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## Corporate Wellness: What, Why Not and Whither?

### *Abstract*

This paper addresses three questions concerning corporate wellness. The paper defines corporate wellness as a form of worker wellbeing distinct from workplace health promotion (i.e., what). It offers a range of theoretical perspectives on how corporate wellness might contribute to firm performance as a means of demonstrating the problems inherent in corporate wellness (i.e., why not). Finally, it advocates a move away from corporate wellness (i.e., whither) and calls for attention to more traditional components of human resource management as a means of achieving mutual gains.

Keywords: employee relations, wellbeing, corporate wellness, HRM, social legitimacy

### *Introduction*

Whereas much of the mainstream human resource management (HRM) literature has focused on the contribution of HRM to the economic performance of the firm, HRM also has a role to play in the social legitimacy of the firm (see Boxall and Purcell 2016: chapter 1). The twin purpose of HRM (economic performance and social legitimacy) serves to distinguish between two approaches to worker wellbeing that feature in this paper: workplace health promotion (WHP) and corporate wellness (CW). As is discussed in greater detail below, WHP is more closely aligned with the social legitimacy objective of HRM, while CW represents the economic performance objective. Interest in the economic benefits of workforce wellness is high with important contributions to this journal (see for example Moore and Piwek 2017; Zheng et al., 2015) – and with studies linking worker wellbeing with financial performance (see for example, Grossmeier et al., 2016), improved health among sick employees and increased productivity (see Gubler et al., forthcoming).

Despite, conflicting evidence of the economic benefits of worker wellbeing (see, for example, Fenton et al., 2014; Hull and Pasquale 2017), CW has become a boom industry estimated to be worth around \$43billion globally (Dodd 2017). The purpose of this paper is to provide a robust interrogation of CW. The paper begins with a definition that distinguishes CW from WHP, thereby addressing the *what* of the paper title. Next, the paper considers a non-exhaustive, but nonetheless comprehensive range of theories that purport to explain the ways in which CW might “work” to provide the firm with an advantage through employee behaviours. In setting out these theories of CW, the paper establishes foundations for assessment of CW and thus proceeds to consider the reasons why CW might create problems for the firm: exacerbating [mental] health issues and generating disruptive and dysfunctional outcomes (i.e., the *why not* of the title). Finally, the paper considers an alternative route to worker wellbeing (and increased firm performance very much as ancillary) that focuses on remuneration, employment security and voice. It also cautions against the measurement of outcomes, whether corporate or individual worker outcomes, due to the potential detriment to worker mental health and social cohesion (i.e., *whither*).

### ***What is CW?***

Terminology is very important to this paper and the terms worker wellbeing, workplace health promotion (WHP) and corporate wellness (CW) are presented as separate and distinct. Worker wellbeing is the umbrella concept that encompasses WHP and CW. The difference between WHP and CW is best understood in relation to the purpose of worker wellbeing initiatives. WHP is an initiative promoted by the World Health Organisation that encompasses any corporate policy designed to encourage healthier lifestyles among staff (see Quintiliani et al., 2008) and designed to benefit society by reducing chronic diseases through ‘healthier eating and regular physical exercise’ (ibid: 5). As such WHP is clearly an expression of corporate social responsibility and is consequently testament to the social legitimacy of the firm.

A business case has been presented in order to encourage the adoption of worker wellbeing initiatives and WHP. From this business case emerges corporate wellness (CW): a term used to distinguish

wellbeing initiatives that are inspired solely by the business case for worker wellbeing or as Maravelias (2016: 14) puts it, where wellbeing investment 'reveals its neoliberal face most explicitly'. CW is a response to 'illness-related loss of productivity due to absence from work (absenteeism) and reduced performance while at work (presenteeism)' (Mattke et al., 2013: xiii). Rather than demonstrating the social legitimacy of the firm, CW involves an 'intensification of the links between wellness and economic interest' (Dale and Burrell 2014: 3) thereby relegating social legitimacy to an ancillary position, clearly aligning the purpose of worker wellbeing with the economic objective of HRM.

