

PRODUCTIVE SICKNESS: WELLBEING DISCOURSE,  
EMPLOYEE SUBJECTIVITY AND THE  
ORGANISATION OF ILL-HEALTH

By

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# Summary

In recent years workplace wellbeing has become an object of concern for governments, charities and professional associations, as well as employers. These concerns have largely been driven by disquiet concerning the health of the working-age population within society, combined with a desire to remedy the economic malady resulting from working days lost due to staff sickness and lack of employee engagement. Consequently, companies have increasingly begun to directly intervene in the health and wellbeing of their staff, by providing resources which ostensibly empower individuals to make healthy lifestyle choices, which, in turn, serve to make employees more productive. This research explores the connection between workplace wellbeing, productivity and employee sickness by examining how employees become subjects of wellbeing discourse.


Based upon a multi-site case study of two organisations with established workplace wellbeing programmes, the research draws on semi-structured interviews with both employees and wellbeing programme administrators. In so doing, the research investigates, firstly, how workplace wellbeing discourse constructs 'healthy' and 'unhealthy' employee subject positions and, secondly, how employees constitute their subjectivity in relation to these discursive subject positions. The central contention of this research is that wellbeing discourse is implicated in the organisation of what I am referring to in this thesis as *productive sickness*, which, ultimately, incites employees to engage in unhealthy working practices in order to be productive. Correlative to this, the thesis argues that *productive sickness* necessitates that employees engage in self-management of ill-health in order to remain in work, this is referred to as *depreciative self-investment*. Finally, I argue that, in order to resist the harmful aspects of wellbeing discourse, it is necessary for employees to push back responsibility for health onto their employers.

The thesis contributes to critical literature on workplace wellbeing, casting light on the hitherto unexplored connection between wellbeing and workplace sickness. Moreover, it contributes to extant literature on governmentality by showing the deleterious effects of entrepreneurial neoliberal subjectivities.

# Declaration


## STATEMENT 1

This thesis is being submitted in partial fulfilment of the requirements for the degree of PhD.

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## STATEMENT 2

This work has not been submitted in substance for any other degree or award at this or any other university or place of learning, nor is it being submitted concurrently for any other degree or award (outside of any formal collaboration agreement between the University and a partner organisation)

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## DECLARATION

This thesis is the result of my own independent work, except where otherwise stated, and the views expressed are my own. Other sources are acknowledged by explicit references. The thesis has not been edited by a third party beyond what is permitted by Cardiff University's Use of Third Party Editors by Research Degree Students Procedure.

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# 1 Introduction

“When I broke down at work, I realised I was responsible for my own wellbeing”.

This is the provocative title of an article in The Guardian Newspaper written by Jess Phillips (2016), a UK social care worker. In the piece, Phillips reflected on her own experience of work burnout which led to her being signed off from work on two separate occasions within a relatively short space of time. In one passage, Phillips provides an account of what caused her to be overwhelmed by work:

I had allowed everything to leak into everything else. None of it was contained. I was always available. I took my work mobile home and would check my emails on weekends. I extended a lot of the blame for my situation to others, to their expectations and a burgeoning job description. How misguided I was. (Phillips 2016)

After returning to work, Phillips reflected on what had changed for her in terms of how she now approached her work:

We need to accept responsibility for what we can control. This may mean we experiment with being more assertive at work, that we request colleagues to ask if we’re busy before they interrupt us with a question. We could turn our emails off when working on important case notes and leave our work phone in our desk drawer over the weekend. Full self-responsibility may mean we don’t wait until we’re tearing up in our boss’s office before we take a mental health day. (Phillips 2016)

Jess Phillips’ article is very interesting in the context of this thesis, because of what it tells us about responsibility for wellbeing and health at work.

Although, according to Phillips, she began to assume responsibility for her wellbeing only after she had been made ill by work, one could provide an alternative argument that it was precisely because she assumed responsibility for her wellbeing in the first place which led to her becoming ill. For example, when Phillips mentions being constantly available – a behaviour which is evidently unhealthy and subsequently led to her feeling overwhelmed by work – we can understand this as a way of taking responsibility for sacrificing her own health so as to be more productive. In this reading, then, Phillips’ breakdown stemmed, not from a failure to take responsibility, but rather due to an excess of responsibility.

Tellingly, when Phillips talks about the factors which led to her illness, these are framed in terms of the actions she took and her failure to cope (things she is directly responsible for), rather than, say, contextual factors, such as the requirement to meet performance targets and clear client waiting lists, which placed unmanageable pressure upon her. Resultantly, the responsibility that Phillips herself assumed necessitated that she mortgage her wellbeing against her ability to be productive, in a way which, ultimately, made her sickness all but inevitable.

Conversely, when Phillips talks about her return to work signifying the point when she began to take responsibility, we could understand this turning point as, in fact, signalling her stepping back from the responsibility she previously assumed. That is to say, the changed behaviours which Phillips depicts – turning off phones over the weekend, not answering emails when busy – are all things which prevent her from being held responsible for being productive in unhealthy ways. Indeed, this sense of pushing back against responsibility is even alluded to by Phillips herself when mentioning a wellness plan she developed with her employer, noting that it “strikes a balance between employer and employee responsibility for staff wellbeing” (Phillips 2016). This plan was developed not because Phillips was failing to take responsibility for her wellbeing, but rather because her employer was not accepting responsibility for driving her to work in such a way that was bound to make her ill. In short, the takeaway message from Phillips’ article is not that we need to take more responsibility for our own wellbeing at work; rather, we should bear less responsibility for it.

This thesis focuses on the discourse of workplace wellbeing. More specifically, it aims to explore the manifold ways in which we are made responsible for being productive at the cost of our health, as well as how we take on this responsibility and the cost that this entails. Finally, the thesis also considers how we might begin to push back against this responsibility in order to ultimately become healthier.

This first chapter introduces the concept of workplace wellbeing in the context of this research, and explicates why it has become an emergent idea in contemporary societies. The chapter then delineates the aims of the study, before proceeding to provide an outline of the structure of the thesis.

The following section traces the emergence of workplace wellbeing within the UK and Welsh context, both to introduce the topic of study and to demonstrate its relevance as an area of academic inquiry.

### 1.1 The rise of workplace wellbeing

In contemporary British society, the poor health of citizens has become an emergent concern for public health scholars and policy makers. Indeed, today we are bombarded with information on the state of our collective mental health (Mind 2013) or the so-called 'obesity epidemic' (World Health Organization 2019).

For as long as concern for public health has existed it has been framed in terms of our collective ability to work. As Lupton noted, "just as the early [public] health movement was mobilised by economic concerns, the objective of health promotion in ensuring productive citizens still dominates public health discourse" (Lupton 1995, p. 54).

The reasons for this translation of a generalised concern for public health into a concern for the working population are two-fold. Firstly, as work came to take on increased prominence, becoming almost fundamental to how we understand ourselves, our ability to be healthy at work has become integral to what it means to be healthy in a broader sense. Consequently, as Black (2008) argues:

For most people, their work is a key determinant of self-worth, family esteem, identity and standing within the community, besides, of course, material progress and a means of social participation and fulfilment (Black 2008, p. 4).

Secondly, a healthy workforce is paramount for economic productivity, in the sense that ill-health has a detrimental economic impact on businesses; indeed, according to research carried out by Public Health England (PHE) in conjunction with Business in the Community (BITC) (PHE 2019), over 131 million working days are lost every year in the UK due to sickness-based absences.

Out of the various causes of sickness-based absence, two stand out as being the most pernicious: musculoskeletal problems and mental ill-health. PHE (2019)

estimates that 28.2 million days are lost annually to musculoskeletal problems, with one in eight of the working population having reported suffering from one of these conditions (BITC [no date]-b). With regards to mental health, it is estimated that 14.3 million days are lost to stress, depression and anxiety (PHE 2019), with three out of five employees experiencing mental health difficulties (BITC [no date]-a). It is also important to consider the effect of stigma around mental health within the workplace. According to BITC ([no date]-a), only 13% of employees feel comfortable disclosing a mental health issue to their line manager. Moreover, according to a report by YouGov (2017), “1 in 10 (10%) people have taken sick days off work, or have been unable to work as an employee, due to a mental health issue in the last year - with nearly three in ten (29%) of these stating that their employer was unaware of the reason”. These figures clearly underscore both the economic and human impact of poor health in the workplace.

Given the scale of the problems caused by workplace ill-health, it is perhaps unsurprising that a wide array of actors have attempted to address the issue of workplace wellbeing. For example, the UK government firmly positioned workplace wellbeing on the political agenda, when in 2008 both the Department of Health and Department for Work and Pensions published a report detailing the health of the UK’s working age population entitled ‘Working for a healthier tomorrow’ (Black 2008). Along with depicting the economic and social costs of ill-health, this report also called for a more proactive approach to workplace wellbeing, arguing:

a shift in attitudes is necessary to ensure that employers and employees recognise not only the importance of preventing ill-health, but also the key role of the workplace in promoting health and well-being ... Good health is good business (Black 2008, p. 10)

One of the key actors who responded to the government’s call for proactivity was the Chartered Institute for Personnel and Development (CIPD), the UK’s professional body for human resource management (HRM). The CIPD has played a leading role in attempting to introduce wellbeing within the workplace, by making ‘growing the health and well-being agenda’ (CIPD 2016b) one of its key aims. In addition to this, the CIPD has published annual surveys on the health of its

members' employees (CIPD 2016a, 2018, 2019). Within Wales, several organisations have taken responsibility for leading the way with regards to introducing wellbeing standards for employers. Chief amongst these efforts is Public Health Wales' Corporate Health Standard, which was administered under the Healthy Working Wales programme. This standard provides a framework for employers which encompasses a variety of areas, namely, mental health, musculoskeletal disorders, physical activity and nutrition, as well as providing the opportunity for employers to be certified at four levels: bronze, silver, gold and platinum (Healthy Working Wales [no date]).

Research has demonstrated that employers have also begun to respond to the health and wellbeing agenda. According to the 2019 CIPD annual wellbeing survey, 45% of members reported that senior managers placed employee wellbeing on their agenda (a figure which is steadily increasing), while only 13% of members believed their organisation was making no effort to improve wellbeing (a figure which is decreasing) (CIPD 2019). Significantly, employers have also increased employees' access to wellbeing resources. With respect to physical health, for example, 40% of employers now provide either an in-house gym or a subsidised membership, while 41% provided guidance on healthy eating. In terms of mental health, 70% of employers provide access to counselling services (CIPD 2019).

Evidently, workplace wellbeing is an increasingly important feature of both political and business agendas within the UK, with governments, professional associations and charities now dedicating considerable attention to the problem of ill-health within the workforce. Wellbeing has also been taken up as a key issue by manifold organisations, who have introduced a range of measures that provide resources and guidance for employees, which encourage them to be proactive in managing their health. It is within this socio-political milieu that the present research was conducted. The next section elucidates the aims of the research.

## 1.2 Studying workplace wellbeing discourse

This thesis is concerned with the discourse of workplace wellbeing, specifically how this discourse both constructs what it means to be 'healthy' and 'unhealthy' and

how employees respond to this. The thesis is based upon empirical research in the form of a multi-site case study of two large organisations, which both have established wellbeing programmes. A central contention of the thesis is that we must pay greater attention to the role that sickness plays within day-to-day life at work. Hence, the principal aim of the research is to explore workplace wellbeing discourse in relation to sickness and ill-health within the workplace.

In investigating the role of ill-health within wellbeing discourse, the research asks three interrelated questions: 1) what place does ill-health occupy within the subject positions constructed through wellbeing discourse? 2) how do employees constitute their subjectivity in relation to ill-health? 3) Given the presence of ill-health, what forms of resistance to wellbeing discourse are possible?

Through conducting this research, the thesis aims to make a substantial theoretical contribution to extant critical literature on workplace wellbeing. Thus, whilst the majority of current research pays insufficient attention to the role which sickness plays within day-to-day life in work, this thesis addresses this blind spot in a number of key ways. Firstly, it extends previous work (Jack and Brewis 2005; Dale and Burrell 2014), arguing that, rather than standing in opposition to unwellness (Holmqvist and Maravelias 2011; Cederström and Spicer 2015; Maravelias 2016; Hull and Pasquale 2018), wellbeing discourse is in fact implicated in the organisation of forms of ill-health which serve to maintain employee productivity. Secondly, the thesis makes a theoretical contribution to extant literature on governmentality (Kelly et al. 2007; Holmqvist and Maravelias 2011; Maravelias 2016; Hull and Pasquale 2018), by proposing a new conceptualisation of the entrepreneurial self, which is based upon depreciating returns. Finally, the thesis enriches literature on modes of resistance to wellbeing discourse (Zoller 2003, 2004; McGillivray 2005; Thanem 2013; James and Zoller 2017), by virtue of arguing that it is insufficient to think of resistance to wellbeing solely in terms of refusing to participate in wellbeing; rather, resistance must be conceived of in terms of refusing the individualisation of responsibility for our health.

Returning to the issue of responsibility for wellbeing with which I opened the chapter, this thesis posits that wellbeing discourse primarily serves to responsibilise



us vis-à-vis our own health for the express purpose of making us more productive at work. There are two notable consequences of this. Firstly, being responsabilised for the management of our own health qua making us more productive invariably has the perverse effect of making us responsible for managing sickness to ensure we stay productive at work. Secondly, emphasising individual responsibility downplays the extent to which external social factors impact upon a person's health, which, in turn, means that we lose sight of how work conditions affect our health. For this reason, it is important to examine the extent to which organisations are responsible for effecting our wellbeing. Simply put, whilst wellbeing has the potential to empower us to proactively take steps to improve our work conditions – as Phillips felt capable of doing upon her return to work – we need to remain suspicious of the notion that we should take responsibility for our health. Instead, we must understand whose responsibility is occluded by the individualisation of health, and who it is that our responsibility ultimately benefits.

### 1.3 Thesis route map

This research is concerned with the way in which employees become subjects in relation to workplace wellbeing discourse. Chapter 2 elucidates the main concepts that are deployed in the research. The chapter begins by providing an overview of how the twin-concepts of discourse and subjectivity are conceptualised within a Foucauldian perspective (Foucault 1990, 2001, 2010b). Following this, the chapter unpacks the concepts of health and wellbeing. The chapter argues that health and wellbeing are routinely constructed through discourse in such a way that imbues these concepts with normative meaning. This point is illustrated with reference to the discourse of workplace wellbeing. The notion of *health and wellbeing as subjectivity* is introduced as a means through which the research can attain a position of distance from normative conceptions of health and wellbeing. Conversely, the research employs a 'subjective' understanding, which is to say that it analyses the process by which individuals become subjects in relation to health and workplace wellbeing discourse, and thus become implicated within power relations, in order to draw attention to the normative dimensions of workplace wellbeing.

Chapter 3 provides a review of extant literature on workplace wellbeing. The review concludes by situating the emergence of workplace wellbeing within efforts by human resource managers to manage the job satisfaction of employees as a means through which to secure productivity. The review then considers responses to workplace wellbeing from within the discipline of critical management studies. I will argue that, whilst critical management studies successfully identifies the power relations at the heart of wellbeing discourse, it fails to account for the role played by ill-health and sickness in wellbeing. The chapter concludes by outlining the research questions which inform and guide the research.

Chapter 4 comprises a detailed elaboration of the research process. It begins by considering the ontological and epistemological stance of the research, which is grounded in poststructuralism and, more specifically, a Foucauldian conceptual framework. It then proceeds to outline the research methodology, research methods and the analytical framework through which the research data was analysed. Finally, the chapter concludes by first considering the procedures that were employed to ensure high-quality, rigorous research was conducted, and, secondly, by detailing the considerations taken to ensure that the research met the appropriate ethical standards.

Chapter 5 describes Aero and InsureCo – the two sites where the research was carried out – in order to introduce the reader to the people and organisations which form the backbone of the research. By doing so, the chapter provides additional context to the findings chapters and the subsequent discussion chapter that emerged out of them. Within this chapter, detailed information is provided about the background of each organisation, their respective employee demographics, the work carried out by their employees, as well as their organisational culture. Importantly, this chapter also describes at length their respective workplace wellbeing programmes: ForwardHealth (FH) at Aero and Department of Health (DoH) at InsureCo.

Chapter 6 is the first of three findings chapters in the thesis. This chapter primarily looks at the wellbeing discourse present within both companies and situates this within the context of neoliberal ideology. The chapter demonstrates how within

both InsureCo and Aero this discourse comprises a mixture of responsibility and choice, which serves to construct health as a form of responsibilised choice-making that is intimately linked to employees' ability to be productive. The emergent tensions between responsibility and choice are subsequently explored to illuminate the normative presuppositions underlying the construction of health in these organisational settings.

One of the most striking things about Aero and InsureCo was the extent to which working at both companies was damaging to the health of employees, a phenomenon that is explored in detail in chapter 7. More specifically, the chapter examines the ways in which employees' physical and mental health was negatively impacted by their work. Allied with this, the chapter concludes by detailing employees' unhealthy reluctance to take time away from the workplace, either as a result of ill-health or simply to take the annual leave they were entitled to.

The final findings chapter, chapter 8, examines the manifold ways in which employees responded to wellbeing discourse, classifying them into three main categories. Firstly, there were a number of 'healthy' employees who complied with the strictures of wellbeing discourse, albeit their behaviour did not necessarily correspond with being healthy in the conventional sense of the term. The second group of employees resented workplace wellbeing initiatives, often expressing cynicism towards its purpose and the managerial intent behind it. Finally, a small group of employees at Aero actively resisted wellbeing discourse by shifting the ultimate responsibility for wellbeing onto the company. The distinction between the second and third groups is discussed more extensively in chapter 9.

Chapter 9 discusses the findings in relation to the research questions delineated in chapter 3. Over the course of the discussion, three contributions to extant literature are put forward. The first contribution, *productive sickness*, relates to the subject positions that are produced through wellbeing discourse. The second contribution, *depreciative self-investment*, concerns the way in which employees relate to these subject positions. The third contribution, *resisting being 'healthy'*, examines the possibility of resisting wellbeing discourse.

Chapter 10 concludes the thesis by summarising the contributions that it makes to existing literature, considering the limitations of the research, as well as outlining avenues for future research in the field.

## 2 Framing the thesis – health and wellbeing as subjectivity

This chapter introduces and unpacks some of the key concepts which frame the thesis. Fundamentally, this thesis examines the phenomenon of workplace wellbeing in terms of how it produces specific forms of employee subjectivity. Accordingly, it is necessary to explain precisely what is meant by these terms. The first section of this chapter discusses a Foucauldian conceptualisation of subjectivity, which underpins the present research. The second section then proceeds to delineate how health and wellbeing are defined in this research. The chapter concludes by bringing together these two sections in order to develop the concept of *health as subjectivity* which underpins the present research.

### 2.1 Subjectivity

This research seeks to understand workplace wellbeing in terms of the subjectivity of employees who are exposed to wellbeing discourse via various practices and policies. It does so through recourse to specific concepts from the work of Michel Foucault. The following section outlines Foucault's conceptualisation of subjectivity apropos discourse and power-knowledge<sup>1</sup>.

#### 2.1.1 Discourse and power-knowledge

Foucault's conceptualisation of subjectivity is informed by the concepts of discourse and power-knowledge. For Foucault, knowledge of the social world derives from prevalent discourses within society, which is to say that discourse ultimately constitutes our social world:

[Discourses are] practices that systematically form the objects of which they speak ... Discourses are not about objects; they do not identify objects, they constitute them and in the practice of doing so conceal their own invention (Foucault 2002, p. 49).

More concretely, this means that the things which we accept as being real – such as, for example, gender, beauty, or health and wellbeing – do not exist outside of

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<sup>1</sup> The choice to frame the research in terms of the work of Foucault is discussed in chapter 4.

the social conventions which define them; hence, it is these conventions (captured in discourse) which make these things real to us. In addition to his discursive understanding of the social world, Foucault believed that discourse was intimately bound up with the functioning of power within society, by virtue of the fact that it determines what society deems to be true at any given historical juncture.

Consequently, Foucault argued that:

truth isn't outside of power or lacking in power ... Truth is a thing of this world ... and it induces regular effects of power. Each society has its regime of truth, its 'general politics' of truth (Foucault 2010b, p. 131).

Foucault used the term *normalisation* to refer to the way in which discourses produced certain truths or forms of knowledge in society. For example, normalisation produces such 'self-evident' truths as what constitutes masculinity and femininity, as well as what is deemed to be beautiful or what it means to be healthy within a given society. Normalisation guides people's actions by either praising or castigating them vis-à-vis their adherence or lack thereof to the hegemonic norm, which provides insight into the intimate connection between discourse and power. Notwithstanding such 'truths', normalisation deepens the effects of power further yet still by determining who can proclaim truth within society, as well as what techniques and procedures are accorded value in producing the truth.

Crucially, Foucault understood power as composed of networks and as manifesting itself in relational forms. In other words, for Foucault, power solely exists in relation to others; hence, it is not something that an individual possesses, but rather something that emerges in and works through our interactions with each other. Foucault also purported that power functioned beyond intentionality, by which he meant that the complex networks of diverse, competing and complementary forces of power operated beyond the intention of specific individuals or institutions. This means that whilst "there is no power that is exercised without a series of aims and objectives ... this does not mean that it results from the choice or decision of an individual subject" (Foucault 1990, p. 95). The consequence of this is that, in contradistinction to classical ideology critique, "people know what they do; they

frequently know why they do what they do; but what they don't know is what they do does" (Foucault, quoted from personal correspondence, in Dreyfus and Rabinow 1982, p. 187). Finally, Foucault's relational conceptualisation of power also means that the very exercise of power itself produces the potential for resistance. Indeed, for Foucault, "where there is power, there is resistance ... [Resistances] are the odd term in relations of power; they are inscribed in the latter as an irreducible opposite" (Foucault 1990, pp. 95-96).

### 2.1.2 Subjectivity

Following Foucault, this research also prefers to use the term subjectivity rather than identity. This is because the term subjectivity captures the fact that identity is inherently implicated within networks of power. According to Foucault, the primary effect of modern forms of power is the production of certain kinds of subjects:

This form of power ... categorizes the individual, marks him [sic] by his individuality, attached him to his own identity, imposes a law of truth on him that he must recognize and have others recognise in him. It is a form of power that makes individuals subjects (Foucault 2001, p. 331).

However, apropos the above citation, it is important to stress that Foucault is not proposing that one's subjectivity is predetermined or dictated. Rather, for Foucault, the term subject had a dual meaning, one of which was passive and the other active:

there are two meanings of the word *subject*: subject to someone else by control and dependence, and tied to his [sic] own identity by a conscience or self-knowledge. Both meanings suggest a form of power that subjugates and makes subject to (Foucault 2001, p. 331, emphasis in original).

It is this second sense of a subject who is tied to his/her own identity which is of critical importance for the purposes of this research.

According to Foucault, discourses produce subject positions, which are forms of identity that are normalised within a specific discourse. An example of subject positions are the sets of behaviours which are normalised through gender roles: in Western society, men are traditionally understood to be 'strong and silent', are expected to display 'hard' emotions, such as bravery and stoicism, and expected to

silence 'soft' emotions, such as fear or tenderness, with the reverse held to be true for women. With regards to health, then, occupying a 'healthy' subject position could include behaving in a way which could be described as ascetic as opposed to hedonic, or which involved working hard rather than being lazy. These discursive subject positions represent the locus of control that acts upon individuals and attaches them to certain identities. However, by virtue of identifying subjectivity as an active process, Foucault was also adamant that subjectivity was not something that was determined, but rather was dependent on individuals constituting their subjectivity via locating themselves within the prevailing discourses and subject positions at that historical juncture. For example, will a man choose to identify with prevailing discourses on masculinity and, thus, occupy a male subject position, or will they instead choose to identify with a feminine subject position and, hence, reject masculinity? The active meaning of the word subject, then, is thus intended to capture the process by which individuals identify themselves as being a certain kind of person vis-à-vis the hegemonic discourses at that socio-historical juncture.

The active process of constituting subjectivity also gives rise to the possibility of resisting power, which draws attention to the fact that the constitution of a particular form of subjectivity can in itself be a subversive or resistant act. Thus, whilst Foucault was concerned with the way power acted upon individuals and constituted them as particular subjects, he was also concerned with the ways in which this subjectivizing process could be resisted through the formation of alternative subjectivities. As Foucault himself noted:

maybe the target nowadays is not to discover what we are but to refuse what we are ... We have to promote new forms of subjectivity through the refusal of this kind of individuality that has been imposed upon us for several centuries (Foucault 2001, p. 336).

To summarise, the active dimension in Foucault's conceptualisation of subjectivity helps us understand the process whereby individuals constitute their subjectivity as one that involves an interaction between structure and agency. From this perspective, whilst individuals exercise agency in the constitution of their subjectivity, this process is also shaped by dominant social structures qua discursive



subject positions. That is to say, subjectivity is “the result of an interaction between discourse and human agency that constitutes the individual as a subject occupying a particular subject position within discourse” (Bergström and Knights 2006, p. 354). This point is returned to in chapter 4, where extant debates on structure and agency will be examined at length.

Having provided a brief overview of a Foucauldian conceptualisation of subjectivity, it is now necessary to outline the definitions of health and wellbeing that are adopted in the present research. The next section offers a preliminary understanding of these concepts, before proceeding to advance an understanding of health and wellbeing in terms of subjectivity.

## 2.2 Health and wellbeing

Although health and wellbeing are concepts that we probably feel we intuitively understand, upon closer inspection they prove to be more problematic than we initially thought.

### 2.2.1 Health and wellbeing as neutral states with multiple dimensions

In 1948, the World Health Organization (WHO) set out its constitution, whose first sentence defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO 2014). Using this definition as our starting point, the following section examines the concepts of health and wellbeing in order to establish a working definition.

One of the first things one notices about the WHO definition of health is that it is framed in positive terms. That is to say, health is deemed to be something good and desirable, which is achieved both by the absence of negative factors, such as disease or infirmity, and the presence of positive physical, mental and social factors. Moreover, health is associated with an additional concept, that of well-being. Once again, well-being here is understood in positive terms, as contributing to one’s health.

The definitions of health and wellbeing adopted in this research differ from that outlined in the WHO, in that both of these concepts are understood as neutral states with both positive and negative forms. In other words, *health* is something

which can be realised in being either 'healthy' or 'unhealthy'. Whilst it would be fair to assume that the possibility of there being negative states of health is a largely uncontentious proposition, the concept of wellbeing is altogether more problematic. Indeed, the portmanteau term *well-being* has overtly positive connotations, which invariably serve to normalise it in a highly advantageous manner for those who make their living from the industry that has sprung up around well-being. This research rejects the portmanteau term *well-being*, and instead uses the term *wellbeing*. As with health, the present research understands wellbeing as a neutral state which can be realised in the forms of *positive wellbeing* and *negative wellbeing*. Such conceptual clarity is important for the purposes of this thesis, because negative states of health and wellbeing – such as ill-health and sickness, being unhealthy and unwell – play an important role. Understanding health and wellbeing as neutral states which subsequently adopt positive and negative forms already represents an important preparatory step in undermining the positive connotations these concepts are implicitly imbued with. More specifically, casting off the positive connotations ascribed to wellbeing in contemporary society affords a degree of critical distance that makes it possible to seriously address the question 'what is wrong with wellbeing?', a question which is in desperate need of greater attention, especially as it pertains to the workplace.

In addition to being amenable to both positive and negative states, health and wellbeing are also composed of numerous dimensions. As previously mentioned, the WHO defines health in terms of physical, mental and social dimensions. Similarly, the UK's CIPD defines well-being as a "bio-psycho-social construct that includes physical, mental and social health" (CIPD 2007, p. 4). In keeping with this multi-dimensional understanding, the present research uses the terms health and wellbeing interchangeably, understanding both concepts as comprising physical, mental and social dimensions. Doing so allows us to discuss physical and mental health in a similar vein to how we discuss physical or mental wellbeing.

It is important to stress here that this aforesaid conceptualisation of health and wellbeing as concepts with both positive and negative forms, and as being composed of physical, mental and social dimensions, means that determining an

individual's health or wellbeing status is ultimately a problematic proposition, due to the fact that a person can simultaneously be well and unwell, healthy and unhealthy. Or, phrased otherwise, whilst a person may well be suffering from poor mental health or wellbeing, they may be in a state of good physical health or wellbeing. This adds an additional level of complexity to investigating the notion of a person's wellbeing or health.

2.2.2 Discourses of health and wellbeing – “good health is good business”  
In both their positive and negative modalities, health and wellbeing are discursively constructed in inherently normative ways. This is to say, that being healthy (or unhealthy) always takes on a specific form, in turn, privileging one understanding of health over another and necessitating trade-offs; hence, to be healthy is always to be healthy in a proscribed manner. For example, going to the gym on a regular basis and socially drinking with friends can both be considered as healthy forms of activity which promote positive wellbeing. However, they may also be wholly incompatible with each other, and, as such, necessitate choosing between them. Different societies discursively normalise different forms of health and wellbeing. To complicate matters further, alternate ways of being healthy can empower us to be more capable of undertaking certain tasks or roles, which also are accorded differential value within a given social setting. As such, health and wellbeing, as well as having intrinsic value, also can be said to have both instrumental and symbolic value. Consequently, it is likely that society will privilege modes of health and wellbeing that are endowed with these values, whilst, simultaneously, discriminating against those that lack them. Whilst there are numerous discourses pertaining to health and wellbeing, one with especial relevance in the context of this research is the belief that health and wellbeing are tied up with economic productivity.

In recent years, the UK government has enthusiastically espoused the connection between health and being deemed ‘fit for work’. In 2006, the Department for Work and Pensions commissioned a report entitled ‘Is work good for your health and well-being?’ (Waddell and Burton 2006), concluding, perhaps unsurprisingly, that “work is generally good for health and well-being” (Waddell and Burton 2006, p. ix).

Building upon this work, the Department of Health and Department for Work and Pensions teamed up to commission a review of the health of Britain's working age population entitled 'Working for a healthier tomorrow', which was written by Dame Carol Black (2008) – the UK's National Director for Work and Health. At the heart of the review was "a recognition of, and concern to remedy, the human social and economic costs of impaired health and well-being in relation to working Britain" (Black 2008, p. 4). To this end, the review argued that:

a shift in attitudes is necessary to ensure that employers and employees recognise not only the importance of preventing ill-health, but also the key role of the workplace in promoting health and well-being ... Good health is good business (Black 2008, p. 10).

Within the business world, things were also beginning to change during this period. Whilst Human Resource Management professionals had long concerned themselves with designing interventions to increase job satisfaction as a means of increasing productivity, the aforementioned shift in public health policy marked a sea-change in the management of health within the workplace. Subsequent to these changes, employers began to consider programmes which sought to engender more holistic interventions in employees' lives. These new programmes offered the promise of untold rewards for those companies capable of successfully improving their employees' wellbeing. These rewards were summarised by the CIPD as follows:

Well employees are physically and mentally able, willing to contribute in the workplace and likely to be more engaged at work ... The well-being approach also brings benefits for people at all levels inside and outside the workplace. It makes the workplace a more productive, attractive and corporately responsible place to work (CIPD 2007, p. 4).

The way in which health has hitherto been framed in terms of work, both within public health and professional discourses, is emblematic of what Dale and Burrell designate as *bio-economism*, which involves the "translation of well-being into an economic resource through the conflation of 'fitness' with 'fitness for purpose'" (Dale and Burrell 2014, p. 162).

### 2.3 Health and wellbeing as subjectivity

This research constitutes an attempt to problematise normative understandings of health and wellbeing, particularly those which align these concepts with productivity. It is for this reason that health and wellbeing are defined and understood in terms of subjectivity in this research.

Through recourse to an understanding of subjectivity as a process by which the individual becomes “tied to his [or her] own identity by a conscience or self-knowledge” (Foucault 2001, p. 331), we come to understand health and wellbeing as aspects of individual subjectivity, which are formed through the individual’s self-knowledge. Hence, what might be referred to as one’s individual’s health or wellbeing status, in fact, derives from their subjective experience of being either healthy or unhealthy, well or unwell. From this perspective, the process whereby the individual constitutes their subjectivity vis-à-vis health or wellbeing occurs as a consequence of individuals situating themselves within the prevailing discourses of health and wellbeing at a particular historical juncture and in relation to the various available subject positions within that discourse. With respect to the aforesaid discourse that defines health and wellbeing in terms of economic productivity, individuals come to occupy subject positions related to being either ‘healthy’ or ‘unhealthy’. Simply put, individuals whose techniques of health management enable them to be productive are thus understood as being ‘healthy’, whilst those who are unable or unwilling to be productive are deemed to be ‘unhealthy’. The normative dimension of health and wellbeing discourse means that those who are deemed ‘healthy’ are subject to praise, whilst those who are ‘unhealthy’ are subject to blame.

Defining health and wellbeing in terms of subjectivity is important, because it makes it possible to examine and understand the processes through which normative understandings of health and wellbeing are discursively constructed. Given that being healthy or well is not a neutral state of affairs, but rather always involves choices and trade-offs, adopting a subjective approach to health and wellbeing involves asking questions about discursive subject positions and the constitution of subjectivity. In this respect, the subjective approach is concerned

with understanding ‘what does it mean to be ‘(un)well’ or ‘(un)healthy’ within a particular discursive arrangement?’, and ‘what form of work is required in order to become ‘healthy’ or ‘well’?’

#### 2.4 Conclusion

This chapter has examined the concepts of health, wellbeing and subjectivity in order to unpack the key ideas which underpin the present research. These concepts are not independent from one another, and, indeed, this research is mobilising an understanding of health and wellbeing that is informed by a power-sensitive reading of subjectivity. Accordingly, health and wellbeing are understood in terms of individuals’ constitution of their subjectivity vis-à-vis societal discourses, which, in turn, construct ‘healthy’ and ‘unhealthy’ subject positions. Within the Western context, the hegemonic discourse constructs health and wellbeing in terms of one’s ability to be economically productive. In contradistinction to this neoliberal ideology, this research adopts a subjective approach to health and wellbeing discourse, which makes it possible to interrogate the normative dimensions of this discourse and uncover the relationships of power which are inherent to it.

The next chapter continues the task of developing a subjective approach to health and wellbeing. There, a review of extant literature on workplace wellbeing will firstly be presented, before then proceeding to outline the research questions.

### 3 What we talk about when we talk about workplace wellbeing – a literature review

This chapter firstly reviews extant literature on workplace wellbeing, before proceeding to formulate the research questions which underpin the research.

Modern attempts to manage the health and wellbeing of employees is part of a longstanding tradition (Anthony 1977; Newby 1977; Anthony 1986). Historically, paternalist employers – such as the Cadbury and Rowntree families, as well as notable individuals such as Robert Owen and William Lever – provided improved working conditions, recreational facilities and housing for their employees. Whilst paternalist efforts to increase productivity through improving the lot of workers share some similarities with current workplace wellbeing programmes, paternalism was buttressed by a specific moral relationship between employer and employee, which differs markedly from the current attention paid to workplace wellbeing. In certain respects, paternalism was a relationship which effectively infantilised employees, as Anthony explains:

Many nineteenth century employers saw themselves as inheriting a squirarchical authority and responsibility, exercising a religious obligation to control, reward and punish, to exercise care and responsibility and to expect dutiful obedience ... These employers justified the need for a wise and benevolent concern by reference to the dependence of their workers whom they perceived as illiterate, uneducated, drunken and wayward (Anthony 1977, pp. 74-75).

Whilst modern workplace wellbeing programmes unquestionably also contain a moral dimension (which will be explored in due course in this chapter), they are not premised on a moral inequality between employer and employee as was the case with paternalist approaches. Moreover, whilst paternalism also operated with a degree of calculative and instrumental logic (see Rowlinson 1988), this was in no way analogous to how these logics underpin modern programmes. For this reason, despite the historical precedent of paternalism, this literature review will focus solely on modern initiatives to manage the health and wellbeing of employees.

In the process of reviewing the literature, an initial distinction must be drawn between managerialist and critical management responses to workplace wellbeing. Managerialist literature on workplace wellbeing is closely linked with the practice of HRM. From the perspective of HRM, workplace wellbeing is understood as a means of improving employee health in a way that increases their productive capacity. Hence, wellbeing is considered to be something which both employers and employees stand to gain from, which means that it is essentially unproblematic. The present research adopts a critical stance towards workplace wellbeing. In contradistinction to managerialist literature, critical responses to workplace wellbeing have drawn upon insights from critical management studies (CMS). According to CMS literature, managerial perspectives on workplace wellbeing are insufficiently attentive to the power relationships between employers and employees. In this vein, CMS literature offers a stringent critique of workplace wellbeing, on the grounds that, whilst wellbeing is not simply a matter of employee exploitation, wellbeing discourse primarily serves managerial interests. It is argued that whilst critical literature has done much to elucidate the power relations that are inherent to workplace wellbeing, extant literature has hitherto failed to consider the role of workplace sickness in organisational life. The chapter concludes by formulating research questions designed to explore this aforesaid relationship between workplace sickness, productivity and wellbeing discourse.

### 3.1 Managerialist perspectives

For a number of years, discovering the key to securing high-levels of employee productivity has been considered to be the 'holy grail' in management research (Peccei 2004; Wright and Cropanzano 2007). This quest has led to increased consideration of the so-called 'happy-productive worker hypothesis' (Peccei 2004; Wright and Cropanzano 2007; Zelenski et al. 2008; Peccei et al. 2013). According to this hypothesis, the most effective way of increasing productivity is to increase the happiness of employees. From the 1980's onwards, this task has generally fallen to company HRM departments. The rationale of these HRM interventions – such as, for example, employee training and recruitment or job design, which themselves are geared towards broader goals such as the promotion of worker autonomy and



flexible working practices – was that if employees were more satisfied in work, then they would reciprocate by working harder. Such speculations were grounded in social exchange theories, according to which:

[Following the] adoption of more progressive HR practices ... employees can be expected to repay the organisation by working harder [and] putting in extra effort ... thus actively contributing to enhance the overall productivity and performance of the organisation (Peccei et al. 2013, p. 20).

A cursory glance at contemporary management literature suggests that the notion of the happy-productive worker has moved from being a mere hypothesis towards being an accepted truism. For example, one article in the practitioner journal *Occupational Health* outlined the 'recipe for wellbeing success' discovered by the Cornish pasty manufacturer, Ginsters. This article claimed that the efforts of the company to improve employee wellbeing "demonstrated that ... the levels of engagement the programme has produced ... had a sound commercial impact" (Abraham 2017, p. 23).

The key ingredient of the alchemy through which HRM was able to transform the base metal of employee happiness into the gold standard of productivity pertains to defining employee happiness in terms of job satisfaction. According to Wright (2004), job satisfaction has by far proven to be the most common definition of employee happiness, generating innumerable studies that ostensibly confirm the positive causal relationship between this measure and increased productivity (see, for example, Nishii et al. 2008; Zelenski et al. 2008; Taris and Schreurs 2009). Whilst these still represent a far cry from the wellbeing programmes which are becoming commonplace within contemporary workplaces, the considerable efforts made by HRM practitioners to increase job satisfaction signal the beginning of a concerted effort on the part of employers to subsume the issue of employee wellbeing under the domain of management.

Whilst there remains a large corpus of research which utilises job satisfaction as a proxy for employee wellbeing, there is evidence of a growing unease with this definition within managerial literature. In this regard, van de Voorde et al. (2012) identify what they call a 'conflicting outcomes perspective' on HRM practices,

originating from CMS scholarship. According to this perspective, HRM practices invariably lead to:

an intensification of work and to a generally more systematic exploitation of employees ... often accompanied by increased levels of surveillance and monitoring of work effort ... This may well enhance organisational productivity and performance, but it can be expected to have a negative effect on the overall wellbeing of the workforce ... [Therefore,] HR practices that maximise employee wellbeing may not only be different from those that maximise organisational performance ... there may be an active trade-off in terms of outcomes. (Peccei et al. 2013, pp. 20-21)

Whilst it was hitherto largely assumed that increases in productivity would be most efficiently achieved through increasing job satisfaction, the CMS analysis of HRM made clear that, in fact, increases in productivity can sometimes coincide with detrimental effects on employee wellbeing. In light of this, achieving van de Voorde et al.'s (2012) vision of a 'mutual gains perspective', whereby HRM practices would be beneficial for both employees and organisational productivity, would appear to necessitate a substantial redressing of what is meant by employee wellbeing.

The managerialist response to this CMS critique was to attempt to focus HRM upon the needs of employees, rather than merely serving organisational productivity goals. In this vein, Peccei underscored the need within HRM to "understand how different policies and practices ... actually affect the people most directly involved, namely ... the so called 'human resources' of Human Resource Management" (Peccei 2004, p. 2). Even more explicitly yet still, Guest criticised HRM practitioners for treating wellbeing as a "means rather than an end, with the primary focus on performance suggesting little concern for wellbeing and for mutual gains" (Guest 2017, p. 25). This call to move towards a mode of HRM oriented more genuinely towards mutuality between employer and employee required reconfiguring wellbeing as something that exceeded the instrumentality of its narrow definition as merely job satisfaction. For this reason, managerial research began to move towards developing more holistic definitions. One example of this shift can be found in the work of Wright and Cropanzano (2007), who defined workplace wellbeing in terms of psychological wellbeing. For these authors, this term was

intended to extend understanding beyond merely considering happiness in relation to employment (qua job satisfaction), and instead to look at happiness more generally, liberated from the context of work. More notably, Grant et al. (2007) proposed a definition of wellbeing that paid attention to its psychological, physical and social dimensions. Their more expansive definition has also increasingly been adopted in professional practice literature, with the UK's CIPD subsequently defining wellbeing as a broad "bio-psycho-social construct that includes physical, mental and social health" (CIPD 2016b, p. 2).

