The influence of well-being programs emphasizing individual responsibility on self-stigmatization and the moderating role of health controllability..

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Course: Master Thesis

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Word count: 6522

The manuscript can be made publicly accessible

Abstract

There is a high prevalence of burnout-related complaints such as emotional exhaustion among university students. Because of these high numbers there is a growing trend in universities who implement well-being programs. There is some evidence that these well-being programs have small positive effects, but they could also cause self-stigmatization. That is why the aim of this study was to examine if the focus of a well-being program (individual vs. organizational responsibility) influences self-stigmatization and if this is moderated by health controllability. The hypotheses were that self-stigmatization is higher when a well-being program emphasizes individual responsibility than when a well-being program emphasizes organizational responsibility and that the relationship between well-being programs and self-stigmatization will be moderated by health controllability. The results showed that self-stigmatization is indeed higher when a well-being program emphasizes individual responsibility than when a well-being program emphasizes organizational responsibility. Further, the results showed that health controllability didn't moderate the effect of well-being programs on self-stigmatization. In the discussion the strengths and limitations of this study are discussed, and some recommendations are also made for policy and further research.

Keywords: Well-being programs, burnout, mental health, students, healthism, attribution theory, Netherlands

Introduction

Research by the Trimbos Institute shows that the majority (51%) of Dutch students experience mental health issues (Dopmeijer et al., 2021). Twelve percent of students even indicate that they experience severe complaints. This research by the Trimbos institute also shows that about 53% of these students suffer from burnout-related complaints such as emotional exhaustion (Dopmeijer et al., 2021). The WHO (World Health Organization) defines mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (Galderisi et al., 2015, p.231). In recent years, various media outlets have reported on the mental health among students. This shows the social concern that exists in society about this theme. For example, the Volkskrant (2018) reports that the mental pressure on students is increasing to such an extent that their health is beginning to suffer. And an article by the NOS (2021) also shows that a large number of university and HBO students have had problems with their mental health in the past year. The chairman of the Intercity Student Consultation (ISO) says about this that "it is shocking to see so many students struggling to keep their heads above water."

Because of the worsening mental health of students more and more universities are starting up well-being programs, like the UU well-being week or the Health Week of the UVA. These programs have the goal to improve the health of their students. Universities start these well-being programs with the idea that they are beneficial for the health of their students, and several meta-analyses have found small positive effects for the effectiveness of these well-being programs (Baicker et al., 2009; Rongen et al., 2013). However the possible negative consequences are still underexposed. The study by Tauber et al. (2018) indicates that one of the negative consequences of these programs could be self-stigmatization. Self-stigmatization means that someone has unfavorable beliefs about their own condition (American Psychiatric Associaton, n.d.). This is often accompanied by a lot of shame, which causes people to hide their problems (American Psychiatric Associaton, n.d.). So, these programs could inadvertently cause self-stigmatization among students who cannot live up to the norm, and run the risk that they create exactly the problems they want to solve.

It's important to do more research on this, because this hypothesis has only been tested on weight bias (Tauber et al., 2018; Tauber et al., 2018), but not on the self-stigmatization of people with burnout. So, this study can therefore add the possible negative consequences of

well-being programs on the self-stigmatization of people with burnout to the current field of research. The results of this study could also contribute to how universities offer these types of programs. They could actually help universities to create well-being programs that are indeed beneficial for the health of their students, and not inadvertently cause negative consequences.

Because the percentage of students who suffer from burnout-related complaints is so high, this research will focus on the possible downsides of well-being programs for student burn-out. Namely, the possibility that these well-being programs inadvertently create self-stigmatization among students with burnout. According to the WHO “burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed” (WHO, n.d.). Therefore the aim of this study is to examine if the focus of a well-being program (individual vs. organizational) influences self-stigmatization and if this is moderated by health controllability. Based on the aim of this study the theoretical framework will attempt to answer the following question: which factors contribute to the self-stigmatization of students with burnout through well-being programs.

Theoretical framework

Burnout among students

Everyone feels tired, stressed or rushed from time to time, but that doesn't mean that everyone who feels tired or stressed has a burnout. The academic literature gives various definitions of burnout, but research suggest that these definitions share five common characteristics:

"1) there is a predominance of specific symptoms such as mental or emotional exhaustion, fatigue, and depression; 2) the accent is on mental and behavioral symptoms rather than on physical symptoms; 3) burnout symptoms are work-related; 4) the symptoms manifest themselves in "normal" persons who did not suffer from psychopathology before; 5) decreased effectiveness and work performance occur because of negative attitudes and behaviors" (Maslach & Schafeli, 2017, p.15).

