An investigation into why wellbeing initiatives have varied in their effectiveness at improving employee wellbeing

By

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Abstract

Workplace wellbeing is a topic of continued interest and research. The managerialist perspective in this area focuses on function and efficiency, whereas the critical management perspective is more concerned with power relations and the systematic exploitation of workers associated with economising wellbeing.

In the UK, the workplace wellbeing debate is led by the Black Review (2008), which was premised on 'good health is good for business' and the idea of mutual gains, i.e., enhanced wellbeing brings benefits for employer and employee. More recently, wellbeing has been viewed as an economic resource, with employees being 'fit for purpose' (Dale and Burrell 2014). The most visible manifestation of this interest in workplace wellbeing promotion is found in various guises of 'wellbeing initiatives' (Spence 2015), though the terminology may vary: WorkWell, wellness, wellbeing, work-life, and so on. Yet, workplace wellbeing levels in the UK remain relatively poor against the backdrop of a shift in responsibility for employee wellbeing from paternalist employer to individual employee.

Drawing on qualitative research methods (semi-structured interviews) and a comparative case study of five research sites, the key intention of this thesis was to establish why wellbeing initiatives have varied in their effectiveness at improving employee wellbeing. Braun and Clarke's (2006) framework for thematic analysis was utilised for data analysis.

The key contributions of this research are: (i) a development in defining wellbeing; (ii) employees' understanding of wellbeing are not sufficiently considered during the development of wellbeing initiatives; (iii) there is a disconnect between management and employee perspectives on many aspects of workplace wellbeing; and (iv) line managers are the ultimate hurdle to the success of wellbeing initiatives. This thesis concludes that until wellbeing is contextualised to the environment in which it is experienced, and responsibility for wellbeing is pushed back to management, the expected gains from wellbeing initiatives will continue not to be realised.

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<center>**Chapter One: Introduction**</center>

The workplace wellbeing debate in the UK remains at the forefront of literature and it is evident that it continues to be a topic of disagreement, with the expected gains from wellbeing initiatives consistently not realised. The wellbeing debate in the UK continues to be driven by the Black Review (2008) and, over a decade on, flaws within this have not been sufficiently evaluated and corrected to reframe the focus of wellbeing initiatives in a way that genuinely improves employee wellbeing.

1.1 The development of workplace wellbeing

For many years, managerialist literature concerned itself with the workplace as playing a key role in promoting health and wellbeing. Wellbeing at work was not simply about managing the physical environment to comply with health and safety requirements, there was also a need for an organisation to actively help employees maximise both their mental and physical health in an attempt to benefit people at all levels, both within and outside the organisation. In broader terms, positive wellbeing could benefit the local community and the country as a whole, as people who are well will require less support from health services. According to the World Health Organisation, the workplace was a key channel for health promotion; a view that appeared to be widely held (Goetzel and Ozminkowski 2008).

Argued at its most primitive, a purely economic basis could be established for improving wellbeing at work, as approximately 28 million working days were lost annually due to absence from work (ESRC 2006). The average level of annual absence per employee was eight days, costing organisations almost £600 per staff member. Public sector absence levels and the associated costs were even higher, at nearly ten days per employee, costing £680 (Department for Work and Pensions 2005). Nine out of ten respondents to the CIPD's annual absence management survey in 2006 identified employee absence as a 'significant' or 'very significant' cost to their organisation (CIPD 2008). The same survey also identified that stress and other mental health conditions/issues were among the main causes of employee absence, clearly identifying a case for improving wellbeing in an organisational context. Likewise, physical conditions linked to obesity (issues of sitting at desk all day), including heart disease, cancer, depression, back pain, diabetes, and skin problems accounted for 9 per cent of the NHS budget, meaning there was also a strong socio-economic, or moral, case for addressing employee wellbeing (Lean et al. 2006).

The CIPD (2008) supported this, stating that investing in wellbeing can lead to increased resilience, greater innovation, and higher productivity, demonstrating the beginnings of a business case for investment in employee wellbeing, on top of that which was already legally mandated. CIPD (2008) research also showed that, although health and wellbeing at work was increasingly present on the business agenda, (as employers recognised the contribution and benefits that could be gained by introducing workplace health and wellbeing initiatives), obstacles to progress remained in the form of lacking resources and the failure of senior management to buy-in to the idea. That there was no 'one

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size fits all' wellbeing strategy meant it could be difficult to gain acceptance of the concept of workplace wellbeing, particularly if there was a vast amount of work required and a multitude of factors to consider in designing wellbeing initiatives that could be understood by the whole organisation and communicated in such a way that the benefits were translated for different audiences (Ryan and Kossek 2008).

With the growing awareness of the potential benefits for organisations of improved employee wellbeing, the Black Review was commissioned in 2008, which promised to be the panacea for workplace health and wellbeing problems. The Review argued that a shift in attitudes was necessary to ensure that both employers and employees recognised not only the importance of preventing ill-health, but also the key role of the workplace in promoting good health and wellbeing: 'Good health is good business' (Black 2008, p.10). Whilst HRM practitioners had previously concerned themselves with designing interventions to increase job satisfaction as a means of increasing productivity, this shift in public health policy marked a sea-change in the management of health within the workplace. 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 able to successfully improve their employees' wellbeing, including employees who are 'physically and mentally able and willing to contribute to the workplace' and employees who are 'likely to be more engaged at work' (CIPD 2007, p.4). This perspective also saw a shift in the role of the workplace, in that wellbeing initiatives should also consider employees' lives outside of work, taking an all-encompassing view of the role of the workplace in employee wellbeing. The way in which health and wellbeing at work has since been framed, both within public health and professional discourses, is emblematic of what Dale and Burrell (2014, p.62) designate as bio-economism; translating wellbeing into an economic resource, by employees being 'fit for purpose'.

However, there was a problem: The Black Review used stand-alone cases as evidence and treated wellbeing as an add-on, rather than mainstream consideration, resulting in organisational decisions which did not consider employee wellbeing until after the fact. Responses to the Call for Evidence for the Black Review (2008) indicated that many employers were investing in workplace initiatives to promote health and wellbeing, but there was still uncertainty about the business case for such investments. However, research specifically commissioned for this Review, found considerable evidence that health and well-being programmes produced economic benefits across all sectors and all sizes of business (Black 2008). As a result, to persuade organisations to invest, or to continue to invest in wellbeing, over-emphasis was placed on the business case for wellbeing, focusing heavily on the idea of mutual gains.

The most visible manifestation of the growing interest in workplace health and wellbeing promotion can be found in various guises of 'wellbeing initiative' within many contemporary organisations

(Spence 2015), though the terminology may vary: WorkWell, wellness, wellbeing, work-life, and so on. Such generalisation meant that many organisations assumed that simply having wellbeing initiatives in place would result in increased levels of wellbeing, and related concepts (job satisfaction, resilience, effective stress management, mindfulness, empathy), for employees and increased productivity and output for organisations. What the business case for mutual gains failed to take sufficient account of, however, was the context within which the wellbeing initiatives operated and how specific industry and/or organisational factors might impact their success.

1.2 What is a wellbeing initiative?

Given the ambiguous nature of wellbeing (to be discussed in Chapter Two), it is important to establish what is meant by the term 'wellbeing initiative'. A single initiative may include conducting wellbeing surveys or health screenings, providing health memberships, cycle to work schemes, mental resilience courses, absence management or occupational health (Greg 2014), amongst other things. A broader employee wellbeing policy will likely encompass a range of individual initiatives. Questions around the number of initiatives a policy should encompass remain universally unanswered as it appears that the answer to this will depend on the needs of the organisation and the demographics of employees at any given time.

Spence (2015) considers a wellbeing initiative to be any configuration (program) of health and wellbeing products or services that: (i) is concerned with both health promotion and illness prevention activities, and (ii) possesses some formality and structure, which might include:

- An explicitly articulated sequence of activities, including some instruction on how an employee participates and what participation involves;
- A requirement that employees formally register to participate to some degree;
- Internal promotions that articulate the benefits for employees and encourage participation;
- A cost centre or budget to support the program components;
- Some form of organisational evaluation to assess impact.

The CIPD (2017) also believes that wellbeing initiatives must balance the needs of the employee with those of the organisation. They define it as 'creating an environment to promote a state of contentment which allows an employee to flourish and achieve their full potential for the benefit of themselves and their organisation'. Taking the needs of both the employees and the organisation into account may result in employers being more likely to invest resources into wellbeing initiatives. For the purpose of this study, a wellbeing initiative will be defined as 'A policy, directive, or service designed to improve the [working] lives of employees'.

1.3 Impacts on wellbeing at work

Organisational culture will impact how seriously each party takes it role in employee wellbeing. As important in the consideration of culture, is the fundamental shift in attitude needed to embrace work-life policies such as wellbeing initiatives, as implementing such requires a fundamental cultural change in the assumed hegemony of work and nonwork that is typically not required when implementing other HRM policies. This perspective is a radical departure for many workplaces, since most work-life policies have been designed based on the assumption that work identities are the central identity in an individual's life (Itani 2017).

Employee relations also dictates the level of trust within organisations, which in turn, influences the psychological contract and the receptiveness of employees to wellbeing initiatives, as well as employee attitudes and participation decisions (Spence 2015). According to Dietz and Den Hartog (2006), trust accrues based on the degree to which employees believe their employer has benevolent motives, can meet their obligations, demonstrates acceptable levels of integrity (e.g., fair treatment), and behaves in a fashion that is predictable and reliable (i.e., is consistent). These dimensions are particularly relevant to wellbeing in that the inclination of an employee towards wellbeing initiatives will be influenced by them. An example of this would be the perception that the program is nothing more than a public relations exercise, designed to project a positive image to the outside world. From this perspective, programs might be seen simply as a tool to enhance employer brand, or the perception that the company is a good place to work (Backhaus and Tikoo 2004). In addition, receptivity to programs would also be influenced by how the organisation might use personal data, such as health data (integrity), the degree to which employees 'hear' consistent messages and that initiatives are universally accessible (predictability), such as the regular promotion of services and benefits, and the belief that the organisation has the requisite skills and knowledge to successfully manage such programs (ability).

Organisational trust is theoretically related to basic psychological need satisfaction, insofar as having basic needs met at work develops an employee's belief that their employer can and will safeguard their best interests (Stone et al. 2009). More specifically, trust will form based on an assessment of how the organisation characteristically addresses a range of employee equity issues (e.g., gender, race, pay, career progression), provides safe working conditions (e.g., compliance with OHandS legislation), provides adequate resources to employees (e.g., staff training) and demonstrates social responsibility (e.g., actively contributing to the wider community) (Dobrowolski 2014). As such, organisational trust will indicate something about an employee's general receptivity towards any organisational initiative, as it integrates micro level psychological processes and group dynamics with macro level organisational elements (Rousseau 1985).

La Placa et al. (2013) further identify that the development of wellbeing initiatives cannot exist independently of the circumstances of individuals and the contexts in which they operate, indicating

that wellbeing initiatives need to take account of the both the environment employees are operating in and the effect this may have on their wellbeing, as well as issues outside of the workplace that could potentially impact the working environment. This is particularly relevant as Della Fave et al. (2003) identify that individuals acquire information from their environment which they subsequently replicate and transmit, meaning a 'happy' atmosphere which fosters positive wellbeing among employees could be 'contagious', as could a negative one.

Further influences identified are job satisfaction, the working environment, work demands, job design, job autonomy, pay and reward, work variety, fairness, promotion prospects, organisational leadership, diversity, change management, career development, and lifelong learning (CIPD 2017; Acas 2012; Brayfield and Rothe 1951; Dolan et al. 2011; Van de Voorde et al. 2012; Warr 2007; Baptiste 2008), and finally, though not exhaustively, the relationship between line managers, and management style are considered as highly influential on employee wellbeing. The role of line managers in employee wellbeing is considered in greater depth in Chapter Two.

1.4 HRM and workplace wellbeing

Whilst the employment relationship is focused on that between employer and employee, there are additional parties involved when it comes to responsibility for wellbeing, and there are continuous debates around who holds the responsibility for employee wellbeing at work. The CIPD (2017) suggest that HRM departments and practitioners play the central role in driving the wellbeing agenda in an organisation. They are in a unique position to access all levels of the organisation, helping to ensure that senior managers approach wellbeing as a priority and integrate the necessary practices into the organisation's everyday operations. Smith (2015) supports this, stating that the HRM profession is in a unique position to drive the wellbeing agenda forward, to understand the needs of both workforce and organisation, and to deliver the benefits of wellbeing throughout the business.

The role of HRM practitioners in the development and implementation of wellbeing initiatives is influenced by the position of HRM in the organisational hierarchy. Wellbeing is a concept which has gained an increasing interest in recent years: there is substantial literature concerned with the ways in which HR departments and practitioners can improve wellbeing, with the goal of increasing organisational performance (Guest 2005; Peccei 2004; Grant et al. 2007). In some organisations, there is a lack of HR representation at director level (Purcell 2001), making it difficult for any HR activity to be given organisational priority (Cunningham and Hyman 1999). Redman and Wilkinson (2001), however, indicate there is also a concern that HR managers could be neglecting their 'basic duties' in search for legitimacy and status with senior management.

Whilst some academics argue that the notion of HR activities has become focused on delivering organisational efficiency to boost performance, others suggest that HR can, in fact, adopt several roles, including business partner, change agent, and employee champion (Ulrich 1997; Ulrich 1998), and the

perception of the role of HR influences the level of engagement with wellbeing. Renwick (2003) advocates that one self-perception of the HR practitioner may be that of a 'guardian of employee interest', because employees view them as such. If employees perceive HR as working in their interests, they may expect HR to engage in the wellbeing debate and implement wellbeing initiatives to support the workforce. They may also expect to be consulted regarding what would be most beneficial. Should this be the case, HR is more likely to engage with the wellbeing debate and actively seek to implement wellbeing initiatives, to ensure they are not seen as 'failing' in the eyes of the workforce. However, should HR believe their role to be to support the organisation, they may be more likely to place greater importance on organisational performance than employee wellbeing.

Likewise, the type of HRM practised in an organisation might influence their role in wellbeing. 'Hard' and 'soft' HRM are terms often used to describe the type of HRM implemented in an organisation. Hard HRM is usually associated with a more economic approach to planning, whereas soft HRM is generally more person-orientated (Storey 1989). The concept of hard emphasises the 'resource' aspect and seeks efficiency and the achievement of organisational goals (Gooderham et al. 1999), whilst the soft emphasises the 'human' aspect of the concept (Legge 1995), seeking more person-centred practices which stress the long-term competitive advantage of developing good employment practices (Beer et al. 1985). Some view the idea of hard and soft HRM as opposite ends of the spectrum, whilst others view them as independent dimensions.

HRM practices both enhance and hinder employee wellbeing, therefore, depending on the role and seniority of HR within an organisation, and how near to the top wellbeing appears on the HR agenda. What may further influence this is whether the HRM department views employee wellbeing as a goal in itself or simply as a means of achieving better organisational performance. Regardless of the view an organisation aligns with, HR needs to have an understanding of the factors that might impact employee wellbeing, such as, an aging workforce and the need for individuals to work longer to support their retirement and fund their pensions (MacDonald 2005), the introduction of new technology at a rapid-rate (Currie 2001), and dual-earning families being commonplace and now viewed as the 'average family' creating problems in achieving a work-life balance (Cooper and Robertson 2001; Guest 2005).

One way in which organisations have engaged in debates to solve HR problems at source is through the devolution of HR work to line management (Renwick 2003). By distributing responsibility for HR issues, such as employee wellbeing, to managers, universal accountability for wellbeing outcomes is created. This accountability is likely to improve the engagement of middle management within an organisation, ensuring that decisions made at senior level are filtered down in practice through other layers of management.

1.5 This study

Despite the perspective and certainties put forward in the Black Review (2008), and the plethora of wellbeing initiatives now offered in the workplace, wellbeing in the UK workplace remains relatively bleak. The CIPD's 2021 health and wellbeing at work survey identified issues with presenteeism and leavism, with employees struggling to 'switch off' from work, and HRM professionals concerned for employees' mental wellbeing. Viewed against a contradicting backdrop of wellbeing supposedly being increasingly on the senior management agenda and 'most organisations taking additional measures to support employee health and wellbeing' (CIPD 2021, p.5), there is scope to investigate the state of wellbeing at work and why wellbeing initiatives have varied in their effectiveness at improving employee wellbeing.

1.6 Structure of the thesis

This research is concerned with why wellbeing initiatives have varied in their effectiveness at improving employee wellbeing. Chapter Two explains the main concepts this study is situated within. The chapter begins by considering the managerialist and critical management perspectives on workplace wellbeing, before considering the definition of wellbeing and wellbeing as a contemporary workplace issue. It then moves on to discuss the factors affecting employee receptiveness to workplace wellbeing, employee involvement and participation in the development of wellbeing initiatives, and the role of line managers in managing employee wellbeing.

Chapter Three comprises a detailed elaboration of the research process. It begins by considering the ontological and epistemological stance of the research, which is that of critical realism. It then proceeds to outline the research methodology, methods, contextual information on the research sites and sample, and the analytical framework through which the research data was analysed. The chapter concludes by detailing the procedures that were employed to ensure high-quality, rigorous research was conducted and the steps taken to ensure that the research met the appropriate ethical standards.

Chapters Four to Six provide the analysis of this thesis, by research question. Chapter Four is concerned with employees' understanding of wellbeing and related wellbeing initiative success. It is also concerned with the drivers of wellbeing initiatives in organisations. Chapter Five focuses on employee involvement and participation (EIP) practices in relation to the development and implementation of wellbeing initiatives. It discusses the voice mechanisms available for employees to articulate their wellbeing needs and moves on to consider the impact this has on patterns of communication around workplace wellbeing. It also discusses whether employees' willingness to engage in EIP practices regarding wellbeing and whether employees perceive wellbeing as available to them. Chapter Six then analyses the role of line managers in employee wellbeing. It discusses the devolution of HRM policy implementation to line management and the impact this has had on wellbeing initiatives specifically. It evaluates whether line managers are supportive of employees utilising wellbeing initiatives, how

informal arrangements between employees and line managers could undermine wellbeing initiatives, and whether line managers are the crux of wellbeing initiative success in their role as 'gatekeeper'.

Chapter Seven discusses the extent to which the overall research aim has been achieved. It details three specific contributions of this research, as well as considering the impact of said contributions on the practice of workplace wellbeing. It then moves to offer reflections on, and consider the limitations of, this research, as well as identifying potential future research areas, before drawing the thesis to an overall conclusion.

<u>Chapter Two: Literature Review</u>

This chapter firstly reviews the extant literature on workplace wellbeing, before formulating the research questions that underpin this research. The wellbeing debate in the UK continues and it is evident it remains a topic of disagreement, with expected gains from wellbeing initiatives consistently still not being realised.

Traditionally, paternalist employers, such as the Cadbury and Rowntree families, provided improved working conditions, recreational facilities, and housing for their employees, demonstrating a squirarchical authority and responsibility to control, reward and punish, exercise care and responsibility, in return for dutiful obedience (Anthony 1977). Though paternalist efforts to increase productivity through improving the lot of workers share some similarities with modern workplace wellbeing, paternalism was underpinned by a specific moral relationship between employer and employee, which differs greatly from the business case now needed to ensure investment in workplace wellbeing. Whilst modern workplace wellbeing initiatives do contain a moral dimension, they are not premised on a moral inequality between employer and employee, as was the case with paternalist approaches. For this reason, despite the historical precedent of paternalism, this literature review will focus solely on modern initiatives to manage the wellbeing of employees.

2.1 Perspectives on workplace wellbeing

Within the workplace wellbeing literature, there is a marked difference in the managerialist and critical management perspectives. This section of the literature review will evaluate the differences between them.

The managerialist perspective on workplace wellbeing is closely linked with the practice of HRM. From the perspective of HRM practice, workplace wellbeing is understood as a means of improving employee wellbeing in a way that simultaneously increases their productive capacity (Boxall and Macky 2014). As such, wellbeing is considered to be something both employers and employees stand to gain from; this school of thought is known as 'mutual gains'. Mutual gains is supported by the mainstream view of HRM; that HRM has a positive effect on employee wellbeing by adopting practices that elicit and control the behaviours that contribute to overall organisational performance, and in turn, enhance working life in an organisation (Wright and MacMahan 1992). Thus, the belief behind mutual gains is that HRM fosters employee wellbeing in a way that ultimately results in improved operational and financial performance for the organisation, making it a more pleasant place to work, whilst also directly improving the wellbeing of employees (Appelbaum et al. 2000; Guest 1997). As such, the fact that both sides of the employment relationship benefit from workplace wellbeing means, from a managerialist perspective, it is essentially unproblematic.

For many years, identifying the most effective way to ensure high levels of employee productivity has been seen as the 'holy grail' in management research (Peccei 2004; Wright and Cropanzano 2007). This

way of thinking identifies increasing the happiness of employees as the most effective way of increasing productivity. Since the 1980's, this task has generally fallen to HR departments. Their specific role in the development and implementation of wellbeing initiatives is influenced by their position in the organisational hierarchy. In some organisations, there is a lack of HR representation at director level (Purcell 2001), making it difficult for any HR activity to be given organisational priority (Cunningham and Hyman 1999).

The rationale for such HRM interventions was that if employees were more satisfied in work, they would reciprocate by working harder. An investigation into the contemporary management literature, discussed in the latter half of this section, suggests the idea of the 'happy-productive worker' has moved from being a hypothesis towards being an accepted truism. According to Wright (2004), job satisfaction has been a consistent theme in the definition of employee happiness. The considerable efforts made by HRM practitioners to increase job satisfaction, and thereby, employee happiness, signalled the incorporation by employers of employee wellbeing into the domain of management.

That said, a central consideration in recent managerialist literature is who does, in fact, hold responsibility for employee wellbeing (Kowalski 2017). Once considered something that was provided for employees by beneficent employers, in the modern day, employers and employees are much more likely to share that responsibility in partnership (CIPD 2008). This is, in part, as a result of higher expectations on both sides of the employment contract; employees expect commitment from their employers to support the rhetoric that 'people are our greatest asset' with tangible actions, and in return, employers expect staff to engage with wellbeing initiatives and assume a degree of self-responsibility for their wellbeing (Pillans 2014). This idea is discussed in more detail in sub-section 2.3: workplace wellbeing as a contemporary issue.

A further consideration in this regard is the role of line managers in managing employee wellbeing (this is discussed in greater detail in sub-section 2.6). As the old-school personnel management paradigm transitioned to modern day HRM, with an emphasis on performance, workers' commitment and reward, one of the main characteristics of HRM was the devolution of many aspects of 'people management' from specialists directly to line managers (Renwick 2003). By distributing responsibility for HR issues such as employee wellbeing, to managers, there is the development of universal accountability for wellbeing outcomes. The managerialist perspective advocates this makes it more likely for wellbeing to be considered in the long-term goals of an organisation. Questions arise, however, as to whether line managers are sufficiently trained for this and there is also the issue of dual roles for line managers: they simultaneously act as an agent of the employer whilst also being an employee themselves.

Within the managerialist perspective, senior managers are crucial role models, and line managers and employees are more likely to engage with health and wellbeing interventions if they see senior leaders actively participating in them. Leadership goes beyond endorsement of programmes and involves active

and visible participation of senior management in health and wellbeing programmes (Black 2008). Contrary to this, critical management studies criticise managerial perspectives on workplace wellbeing as insufficiently attentive to the imbalanced employment relationship between employer and employee and primarily serving managerial interests.

The critical management perspective argues that HRM practices, in general, invariably lead to the intensification of work and to a more systematic exploitation of employees (Ramsay et al, 2000). These practices might effectively improve the performance and productivity of workers, but can be expected to have a conversely negative impact on employee wellbeing, and there is substantial literature concerned with the concept of wellbeing (Headey et al. 1984a; Headey et al. 1984b; Headey 2006; Diener and Suh 1997), the relationship between HRM and wellbeing (Legge 1995; Ramsay et al. 2000; Wright and MacMahan 1992) and the context of how HRM departments seek to improve wellbeing with the goal of increasing organisational performance (Guest 2005; Peccei 2004; Grant et al. 2007). Heffernan and Dundon (2016) advocate that the outcomes of HRM for employees may not, in fact, be mutually beneficial.