The move towards more holistic definitions of workplace wellbeing has also led to a change in the forms of interventions and practices designed to manage workplace wellbeing. Indeed, the term has now become synonymous with wellbeing programmes that encompass a broad range of wellbeing concerns, such as physical, mental and social wellbeing, and interventions such as smoking cessation, weight-loss programmes, mental health de-stigmatisation initiatives and budgetary assistance. It is claimed by those who frame workplace wellbeing as a mutual gains project that this holistic understanding of employee wellbeing holds the key to a workplace wellbeing that stands to benefit both employers and employees. In this regard, whilst incorporating concerns for physical and social wellbeing obviously stands to benefit employees, as they will subsequently have a broad range of interests looked after by their employer, it has also been argued that this will also ultimately benefit organisations. Following the logic of the happy-productive worker, it stands to reason that, whilst narrow understandings based on job satisfaction or employee engagement stood to make employees happy in a circumscribed manner, more holistic attempts to address employee wellbeing will produce employees who are happier in a more holistic sense. This assertion has been called into question by two systematic literature reviews of empirical research on workplace wellbeing (van De Voorde et al. 2012; Peccei et al. 2013), which both concluded that the relationship between HRM practice, employee wellbeing and productivity remained ambiguous at best, with any positive impact on employee wellbeing "depend[ing] on the wellbeing type studied" (Peccei et al. 2013, p. 37). More specifically yet still, van De Voorde et al. concluded that:

For the happiness and relationship wellbeing types [i.e. psychological wellbeing], we found more support for mutual gains ... Happiness and relationship types, in other words, positively mediate the HRM–organizational performance relationship ... In contrast, for health-related well-being, we found more support for the conflicting outcomes perspective than for the mutual gains perspective ... Employee health-related well-being and organizational performance seem more like parallel outcomes (van De Voorde et al. 2012, p. 401).

These reviews demonstrate that some voices within in the managerialist tradition have sought to question the extent to which workplace wellbeing programmes are able to deliver on the promise of a holistic form of wellbeing. Nevertheless, the vast majority of managerialist literature on the topic still sees a holistic understanding as holding the key to developing wellbeing programmes within the workplace. This trajectory can also be seen when looking at the way that wellbeing is put into practice through wellbeing programmes throughout the country.

### 3.2 Critical perspectives

The shift in managerialist perspectives to accommodate more holistic understandings of wellbeing, which themselves were accompanied by new practices of intervention in the form of workplace wellbeing programmes, was marked by a parallel shift in CMS literature. Originally, critiques in CMS invariably focussed on HRM practices within the workplace (Keenoy 1990, Willmott 1993; Townley 1994), with an especial emphasis on how these led to intensified exploitation and conflict between management and employees. As managerialist literature began to address such criticisms by attempting to think more explicitly about employee wellbeing and move away from a purely instrumental approach, wellbeing emerged as an object of study in and of itself for CMS researchers.

In their theorisations of health and wellbeing in the workplace, CMS approaches have generally framed workplace wellbeing as an issue pertaining to the subjectivity or identity of the employee, and sought to understand how health has become both an object of concern within the workplace, interwoven with power relations. In pursuing this line of thinking, CMS scholarship has taken cues from critical literature on public health management (Lupton 1995; Coveney 1998), arguing that the construction of health is increasingly underpinned by a neoliberal

mode of rationality. Neoliberal ideology has emerged as the hegemonic ideology over the course of the last four decades, and is perhaps best illustrated by the clarificatory statement issued by the Prime Minister's Office following Margaret Thatcher's famous proclamation that "there is no such thing as society":

All too often the ills of this country are passed off as those of society. But society as such does not exist except as a concept. Society is made up of people ... [Margaret Thatcher's] approach to society reflects her fundamental belief in personal responsibility and choice. To leave things to 'society' is to run away from ... practical responsibility and effective action (Margaret Thatcher Foundation 2016).

It is possible to break down neoliberalism into several axiomatic principles. Key among these, as stated in the above quote from Thatcher, is the emphasis on the individual as the fundamental unit in society. Accompanying this central tenet of neoliberal thought is the belief in the extension of the economic principles of the free market to all aspects of life. These two principles give rise to a particular set of attitudes towards the individual. The first of these is that the individual must accept ultimate responsibility for their position within society. The second is that the individual should become an entrepreneur of his/her own human capital, "[incurring] expenses by investing [in the self, in order] to obtain some kind of [self]-improvement" (Foucault 2008, p. 230).

With regards to wellbeing, the emergence of neoliberal rationalities can be identified in the increasing individualisation of health in contemporary society (Lupton 1995), characterised by an intensification of individual accountability for health, and the occlusion of societal factors which may impinge upon one's health. This can be illustrated through the example of heart disease, which is more likely to be attributed solely to individual lifestyle choices, such as lack of exercise, poor diet or smoking, than social factors, such as the cost of eating healthily (compared with processed ready meals) or as a consequence of precarious and low-paid employment, which can prove prohibitive to exercise. Consequently, we are far more likely to seek to intervene and manage individual behaviour than we are to tackle more widespread but less manageable social problems. This individualisation of health also means that we are more likely to hold individuals responsible for

their own health, which, in turn, opens them up to potential praise or moral judgement. Viewed from a different perspective, the individualisation of health has also given rise to a large-scale increase in individuals who are willing to 'invest' in their own health by engaging in manifold activities, such as attending the gym, healthy eating, mindfulness classes and other forms of 'self-improvement' (Cederström and Spicer 2015). In a society that increasingly valorises self-management, these visible signs of 'healthy' self-investment bestow a certain cachet on individuals.

According to critical management scholars (Dale and Burrell 2014; Hull and Pasquale 2018), the recent trend of large-scale workplace wellbeing programmes that are intended to manage interventions into various aspects of employees' health, can be understood as a transplanting of society's individualisation of health into the workplace. Framed in terms of Foucauldian subjectivity, CMS critiques of workplace wellbeing cast their analytical gaze on the power relations which serve to construct a specific 'healthy' employee subject position (which is accompanied by its necessary shadow, the 'unhealthy' employee), as well as examining how employees constitute their subjectivity in relation to these subject positions. The following sections explore further the construction of wellbeing subject positions, as well as the constitution of 'un/healthy' employee subjectivities. The next section examines the specific meanings and values that health takes on within a workplace context: firstly, the conflation of health with productive ability; secondly, the construction of health vis-à-vis practices of asceticism and self-control; and finally, the moral connotations associated with being 'healthy'. Following this, the chapter then proceeds to consider the issue of 'healthy' subjectivity, developing the argument that being a 'healthy' subject primarily involves engaging in a form of active self-management. The final section explores potential ruptures within critical theorisations of wellbeing. Specifically, I argue that the preoccupation with being 'healthy' within extant literature means that the role of workplace sickness remains an important yet neglected area of interest. This has consequences for the way that we theorise and practice resistance to wellbeing. The identification of

these blind spots within existing literature directly informs the formulation of the research questions which guide the research.

### 3.2.1 Health in the workplace

There are numerous accounts in critical literature of how the concept of health has been delineated and circumscribed in specific ways within the context of work.

Primary amongst these is defining health in terms of an individual's productive capacity, which is to say that a person is understood to be healthy to the extent to which they are productive. This point has been made forcefully by Dale and Burrell, who have highlighted the 'bio-economism' in workplace wellbeing, which they define as "the translation of well-being into an economic resource through the conflation of 'fitness' with 'fitness for purpose'" (2014, p. 162). Echoing this sentiment, Hull and Pasquale observe that "wellness programs are primarily concerned with conditioning workers to frame personal choices ... in an economizing manner, one that is always attentive to the employer's bottom line" (2018, p. 191). Within this perspective, wellness is something to be managed by the employee "as a way to generate a positive ROI [return on investment] for both the employee and the employer" (Hull and Pasquale 2018, p. 199). Consequently, it is ultimately an employee's productive capacity that underpins the prevailing notion of health in the workplace, which, in turn, means that there is a fundamental imperative for workers to be 'healthy'.

Secondly, by defining health in terms of an imperative to be productive, workplace wellbeing discourse has simultaneously constructed health vis-à-vis specific practices that are deemed to increase workers' productive capacity. This conceptualisation defines "health as hard work" (Zoller 2003, p. 191) and, hence, wellbeing is itself defined as a form of personal productivity. Thus, whilst there are manifold possible definitions of wellbeing (with a hedonistic approach to life being one notable example), those that underpin workplace wellbeing discourse invariably privilege those which frame health in terms of asceticism and ideals related to "self-control and abstinence" (Zoller 2003, p. 177). It is also notable that workplace wellbeing conceives of health in overwhelmingly positive terms, where it is understood not merely as an absence of illness or poor health, but rather in

terms of being fit, active and full of vitality and vigour. The transition towards defining health and wellbeing in terms of personal responsibility and hard work once again testify to the embeddedness of the neoliberal individualisation of health within the workplace. In this vein, scholars have observed a marked decline in literature focused on health and safety in the workplace, at the same time that work on workplace wellbeing has flourished (Gray 2009; Dale and Burrell 2014).

Finally, several authors have noted that the imperative to be healthy has taken on increasingly moral connotations. Cederström and Spicer posit that we are under the sway of 'biomorality', which they define as "the moral demand to be happy and healthy" (2015, p. 5). For Cederström and Spicer, biomorality derives from the perceived stigmatisation of being 'unhealthy', and thus unproductive, in contemporary society, where "people who don't cultivate their personal wellness are seen as a direct threat to contemporary society, a society in which illness, as David Harvey puts it, 'is defined as the inability to work'. Healthy bodies are productive bodies" (Cederström and Spicer 2015, p. 4). According to Holmqvist and Maravelias (2011), the moral dimension of health is integral to understanding the functioning of workplace wellbeing programmes. In their study, the authors argue that, rather than seeking to control specific health behaviours, it is the "maintenance and furthering of a 'right type of motivation' [that] is the fundamental task of ... health promotion activities and programs" (Holmqvist and Maravelias 2011, p. 122). In light of the fact that "motivation is ... the backbone of employees' moral character" (Holmqvist and Maravelias 2011, p. 123), this "implies that the health promotion programs and activities are based on an assumption that health and wellbeing are ultimately a question of morals" (2011, p. 123).

### 3.2.2 'Healthy' self-management

The conceptualisation of health delineated in the previous section requires that employees engage in particular behaviours to be 'healthy', which is to say that being 'healthy' requires the formation of a certain mode of subjectivity. This section turns to examine 'healthy' subjectivity, which is realised through self-management.

For many authors, the purpose of workplace wellbeing programmes is to discipline and instruct employees in techniques of self-management related to health



behaviour and thereby constitute a form of self-managing employee subjectivity, which are situated within wellbeing discourse and normalise its functioning. The point of this process is to produce employee-subjects, who not only feel responsible for managing their wellbeing, but – more importantly – want to do so. This is a point which has been emphasised by Hull and Pasquale, who argue that:

Neoliberal capitalism requires certain kinds of subjects, principally those who view the world economically ... viewing personal choices as investments in themselves, and viewing their life as intimately connected to work. Such subjects do not generally occur without training. In this case, [wellbeing] programs are techniques for creating employees and subjects for whom 'wellness' is a 'lifestyle' (2018, p. 199).

Extant critical research on workplace wellbeing routinely mobilises Foucauldian concepts in order to understand the power relations that underpin wellbeing programmes. Having said this, there is a split in the literature between those scholars who adopt a disciplinary approach to wellbeing, and those who view the issue through the lens of governmentality. Both forms of power have been understood to produce employees whose behaviour is self-regulated.

### 3.2.2.1 *Disciplinary power and health as self-discipline*

For those who address the issue of workplace wellbeing via disciplinary power, wellbeing programmes have been analysed as a means through which organisations regulate their employees' health by intervening and controlling at the level of specific health behaviours.

Foucault's analysis of disciplinary power hinges on the production of docile bodies, which are bodies "that may be subjected, used, transformed and improved" (Foucault 2010a, p. 136). In keeping with this focus on the body, many authors who apply the concept of disciplinary power have tended to understand the body as the primary target of wellbeing, with Haunschild noting, for example, that workplace wellbeing programmes offer a form of control whereby "individuals' bodies are observed (and transformed) – both by individuals themselves and by others" (2003, p. 50). Similarly, Zoller understands wellbeing interventions as being framed around "prescriptions for appropriate uses of the body" (2003, p. 185). Foucault argued

that disciplinary power functioned through breaking down the functioning of the body into its individual components and behaviours, positing that, “it separates, analyses, differentiates, carries its procedures of decomposition to the point of necessary and sufficient single units” (2010a, p. 170). Foucault illustrated this idea through reference to the disciplined movements of soldiers, which are broken down into a specific set of actions that are strictly controlled. In the case of workplace wellbeing, several authors have noted how wellbeing programmes require the measurement of specific health behaviours related to the functioning of the body. In this vein, Zoller (2004) observed strictures related to appropriate amounts of exercise and levels of sleep, as well as intake of food, alcohol and caffeine. The ultimate function of such measurement is to situate the individual vis-à-vis normalised health behaviours, which serve to “[differentiate] individuals from one another, in terms of the following overall rule: that the rule be made to function as a minimal threshold, as an average to be respected or as an optimum towards which one must move.” (Foucault 2010a, pp. 182-183). With respect to workplace wellbeing, this normalising function is realised through the health-related practices employees engage in, which are designed to establish the individual’s identity in relation to the ‘healthy’ norm. Consequently, according to Zoller, “the disciplinary standards established for achieving the healthy body also construct[s] ideal and stigmatised identities for [employees]” (2003, p. 188).

In relation to disciplinary power, Foucault argued that individuals internalise their position within power networks, becoming “caught up in a power situation of which they are themselves the bearer” (Foucault 2010a, p. 201). This suggests that disciplinary power ultimately functions based on self-discipline. This principle is summarised in the infamous image of the panopticon, which Foucault used to illustrate how individuals subject themselves to relations of power. The central tenet of panopticism – which derives from Foucault’s analysis of Jeremy Bentham’s design of an optimal incarceration space – is that individuals’ are constantly visible to the panoptic gaze, which means that:

[The individual] assumes responsibility for the constraints of power; he makes them play spontaneously upon himself; he inscribes in himself the power relation in which he simultaneously plays both roles; he

becomes the principle of his own subjection (Foucault 2010a, pp. 202-203).

Those scholars whose work has sought to understand workplace wellbeing in terms of disciplinary power have argued that wellbeing programmes inscribe power relations through which individuals learn to discipline themselves in proscribed ways. Hence, as Haunschild notes:

employee health programmes are not simply about improving health ... they create the expectation that individuals should take responsibility for their own health as part of the duty of being a 'good' organisational member [creating] an informal pressure to conform (Haunschild 2003, p. 52).

Taking this point further, Zoller argued that "health promotion operates hegemonically to promote employee identification with corporate efficiency as a personal value" (2003, p. 194).

#### 3.2.2.2 *Governmentality and health as self-investment*

In contrast to disciplinary power, which is totalising in its attempts to control the individual, governmentality operates in an apparently paradoxical manner, by controlling individuals through multiplying the possibilities for freedom that are open to them. Foucault used the term 'apparatus of security' to describe those mechanisms of power distinct from discipline, which formed the basis of neoliberal governmentality. A key characteristic of the apparatus of security is their centrifugal tendency:

Discipline is essentially centripetal ... Discipline concentrates, focuses, and encloses. The first action of discipline is in fact to circumscribe a space in which its power and the mechanisms of its power will function fully and without limit ... In contrast, you can see that the apparatuses of security ... have the constant tendency to expand; they are centrifugal (Foucault 2007, pp. 44-45).

Foucault notes that, in keeping with this explosion of the apparatus of power, individual freedom is no longer constrained by power; rather, the diffusion of power is realised through the intensification of individual freedom. Hence, "control is no longer just the necessary counterweight to freedom, as in the case of

panopticism: it becomes its mainspring” (Foucault 2008, p. 67). This point is further developed by McNay, who observed:

Neoliberal governance involves the shaping of individual lives in a way that does not violate their ‘formally autonomous’ character ... It operates not through the delimitation of individual freedoms but through their multiplication (McNay 2009, p. 61).

The shift from understanding workplace wellbeing in terms of disciplinary power to governmentality – and specifically in terms of the proliferation of freedom this move entails – is reflected in Kelly et al.’s claim that workplace wellbeing is:

in no way ... suggestive of a situation of total, disciplinary surveillance ... our understandings of personhood ... are being framed by powerful narratives in which the individual is positioned as being *free to choose* ... All in the promise that that our new awareness of our health, our bodies our work-life balance will make the organisations we work for more profitable, efficient, competitive (2007, p. 282, emphasis in original).

A further noticeable distinction between discipline and governmentality pertains to the form of self-management perpetuated by the latter. Whereas disciplinary power tended towards an intensive focus, training and constraining the individual to the point of inciting self-discipline, neoliberal forms of governmentality extended the proliferation of freedom founded on the apparatus of security into a new form of self-management based on entrepreneurialism. Workplace wellbeing programmes are evidently amenable to being considered as entrepreneurial activities. Following this line of reasoning, employees’ engagement with such programmes could thus be characterised as an investment of effort, which is designed to secure a return in the form of improved health for the employee and increased productivity for their employer. With respect to workplace wellbeing, the clearest articulation of the entrepreneurial activity at the core of neoliberal governmentality comes from Maravelias, who posits that:

as opposed to discipline, [workplace wellbeing based upon neoliberal governmentality] is prescriptive and idealizing only in one specific regard; it takes it as a fact that a good, healthy, efficient and even a happy life is a self-managed life, a life which is actively chosen, informed and geared towards improvements (Maravelias 2016, p. 13).

Hull and Pasquale put forward a similar argument apropos neoliberal healthcare, characterising it as “a portfolio to be managed, by the employee, via investment in empowering lifestyle changes” (2018, p. 199). Moreover, Holmqvist & Maravelias argue that workplace wellbeing “empowers individuals in making themselves up as particular types of subjects who are at once geared towards good health and professional development” (2011, p. 128).

Entrepreneurial readings of workplace wellbeing also make connections with literature on professional identities; such work frames self-investment in health as a means of constructing a ‘healthy’ identity which signals professional competence. In this regard, Costas et al. argued that “[employees] engaged in sport to prove their bodily strength, endurance and resilience, thereby confirming the professional identity of being ‘an achiever’ who can ‘overcome challenges’” (2016, p. 14). To further illustrate this point, Johansson et al. cite one of their research participants, who stated: “health is a personal choice, especially when you are in a managerial position. You must be healthy and in good shape, not only to cope with your workload, but also to show that you are capable of self-control” (2017, p. 12). The recurrence of comments such as these in their research led the authors to conclude that “managing one’s body becomes an internalized part of performing the managerial job” (2017, p. 20). Similarly, both Kelly et al.’s (2007) figure of the ‘corporate athlete’ and Trethewey’s contention that “a professional body is a fit body” (1999, p. 423) testify to the belief that investment in health underpins one’s advancement in the workplace.

Whilst this section has emphasised the distinction between disciplinary and governmental strategies, in practice this distinction is difficult to discern and, in fact, wellbeing programmes often contain elements of both strategies of power. For example, whilst Kelly et al. stress that their reading of workplace wellbeing is “in no way ... suggestive of a situation of total, disciplinary surveillance” (2007, p. 282), they nevertheless proceed to identify a range of factors that are integral to becoming a corporate athlete, which undoubtedly evokes an image of disciplinary power:

a clearly identified and measurable normal body size and shape: through expert, exhaustive, investigation of the functions and appearance of the body: via the registration, documentation and certification of bodily test scores and goals: by the confession of behavioural/attitudinal sins to various health experts: by encouraging individual responsibility for measurement and bodily appearance, and: by provoking employees to observe and assess each other (2007, p. 276).

Overall, then, given that wellbeing programmes often contain elements of both disciplinary power and governmentality, a key factor in determining how to analyse a wellbeing programme is the level of employee participation that they require. Or, phrased otherwise, regardless of what other factors are at play, it would be difficult to contend that a programme which required or compelled employees to take part could be analysed on the basis of governmentality, just as it would be difficult to understand a programme which employees engaged with on a voluntary basis in terms of disciplinary power.

### 3.2.3 Ruptures

Whilst extant critical literature provides a strong analysis of the power relations inherent to workplace discourse, closer examination shows that a number of ‘blind spots’ exist. The current research was conducted on the basis of what Alvesson and Kärreman (2007) referred to as ‘constructing mystery’; as will be explained in chapter 4, this method involves identifying novel or interesting features within the research setting, which are apparently unexplained by existing literature. In what follows, blind spots in existing literature are thus identified.

#### 3.2.3.1 *Ill-health in the workplace*

Most extent literature focuses on the connection between workplace wellbeing and being ‘healthy’. Whilst it is unsurprising that managerialist literature would focus on this and argue that workplace wellbeing is good for both employee and employer, it is deeply surprising to find this same tendency within critical literature. In fact, critical literature has generally maintained that, whilst workplace wellbeing discourse is implicated in constraining and directing employees, this is ultimately done with the intention of improving employee health. In this vein, Hull and Pasquale refer to workplace wellbeing as a site of “empowering lifestyle changes”

(2018, p. 199), whilst Holmqvist and Maravelias also make reference to wellbeing being “geared towards good health and professional development” (2011, p. 128). Similar references can be found across the discipline, such as, for example, Kelly et al.’s (2007) conception of the ‘corporate athlete’, Costas et al.’s (2016) notion of the ‘professional body’ and Johansson et al.’s (2017) work on ‘managerial athleticism’. In each of these cases, it is maintained that discourses of workplace wellbeing ultimately operate to direct employees towards their own good health and productivity. In those cases where ill-health is the principal object of interest, it has generally been considered as a sign of failure on the part of the employee. In this regard, Nyberg noted apropos his observations of absence management meetings, that sick employees were understood to have “failed in their responsibility, with their failure evidenced by being ill in the first place” (2012, p. 1687). Similarly, Pedersen argues that “stress results from an overemphasis (on the part of the employee) upon the commitment towards one’s work and from a failure to deploy the most appropriate self-management technologies” (2008, p. 173). Other authors have drawn attention to the fact that the imperative for employees to be healthy effectively serves to offset the harmful effects of work. For example, Zoller claimed that “lifestyle discourse[s] may serve managerial interests by obscuring workplace-generated disease” (2003, p. 178). In an analogous fashion, Haunschild argued that “employee health management solves problems that individuals would not have without being an employee” (2003, p. 51). In summary, the vast majority of critical management literature fails to pay sufficient attention to the role that being unwell plays in the experience of workplace wellbeing programmes.

However, some authors have taken the role of ill-health more seriously, viewing it as more than merely something to be corrected by workplace wellbeing. Dale and Burrell’s work is representative of this approach, as illustrated by their assertion that work “*requires* unwellness of various forms, in order to achieve successful ... production” (2014, p. 160, emphasis in original). Within this perspective, workplace wellbeing is understood to cast a shadow that eclipses the necessity of ill-health. This eclipse was observed by Jack and Brewis, who purported that “the presence of the ‘well’ in organizational wellness is made possible by the deferral/absence of its

'sick' counterpart, a trace on whose existence the well always depends" (2005, p. 65). Likewise, Dale and Burrell explicated that workplace wellbeing serves to "[obscure] the relationship between wellness and its necessary Other, *unwellness*" (2014, p. 159, emphasis in original). Whilst such work undoubtedly serves as a corrective to the health-centred focus of extant critical literature, there is scope for workplace wellbeing to play a more central role in workplace sickness (and vice versa) than it has hitherto played in the literature. In this manner, wellbeing discourse may be implicated in the *organisation of ill-health* in terms of its capacity to produce the unwellness required for the achievement of productivity, thus pointing toward the *productive sickness* at the heart of wellbeing discourse.

#### 3.2.3.2 *Resistance*

In keeping with CMS focus on power relations, several authors have sought to address the issue of resisting workplace wellbeing. For most authors, this comprises resisting the hard work involved in being 'healthy', more specifically, refusing to adopt the 'healthy' behaviours that are normalised through wellbeing programmes. In her study of a workplace wellbeing programme, Zoller argued that, employees "resisted health promotion messages by actively ignoring the material, [physically] avoiding the [wellbeing centre] altogether, or by enacting behaviours stigmatized by [workplace wellbeing] programming" (Zoller 2004, p. 292). In a similar vein, Thanem (2013) examined resistance to what he considered to be a transgressive form of workplace wellbeing. For Thanem, it is precisely the excessive nature of workplace wellbeing that ultimately produces employee resistance, which, once again, manifests itself in a refusal to participate. In such instances, resistant employees reported that their "leaders were too passionate about health and there was too much 'encouragement' ... turning the health initiative into an exercise in 'healthism' where there was little room for legitimate escape" (Thanem 2013, p. 409). According to James and Zoller (2017), resistance to wellbeing can also take the form of envisioning alternative ways of being 'healthy'; in their theorisation, employees formed exercise groups which provided a less extreme alternative to the officially sanctioned wellbeing programme. These studies also testify to the fact that those who resisted wellbeing by refusing to participate were often subjected



to disparaging remarks from management or fellow employees. For example, Zoller (2003) noted that these employees were often accused of being overweight, with their non-participation being taken as a sign of their laziness. Similarly, James and Zoller reported that the alternative forms of wellbeing instigated via employee resistance were trivialised by managers as a “lesser form of fitness” (2017, p. 75).

It is notable that in each of these cases resistance to wellbeing is understood in terms of a refusal to be healthy in the manner which has been normalised by wellbeing discourse. Building upon the idea that wellbeing discourse might be implicated in organisation of ill-health, it is immediately apparent that the refusal to participate in wellbeing programmes is an insufficient means of resisting wellbeing. Considering this limitation, resisting wellbeing might take the form of employees constituting their subjectivity in relation to wellbeing discourse in new ways; defining new understandings of what it means to be healthy; challenging – rather than merely refusing – the understandings of health normalised by wellbeing programmes.

### 3.3 Research questions

The previous sections provided a review of extant literature on workplace wellbeing. It began with considering managerial perspectives on wellbeing, before moving on to consider critical perspectives which are more attuned to the power relationships at the heart of wellbeing. Finally, the chapter addressed the organisation of ill-health as a site of potential ‘mystery’ vis-à-vis existing literature.

Drawing on an understanding of workplace wellbeing that frames it as a locus for the construction and constitution of subjectivity – as outlined in chapter 2 – and building upon the organisation of ill-health as a site of empirical mystery, the research is driven by the following research questions:

1. What place does ill-health occupy within the subject positions constructed through wellbeing discourse?
2. How do employees constitute their subjectivity in relation to ill-health?
3. Given the presence of ill-health, what forms of resistance to wellbeing discourse are possible?

The next chapter elucidates the research methods which underpin the research.

## 4 Researching workplace wellbeing

This chapter outlines the methodological and theoretical approach adopted in the research. The chapter begins by unpacking the theoretical approach underpinning the research, before moving on to discuss the research methodology. Subsequently, practical research issues are examined at length, beginning with the research and data analysis methods, followed by the standards taken to ensure quality and rigour, and concluding with addressing research ethics.

### 4.1 The poststructuralist ontology and epistemology – discourse analysis as a heuristic principle of the research

Ontology can be understood as theoretical reasoning pertaining to the nature of reality, whilst epistemology refers to theoretical reasoning concerning our knowledge of reality. This research is grounded in a poststructuralist<sup>2</sup> epistemology and ontology. The poststructuralist ontological and epistemological stance is underpinned by a belief in the centrality of discourse. In what follows, the centrality of discourse will firstly be elucidated, before moving on to introduce discourse analysis as a heuristic principle which guides the research.

The term ‘discourse’ has a variety of definitions across a broad range of disciplines and authors, and, hence, it is necessary to operationalise how the term is being used in the present research. Firstly, the role of discourse in the poststructuralist

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<sup>2</sup> The form of poststructuralism adopted in this work is heavily influenced by the work of Foucault; however, it is important to note that poststructuralism was not a term that Foucault used to categorise his own thinking. Therefore, whilst the term poststructuralism is used to categorise this research, it should be understood that this is merely a label used to bring together different concepts under a single heading.

Some authors conflate poststructuralism and postmodernism. I believe that there is a distinction between these positions, which is based upon what Parker has defined as “the impossibility of having certain knowledge about the Other” (Parker 1995, p. 553). Postmodernism denies the existence of any standpoint from which to assess truth claims, and therefore lapses into solipsistic relativism. Whilst poststructuralism has often been accused of relativism, I contend that what sets it apart from postmodernism is precisely the contention that discourse provides the basis through which to understand how truth claims are subject to arbitration within a particular society. Thus, it is not true that, according to poststructuralism, ‘anything goes’; rather, truth is closely prescribed within the *episteme* of a particular society. In this sense, truth is indeed radically contingent, but it is not arbitrary; it exists, but it is “a thing of this world” (Foucault 2010b, p. 72). Despite drawing this distinction, I utilise the arguments of authors who write about postmodernism in those cases where I believe their argument equally applies to poststructuralism.

conceptualisation of the term derives from the so-called Wittgensteinian ‘linguistic turn’. Through recourse to Wittgenstein’s philosophy, poststructuralists argue that the social world is constituted through meaning, and that social meaning is derived from language. While some authors associate discourse with the notion of the ‘text’ (Fairclough 1992; Fairclough and Wodak 1997; Phillips and Hardy 2002), the term discourse has broadened in its common usage to now include verbal and visual modes of communication. In the present research discourse is understood to exist beyond the text, being more fully articulated in ideas such as language, meaning, or, as per Wittgenstein, something like the ‘rules of the game’. With this in mind, and in accordance with Phillips and Hardy, this research is thus grounded in the assumption that “social reality is produced and made real through discourses, and social interactions cannot be fully understood without reference to the discourses that give them meaning” (Phillips and Hardy 2002, p. 3).

As well as the belief that social reality is constituted through discourse, poststructuralism also holds that language is radically indeterminate, and therefore that social reality itself is also indeterminate (Alvesson and Deetz 2006, p. 269). Or, phrased otherwise, meaning is necessarily always socially situated. Consequently, we must acknowledge that there are manifold ways of describing social phenomena, and that in some instances we lack the means to arbitrate between the truth claims included within descriptions of social reality. For instance, our understanding of, and the meaning attributed to something like obesity, will differ depending on: firstly, who we are describing it to (our doctor, a daytime talk show host, or our employer); secondly, how we relate to obesity (do we consider ourselves to be obese? are we telling someone else that they are obese?); finally, why you are proving the account (for an academic paper in a journal of endocrinology or for the purposes of trolling on the internet). The socially embedded nature of discourse – the idea that description is always situated description – means that “the choice between these descriptions can never be absolute – the final word is never possible” (Parker 1995, p. 556).

Discursive objects may have a material referent, but as objects of the social world they cannot be reduced to, or exhausted by, the material referents which give them

the appearance of fixity; rather, they are made indeterminate through discursive construction. In this sense, “discursive practices produce, rather than describe the subjects and objects of knowledge” (Weiskopf and Willmott 2014, p. 522). It is also important to stress here that the indeterminacy of language does not mean that objects of discourse are not socially real. This is a position that has often been attributed to Foucault, however he was at pains to reject it:

some people conclude that I have said that nothing exists – I have been seen as saying that madness does not exist, whereas the problem is absolutely the converse: it was a question of knowing how madness, under the various definitions that have been given, was at a particular time integrated into an institutional field that constituted it as a mental illness occupying a specific place alongside other illnesses (Foucault 2000, p. 297).

Therefore, by saying that discourse *produces* subjects and objects of knowledge, it is important to recognise that what is being produced is, in fact, the fabric of social reality itself.

As previously stated in chapter 2, the approach to discourse adopted within this research is grounded in the work of Foucault. This approach to discourse has been chosen, because it is particularly sensitive to relationships of power, and focuses on “unmasking the privileges inherent in particular discourses and emphasizes its constraining effects” (Phillips and Hardy 2002, p. 21). With respect to this research, these aforesaid comments apropos a Foucauldian approach to discourse analysis demonstrate why this approach is especially suited to shedding light on the process by which power circulates to produce wellbeing as a discursive object. Moreover, a Foucauldian approach is also suitable for studying what Alvesson and Kärreman (2000) designate as ‘grand’ or ‘mega’ discourses, that is, the way in which power relations circulate in society on a macro level, producing ‘truths’ relating to objects of discourse. This point can be discerned in Foucault’s contention that:

Each society has its regime of truth, its "general politics" of truth: that is, the types of discourse which it accepts and makes function as true; the mechanisms and instances which enable one to distinguish true and false statements, the means by which each is sanctioned; the techniques and procedures accorded value in the acquisition of truth; the status of

those who are charged with saying what counts as true (Foucault 2010b, p. 73).

Whilst in the present research wellbeing discourse is analysed in reference to the specific organisations where fieldwork was conducted, these organisations are nevertheless situated within broader societal discourses on wellbeing in the workplace, as discussed in chapter 1. Resultantly, whilst paying especial attention to the specific organisational context of the study, this research also goes beyond the specifics of the study<sup>3</sup> to examine the ‘grand’ discourse of workplace wellbeing.

In addition to providing insight into the production of discursive objects, the Foucauldian approach is primarily interested in the relationship between power and subjectivity. According to Layder (2006), an integral part of Foucault’s project concerned the development of a critical response to Enlightenment humanism, which was spearheaded by “decentring the subject” (Layder 2006, p. 116).

According to Alvesson and Deetz (2006), this project comprised a radical rejection of “the notion of the autonomous self-determining individual with a secure unitary identity at the centre of social universe” (Alvesson and Deetz 2006, p. 267), which lies at the core of the Foucauldian approach to subjectivity. As such – as noted in chapter 2 – Foucauldian discourse analysis is chiefly concerned with illuminating the process via which power shapes the production of subjectivity. Adopting a Foucauldian approach, then, provides a power-sensitive means through which to analyse subjectivity. In the context of the present research, this takes the form of analysing how individuals become subjects of wellbeing. Ainsworth and Hardy argue that a Foucauldian perspective focusses on the way in which discourses “produce the power/knowledge relations within which subjects are positioned [and] subjectivities are constructed” (Ainsworth and Hardy 2004, p. 165). From this perspective, being either ‘healthy’ or ‘unhealthy’ in the workplace is not a neutral state of being, but rather an expression of such dynamics of power, which manifest in the adoption of certain health behaviours and involve engaging in forms of self-management. Occupying different subject positions also has consequences for the

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<sup>3</sup> With respect to this point, potential issues associated with generalisation and the boundaries of case study research will be discussed at a later point in this chapter.

differential forms of privilege one is accorded within a discourse, in that someone who is understood to be 'healthy' is also more likely to be thought of as being hard-working, disciplined and a high achiever. Conversely, those who are deemed to be 'unhealthy' might be thought of as lazy and stupid. In turn, this is likely to have profound consequences for individuals' relationships with colleagues and their career prospects more broadly. Notwithstanding its capacity to analyse subjectivity in terms of power relations, the Foucauldian approach also provides a means through which to understand resistance to power relations in terms of subjectivity. If one considers Foucault's injunction to "promote new forms of subjectivity through the refusal of this kind of individuality which has been imposed upon us" (2001, p. 336), then it is abundantly clear that his conceptual apparatus not only allows for exploring the ways in which we become subjects of power, but also the ways in which this power can be resisted. For the purposes of this research, a Foucauldian approach thus ultimately provides avenues through which to consider how to resist the power relations at the heart of wellbeing.

In keeping with both the poststructuralist epistemological and ontological stance and the qualitative research approach adopted in this research, discourse analysis is utilised as a heuristic principle to guide the empirical analysis. The term heuristic is used here to capture the way in which discourse analysis takes on a more overarching role in terms of guiding the research, as opposed to merely being utilised as a method of analysing research data. The preceding sections have outlined the importance of a discursive understanding of the social world, and, in this respect, treating discourse analysis as a heuristic principle is a natural extension of this position. Utilising discourse analysis in this way does not tie the researcher to any qualitative research method. Indeed, it has been suggested that discourse analysis is equally applicable to a range of methods, including interviews, ethnography, conversation analysis and documentary analysis (Phillips and Hardy 2002). In this sense, "what makes a research technique discursive is not the method itself but the *use* of that method to carry out an interpretive analysis of some form of text with a view to providing an understanding of discourse and its role in constituting social reality" (Phillips and Hardy 2002, p. 10, emphasis in original).

#### 4.1.1 Critiques of poststructuralist discourse analysis

There are several criticisms of a poststructuralist approach to discourse analysis, which one must engage with in order to justify the use of this approach. The foremost critique of poststructuralist discourse analysis pertains to the fact that it effectively collapses the distinction between structure and agency. This argument takes various forms and therefore needs to be discussed in detail.

According to Reed, poststructuralism elides epistemology and ontology and, as a result, “social structure is collapsed into discursive agency” (Reed 2004, p. 414). Admittedly, the charge of merging epistemology and ontology is a persuasive one. It has already been stated that this research adopts the position that discourse produces social reality and that social reality produces discourse, which means that it is indeed the case that ontology and epistemology are seen as being mutually constituting in this approach. However, what is less clear is whether this mutual constitution proves to be problematic from the perspective of poststructuralist social science. Arguments about the problematic nature of this mutual constitution are invariably framed in terms of either paying insufficient attention to enduring social structures or providing an unrealistic notion of human agency, which will be examined in turn.

The first argument against poststructuralist analysis criticises it for its lack of attention to the social structures that individuals interact with. According to Reed, such attention is necessary for understanding how social structures simultaneously “constrain actors’ capacities to ‘make a difference’” (Reed 1997, p. 25), whilst also “generating scarce resources that actors, both individual and collective have to draw on” (Reed 1997, p. 26). According to this account, the primacy of discourse in poststructuralism means that “the ‘generative power’ inherent in social structures cannot be accessed or explained because it remains imprisoned in its ‘discursive moment’” (Reed 2004, p. 415). In order to escape this problem, it is argued that it is necessary to draw on an ‘analytical dualism’ (Reed 1997), which sustains the distinction between discourse and structure through positing the ‘realness’ of social structures in such a manner that refrains from reducing social structures to an epiphenomenal effect of discourse. In response to this critique, one could counter

that poststructuralism is, in fact, not inattentive to the constraints which social structures place on individual actors within society. That is to say, to adopt the position that social structures are discursively constructed is not to diminish the effect that they have on individuals, or to claim that these effects are not sustained over time. Indeed, Foucault's analysis of power relations within society specifically aimed to account for the ways in which these objects limit the agency of actors, whilst, simultaneously, shedding light on how discursive objects are held in place and reproduced. Such an account of social structure is embedded in the Foucauldian notion of a societal "regime of truth" (Foucault 2010b, p. 73), which variously constrains and enables individuals.

Poststructuralism has also been criticised for proffering an unrealistic account of agency. Such critiques posit that individuals are ultimately framed as being determined by discourse and, hence, as lacking in agency. In this vein, Newton argued that "the language adopted by the Foucauldians often encourages an image of passivity" (Newton 1998, p. 428). In contradistinction to such depictions of passivity in Foucauldian thought, the position which resistance occupies within Foucauldian analysis goes some way towards accounting for the place of agency. In chapter 2, it was argued that the question of subjectivity preoccupied Foucault, as evidenced in his explicitly stated project of understanding "the way a human being turns him- or herself into a subject" (Foucault 2001, p. 327). Consequently, when framed in terms of structure and agency, the active sense of subjectivity – identified in chapter 2 – can also be understood as providing the means through which to consider how it is that individuals' self-constitution of subjectivity becomes an exercise of agency, which is carried out in interaction with the discursive subject positions that structure this process. Furthermore, the exercise of agency qua resistance to power was also a central tenet of Foucault's analysis of power. As previously mentioned, Foucault was at pains to emphasise that power always contained the possibility of resistance, remaining "inscribed in the latter as an irreducible opposite" (Foucault 1990, p. 96). Hence, individuals are not to be understood as being dominated by discourse.



Overall, then, by engaging with the two main forms of critique advanced against poststructuralism which pertain to the interaction between structure and agency, it has been shown that these critiques are ultimately unfounded. Contrary to such critiques, it has been argued that a Foucauldian approach provides a robust explanatory account of the dynamic interaction between structure and agency, and privileges neither one over the other. The following section turns its attention to the research process, beginning with the research strategy.

#### 4.2 Research strategy

Adopting a poststructuralist ontology and epistemology has consequences for the research strategy adopted by the researcher. Broadly speaking, those working within a positivist epistemology/ontology are more likely to adopt a quantitative research approach, which is intended to produce an objective understanding of the social world (Bryman and Bell 2015). Conversely, a poststructuralist epistemology/ontology is considered to fit better with a qualitative research approach, where research comprises “a set of interpretive material practices that make the world visible ... [through turning it] into a series of representations” (Denzin and Lincoln 2003, p. 4). The purpose of research for qualitative researchers, then, is “to [attempt] make sense of, or to interpret, phenomena in terms of the meanings that people bring to them” (Denzin and Lincoln 2003, p. 5).

In conjunction with adopting a qualitative approach, this research also employs a research strategy based upon ‘constructing mystery’ (Alvesson and Kärreman 2007) and ‘problematization’ (Sandberg and Alvesson 2010). These authors stress that the predominant strategy of conducting research as a form of ‘gap-spotting’ is an “increasingly disturbing problem” (Alvesson and Sandberg 2011, p. 251) in management studies research, which is unlikely to produce interesting theoretical developments due to its inability to challenge assumptions. Accordingly, Alvesson and Kärreman advocate for the use of a research process comprised of three steps:

- (1) the application of an established interpretive rule [to the research setting],
- (2) the observation of a surprising – in light of the interpretive rule – empirical phenomenon, and
- (3) the imaginative articulation of a new interpretive rule (theory) that resolves the surprise (Alvesson and Kärreman 2007, p. 1269)

Practically speaking, the problematisation approach requires that, whilst research should be informed by extant literature on the social phenomena under investigation, the researcher should approach fieldwork with a relatively open mind instead of having defined research questions. Only upon encountering an empirical phenomenon which seems to challenge or undermine existing theory is the researcher then in a position to develop research questions capable of directing the investigation and solving the identified mystery. In the case of the present research, the researcher initially commenced fieldwork with an informed view of critical understandings of workplace wellbeing grounded in extant literature. During the fieldwork, the researcher conducted interviews with several employees who were either doing work, which was detrimental to their health, or otherwise experiencing some form of sickness at work. According to the literature, workplace wellbeing should operate to alleviate or minimise these instances of sickness, and hence the ubiquitous presence of sickness in the fieldwork formed the mystery which became the central focus of the research. It is important to note that the notion of ‘constructing mystery’ is intended to foreground the idea that – in keeping with the reflexive approach to research promoted by poststructuralism (Alvesson and Sköldberg 2000) – the research mystery is a phenomenon constructed by the researcher. In other words, whilst the instances of workplace sickness were an observable part of the social world, it was ultimately the interests and proclivities of the researcher which deemed this to be of analytical interest.