According to a systematic review about the prevalence of burnout among university students (Rosales-Ricardo et al., 2021), the prevalence for each component on the Maslach burnout inventory scale (MBI) is quite high with 55.4% for emotional exhaustion, 31.6% for depersonalization and 30.9% for personal accomplishment. These high numbers could have negative consequences for people and society. A review of Edú-Valsania et al. (2022) about the effects of burnout found for example that burnout can cause, among other things, memory and concentration problems, depression, anxiety, impaired physical health, decreased motivation for your work and absenteeism.

Well-being programs

Because there is a growing number of students who experience burnout-related complaints, there is a rise in universities who implement well-being program's (Woolf & Digby, 2021). According to a study by Mattke et al., (2013) well-being programs are a broad range of initiatives that offer people various policies and programs with the goal of enhancing the health of the people who participate in the program. These programs can contain different components such as mindfulness training, skills training, a health screening or other health promotion activities (Mattke et al., 2013). Some studies have found that these programs can be helpful for students. According to one review, anxiety and depression are reduced as a result of well-being programs (Goyal et al., 2014), and another review and meta-analysis suggested that it was successful at lowering stress (Regehr et al., 2013). But these well-being programs can also have negative consequences. A study by Tauber et al. (2018) suggests that

one of these negative consequences could be self-stigmatization. This can, according to a study from Corrigan et al. (2006), have a negative effect on someone's self-esteem and self-efficacy. So, despite the fact that universities regard well-being programs as a good means of promoting mental health, these programs could also lead to self-stigmatization towards students with burnout. Because of this, there is a chance that these programs create the very problems they are trying to solve.

Self-stigmatization

Because well-being programs commonly place emphasis on the individual responsibility (Tauber et al., 2018), these programs could inadvertently cause self-stigmatization among students with burnout. According to a study from Corrigan & Rao (2012) self-stigmatization refers to the internalization of public attitudes and negative stereotypes. As a consequence of these public attitudes and negative stereotypes students frequently feel a barrier to seek help because they internalize stigmatizing beliefs about for example burnout and regularly experience guilt about this (Eisenberg et al., 2009). This could be explained by Crawford's theory of healthism (1980). According to Crawford an individual's health is the result of their own actions and decisions. This can cause people to feel ashamed, because they cannot meet certain standards. People therefore perceive others and themselves as moral failures (Crawford, 1980). This is partly because healthism doesn't take environmental factors (like work environment or access to mental health care) into account.

Much of the research about healthism is focused on physical health. For example, a study by Tauber et al. (2018) shows that individuals who are overweight feel that they are incompetent and immoral. And another study by Lee & MacDonald (2010) also shows how healthism and overweight are related. They show that when people are held responsible for their own health, overweight people are seen as lazy, indulgent and greedy. However, another study by Corrigan et al. (2014) shows that the same dynamics can be seen around mental health. People with mental problems are also seen as incompetent and immoral (Corrigan et al., 2014). There is often a belief that they themselves are to blame for their problems. People with mental health problems often internalize this stigma. These negative attitudes about people with mental health problems can also lead to discrimination. For example, a study found that stigma towards mental health problems leads to discrimination on the labor market (Corrigan et al., 2014). And a review found that healthcare professionals stigmatize people with mental health problems and that it can lead to lower quality care for patients (Henderson et al., 2014).

According to Tauber et al. (2018) modern health promotion programs commonly place emphasis on the individual responsibility of people. A study that reviews the literature about health promotion programs suggests that well-being programs that emphasize the responsibility of the individual for their own mental health, can lead to self-stigmatization of mental health issues (Blank et al., 2010). And another study reports that when students feel individual responsibility for their own health they are more likely to self-stigmatize (Mak & Wu, 2006). This may be because well-being programs that emphasize the responsibility of the individual cause people to feel like a failure, because they cannot live up to certain standards (Tauber et al., 2018). That is why the individual focus of well-being programs is an important contributor to self-stigmatization among students with burn-out.

