan Meditation (Practiced every day, with voice recording) Thinking about solution of 9 Dots Exercise Practicing daily life mindfully (Mindful eating, showering, brushing teeth, ironing, observing, etc.)

Class	Two
Things to Do Before Online Class	Creating Zoom link Texting program and Zoom link via Whatsapp
Theme	How Do We Perceive the World?
Time Allocation	2.5 hours
Formal Practices	Body Scan Sitting Meditation
Informal Practices	Mindful Seeing 9 Dots Exercise
Class Sequence	Welcome Body Scan practice Inquiry: discussing participants' experiences during exercises today and prior 6 days Homework exercises (Ask participants if they did them) Discussing obstacles encountered Mindful Standing Yoga Mindful Seeing Meditation 9 Dots Exercise (Ask participants if they solved it. This exercise is entrance to today's subject: our perceptions.) Our perceptions (They are imperfect. If we focus on part of picture, the rest fades. Thus, we cannot see whole reality.) Biases Sitting Meditation (breath awareness) Discussing homework exercises Ending with one-minute silence Sending Sitting Meditation voice recording and Pleasant Moments Calendar (after class)
Home Practice	Body Scan Sitting Meditation with breath awareness Filling out Pleasant Moments Calendar

Class	Three
Things to Do Before Online Class	Creating Zoom link Texting program and Zoom link via Whatsapp
Theme	To Be Present in the Body
Time Allocation	2.5 hours
Formal Practices	Sitting Meditation (breath awareness) Mindful Lying Yoga series
Informal Practices	
Class Sequence	Welcome Sitting Meditation Inquiry: Discussing participants' experiences during exercises today and prior 6 days Homework exercises (Ask participants if they did them) Discussing obstacles encountered Mindful Lying Yoga series (Noticing moving body - its limits, flexible parts and inelastic parts - with kindness and with compassion) Discussing yoga experience Discussing Pleasant Moment Calendar. (Did participants find pleasant moments in past six days?) Inquiry: What made those moments pleasant? What did they feel in those moments? In which parts of their bodies did they feel it? What do they feel now? (Sharing in Zoom breakout rooms, then in main room) Discussing next week's homework Ending with one-minute silence Sending yoga sequence video recording, recorded earlier, and Unpleasant Moments Calender (after class)
Home Practice	One day yoga, other day Body Scan Filling out Unpleasant Moments Calendar

Class	Four
Things to Do Before Online Class	Creating Zoom link Texting program and Zoom link via Whatsapp
Theme	Meeting Stress with Mindfulness
Time Allocation	2.5 hours
Formal Practices	Sitting Meditation
Informal Practices	
Class Sequence	Welcome Sitting Meditation with breath awareness Inquiry: Discussing participants' experiences during exercises today and prior 6 days Homework exercises (Ask participants if they did them) Discussing obstacles encountered Discussing Unpleasant Moments Calendar (Did participants find unpleasant moments in past 6 days?) Inquiry: What made those moments unpleasant? What did they feel in those moments? In which parts of their bodies did they feel it? What do they feel now? (Sharing in Zoom breakout rooms, then in main room) Stress: What creates stress in our lives? How do we react - bodily and behaviorally? (Participants got 2 poll links - Mentimeter program - via the WhatsApp group to see group's answers, so answers were quickly collected and seen on screen. Discussion centred on these results.) Human responses to stress: fight, flee or freeze Mindfulness helps us discover our automatic stress reactions Discussing next week's homework Ending with one-minute silence
Home Practice	One day Body Scan and yoga exercises with voice, other day video recording Sitting Meditation with breath awareness Observing, without trying to change, automatic stress responses in our daily lives