#### 4.3 The case study as a research methodology

As with discourse analysis, case study research is considered to be an overarching research choice. In this vein, Stake asserted that the “[c]ase study is not a methodological choice but a choice of what is to be studied. By whatever methods, we choose to study the case” (Stake 2003, p. 134). Thus, identifying case study analysis as the chosen research methodology denotes that this research will be framed in terms of the case as a unit of analysis.

Stake (1995, 2003, 2005) distinguishes between what he refers to as ‘intrinsic’ and ‘instrumental’ case studies. In intrinsic case studies, the sole purpose is understanding the case at hand. The tradition of programme evaluation, from

which the case study methodology is derived, provides an example of an intrinsic case study. By contrast, when the interest of the researcher extends beyond the case under analysis, that is, studying the case in order to generalise to a broader social world, then this can be defined as an instrumental case study. Stake connects instrumental case studies to a concern for what he refers to as 'issues': "I choose to use *issues* as conceptual structure ... in order to force attention to complexity and contextuality" (Stake 1995, p. 16, emphasis in original). However, whilst Stake's description of the role of issues within case studies is helpful for pinpointing the distinct features of instrumental case studies, as Yin stressed, "the case cannot simply be an abstraction, such as a claim, an argument, or even a hypothesis ... To justify doing case study research you need to ... define a specific, real-life 'case' to be a concrete manifestation of the abstraction" (Yin 2014, p. 34). In a similar vein, it is the shift from an abstract issue to grounding it in a specific case that constitutes the basis of Stake's instrumental case study, whereby "the case ... is looked at in depth, its contexts scrutinised, its ordinary activities detailed, but all because this helps the researcher to pursue the external interest" (Stake 2003, p. 137). The process of turning an issue into a concrete instrumental case study is expedient for making sense of the present research. This research is ultimately guided by the *issue* of workplace wellbeing and subjectivity, but this abstraction must be grounded in the *case* of specific workplace wellbeing programmes. In this sense, the study of specific workplace wellbeing programmes is instrumental for investigating the issue of workplace wellbeing and subjectivity more broadly; hence, it is the issue that is the primary focus. The role of the issue in driving the case study makes clear that the initial approach taken by the researcher is an etic one, which is derived from theory and lies outside of the case setting. As the research progresses, and the case context becomes more familiar, emic issues can also begin to develop, which are "the issues of the actors, the people who belong to the case. These issues are from inside" (Stake 1995, p. 20). The fact that accounts emerge, and that these issues in turn begin to drive the research is important for representing the world of the research sites and the lives of one's research participants; in this respect, it also closely accords with the approach of constructing mystery, where the mystery in some sense only emerges out of the accounts of research participants.

The instrumental case study is a methodology that is fundamentally grounded in the selection of an empirical manifestation of a broader issue which is of interest to the researcher. Yet the decision to undertake an instrumental case study is also predicated on the desire of the researcher to generalise beyond the specific case to the broader social issue at hand. The ability to generalise findings is commonly associated with the idea that research should be representative of a wider population, which, in turn, is associated with using representative sampling techniques. This form of generalisation is problematic in case study research, in that the single unit of analysis is not statistically valid, and the use of purposive sampling – as will be discussed further on – does not allow for the statistical representation of a population. Fortunately, within qualitative research such forms of generalisation are not held to be of critical importance. Reflecting on the concept of generalisation, Yin (2014) distinguished between ‘statistical generalisation’ and ‘analytic generalisation’. For Yin, the purpose of generalising from case studies is not to produce a statistically significant representation of society, but rather to “shed empirical light [on] some theoretical concept or principles” (Yin 2014, p. 40). Strictly speaking, then, analytic generalisation is a theoretical rather than empirical form of generalisation. Hence, this research conducts in-depth empirical research grounded in the principle of analytic generalisation in order to offer theoretical conjecture about the issue of workplace wellbeing and subjectivity in wider society.

For both Stake and Yin, case studies involve the in-depth study of a ‘case’ as a discrete entity, based on the idea that each case is “a specific, complex, functioning thing” (Stake 1995, p. 2). Evidently, the attention accorded to the case as a unit of analysis necessitates that the case be identified as a bounded system. Yet, whilst ‘bounding’ the case is a necessary feature of case study research, it is also important to recognise that within each case study, “it is not always easy for the case researcher to say where the child ends and the environment begins” (Stake 2003, p. 135). This takes on increased significance when working from within a poststructuralist epistemology/ontology, because researchers must provide an account of the somewhat artificial distinction between ‘inside’ and ‘outside’, while the interconnectedness of the social world needs to be accounted for as fully as

possible to practice social science. Taking the selected case as an illustrative example, it is not possible to separate a workplace wellbeing programme in a single site from its impact upon families and communities, from other company sites which share the same wellbeing programme, or from governmental policy and scientific evidence which has led to the formation of the programme. Yet doing so is necessary to make empirical research of the social world possible. The adoption of a case study methodology, and the focus on a case, is thus undertaken in order to make a small part of the social world intelligible; however, it is also recognised that these boundaries, whilst wholly necessary, are ultimately arbitrary.

As with all empirical work, case studies must include consideration of sampling. Within the present research, the unit of analysis was chosen by the researcher, which is referred to as purposive sampling. As Silverman emphasises:

[purposive sampling] does not provide a simple approval to any case we happen to choose. Rather, purposive sampling demands we think critically about the parameters of the population we are interested in and choose our sample case carefully on this basis (Silverman 2014, pp. 60-61).

The present research is driven by an interest in understanding subjectivity and workplace wellbeing programmes, and, hence, research sites were chosen based on a number of criteria, including:

- The extent to which their wellbeing programmes were well established
- The scale/size of the programme
- The kind of research access granted

Initially, consideration was given to researching a case where a wellbeing programme was in the process of being established by an organisation, but this was ultimately rejected in favour of studying a programme that was already well established. This decision was made because of the desire to understand the relationship between wellbeing and subjectivity in a setting where wellbeing had taken on a stabilised organisational meaning. Moreover, it was felt that the time required to establish a wellbeing programme would have probably exceeded the time available for fieldwork. In terms of the size and scale of the wellbeing programme studied in this research, it was felt that a well-resourced programme

that was available to a large number of employees would allow greater opportunity for data collection, both in terms of the availability of people for interviews and the programme resources that would be available to employees. Finally, in order to be able to carry out the research, it was necessary that the selected organisation would allow access to staff for interviews.

With these criteria in mind, a decision was made to approach a contact at the regional branch of Responsible Business Network (RBN), a national business-community outreach charity that is responsible for promoting ethical business practices. RBN had established an annual awards programme, where one category is the Wellbeing at Work award. The contact at RBN was able to set up an introduction with someone at the communications team at Aero, the company who had recently won this award. Contact with Aero was maintained through this member of the site communications team, who acted as a gatekeeper and arranged access to the site as well as providing an introduction to employees. In addition to having an established and successful wellbeing programme, Aero was also a large company with over 1000 employees, which made them an ideal research site. However, progress with interviews at Aero proved to be slow due to a relatively low employee response rate. Consequently, after a period of six months, it was decided that it would be prudent to investigate a second research site, which would provide a second source of participants and whose interviews would complement those conducted at Aero. Returning to the RBN Wellbeing at Work award shortlist, InsureCo, a runner-up in the award, were identified as a potential second site. In the case of InsureCo, the researcher was provided with an introduction to the head of the company wellbeing programme, with this person subsequently acting as a gatekeeper and point of contact with other organisational members. As with Aero, InsureCo was a large employer and had a well-established wellbeing programme. InsureCo differed from Aero in the sense that it was a non-industrial workplace, where most employees performed call-handling work.

The fieldwork which forms the basis of this research was carried out over a total of twelve months at Aero, running from October 2016 to September 2017, while at

InsureCo the research was carried out over a shorter period of five months, running from April 2017 to August 2017.

In order to research the workplace wellbeing programmes of both Aero and InsureCo, the research pursued a multi-site case study design, which is a design that “investigates a defined, contemporary phenomenon that is common to two or more real-world or naturalistic settings ... by illuminating the ... phenomenon in more than one setting, wider understandings about the phenomenon can emerge” (Bishop 2010, p. 587). The multi-site case study is distinct from a comparative case study (Campbell 2010), where multiple sites are utilised in a concerted effort to make comparisons between these respective sites. Hence, whilst Aero and InsureCo differed markedly, both with respect to the types of work carried out in the organisation and their respective employment practices, what was of analytical interest was how workplace wellbeing played out in the shared context of neoliberal work regimes. This is not to say that the differences between the sites were simply ignored; rather, what was of interest was how, despite these aforesaid differences, the wellbeing discourses at these companies adopted similar forms.

#### 4.4 Research method – semi-structured interviews

Semi-structured interviews formed the primary research method utilised in this research. According to Bryman and Bell (2015), semi-structured and unstructured interviews are the primary forms of interview method available to qualitative researchers. In unstructured interviews, interviewers are encouraged to adopt a highly open approach to the interview process, and to allow the interviewee to guide the interview. In contrast, semi-structured interviews enable the interviewer to more closely manage the interview process and introduce specific topics to be discussed, whilst still allowing for the dialogue to evolve between the interviewer and interviewee. Semi-structured interviews are routinely guided by an interview schedule, which comprises themes or questions that the interviewer wishes to cover. Given their shared characteristics, one could argue that whilst a distinction is invariably made between semi-structured and unstructured methods, this is not necessarily a hard distinction. Indeed, interviewers in unstructured interviews also inevitably have themes they would like to cover, while semi-structured interviewers

are free to let the conversation progress in a manner that is fitting. The decision to utilise a semi-structured interview method, then, was ultimately made because the researcher wanted to be able to manage the conversation and ensure that certain themes were covered. Despite this approach, digressions were also encouraged when interviewees initiated them.

One of the principal concerns associated with conducting qualitative interviews concerns the extent to which interviews truly represent the social world of the interviewee. These debates are commonly framed through a comparison between qualitative interviews and participant observation and their respective quest for 'truth' (Atkinson et al. 2003; Bryman 2012). More specifically, the debate centres on the respective benefits of researchers having direct access to 'truth' through observation of an event, compared to the value deriving from researchers accessing the 'truth' through the medium of a participant talking about an event (Atkinson et al. 2003, p. 100). In other words, this debate is predicated on the distinction between what people do and what people say they do. Within the terms of this debate, interviews are considered to be a mediocre substitute for direct observation of the 'truth', because interviewees are liable to be deliberately or mistakenly inaccurate. Atkinson et al. (2003) recall a famous ethnography by Becker and Greer, and point to a specific instance whereby the researchers felt they were in a position to directly contradict and correct the account of interviewees because of their direct observation of an event. That is to say, the researchers arbitrated on the 'truth' of the event. According to Atkinson et al. (2003) an alternative formulation of the respective benefits of interviews and observations accords the interview special status as a research method, based on its ability to access the private truth of interviewees. Here, the interviewee is understood to be able to be candid and frank in a manner they are unable to in their 'real life'. Discussing differences in the respective truth values between interviews and observations enables us to understand what is at stake in both forms of representing the social world. Indeed, a social constructionist perspective encourages us to understand that, in fact, interviews do not represent forms of talk 'about' events, but are in fact social events themselves. As Atkinson et al. assert:



events are far from things that just happen. They are made to happen. They are enacted. They are also comprehensible as 'events' because they can be described and narrated. Likewise, the tellings or narratives about events are themselves performances ... They too are enacted (Atkinson et al. 2003, p. 104)

From this perspective, we come to recognise that the interview is itself an event which is co-constructed by the researcher and the research participant. This dispels the twin myths that interviews either allow privileged access to a private backstage or are ineffective for learning about the real world due to the unreliability of interviewees. In so doing, we come to a more nuanced understanding of what interviews are, and what their role is in research on the social world. Within this understanding, the interview becomes an event whereby "certain events or classes of events [are] endowed with significance through the [interviewees'] own tellings" (Atkinson et al. 2003, p. 110). Here, social significance derives from the co-construction of meaning, which is based on the interviewee and interviewers "culturally shared categories of memory, account, narrative, and experience" (Atkinson et al. 2003, p. 110). This helps us see the interview neither as a privileged method through which to access a private world (because the interview is co-constructed), nor as a second-rate tool for accessing social events (because the interview is itself an event, and can be analysed as such).

Critics of a social constructionist reading of interviews argue that, because social constructionists understand the interview as a unique enactment that is bound to circumstances, the logical conclusion is that it becomes impossible to say anything about the social world beyond the interview itself. In response to such critiques, Silverman cites Gubrium and Holstein's concern with consciously linking the content of the interview with how it is enacted, which posits that "the standpoint from which information is offered is continually developed in relation to ongoing interview interaction" (Gubrium and Holstein 1997, cited in Silverman 2014, p. 187). This call for reflexivity on the part of the researcher attempts to solve the contextualised nature of the interview through paying close attention to the researcher's role in the co-construction of the interview event (Alvesson and Sköldbberg 2000).

In total, 62 semi-structured interviews were carried out across both research sites. Of these, 36 were carried out at Aero and 26 were carried out at InsureCo.

In addition to semi-structured interviews, the research was supplemented by additional data collected via observations of wellbeing events, as well as documentary analysis of documents related to the wellbeing programmes. Whilst it was originally hoped that these research methods would play a larger role in the data collection process, unfortunately this did not prove to be possible due to difficulties in maintaining close contact with Aero and InsureCo. In the case of accessing documents for analysis, these were often confidential, because they contained proprietary information and, as such, were not easy to obtain. Regarding attendance at events, the large workload of the gatekeepers within both organisations also meant that the researcher was often not informed about events were taking place. Despite these difficulties, numerous instances of both forms of data were collected and used to supplement the interview data, which allowed for a richer picture of the wellbeing programmes at both companies to emerge.

At Aero, the researcher participated in a community day, where employees renovated the grounds of a local school, as well as attending sessions on mental health awareness provided to the employees by a local mental health charity. Moreover, the researcher attended a meeting of Aero's Mental First Aider initiative (discussed in greater detail in chapter 8). With regards to documentary evidence, the researcher was provided with a copy of the manual for Aero's wellbeing programme, as well as numerous documents relating to the setting up and running of the Mental Health First Aider initiative. At InsureCo, the researcher attended a meeting of the wellbeing champions, who were responsible for running InsureCo's wellbeing programme, along with attending talks given to employees by a national heart disease charity. In addition to this, the researcher was provided with access to manifold documents from InsureCo's wellbeing programme, which are given to employees as part of their induction programme. The researcher was also given intranet access to the wellbeing resources which were available to all employees.

#### 4.5 Analysing research data

A thematic discourse analysis approach, where “thematic analysis within a social constructionist epistemology ... [is used to identify] themes or patterns across [a] data set, rather than *within* a data item” (Braun and Clarke 2006, p. 81, emphasis in original) was utilised in order to analyse the research data. In doing so, a choice was made not to engage with analytic methods premised upon a close reading of individual texts, such as Critical Discourse Analysis (Fairclough 1992; Fairclough and Wodak 1997). This choice was made because of an interest in “long-range” discourse (Alvesson and Kärreman 2000), for which close textual analysis is unsuitable. This choice is in keeping with the identification of discourse analysis as a heuristic research principle.

The data was coded using those principles delineated by Miles et al. (2014). Initially, this involves the generation of first cycle coding, where codes are “assigned to data chunks to detect reoccurring patterns” (Miles et al. 2014, p. 80). The first cycle coding mainly involved the ‘descriptive coding’ of talk related to issues of health and the company wellbeing programme, alongside ‘values coding’ which relates to the values, attitudes and beliefs of the participant. Following this, second cycle or pattern coding was used as a means of establishing the interrelationship between the items identified through first cycle coding. This process enabled the researcher to “develop higher level analytic meanings for assertion, proposition, hypothesis, and/or theory development” (Miles et al. 2014, p. 80). In the process of conducting second cycle coding, themes were constructed from the research data, which subsequently formed the basis of the descriptive account of the findings provided in chapters 6, 7 and 8, as well as the analysis presented in chapter 9. Second cycle coding comprised items such as justifications for wellbeing programmes, factors which affected employee health and experiences of being sick in the workplace.

NVivo qualitative analysis software was used to analyse the research data. This choice was made because the software allowed for data to be easily stored, accessed and for the themes to be exported. In practical terms, interview transcripts were loaded into NVivo and subsequently organised into folders according to the organisation the interview had taken place in. Each transcript was

marked with a reference number and a pseudonym, so that the transcript could not be attributable to the participant. NVivo allows for the easy creation of codes which are assigned to specific sections of text, as well as facilitating the organisation of codes and enabling both the creation of code hierarchies and cross-referencing.

#### 4.6 Standards for ensuring high-quality, rigorous research

When adopting an experimental research design, which is commonly found in the natural sciences, the quality of research has traditionally been judged on criteria of internal validity, external validity, reliability and objectivity (Lincoln and Guba 1986). These criteria are predicated on the adoption of a positivist epistemology, which maintains that reality can be objectively observed, measured and understood. Whilst many scholars within the social sciences believe that a positivist epistemology is applicable for understanding the social world, some researchers have come to believe that the social world cannot be understood in such objective terms, and that instead an element of subjectivity must be incorporated into our understanding. This has been the case particularly in qualitative research, which has tended to conduct research in naturalistic settings that are far removed from experimental research designs. The incorporation of subjective understandings (for example, those of the research participants, the researcher, and the reader of the research) proves to be a potentially problematic issue for those not utilising a positivist epistemology because this element of subjectivity undermines the possibility of making use of traditional criteria for maintaining rigorous research. In order to come to terms with this issue, it is necessary to understand how subjective understandings can be incorporated into research, whilst, simultaneously, ensuring that the research remains scientific.

Lincoln and Guba (1986) proposed criteria for evaluating non-positivist research in naturalistic settings that paralleled those found in experimental research designs. As one can discern in the diagram below, the positivist criteria were translated into their naturalistic equivalents:

Internal validity	→	Credibility
External validity	→	Transferability
Reliability	→	Dependability
Objectivity	→	Confirmability

The present research has been conducted in accordance with Lincoln and Guba’s parallel criteria for qualitative research, as will be shown through considering each in turn. Broadly speaking, the criteria of credibility is intended to ensure the “truth value” of the research (Lincoln and Guba 1986, p. 77). As part of this endeavour, the authors suggest that researchers should ensure that the principles of “prolonged engagement” and “persistent observation” (Lincoln and Guba 1986, p. 77) are maintained in research, which means that fieldwork should be conducted over a long period of time and be in-depth. Within the parameters of the present research, considerable care has been taken to ensure that the fieldwork accorded to both these principles. As aforementioned, fieldwork was carried out over a period of 12 months at Aero and 5 months at InsureCo, which involved multiple visits being made to these two research sites. It is the researcher’s contention that, within the constraints of a PhD thesis, this conforms with the criteria of credibility. The criteria of transferability pertains to the intention to provide “thick descriptive data” (Lincoln and Guba 1986, p. 86) of the research context, so that others may make judgements about the generalisability of the research data. In this regard, the research has worked to provide an extensive account of both the research sites (chapter 5) and the research findings (chapters 6, 7 and 8). This was done for the express purpose of allowing other scholars to judge the claims made in the research in relation to the research context. The criteria of dependability and confirmability rely on the establishment of an audit trail, which allows others to establish the grounds on which the research was conducted. Satisfaction of this criteria is based partially upon the present chapter, which details the process by which the research was conducted, as well as through the inclusion of various documents related to the research process in the appendices of the thesis.

## 4.7 Research ethics

In order to practice social science in a manner which is responsible to society at large, it is necessary that empirical research maintains certain ethical standards. Prior to any fieldwork being conducted, a research ethics application was submitted to the Cardiff Business School Research Ethics Committee. This application involved describing the fieldwork process, as well as highlighting any anticipated ethical issues and explicating how these would be mitigated by the researcher. The application was subsequently approved by the Ethics Committee, and the research was given ethical approval.

One of the main ethical concerns addressed in the application pertained to issues involved with researching a 'sensitive' topic. Whilst defining what counts as a sensitive research topic is not straightforward, as what constitutes 'sensitive' is dependent on the experience of each individual, the Economic and Social Research Council (ESRC) does establish a link between topics which can be understood as sensitive and the researcher's duty to anticipate risk within research. Accordingly:

Risk is often defined by reference to the potential physical or psychological harm, discomfort, stress, or reputational risk to human participants... This is especially pertinent in the context of health-related research. But, in addition, social science raises a wider range of risks ... These include risk to a participant's personal social standing, privacy, personal values and beliefs, their links to family and the wider community, and their position within occupational settings (ESRC 2015).

Given that the present research is concerned with health-related issues, more specifically, how health can impact upon an individual's social and occupational identity, procedures had to be implemented in order to manage risks to participants that arose from the research. This was done, firstly, by managing any potential distress that may be experienced by participants from taking part in the research, and secondly, by ensuring the confidentiality of research data and the anonymity of research participants.

In order to mitigate the potential distress that research participants may experience, a process of informed consent was utilised. As it is impossible to know in advance if the research will be sensitive to the participants, informed consent

allows both the participant and the researcher to be absolutely clear about the nature of the research, as well as their respective obligations, prior to the research taking place. The informed consent forms used in this research served several functions, including:

- Providing information about the purpose of the research, more specifically, the fact that the research was examining the relationship between their employer's workplace wellbeing programme and their attitude towards their health.
- Providing information about the research method and the research process.
- Providing the researcher's contact details and inviting correspondence about any questions, concerns and feedback that the participants may have upon conclusion of the study.
- Providing contact details for the researcher's supervisor and inviting correspondence should they have any concerns subsequent to taking part.
- Emphasising the right to withdraw from the study at any stage in the research process without providing any reason or justification for doing so.
- Providing information about processes related to the handling of their data.

The use of informed consent forms to mitigate potential risk was carried out on the basis of providing research participants with information regarding the subject of the research, so that they could make an informed decision about their participation. Moreover, it was made explicit that participants could withdraw at any point during the research should they experience distress. Finally, the provision of contact details for both the researcher and the researcher's supervisor ensured that participants were able to ask questions or express any concerns which they may have had. Whilst the informed consent forms formalised the process of mitigating risk, it was also important that the research was conducted in a spirit of sensitivity to the experiences of the research participants. To this end, the researcher was mindful of the way in which participants expressed themselves and made every effort to avoid causing distress to participants.

During the research process, participants can convey information of a sensitive and private nature to researchers, and if this information is not handled properly, then it may cause harm to the participant if it is inappropriately disseminated. For this reason, conducting ethical research requires that, in addition to managing the risk that participants may be distressed by the research process, research procedures

protect the participant from any harm that may result from divulging information over the course of the research. To manage this, it is critically important to maintain the principles of confidentiality with research data and preserve the anonymity of participants. Confidentiality of research data was ensured by storing all electronic data (such as interview recordings and transcripts) on a university managed computer. This computer was password-protected and was 'locked' during all times that the researcher was absent. Any hardcopy research data (such as fieldnotes and informed consent forms) were kept in a filing cabinet which was locked by the researcher. No person other than the researcher had access to the unprocessed research data. In order to be able to make the research publicly available, it was necessary that all data was anonymised in such a way that it would not be possible to identify participants via their research accounts. To this end, all participants were provided with a pseudonym, while any attributable information was removed from the research account. Only the informed consent forms contained the research participants' real names, and these were kept physically separate from any other research data. All these actions are in accordance with the UK Data Protection Act 1998 (Joint Information Systems Committee 2015).



## 5 The research setting

This chapter introduces the two organisations which form the empirical basis of the research. In so doing, the chapter sets out to accomplish several aims. Firstly, it gives contextual detail to the research by providing information about both the wellbeing programmes that constitute the object of this study and the organisations within which these programmes are located. Secondly, it describes my experience of conducting research within these organisations. This serves as a means through which to locate myself as a researcher within the research process, as well as giving the reader a sense of what it is like to be a member of these organisations. Thirdly, although this research does not aim to provide a straightforward comparison of these two research sites, it is important to note that these organisations are markedly different from each other in terms of their work, their employees and their wellbeing programmes. Consequently, providing an initial description of each organisation's unique context allows for a fuller appreciation of the key similarities and differences in how workplace wellbeing is realised within these respective sites. Finally, as aforementioned in chapter 4, providing a description of the research setting represents a critical element in the process of maintaining the credibility, transferability, dependability and confirmability (Lincoln and Guba 1986) of the research, in that it enables the reader to assess the presentation of the findings and the robustness of the discussion which follow this chapter. The chapter begins by introducing the company referred to in this research as 'Aero', before proceeding to introduce the second company, 'InsureCo'.

### 5.1 Aero

Aero is a site in South Wales that is operated by Aero Inc., one of the world's largest aircraft engine manufacturers. The site is one of Aero Inc.'s largest maintenance facilities, and is responsible for servicing three engine types that are used by some of the most recognisable international airlines, including Boeing and Airbus. Aero Inc. is itself a subsidiary of the U.S.-based PowerCorp, one of the world's largest corporations, whose operations are primarily in the energy and transportation sectors. Prior to ownership by Aero Inc., the site has been maintaining aircraft

engines since the 1940's, having previously been owned by the British airline, UKair. The site was purchased by Aero Inc. in the 1990's and has been operated by them ever since. As one of the world's largest aircraft engine manufacturers, Aero Inc. is an extremely profitable company. In 2017, Aero Inc. had an annual revenue of \$27 billion, with a \$6 billion profit margin. Key to these figures is a large workforce: as of 2017 the company had over 44 thousand employees globally. While most of these are based in North America, the company maintains a substantial presence in Asia and Europe, including the site which forms the basis of the fieldwork.

#### 5.1.1 Working at Aero

Located close to several small towns, Aero is surrounded by fields and woodland, as well as a busy A-road which runs past the front gate. The site occupies an area of over 1 million square feet, with hangars big enough to accommodate the large long-haul engines that form a key part of Aero's service operations. The site is connected by access roads and pavements for pedestrians, which are essential due to the prevalence of industrial vehicles, such as lorries and forklift trucks, that transport large equipment around the site. The front gate forms the main entrance to the site, and it is the only one accessible by non-Aero staff. At the front of the gate are two sets of barriers – one for entrance one for exit – with a security lodge situated in between them. The security lodge is staffed by a contracted security provider, and visitors are required to collect visitor permits to gain access to the site. The permits must always be displayed, and visitors are always also escorted on-site. Once visitors have passed through the security lodge, there is a short walk over to the reception area, which is in the main building. Given the size of the plant, the scale of the buildings on the site, and the number of people who work there, the reception area of Aero is surprisingly small.

It is in the reception that I began every research visit, chatting to the friendly receptionist while waiting for my gatekeeper to escort me to the meeting room upstairs where I conducted the interviews. Within the reception area was a wall displaying various awards won by Aero for its apprenticeship programme, as well as for its engagement with corporate social responsibility work with local charities. In addition to these external awards, there were also awards won by the site in

recognition of its place within Aero Inc. One of these included certification that the site was operating at the 'advanced' level of Aero's wellbeing programme, ForwardHealth. On one memorable occasion, I waited in reception while sat next to a nervous looking and smartly dressed young man. After a short while, an older man came to the reception area and chatted to the younger man. The older man was dressed in overalls and was giving advice; after the young man was ushered away, he explained to the receptionist that the younger man was his son and was there for a job interview for the apprenticeship programme, the same programme that he had started in over 25 years ago.

The main building is old, and undoubtedly predates Aero Inc.'s purchase of the site, possibly even dating back to when the site was first built. Despite visiting numerous times, I invariably felt lost in the maze of corridors and stairs that I was led down while walking to the meeting rooms, and, in this respect, I am glad that I was escorted. The building is very large, incorporating the main production areas for the site on the ground floor and most of the office space on the floors above; the walk to the meeting room has the effect of making the building seem even more spacious. This sense of size is exacerbated even further when one walks along the perimeter of the shop floor. The walkway through the shop floor is marked on the floor in fluorescent yellow, and stepping off from this walkway on to the production area necessitates wearing safety equipment, such as safety shoes and even sometimes safety glasses, ear defenders and overalls. The shop floor is brightly lit and always seems busy, but yet also sparsely populated due to the size of the space. Teams of people work on different parts of aircraft engines, which are often suspended on stands and trolleys to allow for full access. The atmosphere is light-hearted, with colleagues occasionally sharing jokes whilst getting on with their work. Sometimes communication is boisterous in nature, with people calling out to one another with raised voices. In addition to the various safety gear required for the section they work in, everyone on the shop floor wears the same black safety boots and light grey overalls that are supplied by the company. All of these have the company logo printed on the left breast and the person's name on the right, a dress code borne out of utility.

Around the perimeter of the shop floor large noticeboards display information pertaining to health and safety regulations and accident prevention, as well as some information about the Aero Affinity Groups, such as the Women's and LGBT+ Networks. During my first walk through the site, the gatekeeper points out a noticeboard which contains information about ForwardHealth. After leaving the shop floor and climbing up some stairs, I proceed down a corridor and through to a medium-sized open-plan office space with rows of desks. Once again, this space feels sparsely populated with many of the desks unoccupied. Both the corridor and office space have framed posters which detail the many achievements of Aero Inc. in manufacturing and servicing aircraft engines; these often feature imposing pictures of massive engines, accompanied by impressive performance stats. Finally, the walk finishes at the meeting room where the great majority of the research conversations occurred. The room contains a conference table and several whiteboards covered with complex writing related to the production process down on the shop floor, which makes absolutely no sense to the researcher.

#### 5.1.2 The engine overhaul process

The work carried out by Aero is based upon contracts with airlines around the world. As part of the work contract, Aero agrees a timeframe in which to deliver the engine back to the customer, which means that if an engine is delayed for any reason then the business incurs financial penalties. Despite such concerns, this site enjoys a strong reputation with major airlines for being able to turn around engines in a time which would be unmanageable for competitor sites.

For each of the three engine types handled by Aero, the process by which engines progress through the shop floor is governed by a number of stages, each of which have separate work areas. At Stage 0, the engine is 'receipted' into the business and undergoes a process to analyse possible faults with the engine. At Stage 1, the engine is completely disassembled into its approximately 10000 constituent parts. It can take between 10 to 15 days to disassemble an engine down to the last nut, bolt and washer. Each part undergoes chemical cleaning and is then inspected in an ultraviolet crack detection process to determine if the part is serviceable or needs replacement. Parts which require work in order to be serviceable are either shipped

out to a network of vendors or repaired in-house. This in-house repair function constitutes Stage 2 of engines' progress. This is the preferred option, as using external vendors increases costs and lead time of the repair process. Aero repairs approximately 1200 parts each week. The cost of these parts varies from £100 for a minor engine part, up to £1 million for a fan blade shaft. Stage 2 is the locus of the heavy industrial processes carried out by Aero, which include plasma spraying (involving the spraying of nickel onto parts) and heat treatment processes, as well as a shop that uses heavy machinery to produce new parts for engines. It goes without saying that this stage requires rigorous oversight by the Site's Environmental Health & Safety team. Following this, engines go into accumulation, which means that all the constituent parts are gathered together and subsequently reassembled into a complete engine. This reassembly takes place at Stage 3, which is referred to as the build cycle. Firstly, parts are kitted to ensure that these meet customer specifications and that the configuration of parts is correct. Following this, the first stage of the build takes place, which involves parts being assembled into the discrete modules that make up the engine, namely: the combustor – where fuel burn takes place; the turbine – which is powered by the combustor and responsible for transferring power to the compressor; and the compressor – which allows the aircraft to fly. After the modules have been assembled, these are then fitted together in final assembly. The process of overhauling an engine, from the beginning of Stage 0 to the completion of Stage 3 can take anywhere between 50 to 75 days. Finally, based on the size of the engine, it is taken to one of the two separate buildings which house Aero's two test cells; the newer and larger of the two can accommodate the world's largest aircraft engines. The engine test lasts eight hours, during which the engine is pushed to its operating limits – where it can reach temperatures of up to 1000°C – to ensure effective performance. During one tour of the site, I was fortunate enough to visit the larger of these test cells while an engine was being put in place. The scale of both the engine and the size of the test cell brought home the feat of engineering and technical skill required by those working at Aero. To give a sense of scale, the smaller test cell has the capacity of nine Olympic-size swimming pools.

### 5.1.3 Aero's employee demographic

Aero is one of the region's largest employers, with a workforce of over 1400 people. Of these, approximately 2% are external contractors, who provide support to the site by, among other things, maintaining machines and transporting the engines around site. Around 8% of the workforce are based in offices, overseeing operational activities on site, such as quality control, liaising with Aero Inc.'s U.S. headquarters, handling customer relations, managing environmental health and safety, as well as numerous other support roles. The bulk of Aero's employees work on the shop floor, doing the work of maintaining and overhauling the aircraft engines. Employees who work in offices are paid an annual salary, whilst those who work on the shop floor are normally paid an hourly rate. One consequence of this is that those on the shop floor are monetarily incentivised to work overtime – either by staying on at the end of a shift or working on their rest day – when production pressure demands that the rate of work be increased. Although there is considerable variation between different job roles, as well as based on length of service, the average annual salary for a licenced aircraft engineer is around £34,000. The division between office and shop floor, salaried and non-salaried staff, reflects a significant division in the Aero workforce. In the course of the research, several people who worked on the shop floor explicitly referred to feeling an 'us and them' divide between the office and shop floor, whilst office staff expressed the need to get 'buy-in' or get the shop floor 'on-side'. Moreover, people on the shop floor routinely expressed resentment at the way that the site was run by the management staff, who were all office-based, whilst office staff occasionally said that they thought the shop floor staff behaved as though the company 'owed them something', despite being employed in relatively comfortable and well-paid jobs.

The organisational structure of the shop floor is relatively simple: under the site leader, there is a head for each of the engine types, while under these is a stage leader for each of the stages listed above. At each of the stages, engineers work in teams that are headed by a work allocator, a position which rotates amongst the team members every week. The work allocator is responsible for managing the shift hand over, letting the incoming allocator know what work is currently underway,

what the priorities are, and if there have been any problems. The early shift allocator also attends the daily production meetings and relays information within the team, which is then subsequently passed on to teams on later shifts. Work on the shop floor continues 24 hours a day, 5 days a week, with work also taking place during the weekend. For this to happen, the work is divided into three shifts. There is a variety of shift patterns in operation, but one of the most common involves working two weeks of early shifts – running from 06:45 to 15:00 – followed by one week of late shifts – running from 14:45 to 22:00 (with a 20:45 early finish on Friday); this pattern also includes working one weekend in every three. In addition to this, there is a night shift who work 22:30 to 07:00 (with a 20:15 to 01:45 shift on Friday); those on the night shift do not work on weekends. Office staff at Aero do not work in shift patterns and have greater flexibility with their start and finish times. From research conversations, the general pattern is to start work sometime between 07:00 and 08:00 and finish between 15:00 and 16:00.

There is a wide range of ages at the company, with many younger employees being encouraged to join the company due to the award-winning apprenticeship and internship schemes, which serve to encourage both school leavers and those at university to enter into the aerospace sector. Overall, the age of employees tends toward the upper end of the working age range, with most employees being in the 40-50 category. Many of these people joined the site, then owned by UKair, when they left school and have stayed ever since, which is a sign that working on the site used to be considered as a job for life. Historically, the other major employers in the area were coal mines, but working for UKair had a higher status due to the skill and training that were required. As a result, the older employees often expressed a sense of pride in the work that they did, as well as invoking the tradition that the site represented. This feeling had also been adopted by Aero, who held community celebrations for the 75<sup>th</sup> anniversary of the site (despite having operated there for less than 25 years). It was also clear that Aero had adapted and redirected this pride, encouraging employees to take pride in the work that they currently did and the skill that was required. I often had the feeling that Aero's message was a source of considerable tension on the shop floor, with workers who joined during UKair's

tenure remembering ‘the good old days’ of the old management and complaining how the company had changed for the worse.

The level of skill involved in the work of Aero is reflected in the requirement that certain work can only be carried out by engineers licenced by the UK Civil Aviation Authority (CAA), and the site itself be licensed by the CAA. Consequently, Aero holds a Part 145 licence, which certifies it as an organisation that is approved to carry out maintenance of commercial air transport. Similarly, many employees who work on the shop floor have a Part 66 B1 category licence, a “mechanical based licence [which] permits the holder to issue certificates of release to service following line maintenance, including aircraft structure, power plants and mechanical and electrical systems” (CAA 2007, p. 48). In relation to this, engineers on the inspection and build sections of the shop floor also have a stamp with a number that is unique to them. This is used to mark the paperwork associated with an engine in order to show that they worked on it; after an engine has left the site this paperwork is stored electronically, so that it can be used to trace who worked on an engine in the event of an accident. More immediately, given the high cost of the materials and parts handled by engineers, the use of a stamp also makes it possible to hold an engineer personally responsible if a part needs to be scrapped.

The gender demographic of employees is striking, with the overwhelming majority, perhaps 95% of employees, being male. Whilst Aero’s female site leader is a vocal advocate of the campaign to encourage more females into science, technology, engineering and maths (STEM) careers, the masculinity of the working culture at Aero was notable. For example, whilst the use of assistive equipment meant that those without a great deal of strength could perform tasks required on the shop floor; the preference of some engineers to perform these tasks manually, which required strength they considered to be beyond most females, meant that females were often perceived as being less capable than their male colleagues.

#### 5.1.4 ForwardHealth

ForwardHealth (FH) is the in-house wellbeing programme of PowerCorp, and is disseminated across PowerCorp’s multibillion-dollar business, of which Aero is a part. FH was launched globally across PowerCorp in 2009, while, in 2010, Aero



became one of the first sites to be certified. The programme is designed around a certification framework that is intended to be implementable at any PowerCorp office or site. The framework is designed around 8 core elements, with sites able to become certified at two levels: 'basic' and 'advanced', of which Aero was certified at the advanced level. For each of these levels, the certification framework delineates a number of criteria, with those sites aiming to achieve an advanced level needing to also meet the criteria associated with the basic level. The different elements of the programme were managed by a team of FH Champions.

The first Element is Leadership, which involves maintaining the engagement of site leadership with FH. At Aero, the site leader was considered to 'own the leadership' of the programme; in practice, this meant that she was present at any large FH events and vocally endorsed the programme. The management of FH was handled by the site champion, who served as the figurehead for the programme and was a point of contact for all FH matters within Aero. This job was greatly aided by Amy, a member of the communications team, who handled the day-to-day running of the programme, deputised for the site leader at FH meetings and managed the FH budget. At Aero, Element 2: Prevention & Screening, and Element 9: Medical Safety were managed jointly by a team of two, with additional support from the site's resident occupational health nurse. These elements comprised promoting awareness of issues like preventable diseases, such as heart conditions and type 2 diabetes, and offering medical screenings for employees, as well as on-site safety. As part of these elements, Aero occasionally had visits from health charities, who provided health education on a range of issues, such as cancer, maintaining a healthy heart and sun protection. Element 3: Health Nutrition, involved ensuring the availability of healthy food and drinks in the organisation's canteen and vending machines. The champion responsible for this aspect had worked with the canteen to introduce healthy meal options, alongside running a weight loss programme for employees. The Aero site was a non-smoking area, which made Element 4: Tobacco Cessation relatively straightforward to run. The site provided and maintained a smoking shelter outside the property towards the back of the site, but were constantly trying to stop employees from taking the easy option and smoking just

outside the front gate. This was an issue within the organisation, because seeing smokers outside the site entrance was deemed to be “not a great first impression”.

Element 5: Physical Activity mostly consisted of promoting healthy activity. This was greatly assisted by the Lifestyle Account offered to employees. Whilst this was operated separately to FH, it included a discounted gym membership and provided an opportunity for employees to have Aero match any contributions made towards sports equipment up to £300. Moreover, the site had a variety of sporting clubs, including squash, rugby, golf, fishing, football and cricket. Many of these clubs were established prior to Aero owning the site and ran independently to FH, albeit they occasionally received funding from the programme. During the period of fieldwork,

Element 6: Stress and Non-physical Health did not have an on-site champion. As will be discussed later, an attempt to address this gap was made in the form of mental health first-aiders. Element 7 was titled U.S. Consumerism and was centred on educating employees about being an active consumer of health care. However, there was no champion for this element within Aero, and it remains unclear if this element only applied to U.S.-based sites. Finally, Element 8 was entitled Health Related Absence: the champion for this element was a HR officer, while its primary purpose was both to ensure that the site effectively communicated its sickness and absence policies, and that line managers were supported in handling these matters.

The demographic of FH Champions was heavily skewed towards office-based staff. Of the eight champions (including the FH site champion), only two had regular contact with the shop floor. Of these two, along with the site leader, one was a member of the senior management team. This skew towards office-based staff was noted by Andy, the site champion, who commented that he would often try to “pull someone in” from the shop floor to help plan big events and activities.

Nevertheless, he stated that he would like them to have more involvement:

I'd like to have as many people from the shop floor on here as I can, because you'll find you get more of a buy-in from the other guys on the shop floor if someone is saying, 'come and do this with me'. So that's the main reason I like to get them involved. And [also] they kind of know what's going to work and what's not going to work.

(Research interview – Andy, Aero)

This sense of needing to get the shop floor staff to buy-in derived from the aforementioned divide between office and shop-based roles, and was one of the primary issues that emerged out of the interviews with the FH team.

The highlight of the FH calendar was the annual FH Family Day, which employees reported looked forward to. Aero hired a sports ground for the occasion, often a local cricket stadium, and invited both employees and their families. Andy described it as follows:

FH Day: rammed, we get 1500 people there. You can bring your kids, [...] each person who works here can get 4 tickets. You bring your kids along: they get Aero pens and bags, all stuff with Aero on. They have bowling nets for kids. There's an element to [the FH certification framework] where you have to say you put an event on for friends, family, kids, old people, young people. When we do it [...] there's a picnic area where you can sit down, there is food we put on. Then there's stuff for the smaller kids like bouncy castles, running machines, and all stuff like that for different ages of kids. And the take-up on that is massive. But the reason I think the take-up is massive is because people see it as getting something for free, rather than understanding it's for FH and what we're trying to do, which I'm fine with. If you can subconsciously get the message across then I'm cool with it. Yeah, events like that get such a massive take-up. (Research interview – Andy, Aero)

In addition to the family day, the company also organised a FH Week, which consisted of a whole week of programmed events, ordinarily involving local charities giving talks and providing resources for employees' health management.