Health controllability

Because university well-being programs place a lot of emphasis on individual responsibility people believe their health is under their own personal control (Hook & Markus, 2020). This makes health controllability one of the most important factors contributing to self-stigmatization through well-being programs. This can be explained by the attributional theory of stigma (Weiner et al., 1988). This theory builds upon the more general attribution theory (Weiner, 1985), which states that how we interpret our own behavior depends to a large extent on how controllable we think it is. According to the attributional theory of stigma people blame themselves and others more for their circumstances if they think it is controllable (Weiner et al., 1988). This theory has been supported by different studies for various health outcomes like mental obesity, drug addiction and HIV (Tauber et al., 2018; Weiner, 1988). A study by Tauber et al. (2018) for example found that people with overweight are stigmatized less if they think it is caused by uncontrollable factors.

Several studies show that blaming people with mental illness for their problems can lead to self-stigmatization (Evans-Lacko et al., 2012; Rössler, 2016; Watson et al., 2006), but the relationship between health controllability and self-stigmatization of people with burnout is more complicated. According to different reviews, treating mental illness as a biological disease reduces blame because it diverts the attention from shame and personal failure (Haslam & Kvaale, 2015; Kvaale et al., 2013; Kvaale, et al., 2013). According to this view mental illness becomes just a disease like any other disease. But on the other hand a review by Angermeyer et al. (2011) which examined if the biological model of mental illness leads to more accepting views towards people with mental illness, found just the opposite: framing mental illness as a biological disease leads to stronger self-stigmatization in people with

mental illness. This shows that the literature about the controllability of mental illness is inconsistent and that presenting mental illness as unchangeable also doesn't necessarily lead to less self-stigmatization.

However, different studies found that well-being programs that are solely focused on individual responsibility run the risk of blaming people for their problems (Allegrante & Sloan, 1986; Allender et al., 2006; Van Berkel et al., 2014). And a review about the effectiveness of health promotion programs also found that much of these programs are indeed mostly focused on individual responsibility (information campaigns, skills training), while less attention is paid to how the work environment could be beneficial for health promotion (Anderson et al., 2009). So, these well-being programs can cause people to blame themselves for their problems, because the focus on individual responsibility causes people to think their health is under their own control (Weiner et al., 1988). That is why the degree to which a person believes that they can control their own health could strengthen the relationship between well-being programs and self-stigmatization among students with burnout.

Conclusion theoretical framework

Because modern well-being program commonly put a lot of emphasis on individual responsibility, it might run the risk of creating self-stigmatization among students with burnout-related complaints (Tauber, Mulder & Flint, 2018). At first, this can be explained by the theory of healthism (Crawford, 1980). Healthism places a lot of emphasis on the individual responsibility of people for their own health, which can cause people to feel ashamed when they don't meet certain standards (Crawford, 1980). They often feel like failures because they can't meet these standards (Crawford, 1980).

Further, because well-being programs put a lot of emphasis on individual responsibility people start to think that their health is under their own control (Hook & Markus, 2020). Because of this health controllability seems to be an important factor in developing self-stigmatization through well-being programs. This can be explained by the attributional theory of stigma (Weiner et al., 1988). According to the attributional theory of stigma people blame themselves more for their situation if they think it is controllable.

However, much of the research that is about the negative consequences of well-being programs is focused on physical health (Lee & McDonald, 2010; Tauber et al., 2018). That is why this study aims to examine what the negative consequences are for well-being programs.

And because 53% of students in The Netherlands suffer from burnout-related complaints (Dopmeijer et al., 2021) it will focus more specifically on burnout among university students. Based on this, the research question of this study is: *does the focus of well-being programs (individual vs. organizational responsibility) influence self-stigmatization and is this moderated by health controllability?*

Hypotheses

- Self-stigmatization is higher when a well-being program emphasizes individual responsibility than when a well-being program emphasizes organizational responsibility.
- The relationship between well-being programs and self-stigmatization will be moderated by health controllability