Class	Five
Things to Do Before Online Class	Creating Zoom link Texting program and Zoom link via Whatsapp
Theme	Stress Reactions and Dealing with Stressful Thoughts
Time Allocation	2.5 hours
Formal Practices	Sitting Meditation
Informal Practices	Walking Meditation
Class Sequence	Welcome Sitting Meditation (longer than before) Inquiry: Discussing participants' experiences during exercises today and prior 6 days Homework exercises (Ask participants if they did them) Discussing obstacles encountered Walking Meditation Writing for 4 minutes about a stressful situation. (What were unwanted automatic reactions? What were unwanted feelings? What are you turning your back on? Are there alternative reactions? How can mindfulness help you?) Sharing in Zoom breakout rooms, then in main room Imagining a stressful moment (Imagining Meditation). What were your reactions? What were your feelings? How are they now? Were there any alternative reactions? If you turn and look at that challenging experience, what happens? How does it feel to find alternative views of the problem? Kindness and compassion have healing /supportive power Thoughts and emotions come and go. "I am not my emotions, I am not my thoughts." Whatever we support, grows. Rumi's poem *The Guest House* Handling stressful experiences with mindfulness: Stopping, facing the experience, opening a space to let it be, and mindfully finding a reaction. This class is halfway point of MBSR course. How is it going? Are you struggling with anything? Is there any awareness? Is your intention the same as before, or is it different? How has this course affected your life? If the first part of the home exercises were not easy, are you willing to do them afterward? (Sharing in Zoom breakout rooms, then in main room) Discussing next week's homework Ending with one-minute silence
Home Practice	Different meditation every day: Standing Yoga, Lying Yoga, Sitting Meditation, Body Scan Compelling Communication Calendar Observing daily reactions and alternative choices in both your life and your daily meditation practices.

Class	Six
Things to Do Before Online Class	Creating Zoom link Texting program and Zoom link via Whatsapp
Theme	Mindful Communication
Time Allocation	2.5 hours
Formal Practices	
Informal Practices	
Class Sequence	Welcome Sitting Meditation (longer than before) Inquiry: Discussing participants' experiences during exercises today and prior 6 days Homework exercises (Ask participants if they did them) Discussing obstacles encountered Mindful Sitting Movement series Compelling Communication Calendar: Discussing participants' experiences. (What was hard during that communication? How did you react? How did other party react? What was your goal? What was other party's goal? Imagining that communication, what do you feel? How can mindfulness support us?) Sharing in Zoom breakout rooms, then in main room Communication exercise between two people (done in breakout rooms, experiences shared in main room) Our automatic reactions during communication. Listening modes during communication. The way mindfulness supports us. Edel Max practice (sharing experiences in main room) Giving information about silent day Discussing next week's homework Ending with one-minute silence
Home Practice	Different meditation every day.

Class	Silent / Mindfulness Day	
Things to Do Before Online Class	Creating Zoom link Texting Zoom link via Whatsapp	
Theme	Being With Yourself in Silence	
Time Allocation	6 Hours	
Class Sequence		

Hours	Meditation
10.00 - 10.10	Welcome
10.10 - 10.50	Lying Down Yoga
10.50 - 11.10	Mountain Meditation
11.10 - 11.30	Mindful Walking
11.30 - 11.40	Break
11.40 - 12.20	Body Scan
12.20 – 12.30	Instructions about Lunch Break
12.30 – 13.50	Lunch Break (Mindful Eating)
13.50 – 14.10	Mindful Walking
14.10 – 14.50	Sitting Meditation
14.50 – 15.05	Standing Yoga
15.05 – 15.30	Metta Meditation
	Metta for Yourself
	Metta for a Loved One
	Metta for the Group
15.30 – 15.45	Breaking the Silence (breakout room)
15.45 – 16.00	Closing the Day with Sharing

Class	Seven
Things to Do Before Online Class	Creating Zoom link Texting program and Zoom link via Whatsapp
Theme	Taking Care of Yourself
Time Allocation	2.5 hours
Formal Practices	
Informal Practices	
Class Sequence	Welcome Sitting Meditation Body Scan (standing) Standing Yoga Inquiry: Discussing participants' experiences during exercises today, silence day, and prior 6 days Homework exercises (Ask participants if they did them) Discussing obstacles encountered Seat Changing Exercise (Discovering our daily habits) Sharing in Zoom breakout rooms, then in main room Listing daily habits on paper Discovering activities that nourish and activities that pull down. (Participants got 2 poll links - Mentimeter program - via the WhatsApp group to see group's answers, so answers were quickly collected and seen on screen. Discussion centred on these results.) How can I take care of myself in this stressful life? (How can I add mindfulness to my life? What are my choices?)
Home Practice	Daily, 45-minute long, diversified meditations without recordings Bringing an object representing course to next class