During the year in which I conducted my fieldwork, these two highlights of the FH calendar had been drastically scaled back. I was told that this was due to budgetary restrictions, which had been placed on Aero as a result of declining profits from other areas of Aero Inc. As a result, the programme of events usually laid on for FH week was reduced to a single day of activities, with only one external provider being on-site to deliver sessions to employees. Furthermore, to the best of my knowledge, the annual family day did not take place at all during 2017. The constraints placed on FH by the business needs of Aero were also apparent in other ways. Firstly, it was clear that the work of the FH champions formed an additional

responsibility that they had to perform in conjunction with their full-time job. As one FH champion noted:

You want to do it as much as possible because it's something that you enjoy doing, that's why you're doing it. But at the same time, it's not something that I get paid to do. So, for example, if I've got x number of hours in a day, and my job is going to [take] x number of hours, I don't do any FH. [...] It's not that it comes second, it's not that the business doesn't rate it; but it's not going to keep the doors open, so fundamentally it's something extra.

(Research interview – Rachel, Aero)

In addition to the difficulty that FH champions had in finding the time to do FH work, it was also clear that the calendar of FH activities was planned around Aero business needs. This was explained by another FH champion:

We're basically a three-quarter programme, so Q1, Q2, Q3 we'll do stuff. Q4 we won't do anything. So, October, November, December we won't do anything because it gets in the way of what the business wants. So, for example, we had the half-marathon last Sunday, and that will be it, that will be the last thing we do this year because in Q4 we're driven by the business, so if the business wants 50 engines, if the business wants X amount of people to be doing this, and we're putting on stuff that's going to take people away from that, it's not really what we need to be doing.

(Research interview – Steve, Aero)

This was not to say that FH work stopped during the fourth quarter, as money was still spent upon funding things such as sports kit, while the healthy eating menu at the canteen was also maintained; rather, it meant that employees could not engage in activities which ultimately took time away from the core business activities, or 'turning the spanners' as it was often referred to. Overall, then, the consensus was that following a period of heavy investment and high activity, FH had lost momentum, and that this slow period had coincided with my fieldwork there. In fact, as the fieldwork ended, Aero relaunched FH. Notably, this included appointing a champion for the Stress and Non-physical Health element of the programme, as well as replacing Andy as the FH site champion. The last part was not entirely surprising, because Andy, during a conversation at the beginning of the fieldwork, had reflected on the challenges of being the site champion while, simultaneously, taking on new role at Aero:

It is a big responsibility and my job is quite meaty, there's a lot to it. Prior to the job I'm doing now (last September I started doing my job, so I've been doing it just over a year), I was able to do a lot more. Right now, I am struggling with it. And I think as a site we are busy [...] You could do HA as a full-time job but it's only an extra. It is difficult. I'd love to be able to do more, and I think all the other element owners would, but it's finding the time in the day. (Research interview – Andy, Aero)

Having introduced the first research site, Aero, the chapter now turns to introduce InsureCo, which is the second site on which this research is based.

## 5.2 InsureCo

InsureCo is part of the InsureCo Group, one of the UK's leading car insurance companies. In the 1990's CEO Edward Stevenson opened the Group's first office in Wales under the InsureCo brand. The Group has expanded since its inception, launching a variety of brands to access UK markets for commercial vehicle insurance and insurance price comparison websites. The Group has also launched international brands that offer vehicle insurance and insurance price comparisons. The Group currently operates in the USA, France, Italy, Mexico and Spain. Moreover, the Group also runs law firms to service its litigation needs, in addition to call centres in India and Canada that handle enquiries outside normal working hours. The success of InsureCo's rapid expansion is evident in the Group's consistent presence on the UK FTSE100 share index. In 2017, InsureCo Group's revenue was in excess of £2 billion, with a profit of over £450 million. In 2017, InsureCo Group employed over 9500 staff, internationally.

### 5.2.1 Working at InsureCo

The main office of InsureCo is located in the centre of one of the largest cities in Wales. This location makes it easily accessible for employees using public transport, although there is also an underground carpark for those travelling from further afield. For this reason, most of the employees either live in the city where the office is located or commute by train. Four years ago, the company moved into new premises that at that time were in the tallest building in the city. The building is fourteen stories high and made almost entirely from glass, thus making it an impressive workspace for InsureCo employees. Immediately inside the front doors

there is a small modern reception area with comfy sofas and wood panelling. These sofas are invariably occupied by visitors, and, indeed, the reception area is generally a busy place. The walls in the reception area are covered with various awards that the company has won for being a 'good employer', while alongside these awards are various plaques for annual in-house awards, such as 'best team player', 'thinking outside of the box' and 'making a difference'. The reception desk is staffed by a security guard and a receptionist, who share their work duties between each other. One of these duties includes issuing me with a visitor lanyard that must always be worn during my visit. To the side of the reception area is a small meeting room, which is where most of the research conversations were conducted. I was told that this room was rarely used and is located away from any office space, which meant that participants were often unsure about where they were supposed to be meeting me, and invariably there was an awkward moment as we both tried to figure out who the other was. Past the reception are five electronic glass gates, where employees must place their ID cards upon a pad to make them open. Given that the majority of InsureCo employees work shifts at certain times, there are often streams of people walking through these gates. Around the corner from the gates are six numbered elevators, which use an impressive allocation system to ensure that everyone gets to their floor in the quickest time. Upon going through the electronic gates and walking past the passage leading off to the elevators, the space subsequently opens into a 'village green'. This area comprises an area of Astro Turf featuring a faux market stall that offers free fruit to employees, along with various picnic benches where employees can socialise. Further along is the staff canteen, which offers a selection of hot and cold food and drinks, and has a combination of traditional tables and chairs and more comfortable chairs for employees to sit and eat at. While my visits to the smaller InsureCo office were fewer in number, and thus I was less familiar with this building, in many respects it was very similar to the main office. Both buildings were centrally located, were built in the same year, and, while they had different architects, nevertheless had very similar spacious high-ceilinged reception areas and bright open-plan workspaces. InsureCo's culture is driven by founding CEO Edward Stevenson's philosophy that "people who enjoy work, work better", which constitutes something of a mantra in

the organisation. The realisation of this philosophy can be seen in the fact that 'fun' is one of the four pillars of InsureCo Groups' workplace culture, along with 'communication', 'equality' and 'reward & recognition'. To this end, the company goes to considerable effort to offer staff members various 'perks' and goes to great lengths to create an informal and enjoyable work atmosphere.

InsureCo's culture of fun was physically manifested throughout its buildings, via areas such as the aforementioned 'village green'. Both of the offices where the research took place featured large break-out areas on most floors. These ordinarily contained vending machines supplying soft drinks, tea, coffee and confectionaries, as well as a number of recreational facilities such as comfy sofas, table tennis tables and games consoles (with accompanying brightly coloured beanbags for employees to lounge upon). When walking through these spaces, I observed that they were usually full of employees who were taking a short break and, indeed, at times the atmosphere could be described as boisterous. InsureCo also attempted to embed an atmosphere of fun into employees' workspaces. Indeed, whilst these office spaces were laid out in a conventional manner, there were a number of finishing touches that made it clear that this was not your average office. For example, the offices were based around large open plan spaces. Within this space, desks were grouped together into banks of around 4-8; these banks were formed into rows with two desks (and two employees) facing each other. The workspaces were divided by low partitions attached to the edge of the desk. These banks of desks were themselves grouped into the teams which formed InsureCo's organisational structure. For the call-handling staff, these teams were organised according to different themes, such as 'houses' from Harry Potter, different countries, or families from Game of Thrones. These teams were demarcated by posters and banners that hung from the walls and ceiling around them, which, in turn, served to give each team their identity. There were common features in each team area however, with the most notable of these being a large TV screen fixed to the wall, which displayed the real-time performance statistics for the team so that they were visible to other team members, managers and 'rival' teams nearby. Next to these TV screens, a number of teams had created 'board games': when a team member performed

particularly well, or had won a team competition, they would be allowed to roll a dice and advance their counter around the game board. Landing on a specific square would win the player a prize, such as time off from the phones or chocolate. Conversely, the board also contained humorous forfeits which the player would have to perform, such as singing a song at the next team meeting. All the teams, including those not involved in call-handling, had whiteboards and noticeboards, which displayed various team updates, information posters, as well as postcards and photographs of team members having fun. Staff were also encouraged to personalise their workspaces, which resulted in various items such as plants, cuddly toy mascots, amusing pictures, and personal photographs being placed upon each desk, thus marking out the individual who worked there.

Employees also engaged in fun activities over the course of their working day. To this end, InsureCo's culture of fun was advanced by what it called the 'Department of Fun' (DoF). Each month a different department within the company takes a turn at organising events and activities. This is done in order to ensure that the responsibility is shared and that all areas of the business participate. The work of DoF takes a variety of forms, namely, quizzes which staff can complete at their desks, games and challenges that reward the winner with prizes, as well as themed fancy-dress where staff dress up in eccentric costumes and socialise together. It is notable that some of the departments, particularly those with Contact Centre Representatives who have call-handling responsibilities, run their own DoF alongside the main DoF in the building. This is done in recognition of the high-pressure nature of the call handling roll and the need for these employees to let off steam. In this instance, responsibility for organising transfers between teams rather than departments. As a researcher, I encountered first-hand the DoF on several occasions. On one particularly memorable occasion, I was conducting interviews in a meeting room at the smaller InsureCo research site, while people from the Renewals department noisily took part in competitions and games just outside of the room. As part of this event, the department organised a fancy-dress competition inspired by the U.S. This included two Operations Managers being dressed as 'sexy cops' – inspired by the Village People – a Team Manager being





claims to people who handled more specialised areas, such as Bodily Injury or Third-Party Aftercare. Finally, at the end of their period of insurance, customers might speak to a member of the Renewals department, whose job it was to attempt to retain the business of existing customers. Primarily, the CCR role involved speaking with customers on the phone – the so-called call-handling role – but some CCR roles also dealt with customers solely via email, whilst others had roles which involved handling the chat functionality on the company website.

### 5.2.3 InsureCo's employee demographic

InsureCo is one of the region's largest employers, with several offices situated in the major cities in the area. The research took place in two of InsureCo's sites, and comprised 17 interviews conducted in the main InsureCo office, where approximately 3000 employees work, and 9 interviews conducted in a subsidiary office, located in a nearby city, where approximately 1000 employees work.

Both these InsureCo offices are primarily call centres and, as noted above, the most common job role is a contact centre representative, which constitutes approximately 90% of the workforce. In addition to CCR roles, InsureCo has several other departments which carry out work vital to its operations. These include non-customer-facing business departments, such as Legal, Underwriting, Loans, and Telematics, who are responsible for developing technology that collects data from customers as they drive in order to provide personalised quotes based on their driving behaviour. Alongside this, there several departments that provide key support roles, such as Finance, IT, and People Services – the name of InsureCo's HR department.

Contact centre representatives' salaries vary based on their department. Regardless of such variation, salaries are relatively low, at around £17,000, albeit these can be bolstered via the possibility of earning up to £7,000 a year in bonuses, and up to £3,500 in company shares (after a year's service), plus generous additional benefits. This salary structure clearly incentivises CCR staff to manage their performance so as to increase their earning capacity, with some employees coming to rely on these bonuses. A further notable feature of CCR staff is their shift patterns: it is a vital part of InsureCo's business that customers can easily get in contact with them to

amend or renew their policies and make claims. The shift patterns worked by CCR staff thus differed by whether they worked in customer-focussed roles. For example, someone working within the claims department that deal with credit hire organisations rather than customers might work a shift pattern which is a mixture of 08:00 to 17:00 and 09:00 to 18:00, with a few weekend shifts alongside this. In contrast, someone working in the new business department would be expected to work a combination of shift patterns covering 08:00 to 22:00 Monday to Thursday, 08:00 to 20:00 on Friday, 9:00 to 18:00 on Saturday and 10:00 to 18:00 on Sunday. During out of hours periods, call handling is passed over to non-UK offices, such as the one in Bangalore.

As a young company, it was evidenced that promotion to senior/management positions was a quick process for CCR staff. Nearly all the managers spoken to (including those in the People Services division) for the purposes of this research started off in CCR roles but were quickly promoted to more senior positions as the company grew. Given the company's extremely rapid growth, and the subsequent stepping down and replacement of founding CEO Edward Stevenson, there appeared to be a feeling amongst staff that the staggering initial success of InsureCo had tapered off in recent years. In conversations with employees who had been in the company for a prolonged period, the sentiment that InsureCo was no longer what it used to be – in terms of its attitude towards employees, pioneering expansion and general ethos – was a commonly reported theme.

One striking feature of the demographics at InsureCo concerns the age of their employees. CCR staff (and thus most of the workforce) are largely in their 20s. This makes sense both in terms of the work that InsureCo does (relatively unskilled and low paid) and the 'fun' work culture that the company promotes. Although InsureCo's recruitment website promotes the fact that CCR roles offer long-term career prospects, in practice, this does not seem to be the case. Whilst a large number of the present managers were indeed promoted from CCR roles during the company's rapid expansion, the prospects of this occurring now are scant. In my conversation with new employees, it was routinely expressed that working at InsureCo was a steppingstone before their career truly began. The research also

included a number of conversations with those who could be considered to be older members of InsureCo's CCR workforce, and whilst these individuals described InsureCo as a fun place to work, they often expressed their lack of enjoyment towards the more directed elements of this culture, such as the DoF activities. The gender divide in employees at InsureCo is almost exactly 50/50; in this regard, it differs considerably from Aero, where there was a dominant perception that employees were working in a masculine profession. Yet again, this would seem to be in keeping with the young, liberal attitude which the company seemed keen to embody.

#### 5.2.4 Department of Health

In addition to the Department of Fun, InsureCo also has a Department of Health (DoH). The origins of the DoH can be traced back to InsureCo working towards achieving Wales' Corporate Health Standard, an initiative created by the Welsh Government and Welsh National Health Service. This initiative, simultaneously, "promotes good practice and supports businesses/organisations in taking active steps to promote the health and well-being of their staff" (Healthy Working Wales [no date]), whilst promoting itself through the estimation that "employers can make a return on investment of £3 - £5 for every £1 committed to health and wellbeing in the workplace" (Healthy Working Wales [no date]). InsureCo applied for the Corporate Health Standard in 2010, initially achieving a bronze level certification. In 2013, although they applied for the silver certification, it was deemed that they had actually made sufficient progress to attain the gold level.

The path by which InsureCo established the DoH as a result of its engagement with the Corporate Health Standard is illustrated by Anne, InsureCo's Employee Health and Wellbeing Manager:

I've done generalist HR for a number of years and ended up managing a team of HR officers. I started doing wellbeing as a bolt-on. It was a project given to me, to do the Corporate Health Standard ... I formed the Department of Health and did the Corporate Health Standard. Then we had a bit of a restructure last year, and it was decided that the bolt-on roll I was doing actually needed to be a full-time position, because we could see the impact it was having. So now I am the Employee Health and Wellbeing Manager. (Research interview – Anne, InsureCo)

This extract illustrates the extent to which the DoH, and the responsibility for its management, evolved out of the company's desire to attain the Corporate Health Standard. Despite its origins, Anne felt that the direction of DoH was now very much driven by the needs of the staff:

The Department of Health has become more than [the requirements of the Corporate Health Standard] in many ways. So now it's very driven by what staff want, what staff need, what staff are for asking for ... We have a Department of Health survey annually, that helps drive our promotions and initiatives. We gauge responses to the questions that we ask, we interpret that data, and that drives some of the initiatives ... DoH very quickly became quite embedded in our culture. We realised that, yes, the company wanted this, the company liked it, our staff liked it, and it just got bigger and bigger.

(Research interview – Anne, InsureCo)

In keeping with this desire to use DoH to address the needs and interests of staff members, the Ministry is driven by a team of around 25 Champions, volunteers from all areas of the business and from different InsureCo sites, all of whom have a concerted interest in driving the DoH agenda forward. Whilst Anne was keen to emphasise the desire for staff to drive the DoH agenda, it was clear that DoH also served the business needs of InsureCo:

Department of Health is not just 'a nice to have', something that the company loves to do; there also needs to be some business input into it. Mental health is one of our biggest reasons for sickness from a long-term perspective and a short-term perspective. It features highly. Department of Health needs to be supporting that. I liaise with my director ... we've just run a report on where we are seeing pockets of mental health issues, and we'll be coming up with a plan about how we can work with Department of Health, and how we can make them introduce some more promotions, or specific promotions for departments to help support them where we are seeing high incidences of mental health sickness.

(Research interview – Anne, InsureCo)

For reasons not unconnected to one another, a significant proportion of the DoH Champions worked within InsureCo's People Services department. Whilst the presence of People Services staff on the DoH team can partially be explained as a legacy of the steering committee originally being formed within People Services to help attain the Corporate Health Standard, Anne was adamant that the People

Services team also had an important role in facilitating DoH to meet InsureCo's business needs:

I try and maintain a balance, so that it's not seen as an HR directive ... but it is still important that there is a People Services presence in Department of Health. Just as it is important that there is a communications presence, a facilities presence. Because some of the stuff we do affects those core support departments. So, yeah, undoubtedly the PS executives have an input and they deal directly with the absence rates, absence reasons, absence levels, etc., that they can then feed into Department of Health. And equally, when they are dealing with absence cases, or they are dealing with issues in the department, they can direct people to the Department of Health.

(Research interview – Anne, InsureCo)

### 5.3 Conclusion

This section has introduced the two research sites, Aero and InsureCo, in an effort to describe these spaces from the perspective of the researcher. It has also provided insight into the types of employees who work for each organisation. Finally, it has introduced the wellbeing programme of each company, explaining both their structure, and administration in terms of the people responsible for running them. In the following three chapters, the findings derived from these research settings are presented.

## 6 How to be 'healthy' – workplace wellbeing as responsabilised choice-making

This chapter presents findings related to the first research question outlined in chapter 3, namely: 'what place does ill-health occupy within the subject positions constructed through wellbeing discourse?' Further findings related to the first research question, specifically those relating to ill-health, are elaborated in the next chapter. The present chapter examines how wellbeing discourse constitutes what it means to be a 'healthy' employee, primarily through recourse to neoliberal ideology. It is argued that wellbeing discourse constructs 'healthy' and 'unhealthy' subject positions vis-à-vis a complex configuration of individual responsibility and choice, which is ultimately directed towards the maintenance of personal productivity.

The first section examines individual responsibility as a structuring principle of work in neoliberal societies. Whilst Aero and InsureCo are in different business sectors and operate under different management cultures, employees at both organisations were ultimately made responsible for their work and productivity.

In the second section, individual responsibility for health is examined. Employees' responsibility for health is constructed through wellbeing discourse as an extension of their responsibility for work, thus linking with the previous section. Employees at both InsureCo and Aero understood being 'healthy' as a necessary precursor to doing a good job, and talked about the responsibility to maintain their health being a necessary component of their work. This understanding suggests that health is something that has instrumental value, that is, it is expedient to the extent that it improves productivity. Hence, being 'healthy' emerges as something synonymous with being fit for work. This instrumental value is highlighted when examining Aero and InsureCo's workplace wellbeing programmes, which can be understood as being concerned with improving the 'bottom line' by operating both as an incitement to become 'healthy', and providing the resources to make this happen.

Workplace wellbeing programmes serve to highlight an additional element of neoliberal ideology, namely individual choice, which is examined in the third section of the chapter. Within neoliberal ideology, choice underpins individual autonomy and thereby makes the exercise of responsibility possible. Consequently, through the interplay of choice and responsibility, it becomes possible to construct being 'healthy' as a moral act, thus creating a nexus of 'healthy'-responsible-good. At both InsureCo and Aero, the importance of choice was routinely highlighted as being a key element of workplace wellbeing, both in terms of how employees understood their health and with respect to how workplace wellbeing was implemented.

The chapter concludes by underscoring the complex relationship between responsibility and choice in terms of understanding health at work. It is shown that, whilst choice underpinned responsibility, and thus imbued wellbeing with its moral imperative, it also represented a constant threat by allowing for the possibility of choosing irresponsibly. This alternative nexus of 'unhealthy'-irresponsible-bad was one in which employees were deemed to have failed to take what was understood to be appropriate responsibility for their health. In these cases, the moral dimension of health was foregrounded, as these employees became subjected to blame and condemnation. Moreover, these cases also cast light on an additional affective dimension, whereby 'unhealthy' employees became objects of disgust, ridicule and patronising behaviour. This section also explores instances where workplace wellbeing potentially undermined choice-making to ensure that employees adopted health behaviours.

### 6.1 Responsibility at work

At both Aero and InsureCo, employees' responsibility for health was situated within broader networks of responsibility experienced by employees, and, moreover, this responsibility was configured differently within each organisation.

Employees at Aero consistently emphasised personal responsibility, constructing this responsibility as a key feature of the competency which their work required. In



doing so, they highlighted the skilled and technical nature of their work and the consequences which might result should anything be overlooked or handled incorrectly. This sense of responsibility was captured especially well by Alex, who was the Environmental Health and Safety Leader for the site:

[We work on] engines that have been detached from the wing of a plane that carries 100+ passengers that need to fly at 30 thousand feet and land safely every time. So those guys on the shop floor – for every spanner that they are turning, for every nut and bolt that they are putting on and taking off the engine – they do that job wrong, the worst outcome will be a flight safety issue. And everyone knows that in the back of their mind, that's what quality is driven by. And that is a hard message. And while these guys are very well trained, I do not doubt that at shop level that will always be at back of their mind, that what they do is putting people in a very sensitive environment, they rely on us doing a good job to keep them safe. (Research interview – Alex, Aero)

One way through which Aero employees emphasised this personal responsibility was by distinguishing the work carried out at Aero from other forms of work. For example, Mike, a member of Aero's site management team, commented, "I think you'll see that the guys on site, they know what they've got to do, no disrespect but they're not putting oranges in boxes here" (Research interview – Mike, Aero). Similarly, Louise, who worked in quality control, stated: "We're not building coke cans here. We're building aircraft engines. So, there is a big duty on every individual. I might not be on the tools building an engine, but I still have a huge responsibility to ensure that those who are, are compliant" (Research interview – Louise, Aero). Louise's role was primarily office-based rather than on the shop floor, and her comment is interesting inasmuch as it shows how this sense of responsibility extends from those directly working with the engines on the shop floor to those in office roles who are involved in the production process.

Alongside bearing responsibility for the safety of passengers flying on planes whose engines had been overhauled at Aero, another form of responsibility was framed as being internal to the production process. This was framed in two respects: the cost of materials, and the need to observe health and safety regulations. The responsibility stemming from the cost of materials was emphasised by Alex:

The value of the parts that we are handling, if you make a mistake [the cost can be] astronomical because of the rarity of these parts [...] It would maybe be a bit different to a mass manufacturing type facility, making low value items. I worked in an environment like that, you scrap one of them [and it isn't a problem]. You scrap one fan blade here: £30,000 [gone] just like that. (Research interview – Alex, Aero)

As an industrial site undertaking complex engineering operations, the work undertaken by Aero was tightly regulated by health and safety legislation, and the site had a substantial Occupational Health and Safety team, who were responsible for enforcing compliance to these regulations. The importance of health and safety for the shop floor was illustrated by Gareth, who worked in the machine shop:

If you don't take the guidelines and don't take the safety measures you are supposed to, then everything is unhealthy. Working environments are dangerous places. If I didn't use safety glasses, if I didn't use the coolant, if I didn't use my ear guards, it is going to hurt me at the end of the day [...] It is up to you, no one is going to do it for you. They can provide the stuff. You can take a horse to water, but you can't make it drink. They provide the stuff for you, but if you don't use it you are a fool, it's up to you. (Research interview – Gareth, Aero)

Significantly, for certified aircraft engineers working on engines, the responsibility they bore was materialised in a physical artefact, that of the engineer's stamp. This was described by Sean, who helped oversee the maintenance of one of the engines:

It is a date stamp with a number which is yours. If you fit so and so, then you stamp for it. ... For example, I was on an inspection area that did the stamping on a computer, it was an electronic stamp. But on build [stage 3 of the overhaul process] they have a set of stage sheets: fit so and so, stamp it; fit so and so, stamp it. [All of the paperwork] is stored, we have a records department. They put it all on CDs now. (Research interview – Sean, Aero)

The importance of engineers' stamps was elaborated by Peter, who worked on Aero's shop floor:

When you put your stamp on something here, then I suppose there's an added, not pressure, maybe concern that the job you've just done fits the purpose. Which is why [there] is such a big drive on quality and there's certainly checks in place. (Research interview – Peter, Aero)

Whilst many employees at Aero emphasised individual responsibility for the work undertaken at the site, there was also a sense that this responsibility fed into something larger. Thus, along with differentiating between the highly responsibilised work carried out by individual Aero employees and that performed by other, non-skilled workers, they also identified this responsibility as a key point of difference between Aero and its inferior competitors. For example, one engineer told me that Aero was unique in being able to overhaul engines for a major budget airline in an extremely tight timeframe:

[FlyFast] is an example, 50-day turnaround, that is unheard of. But we are constantly achieving and have got our system setup so that we can meet [their] demands, and that is why [they] come to Aero. Nowhere else I am aware of is capable of achieving 50 days.

(Research interview – Carl, Aero)

Another example comes from the sign-off contained in the weekly email bulletin sent around by Aero's site leader; Sean explained that these emails always finished with the same statement: "[it's] something like, 'aim to be the place that people want to send their engines to; together we build the best engines'" (Research interview – Sean, Aero). Aero management's rhetoric of excellence thus established a direct relationship between the levels of personal responsibility which the company demanded from its employees and Aero's reputation as a world-class engine overhauling facility. This, in turn, served to create an 'imperative of productivity' that enshrined personal responsibility for high standards of work, realised through skill and technical ability, which employees came to demand of themselves.

In contrast to Aero, employees at InsureCo rarely referred to their work in terms of personal responsibility. This was largely due to the culture promoted by InsureCo management, which constructed work in terms of informality and enjoyment. In fact, the work of those in call-handling roles was often constructed in terms of game playing. An example of this was cited by Fiona, who had previously held a role as a team manager in customer services:

[Call-handlers] have an availability target, measuring how available they are to take calls from customers. [...] On the wall, next to the

targets, you have a monopoly board, if they get over target they roll the dice, they go around the board; for example, they could win a prize. A lot of people like time away from the phones, so we might say you can have a 15-minute early finish, or you can have half an hour break time, for example. So, people love time more than actual gifts. That is what we tend to find. [...] They respond well to that.

(Research interview – Fiona, InsureCo)

The type of game described by Fiona connects directly to the work tasks of the employee: in the customer services team this was primarily based upon the target related to their availability to take calls, while in another team – for example, one which handled outgoing calls – the target might relate to the number of calls made, or to the ‘success’ rate of these calls qua the number of calls converted into sales. Whilst, at first glance, this ‘work-as-play’ culture appears to undermine the sense that InsureCo’s employees have responsibility within the workplace, in fact, the gamification of their work provided the very mechanism for this responsabilisation to take hold. Through structuring call-handling work as a game, InsureCo thus imbued the task with a competitive element; hence, employees assuming responsibility for their success or failure relative to their colleagues and their job performance becomes the literal measure of who they are at work. The significance of this responsabilisation is made clearer yet still when considering its material consequences; due to a relatively low base salary, call-handlers to a significant extent relied on their base salary being supplemented by bonuses received from performing well in their role. Thus, call-handlers’ ability to earn was predicated on the responsibility they took for competing at work. Fiona detailed how this worked:

It is a scorecard, and it ranges from 1 to 10. The further up they are the more incentive they get. For availability, there is a target [...] when I was there it was 75%. So, if someone hits 75%, they get 10 out of 10 in that section, but then every percent they go over that they get extra points, it's like a multiplier, so they can earn more incentives. People that are hitting their targets will take home extra money, but then people who are exceeding them can take home more money.

(Research interview – Fiona, InsureCo)

If the prizes and bonuses from ‘winning’ at work represent the carrot of incentivisation, it was evident that the stick was also in operation at times. Whilst InsureCo was understood as being a fun place to work, it was made abundantly

clear to employees that they needed to be playing the right game at the correct time. In this vein, Fiona described a typical day managing her team: “just dealing with the team’s needs, updating their stats, monitoring them, just ensuring at all times they are doing what they meant to be doing; they’re not on ‘not ready’ [a status able to be set on employees’ phones, which stopped calls from coming through], off wandering, playing table tennis when they should be on the phone” (Research interview – Fiona, InsureCo). This account demonstrates that, whilst InsureCo attempted to construct work in terms of having fun, there remained and underlying imperative to work hard.

The key to understanding the responsibility that was instantiated through InsureCo’s work-as-play culture stems from seeing how these forms of gamification fundamentally correspond to rates of productivity. Thus, the availability targets of those handling incoming calls and the number of ‘successful’ calls made by those handling outgoing calls directly mapped onto the productivity of individual employees; a point that was made crystal clear in the fact that the IT system which monitors these metrics is called ‘Productivity’. Edward, a call-handler, explained to me that after each incoming call a call-handler was granted a ninety second ‘diary time’ in which to record details of the call on a database and make themselves available for the next call. The use of this brief period was one of the things which was monitored by the IT system:

We have a system which is like: fantastic, good, some improvement, or unacceptable. If we are way over [the one minute, thirty seconds] obviously our manager would let us know, “you’re using too much diary time, try and use less”. But that [time] can be good because if you did want to break later on in the day, as long as you are being productive on the phone, you can bank that time and then use it later on if you needed to, to give you a bit of a breather ... Sometimes you just need that breather, but you need to be productive to be able to do that.

(Research interview – Edward, InsureCo)

Although the work at Aero and InsureCo differed significantly, ultimately both companies framed work in accordance with neoliberal ideology. Consequently, employees in both companies were subject to the imperative to be productive, which was maintained through individualising mechanisms of control that made

employees personally responsible for ensuring that their work output was consistently operating at a high level.

## 6.2 Health as a responsibility

The idea of responsibility emerged as a discursive resource crucial for structuring the way in which employee health was understood at both Aero and InsureCo. When discussing health decisions with employees at both companies, it was routinely stated that employees had a responsibility to the company to be 'healthy'; this was commonly framed in terms of an employee's ability to carry out the work for which they were being employed. In other words, employees felt they were responsible for looking after their wellbeing in order to be of value to the company. As such, responsibility for health can be understood to be an extension of the aforesaid responsibility to be productive. An example of this responsibility comes from Phil – a shop floor worker at Aero – who explained:

I don't think it is any good, somebody who is, I would probably go on the weight factor – people 30, 35, 40 stone coming into work and can't do their job. What use are you? I think you should try and look after yourself in that respect. The [...] company are paying you, and you have put yourself in that position where you can't work. You maybe can't climb over an engine or get under an engine. So, you have got to look after yourself. (Research interview – Phil, Aero)

A similar sentiment was echoed by others in both InsureCo and Aero, albeit what constituted an impediment in one company was not understood to be a problem in the other. For example, Paula – a call-handler at InsureCo – told me:

If they are not keeping themselves well, they are not doing their job properly. Say, for instance, you stay up late because you want to watch something on telly, you come into work the following day and you are just not fit for it. The purpose of the job is to take those calls and be as efficient as you can. I'm not saying you can't stay up late, but if it is something that becomes a ritual to you, and you are only firing on 70%, you are not what InsureCo would be looking for. You do, to a certain degree, have to make yourself feel well, and try your best to try and be as healthy as you can. My main problem would be that I am overweight [...] that has never impacted on my work, but if it did, I would certainly try and do something about it.

(Research interview – Paula, InsureCo)

These accounts from Phil and Paula point toward differences in how being 'healthy' was understood at Aero and InsureCo. Whilst excessive weight was considered to be a barrier to carrying out work on the shop floor, the same is not said to be true for the call-handler. Likewise, Paula is concerned with being mentally alert in a way which means she can conduct her calls with enthusiasm and attentiveness, something which is not required in the same way in Phil's work. Despite differences in what being 'healthy' means, it thus emerges that, in both companies, responsibility for being 'healthy' takes the form of the individual doing whatever is required to ensure that they can be as productive as possible; in other words, being 'healthy' is defined in terms of the demands of work. Crucially, this also meant that being 'healthy' – as well as the responsibility to be 'healthy' – was understood negatively, as the absence of factors which impinged upon one's ability to be productive, rather than in the more positive terms commonly associated with workplace wellbeing.

Employees often talked about responsibility for health in terms of having a contract with their employer. For example, Ashley – who worked in the third-party aftercare team at InsureCo – told me, "you have got to look after yourself, so you are not off sick all the time and you are not taking time off work, because they pay you to come into work in the hours that you are contracted for" (Research interview – Ashley, InsureCo). Similarly, Arthur – an intern at Aero – told me, "I think [...] if you are going to sign a contract to a company, then you kind of have a responsibility to make sure that you're as healthy as possible to go into the workplace" (Research interview – Arthur, Aero). The metaphor of the contract serves to frame employees' responsibility as a form of obligation towards the company. In turn, if employees' responsibility for their health primarily stems from an obligation towards their employer, then this suggests that health in the workplace is something that has purely instrumental value. Or, phrased another way, its utility is solely based on the extent to which it assists in fulfilling the obligation to be productive. This instrumental meaning was encapsulated in one conversation that I had with Jamie – an intern who was working in Aero's quality control department. I asked Jamie if employees had a responsibility towards their company to be 'healthy', to which he

replied: “I wouldn't say a responsibility of being well; you have a responsibility of doing good work which indirectly comes from being well” (Research interview – Jamie, Aero). As Jamie notes, employees’ responsibility is thus about being productive, with health merely being a means through which to obtain this.

Whilst the instrumental value of health and wellbeing remained largely implicit in conversations with employees, it became much more explicit when discussing wellbeing with those who ran Aero and InsureCo’s workplace wellbeing programmes. For example, Andrew – a call-handler at InsureCo and an enthusiastic member of the DoH team – told me:

Every employee has a responsibility to turn up on time and do a good, honest, day's work; to keep their health in a way that it doesn't impact on their performance through sickness; and take all reasonable steps to make sure that is the case. That would be an underlying part of any contract of employment. (Research interview – Andrew, InsureCo)

It is notable that, here again, Andrew employs the metaphor of a contract to explain the responsibility of employees to maintain their health, and that health itself is highly instrumental. Similar ideas were also expressed by those involved with workplace wellbeing at Aero. In this vein, Steve – one of FH’s champions – expressed: “a healthy employee is an employee who is in work, who is turning the spanners, doing what he [sic] should do” (Research interview – Steve, Aero). Steve’s comments are interesting inasmuch as they reveal the logic that underpins an instrumental conceptualisation of health. At its core, this rationale conflates health with work; resultantly, a ‘healthy’ person *is* someone who is working, while a working person *is* someone who is ‘healthy’. Ultimately, this conflation is a logical extension of the notion that health is driven by a responsibility to be productive.

Along with it being evident that employees’ health was understood by wellbeing champions and employees as something bound up with having a responsibility towards their employer, it was also apparent that workplace wellbeing programmes played an important dual-role in creating this sense of responsibility. Firstly, wellbeing programmes served as a constant reminder to employees about their responsibility to be ‘healthy’. As such, the rhetoric of the programmes reiterated



the obligation that employees had towards their employer, emphasising both the costs incurred to the company due to employee sickness and the proactive measures which employees could take to remedy this situation. This was remarked upon by Kate – an office-based member of staff at Aero – who noted:

If you see posters with ForwardHealth all over the place, it is on the TV screens, and you are getting emails about it, it's on the website, then you are always going to have it ticking over in your mind [...] I think it does, even subconsciously, make people slightly more responsible for themselves. (Research interview – Kate, Aero)

Secondly, in addition to reminding employees of their responsibility, the programmes also operated as a form of 'virtue signalling' on the behalf of the company, in that it signified to employees that, whilst health was their own responsibility, the company was committed to supporting them in managing it. In this vein, several employees at Aero indicated that employees had a responsibility to make use of FH, because these programmes demonstrated the company's commitment to their employees. For example, Gareth – who worked on the shop floor at Aero – told me:

They pay you a good wage, and they look after you [...] you've got all these added incentives. I think it is a fantastic company to work for. I think, as individuals, you are responsible to look after yourself and look after the company. (Research interview – Gareth, Aero)

This idea was echoed by Michelle – who worked in Aero's quality department – when explaining that "you feel obligated to do the best you can for the company that is treating you right" (Research interview – Michelle, Aero). Similarly, employees at InsureCo were keen to stress that colleagues should make use of the DoH if they needed it; for example, Ashley explained to me:

If you have got a company looking after you, I think it is only fair that you repay them by looking after yourself so that you can do your role to the best of your ability. I think anyone who says that they are not responsible for looking after themselves, that's a bit ridiculous really. (Research interview – Ashley, InsureCo)

The above extracts suggest that employees who feel 'looked after' by their employer through initiatives such as workplace wellbeing programmes should feel a

sense of responsibility towards looking after their health in return. Hence, by looking after their own health, the employee is also looking after their employer. Through these constant evocations of responsibility, as well as signalling their commitment to helping employees, it became clear that workplace wellbeing programmes were also implicated in the intensification of responsibility that employees experienced. In conjunction with this intensification, by providing expert advice and access to healthcare facilities, wellbeing programmes also serve as a resource through which employees could enact their responsibility. This became evident in a conversation I had with Emily – a call-handler in InsureCo’s claims department:

You’ve got to look after yourself so that you can be the best that you can be in work. If you have those resources there, then you should use them as and when you need them. (Research interview – Emily, InsureCo)

In relation to this, one could argue that workplace wellbeing programmes operate as a means through which to satisfy the very needs that they produce.

Given the centrality of workplace wellbeing programmes in perpetuating employee responsibility to companies, it was perhaps unsurprising that conversations with wellbeing programme champions often tied the purpose of the programme to organisational goals. In this manner, Andrew explained to me:

The board aren't stupid, they know that there was a direct return of investment in us [i.e. DoH] being there and doing what we do [...] If we can make a one per cent dent in staff sickness rates, attrition rates, through taking care of the wellbeing of the staff, it will have a massive impact on the bottom line, let's be honest [...] It's about the profit, it's about the bottom line.

(Research interview – Andrew, InsureCo)

Andrew’s comments were echoed by Anne – the manager of InsureCo’s DoH – who believed that it was necessary that workplace wellbeing be informed by the needs of the business:

It has to have a business perspective [...] So, mental health is one of our biggest reasons for sickness from a long-term perspective and a short-term perspective. It features highly. Department of Health needs to be supporting that. It's not just a nice to have, that the company loves to

do, there also needs to be some business input into it.

(Research interview – Anne, InsureCo)

Similarly, when I asked Steve about the purpose of FH, he replied:

I think it's to keep your employees fit and to keep your employees in work [...] If you're being honest, if you've got a well employee you've got an employee in work, you're not covering his shift with somebody else's overtime, there's somebody there doing the work, and that's what it's all about.

(Research interview – Steve, Aero)

Experiencing health as a responsibility was a fundamental feature of the conversations with employees at Aero and InsureCo. Whilst health was something to be understood in terms of the individual – that becoming 'healthy' is realised through the individual working on themselves – responsibility for health was intimately connected to the obligation towards the employer and the commitment to productivity. In this sense, the responsibility for health can be viewed as an extension of the responsibility for productivity which employees experienced within the workplace. Conversations with those running workplace wellbeing programmes suggest that they are driven by the belief that being 'healthy' means being at work, and, as such, these programmes serve as mechanisms through which to intensify the dispersal of responsibility for health throughout the workplace.

### 6.3 Health as a choice

The possibility of having choice regarding one's health is a necessary precursor to assuming responsibility for it; we would not normally be held responsible for something over which we have no choice. In talking to employees and those running workplace wellbeing programmes, the act of choosing was framed as being fundamental to how health was constructed in wellbeing discourse. One example of this came from Rachel – the nutrition champion of FH – who stressed:

You've got to give the choice, haven't you? It's not for me to dictate what you should be eating. [We] give you the options, if you choose to eat the fattier stuff, well that's fine, it's up to you. But you need the option there.

(Research interview – Rachel, Aero)

This idea was reiterated when people reflected on the way in which the smoking cessation element of FH worked in practice. Steve – the smoking cessation champion – explained:

There's nothing worse than being a smoker and having people [saying] 'you've got to give up' [...] You know, people going 'oh, you shouldn't smoke' [...] You know. You know when you don't want to smoke any more, you know when you want to try and give it up. Somebody telling you is not the way. What we did, we encouraged people, we were showing them the savings, how much you spend on average every week on cigarettes, how much and what you could be spending [it on] [...] There's no forcing anything, because you won't react to that [...] It's more subtle than saying: 'don't' ... We encouraged people, we were showing them the savings, how much you spend on average every week on cigarettes, how much and what you could be spending it on.

(Research interview – Steve, Aero)

The above quote from Steve highlights how two senses of 'choice' emerged in relation to workplace wellbeing. In the first sense of the term, the function of these programmes is to provide employees with information and guidance about lifestyle behaviours such as smoking, as well as diet, exercise and mental wellbeing, so that employees can make an *informed choice* about their health. In this informed-rational perspective, the employee can thus choose to enact certain health behaviours from a variety of options on the basis that they are aware of the consequences of these options, i.e. a person can consider the available information and choose to continue smoking. In the second sense, workplace wellbeing programmes contain *responsible-normative choices* about certain behaviours. Within this perspective, whilst a variety of options are available to the employees, only one is deemed to be the *right* option, i.e. the right choice for an employee to choose is to quit smoking. These normative choices regarding health were based upon an instrumental understanding of health, where the aim was to increase the individual's productive capacity, and, hence, the normative aspects of choices can be said to be in close alignment with employees' responsibility for their health. Through recourse to the example of smoking again, the elision of choice and responsibility demands that, not only is giving up smoking the right choice to make in order to enhance your ability to work, you also have a responsibility to do so.

If a key aspect of workplace wellbeing programmes was ensuring that employees were informed about the potential choices regarding their health, then this was matched by the idea that becoming 'healthy' required active *choice-making* on the part of employees. This sense of active choice-making was highlighted by Anne - the manager of InsureCo's DoH, who claimed:

[I]t is intrinsic in our [company] culture to naturally [...] want to look after the staff that work here. But there is a fine line. We are not their parents. They are not our children. So, what we try and do with Department of Health is educate staff and empower them to take some responsibility for their health and wellbeing.