Methods

Research Design

This study aims to gain insight into the possible downsides of university well-being programs focused on burnout. More specifically the relationship between the focus of well-being programs (individual vs. organizational) and self-stigmatization. Because this study is about the statistical relationship between different variables, a quantitative research design was chosen. Furthermore, this study also has an experimental design. For this experiment, people were randomly assigned to two different experimental conditions (individual responsibility vs. organizational responsibility). In each condition participants had to read four policy statements about the implementation of a well-being program at the university. In the individual responsibility condition the policy statements were focused on the individual responsibility of the students and in the organizational responsibility condition the policy statements were focused on the responsibility of the university. The participants had to answer on a 5-point Likert scale to what degree they agreed or disagreed with the policy. After that the participants had to explain their answer in one or two sentences. The hypothesis of the experiment is that the participants in the individually responsibility condition show a higher score on self-stigmatization, and that participants in the organizational responsibility condition show a lower score on self-stigmatization. The participants then had to answer to two manipulation check questions to make sure that the manipulation of the experiment really worked.

Participants

The participants in this study are students. They are at least 18 years old and are currently studying at a university. They can be HBO, bachelor, master or PHD students and they have to study at a university in the Netherlands. 225 students filled in the survey, of which it was later found that 89 respondents did not finish the questionnaire and 11 students indicated that they were not studying in the Netherlands. These participants were excluded, leaving 125 participants. Based on an effect size of $f = 0.24$ (Tauber et al., 2018) an a-priori power analysis showed that 140 participants were needed for a sufficient power of 80%. However, because of certain resource constraints that you have as a student, like time and money, it was decided to continue the study with 125 participants (Lakens, 2022). For this study convenience sampling and snowball sampling were used to gather respondents. Participants were primarily recruited through the researcher's own network. Potential participants were

sent a direct message on different social media platforms like WhatsApp and LinkedIn with the question if they wanted to participate in this study. E-mails were also sent to different student associations with the question if they would be willing to distribute the survey of this study. The result of these e-mails was that the survey was placed in various newsletters of students associations, that some student associations sent and promoted the survey to their members and that access was obtained to different WhatsApp groups with students where the survey was placed. And at last the survey has also been placed on different Reddit pages.

The mean age of the participants was 24.14, with the youngest participant being 19 and the oldest 28. 11 participants are HBO students , 40 are bachelor students, 70 are master students and 4 are PHD students. Furthermore, of all participants, 30 were male, 90 were female, 4 were non-binary and 1 preferred not to say. A majority of the respondents thus were women (72%), while the percentage of men (24%) was much lower. The percentages of people who identify as non-binary (4%) and who prefer not to say there gender (0.8%) were really low.

Procedure

For this study, an experiment was conducted and a digital questionnaire was administered. In the introduction to this questionnaire, it was first stated what the purpose of the study is, what is expected of the participants, that participation in the study is completely voluntary and that the results of the study will be completely anonymized. It is also mentioned that it takes about 10 minutes to complete the survey. The informed consent was obtained online. If they answered yes, the respondent gave permission for the use of his data. The survey also includes an option to contact me and the other researcher if they had any questions.

Because this research is experimental in nature, a manipulation was also used, which raises some ethical questions. Because of these questions participants were told in the debriefing letter what the real purpose of this study was and what the procedure was if they wanted to withdraw their data. This study also asks some sensitive questions about the health of the participants, which can lead to participants giving socially desirable answers. That is why it is stated from the start of the research that privacy and anonymity are fully guaranteed, so that the participants feel safe enough to answer the questions honestly. An informed consent has also been included in the introduction of the study, where the participants have given permission for the use of their data.

Operationalization

Dependent variable

The outcome variable of this study was the self-stigmatization of students. This variable was measured by using The Stigma and Self-Stigma scale (SASS) (Docksey et al., 2022). This scale measures different aspects of stigma, but for this study only the items about self-stigma (6 items) were used. In total there are 6 items included in this study. All questions were answered on a 5-point Likert scale (1 = strongly disagree and 5 = strongly agree). An example item is “If I had a burnout, I would feel ashamed.” The total scores can range from 5 t/m 30, with a higher score indicating a higher degree of self-stigmatization. The different scores were then added together to calculate a total score for the self-stigmatization variable. The reliability among the various items was measured. A reliability analysis showed that the reliability is good ($\alpha = 0.8$), because for good reliability the Cronbach's Alpha must be at least 0.7.