This idea of 'conflicting outcomes', rather than 'mutual gains', is central to the sceptical and the pessimistic views of HRM, which argue HRM practices have either no impact or a negative impact on employee wellbeing (Legge 1995; Ramsay et al. 2000). The sceptical view deconstructs the notion of organisational performance into a multi-dimensional concept (Paauwe and Boselie 2005), where employee wellbeing is characterised as a parallel business outcome alongside performance. Argued as two distinct, independent organisational goals, Boxall and Purcell (2008) propose that each is influenced by a different set of HRM practices and the practices that maximise employee wellbeing are not necessarily the same as those that would enhance performance, and vice versa. Hence, organisations may need to prioritise one outcome over the other. The pessimistic view holds an even more negative attitude towards the relationship between organisational performance and employee wellbeing, viewing the two as conflicting organisational outcomes, and advocating there is a trade-off between employee wellbeing and organisational performance: organisational performance is achieved at the expense of employee wellbeing (Peccei 2004).

This school of thought is central to the argument of disconnected capitalism, whereby employers face pressure to simultaneously honour employment relationship bargains and meet shareholder expectations, finding themselves needing to streamline operations to produce capital, which often results in cutbacks or restructuring, meaning job losses, reductions in pay, worsening conditions, and broken promises. Employers cannot risk failing to meet shareholder expectations, so promises made in employment relationship bargains cannot be met in practice (Thompson 2003).

Labour is asked to invest more of themselves (effort, commitment, new aspects of labour power such as emotions) at work, yet employers retreat from investment in human capital, manifested in declining

security, career ladders, pensions, and the like, despite increased rhetoric around employees being an organisation's greatest asset. This divergence is primarily driven by the pursuit of shareholder value within an increasingly financialised capitalism. Growth strategies for firms are directed to a simultaneous squeezing of labour and more active management of corporate assets, manifested in delayering, disaggregation, downsizing and divestment. Local, unit and functional managers are tasked with responsibility for pursuing high performance from labour, but they ultimately lack the capacity to sustain the enabling conditions (Thompson 2013).

Guest (2017, p.25) criticised HRM practitioners for treating wellbeing as a 'means rather than an end', with the primary focus on improving wellbeing for productivity's sake as undermining the premise of mutual gains, and negating wellbeing initiatives from being of any actual benefit to employees. From a critical management perspective then, achieving Van de Voorde et al.'s (2012) vision of mutual gains, 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.

Within workplace wellbeing and wider wellbeing literature, there is little consistency or agreement in how wellbeing should be defined, though common themes are evident. The next section of this literature review will discuss the definition of wellbeing.

2.2 Defining wellbeing

The multi-disciplinary use of the term 'wellbeing' means creating a universally accepted definition remains difficult. This is compounded by the different slants taken by those from economic, health and social science backgrounds - all of whom have an interest in the subject - and the trivialisation of the issue in some parts of the media (Litchfield et al. 2016). The question of how wellbeing should be defined remains unresolved, which has given rise to many blurred and overly broad definitions (Forgeard et al. 2011). Dodge et al. (2012) highlighted that many attempts at expressing the nature of wellbeing have focused purely on the dimensions of wellbeing, rather than on a definition.

As research into wellbeing began to develop, two approaches emerged: the hedonic tradition, which accentuated constructs such as happiness, positive affect, low negative affect, and satisfaction with life (Bradburn 1969; Deiner 1984; Kahneman et al. 1999; Lyubomirsky and Lepper 1999) and the eudaimonic tradition, which highlighted positive psychological functioning and human development (Rogers 1961; Ryff 1989; Waterman 1993). Despite the difference in approaches, most researchers agree that wellbeing is a multi-dimensional construct. This, however, has led to a confusing and contradictory research base, with an array of competing definitions.

Dodge et al. (2012) summarised that Bradburn's (1969) research on psychological wellbeing marked a move away from the diagnosis of psychiatric cases to the study of psychological reactions of ordinary people in their daily lives, linking this to Aristotle's idea of eudaimonia. The majority of Bradburn's research focused on the distinction between positive and negative affect. His model specified that an

individual will be high in psychological wellbeing in the degree to which he has an excess of positive, over negative effect and will be low in wellbeing in the degree to which negative effect predominates over positive. The work of Headey and colleagues (Headey et al. 1984a; Headey et al. 1984b; Headey 2006) advocated the need for positive and negative effects to be seen as distinct dimensions, rather than opposite ends of a continuum (Bradburn 1969); an idea supported by Lee and Ogozoglu (2007) and Singh and Duggal Jha (2008).

Originally proposed by Headey and Wearing (1989), the dynamic equilibrium theory of wellbeing (now more often referred to as set-point theory), suggested links between personality, life events, wellbeing and illbeing. The theory built on the work of Brickman and Campbell (1971), who had previously demonstrated that individuals tend to return to a baseline of happiness, even after major life events. Headey and Wearing continued to research their model (1991; 1992) and believed that, for most people, most of the time, subjective wellbeing is fairly stable. This emphasis on equilibrium is not new and reflects the work of Herzlich (1973).

More recent research has placed different emphases on what wellbeing is, including the ability to fulfil goals, happiness, and life satisfaction (Polard and Lee 2003; Diener and Suh 1997; Seligman 2002). Dodge et al. (2012) argue that these focus more on dimensions of wellbeing rather than developing a definition, further indicating, that despite the abundance of research in the area, what constitutes wellbeing and how to define it, remains ambiguous. La Placa et al. (2013) supports this argument by stating that wellbeing has defied simple definition because of its inherent complexity and extensive, but contradictory, literature.

It is important to note that these definitions do not conceptualise wellbeing in only positive terms. This allows for the understanding of wellbeing with both positive and negative forms, as well as a neutral state, so not only that which is good and desirable, achieved by both the absence of negative factors, such as disease or infirmity, and the presence of positive physical, mental and social factors, as seen in mainstream managerialist definitions. The CIPD (2020), for example, defines wellbeing as a 'state of flourishing', demonstrating no appreciation of wellbeing as a neutral, or even negative, state. Whilst it is likely a managerialist perspective would accept the possibility of there being negative states of health as a largely uncontentious proposition, the concept of wellbeing is altogether more problematic. Indeed, the portmanteau term 'well-being' has overtly positive connotations, which invariably serves to normalise it in a highly advantageous manner (Wallace 2019).

It is not difficult to ascertain why mainstream definitions of wellbeing focus on wellbeing in an entirely positive manner, particularly when considered in conjunction with a person's health. Conceptualising wellbeing as something with positive and negative forms, composed of physical, mental and social dimensions, means that determining an individual's wellbeing status is a problematic proposition, as a person may be simultaneously well and unwell, healthy and unhealthy; a person suffering poor mental

health or wellbeing, may be in a state of good physical health or wellbeing – or vice versa. This adds an additional level of complexity to investigating the notion of a person's wellbeing.

Positive, broad and ambiguous definitions of wellbeing by HRM practitioners have invariably influenced the types of wellbeing initiatives introduced in the workplace. It is claimed by those who frame workplace wellbeing as mutual gains that a 'holistic understanding' of employee wellbeing is necessary in order to design and implement wellbeing HRM practices in a way that benefits both employers and employees (Van De Voorde et al. 2012; 2013). Van De Voorde et al. (2012; 2013) concluded that the relationship between HRM practices and employee wellbeing (and the impact on, and consideration of, improved productivity) remained ambiguous at best, with any positive impact on employee wellbeing being premised on the type of wellbeing studied.

From a managerialist perspective, a holistic understanding of wellbeing is seen as necessary to developing and implementing effective workplace wellbeing initiatives. From a critical management perspective, however, the (im)balance of the employment relationship remains a key feature in wellbeing research, with appreciation for neutral or negative states of employee wellbeing evident, and workplace wellbeing framed as an issue pertaining to the subjectivity or identity of the employee. For the purpose of this research, a working definition of wellbeing was defined in terms of equilibrium - the point at which the challenges faced by an individual, and the resources available to address them, are balanced, drawing on the work of Dodge et al. (2012).

2.3 Wellbeing as a contemporary workplace issue

Wellbeing in the modern workplace replicates the emergence of neoliberalism in society, characterised by the intensification of individualised accountability for health and wellbeing (Lupton 1995), with little consideration given to the impact of societal factors on this. Wallace (2019) uses the example of heart disease to illustrate this point:

> '[heart disease 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' (p.27).

In the context of the workplace, employees face challenges in shouldering individualised accountability. There are important aspects of wellbeing ownership, for example, engaging with healthy eating practices and undertaking exercise to maintain individual wellbeing both in and outside of the workplace, and to ensure effective time management, resilience training, etc., to maintain wellbeing within the workplace. However, individual employees are likely to have little control over their working environment and work pressures, which may well counteract the positive impact engaging in 'well' behaviours can have on individual employee wellbeing.

The move of sole responsibility for employee wellbeing away from the employer is evident in the managerial perspective, as the CIPD (2008) indicates five key stakeholders in employee wellbeing: HRM practitioners, senior managers, line managers, occupational health, and employees. They suggest HRM departments play the central role in the wellbeing agenda in an organisation, as they are in the unique position of having access to all levels of the organisation, helping ensure that senior managers regard wellbeing as a priority and integrate the necessary practices into the organisation's everyday operations. The perception of the role of the HRM department influences the engagement with wellbeing. Renwick (2003) advocates that one self-perception of the HRM practitioner may be that of a 'guardian of employee interest', because employees view of them as such. If employees perceive HRM departments as working in their interests, they may expect HR to actively engage in the wellbeing debate; HR may then do so to ensure they are not seen as 'failing' in the eyes of the workforce. However, should the HRM department believe their role to be to support the organisation, they may be more likely to place greater importance on organisational performance rather than on employee wellbeing, thus bringing to the fore the concern of critical management studies, the pessimistic and sceptical views of HRM, and disconnected capitalism: that organisational performance and wellbeing are competing outcomes. If this is the reality of the modern workplace, and the concern (as previously discussed in this chapter) that different HRM practices that support each of these outcomes actively work against each other stands true, it brings into question the value of wellbeing initiatives and whether, from their very inception, their ability to have any real impact on employee wellbeing is undermined.

The consequence of the intensification of individualised accountability for health and wellbeing is that employers are far more likely to seek to intervene and manage individual behaviour than tackle more widespread, but less manageable, problems, replicating the approach seen in wider society. Critical management studies criticise work-life policies, such as wellbeing initiatives, for being too superficial in nature, being popular from the perspective of the employer only because engaging in any other kind of more meaningful reform would require institutions to acknowledge that many (health and) wellbeing problems are rooted in the very structures themselves. Reynolds (2018) states it is inevitable that employers are more likely to offer fruitless wellbeing initiatives than they are to modify leave policies or adjust their line on overtime or workload: one requires a small investment in a 'quick-fix' for wellbeing and workers themselves to be responsible for their own wellbeing, the other, fundamentally overhauling the way we think about work and structural support from the organisation that simply does not exist. This individualisation means that we are more likely to hold individuals responsible for their own outcomes, opening them up to both potential praise and moral judgement in their perceived successes or failures in doing so.

Such individualisation has resulted in a significant increase in the number of individuals (in society) who are willing to invest in 'self-improvement' (Cederström and Spicer 2015). This willingness is evidenced by an increase in the number of individuals who engage in health-related activities, such as

attending the gym, healthy eating, mindfulness classes, and so on. Haunschild (2003) further supports this by advocating that workplace health programmes, in themselves, are not simply about improving health, especially when they require the pro-active participation of employees. They create an 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. Critical management scholars Dale and Burnell (2014) and Hull and Pasquale (2018) highlight the trend of wellbeing initiatives focused on the improvement of individual employee wellbeing, rather than addressing the wellbeing issues of the collective workforce, as a transplanting of society's individualisation of health and wellbeing responsibility into the workplace.

This individualisation of wellbeing is also evident in the managerialist literature. The CIPD (2017) supports the notion that employees must shoulder some responsibility for their own health and wellbeing, and employers should communicate the behaviour they expect of them. People will only benefit from wellbeing initiatives if they take care of their health and wellbeing outside work and participate in the initiatives on offer.

Within the critical management literature, there are repeated accounts of the way in which wellbeing had been circumscribed in specific ways within the context of the workplace, namely that one's (health and) wellbeing is defined as relative to their productivity (Schulte and Vainio 2010), meaning a person is understood to be 'well' in terms of the extent to which they are productive. When evaluating the successes of wellbeing initiatives, therefore, this is subjectively impacted by whether such initiatives are said to succeed by making employees more productive or by employees actively stating their wellbeing (subject to how each employee understands and defines their own wellbeing) has improved.

Similarly, if management subscribe to a particular definition of wellbeing, the success of wellbeing initiatives may be considered relative only to said definition. This chapter has previously identified that job satisfaction is a regular feature in managerial definitions of workplace wellbeing. So, for example, if wellbeing initiatives improve job satisfaction, employers may conclude the wellbeing initiatives in place are effective in their purpose, even if overall levels of employee wellbeing do not improve. Again, it becomes apparent that the success of wellbeing initiatives is relative only to how wellbeing is understood. The main inquiry, therefore, becomes whether attention should be focused on fidelity to the initiative goals or on the general consequences of the initiative, and implementation actions, when determining success. There is disagreement between top-down and bottom-up perspectives as to which holds greater value. Top-down theorists measure success in terms of specific outcomes tied directly to the initiative goals, whereas bottom-up theorists prefer a broader evaluation, in which an initiative which leads to other positive impacts can be labelled a success (Matland 1995).

In gauging the success of wellbeing initiatives, critical management studies advocate consideration of the attitude needed to embrace wellbeing, and related initiatives, as implementing such initiatives

requires a fundamental cultural change in the assumed hegemony of work and nonwork that is not typically required when implementing other HRM policies. This perspective is a radical departure for many workplaces, since most have been based and designed on the assumption that work identities are the central identity in an individual's life (Kossek et al. 2010).

A final consideration of wellbeing as a contemporary workplace issue is the focus of wellbeing initiatives. Hull and Pasquale (2018) observe wellbeing initiatives as being concerned with conditioning the personal choices made by workers in relation to their health and wellbeing, in an 'economising manner, one that is attentive to the employer's bottom line' (p.191). This transition towards defining individual responsibility and accountability for wellbeing, whilst still serving the employer, speaks to two key features of critical management studies: 1) the imbalance of power in the employment relationship, in favour of the employer; 2) the embeddedness of the neoliberal individualisation evident in wider society into the workplace. In this vein, Gray (2009) and Dale and Burrell (2014) have observed a marked decline in literature focused on health and safety in the workplace, whilst research into workplace wellbeing has grown.

2.4 Employee receptiveness to workplace wellbeing (initiatives)

Maintaining a focus on critical management studies, a body of literature about employee receptiveness or resistance to workplace wellbeing, and related initiatives, has developed. Spence (2015) advocates that, whilst the focus of wellbeing initiatives is invariably a positive discourse (insofar as they aim to improve physical, psychological, and social functioning), it cannot be assumed that employees will be positively disposed towards them. For many critical management authors, employees resist the hard work required to engage in wellbeing, noticeably by resisting the 'healthy' behaviours that are normalised through wellbeing initiatives. Zoller (2004) argues that employees resist wellbeing by ignoring wellbeing messages, avoiding places where physical wellbeing initiatives are taking place or engaging in behaviours that are stigmatised in the organisational wellbeing agenda. Thanem (2013) speaks to a more transgressive form of resistance in employees refusing to conform to the prescribed idea of what 'being well' means, as normalised by the wellbeing discourse present in the organisation. Heffernan and Dundon (2016) advocate that employees' attitudes can be influenced by the actions of those around them in the workplace.

This perspective advocates the possibility that wellbeing initiatives are essentially an attempt to shape a workforce, such that it becomes more productive, less costly, more harmonious and, ultimately, more profitable. For some, this may lead to resistance to participation; for others, they may accept participation comes at a cost. According to Haunschild's (2003) Foucauldian analysis of employee health programs,

> 'After optimizing the direct use of bodies (Taylorism), optimizing work environments (Human Relations Movement), and lowering risks and consequences of body failure (work safety), organizations today seem to have re-discovered [sic] the whole body as a matter of surveillance

and control. This included – among other things – medical screenings (check-ups), fitness programmes, stress management, dietary advice, and lifestyle counselling' (p. 6).

Similarly, it may be the case that employees do not want help with the aspects of personal health and wellbeing they see as their own legitimate responsibility. If so, employees' personal beliefs about health change will disincline them to utilise employer-sponsored services and most likely lead them to make their own arrangements outside the workplace. Similarly, there is a risk of wellbeing initiatives straying into 'nanny' territory, where the entirely opposite aim is achieved and employees are dispirited and their wellbeing is impacted, feeling press-ganged into spending their 'free' work time participating in employer-run initiatives. Some may also fear the potential of soft surveillance: An employee's choice whether to join their boss on an activity may be noted and they may fear their willingness, or otherwise, to buy into the corporate culture of health and wellbeing — and, by implied extension, economic success — may have repercussions. Indeed, there may also be a reluctance to participate in workplace wellbeing initiatives by those who consider workplace health promotion as a veiled form of corporate social control (Holmqvist 2009) or threat to personal autonomy (Ahuja 2019).

Individual issues preventing participation, for example, change readiness - the degree to which employees are psychologically ready to engage in the personal change associated with improving wellbeing – may also play into employees being receptive or resistant. As the Transtheoretical Model of Change (Prochaska et al. 2001) highlights, the change readiness of individuals should never be assumed and if employees are not given opportunities to resolve ambivalence they hold towards certain changes, they are likely to remain in contemplation and invest little effort into participating in wellbeing initiatives and associated behaviour change.

When assessing employee receptiveness to wellbeing initiatives, as well as employee attitudes and participation decisions, it is also prudent to look at organisational trust (Spence 2015). According to Dietz and Den Hartog (2006), trust accrues based on the degree to which employees believes their employer has benevolent motives, can meet their obligations, demonstrates acceptable levels of integrity (e.g., fair treatment), and behaves in a fashion that is predictable and reliable (i.e., is consistent). These dimensions are particularly relevant to wellbeing in that the inclination an employee has towards wellbeing initiatives will be influenced by them. An example of this from a critical perspective would be the perception that the organisational wellbeing agenda is nothing more than a public relations exercise, designed to project a positive image to the outside world, essentially paying 'lip service' to employee wellbeing, with no real investment in the outcome of wellbeing initiatives. From this perspective, programs might simply be seen as a tool to enhance employer brand or the perception that the company is a good place to work (Backhaus and Tikoo 2004). In addition, receptivity to programs could also be influenced by how the organisation might use personal data, such as health data (integrity), the degree to which employees 'hear' consistent wellbeing messages (predictability), such as the regular

promotion of services and benefits, and the belief the organisation has the requisite skills and knowledge to successfully manage such initiatives (ability).

Theoretical and empirical work conducted within self-determination theory (Deci and Ryan 2000) has consistently shown that satisfaction of basic needs produces autonomous motivation in work settings (Baard et al. 2004), and reliably predicts successful behaviour change in health contexts (Ng et al. 2012). Self-determination refers to a person's ability to manage themselves, make confident choices and think on their own (Deci 1971). Self-determination theory, then, is a theory of human motivation and personality, underpinned by two key assumptions: 1) People's inherent growth tendencies: the need for growth drives human behaviours and people are always actively seeking to grow and improve; 2) Autonomous motivation is important: the focus of self-determination theory is the internal source(s) of motivation (intrinsic), such as learning to gain independence and wanting to prove yourself, rather than extrinsic forces, such as money or acclaim (Deci and Ryan 1991). Similarly, it posits that people are driven by three psychological needs: competence, the need to be effective in dealing with the environment; relatedness, the need to have close relationships; and autonomy, the need to feel self-governed and independent. Feelings of autonomy are enhanced when individuals are given choice and are able to govern their own behaviour. Conversely, the individual lacks feelings of autonomy if they feel controlled by others or have to operate according to deadlines (Lopez-Garrido 2021).

Self-determination theory provided an appropriate theoretical framework for this research given the intensified individualisation of wellbeing seen in the workplace (Lupton 1995), as it allowed for investigation into whether wellbeing becomes self-determined and autonomous at both individual, and organisational, level. When considering the level at which wellbeing may be self-determined, for the individual, it is the self-motivation that drives an employee to engage with the wellbeing initiatives offered by an organisation, using these as a means to improve their wellbeing, as they understand it, with no extrinsic reward offered for engagement. At organisational level, it is the identification of whether employee wellbeing is a mainstream consideration in wider organisational decision making, rather than treated as an afterthought, as well as what the motivation is for offering wellbeing initiatives at all; legal mandate, the 'business case', or moral reasoning.

According to Lepper et al. (1973), if behaviour is solely self-determined, there is a stronger likelihood it will be intrinsically driven, for self-satisfaction, interest, and enjoyment of the behaviour itself, not for a given reward. Non-self-determined behaviours are performed purely because they have to be, rather than because they fulfil the individual; in cases where wellbeing initiatives may stray into 'nanny' territory, where employees feel press-ganged into spending their 'free' work time participating in employer-run initiatives, wellbeing is unlikely to be self-determined.

Given that the purpose of wellbeing initiatives is to improve the wellbeing of the employees who access them, it would seem logical that wellbeing is self-determined, and that employees would autonomously

engage with such initiatives, but this is not a given, as human beings, by nature, do not always act as might be expected. As such, self-determination theory offered an interesting theoretical lens for this research when considering employee receptiveness to wellbeing initiatives.

When considering employee receptivity to wellbeing initiatives, from a critical management perspective, Thompson (2003) contends that trust and commitment have received excessive attention at the expense of the conditions under which they are (re)produced. Part of the problem is that these conditions are overwhelmingly analysed at the workplace level alone (Biewener 1997; Rubery et al. 2005). Inevitably, organisational trust forms a large part of the psychological contract, which is grounded in equity theory and organisational justice, an important theoretical lens neglected in much HRM research (Heffernan and Dundon 2016).

First postulated by Greenberg in 1987, this refers to an employee's perception of their organisation's behaviours, decisions and actions, and how these influence the employees' own attitudes and behaviours at work. Justice researchers typically distinguish between three types of justice: the perceived fairness of outcomes (distributive justice), the fairness of the processes whereby outcomes are allocated (procedural justice), and the interpersonal treatment received during the implementation of the procedure together with the perceived adequacy and timeliness of information given (interactional justice) (Colquitt 2001). These judgements influence an individual's behaviour and can, in cases where the actions have a personal effect on the employee and are judged as unfair, lead to workplace deviance, and, in the case of wellbeing, overt resistance to wellbeing initiatives.

Thus far, this chapter has focused on the key themes emerging in both the managerialist and critical management perspectives, drawing comparison between them in terms of defining wellbeing, viewing wellbeing as a contemporary workplace issue and employee receptiveness to wellbeing interventions. The key issues focus on intangible aspects of the wellbeing debate, focused on wellbeing as subjectivity, as well as perceptions of, and engagement with (or lack thereof), the wellbeing debate. This chapter now moves forward to consider more tangible themes in the wellbeing at work literature: employee participation in the development of wellbeing initiatives and the role of line managers in managing employee wellbeing, particularly their role in the implementation of wellbeing initiatives.

2.5 Employee involvement and participation

Before moving to critically evaluate the role of employee participation in workplace wellbeing, it is pertinent to explore what employee involvement and participation (EIP) means. EIP practices have long been established as an important component of the HRM bundle (Wilkinson et al. 2013), though Johnstone and Wilkinson (2013) contend EIP is mostly management driven. Some definitions relate EIP to politics and question the real form of that involvement (Pateman 1975). Others focus on the relationship between participation and satisfaction (Blumberg 1968), commitment to organisational success (Cotton 1993), or notions of industrial citizenship (Clegg 1960), as well as ways in which

employees play some part in decision making (Hyman and Mason 1995; Wilkinson et al. 2013). Pateman's (1975) typology is a three-phase spectrum of participation, and this typology has been adopted for the purposes of this study:

1. Pseudo-participation: Information
2. Partial participation: Consultation
3. Full participation: Codetermination or negotiation.

A four-fold framework, looking at degree, level, scope, and form of EIP, is commonly drawn on in discussions of EIP. Degree refers to the kind of influence employees have over decision making and how this varies, depending on whether the EIP practices involve information, consultation or co-determination. Level is where in the organisational hierarchy EIP takes place. Scope refers to the issues employees could contribute to, from minor to substantive. Finally, form of EIP refers to direct, indirect, informal, and formal practices (Wilkinson et al. 2013; Marchington and Wilkinson 1995; Marchington et al. 1992).