(Research interview – Anne, InsureCo)

For Anne, whilst InsureCo wants to help its staff – something that was made possible by the DoH – their ability to make a difference is dependent on the employee choosing to become engaged. Thus, whilst these programmes establish a relationship between employer and employee, it is not a parent-child relationship; in order to be helped, employees must be willing to help themselves. Workplace wellbeing is thus distinguished from paternalism and the notion of moral inequality between employer and employee. This sentiment was echoed by Leslie - a DoH champion and People Services Executive – who noted that:

I think every person should embrace proactive behaviour about their health and wellbeing. I don't think we expect more. I think we are willing to give more. And I think we make it very clear to people that we are willing to give more as long as they are willing to participate in that relationship. I think we've never had problems with that because I think people find it really refreshing to see an employer so committed to support them. I think people are more willing to be proactive when they see that their employer is acting the same way.

(Research interview – Leslie, InsureCo)

As one can discern in the above extract from Leslie's interview, the necessity of employees choosing to engage in 'healthy' behaviour is once again underscored. While InsureCo is willing to help their employees, these employees must first demonstrate that they are willing to help themselves.

The idea of active choice-making was not only prevalent at InsureCo; rather, employees at Aero also reported that they needed to manage their health and

engage with the company. This idea was particularly evident when George – an intern at Aero – explained his involvement with FH:

I can try and make the most of what I do to enhance my life. Obviously, you can't be spoon-fed: here is an activity, go and do your activity. A lot of people hate that, I hate that. If you are given opportunities, like the cricket team, I'm going to say I want to do that, and then I do it. That is my responsibility. (Research interview – George, Aero)

Here, the notion of not being 'spoon-fed' has clear connections with Anne's point that employer-employee relationships are not analogous to that of a parent-child.

Given how concerned both Aero and InsureCo appeared to be that employees become involved in looking after their health, this raised the potential issue that employees might be coerced into participating in workplace wellbeing. Considering this, I asked several employees at both companies if they believed the company attempted to force employees to take part. Employees at both companies were unanimous in emphasising that this was not an element of either programme, and that it was ultimately employees' choice about whether to take part. In this respect, one extract from Maureen – an employee of InsureCo – stood out: "there's free will. They wouldn't make anybody. InsureCo [doesn't have] that culture. It is far from that culture. It is your choice. It's your choice and we will give you support. That is how it works" (Research interview – Maureen, InsureCo).

At both InsureCo and Aero, choice emerged as a fundamental counterpart to responsibility vis-à-vis health. In this manner, both FH and DoH served to construct health as a choice in two fundamental respects. Firstly, the programmes normalised the choice of certain 'healthy' behaviours related to diet, smoking and exercise. Secondly, by normalising these choices, the programmes also served to normalise a mode of choice-making subjectivity. In this sense, what emerged was not simply a responsibility to be 'healthy', but a responsibility *to choose* to be 'healthy'.

#### 6.4 Tensions between responsibility and choice

Responsibility and choice emerged as the keystones around which workplace wellbeing was built. Whilst these two drivers were rhetorically deployed in a manner which made them mutually reinforcing, in turn, producing a subjectivity

based upon responsabilised choice-making, it became apparent that choice and responsibility were occasionally uneasy bedfellows. This was particularly evident in two situations, which I will discuss in turn. Firstly, those situations where employees failed to adopt 'healthy' behaviours to the extent that this proved detrimental to their work. Secondly, those instances where workplace wellbeing programmes established interventions which effectively undermined the ability of employees to make health-related choices.

Whilst workplace wellbeing programmes discursively constructed being 'healthy' in terms of responsabilised choice-making, which involved employees adopting specific normalised health behaviours, the emphasis on freedom and choice led to the possibility that employees would either fail to make active choices or choose irresponsibly. This point was underscored in a conversation with Anna – a member of Aero's HR team – who explained:

I'd like to think that employees make those active choices with all the data and information that's available, but we can only give so much information to the employees, and if they choose, outside of work, not to abide by that then... [...] It has to be a choice. We can make our canteen healthy, which we've done. We can make our vending machines healthy, which we've done. But if the individual then chooses to go home and have a fish and chip supper every night, it's very limited what the company can do to change that mind-set.

(Research interview – Anna, Aero)

Whilst emphasising wellbeing programmes' function of enabling informed choice, Anna also draws attention to the limits of this function to produce the responsible-normative choices desired by the company. Simply put, an employee can be fully informed about nutritional advice and yet still choose to eat unhealthily. This idea recurred in a conversation with Rebecca – the FH champion for physical activity – who told me: "at the end of the day, all you can do is enable and educate; people will make their own choices, and they have a right to how they want to live" (Research interview – Rebecca, Aero). These conversations point towards the uneasy alliance between choice and responsibility that is inherent to the wellbeing programmes of Aero and InsureCo. Ultimately, all these programmes can do is make employees aware of their choices – and, even then, this is only if the

employee chooses to engage with the programme – they cannot compel employees to act differently.

In instances where employees failed to adopt normalised health behaviours, and these were deemed as being detrimental to employees' ability to be productive, an affective dimension to workplace wellbeing also became apparent. At this point, workplace wellbeing seemingly abandons any pretence of being concerned with informed choice-making, and instead is transformed into something that is more concerned with moral censure. In these cases, employees ostensibly became legitimate targets of blame and were subjected to ridicule, disgust and patronisation. This tendency was apparent when talking to several workplace wellbeing champions, such as Deb – a member of the DoH team and part of People Services at InsureCo – who told me:

We are a massively flexible company, but I think sometimes people feel that they are not accountable for their own actions. So, what is InsureCo going to do for me? We offer EAP, we offer occupational health, and some people just refuse it. And then there is that, almost, blame. And I think that, essentially, we will do everything that we can, but you have to be able to help yourself. (Research interview – Deb, InsureCo)

In a similar vein, when talking to Fiona – another member of People Services and volunteer with DoH – she mentioned the 'return to work interview', a standard process in which employees who were returning to work after an absence were spoken to by members of the People Services team:

[We] make sure that they are ok to be in work, what happened when they were off?, is there anything we can do further? and sometimes the answers they give, I just think, 'this has been going on for 3 months, why haven't you gone to the doctor? why haven't you sought further help?'. This is what I'm thinking, I don't say it out loud, I'm a professional to them. You're a grown adult, why haven't you gone and asked for help? So, yeah, they are definitely, but you've got to work together. But they don't do enough, the employees.

(Research interview – Fiona, InsureCo)

In the above account, Fiona's remarks are deeply patronising towards the employee, evaluating the employee's behaviour as calling into question their status as a responsible adult capable of making the correct choices. This condemnation



was even stronger in some cases, such as in the following account from one member of the FH team:

We've got a guy here now who is overweight, and he is an absolute lazy slug, I'm sorry to say it, but it is down to his weight. He sits, and he doesn't move, eats all day. And it's not fair on his teammates, but they don't want to say anything [...] And he gets away with it. But it's all down to, he's got poor eating habits. (Research interview – Ralph, Aero)

It was not only those who administered workplace wellbeing programmes who spoke in a condemnatory fashion about their irresponsible employees, employees also spoke about their colleagues in such terms. For example, Sebastian – who worked in a non-call-handling role at InsureCo – had this to say:

It's not healthy if you are on your Xbox or your PlayStation until 6 or 7 o'clock in the morning, then coming into work. You are not doing yourself any favours. You are not doing the company any favours. I think some employees might think InsureCo are a bit of a soft touch and take advantage. I've known people who have done that. I think they definitely need to look after themselves. For them not to look after themselves, for them to stagger in through the door, for them to be up all-night watching films or playing games. It's a two-way relationship. (Research interview – Sebastian, InsureCo)

It is important to emphasise here that what is being condemned is not unhealthy behaviours per se, but rather those behaviours which are deemed to be detrimental to individuals' productivity.<sup>4</sup>

Whilst workplace wellbeing programmes were unable to compel employees to adopt appropriate health decisions, it became clear that in some instances the actions taken by those running the programmes may have gone some way to undermining the informed choice-making of employees. This argument is best illustrated in relation to a menu change that took place in Aero's canteen. To make the canteen healthier, small changes were made with the hope of changing employee's eating habits. These included removing salt from tables and moving it next to the cutlery, which meant that employees had to leave their table to add it;

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<sup>4</sup> Indeed, what might ordinarily be understood as unhealthy behaviour was overwhelmingly normalised at both Aero and InsureCo, this epitomises what I am referring to as the organisation of ill-health. I discuss this in greater detail in the next chapter.

replacing full fat condiments with healthier options; as well as opting for healthier cooking methods. Rachel – the FH champion for nutrition – described this process as: “tweaking little things, making little changes behind the scenes without people noticing [...] I think there’s been a lot of engagement, but [with employees] not necessarily realising that their engaged, if you know what I mean” (Research interview – Rachel, Aero). Eventually, this led to bigger changes: “we opened up this salad bar. It’s huge. It’s taken off [...] It’s good value for money, it’s filling [...] The take-up has been good, but [people] don’t realise they are eating healthier” (Research interview – Rachel, Aero). These kinds of changes are informed by the idea of ‘choice architecture’ – derived from behavioural economics – which involves ‘nudging’ people into changing their behaviour in specific ways. Behavioural economics was developed in response to the perceived failure of individuals to make rational choices; in this manner, choice architecture is intended to steer individuals towards what behavioural economists believe they would choose to do if they were to behave rationally. Following this logic, the changes made in Aero’s canteen appear to be in accord with informed choice-making. Problems arise, however, when considering that what choice architecture does is precisely to remove the ability of employees to make informed choices. As aforementioned, informed choice is concerned with the process of making choices, rather than the thing that is chosen. To illustrate this point, it is not important whether a person chooses to add salt to their food or otherwise, what ultimately matters is that this choice is an informed one; however, by removing the salt from the table, the ability to make the choice to add salt is radically undermined. This demonstrates that the choice architecture in the canteen is not concerned with informed choice-making, but rather constitutes an attempt to introduce the responsible-normative choices which underpin wellbeing at work.

Whilst these aforesaid instances of choice architecture do not provoke conflict if they are subtle and small-scale enough not to be noticed by employees, the issue becomes much clearer in those instances where choice architecture meets with resistance. Unfortunately for Rachel, this became readily apparent when she changed the breakfast option at Aero. In addition to the salad bar, it was decided

that the Aero canteen would begin offering poached eggs as a healthy alternative to fried eggs. However, the canteen was unable to cook both fried and poached eggs, and therefore poached eggs replaced fried eggs on the menu. This was met with an unfavourable response from employees, as Andy – the site champion for FH – noted: “[there was a] massive argument, uproar; it was like we had said [there was going to be a] massive redundancy period. Because that was just what they want, that’s the food they want to eat” (Research interview – Andy, Aero). When describing how she responded to this backlash, Rachel’s response was simple, whilst laughing at the memory she said to me: “I just told them, ‘it’s healthier for you”” (Research interview – Rachel, Aero). This example underscores the implications of such measures. As previously mentioned, Aero’s other attempts at choice architecture did not provoke backlash, and, consequently, one could conclude that these actions were thus in accordance with what employees actually wanted. Conversely, in the example of the eggs, it is unlikely that employees were unaware that poached eggs were healthier than fried eggs, or even that fried eggs could be considered to be unhealthy. Rather, in this example, employees were perfectly aware of the information and yet their informed choice was to continue to eat fried eggs. The fact that the fried eggs were replaced despite these protests clearly demonstrates that a particular responsible-normative choice was privileged by FH, one which effectively undermined the ability of employees to make what would normally be considered as a choice regarding their health.

## 6.5 Conclusion

This chapter examined the wellbeing discourse at Aero and InsureCo, specifically the construction of ‘healthy’ and ‘unhealthy’ employee subject positions.

In order to understand the rhetoric of workplace wellbeing, it is critical to situate it within broader neoliberal discourses in which individual employees are responsible for maximising their market value by increasing their productive capacity. In this sense, wellbeing discourse constructs health as something with an instrumental value related to one’s productive capacity. Consequently, being ‘healthy’ is framed in terms of undertaking the responsibility to manage health-related behaviours which impact upon one’s ability to be productive. Whilst responsibility for health is

axiomatic for understanding workplace wellbeing, it is necessary that this responsibility be grounded in individual choice. With respect to this point, the rhetoric of both the FH and DoH was found to be predicated on two distinct forms of choice: informed and responsible-normative choice. While both wellbeing programmes rhetorically valorised informed choice, they implicitly elided this with responsible-normative choice, by attempting to steer employees towards embracing specific normalised health behaviours.

Within both companies, the interaction between responsibility and choice proved to be complex. In those instances where employees failed to make what were deemed to be responsible choices, they were subjected to moral blame, whilst, in other instances, actions taken by those running wellbeing programmes were understood as undermining employees' ability to make health-related choices. In cases where choice and responsibility came into conflict with one another, this only served to further demonstrate the implicitly normative and normalising assumptions of workplace wellbeing programmes in Aero and InsureCo.

Fundamentally, wellbeing discourse within both companies constructed a 'healthy' subject position, one which rested on employees making responsible choices regarding their health behaviours, engaging in those which were understood to maximise their ability to be productive. Conversely, being 'unhealthy' was related to engaging in health behaviours that were deemed to be detrimental to their productive capacity; in such instances, these employees were characterised as having failed to engage in responsible choice-making.

In the next chapter, the relationship between productivity and ill-health is explored at length. There, it is demonstrated that employees at Aero and InsureCo routinely engaged in unhealthy behaviours in order to be more productive.

## 7 Survival sickness – productivity and unhealthy work

This chapter explores the connection between productivity and unhealthy work.

At both Aero and InsureCo, there were many instances where people reported aspects of their work that were directly harmful to their health, or, more broadly, that they were working in a manner which was detrimental to their health.

Although the specific nature of these practices invariably differed in terms of the working environment, it was evident that employees in both companies accepted unhealthy work practices as part of 'getting the job done'. These observations exemplify the responsibility to be productive that was discussed in the previous chapter.

The findings delineated in this chapter draw attention to an apparent paradox, centred on the fact that that the employees of Aero and InsureCo, both of whom are ostensibly committed to their employees' wellbeing, routinely engaged in unhealthy work practices. The paradox of engaging in unhealthy work practices corresponds to the first two research questions outlined in chapter 3: 'what place does ill-health occupy within the subject positions constructed through wellbeing discourse?' and 'how do employees constitute their subjectivity in relation to ill-health?' The point here is that undertaking unhealthy work necessitates certain modes of employee subjectivity, which are constituted vis-à-vis specific discursive subject positions. The notion of unhealthy work is also of critical relevance apropos the third research question: 'given the presence of ill-health, what forms of resistance to wellbeing discourse are possible?' That is to say, if unhealthy work has become normalised then the refusal to be 'healthy' thus fails to register as a true act of resistance. Consequently, the ubiquity of unhealthy work necessitates radically reconsidering the possibility of resisting wellbeing discourse. Further findings related to employee subjectivity and resistance to wellbeing are presented in chapter 7.

The chapter is structured around a somewhat crude distinction between physical wellbeing, mental wellbeing and the difficulty employees experienced in taking time away from the workplace.

## 7.1 Physical wellbeing

Working conditions differed greatly both across and within Aero and InsureCo. Needless to say, the physical experience of a call-handler who sits behind a desk will differ markedly from a shop floor engineer who is moving parts of an aircraft engine around the shop floor. Notwithstanding these differences, it became evident over the course of the research that the physical demands of both jobs invariably came at a cost.

### 7.1.1 Desk work

The work of nearly every InsureCo employee necessitated them being sat at their desks for long periods of time. This was especially the case for call-handlers, who, in contrast to other desk-based workers who often needed to consult with colleagues elsewhere in the building, had no formal reason to leave their desks. Their experience was summed up by Edward, who reported : “obviously we sit down all day, we are constantly on the phones, so there's not really any time [...] I think the longer you stay here the more you notice, one: gaining weight, I think everyone's noticed that. But two: obviously, more people go to the gym” (Research interview – Edward, InsureCo). According to Tim, the weight gain which people experienced during their tenure as call-handlers was a running joke: “we have a thing called the InsureCo arse, so you start working here and you put on 3 stone” (Research interview – Tim, InsureCo). Others spoke less directly of weight gain, but referred rather to the sense of lethargy that they felt at work and viewed exercise as a means to counteract this feeling. Cara, who worked in the claims department, told me: “I notice a difference in myself, definitely, in my mood from when I exercise and when I don't, and how I feel energy-wise [...] I just feel so much better [having done] exercise when I'm in work” (Research interview – Cara, InsureCo). The unhealthy nature of the inactivity inherent to desk work led Edward to conclude: “this job is sitting down a lot, so there is probably a need for Department of Health” (Research interview – Edward, InsureCo). In this above quote, Edward directly

connects the sedentary work performed by InsureCo desk workers to the provisions provided by the DoH. As aforementioned, free gym passes represented one of the cornerstones of the offerings provided by the DoH. Given the fact that so many of the interviewees made this connection between desk work and weight gain, one could reasonably conclude that the offering of these passes, at least to some extent, is intended as a means through which to off-set the unhealthy work performed by InsureCo employees. The fact that working at InsureCo means that employees feel the need to undertake additional steps to look after their health demonstrates the extent to which their work can be considered unhealthy.

Whilst the various ills associated with desk work constituted recurring theme in the interviews with call-handlers at InsureCo, several desk-based employees at Aero also commented on this aspect of their work. One example of this came from George, an Aero intern, who told me: “it would be really, really easy for me just to sit at my desk all day and not move. That is what my manager does, he literally only leaves to go to the toilet or make a cup of tea” (Research interview – George, Aero). Interestingly, for those working in offices, the unhealthy nature of this work was strongly contrasted with what they perceived to be the more active and healthy work performed by those on the shop floor, a point which was highlighted by Rebecca:

On the shop floor they move a bit more, because they’re physically working on the engines, [whereas] a lot of us lead fairly sedentary lifestyles while we’re in the office, because you’re sat behind a desk. I guess there’s a lot of us that would like to perhaps move a bit more from a physical mobility perspective and a weight issue and all of those things.  
(Research interview – Rebecca, Aero)

Even though Aero office workers also talked about the effect of their work on their physical health, they often explained how their need to liaise with the shop floor afforded them a reason to move from their desks. This point was expressed by Ben, who intensively trained for running races and noted that: “because I walk around a lot, I treat it as a bit of extra training” (Research interview – Ben, Aero).

In addition to weight gain and lethargy, desk work was also associated with more serious concerns related to musculoskeletal conditions. This came up in a conversation with Leslie, who worked in People Services at InsureCo:

I think that a lot of research will demonstrate that, not just call centres, but other sedentary roles, will impact people's health in various ways. Whether they would develop various muscular skeletal problems, whether it will be other health problems. I think that comes with the nature of the job. I think what we are trying to do is to embrace the fact that that is the nature of the job, but that we are controlling the effects of that, and we are training people to control themselves, and to have that proactive behaviour about what is within their control to help prevent that from happening, but that we are there to support them to get through that if they need that help.

(Research interview – Leslie, InsureCo)

The above quote is of particular interest, inasmuch as Leslie acknowledges that InsureCo are cognisant of the potentially unhealthy nature of the work environment their employees work in. She also indicates that InsureCo are committed to supporting employees address these issues when they arise. However, in my interviews with other InsureCo employees, an altogether different story appeared to emerge, one where employees reported feeling either indignant towards or resigned to the problems stemming from their work.

Marcus worked at InsureCo in a support role, had been working for the company for over 20 years and liked his work. In speaking to Marcus, the extent to which work affected his physical wellbeing was apparent. Marcus noted that his shoulders became tense when he was stressed, and when I asked him how he found working at a desk, he replied:

It's the worst job I could have. I have had surgery on my spine, and the consultant who did the surgery said that a desk job is the worst job for me I could ever have [...] It is a running joke between me and my manager that I have to constantly go and get her coffees, because it is her [way of] making me get up and walk around and take a break. [...] She knows I have to get up and move around, otherwise I seize up. I have spent days working [where] I have been stood up because I can't sit down. Or, once I sit down, I don't move, I just stay there and type. I've just got to manage it the best that I can.

(Research interview – Marcus, InsureCo)



Despite – or possibly because of – the difficulties that Marcus faced, he was quick to praise InsureCo as an employer:

[They] have been very supportive of me, I've got a specialist chair, I've got specialist equipment to try and help me through the day. If you look at my PC, it is set up really weird. I don't have a mouse, things like that.

(Research interview – Marcus, InsureCo)

Marcus' experiences underscore how extreme unhealthy desk work can be, but his situation and his response were complicated.

Based upon Marcus' surgeon's comments, it is clear that his work was detrimental to his health, yet when he was asked if he thought his work was unhealthy, he replied: "I don't think there are aspects of my job that are unhealthy. Yes, I do sit at a desk all day, and that is not the healthiest way to live, but that is what it is" (Research interview – Marcus, InsureCo). Given the way that Marcus had spoken about his health, this comment surprised me, and it is difficult to know what to make of the situation. If we accept that desk work is unhealthy for Marcus, then is the alternative not to work and instead claim disability benefits? Would this be a better situation for him? Or, alternatively, did the support that InsureCo provide mean that, even though his work was bad for his health, it remained better than the alternative?

For Tim and Cara – who both worked in call-handling roles at InsureCo – the effect that work had on their health was less ambiguous. Tim told me:

I've been working here since I was 18, it's getting to the point where I said I'm starting to get achy shoulders and an achy back. I would just prefer to stand. But the company won't invest in something like that I don't think.

(Research interview – Tim, InsureCo)

For Tim, the nature of his work, i.e., being sat at a desk, means that the aches and pains he is experiencing have the potential to develop into chronic problems at a later date. This possibility was highlighted by Cara:

Our team manager has just gone off and had a back operation, he's off for 6 weeks. When I joined [just over a year ago] he said, 'make sure your chair is set up properly or you will end up like me'. He was blaming

sitting down all day at his desk, and now he has had a back operation. Obviously, that is one tiny percentage, but it's not really good for you to spend 9 hours a day sat down, I'd rather stand up, or at least have a walk around. But I can't stand up at my desk now because I am too tall, and I can't type without being hunched over, it would be good to have a stand-up one. (Research interview – Cara, InsureCo)

Both Cara and Tim would like to have stand-up desks to work at, but do not hold out much hope of getting one. As Cara explained:

I would love to have a standing up desk. [...] There are other people on my team who have said they want a standing up desk. It's never going to happen [...] Because they would never spend the money on getting new desks for everyone, I don't think. (Research interview – Cara, InsureCo)

Tim had been actively trying to get a stand-up desk. He seemed well informed about their use, and, indeed, spoke passionately about their positive benefits:

I have been campaigning for a stand-up desk for a long time [...] In countries like Sweden or Switzerland, 90% of office workers will have access to stand-up desks. Apparently, the chair is man's worst invention, it's just not very good for you [...] But the company won't invest in something like that I don't think. (Research interview – Tim, InsureCo)

In addition to his request not being met, Tim had other reasons for being sceptical regarding InsureCo's commitment to ergonomic fidelity:

We've moved floors a couple of times, when we moved up to this floor all the chairs are quite old [...] Some people's chairs are just completely fucked, they don't work properly, they don't move in the way that they should. I appreciate the chairs are expensive, but at the end of the day staff wellbeing is supposed to be important, especially to a company like InsureCo. They bang on about it so much, but sometimes you look at their actions and you can't help but think it's contradicting their words. (Research interview – Tim, InsureCo)

InsureCo's unwillingness to provide stand-up desks left employees in a difficult situation, as Tim explained:

I think [that being healthy] is important, and that is why I try and counteract the effects [of my work] by going to the gym. But I think there is only so much you can do if you are sat down for 9 hours a day, it's an office job, isn't it? What do you expect? (Research interview – Tim, InsureCo)

This quote illustrates, firstly, that – in the absence of stand-up desks – employees must find their own way of coping with the unhealthy reality of their work; secondly, it points towards the insufficiency of coping strategies in the face of the amount of unhealthy time that working as a call-handler necessitates. The fact that the DoH is actively subsidising this coping at times, rather than taking the more costly steps associated with addressing the issue, highlights the point at which wellbeing becomes undermined by questions of cost and productivity.

#### 7.1.2 Shop floor work

As previously mentioned, shop floor work at Aero was tightly regulated due to company health and safety procedures. Hence, considerable effort was expended to ensure that a potentially hazardous environment was rendered safe for employees.

It was well-known that most work on the shop floor involved intense physical activity, often in the form of moving aircraft engine parts around. This brought with it the potential for shoulder and back injuries. The Environmental Health and Safety team and HR worked together, and indeed made it a priority, to manage the potential deleterious effects associated with this physical activity. Anna, a member of Aero's HR team, explained that her team sought to identify patterns in those people that required surgery:

This is a very manual business, there's a lot of climbing. We tend to look [to see if there is] a trend in [...] people are going and having knee operations, is [their work contributing] to that? And making sure that Environmental Health and Safety has got that data to go down and support it. Sometimes it may not be the case, it may be that there's an aging population, but it's key to getting the data and the demographics at the site [...] The company offers private medical insurance for all of its employees, and part of the thing we've seen come from that is increased level of knee operations taking place, and I think predominantly that's down to the working environment.

(Research interview – Anna, Aero)

Despite the efforts of Environmental Health and Safety and HR, the extent to which the working environment proved to be hazardous was demonstrated in my

conversation with Ed. Ed's work involved disassembling incoming engines into component pieces so that they could be repaired. He explained:

Slip hazards are a bad one down with us, we've got non-slip floors, but oil on the floor is oil on the floor. You can still slip, no matter how gritty that floor is. It is still oil at the end of the day, so there is always a risk of slipping. We have had a few people slip down there [...] We have had a few shoulder operations and a lot of knee operations down with us. There is a running joke that you can have 'bulk-strip knee' down with us. I would say part of it is to do with the section, because a lot of our work is on stands, and you have got to carry heavy things down these stands; and our shoes are not comfortable in any way, it's like walking on concrete. So, when you are carrying something heavy down steps, I know there is a certain limit to how steep a step can be now, but if you are up and down that platform all day it is going to hurt your knees. I get achy knees now and again, but I am getting old and a bit more overweight. A lot of the boys down there, they have had big knee problems. One boy down there has had two knee replacements. He's fat though [laughs] that doesn't help him, but I'm sure years of going up and down on stairs haven't helped him either.

(Research interview – Ed, Aero)

Within the context of Anna's comments, which specifically concerned knee operations, Ed's comment raises cause for concern. This concern is magnified when considered in relation to my conversation with Leigh, who was a trade union representative for the shop floor. While many employees noted the medical insurance provided by the company, and how this was used to pay for knee surgery at times, for Leigh, changes in the medical insurance testified to an alarming trend:

Two years [ago] they started reducing the amount of knee operations. Why? Because too many people from here were having them. So, they watered them down. And there's the small print in there [the medical insurance policy], 'we reserve the right to change the healthcare and the type of policy' [...] There were 15 knee operations last year, there's not going to be 3 this year because they've taken it right off the list, the most common injury. They've changed it, they've moved the goal posts.

(Research interview – Leigh, Aero)

For call-handlers, work at InsureCo necessitated long periods of physical inactivity, in which they were sat at desks that sometimes proved to be harmful to them. For those working on the shop floor of Aero, while their work involved a higher degree

of physical activity, this invariably involved a substantial wearing out of the body. As such, both workplaces are characterised by forms of work which are physically unhealthy. Whilst InsureCo and Aero went to efforts to mitigate the damage to their employees' bodies, these efforts proved to be insufficient for addressing the problem. Due to concerns over the potential costs that would be incurred by substantially addressing a problem, this ultimately meant that employees were made to bear the costs in their own bodies. Hence, despite the specificity of their work, Ed's 'bulk-strip knee' and Tim's 'InsureCo arse' ultimately have more in common than one would assume at first glance.

## 7.2 Mental wellbeing

### 7.2.1 Emotional work

Employees of InsureCo routinely talked about the pressures associated with their job. With respect to the call-handlers, a large part of this stress was related to the emotional distress involved with handling calls for an insurance company. This stress comprised two forms. The first form of stress stemmed from the distress caused by handling cases where an accident had resulted in significant injury to those involved; which were handled by the Bodily Injury Team. Whilst none of the research participants worked in this department, several of them alluded to the role. An example of this was Paula, whose role involved directing InsureCo's incoming calls:

Work can influence you when you go home [...] I don't think everybody can just shut-off this kind of job. You may have phone calls where somebody has died, for instance, that can stick with you. You are talking about road traffic incidents; some of them, especially body injury departments, they are dealing with quite a high-level of people who have been hurt. (Research interview – Paula, InsureCo)

Sebastian provided an even more vivid example in the following account:

There are roles within this company that are a lot more stressful than mine ... bodily injury claims, the images they deal with [...] Desk cameras on cars, the high-resolution they pick up now. Seeing children knocked over. Fatalities in car crashes. Could I do a job like that? No. I wouldn't have the constitution for a role like that.

(Research interview – Sebastian, InsureCo)

Notwithstanding these aforesaid inherently distressing cases, a more prevalent source of emotional distress for InsureCo's call-handlers pertained to the treatment they received from those they spoke to on calls, as Helen explained:

You do get some horrible customers sometimes. It isn't nice if someone is shouting at you or just speaking to you as if they're better than you, that kind of thing. (Research interview – Helen, InsureCo)

For Ashley, the department that he worked in meant that customers were often annoyed when they called:

Because [of the department] it is normally complaints, problems that you have got to resolve. Quite often you can have people who are angry on the phone, because things have gone wrong. No fault of anyone's, but it has just gone wrong along the way. An insurance claim can be quite complicated really. (Research interview – Ashley, InsureCo)

Whilst irate and unpleasant customers were a routine occurrence for InsureCo's call-handlers, they recognised that successfully dealing with a call was largely dependent on their resilience. This point was made by Ashley, who noted:

If you've got bad mental health [...] you can let people wind you up a lot quicker, you can snap a lot quicker, you can get in trouble in work because of the way you speak to people, all these sort of things [...] It happens [...] people come in, they are tired, they have things going on in their lives that they are stressed out about, worried about. As soon as someone kicks off with regards to a complaint, they can quite easily snap back, and it does happen, and it has happened, and it will happen in the future [...] If you are agitated and they are agitated, it's a bit of a recipe for disaster. Whereas, if they are agitated and you are calm and patient, you can then nurture the person and say, 'it's going to be ok, I will sort this out for you'. (Research interview – Ashley, InsureCo)

To maintain their composure in the face of dealing with unpleasant customers, call-handlers responded in a number of ways. Firstly, call-handlers would keep in mind the perspective that they felt the customer was lacking. Thus, according to Kim:

I know that there are things I do myself. I used to be really bad for stress. I used to let it get to me. But it's just a job. It's just insurance. {laughs} [...] It [took] me a while, I used to take everything to heart, it used to upset me, but now I just think it's just insurance. There's nothing that can't be fixed. [...] There's a lot worse things going on in someone's premium being too high. {laughs} (Research interview – Kim, InsureCo)

Later in the conversation, Kim explained how this attitude helped her to handle calls:

About once a day you get someone comes through [who is shouting]. [...] It's not fun. But they're mad, I get it. We all get annoyed. It's just trying to defuse it. Let it go over your head. [...] It's just letting them rant. I've had someone just talk constantly for 20 minutes, and then usually they're fine. It's a human thing. You let it build up and then as soon as someone's listening you just let it all pour out.

(Research interview – Kim, InsureCo)

Other people tended to deal with difficult callers by letting-off steam with their colleagues, as explained by Helen:

I don't know if I should say, but maybe [you would] have a laugh with someone sitting next to you after, and just say, 'oh, this person was doing this', you know? It's not very professional but it's just what happens.

(Research interview – Helen, InsureCo)

The extent to which employees were able to let-off steam varied according to the manager and the department. Indeed, some managers encouraged it, whilst others tried to stop it from happening. Jess explained this:

We don't shut up about it. Normally, about four o'clock in the afternoon someone will say, 'my head is gone'. It's very open. Some managers don't like you talking negatively, because obviously it can breed negativity; it could breed further stress. But, in general, we will all have a moan and we will talk about everything that is going on. You can speak to [my manager] at any time, they do encourage open communication in that sense.

(Research interview – Jess, InsureCo)

On the other hand, explaining her reluctance to talk about it, Kim explained:

We are encouraged not to speak to each other about a bad day, because sometimes it is like that knock-on effect. If I am being negative then you'll be negative, and next thing you know you have a miserable team. They try to encourage us to go to our managers or seniors and tell them if we have had a really tough couple of days. If we have a bad call, we just let it go, but if there is more to it, they would prefer us go to them, rather than let other people be affected by it. Especially when you are all sat so close and you spend so much time together, it is so easy to be affected by other people around you.

(Research interview – Kim, InsureCo)

The conversations with InsureCo employees revealed the extent to which they had to carry out work that required emotional management, often under difficult circumstances. Whilst, for InsureCo employees, some of the hardest work involved working with those who had been injured in car accidents, for Aero employees, the possibility that their own work could lead to injury or death was a constant source of stress. This was explained by Louise:

This is a stressful industry. [...] There is pressure. What we do has an effect on every passenger that gets on [an] aircraft. It's highly responsible [...] The safety of those engines is in our hands.

(Research interview – Louise, Aero)

Louise's comments about the nature of the industry Aero operated in were reiterated by Angela, who described the experience of those trained to enter it:

When we were in college doing our apprenticeship, one of the lessons we had is [about] human factors. Basically, for the first four weeks all you do is watch episodes of Air Crash Investigation. The lecturers are trying to tell you: these are your stakes, this is what you are working on, this is what could potentially happen if you don't do your job properly. Yeah, four lessons I think we watched Air Crash Investigation; and we were all like: 'shit'. But this is the job we came in here to do. We need those stakes to be high so that everybody is on board as to what they need to do.

(Research interview – Angela, Aero)

As aforementioned, one way in which personal responsibility was created at Aero was by engineers using stamps to signify that they had worked on the engine. The role of the stamp in emphasising the stakes at Aero was explained by Peter:

We are told that your stamp is sacred to you, you must make sure you do the job right, the consequences are dire, could result in death [...] I suppose there's always a doubt in your mind, you know, when you do a job, did I torque it up right? So, you double-check. A lot of that leads to people perhaps over-checking things, and your mind, when you get into that mode, your mind tends to run away with you.

(Research interview – Peter, InsureCo)

### 7.2.2 Workload pressure

Interestingly, the burden of responsibility felt by Aero employees, combined with the skilled nature of their work, meant that they felt capable of resisting direct pressure to work faster; which was in marked contrast to InsureCo call-handlers, for



whom the possibility of questioning targets did not arise. This aspect of work at Aero is illustrated by Phil:

As far as I am concerned, they can't put pressure on you for time. I don't think you can do that with anybody because of the industry that we are in. That is why I think we don't get paid bonuses. Because you can't afford to rush something and damage it.

(Research interview – Phil, Aero)

This point was reinforced by Gareth:

It is very rare that I ever have someone on my shoulder saying, 'where is it? where is it? Where is it?' If they push you on aircraft engine parts, then guaranteed, that is the way to make a mistake. And they know this. The quality department have clamped down on that quite a lot. When you put pressure on people, and when you hurry them, mistakes will be made. These components are worth a lot of money. And if they go in the sky and it is wrong it is a dangerous business. It has happened occasionally. But that is up to you to push back, and say, 'you'll have it when it is ready'.

(Research interview – Gareth, Aero)

Several Aero employees explained to me that they felt they were able to manage their time with respect to the work they carried out. However, Aero was operating in a highly competitive market, where they had to compete against other companies, airlines' in-house overhaul facilities and even other Aero plants in different global locations. As such, Aero was driven by tight deadlines and targets, which meant that there was constant workload pressure. This led to a situation in which, while employees were rarely asked to complete an individual task quicker, they were nevertheless under constant pressure to be productive and avoid making costly mistakes. This point was underscored in a conversation with Andreas, who had previously worked in the machine shop where Gareth was located. When describing his work, Andreas explained:

There was a lot of pressure when I was in the machine shop. [...] If you made an error in the machine shop and the part got scrapped, then there would be a big investigation into what happened, why did it happen? I found that very stressful [...] [Aero] have [all-staff] annual feedbacks. As a union, we have a pre-meeting with management [to discuss the annual feedback] before it goes out to the business. [...] They put up all the scrappage, and then they put up a separate part of how much you come out of the machine shop. I said, 'I don't think that

should be on there [...] Those people are already under pressure. All you are doing is highlighting how much scrappage is coming out of the machine shop, the one area where it is most likely to come out of' [...] It is supposed to be a no-blame culture and I don't think that is how the machine shop felt at that moment. (Research interview – Andreas, Aero)

Although Andreas and Gareth both worked in the Aero machine shop, they gave wholly different accounts, which, in turn, cast light on different aspects of their work. Gareth talks about his work in terms of how he managed the individual aspects of his work. Andreas' account talks much more about the overall atmosphere of the machine shop, as well as its status as a costly and problematic department within Aero.

This idea can be extended further when considering something Phil mentioned later in my conversation with him. While Phil had previously talked about not being rushed into performing individual tasks, later he added: "everybody is under pressure [...] It is just production pressure. They want everything now [...] The more you do, the more they want". Phil's comments make even more sense considering the fact that our conversation took place at the end of August. As a business driven by quarterly targets, the shop floor was currently ramping up their efforts to meet its current target. This was explained by Louise, who worked in quality control:

That time of year – the end of every quarter – more people are under more pressure in this business to do their jobs and succeed. So that's a time where you keep an eye on people. Anyone, shop floor, in my office. Because you can see the pressure that they're under, end of quarter, get engines out the door, recognise the revenue.

(Research interview – Louise, Aero)

The pressure to get engines out of the door on time was especially acute in the strip and build sections of the shop floor. This stemmed from the fact that they were the sections at the beginning and end of the production process, which meant that they were more susceptible to becoming the focus of targets. Speaking about work on the strip section, Ed commented:

I think the pressure will come now when the material starts coming in [...] we're going to be told: 'right, it's four engines this week, it's five engines next week'. The pressures back on us then to get the four to five engines through every single week and if we fall behind, we know what

it's like, it'll be like 'oh, why ain't it through?' [...] [Then] there will be a lot of: "can you boys work on later, we need to get this done'. [Or] 'how many of you are in on the weekend?', if there's only two they might say, 'look, can we get five people in, *at least*'. (Research interview – Ed, Aero)

Carl, who previously worked on the build section, provided a similar account, noting how his current work in kitting had the potential to delay the build section:

If I have taken excess days, then the build line is going to try their damn hardest to catch them days up, so that would mean them guys working additional overtime, working rest days, changing priorities around to basically catch up for the extra-time that we took. Build can be quite stressful at times [...] Even though the restraints are in the build team, they would rather us take as long as it takes and get it 100% right, making sure there is nothing missing. That's the logic: kit it right and then you can build it faster. (Research interview – Carl, Aero)

These extracts highlight the way in which pressure was placed on Aero employees. Although there was a sense that work could not be rushed, work was still subject to pressure in the form of high-level overhaul targets which affected the entire shop floor. In trying to meet these targets, employees on certain sections often had to work overtime in order to get tasks done.

Many employees at InsureCo spoke about the pressure they felt to be productive. For call-handlers, this pressure was literally built into their work, in that it was visibly represented on TV screens which showed the performance stats for each team. At the individual level, each employee was constantly reminded of their contribution to this figure, as well as how well they were performing in relation to their personalised targets. This quantification of their performance figured heavily in the pressure they experienced. Ashley explained this as follows:

We are targeted on how much we are on the phone, how much we are speaking to people, how long we are in 'not ready', which means that we are not available to take a call, we are targeted on how many files we get through in a day ... targeted on everything. (Research interview – Ashley, InsureCo)

The requirement to meet these targets was a cause of stress for many call-handlers. The following extract is from James, who worked in InsureCo's renewals department:

So, obviously, our performance is based on retention and the number of people that we save [...] So, what I mean is that, you can cancel for any reason that might not be your fault. Someone is selling their car because they're moving abroad, there's nothing you can do about it. But it's just if you have quite a few in a row that are like that, sometimes it can bring you down a bit, you just think they're just cancelling everything, my performance isn't doing so well today [...] But like I said, they are usually pretty good [...] so we will get together as a team and just evaluate where we are, and make sure that everything is positive, and then jump back on. (Research interview – James, InsureCo)

I asked James if the reasons for the cancellation formed an aspect of the call that was recorded, as this would make it possible to note if the cancellation was outside of the handler's control, to which he replied:

No, that's the thing, that's why it can be quite, it can bring you down, because I think they used to have a system in place where, if it was a sold car and they had moved abroad that wouldn't affect your performance, problem with that is I think people were abusing it and putting down sold car if it wasn't, and things like that, and they ended up taking that out. (Research interview – James, InsureCo)

Employees who were not in call-handling roles, and thus not constantly reminded of their performance figures, also spoke of feeling pressured in work. In these cases, workload pressure manifested itself in a variety of ways. While the shift patterns of call-handlers meant that their hours were bound to these shifts, for those in support departments this was often not the case. For example, Sebastian said:

I think I need to control my time-management a lot better than I do. I think some of the things I do, coming in on the weekend to work, it's not healthy. I should have time for myself, to switch off and actually have some me time, rather than think about the work that has got to be done, the work that has got to be cleared: 'if I don't clear this then who is going to clear it for us?' (Research interview – Sebastian, InsureCo)

This story from Marcus was also notable in this regard:

It's a standing joke that I once did some of my job from Alton Towers, because I was on holiday and something needed to happen. My daughter and my wife went off on the rides, and I sat in the hotel room and worked. (Research interview – Marcus, InsureCo)

Over the course of the research conversation, Marcus pointed out on several occasions that he was the only person capable of doing his role, and, as such, that he had a responsibility to InsureCo to make sure that certain tasks were achieved. This rationale is ultimately what necessitated him working whilst on holiday.