Class	Eight
Things to Do Before Online Class	Creating Zoom link Texting program and Zoom link via Whatsapp
Theme	Farewell to New Beginnings
Time Allocation	2.5 hours
Formal Practices	
Informal Practices	
Class Sequence	Welcome Body Scan Sitting Meditation Yoga Stretching (participants choose movements) Inquiry: Discussing participants' experiences during exercises today, silence day and prior 6 days Homework exercises (Ask participants if they did them) Discussing obstacles encountered How was experience of exercises without recordings? Questions about meditations What was your intention and motivation in the beginning? What has changed? Now, what are your 3 short-term and 3 long-term goals? What are possible obstacles? What are coping strategies for these obstacles? How can you continue mindfulness exercises? What and/or who can support you? (Written on paper, then shared in breakout rooms and main room) Writing letters to their future selves (What do you want your 6-months-older self to remember from this course?) Discussing reminders participants brought to course Metta Meditation Congratulating participants and wishing them well Ending with one-minute silence
Home Practice	Reminders of the course Practicing mindfulness for the rest of your life

The Survey

Our questionnaire was prepared by İhsan Yelkencioğlu, who is writing a doctoral thesis in the Department of Business Administration at Işık University. Our survey has been designed to measure both the effects of remote working during the Covid-19 pandemic on employees and the supportive results of the MBSR (Mindfulness-based Stress Reduction) Program.

Our MBSR program participants are expected to complete this survey before and after the 8-week program. Completion of the form will take 10 - 15 minutes. When answering the survey questions, please tick the first option that comes to your mind.

The survey results will be used only for scientific research. Your answers will be kept confidential and will not be shared with anyone under any circumstances.

Thank you very much for participating in our survey, and for your support and contribution to business science.

Demographic Information:

The first part of the survey contains demographic questions. Please tick the option that best describes you.

What is your gender?	Male	Female			
How old are you?	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69
What level of education have you completed?	High school	Bachelor	Master	Doctorate	Other
What is your marital status?	Married	Not married			
How many children do you have?	None	1	2	3	More than 3
Do you meditate regularly?	Always	Never	Sometimes	Other	
Have you taken mindfulness training before?	Yes	No			
What is your intention in participating in the program?					

Remote Working Experience:

The questions in this part of our survey aim to gain information about your remote working experience during the pandemic. Please tick the option that best describes you.

How long have you been working?	0 - 5 years	6 - 10 years	11 - 15 years	16 - 20 years	More
How long have you been working in your current company?					
What title best describes your current position in your company?	Senior Manager	Middle Manager	Assistant Specialist	Specialist	Clerk/Other
What industry are you working in?					
Are you working remotely?	Yes	No	Hybrid		
How long have you been working remotely?	Less than 1 month	1 - 6 months	7 - 12 months	More than 1 year	
What were the positive effects on you of remote working? (Please tick all the options that describe you.)	Increasing work efficiency	Being able to spend more time with my family	Working in a more comfortable environment	Being able to have more time for myself	Other
What were the adverse effects of working remotely on you? (Please tick all options that describe you.)	Being away from my co-workers	Working longer hours	Deteriorating family/work balance	Decreased physical activity	Atmosphere of uncertainty
What type of work would you prefer in the future?	Remote working	Office working	Hybrid working		
How are your remote work hours compared to your office work hours?	The same	Longer	Shorter		

Perceived Stress Scale:

In this part of the survey, there are questions about feelings and thoughts you may have experienced during the last week. Please tick the option that best describes you.

	Never	Almost never	Sometimes	Fairly often	Very often
In the last week, how often have you been upset because of something that happened unexpectedly?					
In the last week, how often have you felt that you were unable to control the important things in your life?					
In the last week, how often have you felt nervous and stressed?					
In the last week, how often have you felt confident about your ability to handle your personal problems?					
In the last week, how often have you felt that things were going your way?					
In the last week, how often have you found that you could not cope with all the things that you had to do?					
In the last week, how often have you been able to control irritations in your life?					
In the last week, how often have you felt that you were on top of things?					
In the last week, how often have you been angered because of things that happened that were outside of your control?					
In the last week, how often have you felt difficulties were piling up so high that you could overcome them?					