From a managerialist perspective, employee communication is an essential part of business, so that people have 'meaningful opportunities' to feed their views upwards and discuss them with colleagues (CIPD 2017). The CIPD (2017) identify that communication is integral to employee wellbeing, as giving employees an effective voice is a fundamental element of treating them as legitimate stakeholders in the employment relationship. This managerialist perspective advocates employees' views as essential in driving ongoing change and the initiatives that are offered. From this perspective, the key to successful wellbeing initiatives is dependent on employee involvement in their development, which, on paper, speaks to the full participation of employees in the wellbeing agenda and development of wellbeing initiatives. Critical management studies, however, criticise this as the 'rhetoric' of employee wellbeing, with the reality being that many organisations simply pay 'lip service' to wellbeing, and employee participation in this, speaking more to pseudo-or-partial participation (Pateman 1975).

An important theme emerging in the critical management literature (Lipman 2014) is a disconnect between management and employees in this regard. Management, too acceptingly presume employees will want, and be receptive to, any wellbeing initiative put in place, for the 'obvious benefits' this would bring (Manner 2020) - mutual gains - and, in doing so, take the perspective of 'what can management do?', rather than, 'what do workers want?'. Similarly, management believe (or pretend to believe) there are sufficient formal and/or informal voice mechanisms in place to allow for the full participation of employees in the development of wellbeing initiatives in their organisations. Even if it is the case that comprehensive employee voice mechanisms are in place, critical management studies critique the managerialist perspective of not sufficiently considering other contextual factors within the organisation that may prevent employees from wanting, or being able, to engage with these mechanisms, such as, organisational history and culture, apathy towards workplace wellbeing, a lack of engagement, active

resistance to organisational involvement with the wellbeing of employees, and/or fears around expressing their views for risk of reprisal.

Employee voice mechanisms are a frequent feature of EIP practices. Ruck (2016) considers voice in terms of the possibility of two-way communication between management and employees, giving workers a means of communication that has the power to persuade and a legitimate expression of the collective aims of the workforce. Considering the neoliberal societal expectation now commonly seen in the modern workplace, where health and wellbeing is increasingly individualised (as discussed earlier in this chapter), it is worth noting this contradiction of voice being defined as a means of benefitting the collective. Conversely, Dundon et al. (2004) advocate voice can be articulated as individual dissatisfaction that is aimed at a specific problem or issue with management, as well as an expression of the collective organisation.

Trade unions are a commonly accepted form of the collective voice in organisations - the role of unions is to facilitate consultation (Bryson et al. 2013) - though the degree to which HRM practices and union ideals can co-exist harmoniously remains questionable. Traditionally, labour leaders have cited a strongly adversarial system of labour relations, as a result of the pluralistic expectancy of the inherently different roles of unions and HRM department in the workplace (Beaumont 2001), especially as HRM has become an omnipresent feature of the modern workplace at the same time as a decline in the presence of trade unions has been apparent (Verma et al. 2002). Machin and Wood (2005) concluded, however, that union decline was no more apparent and happening at no faster a rate in workplaces which adopted HRM practices that in those that did not.

As a form of employee voice and EIP practices, Taylor and Ramsey (1998) suggest unions can be roughly divided into groups of 'traditional pluralists', who wish to produce and defend untainted collective bargaining agreements, and 'pragmatic pluralists', who seek new ways to sustain an independent union role whilst aligning more closely to HRM goals, seeking the longevity of union recognition in the workplace.

Trade unions do not appear to promote themselves as active in the wellbeing debate, as under their self-descriptions of 'What trade unions do', there is no mention of engaging with employers in the development of wellbeing initiatives (Unison 2017; Unite 2017; UCU 2017; NASUWT 2017). Whilst not assuming that unions are disinterested in enhancing the wellbeing of members, they appear to consider their contribution to employee wellbeing as negotiating in the traditional union remit of improving pay and conditions (Bevan 2017).

The use of trade unions as an expression of the collective voice reflects the assumption seen in many EIP practices, that voice can most successfully be exercised collectively, through formal power-sharing channels. Frequent forms of employee voice mechanisms include works councils, working groups, partnership schemes, joint consultation committees (JJCs), employee forums, and European Works

Councils (EWCs), all of which consider the collective voice of employees. This is an issue compounded further in the managerialist literature, with the CIPD (2020) considering 'individual voice' as that of the employees as a whole, in comparison to 'organisational voice', which is concerned with the benefits of employee voice for the organisation.

The intensification of individual accountability for health and wellbeing in the workplace in conjunction with a continued focus on the collective voice mechanisms, leads to the question whether these mechanisms are fit for purpose in allowing employees to engage in co-determination or negotiation during the development of wellbeing initiatives.

2.6 The role of line managers in managing employee wellbeing

A key feature of the shift from personnel management to HRM has been the devolution of HRM activities, including policy implementation, to line managers. There are several reasons for line managers being such an important factor for successful implementation of organisational interventions, including their function as a link between employees and senior management; converting senior management decisions into actions; and, managing employee expectations in relation to such actions (Nielsen 2017).

This devolution has resulted in a more active role in the management of employee wellbeing. While the advantages to employee wellbeing through adopting a strategic HR approach and devolution of HR work to the line are numerous, the potential costs to employee wellbeing are also significant (Renwick 2003). Specifically in the case of wellbeing initiatives, line managers:

a) Often have final approval as to whether employees can access a policy, such as reduced workload or flexible working;
b) Influence whether employees are cross trained to back up each other during absences and manage any backlash or jealousy in co-worker relations by considering policy effect on the entire workgroup;
c) Affect whether policies are well publicised;
d) Lead in the creation of norms supporting use of policies (Hopkins 2005).

Implementation studies have been dominated by political scientists and researchers of public administration, meaning there is less knowledge available in a more general management field. As a result, much attention has been paid to policy design and evaluation, but much less as to how to put a policy into effect (Schofield 2001). This may in part explain why there is a lack of attention in the majority of the implementation literature to more micro behavioural factors (Schofield 2004), such as a line manager's discretionary decision to allow access to a wellbeing initiative or not. Line managers impact how HRM policies are implemented (Purcell and Hutchinson 2007; Townsend and Loudoun 2015). Blair-Loy and Wharton (2002) identified that those in a supervisory capacity may be more

willing to approve requests to access to work-life policies to female, over male, employees. This may link to the idea of women being seen as a 'homemaker' and men being viewed in an 'ironman' role.

Wellbeing policies have become increasingly present in the workplace, whether as a response to legal mandate or the desire of the employer to attract and retain a high-quality workforce (Kossek and Lambert 2005). Ryan and Kossek (2008) contend that a key explanation for why expected gains from such work-life policy adoption are not consistently found is because of the ways policies are implemented. In 2005, Bourne et al. highlighted that family-friendly policies may originate from the organisation, but they are implemented (or not) in the local work context. This is relevant to wellbeing initiatives as, whilst the organisation may have them in place, access (or not) will be negotiated with, and granted by, line managers. There is, however, a lack of knowledge about management's role throughout the entire intervention process and how line managers are influenced by the organisational context at different levels (Christensen et al. 2019).

Good leadership is considered one of the most crucial success factors in an organisational intervention (Nielson and Noblet 2018). Heffernan and Dundon (2016) advocate the need for the consistent, non-biased implementation of HRM policies, though research shows that, whilst many firms have policies formally available, the degree to which their use is sanctioned, varies (Blair-Loy and Wharton 2002; Lyness et al. 2001), and there is wide internal variation in the degree to which different employee groups have access to policies (Lambert and Waxman 2005).

Passey et al. (2018) identify several factors that may influence managers' support for wellbeing initiatives, including the organisation's management structure (roles, power, responsibilities and information flow), senior leadership support (senior managers who believe employees do not value healthy living are less likely to promote wellness programs), line managers' expected roles in said initiatives, training on health topics, and their beliefs and attitudes toward wellbeing and employee health. Three types of beliefs were discovered to be held by managers: perceived responsibility for employees' health, perceived control, and the perceived value employees place on wellness programs. Nielson (2018) found that managers' beliefs about wellness programs differ by age, previous experience with wellbeing programmes, and management level (senior, middle, and line). Passey et al. (2018) identify line managers who are involved in the planning and implementation process have a greater sense of ownership over wellbeing initiatives. The commitment to wellbeing from line managers is essential for employee participation in wellbeing initiatives (Golaszewski et al. 2008) and employee engagement in wellbeing behaviours (Goetzel et al. 2014).

Employee wellbeing has largely focused on employees' subjective experiences and has generally assumed that managers' interpretations of employee wellbeing are consistent and non-problematic. Tensions inherent in managing complex expectations, and diverse results, have not been adequately investigated. Vakkayil et al. (2017) found that managers' conceptualisations of employee wellbeing can

vary, with the possibility of different interpretations for certain dimensions; these interpretations depend on contextual factors. Perceptions have complex antecedents, and more fine-grained analysis of their development and action could serve well in understanding managerial systems and practices better (Ambrosini and Bowman 2003; Falkenberg and Gronhaug 1989; De Mattos et al. 2001). Vakkayil et al. (2017) found that focusing on internal tensions could yield new insights into the influence of perception in the implementation of HR systems, which could prove useful in understanding the micro-processes influencing practices in many areas of management.

Purcell (2020) contends that wellbeing initiatives will not achieve their full potential without support from line managers, as they are fundamental in activating employee participation and play a dominant role in reinforcing cultures of wellbeing. Line managers can be viewed as 'gatekeepers' or 'multipliers' in relation to wellbeing. A gatekeeper communicates a disregard for wellbeing. This can manifest in a manager taking lunch at their desk, sending late-night emails, rarely checking to see how team members are and investing little time in their own self-care. A gatekeeper likely perceives wellbeing as something outside their scope, something HR should deal with, and as a private pursuit, rather than a group endeavour led by managers. Conversely, a multiplier attempts to engage with their own wellbeing, exhibits compassion toward team members and leads the team in practices that promote wellbeing. Problems arise when line managers resist wellbeing efforts because they think they will detract from the achievement of core performance metrics. Managers may passively resist wellbeing initiatives, by verbally downplaying the importance of wellbeing or glorifying a 24/7 workplace culture, or actively do so, by refusing employees' access to them. Managers can sabotage employee wellbeing efforts by creating barriers to wellbeing.

Line managers are key agents affecting the processes between policy design and policy implementation, though discrepancies can exist between line managers (Heffernan and Dundon, 2016). It has also been identified that a policy-implementation gap may exist because of policy development taking place on the premise of models which depict how individuals should behave in a workplace setting, rather than reflecting how people actually behave (O'Donnell et al. 2014). As such, line managers are of fundamental importance in the implementation of wellbeing initiatives, having a direct impact on whether the expected gains from wellbeing initiatives can be realised.

2.7 Conclusion to Chapter Two

The concept of wellbeing at work has become an important area of research in both the managerialist and critical management literature. Wellbeing comes under remit of the HRM department, and the degree to which they has engaged with employee wellbeing is influenced by a variety of factors: the view of HRM adopted in an organisation, either mainstream, sceptical, or pessimistic (Legge 1995; Ramsay et al. 2000; Wright and MacMahan 1992); the perception of the role of the HRM department within an organisation (Renwick 2003; Noon 1992; Hoque and Noon 1999); the level at which HRM is

represented in an organisation (Purcell 2001; Cunningham and Hyman 1999); and the extent to which HRM activities are devolved to line management (Renwick 2003).

This chapter considers the competing perspectives on wellbeing and how this influences the way in which wellbeing is defined; wellbeing as a contemporary workplace issue and employee receptiveness to wellbeing initiatives; employee involvement and participation in wellbeing; and the role of line management. It does so to establish the literature this study is situated within, for the purpose of justifying the factors to be considered in investigating why wellbeing initiatives have varied in their effectiveness at improving employee wellbeing.

As a result of the extant literature reviewed in this chapter, three key areas for investigation are identified: (i) how wellbeing is subjectively understood by employees; (ii) the degree to which employees participate in wellbeing decisions; and (iii) the role of line managers in managing employee wellbeing. As such, this research is driven by the following research, and sub, questions:

Research question 1: To what extent, if any, do differences in the understanding of wellbeing impact the potential for gains from wellbeing initiatives?

1. How do employees understand wellbeing?
2. Which issues are tackled by the wellbeing initiatives and how effectively is this done?
3. What qualifies as a 'successful' wellbeing initiative?

Research question 2: What is the role of employee participation in the development and implementation of wellbeing initiatives?

1. What voice mechanisms are available for employees to articulate their wellbeing needs?
2. How do voice mechanisms influence communication patterns around wellbeing initiatives?
3. Do employees perceive wellbeing as available to them?

Research question 3: What is the role of line managers in employee wellbeing?

1. How has responsibility for employee wellbeing been devolved to line managers?
2. Do line managers support the use of wellbeing initiatives?
3. How might informal arrangements between employees and line managers undermine wellbeing initiatives?

Chapter Three: Methodology

The key intention of this thesis is to establish why wellbeing initiatives have varied in their effectiveness at improving employee wellbeing. This chapter highlights some of the key considerations in answering this statement by discussing, and reflecting on, the methods used in the undertaking of research. It identifies why certain methods were chosen over others, as well as the reasoning behind decisions made during the research.

3.1 Research sites, sample, and methods

There were five research sites which covered five different industries and geographical regions of the UK. A total of 71 interviews were conducted, 23 with management and 48 with employees, between May and July 2018. Practical information about each research site is given in the table below, including the number of interviews that took place in each site; more detailed information is discussed beneath this:

Research site	W-Org	E-Org	J-Org	N-Org	V-Org
No. of Interviews	18	11	16	15	11
Management (Total)	4	4	8	3	4
Management (Head Office)	N/A	N/A	7	1	4
Management (Site)	N/A	N/A	1	2	0
Employees (Total)	14	7	8	12	7
Employees (Head Office)	N/A	N/A	8	9	6
Employees (Sites)	N/A	N/A	0	3	1
Interview location	2x2 meeting room off from reception area	Large meeting room between the two managing directors' offices	Office on third floor of building. Located in HR department – some remotely via phone call for those based on site locations	Meeting room off main reception/foyer area for those working in Head Office – some remotely via phone call for those based on site locations.	Medium-sized meeting room of main reception – glass doors

Table 1: Information on Research Sites

W-Org is a secondary school in Oxford. Their mission statement is 'Excellence for all' and they operate under the values of LEARNWell, the 'Well' standing for wellbeing. There are approximately 120 staff at the school, and they have received a 'good' rating from Ofsted. W-Org was part of a pilot 'Head of Wellbeing' scheme, being delivered in conjunction with an external partner. Before the introduction of this pilot scheme, wellbeing initiative development was relatively infant in this organisation. The data was collected in this site as the pilot scheme was coming to an end and the organisation was attempting to continue the work of the scheme, but without the additional resources and funding the external partner was able to provide.

E-Org is a publishing house in Cheltenham, founded in 1986. They publish academic and professional material and have global distribution. Their service focus is on delivering 'superior service' to authors and potential authors, which they believe large corporate publishers are unable to do. At the time of data collection, E-Org were offering a reasonably comprehensive range of well-established wellbeing initiatives, though some (including flexible working and increased holiday allowance) had been recently introduced (<3 months).

J-Org is a construction company in Bridgend. Their mission statement is to be the company of choice within the construction and property sector. They consider themselves an 'employer of choice', with wellbeing considered in their job advertisements. They claim to recognise that everyone 'wants different things from a workplace' and that they offer benefits which contribute to staff being 'happy and healthy, both inside and out of work'. They advocate that what they offer in this regard is 'constantly evolving based on employee needs and feedback'. Conversely, HR participants in J-Org advocated they were at a relatively early stage in the development of wellbeing initiatives at the time of data collection.

N-Org is an environmental company based in Swindon. They promote themselves as 'looking after you' in their job advertisements. They indicate that they ask staff for feedback each year on their performance as an employer, with 93% of staff completing the relevant survey stating they were satisfied working for the company. They do not, however, make specific reference to wellbeing or the wellbeing initiatives offered by the organisation in their job advertisements. N-Org had a well-established range of wellbeing initiatives in place at the time of data collection.

V-Org is a technology-based retail support call centre in Cardiff, established in 1995. Their mission is to be the 'partner of choice for technology support services'. Their values are focused around being customer-centric and innovative in their approach to work. At the time of data collection, the wellbeing initiatives offered by V-Org were limited in scope and development.

These research sites were selected through convenience sampling, which is a specific type of non-probability sampling that relies on data collection from a population conveniently available to participate in a study (Saunders et al. 2012). There are criticisms of this sampling technique, including a higher vulnerability to selection bias and influences beyond the control of the researcher, as well as a

higher level of sampling error, leading to questions of credibility (Dudovskiy 2019). However, this type of sampling was necessary for this research because of the nature of the topic under investigation. It was a pre-requisite that an organisation had to have wellbeing initiatives in place in order to be considered as a suitable research site, meaning the researcher had to select research sites from an already limited pool. Of the initial 1206 research sites contacted via a probing email to establish if such initiatives existed, there was a response of interest from just 26; many did not respond at all and many others expressed their disinterest in participating, either for commitment or suitability reasons. Of those who expressed an interest, further explanation of exactly what participating would involve, namely the depth of access needed, meant only seven research sites agreed to participate. Once initial preparations to conduct the research began, a further two withdrew from the study, leaving the five sites listed above. As such, these five sites made up the convenience sample that had the relevant initiatives in place and were willing to allow the researcher the depth of access required. Despite the criticisms of convenience sampling, the research sites cover a range of industries and geographical locations, allowing for an interesting comparison of results and, specifically, a comparative case study. Whilst these sites could equally present an atypical or standard case, the range of cases goes someway to increasing the reliability and credibility of the research.

The decision to omit organisations that did not pursue wellbeing initiatives was taken in order to provide a clear boundary to this research, as its focus was not that of motive for pursuing wellbeing initiatives, but rather the evaluation of the successes of those initiatives in place. Attempting to incorporate the additional element of why organisations did or did not engage with the wellbeing debate and associated initiatives (particularly beyond those legally mandated) widened the scope of the study to an extent too great for sufficiently detailed investigation in one study. As such, the focus of the research was contained to evaluating why the effectiveness of wellbeing initiatives varied, rather than why they were pursued.

The research sample consisted of two groups of participants: 'management' and 'employees'. Management participants were those in the organisations primarily responsible for the development of, and allowing access to, wellbeing initiatives. These participants also had specific line management or HRM responsibilities. Employee participants were those who did not have any line management responsibilities, or any other management responsibilities, but were 'front-line' staff, and so, the primary users of wellbeing initiatives. Whilst it may be the case that those in management were also users of wellbeing initiatives, for the purposes of this research, they were not considered in the 'employee' group and were subject to a different interview schedule.

This research utilised semi-structured interviews as the method of data collection, a method widely used in social science research and the most common type of interview style adopted (Edwards and Holland 2013). Semi-structured interviews allowed the researcher to discuss pre-identified themes derived from

the literature, for example, the contested definition of wellbeing, whilst also having the flexibility to discuss emerging themes identified by the research participant (Cohen et al. 2007). Semi-structured interviews enabled a comparison of results: whilst the interview schedule predominantly consisted of open-ended questions, these were pre-set and were asked of all participants (Sproull 1988). Though emerging themes and questions during the research process were less comparable, in that they may only have been discussed with limited participants (Silverman 2013), they alerted the researcher to themes which they had no prior knowledge of, which were beneficial in adding to the completeness of the research results and providing the best explanation of why wellbeing initiatives have not been entirely successful at improving the wellbeing of employees (Richie and Lewis 2003).

The purpose of the separation of management and employees was to establish whether management and employees were synchronized or disconnected in regard to wellbeing initiatives and whether employees believed such initiatives could actually improve their wellbeing. This decision was taken following a review of the literature which presented a largely mutual gains, mainstream picture of wellbeing; that all employees want the same thing when it comes to improving wellbeing, having the initiatives in place is sufficient to ensure wellbeing is improved, and there are benefits for both the employees and employer.

There were some questions asked of both groups and some directed specifically to one group; the questions asked of both groups aimed to establish the similarities and differences in each side's perspective of the same topic, whereas the questions asked of just one group were designed to address issues which only affected that group (Appendix 1: Employee interview schedule and Appendix 2: Management interview schedule). For example, the employees were questioned about the specifics of negotiating access to wellbeing initiatives, whereas the management group were asked about how they manage the implementation of wellbeing initiatives and the practicalities associated with this.

There are drawbacks to using semi-structured interviews, however: their effectiveness is dependent on the interviewing and communication skills of the researcher (Drever 1997), as well as the researcher's ability to listen actively, probe appropriately, and build rapport with the participant in a manner that does not sway research results (Opie 2004). To overcome this, the researcher undertook training prior to beginning data collection. The researcher also has previous experience of conducting interviews. Whilst comparability of some results (Baker 1994) and generalisability may be limited because there will be a smaller number of research participants than some alternative methods (Holloway 1997), it has already been clarified that it is not the aim of this study, nor the nature of qualitative research, to generate results which can be generalised to all populations.

Whilst the sample used for this qualitative data collection may indeed reveal atypical cases, qualitative research, as undertaken in this study, is not concerned with the issue of empirical generalisability (Leung 2015), but rather to engage in detailed research that can provide a possible explanation for a

phenomenon, as qualitative methods allow for the discovery of nuances in the data. Analysis of each set of questions took place simultaneously to ensure a holistic, well-rounded view of the issue under investigation: why wellbeing initiatives have varied in their effectiveness at improving employee wellbeing.

3.2 Philosophical paradigms

Each paradigm has its own set of beliefs about the nature of reality (ontology) and how the knowledge about reality is understood (epistemology) (Guba and Lincoln 1989). This section of the methodology chapter is structured around these beliefs in identifying an appropriate philosophical paradigm for this study; interpretivism.

Ontologically, this research was concerned with the subjective, as the focus was on factors influencing the success of wellbeing initiatives, as wellbeing was subjectively understood by employees. This not to say that objective measures of wellbeing do not exist, rather that this study was concerned with the subjective. Subjectivity understands that social phenomena, such as wellbeing, can be created from the perception of those involved (Bryson 2012). The ontological position of interpretivism is relativism, the view that reality is subjective and differs from person to person (Guba and Lincoln 1994). From this position, there is scope to appreciate the individual and subjective nature of wellbeing, as understood by the subjects of this research.

The structure vs. agency debate (Archer 1995) is relevant to this research because whether or not wellbeing initiatives are able to successfully improve feelings of wellbeing could be explained by both schools of thought. It could be argued that the role and behaviours of the individuals involved in the development and implementation of wellbeing initiatives will influence the wellbeing of those around them as said behaviours may impact the popularity or accessibility of a policy, fitting with the idea of agency, where an individual impacts the wider group and social structure. One could also argue the way in which individuals act in the development and implementation process will be influenced and controlled by social norms, meaning others' wellbeing is not influenced by the specific behaviours those involved in the development and implementation process choose to exhibit, but rather by the behaviours they exhibit as a result of what is expected from them in the wider social-organisational norms, This fits with the idea of structure and socialisation. This debate is particularly relevant when we consider that Chapter Two discussed the intensification of the individualisation of wellbeing in the workplace.

Theoretical systems, such as Marxism, put forward that what we know as our social existence is largely determined by the overall structure of society and the perceived agency of individuals can be explained by the operation of this structure. Conversely, other theoretical alignments stress the capacity of individual agents to construct and reconstruct their worlds. In more modern literature, there have been attempts to view the two positions as complementary, rather than opposing philosophies, arguing that

it is possible for both structure to influence human behaviour and individuals to change the social structures they inhabit (Reed 2005).

Whilst ontologically this was a subjective study, wellbeing initiatives, of course, have some tangible, objective outcomes. A flexible working policy, for example, whilst intended to give an employee flexibility in their working lives to accommodate their personal lives - and the degree to which this is necessary will differ between employees depending on their subjective feelings of wellbeing - will result in employees being present or absent from work at certain times, which can be agreed upon with certainty. Thus, an epistemological perspective, which appreciated both the subjective and objective, was appropriate for this research.

Critical realism offered this 'middle-ground' by appreciating both the subjective philosophy of social science and the objectivity of general philosophy or science, thus describing an interface between the natural and social worlds (Archer et al. 2016). This fits with an investigation into the success of wellbeing initiatives as it allows appreciation of the fact there will be objective considerations in the success of wellbeing initiatives - the initiatives offered by an organisation, the conditions attached to accessing them, the amount of use of a wellbeing initiative, etc. - whilst understanding there will be subjective elements which may also impact upon the success of wellbeing initiatives - individual understanding of wellbeing, and associated issues, and whether employees believe the wellbeing initiatives offered address these, social norms in group movements resulting in embracing or resisting a new wellbeing initiative, employee willingness to engage with EIP practices in relation to the development of wellbeing initiatives, the intangible nature of the relationship between employee and line manager, and so on. Critical realism allows for the fact that wellbeing is a complex cross over between being subjective in nature, from the perspective of this study, whilst also requiring tangible, measurable and objective initiatives, such as gym memberships, cycle to work schemes, counselling services, etc.