It is notable in all these discussions of workload pressure, both at Aero and InsureCo, that work tasks are constructed as something that an individual has personal responsibility over. In some cases – as illustrated by Marcus, Sebastian and Gareth – this stemmed from the perception that no other person could do the work due to the specificity of the task, while, for others – such as, for example, James and Ashley – it was because their performance was individually tracked. Hence, there was a perception that work stress was a consequence of individuals' inability to handle this responsibility. The extent to which workload was something that employees were encouraged to take responsibility for is illustrated in the following extract from Tina, who worked in People Services at InsureCo:

I have changed the area that I deal with recently, prior to that I was dealing with one department in particular [...] It was quite a large department, quite important to the business [...] It was just me there by myself, with no support. There was a very, very large volume of work. I asked for additional resources multiple times and it got denied [...] Every time I would [raise] it, it would just be like, 'oh well, we can't really give you any resources', 'we can't do that', 'we can't do this' [...] Nobody cared about it because the work was getting done. I think this is part of the problem with InsureCo sometimes, as long as nothing gets fucked up, then they will just leave you to dig your own wellbeing grave. It is only once something goes wrong that they then, all of a sudden, they start saying, 'do you need resources, do you need support?'

(Research interview – Tina, InsureCo)

In a certain sense, the above extracts from Sebastian and Tina represent opposite ends of a spectrum. On the one hand, whilst Sebastian has bought into his responsibility for his work and perceives the difficulties in managing his workload as stemming from his own failure, while, on the other, Tina is rejecting this ownership by requesting support, which is rejected by the company, thus leaving Tina to struggle up to the point of being unable to cope.

### 7.3 Difficulty taking leave and presenteeism

At both InsureCo and Aero, I heard multiple accounts of where employees' work had a detrimental effect on their physical and/or mental health. In addition to these reported instances, employees also routinely talked about feeling unable to take time away from work to recover from these issues. A number of these cases resulted in employees engaging in presenteeism, that is, coming into work when they should have been taking leave.

#### 7.3.1 Absence policies

One of the biggest contributing factors to individuals feeling unable to take leave was the punitive absence policies in operation at both Aero and InsureCo. Both companies operated their absence policies in-line with the number of 'occasions' that an employee had been sick within a year. This principle took no account of the personal circumstances of the employee, the reason for the absence, or the duration. This account by Tim, who worked in InsureCo's claims department, was in response to being asked how he would feel about being absent from work due to sickness; he replied:

Extremely anxious and nervous that I would come back to a disciplinary. They have changed it up recently. With InsureCo, it works on 'occasions', so if you have more than three occasions over 12 months, that's a disciplinary. It doesn't matter if each occasion was a day and that fourth occasion is your fourth day. That would still be seen as a separate occasion. You would still have a disciplinary for that. They used to have a few more occasions I think. (Research interview – Tim, InsureCo)

One of the difficulties at InsureCo was that what counted as an occasion appeared to be down to the discretion of the person's line manager, which Cara explained:

Sometimes on probation there was a question about what counted as an incidence of sickness. I had my half day, and they said, 'are you sure you want to do that? If you are ill, make sure you are ill for a whole week, don't come back and then go off sick again because that counts as two' [...] I came back into work and I decided that being in work was making me feel worse and I decided I needed to go, and I asked if this was going to count as two, and my manager said, 'no, it is the same sickness, of course it is just one'. But other people said, 'hang on a sec, I've done the same as you and that has counted as two'. When you get to two, you get a warning [...] So the other people are thinking, 'oh my goodness, next

time I'm sick, am I out of here?', whereas I was thinking, 'cool, I've only got one, I'm safe'. (Research interview – Cara, InsureCo)

Aero employees also expressed similar fears with respect to having over three absence occasions; for example, Jamie – an intern at Aero – cited anecdotal evidence he had heard:

One [of my colleagues] had a really bad year where she broke her ankle, got flu, was sick a few times. I think she got the flu after those three events [...] and she had to take holidays off. [She took holiday] because she felt, from what she'd heard from her manager, if she did it again [Aero were] going to have to investigate and it might go down the disciplinary route. (Research interview – Jamie, Aero)

Not all the absence policies discouraged sick leave through putative measures. Both companies also had measures which rewarded full attendance by employees. With respect to both companies, I was told of instances where people either took holidays rather than sick leave, or simply avoided taking leave all together. Tina told me apropos working at InsureCo:

There have been occasions where I have been [...] absolutely dying, and I will come in and get as much done as I can and then I will take some flexi-time instead of sick leave, because I don't want that mark on my record. We are somewhat incentivised for attendance [...] In People Services, if you go a year without any sickness, then you have an additional day's [leave], basically. It's a small 'thanks for sticking with us'. It's not a very competitive thing, they don't push for it, it's just a nice thing. (Research interview – Tina, InsureCo)

The apparent connection that Tina draws between incentivising employees and her own behaviour appears to indicate that her reasons for taking holiday rather than sick leave were ultimately underpinned by this incentivisation. The connection between unhealthy behaviour and incentivisation was even starker at Aero. Ed explained that people working on the shop floor who were sick ran the risk of losing their shift pay, a bonus they only received if they did not take sick leave. According to Ed, whereas people were previously able to self-certificate their sickness for up to five days without consequences, a recent change in policy meant that after the first self-certification any subsequent incidents resulted in the employee losing their shift bonus. Ed proceeded to note:

I think you'll find a lot more people now who wouldn't go on the sick when they probably do need to, because it would be a loss of earnings for them [...] There is somebody down there now with a bad knee, and he will need an operation but he's putting it off. Now whether that is because he doesn't want to lose the shift pay, [I don't know]. He might lose 3 months of shift pay if he's off for 3 months [...] if he is you are looking at £1200. It is off-putting that they have taken that away from us, that you wouldn't go on the sick now. (Research interview – Ed, Aero)

These accounts appear to suggest that, for some employees, the sickness policies enforced by Aero and InsureCo actively encouraged unhealthy attitudes and behaviours when it came to taking time away from work. Indeed, Tina and Ed's accounts are clearly suggestive of presenteeism occurring within these organisations, as a consequence of the sickness policies imposed by both companies.

### 7.3.2 Workload pressure

As previously mentioned, it was apparent from the interviews that, in some cases, workload pressure produced unhealthy consequences for employees' mental wellbeing. In addition to this, several conversations revealed that these same pressures left employees feeling unable to take time off work. At Aero, a conversation with Leigh revealed a particularly alarming case of presenteeism caused by workload pressures:

A guy knocked on my door and said, 'the company have asked me to delay my knee operation until January'. I asked why, 'oh, well, there really is a big push in my area, they need me to commit and I can't afford to have any leave, and if I have my knee op [in early] December then I'm out for the rest of the year [...] I really need the knee op because I'm starting to have a limp now, but I want to support the company'. I said, 'well it's up to you mate, whatever you want to do'; he replied, 'ok, I'll help the company out, I'll have it done in January'. [He's] committing to helping the company, to stay and limp through December to get the work out. When he goes for the operation in January, he had a letter, 'we reserve the right to change the knee operation, and unfortunately you're no longer covered by the medical insurance'.

(Research interview – Leigh, Aero)



Marcus discussed his presenteeism like it was a running joke. Whilst his account makes for uncomfortable reading, there is a certain irony in his simultaneous recognition of, and inability to resist, his presenteeism:

My manager told me off a few years ago, because she said I exhibited presenteeism. I had never heard the term until she said it to me. I had hobbled in, because I was in agony, and my wife tried to convince me not to come in, and I said, 'no, no, no, I'm going to work, I'm going to work'. I couldn't stand all day, I was just at my desk. She said this term to me, and I said, 'what are you talking about, what's that?' She said to me it was being in work when you really shouldn't be. It's the opposite of pulling a sickie. You are not fit for work, but you are in [...] She told me what it was, and I said, 'oh yeah, that is me actually'. I do it a lot. I don't like just sitting at home and thinking I could be working. I've got an obligation to be here, I'm being paid to be here. I don't like being off, I really do hate it. (Research interview – Marcus, InsureCo)

Marcus' discomfort at being off work was a direct result of his feeling that he needed to carry out his work – both because it was important and because no one else could do it (the same feeling that led to him working in his hotel room on holiday) – which, in this case, was realised in a feeling of having an 'obligation to be here', in work.

### 7.3.3 Letting the team down

Whilst, as was elucidated in chapter 6, work and productivity were constructed at Aero and InsureCo as something that individual employees were individually responsible for, both organisations also strongly promoted collective identification and teamwork. At Aero, for example, colleagues relied upon each other to carry out work within their teams, while at InsureCo the gamification involved dividing departments into teams and pitting them against each other. In this way, whilst being absent from work was something which created pressures in terms of individual workload and productivity, it also involved passing workload pressure onto other members of one's team. Hence, this often meant that employees were unwilling to take time away from work due to the fear of 'letting the team down'.

One example of this emerged out of a conversation I had with Emily, who was a call-handler in InsureCo's claims department. During the conversation, Emily was coughing so much that she made several comments about needing to edit my

recording to get rid of the 'awful noise' she was making. We talked about how her illness had affected her work:

I was going to ring in today because of being like this. I messaged my manager and said to her how I was feeling. She said it was fine if I needed to ring in. She was really understanding. She said to me, 'if you feel up to it, come in and you can have a day off the phones, and just work through your backlog of work. Do as many little calls as you can'. And I said, 'do you know what? I think I will give it a shot'. I just think, well, I'm the one who decided to have a shot at coming in, and it was good of her to let me not have to go on the phones, which is fifty percent of my job really. I always feel comfortable calling in sick if I need to. (Research interview – Emily, InsureCo)

There seems to be something almost perverse in the way that Emily states that she feels able to call in sick, yet somehow – despite clearly being sick enough to be unable to carry out a major element of her job – she was nevertheless in work. This, in conjunction with the sense of gratitude with which she speaks about her manager's 'understanding' response to her illness, makes for alarming reading. I asked Emily if her decision to come into work was influenced by her workload, to which she replied:

I will be honest, yes, it was. If I had zero tasks in my backlog I would have [taken the day off sick]. But at the moment we have got a lot of people [...] off with stress and anxiety and things like that [...] We have had the extra workloads of those people, we have had to pick that up, as well as having our own work. So, I think for the people that are in at the moment it has been really, really stressful because we have got so much extra work [...] But I think it is better to come in and do the work that I can do without having to take those extra inbound calls, than to have not come in and not done anything. So, yeah, I don't want to let anyone else down in terms of them then having to take on my work if I was off today. (Research interview – Emily, InsureCo)

Interestingly, there appeared to be different understandings of what 'letting the team' down meant across the different departments at InsureCo. Thus, Tina explained she did not like being off work sick,

because I would feel like I was letting the department down [...] I think, certainly in the support departments, that is probably a more common mind-set. Whereas, in the call centres I think they are a little bit more relaxed about it: if they are sick, they are just not coming in. In support

departments, there is usually quite a lot of pressure, because the work can't easily be redistributed like it would in a call centre. I certainly perceive a greater pressure to be available, or for it to be picked up, or something to be done [...] But I would feel guilty about having that time off. (Research interview – Tina, InsureCo)

The above accounts by Tina and Emily are of analytical interest for the present study. For Tina, the implication is that she cannot afford to be off because others cannot cover her work; for her, this means she will be letting her team down, which is something that is not applicable to CCR roles because someone else can pick up the slack. Conversely, for Emily, it is precisely because other team members can pick up her work that she sees being sick as letting the team down; presumably, Emily could counter Tina's assertion about CCR employees being more likely to take sick leave, by arguing that Tina's absence will not create extra work in the way hers would.

A similar dynamic to the CCR employees at InsureCo was also in operation on the shop floor at Aero. This was often couched in terms of the camaraderie and team spirit that one felt for one's colleagues, which was presented as preventing employees from taking sick leave. One example of this came from Phil, who mentioned that that he had suffered – what seemed to me – quite a serious leg injury. Phil explained that, despite this injury, he had not taken sick leave:

You've got to come here; you can't go on the sick because of that [...] I could but I choose not to. Even though I was in a bit of pain, it didn't warrant enough to go on the sick. I wouldn't leave my mate in the lurch [with the work we were doing] [...] I wouldn't do that to him. He wouldn't do it to me either. That pushed me here in the morning as well. Even though I could just about walk. (Research interview – Phil, Aero)

Alongside the way that individuals perceived the impact of their taking sick leave upon their colleagues, in several instances it was notable that it was the team that resisted an individual's absence. For Len, who worked on the Aero shop floor, being away from work was to be avoided because of the reaction of his colleagues:

I don't like the idea of being on the sick unless you are really ill. If you have got a cold you come in. [...] I suppose there is a bit of a stigma if you are on the sick all the time. Pestering from other people, I think [...]

[People] take the piss, 'he's on the sick again', this and that, and I think, 'nah, don't do me'. (Research interview – Len, Aero)

At InsureCo, Tim recounted a complimentary experience to Len's when suggesting that colleagues were not always supportive of people needing to take sick leave:

I generally don't like having time off. The last time I was off sick [...] my manager rang me on the third day to tell me how the team were missing me. It just puts that little bit of pressure on you to come back. (Research interview – Tim, InsureCo)

When I asked Tim to elaborate on what his manager had said, he replied, "everyone is missing you' in the sense of come back to work, or in the sense that everyone is concerned, you don't know. It's up for interpretation" (Research interview – Tim, InsureCo). It appears that it was the very ambiguity of the message itself which made Tim feel uncomfortable about how his absence was being perceived by the team.

#### 7.3.4 The responsibility not to take time off

In most of these aforementioned examples, one could argue that the impetus to resist taking leave derived from a fear of what this said about an employee's ability to do their job. That is to say, these findings point towards the fact that difficulty taking leave due to workload pressure was associated with employees' self-perception of their abilities, as if taking leave would mark them out as being unable to perform their job properly. Similarly, this was often underpinned by the idea that taking leave would be tantamount to leaving one's team members in the lurch. Even when commenting on absence policies, employees consistently talked in such a way that framed being sick as reflecting on their character, or as constituting a 'mark' on their 'record'. For example, Tom, who worked in Aero's Environmental Health and Safety department, told me that he felt "if I don't go into work then it is [...] a black mark against me" (Research interview – Tom, Aero); similarly, Tina reported taking holiday rather than sick leave "because I don't want that mark on my record" (Research interview – Tina, InsureCo).

Several participants explained their reluctance to take sick leave as being grounded in a 'work ethic', which formed the basis of the society in which they lived. This was

particularly the case at Aero, which may have something to do with the older and more traditional 'working class' demographic of its employees. According to Gareth:

Work is part of our culture; you have to work to earn money. I know they pay me when I am [on sick leave], but I enjoy work. I don't like being idle in the house and doing nothing. Everything you own in life you have to work for. The work ethic is in me, has been from day one, instilled in me by my parents, it's just part of me. You go to work to earn your money, and you are thankful to Aero for providing that, a good livelihood for me and my family. I appreciate that, and I hope, and I think, I do a good job in return. (Research interview – Gareth, Aero)

Phil's comments echo those of Gareth:

I don't like going on the sick. It has been bred in me since the start, you get up in the morning, you go to work, you do what you've got to do, and you get home. You earn your money in between. That is what I do. You've got to get up in the morning and come here, haven't you? Whether you like it or not. It is your living at the end of the day. (Research interview – Phil, Aero)

Of course, there is a seductive logic to this work ethic: it makes sense that people have to go to work to earn a wage; however, there is clearly something pernicious about the way in which this work ethic is formulated by Gareth and Phil in their above accounts, because they are both talking about going to work when they are ill.

#### 7.4 Conclusion

This chapter has presented findings related to productivity and unhealthy work. In doing so, the chapter has examined work conditions that contribute towards making employees unwell, as well as exploring employees' attempts to cope with and manage this unwellness for the purposes of resisting absence.

The first and second sections of this chapter have demonstrated that, at both Aero and InsureCo, the demands of productivity have often meant that employees have engaged in work which was variously detrimental to their physical and mental health. An important component of the argument advanced in this thesis is that this work was not merely incidentally detrimental to employees' health, but rather that

the way in which this work itself was undertaken was ultimately what made it detrimental. This has profound implications for how we understand the relationship between work and wellbeing. Certainly, there is an apparent paradox at play when the employees of two companies who are ostensibly committed to the wellbeing of their employees are engaged in work practices which are so patently unhealthy.

The third section of the chapter focussed on employee's difficulty in taking time away from unhealthy work. It was argued that this inability to take time away was itself an unhealthy practice, one that was predicated on employees' sense of personal responsibility for their work; a responsibility which was directed towards either the company, one's colleagues, or one's own productive ability. In short, this section was concerned with examining the construction of employees' responsibility not to be sick, in which the term *sick* is specifically understood as being *absent from work* rather than merely being *unwell*.

The next chapter examines the ways in which employees constitute their subjectivity vis-à-vis wellbeing discourse. Specifically, building on the findings of the present chapter, it is argued that undertaking unhealthy work necessitates a specific kind of employee subjectivity, which is normalised by wellbeing discourse. In this way, ironically, employees become complicit in supporting the very work practices which are so damaging to their own health.

## 8 A 'healthy' response? – becoming subject to wellbeing discourse

This chapter presents the findings that pertain to both the second research question: 'how do employees constitute their subjectivity in relation to ill-health?' and the third research question: 'given the presence of ill-health, what forms of resistance to wellbeing discourse are possible?'

Chapter 6 demonstrated that, within both Aero and InsureCo, wellbeing discourses produced a 'healthy' subject position, which centres around a subjectivity which engages in responsibilised choice-making in order to be productive. Conversely, refusing or failing to live up to these forms of responsibility constituted what could be termed an 'unhealthy' subject position. The present chapter traces the various ways in which employees constituted their subjectivity in relation to these subject positions; in other words, employees' response to wellbeing discourse.

The first section explores the attitudes of employees who were broadly supportive of wellbeing discourse. These employees constitute what I am referring to in this thesis as a mode of *responsibilised subjectivity*, in that they internalised the responsibility to be productive. In this respect, responsible employees can be regarded as representing wellbeing success stories, albeit, ironically, many of them did not actually make use of their company's wellbeing programme. The second section examines the attitudes of those employees whose subjectivity was constituted via expressing resentment or frustration towards various aspects of workplace wellbeing discourse. Although these employees expressed a range of negative opinions towards wellbeing programmes, their negative expressions failed to manifest in a refusal to be productive. Consequently, while we can say that deviant employees undermined the rhetoric of wellbeing by refusing to buy into the wellbeing programme, they nevertheless fundamentally failed to challenge the responsibility to be productive, and, hence, ultimately ended up abiding by the strictures of wellbeing discourse. The third section considers forms of resistance to

wellbeing discourse, paying particular interest to an episode at Aero where employees collectively resisted individual responsabilisation by seeking to introduce a policy which formalised the company's responsibility for employees' mental health. It will be shown that, in this instance, employees managed to effectively resist wellbeing discourse by pushing responsibility back onto their employer.

### 8.1 Responsible subjects – 'healthy' employees

This section considers those employees who embraced the imperative to be productive, which underpinned wellbeing discourses at Aero and InsureCo. These employees enacted the responsibility to be productive in a variety of ways.

The first group of employees were 'true believers', who internalised the injunction to look after their health as a means through which to be productive, and engaged with the wellbeing programme as a means through which to achieve this aim. The second and third groups comprised employees who accepted the imperative to be productive, yet did not make use of their company's wellbeing programme. Of these, the second group consists of those employees who accepted that being in good health improved their productivity, but independently managed their health as opposed to engaging with the wellbeing programme. While the third group also accepted the imperative to be productive, these employees were so busy at work that they simply had no time to engage in practices of workplace wellbeing. These final two positions cast light on an interesting element of the wellbeing discourses reproduced in both programmes, that is, that occupying a subject position in accordance with the responsabilised choice-making valorised by wellbeing discourse did not in itself necessitate making use of the wellbeing programme, or even actively working to improve one's wellbeing. Moreover, whilst the attitudes of employees in these last two groups were broadly supportive of the programme, they often understood the programmes as being for 'other' employees.

#### 8.1.1 True believers

The first group of employees who adopted a mode of responsible subjectivity were those individuals who both recognised the imperative to be productive at work and



accepted the premise that being 'healthy' was a way to achieve this; these 'true believers' made use of the company wellbeing programme to this end.

One example of this position was demonstrated by Emily – a call-handler at InsureCo. Emily was cited in the first findings chapter, where she stated: "You've got to look after yourself so that you can be the best that you can be in work. If you have those resources there then you should use them as and when you need them" (Research interview – Emily, InsureCo). It is in the context of looking after her health in order to be at her best that Emily explained to me:

There was someone who recently came in with a mindfulness app on the phone, they showed us how to download it and register. I got that app. [...] There is quite often different people coming in, and they will stay down in reception for a few hours. You are always fine to go off the phone to go and see them. I do take part when they do come in. If it is something I think I can benefit from I do go down [...] If there is something I am interested in and they say that I'm going to go down there are always a few more team members that will say, 'I will pop down with you and have a chat with them'. I would say on my team, I usually go down with three or four other people. So, I do think it is well used when the facilities are there. (Research interview – Emily, InsureCo)

At Aero, Rachel – the nutrition champion for FH – reported that the nutrition element of the programme was something that helped her to manage her own eating, as well as to help others. Rachel explained that she had begun to lose weight on her own: "I lost weight [...] through Slimming World. I think if you follow Slimming World you won't go far wrong [...] I've lost 2 stone myself" (Research interview – Rachel, Aero). Rachel then proceeded to note that this process continued after she introduced this initiative at Aero:

We called it 'fat club'. So, I came in and I weighed the guys, I went on a nutrition course and I brought in information, facts and leaflets and everything else [...] So, I did that for nights, I also did one for days. Two of the guys lost two stone on it, so it was successful, it may only have been one or two guys, but, y'know [...] I just want to eat healthier, have better options and, y'know, do some more exercise.

(Research interview – Rachel, Aero)

Employees at both companies spoke about making use of the 'perks' which were associated with the wellbeing programmes. One example of this is how many

employees at Aero made use of the Lifestyle Account, which offered to match employees' own contributions – up to a maximum of £300 – towards the purchase of health or sports equipment. Within InsureCo, the provision of free fruit for all employees was by far the most mentioned aspect of the DoH, and, indeed, many employees appeared to value this greatly. A more detailed example of how employees utilised wellbeing resources to look after their health comes from Carl, who worked in kitting at Aero. Carl explained that Aero had made active provisions to promote employees cycling to work as part of FH:

They [the company] do support us with things, [for people who cycle to work] they have provided us with a secure bike lock and secure changing and shower facilities, they are helping and assisting. [...] I didn't want to leave my bike outside in a shed. Now we have got an internal bike storage. It is safe, it has a secure locked door. I feel confident I can leave my bike there all day and I know nothing is going to happen to it. They didn't have to provide that for us, but they did.

(Research interview – Carl, Aero)

More generally, other employees spoke about the value of the wellbeing programme in terms of having somewhere to turn when they needed advice or support; for example, Maureen told me:

I think the Department of Health is fantastic actually. Because it gives you so much information about looking after your wellbeing [...] And I know that [...], as an employee, it's somebody to turn to for any sort of advice that you need on anything really.

(Research interview – Maureen, InsureCo)

Those employees designated as 'true believers' constitute what would be traditionally thought of as the success stories of workplace wellbeing. These individuals embraced both the imperative to be productive and the perceived need to be 'healthy' as a means of achieving productivity; in so doing, they positioned themselves within wellbeing discourse by occupying a responsible subject position.

#### 8.1.2 Too 'healthy' to be helped

Whilst the 'true believers' represent a conventional wellbeing success story, there were two further subject positions which also made subjects responsible for productivity, albeit via a different relationship to workplace wellbeing. The first of

these was a group of employees who felt that they did not need to participate in wellbeing programmes, due to the fact that they were already managing their health independently, were already sufficiently 'healthy', and, as such, were unlikely to be helped by workplace wellbeing.

The best example of this mindset was Ben – a member of the office-based staff at Aero – who stated that Aero's running club simply did not meet his training needs:

How can I put it without sounding bad? I have never really had an interest in it [i.e. the running club]. I do a lot of running. I run marathons, I run ultra-marathons, half-marathons [...] My fitness has to be at a certain level [...] I train so much on my own. I have the Bristol half-marathon coming up so I know I need to be following a routine during the week. I know I want to be home by this time so I can get my kit on and I can go out, because I know that I'll be doing an 8 miler so that is going to be 50 minutes, a bit more of a quicker session. I know on Thursday I will be a bit more tired, but I still need to be back by 5:45 so I can get my kit on but do 5 miles at an easy pace [...] The running club here was very much, we are going to meet at 5 o'clock at the start of the [local running trail], we are going to go for a jog along the trail and come back. That doesn't really fit with my demographic.

(Research interview – Ben, Aero)

Whilst Ben was clearly committed to training on his own and had little interest in FH, he was keen to stress that his increased fitness had positive consequences for his work performance:

It's quite funny, I got into running to impress a lady, then I started to find I would get back from work and I would want to go out for a run, it made me feel a lot better in what I was doing, I could stay awake for a lot longer, I could think a lot better. It definitely has helped, the fitness has definitely helped.

(Research interview – Ben, Aero)

Other notable examples of employees being too 'healthy' to be helped by workplace wellbeing were the champions who ran various aspects of the programme. For example, Andy – a member of DoH – told me:

I joined [DoH] because I have a background in physical health education. I'm a registered Physical Training Instructor [...] motivational and peak development coach. I'm a martial arts instructor as well. I've always had a thrust towards healthy living, healthy lifestyle, healthy mind and all the rest of it, so I've just brought those skills to bear within the company.

(Research interview – Andrew, InsureCo)

Similarly, Rebecca – the physical activity champion for FH – told me:

I've always been a keen runner and a keen cyclist, so I very much enjoy that. And I see the benefits for myself and for my family. My children get a lot of benefit from doing the various sports that they do, and as a family we do lots of things together. So, I see the benefits of that externally and personally. So, I was given the opportunity to champion the benefits to people's health around physical activity within the role. So, it was something I was interested in, so I was happy to take it on.

(Research interview – Rebecca, Aero)

From Andrew and Rebecca's perspective, workplace wellbeing was thus not something that helped them to manage their wellbeing, as both already considered themselves to be extremely fit. Rather, the programme represented an opportunity for them to pass on their techniques of wellbeing management to other employees, so that they could also benefit. As with Ben, these benefits were clearly oriented towards being able to perform better and being more productive at work. For example, Rebecca explained her belief that:

The wellbeing thing, the positive outlook you can sometimes get from the endorphins of doing exercise, can make you more satisfied in your workplace and your job [...] the time you are spending in work is more productive and you're there more often.

(Research interview – Rebecca, Aero)

Andrew recalled a series of lifestyle challenges that he had ran for InsureCo employees, explaining the results as follows:

We [...] found that when those individuals were in work, they were a lot more productive than they had been. They were more motivated, they were more switched on, they weren't having the same sort of sleep patterns, they weren't so deprived at times, they were eating better so their energy levels were better maintained.

(Research interview – Andrew, InsureCo)

In addition to those employees for whom wellbeing was clearly a major factor in their lives, the people who might be called 'exceptionally healthy', there were other employees who, whilst not as 'healthy', were still healthy enough to feel that they did not need workplace wellbeing. An example of such a person was Cara, who said:

I have always tried to be quite fit and healthy anyway. I have come here [i.e. to work at InsureCo] already going to the gym, already not eating crap loads of junk food. Department of Health was never really going to change my view on being healthy, and make me feel better, because I already tried to do that anyway. For some people it might do [...] I just don't really pay much attention to it [...] Cheers, but I don't really need help. (Research interview – Cara, InsureCo)

Another example of this came from Edward, who also worked at InsureCo. Edward explained that he felt that DoH simply was not of relevance to him:

If it was applicable to me then I probably would get involved, but I feel that the things they have sent out I don't really have any problems with. They send out ones like smoking, so if there was someone who was looking to stop smoking, I am sure they would probably go to that email and get something sorted out. (Research interview – Edward, InsureCo)

These quotes from Cara and Edward point towards an additional aspect of the *too 'healthy' to be helped* subject position, namely that workplace wellbeing was for other employees. Cara identified herself as someone who did not need help, but noted that workplace wellbeing was there for other, less 'healthy', people who may need it. This idea of workplace wellbeing being for other people was also inherent to the way in which Rebecca and Andrew understood workplace wellbeing. In fact, as champions who were attempting to assist employees in becoming 'healthy', this is precisely what their role is. This idea was emphasised by Bill, who worked on Aero's shop floor, who was a further example of someone with exceptional fitness levels:

I do a lot of moving about on the section, moving parts around, if I was unhealthy, then I think it would be more difficult for me to do my job. I've got to do a lot of bending and a lot of stretching, reaching over for parts, especially the bigger items that are on pallets, I have got to lean over and inspect the parts with lights. It is definitely better to be healthy [...] I can go and do a 100 mile bike ride tomorrow and not bat an eyelid, [...] [but] I can think of a couple of occasions where I have seen people struggling, can't bend over properly, find it difficult to stretch over, it's not so much an age thing it is more about fitness. (Research interview – Bill, Aero)

In the above extract, Bill explicitly distinguishes his own fitness from others on the shop floor, as well as the implications of this on people's ability to do the job. While

Bill considers himself to be fit and capable, he is questioning the fitness of others and their ability to do their job.

This section has sought to demonstrate instances in which employees either chose not to get involved in company wellbeing programmes, or were involved in a capacity that did not require them to take part (i.e. running, rather than participating in, the wellbeing programme). This did not stem from a belief that wellbeing was not important; rather, it was felt to be so important that these individuals had already taken steps to self-manage it. As such, these employees were already too 'healthy' to be helped. Consequently, these employees accepted responsibility for their wellbeing, and recognised the need to look after themselves in order to maximise their ability to work hard and be productive. As such, this subject position highlights an apparent paradox of wellbeing discourse, which is that being a responsibilised subject does not necessitate making use of a workplace wellbeing programme. Moreover, those who were too 'healthy' to be helped emphasised another element of wellbeing discourse, by virtue of their assertion that workplace wellbeing was for other people. These others constituted those employees who had hitherto not taken enough responsibility for their health, and whose work had suffered as a consequence.

### 8.1.3 Too busy to be healthy

Whilst quite a few employees spoke about wellbeing programmes as something that were useful for other employees who did not actively manage their own health, there were a number of other employees who felt this was not possible for them. For these employees, their work commitments meant that they ultimately had insufficient time to get involved in the wellbeing programme. A typical example of this was Jamie – an intern at Aero – who explained that while he often wanted to attend FH events, he invariably missed them:

I think it's just ... I'm in my day-to-day at work and sometimes I don't think: 'oh, I need to go and do something that's not in my day-to-day routine'. So, I think maybe too stuck into my day-to-day. I should have - I did want to do the VO<sub>2</sub> max testing [a test offered by the occupational health team, which measures cardiorespiratory fitness], I think I called back too late so they were already booked for that.

(Research interview – Jamie, Aero)

A similar sentiment was expressed by Alan, who was a trainee in Aero's quality department. Alan elaborated on Jamie's reflections about day-to-day routines operating as a barrier to getting involved when speaking about the emails he received from FH. I asked Alan if he had taken part in a recent FH event which had been publicised on the site. Initially, Alan said he had not taken part, but in response to a follow-up question about whether he had read the email about the event, he replied:

I have a bad habit. I don't think it's just me. I think it's the site, that when you see an email that's not directed to you, you automatically just skim. You just skim through it [...] You come in and you've got, I don't know, 30, 40 emails, so you're looking for ones which you have actions for, asking: which involve me directly? Then the rest is: I'll either read that when I get a chance, or [deleting it because] I'm not interested in it [or] I haven't got time to read it [...] I think [that email was] just one of those [that got put to the side] – and with the best intentions at heart – because I'm reading it and thinking: 'that sounds good, but I've got other stuff to do at the moment, so I'll just park there'. Because I think it was only today [...] [that] I had a chance to go through my inbox and go: I don't need that, I can delete that [...] I'm sure that was still there in my inbox, that I hadn't deleted or done anything. It just sat there.

(Research interview – Alan, Aero)

Alan elaborated on this further, stating that he had been very busy that week due to an incident which had happened on the shop floor:

We had two significant pieces of hardware which got damaged, so I had to [...] open an investigation into the hardware damage; speak to the guys, look at processes, walk the site, [watch] security footage and take loads of photos [...] I knew last week I couldn't [...] There was a lot of stuff which I wanted to do which I had to drop because other stuff took priority. I just knew, if my manager said, '[Alan], is this done?' [and I had replied:] 'Oh no, sorry, I had to take an hour out to do ForwardHealth'. He'd be like: 'you've got to prioritise. Where's your priority?' But, yeah, so it's not [my] manager saying that you can and can't. It's more of myself going, 'have I got time to take out of my day?'

(Research interview – Alan, Aero)

Jamie again echoed some of the sentiments expressed by Alan, when he told me:

I think it's all down to yourself and how you manage your time. I think certainly like spending an hour today [for this conversation] is no problem [...] I can fit stuff in it so if it was an hour I'd think no problem;

two hours, I'd think maybe; a day off sometimes – like the Good Giving Day [a community volunteering day, attended by Aero, where I had initially met Jamie] – [...] I can't be asking my boss to take days off like that all the time. But, yes, I think if there was the opportunity to do something like this, I certainly would be able to take time off.

(Research interview – Jamie, Aero)

Here, both Alan and Jamie frame their ability to attend FH events in terms of their time-management, explicitly distinguishing this from being told what they can and cannot do. Yet, interestingly, for both of them, their perceived failure to manage their time is also linked to a hypothetical conversation with their respective managers, whom they both imagine as pulling them up on their time-management skills. At its core, then, Jamie and Alan's freedom to manage their time is dependent on their success at doing so; that is, they are only accorded this freedom on the condition that they choose to spend time doing the 'right' thing. In this case, the correct choice is to recognise that work comes first and wellbeing comes second.

The sense that work comes first was also emphasised by Ashley, a call-handler at InsureCo. Whilst Ashley felt that he had received substantial support from InsureCo regarding certain health issues he had, and was generally well disposed towards the DoH, he was nevertheless clear that work was a higher priority than wellbeing. As part of our conversation, we discussed the DoH webpage on InsureCo's intranet being a primary source of contact with the DoH. When I asked Ashley how often he looked at the webpage, he replied:

I'll be honest, I don't a lot. With the daily grind of your job. We are extremely busy as well at the moment [...] I wouldn't know what is on their page at the moment [...] Primarily, you are here to do your job, obviously. It can be difficult. If I said to my manager, 'do you mind if I just jump off the phone a second so I can look at the Department of Health website on [the intranet]?' they would probably think I was barking mad [...] It would be kind of looked at like 'why would you want to look at that? It's not really important at the moment when we have got 8 calls waiting'.

(Research interview – Ashley, InsureCo)

Other InsureCo employees also expressed the opinion that they were simply too busy to get involved with a programme that looked after their wellbeing. In the



case of Sebastian, this was symbolised by his relationship with the fruit provided by InsureCo. As previously mentioned, the DoH's free fruit was a cornerstone of the programme that can be traced back to the benevolence of the company founder, Edward Stevenson. For employees, it was by far the most common, and in some cases only, identifiable aspect of the DoH. When I asked Sebastian about the free fruit, it was immediately apparent that it meant something else to him:

[Free fruit?] I rarely take it. By the time I come in it's not delivered, by the time I come down for lunch it's all gone [...] It's a rare day that there is an apple left for me. I would be very suspicious of that last apple.

(Research interview – Sebastian, InsureCo)

Sebastian's lack of access to the free fruit due to the long hours he worked thus became a metonymy for his overall relationship with the programme. The above extract also casts light on the limited time that Sebastian had for wellbeing: he only had time to get an apple at lunchtime, when he was not working. The issue of only having time for wellbeing during unoccupied times, such as breaks and lunches, was also mentioned by Jess. In our conversation, Jess talked about the emails from the DoH that promoted the current focus of the programme. This often involved visits from charities, health professionals, or representatives from companies selling health products, who would host talks and present displays in the village green located next to the reception. Jess summarised why this was problematic:

You are not going to go down and talk to that representative unless you are on your lunch break, and then you are using your lunch break to eat your lunch. I don't really think a lot of people will go out of their way to go down and speak to the representatives they send to the office. Either because they don't care, or mainly because they've got other things that need doing.

(Research interview – Jess, InsureCo)

It is worth noting here that Jess and Ashley's experience of not being able to take time away from work is clearly at odds with the earlier extract from Emily, who explicitly mentioned being given time off from the phones to talk to DoH visitors. Therefore, it is clear that both managers' discretion and workload were key factors in how much time was given over to participation in DoH. Whilst it is true that several employees in both companies expressed that they would be able to take part in activities if they wanted to, a substantial number of the interviewees also

reported that they were simply too busy to get involved. While all the employees cited above expressed their enthusiasm for their company's respective wellbeing programmes, there was a sense for all of them that, although wellbeing was important, it simply was not as important as work. Part of the narrative developed by employees who were too busy to take part was predicated on the belief that at some point work would cease to be as pressing, and that at this point attention would be given to wellbeing. However, against a backdrop of intensifying workloads and demands for increased productivity, this seems like a prospect which will remain forever deferred. For a number of these employees, wellbeing was understood as something that was only available to people in other job roles. For example, the shop floor workers at Aero felt that office-based staff made time to take part, whilst office staff felt that the shop floor could afford to participate because they were under less pressure. Similarly, those in customer contact roles at InsureCo felt that non-CCR staff had more time to dedicate to wellbeing, whilst non-CCR employees felt that team managers would always give some employees time away from the phones because others could cover for them.

In summary, this section has examined the subject position of those employees who were too busy to be healthy. As with true believers, these employees occupy the position of responsible subjects; however, for these employees the responsibility to self-manage their demanding work schedules precluded the possibility of them looking after their wellbeing. In this way, the sense of responsibility felt by these employees can thus be said to be more extreme than that of true believers, and as being more in line with those employees who were too 'healthy' to be helped by wellbeing initiatives. As with those employees who were too 'healthy', those that were too busy also point toward a paradox inherent to wellbeing discourse: that the responsible subjectivity that this discourse seeks to instantiate does not necessitate engaging with workplace wellbeing. In the same vein, those that were too busy also exhibited a belief that workplace wellbeing was for other employees with more time on their hands. For busy employees, there thus appeared to be a sense in which their inability to get involved with workplace wellbeing was represented as a failure on their part to manage their time

effectively. One apparent consequence of this was the increased intensification of the personal responsibility to be productive, which was exemplified in the belief that only after their inbox was cleared would they have the time to look after themselves. What became apparent in talking to those that were too busy to be healthy was that work always came first, and that looking after yourself could only take place in the time that remained.

## 8.2 Resenting subjects – too cynical to be fooled

Whilst there were many employees who occupied subject positions which accepted the role that workplace wellbeing played in improving work performance and productivity (including those individuals who either felt it was not needed personally or was a secondary priority), there was another group of employees who exhibited cynicism towards workplace wellbeing. For these employees, wellbeing programmes represented either an insincere attempt to make employees work harder, or were a tokenistic effort intended to make employees' exploitation more bearable. Consequently, these employees occupied a subject position within wellbeing discourse which centred on resentment.

Employees at both Aero and InsureCo routinely expressed opinions about FH and the DoH that would most certainly not have been appreciated by senior management in either company. In some cases, this appeared to stem from employees coming up against the limits of wellbeing, that is, instances in which they found their employer unwilling to help with issues affecting their wellbeing. The previous chapter cited an extract from Tina's interview where she reflected on her own experience of working at InsureCo:

As long as nothing gets fucked up, then they will just leave you to dig your own wellbeing grave. It is only once something goes wrong that they then, all of a sudden, they start saying, 'do you need resources, do you need support?' (Research interview – Tina, InsureCo)

Tina's account is worth reiterating in light of her response to being asked about InsureCo's motivation for the DoH:

It is more about productivity, being able to add a greater value to the business, which is why I think there has been such a renewed focus on

Department of Health. The business doesn't care. They're just looking at productivity, and what they can get out of the staff by encouraging this type of thing. I know that it is becoming a more popular thing to look at the wellbeing of staff within the business. It's all about productivity. Happy people, happy jobs. You get more output from them, basically [...] If they want to perform well, they have to look after their resource, as soon as they piss the resource off and we are gone they are not going to be earning any money. (Research interview – Tina, InsureCo)

Tina's use of terms such as added value, productivity and resources resembles the instrumental value of wellbeing initiatives discussed in the first findings chapter, albeit her account takes on darker, angrier undertones. Those employees cited in the first chapter who discussed wellbeing vis-à-vis instrumental value generally seemed to view this as a mutually beneficial process: employees were assisted in becoming healthier and were thus able to lead better lives, whilst the employer benefited via increased productivity (a position akin to that held by the 'true believers', described earlier). Here, there is no pretence that wellbeing is based on mutuality; rather, wellbeing is framed as something which allows employers to extract more productivity out of their employees, that is, an ideological tool that is used to pacify people. In the second findings chapter, we heard from Tim, who resented his lack of access to a stand-up desk. Tim was another employee who demonstrated this cynical attitude towards the DoH:

Staff wellbeing is supposed to be important, especially to a company like InsureCo, [because] they bang on about it so much. But sometimes you look at their actions and you can't help but think it's contradicting their words [...] I think InsureCo pretend it is important to InsureCo. For example, Edward Stevenson, the [original] CEO, he said "people who enjoy work, work better", if you were to breathe that philosophy throughout InsureCo I think it would be a different place to what it actually is. (Research interview – Tim, InsureCo)

When I asked Tim how he made sense of the gap between the rhetoric of wellbeing and the reality within InsureCo, he told me that he felt the company had begun with good intentions, but had lost its way via its pursuit of profit and expansion:

I think InsureCo do like to take an interest in staff wellbeing [...] but I don't think they try as hard as they used to. Mainly because they have other priorities, like saving money, making profits, and efficiencies. I don't think it takes the interest or the lead that it used to [...] There are

people still running it, there are still people who take an interest in it [wellbeing], but I don't think it is the place that it used to be.

(Research interview – Tim, InsureCo)

It was not solely InsureCo employees who expressed cynicism and resentment towards workplace wellbeing. When speaking to employees at Aero, it was evident that there was a marked divide between office-based managers and shop floor workers with respect to ForwardHealth. Peter, a shop floor worker, told me:

The company would like to [...] show you data about productivity, they'd show you data about sickness, they'd show you data about happy cows make more milk, etc. [...] They can supply you with a gym, they can supply you with a cycle to work, they can supply you with a healthy eating plan, they can supply you with a number to ring [referring to employee assistance programme phone service] [...] [But] there's always a question of what their motives are in it? Because several years ago we had a DB [defined benefits] pension scheme, which was open to anybody [but they closed that scheme] [...] When they did they said we've got this brilliant thing coming in here, it's called ForwardHealth [...] we're going to screw you with your pension but we're going to give you all these goodies instead. Join the gym, £300 lifestyle allowance, free healthcare.