Note: Cohen (1994).

WHO-5 Well-being Scale:

This section of the survey contains various statements about your daily life. Please tick the first option that comes to your mind, based on your feelings over the last week.

	Never	Almost never	Sometimes	Fairly often	Very often
I have felt cheerful and in good spirits.					
I have felt calm and relaxed.					
I have felt active and vigorous.					
I woke up feeling fresh and rested.					
My daily life has been filled with things that interest me.					

Note: Topp et.al. (2015)

Mindful Attention Awareness Scale (MAAS):

This section of the survey contains various statements about your daily life. Please tick the first option that comes to your mind.

	Never	Almost never	Sometimes	Fairly often	Very often
I could be experiencing some emotion and not be conscious of it until some time later.					
I break or spill things because of carelessness, not paying attention, or thinking of something else.					
I find it difficult to stay focused on what is happening in the present.					
I tend to walk quickly to get where I am going without paying attention to what I experience along the way.					
I tend not to notice feelings of physical tension or discomfort until they really grab my attention.					
I forget a person's name almost as soon as I have been told it for the first time.					
It seems I am 'running on automatic', without much awareness of what I am doing.					
I rush through activities without being really attentive to them					

I get so focused on the goal I want to achieve that I lose touch with what I am doing right now to get there.					
I do jobs or tasks automatically, without being aware of what I am doing.					
I find myself listening to someone with one ear, doing something else at the same time.					
I drive places on 'automatic pilot' and then wonder why I went there					
I find myself preoccupied with the future or the past.					
I find myself doing things without paying attention					
I snack without being aware that I am eating.					

Note: Brown and Ryan (2003).

Brief Resilience Scale:

This section of the survey contains various statements about your daily life. Please tick the first option that comes to your mind.

	Never	Almos t never	Sometimes	Fairly often	Very often
I tend to bounce back quickly after hard times.					
I have a hard time making it through stressful events.					
It does not take me long to recover from a stressful event.					
It is hard for me to snap back when something bad happens.					
I usually come through difficult times with little trouble.					
I tend to take a long time to get over setbacks in my life.					

Note: Smith et.al. (2008).

General Self-efficacy Scale:

This section of the survey contains various statements about your daily life. Please tick the first option that comes to your mind.

	Never	Almost never	Sometimes	Fairly often	Very often
I can always manage to solve difficult problems if I try hard enough.					
If someone opposes me, I can find means and ways to get what I want.					
It is easy for me to stick to my aims and accomplish my goals.					
I am confident that I can deal efficiently with unexpected events.					
Thanks to my resourcefulness, I know how to handle unforeseen situations.					
I can solve most problems if I invest the necessary effort.					
I can remain calm when facing difficulties because I can rely on my coping abilities.					
When I am confronted with a problem, I can usually find several solutions.					
If I am in a bind, I can usually think of something to do.					
No matter what comes my way, I am usually able to handle it.					

Note: Schwarzer (2012)

Thank you for your participation and contribution to our work.

APPENDIX C

Anket

Anketimiz Işık Üniversitesi İşletme Bölümü'nde doktora tezi yazan İhsan Yelkencioğlu tarafından hazırlanmıştır. Anketimiz, hem Covid pandemisi sırasında uzaktan çalışmanın çalışanlar üzerindeki etkilerini hem de MBSR (Mindfulness Temelli Stres Azaltma) Programının destekleyici sonuçlarını ölçmek için tasarlanmıştır.

MBSR programı katılımcılarımızın bu anketi 8 haftalık programdan önce ve sonra tamamlamaları beklenmektedir. Formun doldurulması 10-15 dakika sürecektir. Anket sorularını cevaplarken lütfen aklınıza gelen ilk seçeneği işaretleyiniz.

Anket sonuçları sadece bilimsel araştırmalar için kullanılacaktır. Cevaplarınız gizli tutulacak ve hiçbir şekilde kimseyle paylaşılmayacaktır.

Anketimize katıldığınız ve işletme bilimine verdiğiniz destek ve katkılarınız için çok teşekkür ederiz.

Demografik Bilgiler:

Anketin ilk bölümünde demografik sorular yer almaktadır. Lütfen sizi en iyi tanımlayan seçeneği işaretleyiniz.