Independent variables

Focus of well-being program

This variable was measured by randomly assigning people to two different conditions, namely a program that highlights organizational responsibility and a program that highlights individual responsibility. In each condition participants were asked to read four policy statements about the implementation of a well-being program, and rate them on a 5-point Likert scale (1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree). An example of a policy statement in the individual responsibility condition is “Encourage students to use a time-management app, so that they experience less time pressure.” And an example of a policy statement in the organizational responsibility condition is “Adjust the workload of courses so that students experience less time pressure”. After that the respondents were asked to elaborate on their ratings in one or two sentences. For the manipulation check participants were asked to answer the following statements: 1) preventing burnout is solely the responsibility of students; 2) preventing burnout is solely the responsibility of the university. This question was answered on a 5-point Likert scale (1 = the student is solely responsible and 5 = the university is solely responsible). After this a dummy variable was created for the focus of mental programs (1 = individual responsibility, 0 = organizational responsibility)

Health controllability

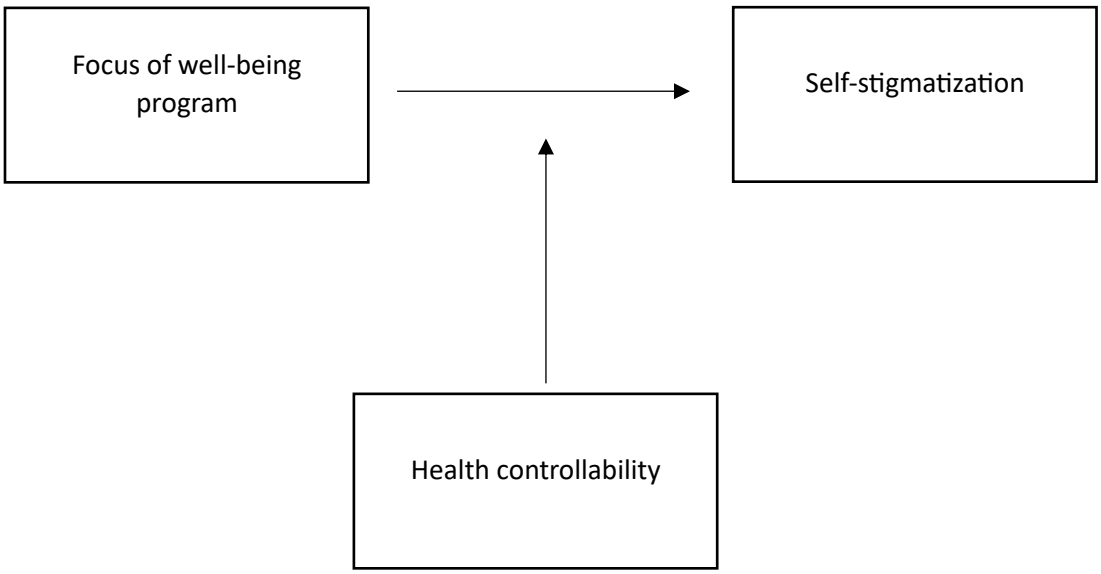
This variable was measured by using the Multidimensional Health Locus of Control (MHLC) (Wallston et al., 1978). The Multidimensional Health Locus of Control is a measuring instrument of 18-items that measures the health locus of control (HLC) of people. It has four dimensions: internal, chance, physicians and others. For this study only the items about internal locus of control (6 items) were used. In total there were 6 items included in this study. All questions were answered on a 5-point Likert scale (1 = strongly disagree and 5 = strongly agree). An example item is “If I get sick, it is my own behavior which determines how soon I get well again.” The total scores can range from 5 t/m 30, with a higher score indicating a higher degree of health controllability. The reliability among the various items was measured. A reliability analysis showed that the reliability is good ($\alpha = 0.76$), because for good reliability the Cronbach's Alpha must be at least 0.7. The different scores were then added together to calculate a total score for the health controllability variable.

Demographic variables

Various demographic variables such as gender (0 = male, 1 = female, 2 = non-binary/third gender, 3 = prefer not to say), age (measured in years) and education level (0 = HBO, 1 = Bachelor student, 2 = Master student, 3 = PHD student) have also been measured.