(Research interview – Peter, Aero)

Other members of staff reflected on what they saw as the disconnect between the way that FH was talked about at a senior management level on-site and the reality of how it was practiced in the organisation. This was particularly evident in my conversations with members of Aero sports clubs, who reported that there was a distinct gap between the rhetoric and reality pertaining to on-site sports activities, as illustrated by Phil, who was involved with the golf club:

If I have got to go at midday to play golf for work I have got to use my own leave, they won't give me time off [...] Whatever sports you are in, because you are representing the company, I think they should be saying, 'off you go, it is only two hours, I will write you two hours off'. If the company was skint, I would understand it, not a problem. But they are not skint [...]

(Research interview – Phil, Aero)

Whilst one might expect that these clubs would be part of FH, they were in fact run independently. Some employees expressed the belief that the existence of the sports clubs and FH represented a divide in the company: the wellbeing programme was driven by a management agenda, whilst the clubs were predominantly run by

the shop floor. According to Gareth – who was involved with the golf club – Aero simply did not support the sports clubs in a manner in keeping with the company's purported commitment to wellbeing:

I don't think they do enough. I think it is down to financial restraints. I think if you encourage, have a group of people who are interested, like me, and want to help. To create a little committee, although I don't like that word, a group of people who would organise these little clubs. It only takes a couple of hours out of a week. Just to organise these things. Maybe a little bit of funding for a football pitch or a tennis court, whatever the case may be or whatever club it might be. A bit of organisation, I think that's all it needs.

(Research interview – Gareth, Aero)

Resentment towards Aero was more openly expressed in relation to the cycling club. The club had previously disbanded due to a dispute with Aero, subsequently reformed and now appeared to be on the verge of disbanding again during my time on the site. At the club's inception, there was considerable enthusiasm from company management, as evidenced by the fact that a branded kit was designed for the team. However, because contractors who worked on the site were also members of the team but not employed by Aero, a disagreement broke out and the club was disbanded. According to Andre:

There was a bad feeling [...] the cycling club was disbanded because we felt we weren't getting the support from the company. About 18 months later [...] we were asked to set it back up. We set the club back up. [...] The kit issue was sorted, that was trivial. [Originally] we had an Aero UK kit used for cycling, rather than a cycling kit advertising Aero, it became a corporate kit. So, then corporate had pushed back, saying only Aero members could use it. So, by doing it the other way, rather than having an Aero corporate set of kit, we had our own kit and asked for permission to put the Aero logo on it. (Research interview – Andre, Aero)

The kit issue was resolved and the club were re-established; now, however, another issue threatened to disband the club again, as Andre explained:

We [the team] were quite good, we were in Cycling Weekly magazine, going to Europe and taking part in different things. But, obviously, with the risk involved, especially with the downhill side of things, the company [verbally] agreed that if we were participating under ForwardHealth, representing Aero, and we had an accident, then if we were off work then the trigger points for the sickness policy wouldn't be

counted because it was an Aero activity that we got injured in [...] But then the management team changed [...] and now there is a completely different twist on it [...] They have gone back on what our original agreement was. If anybody gets injured riding a bike now, it is your own fault. You are in breach of the sickness policy, because the sickness policy states that if you are injured through sport, then it is at the company's discretion whether they pay you sickness. People are reluctant to get involved now [...] Obviously, if I get hurt, that is my risk; they haven't forced me to ride my bike, I've done it myself. But the thing is, from the goodwill point in the beginning: 'it is going to be give and take: if you have an accident doing this you would doing it for us, we will help you out'; to now: 'we still want you to do it, but don't get injured, otherwise there could be repercussions for you'.

(Research interview – Andre, Aero)

These extracts are representative of my conversations with members of other Aero sports clubs, who often expressed frustration and resentment towards the company based on the belief that the company had backtracked on their verbal commitment towards the club, such as funding, sick leave arrangements and the shift-swapping that was often necessary for people to take part.

The position occupied by these resentful subjects is somewhat ambiguous. Whilst those employees who expressed resentment towards the company were unquestionably not expressing a commitment to workplace wellbeing programmes, neither were they subverting or resisting these programmes. More importantly, these resenting employees were also doing nothing to withhold their productivity from their employer. In this vein, it is worth recalling some of the earlier accounts from resentful employees. For example, in chapter 7, Gareth reported:

You go to work to earn your money, and you are thankful to Aero for providing that, a good livelihood for me and my family. I appreciate that [...] and I think I do a good job in return.

(Research interview – Gareth, Aero)

Similarly, in chapter 6, Phil commented on the need to ensure that employees were 'healthy' enough to work, concluding: "you have got to look after yourself" (Research interview – Phil, Aero). For Tina, the prospect of being absent from work due to sickness was something steeped in guilt, because, "I would feel like I was letting the department down" (Research interview – Tina, InsureCo). Even Tim's

quest for a stand-up desk, which was detailed in the second findings chapter, spoke of a desire to be able to get on with his job as best as he could. The resenting employees' commitment to working hard, as demonstrated by these extracts, is curious in light of the fact that their cynicism vis-à-vis workplace wellbeing programmes was often borne out of their belief that they were simply a means through which to yield enhanced productivity by making employees work harder. This situation sheds light on an apparent disconnect between the attitudes of resenting employees and their behaviours apropos work and health. This point will be developed further in the next chapter in relation to the third research question.

### 8.3 Resistant subjects – pushing back responsibility

In addition to responsabilised and resenting subject positions, a third position emerged in the course of research: *resisting subjects*. As has been previously stated, workplace wellbeing discourse ultimately produces a form of employee subjectivity which responsabilises individuals for their own productivity. This variously resulted in employees either investing in their wellbeing (following the logic that improved wellbeing led to increased productivity), or became accepting of (and therefore complicit in) conditions of work which were detrimental to their health. In both these cases, it was ultimately employees who assumed responsibility for the imperative to be productive. Over the course of conducting this research, I was introduced to the Mental Health First Aider (MHFA) initiative which was taking place at Aero. As I will discuss, this initiative serves to illustrate resistance towards the individualisation of wellbeing, on the grounds that it attempts to shift responsibility back onto the company.

The mental health of its employees was an ongoing concern for Aero. This was acknowledged by several people, including Andy – the FH site champion – who explained: “we have people on site really struggling with mental health, and wellbeing in that sort of area, and that’s a cultural thing I think” (Research interview – Andy, Aero). The cultural context Andy is referring to here is the demographic of the area immediately surrounding Aero, where most of its employees live. This comprised a working-class culture where, historically, coal mines had been the primary employer prior to the closure of these mines under the Thatcher era of



governance, which, in turn, drastically affected people's employment prospects. Consequently, there was an impression that, whilst the engineers working at Aero were engaging in well-paid skilled work that differed markedly from previous generations, their socio-economic background nevertheless made it difficult for them to engage with issues of mental health. This was exacerbated by the fact that the overwhelming majority of Aero employees were male, as it is well-established that stigma around issues of mental health is more prevalent in the male population. This situation was summarised by Liz:

I think that we're battling a really old culture, a working man's culture, where you man up and you deal with it, and you just do it. You've got people that are working through serious physical pain because they won't take time off sick. So, to get people that have got that kind of mindset to accept mental ill-health and to discuss things is very difficult.

(Research interview – Liz, Aero)

In the face of this situation, it was apparent that Aero had made little progress. As previously mentioned in the case description of Aero, one of the elements of FH was Stress and Non-physical Health, which was intended to address issues of mental health at Aero; however, this element remained without a champion throughout the period of fieldwork, and, indeed, there was little attempt made to address this shortcoming within FH. It was also acknowledged that the efforts that had been made towards addressing mental health had generally proven to be unsuccessful, as illustrated in this extract from Andy: "we really struggled with [addressing mental health]. Really, really struggled. Not much take-up. Not many people came to [awareness] sessions" (Research interview – Andy, Aero). It was felt by some that Aero's management team were failing to address the issue of mental health on-site, and, moreover, according to Liz:

HR are useless. They've got no idea. They see a mental health problem and they freak. When [it comes to disciplinary processes] [...] as soon as HR sees mental health on there, they assume that the disciplinary is to do with the mental health issue. You get referred straight to occupational health for an assessment, with no question as to whether or not the incident was related to your mental illness. [...] [Without asking if] you feel that you would benefit from this assessment from occupational health, nothing; just straight to occupational health like

you're being assessed whether or not you're fit for work. That's extremely scary. (Research interview – Liz, Aero)

Considering this situation, a group of people decided that they needed to take matters into their own hands and change the way that mental health was handled at Aero. The result was the MHFA initiative.

The MHFAs comprised a small team of employees, mainly from the shop floor, whose role was to act as a point of contact for those who wanted to discuss mental health issues related to either themselves or a colleague. At the time of the research, the MHFAs had received the requisite training more than a year earlier, but the initiative had hitherto not been officially launched by the company. In the interim, the relationship between the team and Aero had grown strained. This was because, whilst the MHFAs were keen to make themselves known to other employees and begin helping them, Aero was reluctant for this to happen until it had clearly defined the respective responsibilities of its employees, MHFAs and themselves. Underlying these differences of opinion was the fact that, despite Aero having paid half of the MHFA training costs, the MHFA initiative existed wholly outside of FH and, moreover, was almost completely independent of Aero's senior management structure. In fact, the initiative was largely driven by Allied, the on-site trade union. Allied had paid for the other half of the training costs, while several of the MFHAs were also senior figures within the on-site trade union branch. These factors set the scene for the emergent antagonism between Aero and MHFAs – or, crudely speaking, between senior management and shop floor employees – the result of which was a standoff regarding the launch of the MHFA initiative.

The MHFA initiative was initially borne out of Allied's desire to have Aero introduce a mental health or 'stress' policy which would raise awareness of mental health issues within the workplace. It was this policy which had set in motion the initial discussions about mental health at Aero. This was described by Leigh, who was part of the MHFA team:

The initial idea came from a conversation we had at our [Allied's] Health and Safety Committee. It was a discussion about mental health, and the idea of a stress policy was discussed. We don't have a stress policy,

we've never had a strict policy, it doesn't form part of our policies or terms and conditions ... We said, why don't we take it to the next level, and actually work on a stress policy, and get some mental health first aiders? (Research interview – Leigh, Aero)

Subsequent to these initial conversations, the union advertised for people who were interested in becoming trained up as a mental health first aider to get in touch. Approximately 15 people came forward, mostly from the shop floor, but also a few salaried staff from the offices. These people underwent an intensive 4-day training course provided by ForHead, who are a national mental health charity. Moreover, key members of the MHFA team (who were also members of the union health and safety committee) worked on drafting a mental health policy, which they presented to Aero's HR team in order to instigate discussions about introducing a new on-site policy. In response, the company's senior management team agreed to work with the union to develop an approach to manage mental health in the workplace. Further, Alex – the site's environmental health and safety leader and a member of the senior management team – received MHFA training, and ultimately became the chair of the MHFA committee. The union accepted Alex's role as chair of the MHFA committee as crucial to securing buy-in from Aero's senior management and HR. This was something that Alex himself acknowledged:

I maybe see my role as being able to be more of a chairperson, and to also make sure that there is leadership representation and buy-in [...] For me, HR has to be a part of the conversation around mental health. Even though we have said that we don't feel HR should be a part of the committee group, they should be a body that we would invite in as we felt we needed. (Research interview – Alex, Aero)

From the outset, the relationship between Allied and Aero proved to be a complicated one; by and large, this pertained to the question of where responsibility for mental health within the workplace lay. From the union's perspective, the MHFA initiative was fundamentally driven by a desire to resist the individualisation of mental health issues, which would have been realised through forcing Aero to take responsibility for mental health within the workplace. In practical terms, this meant introducing both MHFAs within the company to offer support to employees, as well as developing a policy that both recognised the

influence of work on mental health and sought to protect employees from any deleterious effects. This point was made clear by Leigh:

We basically wanted [the stress policy] to protect our members. So, if it was a member who was suffering from stress, it could be noted by the company that there was someone suffering from stress; and we wanted ways in which the company could deal with it in line with what the TUC recommend [...] HR basically wanted to say they'd done mental health awareness, and everyone was aware that mental health can be an issue in the workplace, blah, blah, blah, and tick a box. [...] Nobody to go to, nobody to stand on, nobody to help you, only the Employee Assistance Programme. If you've got a mental health issue, ring that number. And like we've proven, after six months they drop you like a stone unless you pay. (Research interview – Leigh, Aero)

From Aero's perspective, having MHFAs within the workplace was a double-edged sword. On the one hand, the company wanted the kudos stemming from being the first company within the aerospace sector to introduce MHFAs, and, to this end, there were plans to have a launch event, possibly involving politicians and national news coverage. On the other hand, the fact that the MHFAs were employees of the company, and that any action they took would be made in that capacity, proved to be a source of concern for the company. For one thing, if an employee were to commit suicide after having spoken to a MFHA, then this might open Aero up to criticism that something else should have been done. In such a scenario, the company could ultimately be held responsible for failing to provide this support. A separate issue arose when considering the potential for MHFAs' roles to conflict with company policy. This was explained by Alex:

There are some areas [...] where an employee may confide in a mental health first aider [...] around a problem that they are having. And it could be that they are turning to drink, or that they are finding themselves having difficulties getting to work, that they are booking leave or sickness on rest days, they are doing things that are maybe impacting on their work functions. That could therefore cross over into where company policy functions, and therefore that puts someone like the mental health first aider in a position of responsibility [...] If you know that someone is having a tough time, and they may be breaking company policy, you are now just as obligated, because you now know. And you are trying to help that person, but at the same time know that there is the company issue there, and you've got to try and balance the

two. [...] And I think in mental health circumstances we need that boundary. (Research interview – Alex, Aero)

Further, Aero's HR department disliked Allied's mental health *policy*, and instead pushed for a mental health *strategy*. The significance of this was explained by Leigh:

We pushed for this launch back last summer and it was really trying to get a policy or a strategy decided upon. And we were kicking it about. We [the union] wanted a policy, the company wanted a strategy [...] A strategy is something that the company strives to achieve as a company, collectively, us and the company. So, something we strive to achieve but we can't be held accountable for [...] A policy is something that you can be held accountable for [...] [For example,] if I said it was an attendance policy, then it would go in favour of the company; because they need you in work, and if you breach that policy you can be held to account for it. [...] [But] with something like a stress policy, the chances [of the employee being held responsible] are quite low; for obvious reasons, because it's stress at work. It's not the employee causing the company stress, is it? A policy that the company can be held to account for is not a good policy for Aero, because it just adds more chances of them getting sued [...] Which is probably the reason the company don't want a stress policy, because they would have to abide by it. Because policies are two-way things; a breach by the company is the same as a breach by an employee, it's a breach of policy. (Research interview – Leigh, Aero)

Initially, Allied had planned to work with Aero in introducing MHFAs and a mental health policy that would increase the responsibility of the company in terms of looking after the mental health of its employees. The hope was that the positive publicity Aero would garner from doing this would win the company over. However, it became evident that Aero had reservations about the initiative, and, resultantly, delayed the launch of the MHFAs and failed to implement the policy.

The situation came to a head when, in less than a year, two people working on the shop floor took their own lives. Understandably, this produced a mix of complicated responses. For Aero, it was deeply uncomfortable for them to acknowledge that there were trained MHFAs on-site at the time of these events, but that this had not been promoted to employees. For the union, this signalled that they should not wait for the official launch, but rather should take matters into their own hands. Consequently, several A4 posters appeared on the environmental health and safety noticeboards around the site. These posters had the names and photographs of the

MHFAs. This marked the first announcement about the MHFAs. In explaining this decision to me, Leigh said:

After two suicides we really don't give a shit, putting it bluntly. We need these people out there and visible [...] By the time it got out there [i.e. the posters were put up], it was the end of January and we'd already lost somebody else. (Research interview – Leigh, Aero)

I asked Leigh if there was any resistance from management regarding making people aware of MHFAs without the policy being in place, to which he replied:

[Laughing] I believe so, but not officially. They just had to do it. There was this pressure from the shop stewards, 'these people have been trained, why can't we see who they are?' [...] They're out there, put it that way. Nobody has taken them down or asked us to take them down. We felt after the second suicide they needed to be out there, which is what we've done. (Research interview – Leigh, Aero)

In taking matters into their own hands, the union took their resistance one step further, moving away from trying to work with Aero to change company policy towards openly opposing management's chosen course of action. Unsurprisingly, this action only served to deepen the rift between the MHFAs and the company, in turn, prolonging the stalemate further. During the time of the fieldwork, the mental health first aiders had received their training over a year earlier, but yet the scheme had still not been officially launched by Aero. When speaking to the MHFAs, they universally expressed dismay at the lack of support from the company post-training. This, combined with the failure to launch the initiative, made them suspect that the issue of responsibility had made Aero withdraw its support for the initiative. During the fieldwork, I attended a meeting held by the MHFAs, and in a later conversation, Joe – a vocal member of the MFHA group – said to me:

You was in the meeting, where Grace [another MHFA] said, 'I don't think the company want it'. That is the general feeling. Like, sometimes I come in here and I think Alex is working hard. I think Alex wants it because he's at the coal face, we're shouting at him every meeting [...] I do think that Alex is a passionate guy, but I don't think they're having the same buy-in from HR. (Research interview – Joe, Aero)

A similar sentiment was expressed by Angela, another MHFA, who explained:

I think a lot of politics is involved with the company and stuff. I know that Alex said that it wasn't, but I personally can't see any other reason of why we are dragging our feet [...] Everyone is really hung up on this policy. (Research interview – Angela, Aero)

Angela also pointed out that there were obvious opportunities to promote the MHFAs which had simply not been taken by the company:

We have quarterly reviews where [the site leader] and the rest of the management team talk about their different sections to the whole business, it is down in the canteen and they use big screens and mics, and it is compulsory to go, I don't know why we haven't had a slide on there, where you capture the whole of the business. That is the easiest way of capturing the whole business, so I just don't understand why [...] Alex [as a member of the management team] couldn't stand up and explain who we are and what we are planning on doing. (Research interview – Angela, Aero)

The MHFA initiative draws attention to the third subject position, occupied by employees in response to workplace wellbeing discourse, *the resistance of responsibility*. The existing policies in place at Aero individualised mental health, in turn, making employees responsible for managing their own mental wellbeing, whilst the company effectively outsourced its responsibility through measures such as the Employee Assistance Programme. Against this backdrop, the MHFA initiative should thus be understood as an attempt to resist the individualisation of mental health, by instead pushing Aero to acknowledge the effect which work has on mental health and encouraging them to take responsibility for ensuring that employees are protected from these effects, as well as having in-house support for any employees who are affected. Whilst the MHFA initiative ostensibly centres on the issues of health and wellbeing, it also speaks to the more fundamental issue of productivity. For those employees behind the MFHA initiative, it was important to draw attention not simply to mental health, but rather to mental health issues which arise specifically as a result of employees being put under (or putting themselves under) undue pressure to be productive. As such, the initiative was ultimately directed towards making the company recognise ways in which employees could be made ill *through work*.

## 8.4 Conclusion

This chapter has examined the various ways in which employees constituted their subjectivity vis-à-vis the 'healthy' and 'unhealthy' subject positions produced by workplace wellbeing discourse.

The findings presented in this chapter have highlighted two key points in relation to employee subjectivity. Firstly, occupying a 'healthy' subject position within wellbeing discourse did not necessitate either being healthy, or 'buying into' wellbeing. Indeed, the majority of employees at Aero and InsureCo could be described as being 'too busy to be healthy', while – as shown in chapter 7 – in many cases this busyness actually proved to be detrimental to employees' health.

Crucially, it is the responsibility that these employees assumed for utilising their health in the service of productivity, rather than any conventional marker of health, which ultimately marks them out as being 'healthy'. This point will be explored further in the following chapter in relation to the second research question.

Secondly, it has been shown that resisting wellbeing does not involve a refusal to engage in wellbeing, but rather comprises pushing back against the personal responsibility inherent to wellbeing discourse. In this vein, the MHFAs at Aero sought to change the prevailing wellbeing discourse by refusing to accept the individualisation of health, and instead working to make Aero accept the role which work plays in affecting the mental health of employees. This argument will be developed in more detail in the following chapter apropos the third research question.

The next chapter brings together the findings presented in chapters 6, 7 and 8 in order to answer the research questions which have underpinned this research, before proceeding to then delineate the contributions of the research.



## 9 Wellbeing discourse, employee subjectivity and the organisation of ill-health

This research investigates the phenomenon of workplace wellbeing from the perspective of critical management studies, specifically exploring the construction of wellbeing discourse and how employees situate themselves within this discourse. In doing so, the research examines workplace wellbeing in terms of employee subjectivity, through recourse to the conceptual apparatus of Foucault (1990, 2001, 2008). This examination comprises two stages. Firstly, the research considers how wellbeing discourse constructs both 'healthy' and 'unhealthy' employee subject positions. Secondly, the research delineates how employees negotiate these subject positions in constituting aspects of their subjectivity. Overall, then, the research is concerned with identifying the processes by which employees become subjects of wellbeing.

Workplace wellbeing has a longstanding history. From before the industrial revolution, employers have concerned themselves and taken steps to intervene in the health of their employees. Notwithstanding this historical continuity, this research is conducted during a period in which wellbeing has advanced up the political agenda, with concerns over the obesity epidemic demanding governmental intervention. Within this socio-political milieu, an increasing number of employers have introduced workplace wellbeing programmes, invariably with the stated purpose of empowering employees to manage their health, whilst, simultaneously, believing that these healthier employees will boost productivity levels. Against this backdrop, workplace wellbeing has become an emergent area of research within organisation studies.

While a common approach to empirical research within the social sciences involves 'gap spotting' – an approach which initially seeks to identify 'gaps' within extant theory and subsequently attempts, through empirical observation, to build explanations that will fill the gap – this research has been guided by the alternative principle of 'constructing mystery' or 'problematization' (Alvesson and Kärreman 2007; Sandberg and Alvesson 2010; Alvesson and Sandberg 2011). In

contradistinction to the former, the latter approach involves the researcher entering the research setting with the intention of identifying empirical phenomena apparently unexplained by existing theory. In this sense, the research can be said to be driven by an empirical observation of workplace wellbeing, rather than being driven by lacunae in extant literature. Due to the fact that it is informed – rather than driven – by extant theory, the constructing mystery approach demands that the researcher commence fieldwork with a relatively broad research scope, and only subsequently formulates research questions upon encountering what appears to be a mystery unexplained by current literature. Adopting this approach, upon entering the research setting the researcher was struck by the ubiquity of working practices which either directly caused harm to employees or proved detrimental to their health indirectly. Accordingly, the following research questions were formulated to further investigate this mystery and provide a potential explanation:

1. What place does ill-health occupy within the subject positions constructed through wellbeing discourse?
2. How do employees constitute their subjectivity in relation to ill-health?
3. Given the presence of ill-health, what forms of resistance to wellbeing discourse are possible?

By virtue of answering these questions, the research makes three contributions to the field, each of which will be discussed in the proceeding sections. In the next section, the key findings from the three empirical chapters will be outlined, which serves to provide the basis for elucidating the contributions of the research.

### 9.1 Becoming a subject of wellbeing

Chapter 6 examined the construction of subject positions within wellbeing discourse at both Aero and InsureCo, more specifically, the subject positions that are associated with being ‘healthy’ and ‘unhealthy’. In the research interviews, both employees and those who were running workplace wellbeing programmes described health primarily in terms of something which contributed towards employees’ ability to do their job and, hence, be productive. Participants talked about health in terms of being able to work, while speaking in disapproving terms of those employees whose poor health meant that they were unable to carry out their jobs properly. Hence, health was defined in terms of its instrumental value,

that is, that it was useful to the extent that it enabled employees to be productive, while, by implication, ill-health was characterised as something that was detrimental to people's productivity. The instrumental value of health also gave rise to employees bearing the responsibility to be 'healthy'. This responsibility was commonly framed by participants in terms of the employment contract, that is, that employees had a responsibility to their employer to look after their health by virtue of being employed by them. Considering this responsibility to be 'healthy', workplace wellbeing programmes were invariably framed in terms of providing the requisite resources that empowered employees to look after their health. Participants also reported that being 'healthy' was ultimately a choice which employees themselves had to make. Indeed, those who ran wellbeing programmes routinely spoke about the limits of what the programme could do for employees. It was often stressed that employees could not be forced to engage with wellbeing programmes or look after their health. In this context, whilst programmes provided the resources, it was employees who had to choose to use these resources. Drawing on the discursive construction of health as something that is defined by its productive value, the subject positions of the 'healthy' and 'unhealthy' employee were constructed vis-à-vis employees' efforts to manage their health so as to be productive. These efforts were themselves understood as operating at the intersection of choice and responsibility. 'Healthy' employees were understood as those who chose to assume responsibility for their health, engaging in practices and techniques of self-management in order to be productive. Conversely, 'unhealthy' employees were those who were unable to be productive, with any fault for this deemed to be attributable to the individual's lack of self-management practices.

Chapter 7 examined the types of work carried out by employees at Aero and InsureCo pertaining to employee health. Specifically, it was shown that employees at both companies engaged in a range of unhealthy forms of work, which was understood as a key cause of employee sickness. In the research interviews, employees cited numerous examples of how work was detrimental to their physical health, most commonly in the form of musculoskeletal problems. At Aero, shop floor workers spoke about the physically demanding nature of their work,

combined with potentially dangerous work environment factors, such as trip hazards. For these employees, the need for knee operations appeared to be a commonplace feature of their work, however there also appeared to be evidence that Aero was becoming increasingly reluctant to cover the cost of surgery. Notable examples at InsureCo included the back problems caused by a combination of sustained desk work and long periods of physical inactivity, which were prevalent at the mainly office-based environment. Employees also described instances where work proved to be detrimental to their mental wellbeing and that of others. At InsureCo, for example, as part of their job call-handlers were routinely required to perform emotional labour in order to manage irate or dissatisfied customers. At Aero, employees performed their work in the knowledge that any errors could result in potential aircraft malfunction and the death of those onboard, which often gave rise to stress and anxiety. The consequences of errors appeared to be something that was emphasised by management at Aero in order to intensify employees' sense of personal responsibility. The difficulty for employees to take time away from work also emerged as a prominent theme in the research interviews. More specifically, employees reported feeling that taking time away from work would let down their colleagues or teammates, alongside expressing that taking leave was perceived as a 'black mark' against their personal record. For these reasons, employees often exhibited unhealthy behaviours, such as presenteeism or an unwillingness to use annual leave, as a means through which to restore work-life balance. In this chapter it was argued that employees engaged in unhealthy work as a means through which to be productive. This led to a paradoxical situation whereby an employee could be made sick through unhealthy work, yet because this work allowed the employee to continue to be productive, they could simultaneously occupy the subject position of the 'healthy' employee.

Chapter 8 considered the ways in which employees constructed their subjectivity vis-à-vis wellbeing discourse. Broadly speaking, three modes of subjectivity were outlined. The first of these were *responsible subjects*: these were employees who internalised the personal responsibility for productivity inherent to wellbeing discourse, and, hence, occupied a 'healthy' subject position. Whilst these

employees were defined by their responsibility and productivity, they did not share a commitment to becoming healthy in the traditional sense of the term. Consequently, whilst the first and second group of responsible subjects – the ‘true believers’ and those ‘too ‘healthy’ to be helped’ – invested in their health, the final group – those ‘too busy to be healthy’ – represented those employees who were making *depreciative self-investments* and suffering from ill-health for the sake of being productive. The second and third categories of subjectivity were primarily defined in terms of their opposition to workplace wellbeing. Of these, the second category – *resenting subjects* – were employees who adopted a cynical attitude towards company wellbeing programmes, often refusing to engage with wellbeing at work. Whilst this second category was defined by its opposition to the programme, it was nevertheless still the case that these employees did not refuse the responsibility associated with wellbeing discourse, and, as such, these employees were often engaged in *depreciative self-investment*. The third category – *resisting subjects* – were similarly defined by their opposition to wellbeing, however these employees were taking steps to redefine workplace wellbeing. This third category thus represents an interesting contrast to *resenting subjects*, in that their opposition amounted to a rejection of responsibility, rather than, say, being merely tantamount to rejecting a specific wellbeing programme. In keeping with an understanding of wellbeing discourse which defines being ‘healthy’ in terms of accepting one’s responsibility to be productive, this chapter demonstrates that employees’ construction of subjectivity vis-à-vis workplace wellbeing should be understood primarily in terms of responsibility for productivity, rather than in terms of efforts to become healthy in the traditional sense of the term.

## 9.2 Contribution 1 – *productive sickness*

The first research question asked, ‘what place does ill-health occupy within the subject positions constructed through wellbeing discourse?’ With respect to this question, the research has demonstrated that ill-health plays a prominent role in relation to wellbeing subject positions. More specifically, the findings suggest that wellbeing discourse produces a paradox whereby employees are often required to undertake unhealthy work in order to occupy a ‘healthy’ subject position. The term

*productive sickness* is coined in this thesis to describe these forms of unhealthy work, which are carried out by employees in order to occupy a 'healthy' subject position. In making this argument, the research contributes to critical literature on workplace wellbeing, by arguing for the necessity of a new understanding of the meaning of employee sickness. The vast majority of extant critical literature frames sickness or ill-health as constituting a threat to productivity. In contradistinction to this work, a small body of work has made a case for understanding workplace sickness as a necessary step in attaining successful productivity levels. The present research builds upon and extends literature in this latter category, arguing that workplace sickness should be understood as something that is organised and made useful via wellbeing discourse. In so doing, the research problematises the common rationale for workplace wellbeing programmes: that employee health is in employers' best interest. The argument for *productive sickness* is outlined below.

Critical literature which has sought to understand workplace wellbeing has hitherto primarily analysed wellbeing in terms of the power relations which incite employees to become healthy and productive. In so doing, the literature has proposed various accounts of wellbeing, whereby employees come to "embody managerialist values" (Zoller 2003, p. 172) through becoming healthy. Moreover, analyses of employees' identity regulation have extensively described how the work of becoming healthy is invariably associated with professional development and career advancement (Kelly et al. 2007; Costas et al. 2016; Johansson et al. 2017), as summed up in Trethewey's contention that "a professional body is a fit body" (Trethewey 1999, p. 423). With respect to the role that ill-health plays within the workplace, this literature has broadly understood workplace sickness as a problem for organisations, in terms of representing a threat to their productivity (Cederström and Spicer 2015; Hull and Pasquale 2018) and in terms of a moral failure on the part of employees (Pedersen 2008; Holmqvist and Maravelias 2011; Nyberg 2012; Maravelias 2016). Given this contention, much of this literature has argued that workplace wellbeing programmes should be regarded as a solution to the problem of illness (Haunschild 2003; Zoller 2004; Kelly et al. 2007; Holmqvist and Maravelias 2011; Maravelias 2016). Overall, then, whilst this body of literature

has provided effective analyses of the ways in which the work of becoming healthy is predicated on investing employees within networks of power, it has also almost without fail contended that workplace wellbeing is directed towards employees' good health, whilst, simultaneously, aiming to prevent sickness in the workplace.

Contrary to the perspective found in most literature, this research builds upon the body of work which has argued that, rather than being incidental, sickness plays a fundamental role within the workplace. In this vein, Dale and Burrell have argued that sickness is a necessary by-product of work, writing that "occupation *requires* unwellness of various forms, in order to achieve successful ... production" (Dale and Burrell 2014, p. 160, emphasis in original). According to these authors, wellbeing discourse plays an important role in denying the prevalence of workplace sickness, arguing that "the wellness movement' ... obscures its necessary 'other', namely *unwellness*" (Dale and Burrell 2014, p. 160, emphasis in original). Through recourse to this work, this research has argued that, rather than simply obscuring unwellness, workplace wellbeing is implicated in producing the very unwellness required by organisations. In this manner, wellbeing discourse serves to produce the 'healthy' employee subject position via which employees engage in *productive sickness*. Consequently, workplace ill-health should be regarded as something which is organised and orchestrated, rather than being a mere by-product of work.

Chapter 6 presented the argument that wellbeing discourse served to construct health as having instrumental value qua ensuring productivity; in other words, employees occupied a 'healthy' subject position to the extent to which they were productive, and, conversely, occupied an 'unhealthy' subject position to the extent to which they were unproductive. Furthermore, these subject positions contained a normative dimension, which framed the 'healthy' and 'unhealthy' employee in terms of individual responsibility. In this way, not only was the 'healthy' employee someone who was productive, they were also someone who had taken responsibility or worked hard to become this way. Similarly, those who were 'unhealthy' were deemed to have failed to take responsibility for managing their health in order to be productive. The 'healthy' and 'unhealthy' subject positions were summed up by Steve, a FH champion, who remarked that, "a healthy

employee is an employee who is in work, who is turning the spanners, doing what he [sic] should do” (Research interview – Steve, Aero).

Developing this argument further, chapter 7 explored various forms of unhealthy work. There, it was shown that, not only did employees at both InsureCo and Aero regularly perform unhealthy work in the course of their employment, but that this process had been normalised in two key respects. Firstly, the direct (and necessary) cost of work to employee health – manifested in musculoskeletal conditions or stress and anxiety – was framed in terms of employee responsibility and self-management. Even in those cases where companies assisted employees, this was largely regarded as a benevolent act of helping the employee, rather than in terms of paying reparations for the embodied harm caused by work. Presenting systemically harmful work in terms of an individual health issue resulted in a normalisation of this harm and a stoical acceptance on the part of employees, all in the service of continued productivity. This process was starkly illustrated by Aero progressively reducing the number of knee operations it was willing to pay for, despite this being an injury which was commonly inflicted on employees due to the rigours of shop floor work. Secondly, work occupied employees’ lives to unhealthy degrees. This resulted in employees with short-term illnesses, such as colds or physical injuries, often coming to work in order to struggle on as best as they could. Similarly, employees felt unable to take time away from work, often experiencing guilt at taking recreational leave and, indeed, on occasion using it as an opportunity to carry out work free from interruptions. Employees frequently spoke about experiencing the time they spent away from work, either recovering from sickness or recovering from some sort of work-life imbalance, as letting down their colleagues or in terms of receiving a ‘black mark’ from their manager. This point was underscored by the punitive absence policies at both companies which, again, served to reinforce the understanding of sickness as an individual problem.

In answering the research question ‘what place does ill-health occupy within the subject positions constructed through wellbeing discourse?’, this research demonstrates that ill-health lies at the heart of the subject positions constructed through wellbeing discourse. In this way, the wellbeing subject positions detailed in



chapter 6 did not stand separate from the unhealthy work detailed in chapter 7; rather, unhealthy work relied upon and was enabled through these very subject positions. *Productive sickness* encompasses the unhealthy work carried out by employees in order to occupy a 'healthy' subject position. The paradoxical relationship between wellbeing discourse and unhealthy work can be discerned in the fact that occupying a 'healthy' subject position frequently required employees to engage in unhealthy work. This paradox can be summed up in the adage 'sickness is health', a phrase reminiscent of the Orwellian doublethink underpinning Willmott's analysis of the personal autonomy found in culture management (Willmott 1993).

Whilst issues of ill-health within the workplace have frequently been noted within extant literature, invariably these are framed either as a threat to productivity – to which wellbeing is a panacea – or as a necessary by-product of work – which wellbeing serves to occlude. The point made here is that workplace sickness is neither a threat to productivity, nor a mere by-product. Rather, it is argued that workplace ill-health is the driving force of productivity, and, as such, it is highly organised and orchestrated within the workplace. The argument for the utility of sickness has far-reaching implications for workplace wellbeing, effectively undermining the claim that employee health is in employers' best interests. This point has substantial implications for our understanding of the practice of workplace wellbeing, a point brought home in my conversation with Tina:

As long as nothing gets fucked up, then they will just leave you to dig your own wellbeing grave. It is only once something goes wrong that they then, all of a sudden, they start saying, 'do you need resources, do you need support?' (Research interview – Tina, InsureCo)

### 9.3 Contribution 2 – *depreciative self-investment*

The previous section examined the construction of employee subject positions through wellbeing discourse, arguing that wellbeing discourse makes sickness expedient through constructing a 'healthy' subject position which encourages employees to engage in *productive sickness*. The present section builds upon this argument, by specifically examining the mode of subjectivity required to engage in

*productive sickness* and thus become 'healthy'. In doing so, this section seeks to answer the second research question: 'how do employees constitute their subjectivity in relation to ill-health?' In answering this question, the research contributes to Foucauldian organisational scholarship (Barratt 2008; Munro 2012), specifically in terms of the analysis of neoliberal governmentality. Key to Foucault's examination of neoliberal governmentality was the entrepreneurial self, where individuals invest in their human capital in order to secure economic advantage. With respect to this body of work, the findings of this research cast light on a new form of entrepreneurial activity, that of *depreciative self-investment*. *Depreciative self-investment* describes investments which enhance short-term productivity, but have harmful long-term consequences. The concept of *depreciative self-investment* constitutes an important development in the study of neoliberal governmentality, by highlighting an overlooked dark side of the entrepreneurial self.

It is notable that, within existing literature, the entrepreneurial self is considered exclusively in terms of undertaking responsible self-management to produce positive outcomes. For example, Foucault describes the entrepreneurial self in terms of 'investing in the self' in order to produce 'satisfaction' (Foucault 2008), Miller and Rose talk about 'freely governed conduct' producing 'fulfilment' (Miller and Rose 2008), whilst McNay argues that:

The autonomous citizen is s/he who manages ... diverse networks – work, household, pension, insurance, private property – in the most responsible and prudent fashion vis-a-vis the avoidance of risk and the maximization of their own happiness. (McNay 2009, p. 61)

Critical literature on workplace wellbeing which makes use of the concept of governmentality also reproduces this tendency to regard the entrepreneurial self as comprising a responsible mode of self-management geared towards increasing one's human capital. In the case of workplace wellbeing, responsible self-management is invariably understood in terms of lifestyle management, which involves the adoption of normalised health behaviours. Hull and Pasquale have referred to this as "the neoliberal view of healthcare: a portfolio to be managed, by the employee, via investment in empowering lifestyle changes" (Hull and Pasquale

2018, p. 199). As with governmentality literature more broadly, workplace wellbeing governmentality literature also regards the result of the individual's entrepreneurial activity in exclusively positive terms. In the case of workplace wellbeing, these results are usually understood in terms of improved health, productivity and career prospects (Holmqvist and Maravelias 2011; Maravelias 2016; Hull and Pasquale 2018). This argument is typified by Kelly et al., who argued that workplace wellbeing programmes promise:

to develop in employees an ethic that will allow them to realize that the figure of the corporate athlete, and the work that they need to do to become such a person, is one that can embody their own desires—for health, performance, well-being, career—at the same time as it embodies the organization's desires—for productivity, performance, cost and risk minimization. (Kelly et al. 2007, p. 281)

In an attempt to unpack the connection between wellbeing and career progression, some studies have considered workplace wellbeing as a form of identity management, in which constructing a healthy identity is considered to be a way of signifying professional competence and thereby providing a means of career progression (Trethewey 1999; Costas et al. 2016; Johansson et al. 2017).

In summary, extant literature on governmentality posits that individuals engage in self-investment to gain an economic and social advantage. Applying the lens of neoliberal governmentality to workplace wellbeing, existing literature contends that employees undertake responsible self-management by investing in becoming healthier and, further, that this investment will result in employees being more productive and thus more successful in their employment. The rationale here is that when organisations provide resources – such as wellbeing programmes – to help empower their employees to make investments in their health, then employees will make use of these programmes as part of becoming healthier. In contradistinction to extant literature, the research findings suggest that, whilst employees' entrepreneurial activities centred on responsabilised self-management of health, this was realised by making investments which were *depreciative* of their health.

The workplace wellbeing programmes of Aero and InsureCo were couched in various elements of lifestyle management and behavioural regulation. However,

chapter 8 demonstrated that only a small number of employees – those referred to as ‘true believers’ – engaged with workplace wellbeing programmes in order to invest in and improve their health. Rather than engaging with wellbeing programmes, it was far more common that employees considered themselves to be ‘too busy to be healthy’. Despite the relatively small numbers of employee uptake, this lack of employee engagement did not appear to be considered problematic by either company, contrary to what might be expected in the literature. One potential explanation for this is that, despite a lack of involvement with company wellbeing programmes, employees who were ‘too busy to be healthy’ were nevertheless engaged in forms of self-investment which allowed them to occupy a ‘healthy’ subject position within wellbeing discourse.

In chapter 6, it was shown that health was considered to be a locus of self-management, as well as a resource that employees were expected to invest in to bolster their productivity. Whilst some employees invested in their health by engaging with wellbeing programmes that improved their health, the majority of employees understood that occupying a ‘healthy’ subject position involved an investment in a markedly different form of health. For those employees who considered themselves ‘too busy to be healthy’, dealing with the demands of an unrelenting workload by ‘getting on with it’ was a far more effective way of managing their productivity than a yoga session could ever hope to be. Whilst adopting this approach allowed employees to be productive, in doing so they were also required to bear the costs of their stoical attitude, which only became worse the longer they persisted.

Therefore, by engaging in *productive sickness*, employees who were ‘too busy to be healthy’, were nevertheless required to invest in their health by virtue of the considerable effort that managing unhealthy work and coping with sickness in the workplace entailed. Such investment can be seen in the efforts of office-based employees who go to the gym (in their own time) in order to fight the ‘InsureCo Arse’ that was caused by inactivity. Or, alternatively, it can be seen in the calls made to the employee assistance programmes in both companies by employees who needed help to cope with the stress of work. It can also be seen in the

mindfulness classes – introduced by both companies – which taught employees the deeply conservative message that the despair that they felt was not real, but merely a result of their own attachment, and that all they needed to do is let go! (Purser and Milillo 2014; Purser 2019). These findings propose a new understanding of entrepreneurial activity from that seen in extant literature, namely that these employees are engaged in *depreciative self-investment*. This is a specific form of self-investment in which investment in human capital takes the form of managing and coping with work-related sickness, rather than investing in being healthy in the traditional sense of the term.