3.3 Research design and process

The research design is the framework for a study that guides data collection and analysis. The strategic choice of the research design must enable the research problem to be answered in the most effective way (Ghauri and Grønhaug 2005). This thesis seeks to answer 'how' and 'why' research questions, therefore valuing theory building over theory testing (Yin 2014).

This study adopted qualitative methods in the form of interviews to investigate the factors that affect the success of wellbeing initiatives. As already established in Chapters One and Two, taking that of the 'mutual gains' perspective of wellbeing, as seen in the managerialist perspective (Black 2008; CIPD 2020), has led to the belief in the workplace that having wellbeing initiatives in place would equal returns. As such, methods which allowed the researcher to take a nuanced account of the phenomena were vital to progress understanding of while everybody appears to agree wellbeing is a good idea in

theory, attempts by organisations to improve the wellbeing of their employees have, in general, been unsuccessful. Qualitative methods are inherently flexible, allowing for the collection of in-depth, nuanced information, including explanations as to why a participant interprets the phenomena under investigation in the way they do (Daniel 2011). Additionally, research which investigates wellbeing appeared to be predominantly quantitative (Baptiste 2008; Guest 2005; Vanhala and Tuomi 2006; Jain et al. 2009; Holman 2002; Van De Voorde et al. 2012; Macky and Boxall 2005; Bryson et al. 2013; Haile et al. 2015; Donado and Wilde 2012; Pencavel 2009), providing scope to conduct further research in the qualitative sphere. Qualitative methods allowed the researcher to identify complexities and subtleties about the research area and the participants which could be lost in quantitative research (Silverman 2013). Furthermore, interpretivism lends itself to qualitative research (Holden and Lynch 2004).

Qualitative research may produce fewer statistically accurate results due to conscious or unconscious research bias during data collection (Akers 2017). Despite this, qualitative methods were most appropriate for this research as they suited the subjective nature of the phenomena under investigation and the researcher did not seek to quantify wellbeing in statistics, rather to allow for the nuances around the subject area to be discussed and accounted for. The empirical generalisability of results may be somewhat limited to the context of collection as a smaller number of participants is likely in comparison to quantitative data collection (Polit and Beck 2010), but generalisability was not a concern for this research. Indeed, the premise of this research is that context is under-considered, so, despite this generic criticism of qualitative methods, it did not detract from their suitability for this study.

In this research, the main objective was to establish why wellbeing initiatives have varied in their effectiveness at improving employee wellbeing. It therefore adopted an abductive approach, which attempted to generate new insight into incomplete observations. Though many initiatives have claimed success, and some have been genuinely successful, few have had a positive impact on employee wellbeing, which is why (as discussed in Chapter One) the state of wellbeing in the UK remains concerning. This approach does not involve the testing or formulation of theory, rather, it takes a pragmatic approach. It begins with 'surprising facts' or 'puzzles' where existing empirical phenomena cannot be explained by existing studies. When following an abductive approach, the researcher seeks to find the 'best' explanation for said surprising facts or puzzles (Dudovsky 2020).

This research approach allowed the investigation of the phenomenon without pre-conceived ideas of the outcome and the need to test already-established theories was important. An abductive approach is suitable when using qualitative research methods as both the approach and research type are concerned with obtaining a subjective understanding of a phenomenon, rather than testing a theory or hypothesis (Creswell 2013). This type of approach also allowed for a thematic analysis of data, establishing patterns

in the data which led to the identification of factors which influenced the success of wellbeing initiatives.

This research adopted an exploratory research inquiry, as it is concerned with advancing the understanding of an issue with incomplete observations (Shields and Rangarjan 2013); why wellbeing initiatives have varied in their effectiveness at improving employee wellbeing. Exploratory research often employs qualitative research methods and is fitting with an abductive approach as this seeks to find the best explanation for a phenomenon, rather than develop new theories or test existing ones (Babbie 2007). The data sample from this type of research inquiry may produce questions as well as answers, opening the door for future research into the area.

An exploratory research inquiry was fitting for the qualitative methods adopted in this study, as the generation of questions from the data, as well as answers, was highly likely given the researcher could not be entirely sure what to expect. Similarly, when using qualitative research methods, an exploratory research inquiry was useful as it was flexible and adaptable, allowing for the investigation of emergent themes and lines of enquiry throughout the research process. Given the nature of the research topic, it was anticipated themes would arise which the researcher could not have been aware of before beginning data collection, and so, this degree of flexibility was essential.

For this research, a case study design was appropriate, as case study research intends to capture the complex nature of the issue under investigation (Stake 1995), in this case, why wellbeing initiatives have varied in their effectiveness at improving employee wellbeing. In utilising a case study design, the researcher was able to capture a rounded view of the research sites and address contextual factors which may influence research results. It was necessary to gain physical access to the research sites for the researcher to observe the working environment first-hand, in order to gain a deeper understanding of how this may impact a participant's view on workplace wellbeing, including affording the researcher the opportunity to establish whether wellbeing initiatives are promoted in employee notice areas, which would not have been possible if a case study approach had not been adopted and research had been conducted using online methods, for example. By conducting research at multiple locations, covering a range of industries, a comparative case study design was possible, allowing for more rigour and reliability in the results. Furthermore, this study specifically undertook an instrumental case study, which sought to provide insight into an issue that is under-researched, to advance understanding of the issue itself, rather than the specific setting where research is being carried out, as opposed to an intrinsic case study which understands the specifics of a single case and what it represents (Stake 1998).

3.4 Evaluating social science research

When assessing the quality of research, key considerations are that of construct validity, internal validity, external validity, and reliability (Behling 1980). These four areas provide a framework for achieving 'rigour' in research, though there are competing schools of thought about the achievability of these in

qualitative vs. quantitative research. Quantitative research is that usually favoured by those who subscribe to the positivist paradigm, who often criticise qualitative methods for being unable to achieve the same level of rigour as quantitative methods. Lee and Lings (2008) question, however, whether there is a need to be as concerned with these issues in qualitative research, for fear that seeking 'rigour' in qualitative research detracts from the time spent capturing the nuanced sensitivity to meaning and context that is a distinction of qualitative research (Sandelowski 1993). As such, this section will address some of the limitations of qualitative research, how this research attempted to overcome them and why, despite them, the researcher identified qualitative methods as the most appropriate for this study. To do so, Guba and Lincoln's (1989) concepts of credibility, transferability and dependability are used.

3.4.1 Credibility

Internal validity in quantitative research is comparable to credibility in qualitative research; that the study measures what is intended. In qualitative research, credibility is achieved through thick description, triangulation, and the plausibility of the research findings (Golafshani 2003). Credibility is an essential factor in establishing the trustworthiness of the research. Replicating research procedures across multiple case studies is one way of ensuring credibility in the research design (Shenton 2004); this was the case for this study, where the same research procedure was carried out across all five research sites. Using semi-structured, open-ended interviews allowed for the collection of rich, complex data, ensuring adequate scope to gather the depth of understanding needed to effectively address the research problem: why wellbeing initiatives have varied in their effectiveness at improving employee wellbeing.

The choice of interview as the qualitative method used allowed for prolonged engagement between researcher and participants, as well as persistent observation, which Erlandson et al. (1993) advocate as essential in furthering the credibility of qualitative research. Underlying this is the assumption that a greater level of trust is built between researcher and participant the longer they spend together. In this study, as the interview schedule progressed, and participants became more comfortable with the researcher, possibly gaining greater understanding that the data was being collected purely for the purposes of an academic study, and not on behalf of the organisation, participants became more willing to share their 'insider knowledge' in relation to what wellbeing was really like at the research site, what was impacting employee wellbeing, and whether the wellbeing initiatives offered were genuinely useful at tackling wellbeing issues. As this trust grew, so the researcher was able to ask more probing questions of participants, particularly when the responses and information discussed had tones of sarcasm or negativity within them. This furthered the richness of the data, helping to further bolster the credibility of the research.

3.4.2 Transferability

Within qualitative research, the equivalent of external validity (generalisability) in quantitative research is transferability, concerning how the findings from one study can be applicable to the wider population. It is a common critique of qualitative methods that generalisability is low, particularly when conducting case studies, because the richer the picture obtained of one site, which is the goal of qualitative research, the less possible it is to compare to another context (Shanley and Peteraf 2006).

The purpose of this research was not to generalise results to all contexts, so this did not devalue the place of qualitative methods in this study. Indeed, the premise of this research is that context is insufficiently accounted for in what the Black Review (2008) and managerialist perspectives advocate as the best ways to improve employee wellbeing. This thesis has already acknowledged that the five key study sites may equally present a typical or atypical case.

However, so as not to entirely disregard the issue of transferability or progress the assumption that only quantitative research can be generalisable (Wolcott 1995), consideration is given as to whether the research findings could be generalised on some level. Naturalistic (Stake 1995), or representational (Lewis et al. 2014), generalisability is concerned with the degree to which the research findings are familiar to the reader, that is, that the reader recognises similarities or differences with their own experiences of the research topic. Given this study is concerned with workplace wellbeing, and that anyone who has been in employment will have their own experiences of this, it is reasonable to assume that a reader would be able to consider the research findings in relation to this experience.

In an attempt to allow transferability to take place, this research provides as much information about the case study sites and research participants as possible, whilst remaining within the bounds of confidentiality and omitting any information that could identify potential participants. Similarly, this research uses appropriate quotes to support the points made in Chapters Four to Six (data analysis) to both support the points made and increase familiarity.

Though efforts were made to allow for some degree of transferability, it is acknowledged that naturalistic, or representational generalisability is a limited scope of transferability, though it is maintained that it is not a priority of this research to be able to generalise research findings, as the research advocates that wellbeing is subjectively understood within the context in which it takes place.

3.4.3 Dependability

Dependability in qualitative research is, like that in quantitative research, concerned with the replicability of the processes and the research results. For quantitative research, reliability is particularly important, as it focuses on the stability of results over time, meaning the researcher would obtain the same results from different research sites with the same context. However, for qualitative research, particularly research such as this study, where the factor under investigation is that of contextual influences at the point of data collection, it is neither practical, nor desirable, to seek the exact

replication of results. Though, as discussed in the next section of this chapter, it was a goal of the research to seek out common themes across research sites, the focus was to identify contextual reasons for the success and/or failure of wellbeing initiatives, rather than replicate the exact experience each participant has had in relation to the theme. As stated by Janesick (2000), the value of case study research is in its uniqueness, meaning there is little point in aiming to achieve the traditional sense of reliability. As such, the focus of reliability in qualitative research is that of consistency in the way in which the research is carried out.

In conducting research for this study, aspects which were under the control of the researcher were carried out in the same way; the information provided to participants beforehand, the one-to-one semi-structured interview, the interview schedule, the setting. However, because of the nature of semi-structured interviews, not all questions asked of participants were the same, advocated as a strength of semi-structured interviews in allowing the probing of participants and the emergence of unknown, or unanticipated, themes. Similarly, the setting of the interviews was dictated by the space available at the research site and the location of this within each site varied (see section 3.1). It was also beyond the control of the researcher how the research was communicated to potential participants, as the researcher could only provide the organisational gatekeeper with the relevant information and rely on them to disseminate it in a non-biased way to all staff members. It can also only be assumed by the researcher that all staff were given equal opportunity to participate in the research by being provided with the research brief (Appendix 4) and the researcher's contact details, so that they could contact the researcher to indicate a desire to participate. Though it was not indicated, it could also have been the case that the gatekeeper 'cherry picked' the staff by giving the research details to selected staff members only, based on their assumption of these staff portraying the organisation in a certain way. As such, a noted weakness of the research methodology of this study is that of dependability, resulting from a lack of replicability of the research process.

3.5 Data analysis

Data was analysed using thematic analysis and utilised Braun and Clarke's (2006) framework to do this. This framework advocates six steps to thematic analysis, which this section of the chapter will discuss.

1) Familiarising yourself with your data

This was first achieved by transcribing the data; all 71 interviews were transcribed, which allowed the reader to compare several pages from a single transcript side-by-side when initially identifying patterns and codes. This phase of analysis required repeated reading of the transcripts to immerse the researcher in the data. Transcripts were initially read with no specific focus in mind, other than the general research aim, to make initial observations and identify initial patterns in the data. Part of this process, however, did involve taking specific note of the researcher's thoughts and observations in relation to the research questions. Annotations were made as to the tone and 'feel' of the interviews, as a first attempt at

identifying the nuances in the data and seeking out the unseen emotions in the words that were explicitly said. Nearly 70 hours of interview data provided a wealth of information with which to establish the best explanation for the topic under investigation.

2) Generating initial codes

The second phase of analysis, generating initial codes, involved a process of systematically working through the entire dataset to create codes. In searching for initial codes, the researcher sought out repetitions, metaphors and analogies, transition, similarities and differences, and linguistic connectors, as well as missing data, in order to establish patterns. A 'code' can be a word or a short phrase and a wide range of non-quantifiable elements such as events, behaviours, activities, meanings etc. can be coded (Dudovskiy, 2019).

Codes were assigned a colour to make them easily identifiable in the transcript and highlight to the researcher how many relevant pieces of data there were per code. The nature of the topic meant there was a lot of crossover of data per code, but the colour coding meant that it was easy for the researcher to identify data which could be grouped per/by code. As such, the researcher spent a considerable amount of time manually organising the data into codes in order to ensure the most accurate picture of the data as possible was obtained. Some codes were expected, as questions were specifically asked in relation to these during the interviews, whilst some were new and a result of emergent ideas.

Coding was carried out on two levels: semantic coding, which involves capturing the descriptive content; and latent coding, which focuses on capturing the implicit meanings within the data (Braun and Clarke 2013). The semantic coding was concerned with what was being talked about, whilst latent coding was concerned with how a particular topic was talked about. In other words, level two coding developed the picture that was starting to build from the level one codes, by teasing out how interviewees conceptualised and constructed these level one codes, that is, the interpretation of the phenomena as something, for example, wellbeing as work-life balance, wellbeing as resilience, and so on.

Data management software was not used in this process because the complex nature of the data being collected meant the nuances were best drawn out by a manual organisation. Though software like Nvivo can assist in the organisation of data and is driven by the user's analysis, rather than conducting the analysis on their behalf, the fluidity and crossover of the information contained under each code meant the researcher found it easier to take a paper-based approach to generating initial codes.

3) Searching for themes

The third phase of analysis, searching for themes, involved sorting and examining codes for broader patterns of meaning or themes. Braun and Clarke (2006) proposed that a theme should capture a significant aspect of the data in relation to the research question. Once all relevant codes had been identified and data assigned accordingly, the researcher began looking for links between codes to create

themes which captured this significant aspect. The way the researcher drew links between themes was focused around the two levels of code: similarities in what was being said and how it was being said, looking for commonalities in both the information provided by the participant in relation to a specific area and their perspectives on it. Once appropriately grouped, there initially appeared to be three over-arching themes: staff wellbeing, organisational culture, and communication.

4) Reviewing themes:

The fourth phase of the analysis involved reviewing the themes identified in phase three to make sure they fitted with the research aims and captured the narrative and perceptions of the research participants. It was important that the themes were distinct from one another, whilst also linking sufficiently to the research questions (Braun and Clarke 2013). Part of this process was refining some themes, whilst rejecting and modifying others. As the data from the initial themes was collated, it became apparent that a fourth theme, line management, was also present in the data. Similarly, a more appropriate name for communication appeared to be 'voice mechanisms', in line with what participants were saying about communication and feedback channels at the research sites and that communication patterns were largely driven by the voice mechanisms, or lack thereof, in organisations,

As the review of themes continued, and the researcher became evermore familiar with the data, whilst also trying to be reflexive in the approach to data analysis, organisational culture was rejected as an overarching theme because of its tendency to impact the other themes identified, rather than act as a theme in its own right.

5) Defining and naming themes

An iterative process of combining and reviewing codes led the researcher to identify three key themes indicating the factors that affect the success of wellbeing initiatives: understanding wellbeing; engagement with EIP practices in wellbeing and the role of line management in managing employee wellbeing. The sub-themes of each main theme were decided on, ordered and re-ordered, and allocated relevant data. There were several reviews of the structure of the analysis before the most logical and comprehensive structure was identified to provide the best explanation of the phenomenon under investigation. Finally, three over-arching themes were identified - understanding wellbeing, employee participation and the role of line managers – with a number of sub themes within each.

6) Producing the report

The final phase of analysis, producing the report, involved telling the 'complicated story' of the data (Braun and Clark 2006, p.23), thereby reinforcing the importance of capturing the narrative of the data, thereby convincing the reader of the validity of the analysis. Throughout the analysis process, self-reflexivity was essential, though it is impossible to remove all bias from data analysis, especially qualitative analysis (Bryman and Bell 2015).

Once the coding, theming and organisation of data had taken place, the researcher was able to produce three analysis chapters, each focused on one main theme which presented a factor influencing the success of wellbeing initiatives. It was important to justify the existence of each theme using the data, not just presenting researcher interpretation. This was achieved by using enough participant quotations to allow for the evaluation of the relationship between analysis and data, whilst not allowing the data to do the job of data analysis on behalf of the researcher. The selection of which interview extracts to use as supporting quotations was important, as it was necessary to draw on those which sufficiently captured the levels of understanding sought during the coding stage of the analysis. Chapters Four to Six of this thesis are the write-up of the analysis process.

3.6 Ethics

When conducting research, it is important to give due care and attention to the ethical considerations that are associated with the topic under investigation, particularly when that topic is something as sensitive as an individual's wellbeing. Before undertaking any data collection, ethical approval was sought from Cardiff University Ethics Committee for each research site, in line with University guidelines. Obtaining ethical approval was a rigorous process that helped to identify and attempted to mitigate any foreseen potential ethical issues before beginning data collection. Ethical approval was granted on 30th April 2018 (Appendix 3: Ethics approval form).

There were two rounds of feedback on the ethics form before approval was given which helped the researcher consider potential ethical issues associated with the research in more depth, including the type of questions asked and the phrasing of each question. Feedback was also given on the way in which participants were to be invited to take part in the study, revising it so potential participants were given my contact details (as part of the research brief), meaning they could contact me directly about their interest in participating, rather than being approached by another member of the organisation essentially asking on my behalf, which may have raised questions about a hidden agenda to the research.

Before agreeing to participate in the research, potential participants were given a detailed research brief (Appendix 4) and prior to conducting an interview with a participant, confidentiality and anonymity was assured. All participants were over the age of 18 and required to sign a detailed consent form (Appendix 5) before taking part in the research. Participants were advised they could withdraw from the research process at any time by contacting the researcher or researching supervisor and contact details were provided for both. All data in relation to the research has been stored appropriately on the University network under password protection and will continue to be for a period totalling no more than five years. Participants were made aware they could, and still can, request their information be disposed of at any time.

Participants were made explicitly aware of the research purpose and the research questions the data collected was aiming to answer, though the researcher was mindful not to allude to any expected

outcomes which could sway the research results. Participants were provided with a copy of the research brief electronically before participating in any data collection and offered a further hard copy at the time of interview. They were also given the opportunity to ask the researcher any questions relating to these before, during and after the data collection process.

3.7 Conclusion to Chapter Three

Chapter Three has highlighted some of the key considerations of the methodological approach adopted in the undertaking of this research, including the research paradigm, approach, type, and inquiry. It has reflected on the decisions made in relation to this and considered the impact the decisions made had on the research process and data collected, rather than offering simple description. It has explained why certain methods were chosen over others and justified the chosen methodology for this research, whilst considering the impact the methodological decisions have had on the research results. In the following three chapters, the data collected will be analysed by research question.

Chapter Four: Understanding wellbeing

This chapter will consider differences in the understanding of wellbeing, the key issues impacting employee wellbeing and the extent to which these issues are (and can be) addressed by the wellbeing initiatives in place. It does so to answer research question one: To what extent, if any, do differences in the understanding of wellbeing impact the potential for gains from wellbeing initiatives? The purpose of this chapter is to establish whether there is consistency in understanding wellbeing across different settings attempting to develop wellbeing initiatives and how these wellbeing initiatives take shape. To answer this research question and contribute towards the overall research aim, this chapter will address three sub-questions:

1. How do employees understand wellbeing?
2. Which issues are tackled by the wellbeing initiatives and how effectively is this done?
3. What qualifies as a 'successful' wellbeing initiative?

4.1 How do employees understand wellbeing?

As established in Chapter Two, existing definitions of wellbeing are extremely varied (Dodge, et al., 2012). Without a clear definition, mismatches between aims and outcomes may occur, which could potentially lead to poorly designed wellbeing initiatives. The issue of competing definitions (Forgeard, et al., 2011) raised questions as to whether this was also the case in the workplace. There were some common themes across definitions, discussed later in this chapter, but it was clear there was no universal understanding of wellbeing amongst employees, indicating that understanding wellbeing in practice is as complex a process as in the literature. For the purpose of this research, a working definition of wellbeing was defined in terms of equilibrium; the point at which the challenges faced by an individual, and the resources available to address them, are balanced, drawing on the work of Dodge et al. (2012). Definitions of wellbeing offered by participants were considered thus.

Both managerial and employee respondents presented vague definitions of the notion of wellbeing, that included concepts such as "caring" (V11 employee), "not worrying about things unnecessarily" and "not being sick" (N1 management)'. Most respondents struggled and often failed to succinctly identify what they view as wellbeing,

> *"What is work wellbeing? Yeah, I don't know really"*

(V9 employee).

Whilst discussions of the exact definition of wellbeing are vague and subjective, the theme of work-life balance as a key component of wellbeing was broadly identified amongst employees. In discussions around what wellbeing meant to them, the concept of work-life balance, in some form, was frequently identified in all research as being central to wellbeing,

> *"I can balance my home life as well, and I'm not worrying about feeding my children or being late home from work ... That helps me to feel well"*

<div align="right">(N10 employee).</div>

In contrast, amongst management, work-life balance was not viewed as a core wellbeing issue, except for one management participant in one case study organisation,

> *"For me,* [wellbeing is] *being able to drop my kids at school most days and pick them up and be able to attend things that are important to them"*

<div align="right">(E4 management).</div>

The conceptualisation of wellbeing as the achievement of work-life balance echoed the sentiment of Dodge et al (2012), that wellbeing is defined by dimensions. It also linked to the working definition of wellbeing as equilibrium adopted by this research. The specific elements of work-life balance and how they linked to wellbeing varied across participants, but there were some key features that most agreed upon. The fundamental view of a fair and equitable workload was fundamental to the explanations provided by employees. The sentiment of being able to leave work in work was repeatedly discussed as fundamental to achieving separation between work and life, as well as supporting high levels of wellbeing,

> "[Wellbeing is about] *not having to take work home with you because you have to, if you want to that's entirely on you"*

<div align="right">(N3 employee).</div>

Whilst rigidity in contract is an element of wellbeing to some, in that they should not be expected to work beyond it, for others the opposite was true. As part of the idea of work-life balance, flexibility was considered by employees as one of the fundamental antecedents in being able to achieve balance,

> *"Integrated approach so that you arrive with all of yourself...., you can have, if you need it, some flexibility about your role, your hours, that kind of thing.*

<div align="right">(N13 employee).</div>

Despite the increased intensification for employees to take responsibility for their own health and wellbeing (Lupton 1995), when employees talk about understanding wellbeing as not having to blur the boundary between work and home, and not having to take work home, it places the onus on management to create a wellbeing environment, as employees are likely to have little say over their workloads and working conditions. Whilst the managerialist literature (CIPD 2015) does recognise the role of senior management (and, as such, the organisation) in employee wellbeing, it, and critical management studies, both allude to the responsibility of the individual employee in managing and actively seeking to improve their own wellbeing. Similarly with flexible work practices, whether or not this is possible will be driven by the environment created by management.

There is an interesting contrast here between the literature and the findings of this research, as these definitions call into question how employees can realistically be expected to take responsibility for improving their own wellbeing, as they understand it, if the culture and working environment actively work against elements of their understanding of wellbeing. For example, employees being able to achieve a work-life balance, by being given a workload and working patterns that allow for this. This further advocates for the responsibility of creating wellbeing and a wellbeing environment to sit with management, despite the individualisation of wellbeing responsibility evident in the literature.