Analysis plan

The data was analyzed with the program IBM SPSS Statistics version 26.0. For this purpose a one-way ANOVA was performed with self-stigmatization as the dependent variable and the focus of the well-being program as the independent variable. The goal of this analysis is to observe if the mean score of self-stigmatization differs between the two conditions (individual vs. organizational). A moderation analysis was also performed to see if health controllability moderates the relationship between well-being programs and self-stigmatization. For the moderation analysis a linear regression was performed. For the moderator variable an interaction term was created of well-being program and health controllability. Before the analyses were conducted, the assumptions (normal distribution dependent variable, homogeneity of variances, linearity, normal distribution residuals, homoscedasticity, multicollinearity, and absence of outliers) and the reliability (by means of the Cronbach’s Alpha) were tested. The descriptive statistics have also been described.


Focus of well-being program
Self-stigmatization
Health controllability

Results

Descriptive statistics

Table 1 shows a summary of the descriptive statistics with information on the dependent, independent and demographic variables. Of the 125 participants in the dataset, 65 were assigned to the individual condition and 60 to the organizational condition. From this it can be concluded that the participants have been equally distributed among the two different conditions. Table 1 shows that the mean score on the dependent variable self-stigmatization is 19.34. Here, the minimum score is 6 and the maximum score is 29. The mean score for health controllability is 20.02, which is roughly equal to the self-stigmatization score. The minimum score for health controllability is 9 and the maximum score is 29. So, the minimum score for health controllability is higher than for self-stigmatization.

A correlation table has also been added (see table 1). This gives a first indication of the relationship between the different variables in the dataset. You can for example see that the independent variable well-being program has a significant positive relationship with the dependent variable self-stigmatization (p = .002). This means that participants in the individual responsibility condition score higher on self-stigmatization. The moderator health controllability also has a significant positive relationship with the dependent variable self-stigmatization (p = .02). This implies that the higher a participant scores on health controllability the higher their score is on self-stigmatization.

Table 1

descriptive statistics & correlation matrix

Variable	Mean	SD	1	2	3	4
1. Self stigmatization	19.34	4.99	.	.20*	.04	.28*
2. Health controllability	20.02	4.14	.20*	.	.05	-.05
3. Age	24.14	3.18	.04	.05	.	-.002
4. Organizational responsibility = 0			.28*	-.05	-.002	.

* is significant at p = <0.05

Manipulation check

For the manipulation check a one-way ANOVA was performed, to see if the two experimental conditions (individual responsibility vs. organizational responsibility) differed significantly on the two manipulation check questions. Before the manipulation check was performed the assumptions were first checked. The Levene's Test (for equality of variances) was not significant, so there was homogeneity of variances. Boxplots showed no outliers for both manipulation check question and the predictors. The Shapiro-Wilk test showed that for both manipulation check question 1 ($W(125) = .90$, $p = <.001$) and manipulation check question 2 ($W(125) = .93$, $p = <.001$) the assumption for normality was violated. It was decided to continue with The Kruskal-Wallis test, a nonparametric test, because the assumption of normality was not met.

The first manipulation check question was: preventing burnout is solely the responsibility of students. A Kruskal-Wallis test showed that the two groups differed significantly on how they answered the first question ($F(1) = 6.63$, $p = .010$). Participants in the individual responsibility condition ($M = 4.23$; $SD = 1.73$) scored significantly higher on the first manipulation check question than participants in the organizational responsibility condition ($M = 3.40$; $SD = 1.84$).

The second manipulation check question was: preventing burnout is solely the responsibility of the university. A Kruskal-Wallis test showed that the two groups also differed significantly on the second question ($F(1) = 9.39$, $p = .002$). Participants in the organizational responsibility condition ($M = 5.00$; $SD = 1.62$) scored significantly higher on the second manipulation check question than participants in the individual responsibility condition ($M = 4.15$; $SD = 1.49$).

So, a well-being program that emphasizes individual responsibility makes participants feel more responsible for their own burnout. This in contrast to a well-being program that emphasizes organizational responsibility, where participants feel that the university is more responsible for preventing burnout among their students. On the basis of these results it can be concluded that the manipulation was successful.

Self-stigmatization

For this hypothesis, a one-way ANOVA was performed to see if the two experimental conditions (individual responsibility vs. organizational responsibility) differed significantly on the dependent variable self-stigmatization.