Cinsiyetiniz Nedir?	Erkek	Kadın			
Kaç Yaşındasınız?	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69
Eğitim	Lise	Üniversite	Master	Doktora	Diğer
Medeni Durumunuz?	Evli	Bekar			
Kaç çocuğunuz var?	Yok	1	2	3	3 Ten Fazla
Düzenli olarak meditasyon yapıyor musunuz?	Evet	Hayır	Bazen	Diğer	
Daha önce Mindfulness eğitimi aldınız mı?	Evet	Hayır			
Bu programa katılma nedeniniz nedir?					

Uzaktan Çalışma Deneyimi:

Anketimizin bu bölümündeki sorular, pandemi sırasındaki uzaktan çalışma deneyiminiz hakkında bilgi edinmeyi amaçlamaktadır. Lütfen sizi en iyi tanımlayan seçeneği işaretleyiniz.

Ne kadar zamandır çalışıyorsunuz?	0 - 5 Yıl	6 - 10 Yıl	11 - 15 Yıl	16 - 20 Yıl	Daha Fazla
Bu şirkette kaç senedir çalışıyorsunuz?					
Hangisi sizin görev tanımınıza daha yakındır?	Üst Düzey Yönetici	Orta Kademe Yönetici	Asistan	Uzman	Diğer
Hangi sektörde çalışıyorsunuz?					
Uzaktan çalışıyor musunuz?	Evet	Hayır	Hibrid		
Ne kadar süredir uzaktan çalışıyorsunuz?	1 Aydan az	1 - 6 Ay	7 – 12 Ay	1 Yıldan Fazla	
Uzaktan çalışmanın faydaları sizce hangileri? (Birden fazla seçeneği işaretliyebilirsiniz)	İş verimimin artması	Ailemle daha fazla vakit geçirmek	Daha rahat ortamda çalışmak	Kendime daha fazla zaman ayırmak	Diğer
Uzaktan çalışmanın olumsuz yönleri sizce hangileri? (Birden fazla seçeneği işaretliyebilirsiniz)	Çalışma arkadaşlarımdan uzak olmak	Daha uzun çalışmak	İş ve aile dengesinin bozulması	Azalan fiziksel aktiviteler	Belirsizlik ortamı
Gelecekte çalışmak istediğiniz durum nedir?	Uzaktan Çalışmak	Ofisten Çalışmak	Hibrid Çalışmak		
Uzaktan çalışma süreniz, ofisten çalışmaya göre nasıl?	Aynı	Daha Uzun	Daha Kısa		

Algılanan Stres Ölçeği:

Anketimizin bu bölümündeki sorular, pandemi sırasındaki uzaktan çalışma deneyiminiz hakkında bilgi edinmeyi amaçlamaktadır. Lütfen sizi en iyi tanımlayan seçeneği işaretleyiniz.

	Hiç	Nadiren	Bazen	Sıkça	Çok Sık
Son bir hafta içinde beklenmeyen bir şeyler olması nedeniyle ne sıklıkta altüst (hayal kırıklığına uğramak, sarsılmak, şoke olmak) oldunuz?					
Son bir hafta içinde kendi yaşamınızdaki en önemli şeyleri kontrol edemediğinizi hangi sıklıkta hissettiniz?					
Son bir hafta içinde kendinizi hangi sıklıkta sinirli ve stresli hissettiniz?					
Son bir hafta içinde kişisel problemlerinizi çözebilecek gücünüze ne sıklıkta güvendiniz?					
Son bir hafta içinde kişisel problemlerinizi çözebilecek gücünüze ne sıklıkta güvendiniz?					
Son bir hafta içinde yapmanız gereken tüm şeylerle ilgili olarak üstesinden gelemeyeceğinize ne sıklıkta inandınız?					
Son bir hafta içinde yapmanız gereken tüm şeylerle ilgili olarak üstesinden gelemeyeceğinize ne sıklıkta inandınız?					
Son bir hafta içinde bir çok sorunun üstesinden geldiğinizi (pek çok şeye yetebildiğinizi) ne sıklıkta düşündünüz?					
Son bir hafta içinde kontrolünüzün dışında olan bir şeylerden dolayı hangi sıklıkta sinirlendiniz?					
Son bir hafta içinde üstesinden gelemeyeceğiniz şeylere takılıp kalmanın zorluğunu ne sıklıkta hissettiniz?					