In addition to the importance of work life balance in defining wellbeing, a common theme amongst participants was the need for a holistic approach encompassing both mental and physical health; the respondents talked about wellbeing as reflecting the *"all-round holistic health of the person"* (V3 management). Unlike the theme of work-life balance, this conception of wellbeing extends the definition beyond mere work to encompass broader aspects of people's lives, such as "*eating well, drinking well, making healthy choices, and feeling at peace with yourself"* (W3 management) in order to be "*well-nourished, and look after your brain and your body"* (N6 employee). This all-encompassing perspective of wellbeing was identified in three key ways: happiness - *"Good enough to function efficiently and happily, to fulfil everything that you would like to do"* (W13 employee) - positive self-worth – *"Wellbeing for me is about feeling good about yourself, feeling good in your own skin"* (N4 employee) – and positive relations with work and those at work - "*Whether or not you feel healthy, well, fit and capable in terms of your job,* [having] *positive relationships with work and others at work"* (W4 employee).

A greater sense of resilience amongst employees who had access to effective wellbeing initiatives was apparent. Herrman, et al. (2011, p.259) define resilience as 'positive adaptation, or the ability to maintain or regain mental health, despite experiencing adversity'. Resilience, as a feature of wellbeing, is present in both academic and practitioner literature. The definition of wellbeing offered by Dodge et al. (2012) advocated an individual's state of equilibrium as central to defining wellbeing. This equilibrium was a balance between the challenges faced and resource pool available to tackle said challenges, and levels of resilience within an individual feed into this resource pool. This same idea, of balancing resources and challenges, appears in practitioner literature around wellbeing at work (CIPD 2008; CIPD 2020).

Employees understand wellbeing complexly and attempting to condense this into one definition would present as difficult a task as defining wellbeing in the literature (Forgeard et al. 2011; Litchfield et al. 2016). If wellbeing is understood complexly, the expected gains from wellbeing initiatives may not be easy to achieve. Whilst there is no singular definition of wellbeing amongst employees, several key themes were identified: work-life balance, mental and physical aspects, and resilience. Though these themes were evident, they were not always explicitly articulated by employees, who tended to discuss

wellbeing in a rather vague, non-specific way, which changed by person, even when talking about the same theme, i.e., what makes one person happy might not another.

Though some aspects of employee-understood wellbeing are easier to design for, for example, work-life balance can be addressed through moderated workloads and flexible working initiatives, the lack of specificity of what wellbeing means to employees could be considered a contributing factor in why wellbeing initiatives have varied in their effectiveness at improving employee wellbeing. This led to the need to question what is driving the wellbeing agenda and the development of wellbeing initiatives in organisations.

The majority of participants, both employee and management, identified that it was largely management who drove the development of wellbeing initiatives in a top-down manner, though the individual responsible for the development of the specific initiatives varied across research sites. The extent to which the development of wellbeing initiatives was intentional or organic varied:

> *"We identified that the school was lacking in a number of different areas. I then believed that a good way to develop that was to have a coordinated initiative looking at various aspects of wellbeing"*

> (W1 management)

> *"It's grown-up sort of organically. More recently, we started to look at health and wellbeing as a real sort of integral part of the sort of success of the organisation…We're still fathoming that out"*

> (N1 management).

It is noteworthy that those who wellbeing initiatives were aimed at (employees) were not sufficiently considered in the development of these initiatives. This top-down, 'what can management do?', rather than 'what do workers want?', approach echoes that found in the Black Review (2008). Under the guise of management-driven wellbeing initiatives, several reasons were identified as having resulted in wellbeing initiatives being put in place in the research sites, such as, recruitment and retention issues,

> *"People don't want to come into the profession, people don't want to apply for the jobs, or they don't stay, so good young people leave"*

> (W14 employee)

sectoral influences,

> *"I think there is less expectation of employees around wellbeing provisions in the construction industry'*

> (J9 employee)

workplace performance

> *"I don't know if it was something that the school would have brought in if it wasn't for special measures because it was a massive upheaval."*

and deficiencies in the physical working environment

> *"*[senior management] *have identified that the working environment is really key…and I know they're doing a piece of work at the moment about what can be done to improve the physical working environment".*

This research found that wellbeing initiatives were driven almost entirely by management. Given that wellbeing initiatives are designed for employee use, it was pertinent to establish then whether employees believed wellbeing initiatives designed by management improved employee wellbeing, as they themselves understood it.

4.2 Which issues are tackled by the wellbeing initiatives and how effectively is this done?

Whilst there were research sites with widespread high (E-Org) and low (W-Org) levels of wellbeing, the major theme seemed to be that the experience of wellbeing depends on the part of the organisation worked in and the level worked at (J-Org, V-Org, N-Org). It also seemed that some industries were inherently prone to lower levels of well-being (J-Org, W-Org).

As previously discussed, the intensification of individualised accountability for wellbeing is problematic, as individual employees are likely to have little influence over their working environment and workplace pressures. A key feature that emerged from the data was the importance of context when considering how effectively issues impacting wellbeing were alleviated by wellbeing initiatives.

The achievement of work-life balance was a key feature in employees' understanding of wellbeing. Across research sites, there was a consistent frustration at excessive workloads preventing the achievement of this balance, and wellbeing initiatives unable to address this. Staff expressed frustration at heavy workloads and the risk of burnout, because of the 'self-sacrifice' (N12 management) needed to complete the necessary work. This was compounded further by the impeachment of work into non-work time, because of the need to 'take work home' (W6 employee) on a regular basis, meaning a work-life balance was not achieved. Against a backdrop of a workload that was 'simply unachievable in the time given', wellbeing initiatives were deemed as 'negligible' (W8 employee).

An interesting exception here was that of E-Org, where workload was not advocated as excessive and therefore did not, in itself, impact employee wellbeing. The discussion around the issue of workload in E-Org was not one which identified excessive workload as a contributing factor hindering work-life balance, rather, the achievement of work-life balance was discussed as itself contributing to the achievement of high levels of employee wellbeing. The wellbeing initiatives aimed at enabling employees to achieve this balance were viewed by employees as being successful and having a positive impact on their wellbeing. All participants praised, and utilised flexi-time to some degree. The fact that the 'Core Hours' allowed for daily flexibility without having to seek prior approval was advocated as

having a very positive impact on staff work-life balance and wellbeing, removing the day-to-day pressures associated with being late for work or needing to leave early for personal reasons, for example. Most staff members also felt that management would likely be understanding of the need to work outside 'Core Hours' on occasion for a specific reason, providing the time missed was made up elsewhere. However, there was some disconnect here, as some in management positions believed there would be no need to work outside 'Core Hours', other than for medical reasons. E-Org was an example of an organisation where excessive workload was not hindering employees in being able to achieve a work-life balance, so relevant wellbeing initiatives (flexible working, etc.) were viewed as successful by employees at enhancing their work-life balance, and so, improving employee wellbeing.

There was an immediately apparent variation in the achievement of a work-life balance dependent on the department and an employee's position within the organisation for the most part. The achievement of work-life balance varied considerably across the different hierarchical levels of participants, with those further up the chain feeling as though it was less achieved as *'the more senior you are, the more long-term a vision you have to have, so sometimes the extra hours are needed to achieve this'* (J13 management). Despite those further up in the organisation hierarchy feeling they achieved less of a work-life balance than those further down the organisation, it was the more senior positions that were often more readily able to access wellbeing initiatives because of the nature of the role.

Variation was also a key feature of achieving work-life balance, for several reasons. One key reason identified was in relation to cyclical pressures causing pressure points at different times of the year placing significantly increased demand on staff. Whilst participants acknowledged it would not be feasible to recruit extra support during cyclical pressure points, as the nature of the work would require additional investment in training and off-peak times would not require the extra support, this added pressure was highlighted as impacting the achievement of work-life balance at certain points in the year. Similarly, poor resource planning around deadlines, resulting in a substantial increase in workload for a short period t of time, was discussed as significantly impacting work-life balance, even if only in the short term.

In keeping with the theme of variation, the idea of a 'give and take' relationship between employee and manager was consistently highlighted as both positively and negatively impactful on employee wellbeing, as well a source of frustration for some. This was particularly the case because of the impact this had on workload and working practices; this relationship was often underpinned by/associated with informal arrangements with line managers.

The idea of a give and take relationship is that of employees working outside of the rigid or formal expectations of their organisations, in order to meet their individual needs. As a result, employers expect a 'return' from employees, whereby they are also willing to work outside of employment contact expectations, to meet the needs of the organisation., for example, working outside contracted hours or

taking on additional responsibilities, perhaps on a temporary basis and for no additional renumeration. This type of relationship is fundamentally underpinned by the psychological contract and the unwritten, informal expectations of both sides of the employment relationship, that cannot be captured in the employment contract (Maguire 2017).

One issue associated with this across research sites was the imbalance on either side of the employment relationship, with many feeling that employees were required to give more in this relationship than the employer,

> "*I think they do look after the staff, to be fair … but they expect a pound of flesh*"
>
> (J1 employee).

In return for the 'give' on the part of the company, it is the accepted norm for employees to work additional hours for no additional payment. This type of relationship appeared to be more apparent further up the organisational hierarchy and based on the individual relationship each employee had with their line manager,

> "*It's your individual personality as well, I think if you show your company that you're committed and you do your work, they tend to look after you*"
>
> (J1 employee).

Similarly, the perception of this relationship varied greatly across participants, depending on how it specifically impacted the individual. For those who were happy with how this arrangement benefitted them – "*work flexes with me*" (V7 employee) – they felt this positively impacted their ability to achieve a work-life balance, and so, had better wellbeing. For others, the perceived expectations on their side of the relationship meant they found it difficult to ever 'switch off' from work or even take uninterrupted annual leave,

> "*I went to Florida… I've been to Florida three times since being here actually, and every time I will reply while I'm away and stuff… I actually give more than I take, if that makes sense*"
>
> (V9 employee).

It was evident that as part of this relationship, employees were giving more than they were getting, echoing the sentiments in the literature of the employment relationship being largely dominated by the employer (Ramsay et al. 2000). Not all employees spoke about this as having a negative impact on their wellbeing specifically, as they felt that what they were being given by the employer was fundamental in their achievement of work-life balance, which they considered fundamental in their understanding of wellbeing.

Whilst this was somewhat role dependent, the 'blurred lines' between work and home life was raised as impactful on the achievement of work-life balance. Though some stated they were happy to work extra hours, or outside of normal hours, the difficulty of 'switching off' from work seemed to be concern

for others. Some participants spoke more of the need for a complete separation between work and life to achieve high levels of employee wellbeing, rather than the impact of an excessive workload itself.

Flexibility in the workplace was considered a key feature in the achievement of work-life balance. Where this had been well-achieved and wellbeing initiatives were in place to allow for and support this, employees were vocal in expressing this - "*flexible working is … so key to people's wellbeing; I think they've nailed that really well here*" (N7 employee). Where this was not well-achieved, employees were equally vocal in stating this and identified this as particularly impactful on their wellbeing.

Across organisations, the wellbeing initiatives offered were not able to address the issue of core job problems, specifically, the organisational factors which impacted employees' abilities to achieve a work-life balance. When considering the influence this has on the realisation of the expected gains for wellbeing initiatives, these issues speak to wellbeing being treated as a secondary issue, as an afterthought, rather than a mainstream issue considered in all organisational decisions. This is even more apparent when considering the factors discussed above: heavy workloads, dependence on the department and position within the organisation, variation, 'blurred lines' between work and home life, and flexibility. If it is the case that wellbeing is approached in this manner, wellbeing initiatives themselves are likely to be far too superficial to have a profound effect on employee wellbeing. This links to the work of Reynolds (2018) who stated it is inevitable that employers are more likely to offer fruitless wellbeing initiatives than they are to modify leave policies or adjust their line on overtime or workload: one requires a small investment in a 'quick-fix' for wellbeing and workers themselves to be responsible for their own wellbeing, the other, fundamentally overhauling the way we think about work and structural support from the organisation that simply does not exist.

Similarly, when considering the individualisation of responsibility for wellbeing, as discussed in Chapter Two (Lupton 1995), the fact that management or organisationally driven decisions and/or systems have such a profound impact on the ability of employees to achieve their own understanding of wellbeing (i.e., a work-life balance) questions the conditions necessary as antecedents of successful wellbeing initiatives. If employees are expected to engage with wellbeing initiatives, thus taking responsibility for their own 'self-improvement' (Cederström and Spicer 2015), it could be construed as reasonable by employees that management do not create a working environment, nor establish working patterns, that negatively impact their own understanding of wellbeing, or that wellbeing initiatives could not then realistically improve.

Also discussed as a key theme in employees' understanding of wellbeing was a holistic approach to wellbeing, considering both mental and physical aspects, support the wellbeing domains as presented by the CIPD (2021). A contributing factor identified in relation to the physical, was that of the working environment, and there were a number of specific elements in relation to working environments that were considered by employees as being impactful on their wellbeing. For some, this largely stemmed

from the working practices that resulted from the physical set up of the work environment. For example, the need to 'hot-desk' because of an expanding workforce but with no more available physical space to accommodate this,

> "*I think also the fact that* [Head Office] *is so crammed these days, it's not actually as pleasant a place to work as it used to be*"

<div align="right">(N11 employee).</div>

Similarly, as a result of the way in which the physical space was utilised, it was identified that employees could potentially not speak to another person for the entirety of their working day. Whilst some framed this in a positive manner, in that they were able to *'get* [their] *head down and get on with things'* (V2 employee), others highlighted that this limited opportunities for collaboration with colleagues and attributed this to their feelings of isolation in the workplace, impacting their feelings of happiness and associated wellbeing.

Further relating to the idea of physical space as a contributory factor to feelings of good wellbeing, participants indicated a lack of awareness on the part of management as to how such decisions impact the work of employees 'on the front line' , particularly when management decisions were taken at a head office and filtered out to subsidiary sites,

> "*It's quite a physical job, and* [management have] *changed the work environment as well. It's not the best work environment. And I feel that I'm going to be left with no option but to take redundancy because health and wellbeing wise*"

<div align="right">(N9 employee).</div>

Wellbeing initiatives are not in a position to address deficiencies in the physical workplace. Though they arguably afford employees the opportunity to remove themselves from that environment, through flexible-or-home working, this does not address the deficiencies themselves, nor should it be that the employees need to take action to resolve these deficiencies. As such, wellbeing initiatives are not able to contribute to improving the work environment and therefore this particular aspect of employees' understanding of wellbeing.

Resilience is recognised in various definitions of wellbeing, most notably as a resource to deal with the challenges faced, in relation to maintaining positive-to-neutral wellbeing, rather than creating feelings of negative wellbeing (Dodge et al. 2012). Employee participants identified resilience as a key feature in their articulation of how they understood wellbeing, with the idea that well-developed wellbeing initiatives can help you "*deal with things that are thrown at you, the stresses and strain*s *of life*" (W16 employee). Participants identified the impact of wellbeing initiatives on resilience as both direct and indirect.

Direct impact stemmed from initiatives that focused on the development of emotional intelligence, part of which is resilience, specifically that which links to the adversity quotient (Goleman 1995). Such wellbeing initiatives were discussed as helping employees develop the necessary skills and mindset to maintain healthy levels of physical and psychological functions, even when faced with objectively challenging situations, both in and outside the workplace. An irony arose when said challenging situations were identified as those often created by the attitude and/or structure of overall management within organisations, as well as the employee relationship with the direct line manager. The relationship with the direct line manager was also identified as a consideration in the achievement of work-life balance; the role of line managers in wellbeing is discussed in more detail in Chapter Six.

Indirect impact stemmed from those initiatives that did not seek to develop resilience (or emotional intelligence) specifically, but from the initiatives that improved other important aspects of employee wellbeing (e.g., work-life balance), thus not draining the resilience stores of employees. For example, flexible working policies which removed the stresses associated with consistently having to arrive at work at a certain time or being unable to accommodate non-work commitments that arise during the working day.

The extent to which wellbeing initiatives were able to tackle the core wellbeing issues is determined by several factors. Firstly, the way in which the employees engaging with wellbeing initiatives understand wellbeing. Three common themes were identified across employee definitions of wellbeing – work-life balance, mental and physical aspects, and resilience -, as discussed in section 4.1, but wellbeing remains complex and ambiguous in nature. Even if an employee conceptualises wellbeing in one (or all) of the three main ways identified in this research, it still necessitates the wellbeing initiatives on offer to address these issues for them to serve their purpose. Secondly, the effectiveness of wellbeing initiatives is underpinned by whether the working environment, practices and management styles create a wellbeing environment where wellbeing initiatives are enabled to improve the wellbeing of employees, as they understand it.

This section considered the effectiveness of wellbeing initiatives from the perspective of meeting employee needs and employee perception as to how effectively wellbeing initiatives tackle wellbeing issues, in keeping with the three key areas identified in employee definitions of wellbeing. The following section looks at what is considered a 'successful' wellbeing initiative. It does so to establish whether there is synchronicity or disconnect between employee and management perceptions of what constitutes an effective wellbeing initiative. This is particularly important given the finding that wellbeing initiatives are largely management driven.

4.3 What qualifies as a successful wellbeing initiative?

In considering the success of wellbeing initiatives from an organisational perspective, this research investigated whether a successful wellbeing initiative was one that improved the wellbeing of

employees, as they understood it, or one that demonstrated fidelity to the initiative goals, as stipulated by those who designed the initiatives: management (Matland 1995). This section considers hard and soft forms of measurement, as well as the issues associated with having no measurement in place at all.

Hard measures are concerned with tangible outcomes to wellbeing initiatives. Though this can be measured both quantitatively and qualitatively, measurement methods are formalised and structured, with specific measurement metrics in mind. In the pursuit of hard measures to quantify wellbeing initiative success, a variety of data collection methods were used, including staff surveys, mid and end-of-year appraisals and focus groups, though these produced mixed reviews. Surveys issued specifically to gather data on wellbeing were found in one organisation only (W-Org). In the remaining organisations, questions about wellbeing were added to general staff surveys issued every 'X' number of years. In the organisation where exclusive data was collected, this was via an organisation-wide, large-scale wellbeing project, including a number of smaller-scale wellbeing initiatives, being delivered with the support of an external partner who had health and wellbeing expertise.

Across the methods, a '*broad range of feedback*' (W18 external partner) was usually received in relation to the areas being researched, including measuring behaviour change (for example, the adoption of 'healthy habits' like eating breakfast and undertaking exercise), use of wellbeing initiatives (frequency and variation), and changes in levels of wellbeing (usually scaled). Whether these measurement methods were focused specifically on wellbeing or whether they collected data on a variety of things within the organisation, of which wellbeing was one, varied. The data collected did not establish whether any one wellbeing initiative had specifically improved feelings of wellbeing.

Criticisms of hard measures arose from those who believed this type of measurement could not effectively capture any improvement made and the quantitative nature of the data collection made it '*difficult to interpret the results* [because] *it's difficult to know what that number actually means*' (E1 management),

> "*I don't think numbers show what we have done here…You can't measure it from numbers, just from the reaction in the room when you come back and the attitudes, the intangible things you can't quantify. You can't quantify the attitude of a place*"

> (W2 external partner).

Soft measures were more concerned with the intangible outcomes to wellbeing initiatives. Measurement methods were informal and more ad-hoc, with no specific measurement metric (Marzec 2018; Zepke and Leach 2010). These were often the by-product of wellbeing improvements, rather than the intended goals of wellbeing initiatives, including '*more awareness*' of wellbeing at work (J3 employee), '*permission*' to talk about wellbeing (N7 employee) in a '*language*' that translates to all employees (W10 employee), a '*happier feeling*' in the workplace (N3 management), '*awareness of triggers for anxiety and stress*' (W15 employee), among others. Changes in these soft measures may well represent

positive changes in the workplace generally, but do not necessarily tackle core wellbeing issues (in line with employees' understanding of wellbeing - section 4.1), nor do they confirm that employees are experiencing higher levels of wellbeing as a result of wellbeing initiatives specifically. Management, however, did appear to take these soft measures as a metric that employee wellbeing had been improved as a result of the wellbeing initiatives being in place. This could have fed into management's belief, potentially falsely, that wellbeing initiatives simply being in place had positively impacted employee wellbeing, meaning the initiatives had been successful in their aim.

The majority of participants indicated there was no measurement of whether or not wellbeing initiatives in place impacted employee wellbeing, very much reinforcing the mutual gains perspective seen in the literature that wellbeing initiatives simply being in place will inevitably equal returns, for both employees and the organisation (Van de Voorde et al. 2013). This chapter has already identified that management-driven wellbeing initiatives were not tackling the issues identified by employees, hindering the achievement of their understanding of wellbeing, and speaking directly against the idea of mutual gains and the inevitable returns of wellbeing initiatives.

Similarly, there is evidence that wellbeing initiatives that are implemented but not evaluated, become stagnant and outdated. Interviews with those in management positions, i.e., those responsible for the development of wellbeing initiatives, revealed no consideration during the planning stages of initiatives as to what a successful wellbeing initiative would 'look like', beyond that of 'improving employee wellbeing' as a blanket statement. No hard or soft metrics were specifically discussed with management participants. The organisations that were not taking steps to measure the success of wellbeing initiatives showed little recognition of how core wellbeing issues and employees' understanding of wellbeing may change in the organisation, whether as a result of workforce demographic changes, generational expectations, or external factors.

Having no clear wellbeing initiative aim in place, beyond that of desiring to improve wellbeing within the organisation, reinforces the fact that wellbeing is generally viewed by organisations as an 'add-on', rather than a core consideration in organisational decision making, particularly given there are very few other HRM policies where such little consideration has been given to what a successful outcome would look like. This shows that organisations wish their rhetoric to say that employee wellbeing is firmly on the organisational agenda, but, in reality, this is only in a very superficial way. This also links to the notion of the individualisation of wellbeing initiatives: organisations put the wellbeing initiatives in place and expect employees to engage with them in such a way as to positively impact their own wellbeing.

Organisations have implemented wellbeing initiatives based on the management assumption of what is needed, firmly of the mindset that wellbeing initiatives in place equals returns. There has been insufficient consideration of whether the initiatives they have introduced will tackle the core wellbeing

issues in the workplace, as seen and felt by employees. As such, wellbeing initiatives developed and introduced by management, that have no clear view as to what success will look like (beyond improved feelings of wellbeing), and that have not considered employees' understanding of wellbeing, have contributed to why organisations have, in general, wellbeing initiatives that have varied in their success.

4.4 Conclusion to Chapter Four

This chapter has attempted to answer research question one: To what extent, if any, do differences in the understanding of wellbeing impact the potential for gains from wellbeing initiatives? Differences in the understanding of what wellbeing is have the potential to effect gains from wellbeing initiatives. This is particularly so if wellbeing initiatives do not address the core wellbeing issues as understood by employees, if the time is not taken to understand employees' views on wellbeing, and if incorrect (or no) measurement metrics are in place, especially if management's understanding of wellbeing is driving the wellbeing agenda and the development of wellbeing initiatives. The shared understanding of wellbeing, or lack thereof, is a particularly important consideration before, and during, the development of wellbeing initiatives. This will ensure that the initiatives being designed are the right ones for the context of the organisation – i.e., not picked from best practice – and actually address the wellbeing issues identified by employees which specifically meet their understanding of wellbeing. For the organisation and management to be aware of what employees understand to be the core wellbeing issues of the organisation, as well as what could successfully improve these, the consideration of employee voice in the development of wellbeing initiatives is crucial. The following chapter will therefore analyse the degree of employee participation in the development of wellbeing initiatives.

Chapter Five: Employee involvement and participation in wellbeing initiatives

Employee involvement and participation (EIP) practices have been established as an important component of the HRM bundle, though Wilkinson et al. (2013) contend EIP is mostly management driven, mirroring the finding discussed in Chapter Four that wellbeing initiatives are driven by management. Pateman's (1975) typology of participation was used as a framework for EIP in this study.

Chapter Four identified many wellbeing initiatives do not tackle those wellbeing issues which negatively impact the wellbeing of employees, as they understand it; employee voice offers employers a mechanism for addressing this. As such, this chapter will address research question 2: What is the role of employee participation in the development and implementation of wellbeing initiatives? In order to support the answer to research question two, three sub-questions are addressed in this chapter:

1. What voice mechanisms are available for employees to articulate their wellbeing needs?
2. How do voice mechanisms influence communication patterns around wellbeing initiatives?
3. Do employees perceive wellbeing as available to them?

5.1 What voice mechanisms are available for employees to articulate their wellbeing needs?

Chapter Two identified that voice mechanisms are an essential EIP, particularly if organisations are to be sufficiently informed of what employees' wellbeing needs are and what initiatives can help to address wellbeing issues (CIPD 2008; 2015; Wilkinson et al. 2013). Evidently, in the research sites of this study, there were few mechanisms available and, except for one example which is discussed below, those that were available were informal, with no provision for proactive employee voice to be heard. It was also identified that organisational context strongly influenced the potential outcomes of employees engaging with voice mechanisms,

> *"I'd like to think it would be listened to, but whether or not I'd have any… I think [laughs], okay, possibly off the record but I think one of the challenges of working for a family business is that you've only got a certain level of say in what happens"*

> (E9 employee).