Before the analyses were performed, the assumptions were first checked. The Levene's Test (for equality of variance) showed that there was homogeneity of variances, because the test was non-significant. Boxplots showed that the dependent variable and the predictors contained no outliers. Also, the assumption of normality was checked. The Shapiro-Wilk test showed that the assumption of normality was violated for the dependent variable ($W(125) = .96$, $p = .003$). Since the assumption of normality was not met it was decided to proceed with a nonparametric test, namely: the Kruskal-Wallis test.

A Kruskal-Wallis test showed that the scores for self-stigmatization differed significantly among the two different conditions ($F(1) = 10.81$, $p = .001$). Participants in the individual responsibility condition ($M = 20.66$; $SD = 4.57$) scored significantly higher on self-stigmatization than participants in the organizational responsibility condition ($M = 17.92$; $SD = 5.07$). As a result, evidence was found for the hypothesis that self-stigmatization is higher when a well-being program emphasizes individual responsibility than when a well-being program emphasizes organizational responsibility.

Health controllability

For the moderation analysis, a linear regression was performed to see if health controllability moderated the relationship between the focus of a well-being program and self-stigmatization.

Before the analysis was performed, assumptions were first checked. Scatterplots showed a linear relationship between the dependent and independent variables. Boxplots showed that there were no outliers on the dependent variables and the predictors. A P-P plot showed that the residuals were normally distributed and a residuals plot showed that there was no homoscedasticity either. A correlation matrix showed that there was no multicollinearity, because all the correlations were below 0.7.

In the linear regression analysis (see table 6) you can see that the interaction effect of the focus of well-being program and health controllability was not significant ($B = .20$; $p = .16$). This means that the effect of the focus of well-being program on self-stigmatization does not depend on health controllability. As a result, no evidence was found for the hypothesis that the

relationship between well-being programs and self-stigmatization will be moderated by health controllability.

Table 2

Linear regression analysis, Y is self-stigmatization

	B (Std. Error)
Intercept	17.92 (.62)**
Organizational responsibility = 0	2.79 (.86)*
Well-being program * health controllability	.20 (.14)
R^2	.09
R^2 Change (Sig. F Change)	.09 (.004)*

* is significant at p = <0.05

** is significant at p = <0.001

Discussion

The aim of this study was to examine if the focus of a well-being program (individual vs. organizational responsibility) influences self-stigmatization and if this is moderated by health controllability. Based on the results, a number of conclusions can be drawn. First of all, the results showed that that the two experimental conditions differed significantly for self-stigmatization. Participants in the individual responsibility condition scored significantly higher on self-stigmatization than participants in the organizational responsibility condition. This means that evidence was found to support the hypothesis that self-stigmatization is higher when a well-being program emphasizes individual responsibility than when a well-being program emphasizes organizational responsibility. This result is consistent with several studies that investigated the influence of well-being program on self-stigmatization (Blank et al., 2010; Tauber et al., 2018; Mak & Wu, 2006).

This result contributes to the already existing scientific literature about the negative effects of well-being programs. Most of the scientific literature about the negative effects of well-being programs is focused on physical health. A study by Tauber et al. (2018) for example found that well-being programs that emphasize the responsibility of the individual lead to greater self-stigmatization among people with obesity. So, this result shows that the same dynamic can be seen around well-being programs designed for burnout: well-being programs that emphasize individual responsibility leads to more self-stigmatization among students with burnout. However, there isn't much research about the possible negative effects of well-being programs focused on burnout. So, to get a more conclusive picture more research is needed about the possible negative effects of well-being programs focused on burnout.

Unlike the previous result, the interaction term of wellbeing program and health controllability was not significant. This means that the effect of a well-being program on self-stigmatization is not dependent on how controllable people think their own health is. As a result, no evidence was found for the hypothesis the relationship between well-being programs and self-stigmatization will be moderated by health controllability. This is not consistent with the existing literature on the moderating role of health controllability (Tauber et al., 2018; Weiner et al., 1988). It may be possible that instead of being a moderator, health controllability has a direct effect on self-stigmatization. There are some evidence that indicates that health controllability has a direct effect on for example weight stigma (Bathje & Pryor, 2011). Further research could examine if the same is true for self-stigmatization.