Not: Eskin et al. (2013)

WHO-5 İyilik Durumu İndexi:

Anketin bu bölümü günlük hayatınız hakkında çeşitli ifadeler içermektedir. Lütfen geçen haftaki hislerinize göre aklınıza gelen ilk seçeneği işaretleyiniz.

	Hiç	Nadiren	Bazen	Sıkça	Çok Sık
Kendimi neşeli ve keyifli hissettim					
Kendimi sakin ve gevşemiş hissettim					
Kendimi aktif ve dinç hissettim					
Kendimi aktif ve dinç hissettim					
Günlük yaşantım beni ilgilendiren şeylerle dolu					

Not: Eser (1999).

Bilinçli Farkındalık Ölçeği (BİFÖ):

Anketin bu bölümü günlük hayatınız hakkında çeşitli ifadeler içermektedir. Lütfen aklınıza gelen ilk seçeneği işaretleyiniz.

	Hiç	Nadiren	Bazen	Sıkça	Çok Sık
Belli bir süre farkında olmadan bazı duyguları yaşayabilirim.					
Eşyaları özensizlik, dikkat etmeme veya başka bir şeyleri düşündüğüm için kırarım veya dökerim.					
Şu anda olana odaklanmakta zorlanırım.					
Gideceğim yere, yolda olup bitenlere dikkat etmeksizin hızlıca yürüyerek gitmeyi tercih ederim.					
Fiziksel gerginlik ya da rahatsızlık içeren duyguları, gerçekten dikkatimi çekene kadar fark etmeme eğilimim vardır.					
Bir kişinin ismini, bana söyledikten hemen sonra unuturum.					
Yaptığım şeyin farkında olmaksızın otomatiğe bağlanmış gibi yapıyorum.					
Aktiviteleri gerçekte ne olduklarına dikkat etmeden acele ile yerine getiririm.					

	Hiç	Nadiren	Bazen	Sıkça	Çok Sık
Başarmak istediğim hedeflere öyle çok odaklanırım ki o hedeflere ulaşmak için şu an ne yapıyor olduğumun farkında olmam.					
İşleri veya görevleri ne yaptığımın farkında olmaksızın otomatik olarak yaparım.					
Kendimi bir kulağımla birini dinlerken; aynı zamanda başka bir şeyi de yaparken bulurum.					
Gideceğim yerlere farkında olmadan gidiyor, sonra da oraya neden gittiğime şaşırıyorum.					
Kendimi gelecek veya geçmişle meşgul bulurum.					
Kendimi yaptığım işlere dikkatimi vermemiş bulurum.					
Ne yediğimin farkında olmaksızın atıştırıyorum.					

Not: Özyeşil et al. (2011).

Kısa Dayanıklılık Ölçeği:

Anketin bu bölümü günlük hayatınız hakkında çeşitli ifadeler içermektedir. Lütfen aklınıza gelen ilk seçeneği işaretleyiniz.

	Hiç	Nadiren	Bazen	Sıkça	Çok Sık
Sıkıntılı zamanlardan sonra kendimi çabucak toparlayabilirim.					
Srtesli olatların üstesinden gelmekte güçlük çekerim.					
Stresli durumlardan sonra kendime gelmem uzun zaman almaz.					
Kötü bir şeyler olduğunda bunu atlatmak benim için zordur.					
Zor zamanları çok az sıkıntıyla atlatırım.					
Hayatımdaki olumsuzlukların etkisinden kurtulmam uzun zaman alır.					

Not: Doğan (2015).

Genel Yetkinlik İnancı Ölçeği:

Anketin bu bölümü günlük hayatınız hakkında çeşitli ifadeler içermektedir. Lütfen aklınıza gelen ilk seçeneği işaretleyiniz.