The most common method of employee voice took the form of staff surveys, though it was identified that these took place infrequently and could be as much as three years apart. Most participants were aware that staff surveys had been issued but felt that wellbeing was not a particular focus in these. The only exception to this was W-Org, where surveys were issued at the beginning, mid-point and end of the specific Head of Wellbeing programme being run in the school in partnership with an external organisation. Though these focused on employee wellbeing, the surveys did not focus specifically on the wellbeing initiatives offered, so did not establish which initiatives, if any, had successfully improved employee wellbeing. The mechanism did, however, enable employees to voice their opinions on the wellbeing programme in general. However, some participants alluded to the fact there was reluctance to be honest in said surveys, confirming the critical management's critique of the managerial

perspective that insufficient consideration is given to contextual factors in the organisation, such as, fears around expressing their views for risk of reprisal,

> *"People are very reluctant to complete them because even though it's supposed to be anonymous, there's certain questions that ... can be narrowed down to find out who is who*"

> (J10 employee).

In E-Org, it was identified that, on one occasion, a working group was set up to establish what would improve the working lives of employees, as '*morale had reached a low ebb* [and] *we prefer decisions to come from lower down the organisations… they're a bit more at the cutting edge'* (E1 management). This particular voice mechanism was not permanently available in E-Org and was only put in place for a specific period of time. As a result of this working group, however, increased holiday allowances and flexible working were introduced in the organisation. Management in E-Org advocated the smaller size of the firm as, in part, allowing them to make 'entrepreneurial' decisions, such as the swift introduction of new initiatives, as they were not '*paralysed by the bureaucracy'* (E1 management) of larger firms.

This consideration of staff wellbeing needs, established through the use of a voice mechanism, meant that a wellbeing initiative that staff actually wanted (i.e., flexible working) was introduced. This directly addressed a wellbeing issue, which in turn, contributed to employees achieving wellbeing as they understood it – i.e., work-life balance, as per Chapter Four's discussion (section 4.1). Therefore, there is evidence of how a voice mechanism that asked, 'what do employees want?', rather than 'what can management do?', led to the successful development, implementation, and uptake of a wellbeing initiative (flexible working). Conversely, an initiative put in place by management in the same organisation which used no employee voice mechanism in the development stages (cycle to work scheme) had zero uptake and therefore no impact on employee wellbeing,

> *"The flexible working thing was a result of… staff morale at a bit of a low ebb…he brought together staff from each department and asked them, what can we do. And I think one of the things that came out of that was the flexi-time arrangement"*

> (E11 employee).

Nearly all employee participants indicated they were not aware of formal voice mechanisms available to them to effectively articulate their wellbeing needs, and, whilst it may have been that they were simply unaware of them, rather than the voice mechanisms being non-existent, this still speaks to employees being unable to voice their needs; if they do not know the voice mechanisms exist, they cannot use them. This supports the critical management perspective of 'lip service' being paid to employee participation in wellbeing.

Across research sites, formal channels appeared weak or non-existent, with informal channels much more prevalent, and this appeared to stop some employees from coming forward with issues. However,

management appeared to lack awareness of this, describing decision making as *'pretty collaborative'* (E3 management). That said, an 'open' culture was also discussed by employee participants, where staff get the *'opportunity to suggest'* or *'pick up the phone to the directors'* (V10 employee); employees felt suggestions would be well-received by management for the most part, though this was not something participants felt took place often.

The degree of employee participation in the development of wellbeing initiatives and the lack of effective voice mechanisms available resulted in largely low participant interaction and varying political power, so partial-or-pseudo participation (Pateman, 1975); there was no example of full participation,

> *"I'd like to think that our evaluation process would begin to see patterns if and when enough people were saying things like that. My realistic answer is possibly those changes wouldn't happen"*
>
> (W1 management).

If the voice mechanisms in place are ineffective, or employees are not made aware of those which are available, employees are unable to articulate their wellbeing needs. If organisations are not aware of employee wellbeing needs, the wellbeing initiatives put in place will likely not address the core wellbeing issues identified by employees, indicating perhaps why attempts by organisations to improve the wellbeing of employees through the introduction of wellbeing initiatives have varied in their success.

Given the situation of a lack of voice mechanisms, it was pertinent to establish how voice mechanisms impacted communication patterns in relation to wellbeing and the impression this gave employees as to how seriously employee wellbeing was taken. This will be discussed in the next section of this chapter.

5.2 How do voice mechanisms influence communication patterns around wellbeing initiatives?
When considering the role of employee participation in the development of wellbeing initiatives, it is important to establish communication patterns around wellbeing within organisations by looking at what voice mechanisms mean for communication patterns. This is necessary for understanding the contextual impression of wellbeing within the organisation in terms of how readily available information on wellbeing initiatives is, how much open discussion takes place around employee wellbeing and, generally, how engaged with the wellbeing agenda both the organisation and employees are. Various channels were used to discuss wellbeing, and other family-friendly or work-life issues with employees, including email, intranet, training sessions, employee handbooks, and on one occasion in one organisation, a working group.

A top-down approach to communication around wellbeing and wellbeing initiatives was apparent across the case study organisations, which was largely driven by one or two key individuals. Employee group participants described a top-down approach to communication as the norm, though not exclusively, as one management participant in one organisation (N1 management) did also discuss top-down communication methods. The identification of a top-down, management-driven approach to wellbeing

communication and wellbeing initiative development echoes the sentiment of the Black Review (2008) of 'what can management do?', rather than 'what do workers want?', in relation to improving wellbeing. A range of reasons were given for the top-down nature of communication, including geographical spread of the workforce, particularly in organisations that had a head office and site locations with a significantly dispersed nature, which posed specific difficulties,

> *"Certainly,* [Head Teacher] *had spoken after we had secured the funding – or secured the kind of commitment to the work* [from the external organisation] *and then had looked himself with the leadership team at various strands of what they wanted to provide"*
>
> (W11 employee)

> *"From a benefits point of view, I would say it's top down"*
>
> (V10 employee)

> *"I've done a lot of policies and procedures myself so, I've been involved with writing them. But it probably does come from top down"*
>
> (J3 employee)

> *"One direction, yeah. One direction, yeah, absolutely. That's how I feel"*
>
> (N13 employee)

> *"Internal communication is what would be my main beef. You'll find out like maybe a month or two down the line that something's changed, whereas really you should know straight away".*
>
> (E11 employee).

Nearly all communication methods described were of a top-down nature and, in the comprehensive answers given to this question, there was no indication of any bottom-up communication methods, where staff could actively put forward their views, despite Ruck (2016) considering employee voice as an essential mechanism in giving workers a means of communication that has the power to persuade and a legitimate expression of the collective aims of the workforce. This lack of consideration for staff views on initiatives was clear in employee interviews, where participants frequently spoke of no genuine opportunities to discuss the development of wellbeing initiatives with management,

> *"Nobody's ever asked us, "What do you need in your work environment to be efficient and effective and safe? We've tried feeding back, but nothing is coming back the other way"*
>
> (N8 employee).

Top-down methods of communication were generally passive, where employees were expected to engage with a platform where information was stored, rather than management pro-actively ensuring employees were made aware of wellbeing information. Some management participants demonstrated awareness of this, with E-Org managers stating staff are '*kept informed, but not consulted*' (E5

management. Related to Pateman's (1975) spectrum, this pointed to information at best, but certainly not consultation or codetermination/negotiation. These top-down methods appeared to suit those on 'core' teams, which largely consisted of the SMT across organisations, given they were aware of decisions early in the decision-making process, but left lower-level employees feeling left out and negative toward the idea of workplace wellbeing,

> *"There's a corporate top-down approach where you're told what you're going to learn and how; I think potentially it could have been more interactive. I think there is a little bit of teachers not really bothering to buy-in to it as a result".*

(W8 employee).

The feeling of having been consulted in relation to the development of wellbeing initiatives, as seen with the SMT, is not mirrored in the wider-staff group experience, indicated by employee group interviews, where, for the most part, participants did not feel included in the development of wellbeing initiatives. Employee participants even indicated '*there was no consultation at all'* (W9 employee).

Despite the evidence of top-down communication, management participants did speak of bottom-up communication in some instances, including through formal mechanisms. Most discussion around bottom-up communication with employee participants, however, referred to an open culture where employees could approach management (at various levels) with suggestions in relation to wellbeing, rather than formal channels. There was, however, some inconsistency about this, acknowledged by a number of participants. In N-Org, for example, N12, a management (site) participant, spoke of an open and collaborative approach to management that allowed employees to feel comfortable feeding upwards in relation to wellbeing issues, but that Head Office might feel differently about this. Awareness was shown that bottom-up communication was most likely to happen after initiatives had been discussed at management level (and possibly implemented) but that those who should be involved in decision making - i.e., employees - may not be included, for various reasons, such as the logistical issues of the geographic spread of the research site. This identified that contextual factors may not actually allow for employee participation in voice mechanisms, despite the rhetoric that they may exist on paper. Furthermore, the notion of an 'open-culture' still linked to reactive, passive communication, without employees being actively informed of wellbeing changes. This leads to questions, as per Pateman's (1975) typology, as to the extent to which employees can engage with wellbeing initiatives, as they cannot comment on an initiative if they do not know it is being considered.

Employee participants largely described top-down communication around wellbeing across the research sites, with some managers also identifying this, but the majority of managers spoke of two-way communication, where they push information down the organisation and employees also have the opportunity to push information up. The fact there was no one consistent answer to the direction of communication in relation to wellbeing and wellbeing initiatives indicated a disconnect between management and employee views on this. It was apparent that where a participant sat within the

organisational hierarchy influenced their opinion as to whether communication was top-down or bottom-up; those further up the organisation generally felt more informed than those further down the organisation, demonstrating a further disconnect.

The lack of active communication and bottom-up communication indicated further that full participation (Pateman, 1975) in relation to the development of wellbeing initiatives did not happen. The data strongly suggested consultation only to be the norm. Partial participation did take place in some instances, though this appeared not to be a consistent theme, and was on an ad-hoc basis. Top-down communication, as well as inconsistent and infrequent communications around wellbeing and wellbeing initiatives, meant employees were unable to articulate their wellbeing needs effectively. If organisations are not aware of these needs, the initiatives they put in place may not address the core wellbeing issues as understood by employees and their understanding of wellbeing. Additionally, it may be worth considering the impression top-down communication gives employees in relation to wellbeing, i.e., that the organisation is not interested in employee views on their own wellbeing. This may feed into the unwillingness of employees to engage in the wellbeing debate with their employer, which further feeds into the issue of organisations being unaware of what will improve employee wellbeing and offering the wrong wellbeing initiatives as a result. This then, could further contribute to why wellbeing initiatives have varied in their effectiveness at improving employee wellbeing.

5.3 Do employees perceive wellbeing as available to them?

There are some organisations, for example, N-Org, that clearly take wellbeing seriously for the most part,

> *"It starts off with… I talk about… I do a lot of scanning. So, I sort of scan outside the organisation to see what's going on, whether that's legislative changes, best practice changes, case law changes and just see whether any of that is relevant to the trust and whether it's significant enough for us to change our current arrangements. I think our EIP is sort of… undervalued, so I think that's a really good benefit that people don't really realise they… I think if they are read the small print and saw exactly what they can get for free, I think they'd have a really good idea."*
>
> (N1 management)

and others, for example, V-Org, who do not, where there was evidence of only pseudo-participation (Pateman, 1975),

> *"I'm coming up with a big blank here. We are supposed to have monthly briefings and things, but they… the ones we get are nothing like that at all, and we get presented with a slide pack, and it's like, "Go and read this," sort of thing"*
>
> (V11 employee)

though, for the majority, the perspective on this was mixed.

There was a sense in some cases that wellbeing was a '*tick box exercise'* (N9 employee) and lip service was being paid to it. This was, in part, also evidenced by the fact that the parts some employers offer what they were required to do so by law (dealing with mental health issues, for example) over what would actually improve employees' wellbeing, as they understand it. How seriously management took wellbeing was reflected in the number of initiatives on offer. In J-Org, for example, employees largely felt that employee wellbeing was not taken seriously and that, as a result, actual wellbeing initiatives were lacking. Employees often did not believe the organisation had a genuine concern for them as people. Discussion revealed, for example, that there was *"low morale, particularly with a shifting culture. People are becoming 'just a number' and there is more of a 'just get the job done' attitude"* (J10 employee). Management appeared unaware of this idea overall and believed they showed employees they were valued and that people '*feel cared for'* (J4 management). Employees tended to feel that issues did not lie with immediate line managers, and that more senior managers perhaps did not take their wellbeing seriously,

> "*I don't have a problem with my line manager, she's fantastic. I have a problem with the next tier up…I see staff wellbeing as being a low priority for them*"

> (N9 employee).

The perception of whether wellbeing was taken seriously or not also depended on where employees sat within an organisation and their role. There were clear differences between management and employee views and the higher up the management scales participants were, the more obvious this became. Differences could also be seen between headquarter and site location staff,

> "*The biggest point that I'd like to make is it absolutely depends upon the manager that you have. And I don't think it should be like that*"

> (N13 employee).

There was an obvious disconnect between management and employee perceptions in relation to how serious management take employee wellbeing. Management generally believed they value employee wellbeing and that they were open to suggestions from employees, though acknowledged that suggestions may not be acted on. Similarly, management indicated they would have prioritised organisational goals over employee wellbeing when necessary. This speaks to the idea of disconnected capitalism (Thompson, 2013), as discussed in Chapter Two, that organisation productivity and employee wellbeing are competing outcomes. This sentiment was echoed by employees, in that even when management were approachable, change as a result of their suggestions, using either formal or informal voice mechanisms, was unlikely. This is explored further in the next section.

It was evident across all research sites that staff only believed wellbeing was available to them when there was the space to do so, i.e., when they were not under excessive pressure from the organisation, whether that be in a sustained (continuously excessive job demands) or temporary (peak in work cycle,

likely annual) manner. Largely, views on this were mixed. Whilst demonstrating an understanding of it as a necessity and understanding the benefits associated with wellbeing, many employees considered being able to achieve high levels of wellbeing, or even a neutral state, as opposed to negative wellbeing, in some cases, as a luxury:

> "*I think [wellbeing] should be viewed as a necessity, but in the end, with everything that goes on, it ends up being a luxury sometimes*"

(W16 employee).

A very unitarist perspective was shown in employees' perspectives on management views regarding working practices and their understanding of the organisation's environment, particularly in relation to the fact that responsibility for wellbeing at work lay with the individual. This echoed the neoliberal perspective seen in the literature review that places responsibility for wellbeing with the individual and their willingness, and ability, to engage in practices that improve their wellbeing and mitigate any negative influences, rather than addressing the collective problems,

> "*I think that it's never really discussed about volume of work or any real issues. It's almost like a cult culture, that everybody has to agree and be happy. If you're not happy, there's something wrong with you, not the fact that the job is too much, you know, that kind of thing. And if you have a despot in charge, you have a despot in charge and it's tough for you*"

(N13 employee)

> "*Everyone gets along. The way to get everything done in this place, you've got to get along with everyone and you've got to all work together because you're driving for the same goal. You've got to all work together. And if people within that sort of chain don't do what they should do, it affects everyone, so it's kind of a knock-on effect*"

(V1 management).

Though staff did not always find themselves in a position of being able to prioritise their own wellbeing, they did take the wellbeing initiatives offered seriously, provided they believed they might be of benefit to them. This demonstrated an understanding of wellbeing, their own wellbeing needs and an attempt to improve this. In W-Org in particular, employee participants expressed appreciation for the '*fresh and innovative ideas*' (W14 employee) being introduced as a result of working with an external partner,

> "*It wasn't anything that had been done before, and it was somebody fresh and passionate about what they were doing*"

(W15 employee).

However, there was also evidence that, since the engagement of the external partner ended, so too, did the interest in the wellbeing initiatives. Participants in W-Org frequently spoke of the 'legacy' of the Head of Wellbeing programme and that, though the awareness of the need for wellbeing had increased, the desire or capacity to continue engaging in the initiatives that can improve this had waned. A lasting impact from W-Org was that of a reduced meeting schedule, which was appreciated by employees,

however, use of the gym facilities and the fitness classes introduced, as well as interventions, such as, 'Fruit Fridays', had dissipated. Employees spoke of their disappointment about this at times but advocated that, without the presence of an external partner consistently 'pushing the wellbeing message' (W7 employee), previous working patterns returned,

> *"I just think generally people in education are very aware of constant change. So, we're always having to, you know, new initiatives come in and we just go that way for a while and then it changes, and we're just used to it, shrug our shoulders and move onto the next"*

(W10 employee).

Similarly, employee participants spoke of the fact that the inevitable pressures of an overwhelming workload meant that wellbeing became less of a priority after the Wellbeing Programme (being delivered with an external partner) had ended. This again brought to the forefront the argument that the responsibility for employee wellbeing lies with management to create a wellbeing environment where employees and management can engage with wellbeing initiatives to mutual benefit and treating both individual and collective wellbeing as a priority.

Certainly, wellbeing was seen as a 'luxury' for many, particularly those working in the education sector. This clearly impacted employees' inclination to engage with voice mechanisms in relation to wellbeing, both informal and formal. A reluctance to be honest when asked questions in staff surveys was discussed by employees, as was the management admission that change as a result of employee suggestions was unlikely (W1). If management are not driving the wellbeing agenda and employees treat their own wellbeing as a luxury, this understandably limits some employees' willingness to participate in wellbeing initiative development because they do not see the benefit in doing so. There was greater willingness to engage in participation where management was supportive of this, for example, in E-Org, where a working group had been established. However, even when willingness was more present, the mechanisms which would allow participation were not always in place.

5.4 Conclusion to Chapter Five

This research showed that voice mechanisms in relation to wellbeing were generally lacking. There were some formal mechanisms in place (surveys and one working group), but these were sparse, insufficiently focused specifically on wellbeing and infrequent. Informal mechanisms were much more common but did not generally focus on providing employees with a proactive voice. There were many contextual factors that influence engagement with the voice mechanisms that were available. Communication about wellbeing was top-down and the bottom-up mechanisms spoken of were done so by management only, with no employees identifying this type of participation.

The extent to which management took employee wellbeing seriously varied but there was an obvious disconnect between management and employee perspectives on this, with management consistently taking a more favourable view. Employees generally did not feel management saw their wellbeing as a

priority, though comments were generally directed more toward senior management rather than line management.

Employees' opportunities to engage in EIP in relation to wellbeing were few and even where stronger mechanisms existed, employees generally demonstrated that they were not overly willing to engage in them to any great extent, as they did not feel they would be listened to. Overall, EIP practices do not appear to play a significant role in the development and implementation of wellbeing initiatives. The following chapter will further investigate the role of management in employee wellbeing, with a specific focus on the role of line manages in employee wellbeing.

<u>Chapter Six: Line managers and employee wellbeing</u>

The literature review identified that a key feature of the shift from personnel management to HRM has been the devolution of HRM activities, including policy implementation, to line managers. Line managers have, as a result, taken an active role in the management of employee wellbeing, and, more specifically, in negotiating employee access to wellbeing initiatives, directly impacting whether or not, wellbeing initiatives are put into practice and the expected gains from wellbeing initiatives are realised. As such, this chapter will address research question 3: What is the role of line managers in employee wellbeing? To answer to this research question, and contribute towards the overall research aim, this chapter will address three sub-questions:

1. How has responsibility for employee wellbeing been devolved to line managers?
2. Do line managers support the use of wellbeing initiatives?
3. How might informal arrangements between employees and line managers undermine wellbeing initiatives?

6.1 How has responsibility for employee wellbeing been devolved to line managers?

Renwick (2003) advocated that line managers play a crucial role in organisations, particularly as HRM departments and practitioners have taken a more strategic focus within organisations, leading to the devolution of operational day-to-day HR activities to line managers. Across the research sites, strategic responsibility for wellbeing remained with senior management; that is, senior management were responsible for decisions relating to the resource investment into wellbeing, whether this be financial, people, time, and so on. Senior management led the wellbeing agenda, or lack thereof, and, as such, responsibility for approving the introduction of wellbeing initiatives remained with them. This resonates with that reported in Nielson (2018) that senior management commitment to wellbeing can be a substantial barrier to policy success. Senior managers are crucial role models, and line managers and employees are more likely to engage with health and wellbeing interventions if they see senior leaders actively participating in them.

Passey et al. (2018), identify senior leadership support as a key feature impacting line managers' engagement with wellbeing. Despite strategic responsibility remaining with senior management, operational responsibility for wellbeing, and associated access to wellbeing initiatives, was devolved to line managers,

> *"We delegated the authority to the managers. We call it support and challenge. We support and challenge the managers but they are ultimately responsible for the doing, the managing of staff"*
>
> (N1 management).

As part of this devolution of responsibility, CIPD (2017) indicate line managers should be able to adequately implement management initiatives, spot early warning signs of stress, make reasonable adjustments at work, and nurture positive relationships, though questions arise around whether line

managers are sufficiently trained to undertake this role. There is the issue of dual roles for line managers: they simultaneously act as an agent of the employer whilst also being an employee themselves. Acas (2012) further advocate that line managers should be sufficiently trained in people skills to take on this responsibility, indicating the relationship between line manager and employee should be considered as fundamental in any wellbeing initiative.

Across the research sites, there was a mixed response as to whether line managers were sufficiently trained to undertake operational responsibility for employee wellbeing in general and access to wellbeing initiatives specifically. Those in management indicated they had received training, either from HR or from those more senior within the organisation, with HR managers in particular speaking to this. Employees generally had a different perspective, feeling that the extent to which management were equipped to deal with a situation depended entirely on the situation. Employee participants suggested that more practical issues were responded to well, for example, needing to take a short amount of time off or work from home for a day or so to care for sick children. However, more substantial, or longer-term, issues were less-well addressed, particularly when these issues related to mental health, rather than physical health issues. Sometimes it was felt this was because the line manager was new to a management position, and so had not been in the position long enough to attend sufficient relevant training, whilst others believed management simply were not being provided with the training necessary to deal with employee wellbeing effectively, "*I don't necessarily think they're well enough equipped to support in that way*" (N2 employee). Furthermore, it was identified there was significant variation across managers in the extent to which they appeared to be prepared to deal with employee wellbeing issues, "*some people are very good at recognising it or seeing the signals popping up*" (N10 employee).

Participants did not speak about organisational training being provided for managers on the practicalities of managing a team that is engaging with wellbeing initiatives, for example, how to manage a team where employees may be on different working patterns, and how this might impact team dynamic and performance. Drawing on Hopkins (2005), the lack of training into the practical considerations of wellbeing, and the associated impact on working patterns and practices, should be considered in why expected gains from wellbeing initiatives are not being realised because line managers will influence whether employees are cross trained to back up others' work during ensuing absences and manage any backlash or jealousy in co-worker relations by considering policy effect on the entire workgroup.

 As responsibility for employee wellbeing and access to wellbeing initiatives was unanimously devolved to line managers, their role is fundamental to the success of wellbeing initiatives as they will ultimately make the decision as to whether said initiatives will be put into practice.

6.2 Do line managers support the use of wellbeing initiatives?

By devolving responsibility for HR issues, such as employee wellbeing, to line managers, there is universal accountability for wellbeing outcomes. Renwick (2003) advocates this accountability is likely to improve the engagement of line management. Though it was the case across research sites that line managers were generally supportive of the use of wellbeing initiatives, this was not universal; some line managers indicated they would not be inclined to grant access to certain wellbeing initiatives regardless of the reason the employee wanted it. This supports the findings of Bourne et al. (2005), that family-friendly policies may originate from the organisation, but they are implemented (or not) in the local work context. So, whilst the organisation may have wellbeing initiatives in place, access will be negotiated with, and granted (or not), by line managers.

Generally, employees felt their line managers appreciated the importance of employee wellbeing and would grant access to wellbeing initiatives, if requested. Most in line management positions indicated they were actively supportive of wellbeing and the use of wellbeing initiatives, '[getting] *behind various initiatives that came up'* (W6 management). Some demonstrated their awareness of the importance of leading by example in using such initiatives (Hopkins 2005), including recognising when their own wellbeing was being negatively impacted and taking steps to address that,

> *"Being busy or being overwhelmed doesn't necessarily mean you have a mental health problem, but we'll all be touched by it at some point. So, I feel that wellbeing is something that I'm really passionate about, and I want to get right because it can make all the difference when you have a supportive manager. I want to be able to be a really great manager myself so that if someone did come to me, I'd be able to deal with it well"*

> (N12 management).