The concept of *depreciative self-investment* marks an important contribution to Foucauldian organisational scholarship, specifically in terms of the analysis of neoliberal governmentality. The entrepreneurial activity which forms the basis of neoliberal governmentality understands individuals' self-investment in human capital as something which appreciates over time, in that individuals steadily enhance their productive capacity via improved health, education or their career (Foucault 2008; Miller and Rose 2008; McNay 2009). *Depreciative self-investment* illuminates a previously unseen dark side of the entrepreneurial self, whereby investment in human capital produces short-term increases in productivity, which, ultimately, are unsustainable in the long-term. Thus, *depreciative self-investment* provides a new means through which to understand how short-term increases in productivity are traded off against long-term sustainability.

In addition to contributing to studies of governmentality, the concept of *depreciative self-investment* also adds a new dimension to extant literature on workplace wellbeing. As aforementioned, work that takes recourse to the entrepreneurial self as a lens through which to make sense of workplace wellbeing (Kelly et al. 2007; Holmqvist and Maravelias 2011; Maravelias 2016; Hull and Pasquale 2018) have hitherto understood health as an asset which employees improve through self-investment. In these terms, wellbeing programmes have been understood as a resource through which employees can become healthier. However, the concept of *depreciative self-investment* radically problematises this understanding. It argues that, rather than improving the health of those employees

who seek to occupy 'healthy' subject positions, investing in one's health, in fact, merely meant managing the decline of one's health, whilst, simultaneously, internalising the cost of *productive sickness*. From this perspective, whilst wellbeing discourse operates to incite employees to engage in *depreciative self-investment*, the primary function of workplace wellbeing programmes appears to be a form of virtue signalling, which allows employers to garner awards for responsible business in spite of the fact that their employees are too busy working to engage with them.

#### 9.4 Contribution 3 – *resisting being 'healthy'*

The third research question asked, 'given the presence of ill-health, what forms of resistance to wellbeing discourse are possible?' This question is closely related to the second research question of employee subjectivity; in these terms, resistance is understood to be a process whereby individuals (or groups of individuals) constitute their subjectivity in a manner which challenges and refuses the subject positions constructed via a particular discourse. In exploring resistance towards wellbeing, the research contributes to critical literature on workplace wellbeing by shifting the discussion away from disciplinary forms of wellbeing towards wellbeing based on neoliberal governmentality. In making this contribution, following Mumby et al. (2017), the research seeks to answer the question 'what counts as resistance' in the context of neoliberal workplace wellbeing? With respect to this question, the research ultimately asserts that non-participation in wellbeing initiatives fails to count as a mode of resistance to neoliberal governmentality. Moreover, it is argued that genuine resistance to wellbeing is premised upon employees constructing their subjectivity in a manner which opposes the 'healthy' employee subject position produced through workplace wellbeing discourse. Practically speaking, in this research resistance took the form of collectively working to redraw the lines of employee responsibility. Hence, resistance to wellbeing emerged as a way to push back the boundaries of neoliberalism, rather than a refusal to participate in a workplace wellbeing.

Resistance to workplace wellbeing does not occupy a prominent position within existing critical literature. Those accounts of resistance which do exist predominantly emanate from a perspective which understands workplace

wellbeing as a manifestation of disciplinary power, in which wellbeing initiatives are designed to direct employees' conduct "in terms of what is correct or incorrect, permitted or forbidden" (Maravelias 2016, p. 12). As such, resistance to wellbeing is fundamentally conceived of as a refusal of the behavioural regulation imposed by wellbeing initiatives (Zoller 2003, 2004; McGillivray 2005; Thanem 2013; James and Zoller 2017). In some cases, this refusal is supplemented by employees' advancement of different conceptions of wellbeing. For example, Zoller (2004) noted that employees who refused to take part in workplace wellbeing programmes often expressed a hedonic formulation of wellbeing, which was based upon 'release', such as, for example, eating and drinking as one pleased, free from managerial control. Alternatively, James and Zoller (2017) observed that, by resisting the implementation of an extreme form of workplace wellbeing, some employees introduced alternative, less extreme forms of wellbeing in their place. These alternatives served to contradict the officially sanctioned initiative, and, hence, provide an additional dimension to resistance.

Whilst non-participation appears to offer an effective means through which to resist disciplinary wellbeing, it is less obvious how it acts as an effective means of resisting neoliberal governmentality. This is because, whilst disciplinary wellbeing is exponentially prescriptive in its behavioural regulation and requires that employees abide by this regulation, neoliberal governmentality is prescriptive only with regards to ensuring that employees engage in responsible self-management geared towards productivity. Such a reading sets up a problem with respect to resisting neoliberal modes of wellbeing. Whilst disciplinary power manifests itself in the minutiae of directing specific behaviours, and, as such, offers a multiplicity of potential points of resistance, neoliberal governmentality's lifestyle management is realised in a more insidious form of power, which seemingly offers little scope for resistance. Extant literature on neoliberal workplace wellbeing offers little help in this regard, with few studies considering resistance to wellbeing. Whilst Kelly et al. (2007) make note of the possibility of resistance towards becoming a 'corporate athlete', they do not articulate precisely what form this resistance would take other than to note the tensions inherent in "*acting otherwise* in an individualized,

globalized world of work” (Kelly et al. 2007, p. 282, emphasis in original). Similarly, Maravelias (2016) observed the presence of critical voices, that is, employees who expressed cynicism towards wellbeing apropos its performative and individualising aspects, but yet failed to offer an account of how these voices figured into the resistance of wellbeing.

The findings of the present research demonstrate the existence of two dissenting voices in relation to workplace wellbeing: cynicism/non-participation and pushing back responsibility. Of these, employees’ cynicism and non-participation was most akin to the accounts of resistance to wellbeing described in previous literature. Employees who expressed a cynical attitude towards workplace wellbeing sought to undermine the rationale of wellbeing programmes, describing them as a means of extracting labour rather than an attempt to look after employees, whilst, simultaneously, refusing to engage with wellbeing initiatives. It was argued that, irrespective of these comments, employees who were ‘too cynical to be fooled’ were nevertheless often also engaged in *productive sickness*. These employees’ overt expressions of resistance coupled with the covert acceptance of the need to be productive are analogous to the forms of ‘frontstage resistance (backstage compliance)’ explored by Ybema and Horvers (2017). As such, whilst these employees were found to be demonstratively oppositional in terms of their attitude towards wellbeing, their tacit conformity to the demands of work ultimately undercut their ability to effectively resist. Such resistance has also been explored by Contu (2008), who argued that so-called transgressive acts, such as cynicism, are “akin to a decaf resistance, which changes very little” (Contu 2008, p. 367). Similarly, Fleming and Spicer (2003) purported that cynicism is a mechanism which perpetuates compliance, in that it provides a means through which employees can cope with their situation, noting that:

cynicism may accommodate workers to their subordinate position because they are given the specious sense of freedom (‘I am not a dupe, I am outside of power’) that allows them to cope with circumstances perceived to be outside of their control. (Fleming and Spicer 2003, p. 162)



This argument is further strengthened if one considers that, by directing cynicism towards wellbeing, employees are effectively misdirecting their resistance. That is to say, whilst the employees interviewed in this research refused to take part in wellbeing initiatives and were vocal about what they saw as the exploitative and hypocritical nature of these programmes, they nonetheless continued to work diligently, often at the expense of their health. As noted in the previous section, non-participation in wellbeing initiatives was not considered to be a problem by Aero or InsureCo precisely because employees were perfectly able to occupy a 'healthy' subject position, whilst, simultaneously, refusing to participate and openly expressing dissent towards FH and the DoH. Resultantly, by virtue of directing their ire towards the specifics of the wellbeing programme, employees failed to take account of the open-ended lifestyle management of neoliberal wellbeing. Moreover, through utilising their health in the service of productivity they perpetuated the system they claimed to be resisting. In doing so, employees benefited from the illusion of being resistant without having to bear the responsibility of effecting change, a position described by Contu as akin to "having our cake and eating it too" (Contu 2008, p. 370).

The possibility of a 'full-bodied resistance' to neoliberal workplace wellbeing can be seen in the example of the Mental Health First Aider initiative at Aero, which was discussed in chapter 8. At both Aero and InsureCo, employee mental health was something which had been subject to increasing individualisation, decoupled from the context of work and understood solely in terms of individuals' resilience and fortitude. In the case of Aero, this led to the belief that the working-class background and masculine attitudes of shop floor workers were the principal cause for the increased prevalence of mental health issues amongst the workforce, culminating in the suicide of two shop floor workers. Following these events, the MHFA initiative sought to implement a mental health policy which would legally bind the management at Aero to recognise the impact that employees' work had on their mental health. Specifically, the MHFA initiative sought to incorporate a definition of work-related stress into company policy. In addition, they sought to introduce a procedure whereby Aero's health and safety team would be

responsible for both identifying workplace stressors and for conducting risk assessments related to these stressors. In taking these steps, the MHFA initiative constituted an employee subjectivity which stood in radical opposition to the normalised 'healthy' and 'unhealthy' subject positions constructed by wellbeing discourse. This new subjectivity resisted the individualisation of employee health, effected through the lifestyle management of neoliberal wellbeing discourse, through what Fleming and Spicer referred to as "externalising the pathology of work" (Fleming and Spicer 2003, p. 173). In describing this process, these authors noted that:

a degree of subversion may take place when what is constituted as inside workers by the managerial gaze is pushed back as a feature of individuals and part of the organisation of work itself ... In emphasising the external nature of subjectivity, the 'stressed worker' becomes the 'stressful workplace' (Fleming and Spicer 2003, p. 174)

Neoliberal governmentality is ultimately a form of power which operates through the multiplication of individual freedoms as opposed to its curtailment; it is sustained by a sole injunction, that the individual be *responsible* for their freedom. When comparing the MHFA initiative to the aforesaid examples of non-participation and cynicism, it is apparent that the latter fails as a form of resistance precisely because it insufficiently disrupts the normalised subject positions of the 'healthy' and 'unhealthy' employee. As such, employees who refused to take part in wellbeing initiatives whilst engaging in unhealthy productivity are thus enacting the freedom and responsibility imparted by neoliberal governmentality, rather than challenging them. In contrast, the MHFA initiative constitutes a profound challenge to neoliberal subjectivity, inasmuch as it seeks to recognise the networks of power which provide the context within which individuals exercise their freedom.

This research contributes towards the understanding of resistance to workplace wellbeing in two respects. Firstly, it argues that, contrary to extant literature, non-participation in wellbeing initiatives does not constitute an effective means of resisting workplace wellbeing. Rather, these actions are best classified as a form of 'decaf resistance' (Contu 2008), which offer employees the ability to express dissent in a manner that effectively diffuses any challenge to dominant power

relations. Secondly, appropriating Fleming and Spicer's (2003) notion of 'externalizing the pathology of work', this research argues that effective resistance to workplace wellbeing must be based upon contesting the subject positions which underpin wellbeing discourse. The case of Aero's MHFA initiative is offered as an example of precisely such a contestation.

## 9.5 Conclusion

This chapter has synthesised the three findings chapters in order to present a cohesive analysis of the research data. In doing so, three contributions were identified and delineated. Firstly, the idea of the utility of sickness was presented. Here, it was argued that wellbeing discourse is implicated in the organisation of forms of *productive sickness*. *Productive sickness* is predicated on a form of employee subjectivity which prioritises the responsibility to be productive, even at the cost of one's health. The concept of *productive sickness* extends critical literature on workplace wellbeing, by arguing that, rather than seeing sickness and ill-health as antithetical to wellbeing, they are central to its functioning. Secondly, the concept of *depreciative self-investment* was introduced as a lens through which to understand the constitution of a 'healthy' employee subjectivity. In this vein, it was argued that employees invest in themselves through engaging in various forms of coping strategies and managing of their ill-health and sickness. This allowed employees to maintain short-term levels of productivity, which were ultimately unsustainable. *Depreciative self-investment* contributes to critical literature on wellbeing through revising the concept of the entrepreneurial self, which formed a central tenet of Foucault's (2008) notion of neoliberal governmentality. Finally, the issue of resistance to wellbeing discourse was discussed. Specifically, it was argued that, contrary to the predominant perspective on resisting wellbeing, neither the refusal to participate nor being unhealthy constitutes an effective means through which to resist wellbeing discourse. This is because the 'healthy' subject is one who is productive, something which is not remotely inconsistent with either being unhealthy or not participating in wellbeing programmes. Conversely, an alternative formulation was outlined through recourse to Fleming and Spicer's (2003) notion of 'externalizing the pathology of work'. From this perspective, resisting wellbeing

rests upon resisting the unhealthy responsabilisation of productivity which lies at the heart of wellbeing discourse. The MHFA initiative at Aero was cited as an example of how such resistance might look in practice. This argument contributes to extant critical literature on wellbeing through extending previous work on resistance to neoliberal work regimes.

## 10 Conclusion

The concluding chapter of the thesis provides an opportunity to reflect on the aims and contributions of the research, as well as the research process itself. The chapter begins by reviewing the research aims against the contributions, before moving on to consider the implications of the research for the practice of wellbeing in the workplace. Following this, reflections on the research process will be outlined. This will lead into a reflective discussion of how the research might have been conducted differently, as well as providing recommendations for future research.

### *10.1 Productive sickness*

The research aimed to explore workplace wellbeing discourse, as well as what it means to be a 'un/healthy' employee. More specifically, the research was concerned with the relationship between workplace wellbeing discourse and workplace ill-health. To pursue this aim, the research drew upon extant critical management studies literature on workplace wellbeing. Grounded in a poststructuralist approach, especially the work of Foucault, the research looked to understand the process by which employees become subjects of wellbeing discourse.

With respect to the relationship between workplace wellbeing discourse and workplace ill-health, the research sought to extend current literature by empirically demonstrating the manifold ways in which wellbeing discourse is implicated in the organisation of ill-health. This differs from the argument made within existing critical literature, which generally claims that workplace sickness is anathema to wellbeing (Holmqvist and Maravelias 2011; Cederström and Spicer 2015; Maravelias 2016; Hull and Pasquale 2018) and, hence, that wellbeing programmes should be understood as a solution to the problem of workplace illness (Haunschild 2003; Zoller 2004; Kelly et al. 2007).

To this end, the research has made multiple contributions to extant literature. Firstly, the research contributes to critical literature on workplace wellbeing, by developing the concept of *productive sickness*. The concept of *productive sickness* is

mobilised to understand how workplace wellbeing discourse produces subject positions which incite employees to engage in unhealthy work practices. Secondly, the research contributes to extant literature on governmentality, through the development of the concept of *depreciative self-investment*. Whilst existing literature primarily understands neoliberal governmentality in terms of entrepreneurial self-investment, it has thus failed to sufficiently consider how entrepreneurial activity in actual fact depreciates individuals' human capital. The concept of *depreciative self-investment* is the term used to describe the forms of entrepreneurial activity associated with workplace wellbeing, whereby individuals invest in managing their ill-health so that they can be more productive, but in a manner which is ultimately unsustainable in the long-term. Finally, the research makes a significant contribution to critical literature on workplace wellbeing through providing a new conceptualisation of resistance towards workplace wellbeing discourse. The arguments related to *productive sickness* and *depreciative self-investment* made it abundantly clear that ill-health is endemic to workplace wellbeing, hence why resistance cannot be premised on the refusal to participate in wellbeing, as some previous literature has argued. By choosing to understand wellbeing in terms of responsibility rather than health, it has been argued that resistance to wellbeing is best practiced through pushing back responsibility onto employers in such a way that sheds light on how work can be bad for our health.

Whilst the research has made several valuable contributions to critical perspectives on workplace wellbeing, as well as to governmentality studies and CMS more broadly, it is nevertheless instructive to reflect on the research process and to consider what may have been done differently. These reflections are presented in the next section.

## 10.2 Reflections on the research

Concern with the construction of the social world lies at the heart of the poststructuralist epistemology/ontology; hence, it is important that social science researchers working within this tradition engage in a process of reflexivity apropos the research process (Alvesson and Sköldbberg 2000). Reflexivity is a process through which individuals reflect upon their involvement in the construction of the

social world. More specifically, in the case of reflexivity in social science research, this process calls for the researcher to reflect on the research account as a product of his/her understanding of the research context. In its attempt to reflect on the present research, then, this section is guided by Johnson and Duberley's (2003) tripartite model of reflexivity in management research, which involves: firstly, methodological reflexivity – i.e., evaluating the appropriateness of the research design and considering what might have been done differently; secondly, consideration of epistemic reflexivity – reflecting on my position as a researcher within the research process; finally, hyper-reflexivity – reflecting on how the research account has been constructed from within various traditions of social science.

#### 10.2.1 Methodological reflexivity

In chapter 4, the methodological decisions made in the course of this research were delineated and justified in relation to the research aims; nevertheless, in moving from an *a priori* ideal research situation to the experience of real-life research is a challenging process, and it is always possible that the research process could have been improved or strengthened.

In the case of the present research, one of the main research difficulties pertained to the level of access which was available to the researcher. As was pointed out in chapter 4, the original intention was to use only one organisation as a research setting, with it only becoming apparent five months into the fieldwork that it would be necessary to supplement this research with another research site. Whilst it is felt that having two organisations form the empirical basis of the research has enriched the research and strengthened the arguments that have been made – by virtue of suggesting that the empirical observations (and therefore the theorisation which derived from them) were not something specific to the unique conditions present at Aero, the original research site – it is possible that having fuller access would have allowed for a more nuanced picture to develop. More specifically, carrying out more interviews at Aero may have cast light upon additional modes of employee subjectivity to those presented in chapter 8. In this regard, whilst chapter 8 explored cynical attitudes towards wellbeing, it would have been interesting to

speak to employees who actively engaged in behaviours which were antithetical to wellbeing discourse, that is, those that directly harmed their ability to be productive. Thus, whilst some InsureCo employees criticised the ‘work hard, play hard’ lifestyle of other workers, the researcher did not encounter anyone who claimed to actively engage in these behaviours. Similarly, whilst the research data included a conversation with the smoking cessation champion at Aero, it did not include conversations with any employees who smoked.

Moreover, as previously mentioned, it was originally intended that participant observation and documentary analysis would play a much greater role in the research process. Whilst it is obviously impossible to know what difference these methods would have made to the research, at the very least they would have provided an additional perspective on wellbeing discourse.

#### 10.2.2 Epistemic reflexivity

Epistemic reflexivity examines the positioning of the researcher within the research process. Regarding my own position as a researcher, the research process was underpinned by an awareness of myself as an outsider within both Aero and InsureCo. Although I had worked full-time for a number of years prior to undertaking my PhD research, and was thus not unfamiliar with the work environment, my work experience nevertheless differed significantly from either of the research sites.

The employment which I had previously undertaken had predominantly been based in an office environment, and, hence, differed markedly from the work performed on the Aero shop floor. In addition to this, as a qualitative social scientist, I felt completely lacking in any kind of competence when it came to the highly quantitative and technical world which Aero shop floor workers inhabited. As a result of these differences, it was difficult to feel ‘at home’ within this environment. Indeed, at times, I also felt that this feeling was reflected in the way that employees at Aero responded to me. While everyone was always friendly, there was a certain amount of teasing related to my English accent, which marked me out from the strong Welsh accents which were predominant on the shop floor. In one notable incident, one of the FH champions commented on my apparently ‘posh’ haircut (to which I



refrained from pointing out that, as a PhD student subsisting on a stipend, my income would be substantially lower than his!) Whilst these experiences were, to a certain extent, ‘harmless fun’ or ‘banter’, they also served (intentionally or otherwise) to demarcate the differences between myself and the employees that I was talking to. Similarly, my work experience was not characterised by the constant need to hit performance targets or the ubiquitous monitoring of work, which makes call-handling work so unique. Additionally, as someone who is normally quite introverted, the extroverted ‘fun’ culture of InsureCo – in particular its ‘work hard, play hard’ ethos – was something which differed from my own work experiences.

These and other vicarious experiences of working at both Aero and InsureCo made it clear that, whilst my conversations with employees allowed me to gain an understanding of their world, my position as a PhD researcher combined with the background which led me to that position, meant I was a long way away from being able to enter it fully. In some ways, it is possible that this distance made it easier to identify and reflect upon the wellbeing discourse present within both companies, in turn, preventing me from ‘going native’ (O’Reilly 2009). However, it is equally possible that a research approach that enabled a greater degree of entry into the world of work within both companies, such as, for example, ethnography, would have produced a deeper understanding and thicker description (Lincoln and Guba 1986).

### 10.2.3 Hyper-reflexivity

Hyper-reflexivity refers to reflexivity regarding the construction of the research account within various research traditions. In this regard, it is important to acknowledge that the research has been carried out within various overlapping traditions of research and scholarship. Firstly, given that this research is carried out within the social sciences, this study has sought to focus its attention on social practices related to workplace wellbeing. As such, it is distinct from research carried out within the ‘natural’ sciences, which might seek to provide physiological accounts of wellbeing, as well as seeking to provide an account of the biological processes involved with wellbeing practice. Secondly, the research is grounded in the tradition of CMS, a discipline which seeks to identify the power relations at

work within organisations in order to shine light on harmful practices and point towards the possibility of doing things differently (Alvesson and Deetz 2006). As such, it differs from 'managerialist' traditions, which neglect the analysis of power relations in favour of concerns over function and efficiency. Finally, as delineated in chapter 4, the research is underpinned by a poststructuralist epistemology and ontology. A key feature of the poststructuralist project has been to revisit and challenge the dominance of the post-Enlightenment humanist tradition, by seeking to 'destabilise' or 'decentre' the conceptualisation of the subject as a rational and free agent. In contradistinction to humanism, poststructuralism provides an account of the subject who is driven by irrational and conflicting thoughts, whilst, simultaneously, being constrained by dominant social practices (Weiskopf and Willmott 2014).

In light of the above research traditions, it is important to note that, although this thesis has been written with the intention of providing as full an account of the research process as possible, it is necessarily a product of myself as a researcher, and, as such, is wholly defined by my research interests, a product of my experience of the research setting, and written from my perspective. In this respect, even though the intention of this thesis is to provide as convincing an account of the research as possible, by citing evidence of others' experience of workplace wellbeing and supporting these findings in relation to existing literature, the description provided in this research is only one of many possible descriptions. Ultimately, as Parker notes, "the choice between these descriptions can never be absolute – the final word is never possible" (Parker 1995, p. 556). To this end, the research attempts to practice "an immanent style of critical thought that ... seek[s] to exemplify the transformative potentials that can be found among the contingent aspects of our immanent practical situation" (Curtis 2014, p. 9), rather than, say, attempting to provide "authoritative explanations of contemporary reality" (Curtis 2014, p. 8).

### 10.3 Implications for the practice of wellbeing in the workplace

The research has a number of important implications for the practice of wellbeing in the workplace. Even whilst managerialist literature (Peccei 2004; Wright and

Cropanzano 2007), and reports written on behalf of the government (Black 2008) and professional associations (CIPD 2016b) argue that workplace wellbeing improves the lives of employees, the present research presents a starkly different picture. Clearly, there is an exigent need for revisiting how we practice wellbeing in the workplace, and, in this regard, the research makes two recommendations.

Firstly, employers need to reconsider the notion of responsibility that underpins current wellbeing initiatives in the workplace. Chapter 6 demonstrated how wellbeing is framed as bearing a responsibility for being productive. That is to say, it was argued that the function of wellbeing discourse is to make employees assume responsibility for being 'fit for work'. Ultimately, the demands of work combined with the responsibility to be productive result in a perverse situation, whereby employees become responsible for managing their ill-health and sickness in order to be considered 'healthy'. This process and its consequences were illustrated in chapter 7.

According to the CIPD:

Today, employers and employees share [responsibility for well-being] in partnership. Your organisation can create and support an environment where employees can be healthier through providing information and access to schemes to improve well-being. However, well-being is ultimately an individual's responsibility requiring education and a degree of self-awareness. (CIPD 2007, p. 4)

This above quotation presents an image of wellbeing as something that pertains exclusively to employees' self-management and entrepreneurial activity; troublingly, it takes no account of the effect which work has on employee health. This decontextualization of wellbeing, as something which occurs within a vacuum where work practices and social context play no role, where the employee appears as a *tabula rasa* upon which wellbeing can be inscribed is unrealistic and harmful.

Rather than thinking of workplace wellbeing in terms of resources – such as subsidised gym membership, meditation, yoga classes and healthy eating advice – which employers provide, and which effectively serve to distance wellbeing from the context of work, we must think about wellbeing in terms of employers'

responsibility to make work good for our wellbeing. Thus, a truly fit for purpose workplace wellbeing programme that shared responsibility between employer and employee would turn attention towards the way in which work occupies the body and mind of employees (Dale and Burrell 2014). To this end, we would need to pay genuine attention to and critically scrutinise the manifold ways in which work harms employees, such as the slip hazards on the shop floor and the customer shouting down the phone at the call-handler.

Secondly, employees could practice more effective ways of resisting the harmful effects of wellbeing. Chapter 8 showed that cynicism towards wellbeing, as manifested in a refusal to participate, was, ultimately, an insufficient means through which to resist the responsibility to be productive. The example of Aero's MHFA initiative demonstrated a different approach to resisting wellbeing, one that did not involve a refusal to participate in wellbeing, but rather involved refusing to be made responsible. In doing so, the MHFA initiative pushed responsibility back on to Aero, mandating that the company accept responsibility for the effects of work on employees' mental health. It is no coincidence that wellbeing discourse functions on an individual level, whilst the MHFA initiative represented a collective form of action. By operating on this level, the initiative also resisted the profoundly individualising discourse of neoliberalism. The MHFA Initiative thus stands as a template of how resistance to wellbeing can be practiced within the workplace.

#### 10.4 Future research

Workplace wellbeing is an area currently lacking in extensive critical research. Hence, the arguments developed in the present research open up new possibilities for exploring the connection between workplace wellbeing and workplace sickness. To this end, additional possibilities for future research are explored below.

Several methodological considerations have already been mentioned above, among which the possibility of conducting an ethnographic study in the future is the most interesting. It is envisioned that an ethnographic study would further permit the researcher to enter the world of work as experienced by employees, which, in turn, would enable a richer understanding of employees' work experience. An

ethnographic account would also permit the researcher to experience workplace wellbeing at first-hand, in a way which was simply not possible in this research.

One of the main contentions made in the research is that the self-management of health undertaken by employees proves to be unsustainable over a prolonged period. With this in mind, a further potential avenue for future research would be to conduct a longitudinal study, as this research methodology would add considerable weight to this argument. For example, a longitudinal approach allows for the possibility of working with a small number of research participants over a prolonged period of time, which, in turn, would allow researchers to examine in greater depth how employees cope with being made unwell through work, as well as showing how organisations handle this situation. Unfortunately, time and resource constraints associated with PhD study meant that a longitudinal approach was simply not possible; however, this is an interesting area for further exploration.

As well as currently being a 'hot topic' for governments, professional associations and employers, there appears to also be a surge of interest in workplace wellbeing within CMS. For this reason, one would think that future research in this area will generate valuable new insights into wellbeing in the workplace.

#### 10.5 Concluding comments

The introduction to this thesis considered Jess Phillips' (2016) description of her breakdown in work. According to Phillips, protecting her wellbeing necessitated taking responsibility for it. In response, it was argued that Phillips' breakdown derived, not from a deficit of responsibility for her wellbeing, but rather due to bearing excessive responsibility. The account presented in this thesis has shown how wellbeing discourse encourages us to take responsibility for our health insofar as we can use it as a resource to be productive. Ultimately, the thesis empirically substantiates the critique of Phillips' position proffered in the introduction; that rather than being more responsible for our wellbeing, we need to become less responsible for it.

It appears likely that as long as workplace wellbeing discourse continues to responsabilise individuals, in conjunction with conflating health with productivity,

then the practices of wellbeing will lead to forms of *productive sickness*. For a change to occur, it is necessary that we question the idea that wellbeing empowers individuals to look after their health, and instead take collective action to push back this responsibility onto employers.

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# Appendix A – Letter of Approval from Ethics Committee

Cardiff Business School  
Dean and Head of School Professor Martin Kitchener BSc (Econ) MBA PhD  
*Ysgol Fusnes Caerdydd*  
*Deon a Phennaeth yr Ysgol Yr Athro Martin Kitchener BSc (Econ) MBA PhD*



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Wallace, James  
Cardiff University Business School

22 August 2016

Dear James:

Ethics Approval Reference: 1617001  
Project Title: Being Well at Work

I would like to confirm that your project has been granted ethics approval as it has met the review conditions.

Should there be a material change in the methods or circumstances of your project, you would in the first instance need to get in touch with us for re-consideration and further advice on the validity of the approval.

I wish you both the best of luck on the completion of your research project.

Yours sincerely,

P.P.   
Debbie Foster  
Chair of the ethics sub-committee  
Email: [CARBSResearchOffice@cardiff.ac.uk](mailto:CARBSResearchOffice@cardiff.ac.uk)



# Appendix B – Submission to Ethics Committee

SURNAME: Wallace  
Student Number: 1473356  
(if applicable)



Cardiff Business School  
Ysgol Busnes Caerdydd

## ETHICS 2

### FULL ETHICAL APPROVAL FORM (STAFF/PHD STUDENTS) or students referring their form for a full ethical review

(For guidance on how to complete this form, please see Learning Central – CARBS RESEARCH ETHICS)

If your research will involve patients or patient data in the NHS then you should secure approval from the NHS Health Research Authority. Online applications are available on <http://www.hra.nhs.uk/resources/applying-for-reviews/>

NB: Safety Guidelines for researchers working alone on projects – please go to this University's web link to learn about safety policies - <http://www.cf.ac.uk/osheu/index.html>

Name of Lead Researcher : James Wallace

School: Cardiff Business School

Email: wallacej5@cardiff.ac.uk

Names of other Researchers: NA

Email addresses of other Researchers : NA

Title of Project: Being Well at Work

Start and Estimated End Date of Project: October 2015 – September 2018

#### Aims and Objectives of the Research Project:

The aim of this research is to gain insight into workplace wellbeing programmes and their impact on employees' embodied self-identity. The research explores the idea of understanding health as a responsibility, which can be assumed by employers and employees.

The research aim is underpinned by a specific research objective, which consists in undertaking an in-depth analysis of two case studies of workplace wellbeing programmes from different organisations. This analysis will employ semi-structured interviews, participant observation methods, and textual analysis.

#### Please indicate any sources of funding for this project:

ESRC PhD funding

ETHICS 2

SURNAME: Wallace  
Student Number: 1473356  
(if applicable)

**1. Describe the methodology to be applied in the project**

The research is driven by a qualitative case study methodology. In adopting this methodology the intention is to strike a balance which pays attention both to the specific context in which each case (in this instance a case being defined as an organisational wellbeing programme) exists, and to the ability to generalise beyond these contexts, in order to be able to make broader claims about practices adopted in workplace wellbeing programmes.

The research will employ three research methods: semi-structured interviews, participant observation, and textual analysis. Discourse analysis will be employed as an overarching analytical framework.

Research data will primarily be gathered through semi-structured interviews. My intention is to use two different interview schedules. One schedule is designed for the interviewing individuals who are involved with the design and implementation of the wellbeing programme, in order to gain insight into the organisations' intentions in implementing the programme. The second schedule is designed for interviewing employees not involved in programme design/implementation about their participation or non-participation in the programme. In addition I will attend workplace wellbeing events, such as exercise clubs, in order to gain insight into the way in which these events are run. Finally, I will carry out textual analysis of documents – such as promotional and informational content – in order to gain insight into the dissemination of information regarding the wellbeing programme.

**PLEASE ATTACH COPIES OF QUESTIONNAIRES OR INTERVIEW TOPIC GUIDES TO THIS APPLICATION**

**2. Describe the participant sample who will be contacted for this Research Project. You need to consider the number of participants, their age, gender, recruitment methods and exclusion/inclusion criteria.**

Initial contact will be made out by contacting organisations with established workplace wellbeing programmes in order to establish if they would be receptive to taking part in research. Identification of organisations who have established programmes will be facilitated by contacting companies who have been nominated for awards on the basis of their wellbeing programme. As such, these organisations may be considered as exemplar in terms of their wellbeing programmes.

Once contact has been established with each organisation recruitment of individual interview participants can take place. The basis of this sample will be informed by theoretical sampling, where participants are recruited on the basis of being able to contribute to theory generation. The research will utilise a combination self-selecting and snowball sampling techniques. It is envisioned that recruitment will take place on the basis of a company-wide internal communication (e.g. using internal email or company noticeboard) which describes the basis of the research and asks for individuals interested in participation to directly contact the researcher. Initial communication regarding the research will include the Research Summary document (see attached) which provides information regarding the research.

On this basis recruitment will continue until theoretical saturation has been achieved and “new data no longer stimulate new theoretical understanding” (Charmaz, K. 2006, quoted in: Bryman, A. and Bell, E. 2015. Business Research Methods. Oxford: Oxford University Press, p.432). Whilst this sampling strategy precludes fixing the number of interviews that will be used, it is estimated that the number will be 40-60.

Inclusion/exclusion criteria: The only criteria for inclusion and exclusion is that participants be employed within one of the organisations selected as a unit of case analysis.

SURNAME: Wallace  
Student Number: 1473356  
(if applicable)

*3. Describe the method by which you intend to gain consent from participants.*

Consent will be obtained on the basis of Informed Consent forms (see attached). These documents explain:

- the purpose of the research
- the research method being used and what participation involves
- the voluntaristic nature of participation
- the participant's right to withdraw at any time, without giving a reason
- that all participant information will be treated confidentially
- the methods for making research data non-attributable
- that participants can request feedback regarding the purpose or results of the research
- the secure methods employed for storing research data

The document also provides contact details for both the researcher and research supervisor in order that any questions or concerns arising from the research may be addressed.

**PLEASE ATTACH A COPY OF ALL INFORMATION WHICH WILL BE GIVEN TO PROSPECTIVE PARTICIPANTS (including invitation letter, briefing documents and, if appropriate, the consent form you will be using).**

*4. Please make a clear and concise statement of the ethical considerations raised by the project and how you intend to deal with them throughout the duration of the project. (Please use additional sheets where necessary.)*

Please see additional sheet

*Please make a clear and concise statement of the ethical considerations raised by the project and how you intend to deal with them throughout the duration of the project.*

The primary ethical consideration relating to this research concerns the potentially sensitive nature of research on the topic of workplace wellbeing.

According to the Cardiff University's Research Integrity & Governance Code of Practice (Cardiff University 2015), principles of care and respect are fundamental in ethical research. In practice this means that "care and respect must be extended to all participants in and subjects of research ... Researchers should address any concerns relating to the dignity, rights, safety, and well being of all involved in research". Whilst it is important to maintain care and respect in all research, some research topics require greater attention to these principles due to their potentially sensitive nature, and the possibility of causing harm to participants. The ESRC makes a link between a topic's potential for harm and the consideration of risk. Thus, 'risk is often defined by reference to the potential physical or psychological harm, discomfort, stress, or reputational risk to human participants... This is especially pertinent in the context of health-related research' (ESRC 2015). Responding to ethical considerations when researching a sensitive topic can thus be understood in terms of the researcher's responsibility to minimise and manage risk in a manner which accords with the principles of care and respect.

Informed consent is important in any research involving human participants, broadly speaking it sets out the terms between participant and researcher for participating in research. This is particularly important in the case where it is noted that participation in the research has the potential to cause distress. In these cases there is an onus on the researcher to communicate the potentially sensitive nature of research to participants. In this sense informed consent is intended to ensure that participants understand the nature of the research and are therefore able, as far as possible, to make an informed decision about whether to participate. In the present research this will be achieved through providing, prior to the research, a research summary (see attached) which gives a clear summary of the project as one which explores workplace wellbeing in terms of participants' feelings and attitudes concerning their own health, and by inviting any queries which potential participants may have regarding the research.

The principle of informed consent also stresses that potential participants understand that they are under no obligation to take part in the research. In practice this means that potential participants are informed about the research prior to taking part, and given the choice about becoming a participant. In the case of interviews, participants would be responding to the original call for interviewees based upon the research summary document, and thus participants will be self-selecting. In the case of participant observation of an event, it would involve communicating the presence of the researcher at the event a number of days prior to it taking place (as well as providing the research summary), so that people can make a decision about attending. In the case of both interviews and participant observation, the informed consent forms – signed immediately prior to commencing either activity – explicitly highlight the voluntaristic nature of participation.

In some cases, despite being informed about the nature of the research topic, distress may arise that was not anticipated by participants. For this reason the informed consent form emphasises the participant's right to withdraw from the research at any time and without providing any explanation. It also indicates that in the case that the participant wishes to withdraw, they are able to request that research information concerning their participation is not used and is destroyed.

# Appendix C – Research Summary

## Being Well at Work: research project summary

### Introduction

Within the UK there is a growing concern for the wellbeing of the population due to health conditions arising from unhealthy lifestyle choices. Efforts to manage ill-health due to lifestyle choice have led to the development of numerous health promotion or wellbeing programmes. One specific form of wellbeing programme sees employers taking a role in helping their employees adopt healthier lifestyle choices. The rationale for organisations' adoption of wellbeing programmes is premised on benefits to employers (in the form of increased productivity and decline in absenteeism) and employees (in the form of improved health, increased motivation and opportunities to socialise).

### Research aims

Wellbeing programmes are designed to empower people to look after their health and to give them opportunities to achieve a healthier lifestyle. In doing so, wellbeing programmes encourage us to understand health as something we are responsible for. This research seeks to explore the ways in which workplace wellness programmes allow both employers and employees to take responsibility for health in different ways. The aim of the research is to understand how workplace wellbeing programmes can best make use of the idea of responsibility in order to benefit both employers and employees.

The research is intended to explore the design and deployment of workplace wellness programmes in a number of ways:

- How programmes are designed – the aims of the programme and how these are to be achieved.
- How programmes are delivered.
- How programmes are taken-up by employees – ways that employees understand and relate to their health; reasons why employees engage with the programme; factors that lead to effective adoption of a healthy lifestyle.

### Research design

The research will primarily utilise semi-structured interviews, this is a research method which develops an evolving dialogue between interviewer and interviewee. In addition, documentary analysis and participant observation will also be used to provide research data.

The research has been approved by the Cardiff Business School Research Ethics Committee. All research data will be treated as strictly confidential and will be non-attributable.

For further information please contact:

James Wallace  
[wallacej5@cardiff.ac.uk](mailto:wallacej5@cardiff.ac.uk)

PhD researcher at Cardiff Business School, Cardiff University  
Funded by the Economic and Social Research Council (ESRC)



# Appendix D – Informed Consent Form



## Being Well at Work Informed Consent Form

You are invited to take part in the research study "Being Well at Work". This study is being undertaken as part of my PhD in Business and Management from Cardiff University. The research is funded by the UK Government's Economic and Social Research Council (ESRC).

Before you decide whether or not you wish to take part it is important for you to understand why this research is being conducted and what it will involve. The details set out below provide a background to the study and what your involvement will be, should you agree to take part. Please feel free to contact me should you require any further information or clarification.

You are free to decide whether you wish to take part or not. If you decide to take part you will be asked to sign two copies of this consent form, one is for you to keep and the other is for my records. You are also free to withdraw from the research at any time without giving any reason.

The purpose of the research is to explore workplace wellbeing programmes and how these relate to employees' attitudes towards their health. The research will involve an interview where I will ask you to respond to a number of questions regarding your company's workplace wellbeing programme.

The length of the interview is not fixed but is expected to take between 30-60 minutes. The interview will be recorded for research purposes.

Data will be stored in accordance with current UK data protection legislation. Your research data will be treated as strictly confidential. All research participants will be given a pseudonym and your interview transcript will not be stored with your real name on it. No one apart from myself will have access to the data in any way which would enable identification of your individual responses. I will store electronic data on a password-protected computer, and hard copy data in a locked filing cabinet.

If you have any questions about the study please feel free to contact me at [WallaceJ5@cardiff.ac.uk](mailto:WallaceJ5@cardiff.ac.uk). You may also contact me to request information and feedback about the purpose and results of the research.

If you have any concerns about any aspect of this research you may contact my supervisor, Professor Robyn Thomas (Cardiff Business School), on [ThomasR4@cardiff.ac.uk](mailto:ThomasR4@cardiff.ac.uk) or 02920875724.

Name of participant:

Signature:

Date:

Name of researcher:

Signature:

Date:

# Appendix E – Interview Schedule for Wellbeing Programme Champion

## Interview schedule – Champion

### 1. Personal background

- Position within company
- Number of years with company
- How would you define wellbeing?
- What is your role within the wellbeing programme?
- Why did you become involved with the wellbeing programme?

### 2. Element

- What does the Element do? (information giving / event hosting)
- How are decisions made about what actions are taken?
- How much does the company steer agenda?
- Does the Element have goals?
- Do you think that there is a prevalence of particular health issues amongst the workforce in terms of your Element?
  - What causes them?
  - What effects do they have on the business?

### 3. Wellbeing

- Do you think wellbeing is important to the company?
- Why is employee wellbeing important to the company?
- How do you feel about this?
- Do you think the company is successful in encouraging employees to be healthy?

### 4. Wellbeing and responsibility

- Do you feel that the company is responsible for employee wellbeing?
- Do you feel that employees should be obligated to take part in wellbeing programmes?
- Do you think there are factors which reduce the ability of employees to look after their health?

## Appendix F – Interview Schedule for Employees

### Interview schedule – Employee

- Please can you tell me a little about your job and how long you've worked here
- Describe a typical work day
  - How long do you get for breaks?
- What does wellbeing mean to you?
- Do you take part in [wellbeing programme]?
  - If 'yes', what parts?
- Why do you / don't you take part in [wellbeing programme]?
- Do you have time to take part? Does your manager support you taking part?
- Has [wellbeing programme] changed the way you think about your wellbeing?
- How would you feel about being absent from work for health reasons?
- In what ways is being healthy important to how you carry out your job?
- Do you feel that any aspects of your work may be unhealthy?
- Do you feel under pressure or stressed through work?
  - If yes, have you spoken to any colleagues about this?
- Are companies responsible for looking after employee wellbeing?
- Do you feel responsible to [company] to look after your health?
  - Do you feel more/less responsible than to previous employers?