	Hiç	Nadiren	Bazen	Sıkça	Çok Sık
Yeni bir durumla karşılaştığımda ne yapmam gerektiğini bilirim.					
Beklenmedik bir durumda nasıl davranmam gerektiğini bilirim.					
Bana karşı çıkıldığında kendimi kabul ettirecek çare ve yolları bulurum.					
Ne olursa olsun üstesinden gelirim.					
Güç sorunların çözümünü eğer gayret edersem bulabilirim.					
Planlarımı gerçekleştirmek ve hedeflerime ulaşmak bana zor gelmez.					
Bir sorunla karşılaştığımda onu çözebilmeye yönelik bir çok fikrim vardır.					
Yeteneklerime güvendiğim için, zorlukları soğuk kanlılıkla karşılarım.					
Aniden gelişen olayların üstesinden gelebileceğimi sanıyorum.					
Her sorun için bir çözümüm vardır.					

Not: Çelikkaleli & Çapri (2012)

Çalışmamıza katılımınız ve katkılarınız için teşekkür ederiz.

THE MBSR TEACHER CERTIFICATE

Certification No: TT3-00202215

MBSR Eğitmenlik Sertifikası

MBSR Teacher Certificate

İHSAN YELKENCİOĞLU

Aralık 2020 ve Şubat 2022 arasında IMI Network Global Standartlarında gerçekleştirilen 274 saatlik MBSR Eğitmenlik Eğitimini başarıyla tamamlamıştır.

Successfully completed the 274 hours fulfilling IMI Network Global Standards of MBSR Teacher Training between December 2020, and February 2022.

ZÜMRA ATALAY
MBSR Eğitmeni/Teacher
Mindfulness Institute Kurucusu/
Founder

GUNTER HUDASCH
MBSR Eğitmeni/Teacher
EAMBA Başkan Yardımcısı/Vice
President

LOT HEIJKE
MBSR Eğitmeni/Teacher
EAMBA Başkanı/President

PETRA MEIBERT
MBSR Eğitmeni/Teacher
Mindfulness-Center
Kurucu Ortağı/Co-Founder

MBSR Eğitmenlik Eğitimi

Eğitim İçeriği
- 274 Saat Eğitim Süresi
- 8 hafta ve 1 günlük sessizlik oturumunu içeren MBSR müfredatı
- MBSR uygulamaları ve meditasyonları
- Grup çalışması dinamikleri
- Sessizlik günü liderliği becerileri
- Inquiry (sorgulama) becerileri
- İlişkisel beceriler
- MBSR programının planlanması ve liderlik süreçlerine dair beceriler

Süpervizyon Süreci
- MBSR eğitmenliği sertifikasını almaya hak kazanan eğitmenimiz, 274 saat MBSR eğitmenliği eğitimine ek olarak, eğitmenlik sürecindeyken açmış olduğu ilk MBSR grubunda Zümra Atalay'dan birebir 4 adet süpervizyon almıştır.
- MBSR'ın 8+1 oturumunun her biri için yazılı raporlandırma yapmış ve final raporunu enstitüye ve süpervizörüne teslim etmiştir.

5 Günlük Sessizlik İnzivası
- 274 saatlik eğitime ek olarak, 2021 yılında Mindfulness Institute tarafından İstanbul'da düzenlenen, Lot Heijke, Günter Hudasch ve Zümra Atalay öncülüğünde yönetilen 5 günlük sessizlik inzivasına katılmıştır.

MBSR Teacher Training

Content of Training
- 274 hours of training
- MBSR Curriculum with 8 Weeks and Silent/Mindfulness Day
- MBSR Meditations and Practices
- Embodiment of Mindfulness
- Learning to be the leading of the Silent/Mindfulness Day
- Dynamics of Group Work
- Inquiry Skills
- Relational Skills
- Planning to and leading to MBSR

Supervision Process
- The trainer, who was entitled to the MBSR Teacher Certificate, in addition to 274 hours of MBSR teacher training, received one-to-one 4 supervision sessions from Zümra Atalay in the first MBSR group that opened during the training process.
- Written reports for each of the 8 + 1 sessions of MBSR and final report were submitted to the institute and supervisor.

5- Day Silent Retreat of Mindfulness
- In addition to the 274-hour training, participated in a 5-day silence retreat organized by the Mindfulness Institute and led by Lot Heijke, Günter Hudasch and Zümra Atalay in Istanbul, 2021.

IMI: International Mindfulness Integrity

RESUME