However, not all managers indicated they would be supportive of employees accessing wellbeing initiatives, and some employees also spoke to this. Schofield (2001; 2004) indicated that implementation studies have been dominated by political scientists and researchers of public administration, meaning there is less knowledge available in a more general management field on the micro behavioural factors influencing implementation, such as a line manager's discretionary decision on whether to allow access to a wellbeing initiative. One management participant indicated that a comparative perspective to previous workplaces led to his current preference not to engage with wellbeing initiatives, confirming that of Nielson (2018), who indicates line management engagement with wellbeing initiatives will differ based on previous experience with wellbeing programmes,

> *"Just remember that, even if you have your beefs or annoyances with the place, just imagine there are many, many more places you could work that are much worse, so I think that helps set people straight a little"*

> (E11 management).

Another manager stated there would be no scope to accommodate individual arrangements because the working hours of the company were the priority and that if he wanted to arrange a meeting within the working day, but outside of the individual employee's hours, he would expect them to *'change their schedule accordingly'* (E11 management). This demonstrates a disregard for wellbeing in keeping with the idea of 'gatekeepers', as understood by Purcell (2020). In this organisation, the employee handbook, advocated as a key resource for information on accessing initiatives, states specifically that employees should speak to line managers about this; it therefore becomes very difficult for employees to negotiate access to wellbeing initiatives if their line manager holds this perspective.

Broadly, employees agreed that line managers were appreciative of the need for employee wellbeing initiatives, however, there was inconsistency in terms of the extent to which this was the case, echoing that of Heffernan and Dundon (2016). This led to some disgruntlement amongst employees, particularly when other teams were more readily supported by their line managers,

> "M*y line manager turned to me and said, "There are always things happening with you, Tamzin." And I was like, "Oh, well, I'll just keep my trap shut then"*

> (N11 employee).

These findings concur with that discussed in Chapter Two, that, whilst many firms have formal policies, the degree to which their use is sanctioned varies (Blair-Loy and Wharton 2002; Lyness et al. 2001), and there is wide internal variation in the degree to which different employee groups have access to policies (Lambert and Waxman 2005), despite Heffernan and Dundon (2016) advocating the need for the consistent, non-biased implementation of HRM policies.

Given the universal devolution of wellbeing responsibility to line managers across research sites, these findings further demonstrated that line managers play a key role in employee wellbeing. Managers must be competent and confident in their understanding and implementation of wellbeing initiatives, firstly, to afford said initiatives the opportunity to be successful at improving employee wellbeing (by being used at all), and, secondly, to ensure implementing wellbeing initiatives for one individual does not undermine the wellbeing of other employees (Ryan and Kossek 2008).

Ryan and Kossek (2008) also state that a key explanation for why expected gains from work-life policy adoption are not consistently found is because of the ways in which policies are implemented, indicating that the point at which ideas become reality, when policy is put into practice, is pivotal to successful wellbeing initiatives; and this is ultimately dictated by line managers,

> *"Although on paper we probably have policies that look glowing and fantastic, they are meaningless unless the implementation or the culture of that particular manager bring them forward. Line managers are massively too much influence. There's this really fantastic policy that has all these things, and you read it as an employee and think, oh, that sounds great. But all it says is… managers should be trained to do this and that and the other, but what if they're*

not? What if they're trained and they don't care? We've got absolutely no recourse to question anything…"

<div align="right">(N13 employee).</div>

Variations in policy implementation will affect perceptions of how seriously wellbeing is taken within an organisation. This can happen through both the direct experiences of employees and vicarious experiences of observing what happens to others who request access to wellbeing initiatives, in terms of whether they are allowed to access them and what they are expected to give in return. In discussions around employee access to wellbeing initiatives, it was highlighted that the management style of each line manager had considerable influence on how accessible employees believed policies, such as flexible working, to be, in terms of how likely they were to have their request granted. As well as the individual relationship between employee and manager,

> *"It would depend entirely upon what the reason was, and I would also, for my own piece of mind, I would probably clear it with* [the directors] *before I agreed to it, and I would also make sure that whoever the member of staff was, they were very aware… just stick to what you said you were going to do"*

<div align="right">(E11 management)</div>

> *"If you work hard and work well and they like you, you get a better result"*

<div align="right">(E2 management)</div>

> *"Line managers are absolutely the greatest impact on wellbeing. Because having been on the receiving end of very different attitudes, very different style of management, yeah, that's certainly the case. The policy's being written, great, but they are not, I don't think, routinely adhered to. It shouldn't be if you've got a lovely manager; it should just be you're entitled to ask for it, and you should be given a reason if you can't have it"*

<div align="right">*(*N13 employee).</div>

Given the individual negotiation of access to wellbeing initiatives, and the variations in this, it is pertinent to further investigate how wellbeing initiatives may be impacted by other line manager-employee arrangements. This will be discussed in the following section.

There was no evidence in the case study organisations that the HRM function was influential in encouraging employees to engage with wellbeing initiatives, perhaps as a result of operational responsibility being devolved to line management. Additionally, in E-Org and W-Org, the role of HR was outsourced to an external party, meaning there was no HR presence within the organisation to encourage this. In J-Org, N-Org and V-Org, in-house HR departments, though actively available to employees, were not proactive in encouraging employee engagement with wellbeing initiatives. Employees were made aware of the wellbeing initiatives offered by the organisation via static means (intranet, newsletter, etc.), but the onus was on employees to seek out the information and engage

accordingly, requiring autonomous self-motivation, linking to self-determination theory. As such, HR departments did not play a key role in influencing the uptake of wellbeing initiatives, despite the CIPD (2008) identifying HRM practitioners as playing the central role in an organisation's wellbeing agenda, as they are able to integrate the necessary practices into the organisation's everyday operations.

6.3 How might informal arrangements between employees and line managers undermine wellbeing initiatives?

Given the identification in both the literature and research findings of the prevalence of individual negotiation of access to wellbeing initiatives, it was appropriate to also investigate whether individual arrangements between line managers and employees, outside of formal initiatives, impacted the use of formal wellbeing initiatives, particularly as Heffernan and Dundon (2016) identify line managers as key agents affecting the processes between policy design and policy implementation. Interviews with both management and employee participants indicated many saw no necessity to use formal wellbeing initiatives, believing an '*open-door policy'* (E9 employee), where '*there is always room for informal chats'* (E2 management), to suffice in affording employees a suitable platform to make individual arrangements with their line managers to address their wellbeing concerns or issues.

Some interview participants indicated that generally, '*management are encouraged to be generous with people's time'* (J4 management) and that this general approach to ways of working subverted the need for formalised arrangements. Conversely, some management participants found this frustrating, as they had to deal with the individual employees who they believed may be taking advantage of the system of trust this type of working is based on and that some managers were more effective at handling this type of situation than others, which led to significant inconsistency across teams and/or departments (Heffernan and Dundon 2016). Though implementing formalised wellbeing initiatives could also lead to various members of a team or department having individual working arrangements, the main issue identified here was that of the wider organisation being unaware of what the informal arrangements between employee and line manager were, meaning there were no established expectations as to who, when and where staff would be available, in order to get work completed. One participant indicated, however, that the formalisation of wellbeing arrangements, or only permitting individuals to engage in wellbeing arrangements that formal initiatives allowed, would prove problematic in itself, because

> *"different people have different needs and things like that. It is difficult and especially as… I think if there was a formal rule saying, you know, you can't work from home, it would put a lot of people off from working at the* [N-Org] *because at the moment, the role can flex around things like school drop-offs and things like that"*

> (N2 employee).

The problems identified with this informal, individualised approach to addressing wellbeing issues is that it takes away opportunities for available wellbeing initiatives to be successfully implemented by reason of the very fact that they are not used. Even if a plethora of wellbeing initiatives were available,

each one developed with full participation from employees, which line managers are sufficiently trained to understand and implement, set against the backdrop of a wellbeing environment created by management, the initiatives cannot be successful if they are not put into practice. Consequently, individual arrangements between employee and line managers had the distinct ability to undermine wellbeing initiatives, even if they had the potential to be positively impactful. It is not possible to judge their effectiveness if they are not used, so they may look under-utilised, even unsuccessful on paper, but, in reality, they are simply not being used. This is particularly concerning given Heffernan and Dundon's (2016) finding of the need for the consistent, non-biased implementation of HRM policies.

A further drawback of informal arrangements between employee and line manager is that such arrangements may make it appear that things that could constitute wellbeing initiatives (flexitime, for example) are problematic for the organisation: if, for example, performance were to decline because not enough people were working in a timely manner towards a deadline or one department consistently could not be contacted because no-one was available during core working hours, etc., this could cause problems elsewhere in the organisation,

> *"Sometimes you can walk around areas of the office and they are very, very empty because people have nipped off, and I'm sure they've nipped off and gone home and carried on working, but nonetheless, they're not in the office. So where is the formal arrangement or agreement… it's why would that be allowed in that circumstance or for that role or whatever, and not for another"*

> (J8 employee).

Line managers have proven to be fundamental to the success, or otherwise, of wellbeing initiatives. They are responsible for granting access to said initiatives, whilst ensuring their decisions around individual employees do not negatively impact other team members or the work of the department, or negatively impact wider organisational goals and performance. They are also responsible for ensuring they do not enter into individual arrangements which undermine wellbeing initiatives. They are at the pivotal point where policy hits practice, where rhetoric hits reality, and are therefore the final hurdle to achieving success for even (theoretically) perfectly designed, employee-driven wellbeing initiatives.

6.4 Conclusion to Chapter Six

This chapter evidences that line managers play a central role in the management of employee wellbeing. Devolved responsibility for employee wellbeing has meant that line managers are relied upon by the organisation to identify signs that employee wellbeing is being adversely affected within their team or department. Similarly, without line managers who understand the importance of employee wellbeing and who are willing to grant access to wellbeing initiatives, such initiatives cannot be successful. Even following extensive planning and development, it is line managers who give final approval for wellbeing initiatives to be accessed, and thereby implemented. As such, implementation is the final hurdle wellbeing initiatives must overcome in order to be successful. Though the topics covered in

Chapters Four and Five are of fundamental importance during the design and development phases of wellbeing initiatives and from the perspective of obtaining ongoing feedback (EIP practices), so, too are line managers pivotal to the success of wellbeing initiatives in the implementation phase.

<u>Chapter Seven: Conclusions and Recommendations</u>

This chapter concludes the thesis, providing an opportunity to reflect on the contributions of this research and the impact of the research findings on the practice of workplace wellbeing. It also considers the research limitations and the potential for future research.

7.1 Contributions

This study found three key reasons why wellbeing initiatives have varied in their success at improving the wellbeing of employees. Though these contributions should be considered as linked and impacting one another, they are individually most relevant at different stages of the process in the development and implementation of wellbeing initiatives. The three contributions of this research are discussed in the rest of this section.

7.1.1 Contribution one: Furthering the definition of workplace wellbeing

The first contribution of this research is an advancement of the understanding of workplace wellbeing. Drawing on the work of Dodge et al. (2012), a working definition of wellbeing for this research was defined in terms of equilibrium; the point at which the challenges faced by an individual, and the resources available to address them, are balanced.

Clear links were evident between this working definition and participants' understanding of wellbeing in relation to the achievement of equilibrium, namely, the identification of work-life balance *as* wellbeing. The two other key dimensions of wellbeing identified in this research were the need for a holistic approach to wellbeing, i.e., encompassing both mental and physical elements, and resilience. Interestingly, this spoke more to dimensions of wellbeing rather than an outright definition, confirming the finding of Dodge et al. (2012) that definitions of wellbeing often focus on particular dimensions.

The identification of three dimensions as to how employees understood wellbeing moves the understanding of workplace wellbeing forward, particularly in light of the varied success of wellbeing initiatives. Though La Placa et al. (2013) identified that wellbeing has defied simple definition because of its inherent complexity and extensive, but contradictory, literature, this research has identified three clear dimensions of wellbeing that demonstrate how employees, at whom wellbeing initiatives are aimed, understand it. These dimensions of wellbeing are not broad and ambiguous but speak clearly to how employees conceptualise wellbeing.

7.1.2 Contribution two: Considering employees' understanding of wellbeing

A second contribution of this research is the finding that employees' understanding of wellbeing is not sufficiently considered during the development phase of wellbeing initiatives. This research found that developing wellbeing initiatives that consider employees' understanding of wellbeing is fundamental in the expected gains from such initiatives being realised.

The three key themes which emerged in relation to employees' understanding of wellbeing were work-life balance, mental and physical health, and resilience. Examining the extent to which the wellbeing initiatives in place in the research sites positively impacted these aspects of wellbeing, there were mixed opinions of their effectiveness, as discussed in Chapter Four. Management-driven wellbeing initiatives, led by management perceptions of what wellbeing initiatives should include, resulted, from the perspective of enabling employees to achieve their own understanding of wellbeing, in ineffective wellbeing initiatives.

Therefore, this research finds that employees' understanding of wellbeing should be the central focus in deciding which wellbeing initiatives an organisation should offer. This is a crucial consideration even before the development phase, in ensuring the development phase is aligned, focused and effectual. It remains important beyond the development phase, sitting permanently in the implementation phase as part of a continual review process, which adapts as the wellbeing needs of employees change with the workforce as it evolves and changes.

An important prerequisite of successful wellbeing initiatives, able to assist employees in achieving their own understanding of wellbeing is that of a management-enabled wellbeing environment, particularly as individual employees will likely have little influence over their working environment and work pressures. Management must ensure that working practices, other organisational decisions, and HRM policies and procedures do not actively (if unknowingly) work against that which wellbeing initiatives is trying to improve. For example, wellbeing initiatives will be unable to help employees achieve work-life balance, identified as a key theme in employees' understanding of wellbeing in Chapter Four, if their workload is unmanageable within their total working hours. Taking flexible working or staggered working hours as examples, an employee's ability to choose when during the working day, or working week, their work is carried out will not help achieve a work-life balance if the amount of work they are required to complete in these hours is unachievable. Similarly, employees can only benefit from being able to engage in a flexible working pattern if managers, particularly line managers, respect and accommodate the employee's working pattern in departmental planning and operations. For example, if by engaging with flexible working to accommodate a morning school run, an employee begins their working day at 10am, but a manager frequently schedules team meetings for 9am, the employee will be repeatedly ostracised from the team by being unable to participate. Furthermore, if a line manager is able to over-rule a flexible working pattern and require the attendance of the employee at said meeting, the employee becomes unable to engage with flexible working in a way that genuinely meets their needs, impacting their ability to achieve a work-life balance and subsequently their understanding of wellbeing, as per Chapter Four.

The key issue identified here is the need for management to consider employees' understanding of wellbeing as pivotal in the development of wellbeing initiatives and to ensure the creation of an enabling

environment, placing responsibility for employee wellbeing firmly in the hands of management. This was paradoxically discovered by this research against the backdrop of a wider neoliberal workplace shift, where the intensification of the individualisation of wellbeing is evident, placing emphasis on the responsibility of employees in enabling and managing their own wellbeing. The need for management-enabled wellbeing speaks directly against this shift and as such, should be considered a contributing factor as to why the expected gains from wellbeing initiatives have not been realised.

7.1.3 Contribution three: Disconnected perspectives

A third contribution of this research is that of disconnected perspectives on many aspects of employee wellbeing between management and employees. It was consistently found that management took a much more optimistic view on all aspects of employee wellbeing than the employees themselves.

This research demonstrated that employee voice is largely absent in the development of wellbeing initiatives designed to improve their own wellbeing. Proactive, formal voice mechanisms in relation to employee wellbeing proved non-existent, with employees being asked for their input by employers at certain times and for very specific purposes. Reactive, formal voice mechanisms proved sparse and were insufficiently focused on wellbeing to effectively capture employees' perspectives. Though informal mechanisms were identified, in the form of an 'open' culture or 'open-door policy', being comfortable discussing issues with line managers (as discussed in Chapter Five) was a core consideration in whether employees would be prepared to engage in wellbeing discussion in this way. Such discussions still did not provide employees with a sufficient level of voice, however.

A disconnect was evident between management and employees in this regard, as management participants clearly believed that such informal mechanisms provided a 'true' representation of bottom-up communication, though employees did not speak to this at all, indicating their feelings that all communications in relation to wellbeing were top-down, being informed of wellbeing initiatives after the decision had already been taken to introduce them. There was one exception to this identified in this research (working group in E-Org), which represented a reactive voice mechanism only, where employees had been asked for their opinion, rather than being able to proactively put it forward. This disconnect is concerning and needs to be addressed if employees are to be afforded the opportunity to have their voice heard in the development of wellbeing initiatives being designed for their use.

This disconnect is further evidenced by the fact that management believe they treat employee wellbeing as a serious issue and consider themselves trained and able, for the most part, to support employees in this regard, whereas employees felt differently. Many employee participants indicated they felt management only took their wellbeing seriously when there was scope to do so, i.e., when the organisation was not under any additional pressure, although N-Org was identified as more considerate of this in general, perhaps because of the nature of the work undertaken in this organisation. Employees advocated that when there was senior management pressure placed on line management to meet targets,

largely with the intention of improving company performance, employee wellbeing was no longer a primary concern, and the emphasis was simply on 'getting the job done'. This was particularly noticeable in those research sites where there were cyclical fluctuations in work demand, and therefore workload, with no additional staff resource made available to accommodate this which speaks further to employees being unable to achieve their understanding of wellbeing.

A final disconnect was evident in the perspectives of management and employees in employees' willingness to engage in EIP practices in relation to the development of wellbeing initiatives. Largely, management demonstrated a belief that employees would access both formal and informal mechanisms to articulate their needs in relation to wellbeing. Though employees agreed they would be largely comfortable in doing so, this varied by employee, and by the employee-line manager relationship. Many employees indicated they saw no point in doing so, as they did not believe their opinions would be considered in the development of wellbeing initiatives, as it was management who were driving their development.

It is therefore evident that without the means for effective articulation of employee wellbeing needs in place, wellbeing initiatives are unlikely to be able to positively impact the wellbeing of employees. Such disconnect can be considered as a contributing factor in why wellbeing initiatives have varied in their effectiveness at improving employee wellbeing. This further supports the responsibility of management in employee wellbeing. Their role is to implement formal, proactive voice mechanisms that employees will be willing to actively engage with because they believe and see that their voice can, and will, result in the development of wellbeing initiatives that enable them to achieve their understanding of wellbeing.

7.1.4 Contribution four: Line managers

A final contribution of this research is the identification of line managers as the final hurdle to accessing wellbeing initiatives, and therefore, their success. Despite the identification in Chapter Two of the need for the consistent, non-biased implementation of HRM policies (Heffernan and Dundon 2016), many employee participants in this research identified that the degree of understanding and support in relation to their wellbeing was significantly impacted by their individual line managers. There were many reasons articulated for this, including management style, working practices, willingness to grant access to wellbeing initiatives (particularly those that impacted the wider-team's working patterns), issues of favouritism, and certain job roles being viewed as allowing greater flexibility by managers than others.

Line managers play a part in employee wellbeing at various stages of wellbeing initiative development, but their key role is during implementation. Implementing wellbeing initiatives goes beyond that of a simple 'yes' or 'no' in allowing their use, however. The role of line managers begins before employees request access. Line managers need to actively publicise the wellbeing initiatives available to employees, encourage employees to engage with those that could improve their wellbeing, and lead by

example in prioritising their own wellbeing. They must personally engage with wellbeing initiatives and prioritise their wellbeing, particularly in cyclical environments when the demands placed on employees are at their peak. At the point an employee requests access to a wellbeing initiative, the role of the line manager is to implement that initiative, negotiating how that will work in practice for the individual employee whilst considering the wider impact of any changes in an individual's working pattern on other members of the team or department, so as not have a detrimental effect on the wellbeing of other employees.

This contribution again emphasises the importance and overarching responsibility of management for employee wellbeing, further speaking against the individualisation of wellbeing widely seen across workplaces. That is not to say, however, that employees do not have a role in procuring their own wellbeing, but they cannot shoulder this responsibility alone, as the neo-liberalised approach seen in many workplaces suggests they should.

7.1.5 Contribution five: Self-determination theory

Chapter Two identified self-determination theory as an appropriate theoretical framework for this research, given the intensified individualisation of wellbeing seen in the workplace (Lupton 1995), and allowed investigation into whether processing wellbeing becomes autonomous at both individual, and organisational, levels. When considering the level at which wellbeing may be self-determined for the individual, it was identified that autonomous wellbeing is demonstrated by self-motivation, which drives employees to engage with the wellbeing initiatives offered by an organisation and use these as a means to improve their wellbeing, as they understand it. At organisational level, autonomous processing of wellbeing is demonstrated by employee wellbeing being considered in wider organisational decision making.

This research found, that at an individual level, wellbeing is self-determined. Across the research sites, the onus was on employees to seek out and request access to the wellbeing initiatives offered by their organisations. As discussed in Section 6.2, HRM departments and practices had no impact on employee engagement with wellbeing initiatives and, whilst line management support for wellbeing initiatives influenced the level of access employees had to wellbeing initiatives, it did not influence employees' desire to access these. There were also no tangible rewards for doing so, and therefore no extrinsic motivations. As such, employees engaged, or attempted to engage, with wellbeing initiatives when there was intrinsic motivation to do so, with the desire to grow and improve their working lives in a way that improved their wellbeing, as they understood it (Section 4.1).

Additionally, wellbeing initiatives were often in place as an attempt to mitigate the negative impacts of organisational factors, such as heavy workloads, the influence of department and position within the organisation, variation, 'blurred lines' between work and home life, and flexibility in working practices (or lack thereof). Responsibility for improving staff wellbeing sat with the employees themselves,

meaning those who engaged with wellbeing initiatives, often attempting to counteract negative organisational influences on their wellbeing, did so, because of autonomous motivation.

The second contribution of this research identifies the need for a management-enabled wellbeing environment as a pre-requisite to successful wellbeing initiatives, the workplace settings of the case study organisations did not provide said environment and employees identified wellbeing as available to them only when there was organisational space for it. Despite their potential scepticism, some employees chose to engage with wellbeing initiatives, further speaking to wellbeing being self-determined; employees sought growth and improvement in their own lives as a result of intrinsic motivation and autonomous decision making.

In considering whether wellbeing is self-determined at organisational level, this research firstly considered whether employee wellbeing was naturally considered in wider organisational decision making; this was not the case. The wellbeing initiatives offered by the research sites were unable to address the core job issues which were having a negative impact on employee wellbeing (workload, etc), which spoke to wellbeing being treated as a secondary issue, as an afterthought, rather than a mainstream issue considered in wider organisational decisions. As such, wellbeing was not autonomous at organisational level. Similarly, when evaluating the motivation for offering wellbeing initiatives, it was identified that this was not as a result of an organisation's desire for general growth and improvement, a key feature of self-determination theory, but as a result of recruitment and retention issues, sectoral influence, workplace performance issues and deficiencies in the physical working environment; the motivators for wellbeing initiatives, such as improved organisational performance, or retention, were therefore extrinsic. Intrinsic motivation is a key assumption of self-determination theory, which was not present at organisational level. The extent to which the development of wellbeing initiatives was intentional or organic varied, but wellbeing initiatives were almost entirely management driven and developed in a top-down approach. As such, wellbeing was not self-determined at organisational level.

7.2 Implications for the practice of wellbeing at work

For many years, the managerialist perspective of workplace wellbeing, including that of the Black Review (2008), has concerned itself with the workplace playing a key role in promoting health and wellbeing, where there was a need for an organisation to actively assist employees to maximise both their mental and physical health in an attempt to benefit people at all levels, both within and outside of the organisation. The idea that the workplace is good for employee wellbeing still appears to hold true if one is to believe the Black Review (2008) and other managerialist perspectives, such as that of the CIPD (2008; 2015), though there has, more recently, been a notable shift in the focus of responsibility from employer to employee, replicating the intensification of the individualisation of wellbeing seen in wider society.