The appetite for CW in the UK is understandable. Absenteeism, along with its equally problematic twin presenteeism, can be extremely costly to UK businesses. Office for National Statistics (ONS) figures reveal that 137million working days were lost to sickness in 2016 (4.3 days per worker) with £18 billion in lost productivity. Moreover, the UK has been referred to as the fat man of Europe', topping the European obesity league with around one quarter of the population estimated to be obese (compared to around 16% of French people). The cost to the firm of presenteeism has been estimated at almost double that of absenteeism (Lelliott et al., 2008). The consequences of presenteeism include: a reduction in productivity due to the illness; the potential for illness contagion by colleagues thereby increasing the costs associated with absenteeism and presenteeism; the exacerbation of existing illness; and reduced safety if mistakes or poor decisions are made (see Garrow 2016: 2). Indeed, evidence from the UK also connects wellbeing programmes with a reduction in absenteeism: lower instances of absence due to sickness were recorded in 82 per cent of workplaces that had introduced employer wellness programmes (ERS 2016). On the face of it, wellbeing programmes that improve the health of the worker and contribute to the economic performance of the firm exemplify mutual gains initiatives, but as Greasley et al., (2012) point out the link between wellbeing and performance have not been demonstrated.

In response to the growing interest, Guest (2017) has asked whether CW is indeed the optimum means by which firms can improve worker wellbeing and thereby the economic performance of the firm. He

duly notes that worker wellbeing must also include attention to the broader employment relationship in order to achieve the mutual gains promised by advocates of worker wellbeing programmes.

Omitted from Guest's assessment is a theoretical exposition of the way in which CW works towards worker wellbeing and firm performance. Theoretical framing of this kind serves both to further distinguish CW from WHP and to facilitate a critical assessment of the potential advantages (and disadvantages) of CW. Four theories are used in order to achieve this end. These theories do not represent an exhaustive list, for example, the paper does not engage with explanations of how and why CW enhances profitability by harnessing consumer goodwill and continued (increased) custom. However, the theories represent a variety of perspectives on how might contribute to economic performance.

### ***Why Not? Theorising CW***

It should be noted at this point that the argument made in this paper is not that either WHP or CW necessarily impacts on employees according to any of the theories covered in this section, but that these theories might be invoked to explain any impact where it occurs. The theories that follow are conceptually anchored by the indeterminacy of labour power, i.e., that worker effort cannot be fixed (Smith 2006) because the employment relationship is necessarily open-ended and incomplete (Edwards 2003) and so worker effort must be negotiated. If policies used in the management of people elicit worker effort then they might be said to *activate productive potential*: inspiring effort that might otherwise remain only potential. Productive potential is activated either by managerial coercion (that is via control imposed on the worker through reward and discipline, for example), or via worker consent (whereby the worker perceives a normative pressure to engage in effort) (Burawoy and Wright 1990). The first theory of worker wellbeing draws on (consent based) social exchange theory (Cropanzano et al., 2017), invoked to explain the way in which HRM, for example, contributes to the competitive advantage of the firm by creating an environment of work that leads to a more positive employee experience of work (Wayne et al., 1997; Whitener 2001). It is argued that HRM –

perceived as an expression of organisational support (Eisenberger et al., 1986) – precipitates greater worker effort from employees who reciprocate (Gouldner 1960) organisational support with support for the organisation manifest in discretionary effort and organisational citizenship behaviours. This theory highlights a critical difference between WHP and CW. Whereas, the organisation might yet face resistance to particular forms of WHP such as smoking cessation programmes from employees because such initiatives impact on their personal lives, such resistance is likely to be limited to the actual programme and by only those affected. One might reasonably expect employees in general to view WHP (with its univocal employee centred health and wellbeing benefits, and more importantly perhaps the absence of anticipated and evaluated firm outcomes) as an expression of organisational support. Moreover, resistance to a specific initiative because of its impact on one's personal life and the perception of a broader integrated programme of WHP as an expression of organisational support are not mutually exclusive.

Key to reciprocity and social exchange is the notion that in the giving one party is not generating a contract such that reciprocation is guaranteed. The norm of reciprocity is precisely that – a norm. It is not the rule of reciprocity. Recall Gouldner's discussion wherein he argues that reciprocity is not unconditional: it is contingent upon amongst other things 'the motives imputed to the donor ("without thought of gain"), and the nature of the constraints which are perceived to exist or to be absent ("he gave of his own free will...")' (Gouldner 1960: 171). As studies have shown, workers respond in idiosyncratic ways to HRM policies depending on how they perceive managerial intent (Meyer and Smith 2000; Author). Indeed, studies have shown that the success of wellbeing initiatives have been moderated the broader context of work, e.g., work intensification, and managerial commitment to the wellbeing agenda (Greaseley and Edwards 2015). WHP meets these criteria – investment in worker wellbeing given freely and free of anticipated gain – while CW does not.

Moving on to a normative theory, one might explain the impact of worker wellbeing in terms of social control exerted over workers (Holmqvist 2009). Through this lens, worker wellbeing is seen as a form of corporate social responsibility: investment made by the firm for the purposes of societal gain through the health and wellbeing of its constituents from which the firm benefits as a consequence of

the consequent normative pressure on workers to meet organisational goals. From this perspective, worker wellbeing is seen as a fundamental good and consequently, there is a normative imperative for employees to engage with the initiatives introduced by management. Employee behaviour is then circumscribed by the norms associated with the initiative.

For employees who perceive these wellbeing initiatives as a form of WHP, the actual health outcomes of wellbeing initiatives, for example weight management or smoking cessation, may become of ancillary importance to the behaviours that are anticipated as a consequence, e.g., increased productivity or reduced sickness absence. Employees perceive a normative obligation to increase their effort and take less time off whether or not they lose weight or give up smoking because WHP creates more powerful behavioural and evaluative norm adhered to out of a sense of responsibility and fairness (Burawoy and Wright 1990). Through this lens, WHP is an extremely powerful expression of the hegemonic (consent) based model of management that inspires effort because workers feel that they ought to do more for a firm that contributes to societal health. Worker wellbeing perceived as a means of enhancing the economic performance of the firm (i.e., as CW), on the other hand, is more closely aligned with a domination model of management at the heart of which is surveillance of performance across a range of work and extra work metrics (see, for example, Hull and Pasquale 2017; Dale and Burrell 2014). The normative theory of wellbeing thus does not apply to CW.

In theorising CW, the detrimental potential of worker wellbeing becomes evident. A third explanation of the impact of worker wellbeing on firm performance is an adaptation of the labour process theory of high performance work systems posed by Ramsay and colleagues (2000). The authors aver that high performance work systems result in autonomy and responsibility for work do not result in positive outcomes for the employee such as job satisfaction, thereby increasing productivity due to worker enthusiasm or reciprocity. Rather they suggest any employee gains in terms of discretion, autonomy and responsibility for the task lead to negative outcomes such as work intensification and insecurity and ultimately job strain as more is expected of employees who feel personally responsible for the success or failure of their work. Where the aim of worker wellbeing is entirely focused on firm performance, as it is within CW, we might anticipate similar outcomes for the employee. In much the

same way, CW operates by exerting pressure on employees to meet inflated expectations of output productivity or quality for example. The argument here is that, irrespective of any positive impact of CW on employee health, the introduction of such initiatives and the measurement of the impact of such initiatives on employee performance lead to the perception among workers that they must invest greater effort, so that work intensification, insecurity and work strain ensue.

Whereas the employee wellbeing outcomes of CW may be ancillary to work performance outcomes, the wellbeing outcomes may nonetheless add a potent additional form of strain and anxiety. Aside from the intensification of work, the pressure exerted by CW may be felt not only in relation to the achievement of work targets, but felt also in relation to the achievement of explicit health targets (see Lupton 2014). Whether or not the employer explicitly links success in health targets to outcomes such as pay and promotion, it is not unreasonable for the employee to make this connection. Consequently, workers may perceive pressure to lose weight, for example, in order not to face punitive organisational measures. The paper returns to this point below.

Thus far the paper has focused on the way in which worker wellbeing operates by encouraging workers to contribute more of themselves. Advocates have expressed the effect of worker wellbeing in terms of its impact on the health of the worker, reducing likelihood of ill health (and consequent absence) and/or increasing physical and mental capacity so that the worker is able to do more for the firm (see Gubler et al., forthcoming). With the explicit objective of economic performance, this fourth theory applies to CW and involves a shift from outputs, i.e., how it encourages worker effort (or capability), to inputs, i.e., the way in which it enables the worker to do more (or capacity) for the firm. Through CW, management seeks not only greater effort from employees but for employees to make lifestyle choices that increase their capacity to contribute to the firm. Thus the ‘imperative of valorisation’ (Knights and Willmott 1990: 5) is extended beyond the workplace, especially if the aim is to ‘increase physical activity at work, at home, or in both domains’ (Calderwood et al., 2016: 1106). Through CW, management is no longer solely concerned with the ‘realisation of productive effort’ (Knights and Willmott 1990: 4) or activating labour power potential, but also with the extra-work,



social existence of employees and the decisions they make that either *generate productive potential* or else undermine it.

If we follow the logic here then it is not only the workplace that is contested terrain (Edwards 1979), but also the extra-work lifestyle choices of the worker as CW extends the employment relationship to encompass behaviour beyond the workplace, for example, activity levels and diet. In this way, CW also extends the structured antagonism inherent in the employment relationship: that the economic interests of employees are served by cooperating with management towards the success of the organisation, despite the exploitative nature of the relationship and the consequent antagonism towards management (Edwards 1986). The structured antagonism of CW runs as follows: there are possible health and wellbeing interests benefits that accrue from cooperation with management in CW (e.g., with regards to diet and exercise), but nonetheless the exploitative purpose of CW (i.e., that employees are consequently expected to make a greater contribution to the firm) is clear. The importance of this interpretation of CW will become clear in the next section that considers the dysfunctional outcomes of CW.

CW as an expression of structured antagonism introduces another point of resistance in the employment relationship (James and Zoller 2018). Moreover, CW represents what is for many an abstract notion of exploitation in a literal sense. The line of sight (Kessler and Purcell 1992) from CW to firm performance and the relationship between the two (i.e., how engaging in CW contributes to firm performance) is far less clear than the relationship between effort in one's job and job performance. In effect, CW extends managerial control beyond the ambit of the workplace and during working time and into lifestyle choices made during social and family time. To be sure, workers tolerate exploitation in the valorisation of their labour and the intensification of work more readily because there is a very clear, functional reason to do so. Engaging in physical activity and altering lifestyle choices not only encroach on extra work life, but also have a less clear impact on firm performance and so CW appears to be more objectionable. If so then employees may resist CW with resistance manifest in the comparatively innocuous refusal to participate to the more damaging

withdrawal of labour at an individual or collective level. Therefore, there is the possibility that CW *arrests productive potential*, rather than activating it.

A second issue arises out of the measurement of wellness outcomes, whereby the ‘corporate athlete’ becomes synonymous with success and the pinnacle of contribution to the firm. Consequently, the able bodied are lionized (James and Zoller 2018; Cederstrom and Spicer 2015) and those ‘employees that are able to make use of their whole selves as corporate resources’ (Maravelias 2016: 15) are idealized. In this way CW serves to further marginalize and stigmatize the unfit, unhealthy or those with disabilities (see James and Zoller 2018; Basas 2014; Foster 2017; Cederstrom and Spicer 2015) - undermining social relations at work and leading to social exclusion and discrimination (see Calderwood et al., 2016: 1107).

As mentioned briefly already, CW as work intensification can adversely affect the mental health of staff (see also Cederstrom and Spicer 2015) where employees are unable to ‘compete’ with the corporate athlete in the example above and where they are consequently subject to higher levels of work strain. In this way CW *erodes productive potential* creating anxiety and stress. Rather than becoming as a source of improved wellbeing, CW is potentially a source of corporate illness.

### ***Whither CW?***

Guest’s (2017) recent review of the HRM literature clearly illustrates the way in which HRM *might* contribute to the wellbeing of workers. Here, Guest identifies five sets of HRM practices that contribute to employee wellbeing including the creation of a positive social and physical environment (encompassing employment security and fair rewards/high basic pay) and provision of effective voice. Remuneration, employment security and voice are featured in this paper because they have the potential to deliver obvious benefits for the worker, including mental and physical wellbeing benefits. Each of these policies also contribute to the economic performance of the firm and enhance the social legitimacy of the firm, especially in the context of increasing precarity and insecurity.

The intuitive and empirically demonstrable link between economic status and health of the worker (see, for example, Adda et al., 2003; Pritchett and Summers 1996; Smith 1999) is a good place to

begin a discussion of the positive impact of high pay on wellness. Financial wellbeing has been identified as one of the five essential elements of wellbeing (Rath and Harter 2010), while research confirms that high basic pay contributes to mental wellbeing (see Bryson et al., 2012). If the wage is guaranteed, workers are able to take time off, for example, in order to address legitimate health problems that might otherwise fester leading to further absence as a result of unresolved health conditions. As for a contribution to the economic performance of the firm, an efficiency-wage perspective (see for example Yellen 1995) proposes that high external equity in pay (i.e., offering pay and conditions that are comparable to or higher than those of competitors) is theoretically linked to a reduction in absenteeism because staff value their job and consequently demonstrate greater engagement (more effort, timeliness, lower likelihood of absence etc.). A crucial problem with CW is its punitive consequences. Failure to participate in or resistance to wellness might result in overt sanctions of one kind or another such as non-receipt of a bonus linked to participation, or more subtle sanctions associated with being deemed “unwell” (Dale and Burrell 2014) such as ostracism by peers (see James and Zoller 2018). A high basic wage that is guaranteed does not discriminate between staff and so has no such punitive consequences.

Likewise, there is a strong intuitive and empirically demonstrable connection between employment security and worker health in general (see, for example, Ferrie 2001; Ferrie et al., 1998; Ferrie et al., 2002; Heaney et al., 1994; Kuhnert et al., 1989; Sverke et al., 2002) and between employment security and mental health of the worker in particular. For instance, insecurity has been associated with stress and anxiety (Burchell 2009) and absenteeism (De Witte et al., 2010), while a causal analysis reveals the detrimental impact of job insecurity on mental wellbeing (De Witte et al., 2016). Employment security provides for the conditions under which employees are more likely to resolve legitimate illness, while less likely to contrive bogus health conditions. Hypothetically, secure employment should encourage workers to arrange and keep medical appointments that enable them to get well (thereby reducing presenteeism), rather than avoiding taking time off in order to resolve a medical condition for fear of losing one’s job as a consequence. Drawing on social exchange theory

once again we can make the case that support in the form of employment security will inspire reciprocation, whereby employees are less inclined to take unnecessary absence.

Finally, research has shown that high involvement management contributes positively to worker wellbeing (Boxall and Macky 2014; Bockerman et al., 2012) and there is an empirical correlation between participation and psychological health (Michie and Williams 2003). And why would it be otherwise? After all, employees will be aware of how to raise health issues; will feel able to raise concerns as they arise; and will be willing to do so if they have faith in the efficacy of the voice system. In the absence of an effective voice system – where employees are unaware, unable and/or unwilling to voice their health concerns – then management will be missing an important opportunity to resolve problems that are extremely costly (think back to the costs associated with sickness and absence presented above).

### ***Discussion and Conclusion***

It is important to make clear that the position taken in this paper is neither against investment in worker wellbeing in the form of WHP nor does it reject the argument that worker wellbeing might be, under the appropriate conditions, beneficial to the firm. Investment in the health and wellbeing of the workforce for its own sake (i.e., WHP) is a social good. The purpose of this paper is to discern CW as a distinctive dimension of the worker wellbeing debate, distinguishing it from WHP. The distinction is an important one both in order to make sense of the conflicting evidence and theory on worker wellbeing programmes and in order to point out the dangers inherent in CW.

In this paper the term WHP is understood according to the definition presented by the World Health Organisation encompassing policies implemented in the workplace designed *solely* to improve the health and wellbeing of staff for broader societal benefit. Drawing on the objectives of HRM, WHP might be seen as a form of corporate social responsibility and is therefore clearly a means of demonstrating social legitimacy, meeting one of the principal objectives of HRM (Boxall and Purcell 2016). Investment in the wellbeing of workers has been linked with economic performance as the firm benefits from healthier workers, thereby attending to the alternative principal objective of HRM

(ibid). The wellbeing-performance link has inspired a business case for investment in worker from which emerges CW, whereby initiatives that might benefit workers (improving their health and wellbeing), are designed ultimately to benefit to the firm by increasing the capacity of staff to work (i.e., generating productive potential) and harnessing greater effort by employees (i.e.,activating the productive potential of staff). In measuring the economic outcomes, CW eschews social legitimacy.

In order to further differentiate CW from WHP and to consider the problems associated with CW as a means of enhancing economic performance, the paper offers four theories of how either might work in this regard. WHP is framed by social exchange theory and normative theory. Increased employee effort is anticipated as a result of reciprocation and obligation respectively. Neither of these apply to CW. In terms of social exchange theory, reciprocation is contingent upon the motives imputed to the other in the relationship. And so, WHP represents investment freely given for the benefit of the other (and so reciprocation is anticipated), while CW represents a calculated investment in order to achieve an economic advantage (reciprocation is not anticipated). As for the normative theory of wellbeing, WHP reflects what Burawoy and Wright (1990) would understand as a hegemonic model of management that creates powerful evaluative and behavioural norms that promote employee effort. CW, on the other hand, that involves the measurement or surveillance of performance (that may range across a variety of health and economic performance criteria) is clearly an expression of the domination model of management.

The impact of CW on performance can be understood according to an adaptation of the labour process theory of high performance work systems (Ramsay et al., 2000) wherein greater work effort is anticipated as a consequence of work intensification, insecurity and work strain. Applied to CW, one might expect a deterioration in workforce mental health as a consequence of the anxiety caused by the need to meet health and economic targets. If so, then CW is detrimental to the workforce and undermines any gains made. Finally, the paper addresses the potential for CW to add to workforce capacity (or generate productive potential). This in turn creates another point of conflict in the employment relationship and making concrete the structured antagonism that is for many workers an abstract concept. As management control extends into the social and familial lives of workers,

exploitation is more keenly perceived and so resistance in the form of individual and/or collective disengagement or labour withdrawal is a likely consequence.

In sum then, the paper sounds a cautionary note about CW if the preoccupation with metrics and measures of outcome prevail. The paper avers that efforts by management to measure the impact of CW on economic performance via worker health thereby sets (potentially arbitrary) targets for wellbeing, formalises the distinction between the well and the unwell or sick and invariably results in dysfunctional outcomes. Moreover, it identifies alternatives to investment in CW – an initiative that assigns blame to workers for their ill health and the productivity gap – that meets the objectives of social legitimacy and economic performance. Rather than investing in policies that even if successful in raising one area of economic performance are likely to undermine those gains in another, the paper supports Guest's call for a focus on more traditional areas of HRM. The paper sets out a clear argument in favour of higher levels of remuneration, a commitment to employment security and robust communication mechanisms and effective employee voice as fundamental aspects of a HRM strategy towards worker wellbeing. Research shows that these policies are positively associated with the mental and physical wellbeing of the workforce. There is also theoretical support where there is an absence of empirical data to show a link between high wages, employment security and effective employee voice on firm performance. The paper this promotes a HRM strategy marked by these dimensions as an alternative mutual gains model of worker wellbeing.

To conclude, several avenues emerge as routes for future research. First, the theoretical frames introduced in this paper might be tested by empirical research into the nature of worker wellbeing initiatives that also explores employee response to either initiative. Further research is needed into the long term effects of CW programmes that investigate whether [any] gains made are sustained over time. Finally, holistic research is needed into the impact of remuneration, security and voice on worker wellbeing as a mediator of economic performance. In these ventures the author advocates the use of longitudinal studies that employ multiple methodologies, of which qualitative methods are key in order to comprehensively understand the experience of workers subject to wellbeing.

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