Strengths

This study has a couple of strengths. First, the results showed that the manipulation check was successful. The two experimental conditions differed significantly on the two manipulation check questions. Participants in the individual responsibility condition scored significantly higher on the first manipulation check question and participants in the organizational responsibility condition scored significantly higher on the second manipulation check question. This means that in contrast to a well-being program that emphasizes organizational responsibility, where participants feel that the university is more responsible for preventing student burnout, a well-being program that emphasizes individual responsibility makes participants feel more responsible for their own burnout. This result strengthens the evidence that was found for the hypothesis that self-stigmatization is higher when a well-being program emphasizes individual responsibility than when a well-being program emphasizes organizational responsibility.

Second, this research has an experimental design. Although a disadvantage of an experimental design could be that the external validity is low, because the results are difficult to generalize to other situations (Rahman, 2016). One of the advantages of an experimental design is that you can demonstrate a causal relationship (Rahman, 2016). So, rather than that this research only shows a correlation between well-being programs and self-stigmatization it shows that the focus of well-being programs causes the change in self-stigmatization.

Limitations

Of course, this research also has some limitations. First of all this study has a small sample size. Because of a power analysis the aim of this study was to recruit at least 140 participants. However 100 participants were removed from the database, leaving only 125 participants. This may affect the claims that are made in this study. A small sample size may increase the likelihood of a type II-error, which reduces the power of this study. A type II-error means that the null hypothesis is incorrectly accepted, when it is actually false (Banerjee et al., 2019). Because of this, the results of this study may not be as convincing as they could have been with more participants. One can question, for example, whether the interaction effect between well-being program and health controllability was really not significant, or if this was due to the lower power. For further research, it could be interesting to replicate this study with a larger sample size.

Second, an online survey was used and this has both advantages and disadvantages. Some advantages of this research method is that you can collect a lot of data in a relatively short time, and that you can easily replicate the data (Rahman, 2016). Because of this a possible downside of this research method is that the results lack a certain depth, because you can't ask about someone's experience or feelings (Rahman, 2016). Because of this, the results can remain quite superficial because you can't ask further questions.

Thirdly, another limitation of this study is that it only focused on the self-stigmatization of people with burnout. Therefore this study does not include a broader understanding of the influence of well-being programs on well-being and mental health. Because of this you do not know whether the results of this study only apply to burnout or whether this also applies to other mental health outcomes. Research by Weiner et al. (1988) has shown that this effect has also been found for other mental health outcomes like depression or anxiety. For further research it may therefore be interesting to replicate this research for other mental health outcomes like depression or anxiety.

And at last there was a high dropout rate of participants in this study. There initially were 225 who responded but 89 of them didn't complete the survey. This high dropout rate can lead to non-response bias. Non-response bias means that the participants who did not complete the survey differ from those who did, which may distort the results (Berg, 2005). Now, for example, it cannot be said with certainty that participants who did not complete the questionnaire would score differently on self-stigmatization or health controllability.

Practical implications

Despite the limitations of this study, there are still some relevant practical implications for this research. The results of this research indicate that a university well-being program that emphasizes the individual responsibility of students leads to more self-stigmatization. This means that these well-being programs might not be as beneficial as universities think they are, and that they could create exactly the problems they want to solve. This conclusion could be useful for future well-being programs and policy. This study suggests that future well-being programs should place more emphasis on the organizational responsibility of the university and not just on the responsibility of the individual student for their own burnout. Universities could look at how their organization contributes to the high rates of burnout-related complaints among students, and how they can improve this. So, universities could for example also adjust the workload of courses so that students experience less time pressure or

design the mandatory course lectures/workgroups in such a way that all students have the opportunity to collectively participate in short meditation sessions, instead of just offering things like skills training or information campaigns. These policy recommendations should ultimately result in fewer burnout-related complaints among students, because they experience less stress and pressure from the university.

Conclusion

This study found that self-stigmatization is higher when a well-being program emphasizes individual responsibility than when a well-being program emphasizes organizational responsibility. This result indicates that well-being programs that emphasize individual responsibility might not be as effective as universities think they are. In fact they could contribute to the self-stigmatization of people with burnout, thereby possibly creating the problems they want to solve. For future policy makers it might be effective to put more emphasis on organizational responsibility in well-being programs.

Further, little research has been done on the negative effects of university well-being programs. Potentially making this one of the first studies a new area of research on university well-being programs. Because this is one of the first studies in this area of research more research is needed to obtain a more complete picture. Further research could for example test this hypothesis on well-being programs for other mental health outcomes like anxiety or depression.

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