The CIPD (2007, p.4) state '*an organisation can create and support an environment where employees can be healthier, through providing information on and access to schemes to improve wellbeing. However, wellbeing is ultimately an individual's responsibility requiring education and a degree of self-awareness'.* This presents wellbeing in a way that is decontextualised, as occurring in a vacuum, where work practices and contextual influences play no role in employee wellbeing. Rather than considering workplace wellbeing as a set of wellbeing initiatives that operate at a distance from the context of work (such as subsidised gym memberships), where the onus is on the employee to participate in order to counteract the negative impacts of the workplace, the findings of this research identify that, without sufficient responsibility for wellbeing placed with management, wellbeing initiatives are unable to succeed in their purpose, that is, they are unable to improve the wellbeing of employees. As such, there is a clear and obvious need to revise the way in which wellbeing is practised in the workplace.

Though each contribution has a specific focus, underpinning each is the responsibility of management in employee wellbeing; that is not to say that employees shoulder no responsibility in the management and improvement of their own wellbeing, but management are responsible for providing the conditions where employees are able to play their part in improving their own wellbeing. Whilst employees are responsible for articulating their understanding of wellbeing and wellbeing needs, management must be responsible for putting in place, the proactive, formal mechanisms which allow them to do this. Employees need to be willing and able to participate in the wellbeing initiatives available to them, but management must facilitate a wellbeing environment where organisational practices and decisions do not undermine or work against what wellbeing initiatives are trying to achieve and improve. Employees need to engage with wellbeing initiatives rather than negotiate individual working arrangements, though this must be manager-led, who also do not engage in individual arrangements, and who do give due consideration to the individual working patterns and arrangements of team members accessing wellbeing initiatives when designing team-based work tasks and meeting schedules and so on. The increased individualisation of wellbeing in the workplace, placing emphasis on the responsibility of employees to entirely manage their own wellbeing, is problematic in light of the findings of this research. Employers need to reconsider the notion of responsibility that underpins current wellbeing initiatives designed to improve workplace wellbeing.

Though the data was collected before the beginning of the COVID-19 pandemic, the findings of this research remain pertinent. The changes forced upon the workplace as a result of the pandemic, have led to changes in working practices, environment and dynamics that could not have been anticipated. Additionally, the pressure placed on employees throughout this period has brought employee wellbeing to the front of organisational agendas in a way which might not have otherwise been envisaged or ever seen. The key contributions of this research remain relevant, as the way in which workplace wellbeing and wellbeing initiatives are approached is likely to change significantly. Flexible working, as an example of an initiative designed to enable employees to achieve work-life balance and identified by

participants of this research as a key dimension of wellbeing, was hitherto perceived as a benefit offered by a benevolent employer, putting themselves forward as an employer of choice. Moving forward, this is likely to become a standard expectation as a direct result of what has been asked of employees during the pandemic. The key findings of this research - that employees' understanding of wellbeing should drive wellbeing initiatives; that management are responsible for creating the enabling conditions for wellbeing; that the disconnect between management and employees needs to be rectified; and that line managers are the final hurdle to the successful implementation of wellbeing initiatives – remain relevant; what constitutes a wellbeing initiative, what is perceived as a 'benefit' or standardised expectation, and how organisations approach workplace wellbeing are likely to change as the world of work moves into the 'post-COVID' era.

7.3 Evolving debates

This research was able to consider preceding debates in the field and seek to advance, where possible, previous findings, for example, furthering the definition of wellbeing in considering the roles and responsibilities within wellbeing. In addition, this thesis also addressed evolving and controversial debates in the area.

7.3.1 The unintended consequences of wellbeing

The purpose of wellbeing initiatives is to improve employee wellbeing; their implementation and utilisation is the actioning of this improvement, the inherent assumption being, that positive outcomes will result. For the employee(s) utilising them, this is likely to be true. This research identified that those accessing a flexible working policy, taking E-Org's Core Hours as an illustration, felt that everyday time pressures had been alleviated, because there was no longer an expectation that they arrive at the office by 08:30 and thus, their wellbeing, particularly linked to the achievement of work-life balance, a key feature of employees' understanding of wellbeing, was improved. Building on the work of Ryan and Kossek (2008), this research identified the potential for backlash to be experienced by the employee(s) accessing wellbeing initiatives, and so an evolving debate in this field is the paradox and tension of the implementation of wellbeing initiatives resulting in wellbeing for one employee but illbeing for another, be this supervisors or co-workers.

Supervisors face potential difficulties in managing teams or departments where personnel are engaged in varied working practices, patterns, and schedules. This was identified by one management participant as the prime reason he was reluctant to grant access to certain wellbeing initiatives. The difficulties highlighted by this participant were the practicalities involved in ensuring all roles within the team/department were staffed at the necessary times, for example, but also concerns around parity of access to initiatives and the potential calls of favouritism when one co-worker was able to access an initiative another could not, even when the nature of the individual roles created or forced this situation. This has the potential to result in illbeing for those in a managerial or supervisory role, as the role

becomes more complex and, potentially more negative, by necessitating an increased element of complaint handling, for example.

For co-workers, calls of favouritism have the potential to be similarly impactful, in that they can negatively affect both peer-to-peer and peer-to-supervisor relations and, at times, result in conflict within or between teams and departments. If tasks need to be completed by a deadline or carried out at a certain point in the working day, for example, that task and its associated workload must be allocated to someone in the team; if an employee accessing a wellbeing initiative is regularly unavailable to contribute to the completion of such tasks or share the associated workload, particularly for tasks required on a regular basis, the burden may then repeatedly fall to their peers. One would assume that resource and workload planning would take account of this, but in reality, this may not be the case. Should a decreased, or more flexible workload for one colleague, result in an increased workload for another, it is likely that the colleague with the increased workload will be negatively affected. As such, there is the possibility that wellbeing for one may result in illbeing for another. This is a potential avenue of future research.

Similarly, in the vein of unintended consequences, and again, taking E-Org as an example, it was identified that when members of staff arrived at the office by 07:00, in order to finish by 15:00, as per the Core Hours initiative, there had been no access to the building. Employees were then expected to either wait until a key holder arrived, and work their contracted eight hours from that point, or go home and return to work at 09:00, when the office would be open, as this was the beginning of the core 09:00-15:00 hours and participants from E-Org identified that this had happened on several occasions. Poor planning and a lack of consideration of the practicalities of implementing the wellbeing initiative had the exact opposite of the intended effect and staff wellbeing was negatively impacted, because they were unable to access the initiative with the knock-on effect that they were unable to finish work by 15:00, as planned. Such situations have the added impact of undermining wellbeing initiatives entirely, as it creates the impression that the organisation does not take them seriously.

7.3.2 Organisational performance vs employee wellbeing

Chapter Two discussed perspectives on HRM. It discussed the mainstream perspective that HRM has a positive effect on employee wellbeing by adopting practices that elicit and control the behaviours that contribute to overall organisational performance, and in turn, enhance working life in an organisation (Wright and MacMahan 1992). Thus, the belief behind mutual gains is that HRM fosters employee wellbeing in a way that ultimately results in improved operational and financial performance for the organisation, making it a more pleasant place to work, whilst also directly improving the wellbeing of employees (Appelbaum et al. 2000; Guest 1997). It discussed the sceptical view of HRM, which deconstructs the notion of organisational performance into a multi-dimensional concept (Paauwe and Boselie 2005), whereby employee wellbeing is characterised as a parallel business outcome alongside

performance. Argued as two distinct, independent organisational goals, Boxall and Purcell (2008) propose that each is influenced by a separate set of HRM practices and that the practices that maximise employee wellbeing are not necessarily the same as those that enhance performance, and vice versa. It also discussed the pessimistic view of HRM and its view on organisational performance and employee wellbeing, as conflicting organisational outcomes, advocating there is a trade-off between employee wellbeing and organisational performance: organisational performance is achieved at the expense of employee wellbeing (Peccei 2004). Thompson's (2003) theory of 'disconnected capitalism', where employers face pressure to simultaneously honour employment relationship bargains and meet shareholder expectations, is identified as a central argument to this view. So, the debate of whether organisational performance and employee wellbeing are complementary or competing outcomes, is not new. It is, however, a debate within the field that continues to elude agreement, and which continues to be a key consideration in much wellbeing research, hence, it is a continuously evolving debate.

This research identified that management participants indicated, that, when necessary, they would prioritise organisational goals over employee wellbeing. It was evident across all research sites that staff believed wellbeing was only available to them when there was the space for it, i.e., when they were not under excessive pressure from the organisation, whether that be in a sustained (continuously excessive job demands) or temporary (peak in work cycle, often annual) manner. The perception of whether wellbeing was taken seriously or not also depended on where employees sat within an organisation, and their role. There were clear differences between the views of managers and employees and the further up the management scales participants were, the more obvious this became. As such, the findings of this research identified employee wellbeing and organisational performance to be competing outcomes, rather than complementary dimensions that could be simultaneously enhanced, treating wellbeing as a means to an end (performance), rather than an end in itself.

7.4 Reflections

In undertaking social science research, it is important for the researcher to take a reflexive approach to the way in which the research was conducted, including being transparent about that which could have been improved or could have been influential in leading to the identified research findings (Alvesson and Sköldberg, 2000). Reflexivity is a process through which individuals reflect upon their involvement in the construction of the social world. 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. As such, this section will consider three reflections: 1) absent voices in the research sample; 2) the appropriateness of the research design; 3) the role of the researcher in this research.

7.4.1 Absent voices

As discussed in Chapter Three, this research was conducted across five research sites, gathering a total of 71 interviews across head office and site-based managers and employees. The issue of absent voices

is concerned with the degree to which the research sample effectively captured the balance of people in the wider organisation. Though W-Org and E-Org were focused in one location, J-Org, N-Org and V-Org are spread across a head office and various site locations. Though the total population of the wider organisation is balanced more toward staff members working in site locations rather than head office, the research sample consisted more of staff members working in head office rather than in site locations. This is likely because the gatekeeper responsible for disseminating the research brief and research contact details was head office-based, and, as such, was more easily able to do so in the location in which they were working.

It is not possible to judge whether obtaining a research sample that comprised a greater number of site-based interviews, both with management and employees, would have led to different results. Though it is the case a research sample should strive to be representative of the larger population, the way in which the researcher was granted access to the research sites and participants meant it was not possible to ensure this.

7.4.2 Methodological reflexivity

The methodological decisions made during this research were justified in relation to the research aims. However, it is always possible that the research process could have been improved or strengthened, though the way in which this could have been achieved is subjective.

The level of access afforded to the researcher was relatively good; access was granted to the physical research site and in-depth interviews were held with all participants. However, as discussed in Chapter Three, whom the research information was disseminated to was beyond the control of the researcher. Similarly, the location in which the interview took place was also chosen on behalf of the researcher. In some organisations, as shown in the table in Chapter Three, the researcher was only able to go as far as the reception area, rather than being able to walk around the research site and experience the atmosphere and working environment first-hand. As such, there was no opportunity to support the interviews with observations or engage in informal discussion with any other staff members, which could have bolstered the research findings.

Similarly, though the choice of qualitative methods (semi-structured interviews) was justified in the methodology chapter, an alternative method, such as focus groups or an ethnographic study, might have yielded different research results, either furthering or contradicting that which this research has found. A mixed-methods approach to the study might also have offered a different, more comparable dimension, with a quantitative feature going some way towards generalisability. That said, the richness of this study lies in the nuanced, contextual factors that qualitative case studies allow, so consideration would need to be given as to whether adding a quantitative element would enrich or dilute this nuanced account.

Given this research was carried out within the social sciences, this study has focused its attention on social practices related to workplace wellbeing, as opposed to the 'natural' sciences, which might seek to provide physiological or psychological accounts of wellbeing, as well as seeking to provide an account of the biological processes involved with wellbeing practice. Similarly, in considering this research from the perspective of critical management, attention is paid to power relations in the workplace, particularly where responsibility for the wellbeing of employees lies, with the intention of identifying harmful workplace practices and changing the practice of wellbeing at work. This is preferable to approaching the research from a managerialist perspective which neglects the analysis of power relations in favour of concerns over function and efficiency.

7.4.3 Epistemic reflexivity

Examining the position of the researcher within the research process is an important part of social science research, acknowledging that the research is a product of the researcher, and that their assumptions and bias will undoubtedly have an impact on the research. Though the ethical approval process and a degree of self-awareness go some way to mitigate this, it is not possible to disassociate the positions and beliefs of the researcher from the research outcomes entirely.

In the case of this research, wellbeing at work is a concept the researcher was familiar with, having been an employee in a workplace herself. As such, whilst there was a professional distance between the researcher and the topic, because of the researcher's awareness of other research on this issue, it was not possible to completely remove the researcher's own perceptions of workplace wellbeing from the study. Without greater distance between researcher and topic, there is the possibility of subconscious biases impacting the research findings.

It is also not possible to ignore the fact that, regardless of the distance between researcher and topic, all decisions made in relation to the research were that of the primary researcher, with her interest in the field of workplace wellbeing driving the undertaking of the study, alongside the academic justifications discussed in Chapters One and Two. 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. As such, if another researcher with a different experience and/or interest in wellbeing at work were to have carried out the study, they may have yielded alternative research results.

7.5 Potential future research

In addition to the evolving debates discussed in section 7.3, which offer possible future research opportunities, there are also several other possible avenues future research could explore. Building on the first reflection in the previous section (7.4.1), a future study that has a research sample which better represents the wider population would help in addressing the potentially absent voices in this research.

Whether this be across similar contextual settings or not, more control over the makeup of the research sample may result in different findings, or, indeed, the same findings, going someway to saying that absent voices in this study did not detract from the accuracy of the findings. The practicalities associated with this would need to be considered by the researcher. As part of negotiating such practicalities, consideration could also be given to obtaining a greater level of access to the research sites, where it is possible to make observations and possibly draw on other qualitative research methods to give an even greater depth of understanding than this study allowed.

As part of the consideration of a management-enabled wellbeing environment, research into wellbeing as a mainstream consideration in all organisational decision making, beyond that of wellbeing-specific decisions, would be an interesting route for future research. It could be argued that the way to go about creating such an environment would be to undertake research of this type. So, research which investigates the feasibility of this, whether management believe they already do this, whether there is a disconnect between management and employees about this, etc., would potentially yield fruitful research results with further implications for the practice of workplace wellbeing. In a similar vein, research which looks at the development of a management-enabled wellbeing environment, beyond that of organisational decision making, considering perhaps working practices and management styles, would also add another interesting dimension to wellbeing research.

The third contribution of this research, concerning the role of line management in managing employee wellbeing, is the least developed of the three. The focus of data collection in relation to the role of management was that of their position in the implementation of wellbeing initiatives. Whilst this is an important aspect of their role, as discussed in this thesis, more consideration could have been given to the role of line managers before this point, inducing how their attitudes, beliefs and working practices support or undermine employees' willingness or likeliness to engage with wellbeing initiatives and associated practices, such as EIP mechanisms.

As identified in Section 6.2, this research found no evidence that the HRM function or its practices were influential in encouraging employees to engage with wellbeing initiatives in any of the case study organisations. The research speculated that outsourced HR for two of the organisations and the devolution of responsibility for employee wellbeing to line managers across all organisations may have accounted for this. Though employees were made aware of the wellbeing initiatives offered by the organisation via various static means (intranet, newsletter, etc.), the onus was on employees to seek out the information and engage accordingly, despite the CIPD (2008) identifying HRM practitioners as playing the central role in the wellbeing agenda in an organisation, as they are able to integrate the necessary practices into the organisation's everyday operations. Accordingly, a future stream of research could further investigate the role of the HRM department in employee wellbeing and consider

whether it could play a more active part in encouraging employee engagement with wellbeing initiatives, particularly as the landscape of workplace wellbeing changes in a post-COVID workplace.

7.6 Overall conclusion to thesis

The account of workplace wellbeing shown in this thesis is one that speaks to employees being generally insufficiently considered in the management of their own workplace wellbeing, particularly in the development of wellbeing initiatives that are designed for their use. The research findings demonstrate an intensified accountability for employees in the management of their own wellbeing at work, echoing that of the neoliberal shift being seen in wider society, with a decontextualised view of wellbeing as being unimpacted by wider workplace policies, procedures, and practices.

The research findings identify factors that are affecting the success of wellbeing initiatives, including how employees understand wellbeing, employee involvement and participation in the development of wellbeing initiatives, and the role the line manager plays in the management of employee wellbeing. The research findings also offer a contribution to the wellbeing literature: that there is a need for a management-enabled wellbeing environment as a pre-requisite of successful wellbeing initiatives, that there is a disconnect between management and employees in many aspects of workplace wellbeing, and that the role of line managers in managing employee wellbeing is multi-faceted.

Considering the critical management perspective of power relations in employee wellbeing, this thesis argues that to truly develop wellbeing initiatives employees can engage with to the improvement of their wellbeing, responsibility for the enabling conditions lies with management. That is not to absolve employees of all responsibility in the improvement of their own wellbeing; they would still need to engage with the wellbeing initiatives offered for such initiatives to be effective in their purpose. However, as identified in this research, certain conditions need to be met, and disconnects addressed, in order for wellbeing initiatives to be afforded the opportunity to be effective. Thus, this thesis concludes that until responsibility for creating said conditions and addressing said disconnects is pushed back to management, allowing for the contextualisation of workplace wellbeing, the expected gains from wellbeing initiatives will continue not to be realised.

As a result of the changes in working practices that have ensued since this research data was collected, brought about in the main by the COVID-19 pandemic, the discussions around workplace wellbeing have evolved. Life and work pressures placed on individuals during the COVID-19 pandemic have significantly increased awareness of the need for high levels of wellbeing at work and have raised employees' expectations of the need for wellbeing in the workplace and for organisations to respond. With 'The Great Resignation' (Cook, 2021) now a key consideration for all HRM departments, the redressing of wellbeing initiatives away from benefits offered by an organisation to distinguish itself from its competitors to a standardised offering, is likely to be seen, as wellbeing takes a central position on the organisational agenda. As an area of study, research that considers the embedding of wellbeing

into organisational decision making would advance the field and enable workplaces to meet the contemporary and undoubtedly prevailing expectations of both current and future generations of employees.

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<u>Appendices</u>

Appendix 1: Employee interview schedule

Appendix 2: Management interview schedule

Appendix 3: Ethics approval form

Appendix 4: Research brief

Appendix 5: Consent form

Interview Schedule – Employee
_____

1. Discuss job role/time in role and organisation/any other roles in org/currently FT or PT/what does that look like to you?
2. Tell me about the organisational culture
3. How would you describe an overall picture of staff wellbeing?
4. How are you defining wellbeing there?
5. Who is responsible for staff wellbeing – employer or employee or both?
6. What has the most significant impact on your/employee wellbeing here?
7. Talk me through the introduction of a wellbeing initiative (explain what meant by 'work-life' and give chance to discuss their definition)
   a. Where do ideas come from? (Top-down/bottom-up)
   b. Do you get the chance to put forward ideas?
   c. Are staff consulted on how they think new ideas should look 'on the ground'?
   d. How are new policies communicated to staff?
   e. Can staff feedback on them after they have been introduced? Formally or informally? How?
   f. (Thoughts on how policies are implemented – define policy implementation)
8. In terms of what the organisation provides, are policy-makers and end-users in sync?
9. What do you believe is the purpose of a wellbeing initiative policy?
10. Where do you think the boundary is of workplace wellbeing initiatives in influencing the lives of employees out of the workplace?
11. Do you access any wellbeing initiative?

YES
12. Which one(s)? What does it look like to you?
13. Has it improved your wellbeing? (If multiple, which one most useful and why)
14. What about work-life balance - or opposite in that take on extra workload to compensate?
15. What was the process you had to go through to access the policy?
16. What was most influential on how you went about this?
17. Did it look in practice how it was presented on paper?
18. Would you say the same process and influences would apply to other work-life policies?
19. Has it/they tackled the root causes of poor wellbeing or are they dealing with the peripheral issues?
20. Which policy is most valued/appreciated by you/staff?
21. What else would you like to seem offered?
22. Are there any other informal arrangements available/in place?

NO
11. Why not? [What has stopped you?]
12. Do they tackle the root of poor wellbeing or are they too superficial?
13. What about work-life balance?
14. What would have the greatest impact on your ability/likeliness to access a policy?
15. Which policy do you think is most valued/appreciated by staff?
16. What do you think the organisation should offer that it doesn't currently?
17. Are there any other informal arrangements available/in place?

Interview Schedule - Management

_____
_____

23. Discuss job role/time in role and organisation/any other roles in org/currently FT or PT/what does that look like to you?
24. Tell me about the organisational culture
25. How would you describe an overall picture of staff wellbeing?
26. How are you defining wellbeing there?
27. Who is responsible for staff wellbeing – employer or employee or both?
28. What has the most significant impact on your/employee wellbeing here?
29. Who holds responsibility for developing and implementing work-life policies in organisation? (explain what meant by 'work-life' and give chance to discuss their definition)
30. Talk me through the introduction of a new work-life policy?
    g. Where do ideas come from? (Top-down/bottom-up)
    h. Do staff get the chance to put forward ideas?
    i. How are new policies communicated to staff?
    j. Who is involved/consulted?
    [With a focus on the interplay between organisational actors, including both internal (senior management, line management, HR, Occupational Health, trade unions, and employees) and external (Government, consultants and trade unions)]
    k. How do/which actors interact; what impact does this have on the implementation process?
    l. Can staff feedback on them after they have been introduced? Formally or informally? How?
    m. What is considered as a 'successful policy'?
    n. (Thoughts on how policies are implemented, well or not – define policy implementation)
31. What do you believe is the purpose of a 'work-life' policy?
32. How have you decided which work-life policies to offer (beyond the statutory requirements)?
33. Where is the boundary of work-life policies in influencing employees lives in/out of the workplace?
34. Which policies do you think most improve wellbeing and work-life balance?
35. Do they tackle the root of wellbeing issues or are they focused on peripheral issues?
36. Do you personally access any work-life policies? Which one(s)? Why? How did you operationalise that – is this the same as a staff member?
37. What other policies would you like to be able to offer in your organisation?
38. Are there any informal arrangements available/in place besides the official policies?

Appendix 3: Ethical Approval Form

The ethics approval form is dated 25th May 2021 as a result of an administrative error, however, approval was given on 30th April 2018, before data collection commenced.

Cardiff Business School
Ysgol Busnes Caerdydd

Rachel Cook
Cardiff Business School
Cardiff University

25 May 2021

Dear Rachel,

Ethics Approval Reference: 1617078

Project Title: An investigation into work-life policy implementation.

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 the best of luck on the completion of your research project.

Yours sincerely,

Electronic signature via email

Dr Carmela Bosangit
Deputy Chair of the School Research Ethics Committee
Email: CARBSResearchEthics@cardiff.ac.uk

PhD Research Brief

This research is concerned with the implementation of work-life policies and the impact this has on employee wellbeing.

The questions under investigation are as follows:

1. Given their ambiguous definitions, what do organisational actors understand by the terms 'work-life policy', 'policy implementation' and 'wellbeing'?
2. How are work-life policies implemented?
3. How is successful implementation quantified?
4. Are policymakers and users in sync with work-life policy inclusions?
5. Which implementation attributes are most influential on wellbeing?

Should you have any questions about these then please feel free to ask.

Participation in the research will require taking part in an interview with Rachel and the completion of an anonymised questionnaire. You will be required to sign a consent form prior to commencing the interview.

You can contact Rachel at CookRE@cardiff.ac.uk before the day of the interview should you have any queries about participation or the research project itself. Alternatively, you are able to contact the research supervisor, Professor Keith Whitfield, at Whitfield@cardiff.ac.uk.

I would like to take the opportunity to thank you in advance for your participation in this research.

Kindest regards,

Rachel Cook

Declaration of Informed Consent

This study is being conducted by Rachel Emma Cook, PhD Student at Cardiff Business School and Cardiff University, under the supervision of Professor Keith Whitfield, contactable at the email address: Whitfield@cardiff.ac.uk

I am aware that my participation in this study will involve an interview with the researcher and am happy for the findings to form part of a PhD thesis due to be published in the academic year 2019-20. I am aware that the data collected may also form part of presentations regarding the PhD research and future publications in journal articles.

I am aware that I may withdraw from the research process at any point by contacting Rachel at CookRE@cardiff.ac.uk. I am aware that I can also withdraw by contacting Professor Keith Whitfield. Should I wish to withdraw, I am aware that any data relating to me or the information discussed in my interview will be immediately destroyed. I am aware that I am able to take a break from, or end, the interview at any point.

I am aware that I can request a copy of the research report (the PhD thesis) at any point from Rachel after production, and a copy of the data collected relating to me at any time.

I am aware that all information will be held anonymously in a secure database in accordance with the Data Protection Act and that no comments or information will be traceable back to me.

I am aware of the contact details for the researcher and researching supervisor to make enquires or requests for information/feedback at any time.

I am voluntarily taking part in this research.

Signed:

Date: