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**The Contribution of Social Support to
Employee Psychological Well-being: an
exploratory mixed-methods case study**

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DECLARATION

I declare that this thesis is my own work and that I have composed it myself.

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Abbreviations

ACAS	Advisory, Conciliation and Arbitration Service
AXA	Health insurance company
BITC	Business in the Community
BHPS	British Household Panel Survey
BPS	British Psychological Society
CBI	Confederation of British Industry
CBS	Central Bureau for Statistics
CIPD	Chartered Institute of Personnel and Development
EA-OHP	European Academy of Occupational Health Psychology
EAWOP	European Association of Work and Organizational Psychology
ESRC	Economic and Social Research Council
GHQ	General Health Questionnaire
HR	Human resources
HRM	Human resource management
HSE	Health and Safety Executive
IiP	Investors in People
JDC	Job Demand Control model
JDCS	Job Demand Control Support model
JDR	Job Demand Resource model

LFS	Labour Force Survey
LM	Line manager
NEF	New Economic Foundation
NICE	National Institute for Health and Clinical Excellence
OECD	Organisation for Economic Co-operation and Development
ONS	Office of National Statistics
POS	Perceived organisational support
PssFam	Perceived support from family
PssFr	Perceived support from friends
SAMH	Scottish Association for Mental Health
SCHWL	Scottish Centre for Healthy Working Lives
SHeS	Scottish Health Survey
WEMWBS	Warwick Edinburgh Mental Well-Being Scale
WERS	Workforce Employment Relations Survey
WHO	World Health Organization

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Abstract

Stress and mental health issues are now the most common cause of workplace absence. Increasing evidence points to the need for organisations to take steps to enhance well-being at work for employees. Social support has been identified as one key factor affecting employee psychological well-being, however, the definition and conceptualisation of the term continues to be debated. To date, research examining the relationship between social support and well-being at work tends to be predominantly quantitative and to prioritise work-based sources of support above other sources of support. Few workplace interventions aimed at improving employee well-being appear to have a specific focus on enhancing social support.

This thesis presents findings from a mixed-methods case study of a large, public sector organisation in Scotland. The study had four phases: an online survey (n=158), semi-structured interviews (n=31), a diary phase (n=11) and a final interview (n=11).

Higher levels of social support were associated with a higher level of psychological well-being. Findings highlighted the importance of various work and non-work based sources of social support, such as peer support and support from friends, and various dimensions of support too, such as 'distant vs. proximal' support. Potential negative effects of social support were also identified, for example, when perceived as interfering. Women reported higher levels of support and of positive mental well-being than did men. Interview and diary data revealed a range of contextual, organisational and individual factors that affected both access to and availability of social support, and the relationship between social support and employee well-being. Recent organisational changes appeared to be particularly influential. Employee opinion regarding existing organisational well-being initiatives varied on the basis of whether the support was formal or informal and in terms of perceived versus received support. Social support was valued highly by respondents with regard to improving employee well-being. Open and honest communication, physical presence of support and familiarity with context-specific knowledge were of particular pertinence.

This thesis contributes to knowledge in three ways. Substantively, the importance of examining social support more holistically is highlighted in order to better understand the relationship between social support and employee well-being. Methodologically, this mixed methods approach proved fruitful in generating a richness and depth of data largely untapped by previous, predominantly quantitative, studies. Finally, the findings have practical implications for HR personnel and policy makers as they offer an insight into the contribution of various sources and dimensions of social support to employee well-being, as understood by employees.

Chapter 1: Introduction

In the last 10 years, well-being has been topical on an international level (e.g. Stiglitz, 2009; Organisation for Economic and Co-operative Development, 2001; 2011) and at national government level (e.g. Black, 2008; Dolan, 2011). In 2010, the UK Prime Minister David Cameron announced his intention to introduce a national well-being index, indicating that health and well-being outcomes for the nation are to be given greater government attention.

The concept of ‘well-being’ is one that has been theorised and debated amongst academics for many years now. There are numerous definitions of well-being in existence (Danna and Griffin, 1999; Hird, 2003). In some instances well-being is used as a way to define health, for example, the World Health Organization (WHO; 1958) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.

Traditionally, use of the term well-being was fairly confined to the discipline of health and medicine. It is well documented now, however, that research interest in this field is cross-disciplinary (Huppert et al, 2007), spanning other domains such as public health, environment, economics, psychology and as in the case here, business and management.

This thesis sets out to investigate the contribution of social support to employee psychological well-being. The purpose of this is two-fold. Firstly, to examine employee awareness and understanding of their own well-being and the factors which may affect this, but also to inform future human resource policies so that individual and organisational performance can not only be maximised in the short-term but also sustained over a longer period. This is of particular importance in the UK due to the ageing demographic.

The purpose of this chapter is to provide a background to the study. Firstly, evidence will be examined of why employee well-being should be studied and well-being at work will be discussed in terms of the broader socio-economic context in the UK. Social support will subsequently be introduced as a key factor affecting well-being at work and the issue of social support in relation to managing well-being at work being worthy of consideration will be broached. The areas of debate raised in this chapter are central to the thesis and will be

revisited in the literature review. The motivation behind the decision to study this topic will be presented towards the end of the chapter, followed by a brief introduction to the present study. The chapter will close by indicating the structure of the remainder of the thesis. The specific research questions for the study are stated at the end of Chapter 2.

1.1 Why study well-being in the workplace?

Prior to the increase in attention to national well-being, well-being at work had received much attention from government directives but also from a range of key stakeholders, including academics, human resource professionals and health professionals. This can be attributed to the growing evidence base that poor well-being at work can have adverse implications for not only individual employees, but also for organisations and wider society.

Marks and Shah (2007) stated that “alongside a near doubling of economic output in the last 30 years, we have seen depression and mental illness rise...”. This indicates that the relationship between monetary wealth and individual well-being may not be positive. A recent report by the World Health Organization (2010) on workplace mental health acknowledged “...mental health problems have become one of the leading causes for absenteeism from work and early retirement all over the European Region.” Indeed, in the UK, stress and mental health issues have now become the primary reason for workplace absence (Chartered Institute of Personnel and Development, 2011).

Existing evidence indicates that being in employment is better for physical and mental health than being unemployed (e.g. Waddell and Burton, 2006; Marmot, 2010). However, the fact that mental health issues are a key reason for absence from work suggests that the relationship between employment and health and well-being may not be entirely straightforward. Marmot (2010) goes some way to addressing the issue by stating that the quality of work matters. Thus, the extent to which being in employment is positive for health and well-being may depend on the nature of the work being performed.

Identifying factors that affect well-being in the workplace is therefore vital to ensure that psychosocial working conditions are optimised. As proposed by Gilbreath and Montesino (2006) “An important opportunity for the HRD profession lies in assessing and reshaping the

psychosocial work environment to create a healthy, mentally focused workforce that provides their organization with a competitive advantage”.

1.1.1 The costs of psychological ill health in the workplace

Poor employee well-being has costs for individuals in terms of poor health status and potentially reduced earnings or job loss. This in itself is a valid reason for identifying factors affecting well-being at work and establishing ways in which well-being at work can be optimised. However, as mentioned earlier, there are also costs to organisations.

According to the Black review (2008), in the UK alone, the annual economic costs of sickness absence and worklessness associated with working age ill-health are estimated to be over £100 billion. This is greater than the current annual budget for the NHS and equivalent to the entire GDP of Portugal” (Black, 2008). According to the National Institute of Clinical Excellence guidelines (NICE, 2009), of this £100 billion, “mental ill health alone costs employers £28 billion”. A recent report from Investors in People (Bevan, 2010) on the business case for well-being stated that sickness absence is a huge cost in the UK, however, organisational costs are not limited to sickness pay. This report found that costs can occur in terms of “productivity, performance, NHS burden and to individuals themselves”. This was supported by a World Health Organization report (WHO, 2010) which stated that “Employees’ mental health status affects employees’ performance and rates of illness, absenteeism and staff turnover”.

The ageing demographic in the UK makes the challenge of sustaining a healthy workforce even more pertinent. Black (2008) reported that UK employers are bearing a significant proportion of the wider economic costs of ill-health, chronic disease and incapacity. Black proceeded to argue that the situation is likely to get significantly worse over the next two or three decades as the workforce ages and as the burden of chronic disease increases.

Given the potential adverse consequences for employees and organisations of poor employee well-being, it is important that organisations understand the range of factors that can affect well-being at work, and how best to manage well-being at work if a balance is to be achieved where both employee well-being and organisational performance can be optimised.

1.2 Well-being at work: the policy context

Reinforcing the academic evidence presented above, a number of recent policy and independent stakeholder publications acknowledged the importance of social support and social relationships in contributing to better well-being at work.

The Health and Safety Executive (HSE) Management Standards for work-related stress (HSE, 2005) are guidelines that were developed to provide organisations with comprehensive assistance of how to identify six key potential stress factors for employees. These Standards clearly incorporate the core components of Karasek and Theorell's (1990) model, described in Chapter 2. In brief, the key factors identified are support, control, demands, roles, relationships and change (HSE, 2005).

In a publication by the Scottish government, a healthy working life is defined as:

“one that continuously provides working-age people with the opportunity, ability, support and encouragement to work in ways and in an environment which allows them to sustain and improve their health and wellbeing. It means that individuals are empowered and enabled to do as much as possible, for as long as possible, or as long as they want, in both their working and non-working lives” (Scottish Executive, 2004)

This definition highlights the role of support and adopts a holistic perspective by acknowledging the importance of work and non-work.

The 'Five ways to well-being' report published by the New Economic Foundation (Aked, 2008) proposed “that social relationships are critical for promoting well-being and for acting as a buffer against mental ill health”. The five ways to well-being identified in the report were 'connect', 'be active', 'take notice', 'keep learning' and 'give'. Here, 'connect' acknowledged the importance of social relationships.

In terms of workplace interventions, the Workwell model proposed by Business in the Community (2011) cites 'better relationships', 'better specialist support', 'better work' and 'better physical and psychological health' as being pertinent to well-being in the workplace.

It is clear from existing research evidence and policy reports that support and relationships with others are key components of well-being. However, despite this recognition of the importance of social support for well-being, there is still much to learn about social support and the ways in which it can affect well-being. The next section provides an introduction to the relationship between social support and well-being.

1.3 Social support and well-being

Since the 1970s, there has been a growing body of research evidence which proposes that social support is a key factor affecting the general health and well-being of individuals (Shumaker and Brownell, 1984; Cullen and Whiteford, 2001; Kafetsios and Sideridis, 2006). In general terms, evidence suggests that those individuals who report high or satisfactory levels of social support experience greater levels of well-being.

As will be seen in Chapter 2, there are numerous definitions of social support. Shumaker and Brownell (1984), for example, conceptualised social support as “an exchange of resources between at least two individuals perceived by the provider or recipient to be intended to enhance the well-being of the recipient”. This definition highlights two key aspects that will be discussed further in the next chapter, that of ‘exchange’ and of social support as a ‘resource’.

Historically, much of the research that examined the effect of social support on health and well-being focused predominantly on physical health. However, some research has explored the effect of social support on mental health, for example, findings from the Whitehall II study (e.g. Stansfeld et al, 2002). Following the original Whitehall study in 1967 the, now famous, Whitehall II study, a large scale, longitudinal British study investigating social determinants of health, was established by Professor Michael Marmot in 1985.

In terms of workplace well-being specifically, empirical evidence has identified a range of factors influencing well-being at work, for example, job insecurity (Ferrie et al, 1998; CIPD, 2011) and organisational change (Loretto et al, 2009). Given the extensive existing evidence regarding the effect of social support on general well-being, it could be expected that social support is also a key factor affecting workplace well-being too. Indeed, Bakker and Demerouti (2007) reported that “social support is probably the most well-known situational

variable that has been proposed as a potential buffer against job strain”. This claim is reinforced by the dominance of ‘social support’ in empirical research and theories of workplace well-being, dating back to the 1980s. Examples of existing theoretical models of well-being at work which include social support are the Job-Demand-Control-Support model (Karasek and Theorell, 1990) and the Job Demand-Resources model (Bakker and Demerouti, 2007). These models will be considered further in Chapter 2.

The benefits of pursuing a reality where all stakeholders work together to improve well-being at work was encapsulated in a report by Investors in People (2007) which proposed that ‘a holistic approach to well-being is likely to reap improvements both in employee well-being and business performance’.

There is still much to learn about ways in which to improve employee psychological well-being. In terms of managing well-being at work, there are implications for HR professionals of poor employee well-being as this may adversely affect organisational performance too (Gilbreath and Montesino, 2006). Focusing on the role of social support in managing well-being at work is one way in which to redress this.

1.4 Motivation behind study

Prior to commencing my PhD, I was employed as a research assistant at the University of Edinburgh Business School. Before starting the job, I had recently completed an MSc in Health Psychology and I also held a BA (Hons) in Psychology. I became interested in the issue of employee well-being after being involved in a research project with collaborators at the University of Edinburgh medical school. The project was examining organisational change and the effect this had on the health of NHS workers. As with many other studies in this field, Karasek and Theorell’s (1990) Job Demand Control Support model was used to inform the research. It occurred to me that although social support was identified in this model as being important for well-being at work, the model conceptualised social support in a relatively narrow way by only taking into consideration support from others in the workplace. From my own experiences, I felt that non-work sources of support may also have an effect on well-being in the workplace. Furthermore, although the importance of social support to psychological well-being has been widely acknowledged, it seemed that there had been minimal investigation into appropriate interventions targeted to protect well-being at

work which focus specifically on enhancing access to, and availability of, social support. Consideration of anecdotal evidence suggested to me that many organisations who were keen to promote well-being in the workplace were doing so primarily with regard to physical well-being (for example, by subsidising the cost of healthy meals in the workplace canteen, or providing free fruit at work), whilst focus on ways to enhance mental health was less prominent. For me, this highlighted a stark oversight in terms of the current focus of employers as to what factors were affecting the health and well-being of their employees, and subsequently what initiatives were being put in place to enhance well-being. Issues such as employee perceptions of their working conditions, of treatment from managers and peers and the influence of non-work issues on employee well-being seemed to have received inadequate attention. Conducting this study was an opportunity for me to explore how one such factor, perceptions of social support, could contribute to employee psychological well-being, in terms of both individual and organisational level outcomes.

Studying employee well-being felt like a natural progression for me as it was a clear blend of my past and present interests. My motivation for applying to do a PhD, and on this topic in particular, stemmed from what I perceived to be clear gaps in research knowledge which I felt I was well positioned to address. My psychology background motivated me in terms of finding out more about how well-being affects individual employee outcomes, whilst my research at the Business School motivated me in terms of exploring how poor well-being can affect organisational outcomes. Furthermore, the majority of existing studies on social support and well-being were predominantly quantitative. I was interested in exploring these concepts through a qualitative lens too as I felt this could help overcome what I perceived to be limitations of existing research, for example, that the importance of context has to date been underplayed. Using qualitative methods, in conjunction with quantitative methods was one way in which such issues could be addressed.

1.5 The present study

Extant evidence suggests that improved levels of social support can enhance individual well-being, and reduce levels of psychological distress (Stansfeld et al, 2002; Rodwell et al, 2011) Further, in a workplace context, evidence indicates that improved individual well-being can enhance organisational performance and productivity (Boselie et al, 2005). This thesis seeks

to examine these issues further by exploring the contribution of social support to psychological well-being among employees in a large public sector organisation in Scotland.

Clear reasons have been identified in this chapter as to why well-being at work should be a priority for organisations. However, the challenge lies in determining what can be done by organisations to circumvent the potential adverse effects of poor well-being at work for individual employees and to reduce the significant organisational costs that are associated with workplace ill-health.

The focus of this research is timely given the increase in government and research attention to well-being in general, and in the workplace specifically, in recent years. Furthermore, this research is valuable in that it will not only give consideration to the factors which affect well-being at work (such as social support) but, as indicated above, consideration will be given to the implications of this for individuals and for human resource professionals in terms of managing employee well-being.

1.6 Structure of thesis

This opening Chapter provides a background to the study presented in this thesis. It has identified why well-being at work is important and introduced social support as a key factor affecting psychological, and physical, well-being. Chapter 2 goes on to review the literature on social support in relation to psychological well-being specifically, and concludes by stating the current gaps in knowledge in this field. The aim of the study, and the specific research questions to be addressed in this thesis, are then presented. Chapter 3 describes the research design and the methods used in this study.

The first of the results chapters, Chapter 4, serves to set the scene for the reader of the research findings to follow. This chapter builds on this Introduction chapter by giving details of the socio-economic context in the UK and also describes the profile of the case study organisation, incorporating the demographic profile of the study respondents. Chapters 5 to 8 present the findings from the case study in relation to the research questions. Chapter 5 explores the meanings and understandings respondents placed on the terms 'well-being' and 'social support', Chapter 6 examines the relationship between social support and well-being, and Chapter 7 presents findings on the role of social support in managing well-being at

work. Chapter 8 provides a discussion of the case study findings in relation to existing literature and also highlights novel results. Implications of the study in terms of theory, research and practice will be presented in this chapter. The methodological strengths and limitations of the research are also discussed here. Chapter 9 concludes the thesis by stating the contribution to knowledge this thesis provides, in relation to the gaps in knowledge highlighted in Chapter 2. Finally, informed by the case study findings and underpinned by evidence from the literature, potential areas for future research into well-being at work will be proposed.

Chapter 2: Literature Review

2.1 Introduction

As identified in the previous chapter, social support is a key factor contributing to well-being in general, and to well-being at work. The purpose of this chapter is to examine existing literature on social support and well-being in more depth, in order to get a better understanding of what the terms mean and of the relationship between the two.

This chapter will commence by presenting the literature search strategy and by framing the thesis. Definitions and dimensions of well-being and social support will then be discussed. Subsequently, the relationship between social support and psychological well-being will be explored. This will be done firstly in relation to existing theoretical models and then by examining a range of contextual, organisation and individual factors known to affect the relationship between social support and well-being. A shorter section on managing well-being at work will follow. The chapter will close by identifying gaps in existing social support research. The aim of the study and the research questions will be presented at the end of the chapter in light of the evidence discussed in this chapter and the subsequent gaps in knowledge that were identified.

2.2 Search strategy

The electronic databases Medline, PsycInfo, Business Source Premier and Web of Knowledge were used to gather data. Full text papers in the English language only were retrieved. The scope of literature review was confined to 'well-being' and 'social support' as 'keywords or explicitly stated topics' (see Cronin de Chavez et al, 2005). Both social support and well-being are terms which overlap with a number of other research areas. The original search spanned a 30 year period from 1977 to 2007. A later sweep, for the period 2008 to October 2011, was conducted to ensure any newly published literature was retrieved. By limiting the scope of the review this made the search more focused and, therefore, more manageable. A 'snowballing' search technique was also used by examining reference pages of papers that met the search criteria to identify other relevant material and sources.

The terms social support and well-being were also searched in relation to workplace related terms. Thus, the prefixes 'work...', 'employ...' and 'org...' were all searched. Retrieved articles were then filtered to distinguish articles on psychological well-being in particular from other dimensions of well-being. The review was based primarily on academic literature. However, given the relevance of the topic to other stakeholders beyond academics, other sources, such as conference papers, government publications, reports from relevant professional organisations and other 'grey' literature, such as business case studies, were drawn on where appropriate. These were identified through searching relevant and appropriate websites, either found through journal article reference lists or through awareness resulting from attendance at conferences and seminars and word of mouth.

As with the academic material, a similar snowballing technique was used to identify relevant organisations and websites from collated materials in order to broaden the search further and identify relevant publications or reports from previously unidentified yet relevant stakeholders.

2.3 Framing the thesis

As indicated above, it is important within the constraints of a doctoral thesis to delineate some limits to the literature search. Social support and well-being are both multi-dimensional concepts in themselves. In addition, there is also a substantial array of inter-related associated topics to both concepts (e.g. stress, work-life balance). The wealth of literature on both social support and well-being as topics in themselves is so rich and varied that to attempt to incorporate literature from other, albeit related, topic areas may not only prove unwieldy but mean that full justice is not done to the key concepts the PhD seeks to address. Thus, the main focus of the literature review will be on social support and well-being. Where appropriate, related research areas will be acknowledged throughout the thesis, these will not necessarily be reported on in the same depth.

There is an abundance of literature on the health and well-being of those individuals who are unemployed, on long term sick leave or experiencing difficulties entering, or returning to, work. The focus of this thesis, however, is on those of working age who are in paid employment. Prior to exploring well-being at work in more detail, the next short section gives an introduction to defining well-being more generally.

2.4 Well-being: an introduction

There are numerous definitions of well-being originating from a range of sources such as academia, government and independent stakeholders. One government publication defined well-being as “the subjective state of being healthy, happy, contented, comfortable and satisfied with one’s quality of life. It includes physical, material, social, emotional (‘happiness’) and development and activity dimensions” (Waddell and Burton, 2006). This definition clearly depicts the multi-faceted nature of the concept and the potentially diverse use and understanding of the term.

The term well-being is often used interchangeably with a range of other terms in relation to both physical and mental health and, in a more general way, to mean happiness or contentment (e.g. Layard, 2011; Diener, 2000). A press release by the Office of National Statistics reported that a public consultation process undertaken across the UK to explore what should be measured in the national well-being index revealed that “People of all ages highlighted the importance of family, friends, health, financial security, equality and fairness in determining well-being” (Dolan, 2011).

It has been suggested that a singular definition is unlikely ever to be agreed upon, or perhaps even desired. One reason for this assertion is that there are so many facets to well-being, such as cultural, spiritual, psychological, social, ecological (CBS, 2010 cited by Dolan, 2011) and workplace well-being. Indeed, the multi-faceted nature of well-being has led some scholars to suggest that, to look at well-being as an umbrella term for a number of more specific constructs (e.g. Warr, 2002).

The particular aspect of well-being which researchers choose to examine will be greatly influenced by the discipline from which they come from, the purpose of the study and the outcomes they are wishing to generate. As described in the Introduction, research interest in well-being now spans across a range of disciplines. This piece of research, however, is grounded in the realm of business and human resource management and focuses specifically on psychological well-being of employees.

2.5 Defining psychological well-being

In a recent UK government-funded project, Dewe and Kompier (2008) defined psychological well-being as “a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community”.

In the academic literature, however, there are a number of different ways in which psychological well-being is defined. As evident above, rather than trying to define psychological well-being as one construct, others would prefer to perceive psychological well-being as an umbrella term for a number of other more specific variables. For example, Warr (2002) differentiated between ‘context free’ and ‘job specific’ well-being. He defined psychological health as a context free measure of employee well-being. Job satisfaction or work engagement would be examples of job specific measures. He also acknowledged that job specific and context free well-being may mutually influence each other and that the relationship between the two may vary between individuals and across situations (Warr, 2002).

2.5.1 Dimensions of well-being

In addition to the range of definitions of well-being, there are also a number of dimensions of well-being. Ryan and Deci (2001) distinguish between two main dimensions of general well-being: ‘hedonic’ and ‘eudaimonic’. The former focuses on happiness and the existence of pleasure in the absence of pain. The latter relates to psychological functioning and self-realisation. In 2009, Huppert conceptualised psychological well-being as both ‘feeling good’ and ‘functioning effectively’. These two dimensions seem to fit well with the distinction proposed by Ryan and Deci as ‘feeling good’ links with hedonic well-being and functioning effectively links with eudaimonic well-being.

Sherrard (1994 in Cronin de Chavez, 2005) concluded that well-being could be viewed differently by individuals depending on who they were comparing themselves to. This links with findings from Warr (2003) who acknowledged that there can be a difference between perceptions of well-being (‘relative’) and ‘absolute’ levels of well-being. Indeed, Sherrard

argued that this is linked to humans' natural tendency to compare oneself with others, and the difference in personal meanings attributed to different factors. Some factors may be more important to one person than another. Similarly, Marks and Shah (2007) proposed that "self-perception of health is more influential than actual health on individual well-being". Some researchers have acknowledged the need to pay more attention to context and environmental conditions regarding dimensions of well-being (e.g. Diener et al, 1997 in Cronin de Chavez, 2005). Context will be defined and contextual factors discussed later in this chapter.

It is pertinent also to consider that different dimensions, or types, of well-being may not be totally independent of each other (Dewe and Kompier, 2008). This is an issue that until recently has been relatively overlooked in the literature. Although well-being is often referred to in policy papers, "this is often in an unreflective way, which assumes its definition is uncontested and that it has a shared meaning" (Cronin de Chavez et al., 2005). These same authors also suggest that some of the definitions used in policy papers (e.g. the World Health Organization) do little 'to specify how well-being might be operationalised and achieved'.

Finally, in this section, it is worthy of consideration that the particular focus of any research study may vary depending on the discipline, the nature of the study, and the desired outcomes. This may or may not also be a reflection of a broader theoretical standpoint. For example, researchers working in a positivist paradigm may be more likely to examine objective indicators of well-being such as sickness absence rates to assess well-being at work, or material wealth as a measure of economic well-being. Those from a more interactionist, or interpretivist, perspective may be more likely to consider subjective indicators of well-being, such as quality of life or happiness. These paradigms will be discussed further in the Method chapter.

2.5.2 Defining well-being at work

The Chartered Institute of Personnel and Development (CIPD, 2007) defined well-being at work specifically 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". The term 'flourish' is used in this definition which has also been mentioned elsewhere with regard to encapsulating a sense of general well-being (e.g. Harter

and Keyes, 2002). Indeed, Keyes (2002; cited in Huppert, 2007) used the term flourishing to describe the “state of complete mental health”.

It is evident already that the concept of well-being is not a straightforward one, which can be a bone of a contention, a challenge or a reason not to study well-being depending on ones’ perspective. Grant et al (2007) addressed the multi-faceted nature of well-being head on by proposing that organisational behaviour may result in trade-offs between three different types of well-being; psychological, physical and social. For example, employees may choose to prioritise their psychological well-being over economic well-being by staying in a lower paid job where they are happy, rather than applying for a promotion to a job where they anticipate that the associated additional pressures may make them less happy.

In the debate surrounding definitions of well-being at work, employee perceptions of ‘work’ itself have largely been overlooked but could be hugely influential. Budd (2011) rightly highlights this issue as it has clear implications for how well-being at work is subsequently perceived. For example, in terms of to what extent well-being at work is seen to be important and relevant and, secondly, who has responsibility to promote and maintain employee well-being?

At this juncture, it is important to make clear that there are a range of terms that are often used interchangeably with well-being at work. Most commonly, the other terms used are ‘employee well-being’ and ‘workplace well-being’.

2.6 Defining social support

Social support became a prominent research topic in the 1970s. However, it was Durkheim (1897; 1951), the French sociologist, in his in-depth study of suicide, who was one of the first to draw attention to the importance of social ties and the health implications of these.

Much of the research on the conceptual debate surrounding social support was published during the 1970s and 1980s. One of the earliest known definitions of social support was that of Cobb (1976) who defined social support as “information leading the subject to believe that he is cared for and loved, is esteemed and valued and belongs to a social network of

communication and mutual obligation”. As will be seen throughout this chapter, there are numerous definitions of social support evident in the literature, which acknowledge different sources and dimensions of support. For example, Thoits (1982), critiques Cobb’s definition, claiming that he overlooks the dimensions of instrumental and practical support.

The majority of early work in this field was grounded in sociology (e.g. House, 1988) and community health (e.g. Gottlieb, 1985). Research interest in social support has since expanded across a broader range of disciplines, including health psychology (e.g. Vermeulen and Mustard, 2000) and occupational psychology (e.g. van Horn, 2004; Daniels and Harris, 2005; Sundin et al, 2006).

Recently, there has also been an accumulating focus on the importance of social support for organisational behaviour studies and human resource management (HRM). For example, Boselie et al (2005) acknowledged that factors such as social support may affect not only the well-being of employees, but also human resource management, outcomes and performance.

In 1986, Barrera argued that the term social support was “insufficiently specific to be useful as a research concept”. It is difficult to discern though if a one size fits all definition of social support would be desirable (e.g. Shumaker and Brownell, 1984) as, given the range of disciplines now interested in this area of research, this may be counter-productive. However, such a wide array of defining features of social support can mean replicating studies in this field or generating more universal findings from the research evidence can be difficult, particularly when, as is often the case, researchers do not make explicit in their work which definition they are applying.

Understandably, therefore, a number of academics have made the argument for greater clarification of the term ‘social support’ (e.g. Shumaker and Brownell, 1984; Sundin et al, 2006). The fact that research into social support is now spanning across more disciplines makes these problems more far reaching and can only serve to reinforce the need for clearer definition of the terms. However, there appears to be little focus or progress in terms of finding a solution, if indeed a ‘solution’ is desirable or required. Gottlieb (1983, cited in Shumaker and Brownell, 1984), argued that “a unifying theory is needed to integrate the findings on social support”. Although this may be a valuable aim for ‘within’ discipline research, it may not be as useful to extend one definition ‘across’ disciplines.

It should be noted that a range of terms similar to social support currently co-exist thus potentially complicating matters further for scholars. For example, as identified by Pearce and Davey Smith (2003), social capital is a term which in recent years has often been used to describe a hybrid of older terms, including social support and social networks. Similarly, 'social capital' can be considered an aggregate level construct and 'social support' can be considered an individual level construct.

In management research, and in models of well-being at work, one of the most common ways in which social support has been conceptualised is in terms of work-based support and non-work based support. However, even within the distinction of work and non-work based support there are different sources of support, as will be shown.

2.6.1 Work-based support

Traditionally, different sources of support have been defined as work or non-work based. Work based support tends to refer to organisational support, support from line managers and support from peers or colleagues. Non-work based support is often assumed to mean support from friends and family (e.g. Eisenberger et al, 2002). Although a number of studies show both work and non-work support to be important to well-being (Beehr et al, 1990; House et al, 1988), the majority identify work based support as being most pertinent to workplace well-being. A recent study by Rodwell et al (2011) found workplace support to be a consistent predictor across outcomes and was a significant variable affecting both general well-being (measured by GHQ-12) and job-specific well-being (measured by job satisfaction). Indeed, as will be seen later in this chapter, existing well-being at work models tend to deem work based support as most pertinent to well-being at work.

Organisational support

Although social exchange theory (Blau, 1964) is not exclusive to workplace well-being, it is one theory that emphasises the importance and nature of social relationships and which is commonly used in social support research. Eisenberger (2012) stated that "this theory suggests that the exchange relationship between two parties often goes beyond economic exchange and includes social exchange". In relation to organisation studies, therefore, it can

be argued that employer and employee exchange involves “not only impersonal resources such as money, but also socio-emotional resources such as approval, respect, recognition and support”.

At the broadest level of work-based support, the concept of perceived organisational support (POS) refers to the extent to which the organization values their employees’ contributions and cares about their well-being. In keeping with Blau’s (1964) social exchange theory, the POS theory has been used to describe the social exchange relationship between the employer and the employee (e.g. Eisenberger et al., 1986).

Armstrong-Stassel and Ursel (2009) stated that “perceptions of support from one’s organisation create an obligation to repay the organisation for its commitment and caring”. Indeed some theoretical models specific to well-being at work focus on exchange and reciprocity, such as the effort-reward imbalance model which will be described later. As cited in Tek Yew-Lew (2009), “Based on the norm of reciprocity (Gouldner, 1960) employees who perceive high levels of POS are more likely to reciprocate with positive attitudes towards the organisation, higher levels of affective commitment and with favorable work behaviours such as commitment to organizational goals and lower intention to leave”.

In support of Gouldner’s claims, Shore and Shore (1995) suggested that an employee’s history of treatment by the organisation will likely influence levels of perceived organisational support. This also links well with more recent findings from Ghani and Hussin (2009) who found that trust was significantly related to perceived organisational support. They reported that if, historically, employee needs had been met or if they perceived to have been well treated by their employer then employee trust in the organisation will rise which, in turn, can increase POS. However, Eisenberger (2012) stated that in order for employees to feel supported by their organisations, favourable treatments towards employees must be perceived as voluntary.

Line Manager support

Gilbreath and Benson (2004) found that positive supervisory behaviour, for example, increasing employee control or improving communication “predicted employee well-being over and above the effects of age, lifestyle, social support from co-workers and at home, and stressful work and life-events”. These are important findings and confirm the important role

that leadership style, as one example, can have on the well-being of employees. Indeed, Karasek and Theorell (1990) had argued that the support of co-workers and supervisors may be “one of the most important factors ameliorating stress in the working environment”.

Certainly, the integral role of the line manager in managing well-being at work is well documented in academic studies (e.g. Beehr et al, 1990) and in a range of policy documents from independent stakeholders (e.g. CIPD, 2012), mental health organisations (e.g. Scottish Association for Mental Health, 2012) and the government (Black, 2008). However, it is important to acknowledge that line managers may have a negative effect on staff too. Bamberger and Bacharach (2006) explored the potential consequences of abusive supervision, including poor health outcomes, such as problem drinking. Stress from poor supervision can also lead to physical effects such as lack of sleep, for example, which can lead to poorer well-being at work. As described above, training on leadership style and emotion management can moderate leaders’ behaviour and impact on employee health outcomes as a result. Again, they too note the importance of leading by example. This has the added benefits of improving the health of the leader and also their reputation amongst their employees by ‘practising what they preach’. Of note, Vaananen et al (2003) reported the negative effect of lack of supervisor support where increased levels of supervisor support were associated with lower levels of sickness absence. They observed, however, that the relationship was only significant for women.

Peer support

The above section on line manager support showed that support from managers is often studied in relation to how it can mediate effects between employees and their perceptions of organisational support (e.g. Rhoades and Eisenberger, 2002). Similarly, some of the research on the role of peer, or co-worker, support examines social support in light of how it mediates the relationship between employees and supervisor support and between employees and perceived organisational support. For example, Tucker et al (2008) highlighted this, finding a significant mediation effect of co-workers for the relationship between perceived organisational support and employee outcomes which, in this case, was employee safety voice.

In a study exploring the effects of colleague behaviour, Brennan (2007) also found peer support to be influential, concluding that colleague's behaviour towards respondents was the main reported influence on poor well-being. McCullagh's (2008) study into a cabbie mentoring scheme for taxi drivers in England found that involvement in the scheme improved the health status of taxi drivers involved in the study.

A study by Vaananen et al (2003) took a slightly different approach and reported the negative effect of lack of co-worker support. However, in contrast to their findings for line manager support, co-worker or peer support was significant for men only. It is pertinent to note here however that although Vaananen et al found social support to be a significant influence on sickness absence, in their study job characteristics and existence of prior symptoms had a greater significant effect on absence than did social support.

Studies examining the mediating effects of supervisors and co-workers, such as those presented here, highlight that the relationship between social support and employee well-being is complex and different factors interact which contribute to the relationship between the two. This evidence also highlights the different effects social support can have on employee well-being as perceived by men and women. However, research by Swanson and Power (2001) identified that various occupational groups may also experience social support differently. Specifically, they reported that "support from managers was the most important source of support in resolving role conflicts for graded staff ". For non-office staff, "support from co-workers was most important in moderating the impact of positive and negative feedback".

These findings highlight the potential dangers of treating organisations as being homogenous as important individual, group and situational differences may be missed. Furthermore, as Vaananen et al (2003) acknowledged, it is important for studies to make explicit which types, or dimensions, of support are being measured. Dimensions of support will be discussed later in this Chapter.

2.6.2 Non-work based support

A number of key theorists in the 1980s and 1990s argued that even though both work and non-work support could be influential to well-being, work based support was likely to be most influential. Consequently, this was prioritised by scholars conducting empirical research, and was also evident in models of workplace well-being. Much of the management literature which explores social support focuses on the role of work based support only and few theoretical models acknowledge the effect that support out-with the workplace may have on employee well-being.

However, non-work based support can also affect well-being at work. Indeed, Munro et al (1998) found both work and non-work support significant for well-being, but non-work support was most significant for well-being in their study of psychiatric nurses. Given the changing economic situation coupled with the changing nature of work, it is reasonable to wish to re-assess the earlier conclusions that work based support was most pertinent to well-being. Recent evidence base on work life balance emphasises the influential role of external factors to work (e.g. Beauregard, 2011) provides further justification for this move.

To date, it can be argued that the range of sources of non-work support in research has been under-explored, with existing research tending to confine sources of non-work support as being from friends and family (Procidano and Heller, 1983). However, as one example, Dollard and Winefield (1996) highlighted that the role of Union representatives as sources of social support has been underplayed. Similarly, Love and Edwards (2005) research into construction workers found social support to have significant main effects on psychological well-being. However, contrary to previous research, they found that “non-work-related support was found to be more significant than work support in alleviating psychological strain”. Another study that acknowledged the beneficial effect of other sources of support that are less prominent in the literature, in this case customer interaction, was by Borg and Kristensen (1999) who examined the role of the psychosocial work environment and mental health amongst travelling salespeople. They found that the number of hours per week that salespeople spent with customers was positively associated with mental health. The importance of customers or clients to employee well-being is relatively under-explored at present.

On a more societal level, the role of neighbours and the wider community (e.g. Randall, 2012) has also received little research attention to date, particularly in relation to the effect on well-being at work. Haslam et al (2009) argued that communities and others around the individual can have an effect on the development of social identity, suggesting that individuals do not exist in isolation, that identities are co-produced. This development, or lack of development, with regard to social identity could affect employee perceptions and experience of social support, yet little research attention has been paid to the role of these, and other, affiliations, such as sports and religious groups in contributing to social support.

Although Love and Edwards (2005) reported significant main effects of non-work social support for well-being in construction workers, they acknowledged that this could have negative implications for work-life balance. This reiterates the effect of others on individual well-being. On a broader level, at a Royal Society of Arts seminar in Glasgow (held in May, 2012) on well-being and location, Kathryn Trebeck from Oxfam UK spoke of the strain on social capital if individuals are often asking family or community members for support to facilitate their ability to go to work. For example, repeatedly asking family members to baby-sit or to pick children up from school may, over time, lead to the family relationships becoming strained. As addressed by Myers (2003) family can be a source of 'heartache' and of 'comfort and joy'. Myers goes on to note, however, that intrusions from family can prove stressful, even when well intentioned. This raises the positive and negative aspects of social support and also the possibility that if social support is over-relied on, access to and availability of social support from certain sources may be reduced or withdrawn.

As has been shown above, social support has many definitions and can be conceptualised by considering different sources of support. Furthermore, definitions of sources of support can be ambiguous, for example, when talking of support from family this could mean immediate family (parents and siblings), extended family (e.g. Uncles or cousins) or one's own partner and children. Similarly, friends and peers are often distinguished as separate sources of support, however, these two sources could overlap as individuals may not consciously make the distinction between the two and individuals may have peers who they would also consider to be friends.

Traditional measures for assessing levels of support tend not focus on these broader non-work sources of support. However, for some, these additional sources of support may be as,

or more, significant to them than other sources. Thus, it is important not to overlook these sources of support as to some individuals they may be their sole source of support. Acknowledgement of this encourages a more holistic approach to studying the contribution of social support to employee well-being. Furthermore, the changing nature of work means that where there used to be quite a clear distinction perhaps between work and non-work sources of support, these boundaries are beginning to blur. This could affect work life balance and may put strain on sources of non-work support, as described above. Indeed, Durkin (1995) highlighted the potential negative effects of increased reliance on non-work support for well-being.

Although social support is predominantly defined in terms of sources of support, there are a number of other dimensions of support too. Some of these pertinent to well-being at work will be discussed in the next section.

2.7 Dimensions of social support

In the same way that there are many definitions of support, there are a number of dimensions of social support. As well as being sources of support, work based and non-work based support can also be interpreted as a dimension of support. Another key dimension is 'quantity versus quality' of social support. The 'quantity' of social support draws on ideas of networks and the number of people who can be called upon for support, whereas the 'quality' of social support relates to how well supported one feels by one's social network. Some researchers (e.g. Stroebe, 2000) refer to this particular distinction in terms of structure (quantity) and function (quality).

As reported in the Foresight project (Dewe and Kompier, 2008), "A person may have a broad social network, socialise with lots of people, but their relationships may not be close or may lack depth. Equally, a person may have strong social relationships but have few connections with people outside of their core network". Thus, large networks of social support (quantity) may suggest someone is in receipt of ample social support. However, these may only be superficial relationships. Someone with a smaller network of support but who has close and meaningful relationships with these people (quality) may in fact feel more supported despite having fewer potential sources of support. It is pertinent to note, however, that some of these dimensions may overlap with others. This next section will elaborate on

those dimensions of social support which are pertinent to social support in organisational research.

2.7.1 Perceived vs. received support

Perceived social support has both a cognitive and an evaluative level (Laireiter and Baumann (1993 cited in Siwek, 2008). Cognitively, it can be defined as “the general perception of availability of supporting persons and actions”. On an evaluation level, it can be regarded as “the adequacy of the social support received and the individual’s satisfaction with it”. In relation to the workplace specifically, Eisenberger and Rhoades have conducted research spanning several decades on Perceived Organisational Support (POS).

In contrast, received social support ‘refers to the side of the recipient, the amount of support actually (objectively) received’ (Laireiter and Baumann, 1993 cited in Siwek, 2008). Sarason et al (1990) explored whether people need to have actually received support to feel the impact of it, or if merely the perception of support being available is enough to trigger an effect. For example, Lazarus and Folkman claim that “anticipation of a stressful event represents equally important, or perhaps even greater source of anxiety than the actual event”. Findings from Sverke and Hellgren’s (2002) research into a stress framework of job insecurity supported this claim too. In the context of well-being, this resonates with Marks and Shah’s (2007) argument discussed earlier that self-perception of health status can be more important than actual health status.

2.7.2 Informal vs. formal support

Formal versus informal support is one example of a dimension which overlaps with other dimensions. For example, some theorists may correspond work based support with ‘formal’ support and ‘informal’ support as non-work support (i.e. support provided by family and friends and or other affiliations, such as sports club members or members of the local community). However, both formal and informal support can also be present within a work context. Formal support can be categorised as that provided by human resource personnel or by way of organisational policies in place to support staff, for example, flexible working, diversity and disability legislations, feedback and annual appraisals, training and development. In contrast, informal support may be derived from conversations with line

managers or colleagues; these may be useful and valuable but will not be recorded or deemed as a formal appraisal. Another way in which this dimension can be conceptualised is using terms taken from human resource management who differentiate between ‘hard’ policies such as the formal policies mentioned above, or ‘soft’ policies such as stress management courses.

2.7.3 Instrumental vs. emotional support

This dimension is one of the most commonly cited (e.g. Adams, 1996; Redman and Snape, 2006) although not always defined in exactly the same way. Hinson-Langford (1997) provides an account of key theorists and the way in which they conceptualise what she describes as attributes of social support, which include emotional and instrumental support. House (1981, cited in Hinson-Langford, 1997) defines emotional support as “involving the provision of caring, empathy, love and trust” and proposes that “emotional support is the most important category through which the perception of support is conveyed to others”. In the same paper, House defines instrumental support as “the provision of tangible goods and services, or tangible aid”. Family and friends are considered most likely to offer emotional support whereas support from managers or workplace colleagues would be more useful for practical support, although this may not always be the case.

Effect of others

Even for those employees who feel supported and report high levels of well-being their well-being can be adversely affected by the difficult circumstances of others around them, whether in work or out of work. Durkin (1995) emphasised concerns over the adverse effects if partners were also experiencing stress in the workplace. In work, for example, the redundancy of others can have an impact on working life for those who remain (Beauregard, 2011), workload increases and role changes may emerge. There may also be fewer senior staff available to act as mentors to more junior staff, which can have an adverse effect on the quality of the team’s work, or on opportunities for the more junior staff to learn from more experienced employees.

Equally, if a colleague is going through a difficult period in their personal or home life, retelling of these difficulties in the workplace can affect other employees. Ten Brummelhuis

et al (2010) in a study from the Netherlands also found that other workers' family to work interference could affect their own work outcomes. The results give a great insight into the potential risks for employees of other workers' circumstances, even when the interference is not being experienced by them directly.

2.7.4 Summary of social support section

Although much attention has been paid to identifying different sources and dimensions of social support, particularly during the 1970s and 1980s, there seemed to be little discussion at that time regarding the possibility that these may be inter-related, or that they may change over time.

A small number of studies have attempted to redress this balance, for example, research by Semmer et al (2008) examined the potential overlap between dimensions in relation to attribution of meaning attached to provision of different types of support. Semmer's findings indicated that, whereas emotional support (for example, listening or empathy) was generally interpreted as such, depending on the source, instrumental support (tangible aid) could also have an emotional meaning attributed to it. In this study, this was found to be the case if the source of the instrumental support was family or friends. However, if the support was received from the nurse (as it was in this study) then emotional meaning was less likely to be attributed.

With regard to change over time, Henderson (1984) noted that "personal networks are not static structures but can be expected to change in their properties with major life events such as bereavement or relocation; and with the onset of illness, including psychiatric disorders". Such temporal issues have implications for theory development and shall be discussed in the following section.

2.8 The relationship between social support and well-being

As highlighted in the Introduction, ample evidence exists to suggest that social support contributes to both physical and psychological well-being. In order to gain a greater understanding of how social support may contribute to employee psychological well-being, an understanding of existing theories relating to well-being at work is required. This section

presents information on key models which feature social support either as an explicit component of the model (e.g. in the Job Demand Control Support model) or implicitly, for example, where social support is an example of a 'resource' or a 'reward'. For each model in turn, the way in which the role of social support is portrayed in relation to well-being at work will be highlighted, how social support is conceptualised in each model will be addressed and, lastly, common criticisms of each model will be presented.

2.8.1 Job Demand Control Support model

The Job Demand Control (JDC) model (Karasek, 1979), also referred to as the Job Strain model (e.g. Munro et al, 1998), has dominated occupational research into psychosocial working conditions since its inception. In this model, demands are defined as psychological demands (e.g. workload) and control is defined in terms of "skill discretion and decision authority" (van der Doef and Maes, 1999). A decrease in psychological well-being is one example of job strain. The original model proposed that if an employee experienced high demands from their job role, coupled with little autonomy or control over their work, then this would lead to a rise in job strain.

This seminal theory was later modified to include a third component, workplace social support (Johnson and Hall, 1988; Karasek and Theorell, 1990) and was named the Job Demand Control Support (JDCS) model. The revised model proposed that if job demands were high but levels of job control and levels of workplace support were also high then the potential negative effects of high job demands could be offset. Furthermore, Johnson and Hall (1988 cited in Hausser et al, 2010) predicted that "increased control buffers high demands most effectively under conditions of high social support".

In terms of conceptualising social support, in the JDCS model, social support was defined by Karasek and Theorell (1990) as "overall levels of helpful interaction from co-workers and supervisors". The model proposed two ways in which workplace social support could affect job strain (well-being). A 'main' effect would suggest social support is directly related to well-being, where high levels of work support could lead directly to reduced job strain, whereas a 'buffering' effect would suggest social support moderated the relationship between well-being and another variable, for example, by protecting against adverse health implications in situations where job demands were high and control was low. The debate

continues as to which of these functions social support serves. Redman and Snape (2006), for example, argued that social support was more likely to provide a buffering effect than any direct effect. However, Zimet (1988) argued that social support could act in both ways, as a main effect and as a buffer.

Despite its prominence, the JDCS model has been critiqued by other theorists (e.g. Siegrist, 1996; De Jonge and Kompier, 1997) on the basis that the “conceptualization and operationalisation of the job characteristics” in the model were not specific enough. Indeed, findings from two reviews of the model (van der Doef and Maes, 1999; Hausser et al, 2010) highlighted that evidence for the buffering effects of control or support was strongest when a greater degree of specificity was cited regarding conceptualisation of demands and control and when a ‘matching principle’ was evident between demands and control and support. An example of the matching principle is well articulated by Cohen and Wills (1985) who proposed that “stress buffering occurs only when there is a match between the needs elicited by the stressful event and the functions of the support perceived to be available.” For example, having someone who could find you temporary work may be useful in the face of redundancy but less so in offering emotional support following the death of a close relative.

Warr (2003) critiqued the JDCS model for proposing a linear relationship between the key components of the model. For example, that increased levels of social support lead to decreased adverse effects of high demands. Warr argued that this assumption does not account for whether there are optimum levels of support beyond which the positive effects of social support begin to plateau or even diminish. Warr’s (1987) vitamin model, presented next attempts to address this.

Warr (2003) also critiqued the JDCS model by arguing that “there is a need for greater consideration of additional factors, such as environment, context, sector, location, profession”. However, in response to such potential criticisms, Karasek (1979) stated that it was not the goal of the research to suggest that individual differences are not important. Indeed, Karasek stated that “some significant variations do occur when we control for individual background factors such as education, father's education, age, income, social class, and urban or rural location”.

One further limitation of this model, as reported by Bakker and Demerouti (2007), is its static nature and thus the inability to address the issue of potential changes over time.

Despite these criticisms, the model still remains dominant in occupational psychology. In 1995, Kristensen stated “it is no exaggeration to say that the model has been the most influential model in the research on psychosocial work environment, stress and disease for the last 10 years”. Indeed, findings from current research in a public sector setting by Rodwell et al (2011) which set out to expand Karasek’s Job Demand Control-Support model further by including the additional dimensions of ‘degree of met expectations’ and ‘perceptions of organisational justice’ concurred with those of the JDCS model as control and support were found to be the most consistent significant indicators of job strain or employee well-being.

2.8.2 The Vitamin model

According to Warr (2002), “Most investigators have examined only linear correlations between job features and well-being, although it might be expected that too much (as well as too little) of a feature is often undesirable”. Instead, as restated by De Jonge and Schaufeli (1998), Warr perceived job characteristics as being similar to vitamins in that some vitamins have an “additional decrement” effect (AD) where after a certain level they become toxic rather than beneficial e.g. increasing job control. Other vitamins have a “constant effect” (CE) whereby after a certain point there are no further benefits but that no negative effects are incurred. In the vitamin model, Warr (1987) identified nine categories of job characteristics, which relate to mental health outcomes in one or other of the ways described above.

Of particular pertinence to this thesis, Warr identified workplace social support as an ‘AD’ characteristic, suggesting that social support can have beneficial effects but only up to an optimal level, beyond which social support could potentially have negative effects on well-being. Therefore, unlike the JDCS model, the Vitamin model challenges the assumption that social support is always positive. This issue will be returned to later in the Chapter.

In research by De Jonge and Schaufeli (1998), it was found that at high levels of social support, this was coupled with “decreasing levels of job satisfaction and increasing levels of emotional exhaustion”. In an attempt to make sense of their findings they hypothesised that in occupations where there are high levels of social cohesion, “less strained workers absorb

part of the problems of their more strained colleagues, equilibrating individual strain differences”. Although their overall findings only partially supported Warr’s hypotheses regarding curvilinear relationships, these findings support Warr’s conceptualisation of social support as an ‘AD’ characteristic. The findings also link with evidence regarding the effect of others on individual well-being, as mentioned at the end of the previous section.

2.8.3 Effort Reward Imbalance (ERI) model

The Effort-Reward Imbalance (ERI) model (Siegrist, 1996) is one such model which proposes a reciprocal relationship between job effort and job rewards. In contrast to the JDC model, the effort-reward imbalance model shifts the focus of analysis from control to reward (Siegrist, 1996). The ERI model proposes that if job effort is perceived to be high but, in return, that job rewards are perceived to be low, then this will lead to adverse health outcomes.

Siegrist made the distinction between intrinsic effort (e.g. need for control) and extrinsic effort (e.g. demands), and defined occupational rewards as “distributed to the working population by three transmitter systems: money (i.e. adequate salary), esteem (e.g. respect and support) and status control (e.g. promotion prospects, job security and status consistency)”. The effort-reward imbalance hypothesis has been supported by De Jonge et al (2000) and by Bakker and Demerouti (2007) who argued that it is “the lack of reciprocity between effort and reward that leads to stress”.

Although not singled out as a key component, as it is in Karasek and Theorell’s JDCA model, social support still features within this model nested under the heading of ‘esteem’ which was identified as one form of ‘job reward’ (Siegrist, 1996). As with Karasek and Theorell’s model, Siegrist measured support in terms of workplace support (supervisors and colleagues) only. Despite being published several years after the original JDC model was revised to include social support, it is of note that the Siegrist paper refers solely to the original JDC model and not to the JDCA model. Although social support is not a main component of Siegrist’s model, the emphasis of the model on exchange and reciprocity is in keeping with a number of early definitions of social support which also highlight the importance of ‘exchange’ (e.g. Shumaker and Brownell, 1984).

Informed partly by findings from Kasl (1989), Siegrist also critiqued existing models for their lack of attention to individual differences, for example, acknowledging that individual ability or desire to influence an imbalanced effort-reward relationship may be profession dependent. In addition, De Jonge et al (2000) acknowledged that the ERI model is different to the JDC model in that it includes more “distant macro-economic labour market aspects”. Thus, some emphasis is given to contextual factors in this model. Bakker and Demerouti (2007) reported that the ERI model has also shown that personality characteristics, particularly over-commitment, may affect the effort-reward relationship and employee well-being.

2.8.4 Job Demand – Resource model

Most recently, the Job Demand-Resources model (Demerouti et al, 2001) has emerged as a contemporary model of workplace well-being and has become one of the most significant work-related well-being theories in mainland Western Europe research. Again, as with the ERI model which focuses on exchange and reciprocity, the premise of this model is that if job demands outweigh job resources then this can lead to job strain. Countering Bakker and Demerouti’s criticism that both the JDCS and ERI models focus only on negative outcomes (job strain, stress), the Job Demand-Resources model used two outcome measures, ‘burnout’ as a measure of poor well-being and ‘work engagement’ as a measure of positive well-being.

Bakker and Demerouti (2007) defined job demands as “those physical, psychological, social or organisational aspects of the job that require sustained physical and/or psychological effort or skills and are therefore associated with certain physiological and/or psychological costs”, an example given was that of an unfavourable working environment. Job resources were defined as “those physical, psychological, social or organizational aspects of the job that are either/or: functional in achieving work goals, reduce job demands and the associated physiological or psychological costs, and stimulate personal growth, learning and development”. According to Bakker and Demerouti (2007) “Job resources reduce job demands and the associated physiological and psychological costs (of those demands)”.

In terms of the conceptualisation of social support in the J D-R model, Bakker and Demerouti (2007) state that “Social support is a straightforward *resource*, in that it is functional in achieving work goals.” There appears to be an assumption in this model, and

others, that social support is a tangible concept, which is easily understood and often perceived as being positive. However, empirical evidence, as presented earlier in this chapter, suggests social support is a much more complex and multi-faceted concept with potentially positive and negative outcomes depending on the specific circumstances. Given the multi-dimensional nature of social support, it may be pertinent for social support to be separated out into different components, as has been done for job demands, for example, Crawford et al (2010) extended the Job Demand-Resources model by separating job demands into 'challenge demands' and 'hindrance demands'. Thus, Crawford proposed that demands seen as a hindrance (negative) may be more likely to lead to poor well-being than demands perceived as a challenge (positive). Similarly, Van den Broeck et al (2010) proposed that not all demands are equal and that only those demands perceived as a hindrance are likely to affect well-being status. As identified in the two reviews of the JDRC model, it is important to clearly define what is meant by demands in each study and to closely match items measured for support and control to the specific demands if findings are to be meaningful.

Furthermore, the findings from Trebeck (2012) and Myers (2003) which cite that excessive or extended requests for social support can become a strain on what may previously have been supportive relationships suggest there could be implications for considering how finite as a resource social support may be.

2.8.5 Summary of theories section

The models presented here give a theoretical insight into the relationship between social support and well-being. More specifically, as highlighted in the Introduction, they indicate that social support is a key component of workplace well-being both in traditional and more contemporary models of workplace well-being. However, the way in which social support is conceptualised differs across the models in terms of the centrality of support to the model and the conceptualisation of support. For example, social support is central to Warr (1987) and Karasek and Theorell's (1990) models and is defined in both as a job characteristic. In contrast, Siegrist (1996) conceptualises support as a 'reward' and Bakker and Demerouti (2007) perceive support as a 'resource'. Most of the models define support in terms of workplace support only and most also regard the effect of social support as being positive for well-being. Warr's vitamin model, however, addresses the potential negative effects that

social support can have. Finally, in keeping with early definitions of social support, some theorists acknowledge the ‘exchange’ or ‘reciprocity’ element of social support (e.g. Siegrist, 1996; Bakker and Demerouti, 2007).

Criticisms of the respective models focus on the inability to address change over time and the lack of attention to contextual and individual factors. Cassell and Symon (1994) argued that acknowledgement of context is important, and particularly so for organisational research. The section below examines existing evidence regarding contextual, and other, factors which affect the relationship between social support and well-being, reiterating the limitations of the models described above.

2.9 Factors affecting the relationship between social support and psychological well-being

Health disciplines have tended to focus on physical well-being, whereas psychological disciplines focus more on mental well-being. Both approaches have been critiqued for being too individualistic and neglecting ‘social determinants of health’ (McKee, 1988 in Cronin de Chavez, 2005; Marmot and Wilkinson, 1999). Many of the factors that affect social support also affect individual well-being. This section explores factors which affect the relationship between social support and well-being. Sundin et al (2006) stated that “Enhancing social support at work has been suggested as a tool in preventing work related stress and thus to reduce work-related health problem” and proposed that to do so “different individual, organisational and contextual factors” need to be considered. Having examined the social support and well-being literature, it was deemed fitting that this typology could be used here to categorise themes identified in the literature (see Table 2.1). However, assigning themes to one of the three categories is not necessarily a clear cut process as there can be overlap between the different categories, particularly between contextual and organisational factors (e.g. location and technology).

Table 2.1 Factors affecting both well-being and social support

Categories	Themes
Contextual	Changing nature of work
	Location
	Technology
Organisational	Organisational change
	Role of HR and line managers
	Personality
Individual	Psychological detachment
	Demographic variables

2.9.1 Contextual factors

Cappelli and Scherer (1991, p.56, cited in Johns, 2006) describe context as “the surroundings associated with phenomena which help to illuminate that phenomena, typically factors associated with units of analysis above those expressly under investigation”. As an example, they describe “organizational characteristics as providing context for individual members and the external environment as providing context for organizations”.

Johns (2006) argued that the impact of context on organisational behaviour is not “sufficiently recognized or appreciated by researchers”. According to Johns, there are many faces of context but also that these different facets can be related. The changing nature of work (Baruch , 2004), combined with an increase in portable technologies which facilitate 24 hour working days, are contextual factors which have served to blur the traditional boundaries of how and when we work. This rise in ‘round the clock’ working can affect both physical and mental well-being and could potentially have a detrimental effect on access and availability of social support. Technological advances in the workplace, including increase of work contact through use of laptops and mobile phones out of office hours and combined

with the revolutionary portable technologies currently pervading the market (e.g. Blackberries and iPhones) are serving to facilitate round the clock working and also affect the way in which workers communicate with each other. In some instances, this increased accessibility has been perceived as positive (Baker and Moore, 2008), whereas other research has indicated a negative effect. The rise in job insecurity may also have adverse implications if this means people feel more obliged to work for longer hours in a bid to ensure that they keep their jobs.

Work intensification arising from fewer workers being paid to do the same amount of work following redundancies or downsizing can lead to lack of opportunity for social support (Loretto and Vickerstaff, 2011) and therefore, there is a loss of opportunity for the release of pressure from demands at work. Thus, even if detachment opportunities from work are available, social support from different sources may no longer be available or as available as they once were.

Recent survey evidence also suggests that there are sector differences in patterns of absence. The CBI/AXA survey (2008) showed that the gap between absence rates in the public sector and the private sector grew to a record level. The average absence levels across the public sector stood at nine days, which is 55% higher than the average of the private sector (5.8 days absence). These survey findings suggest that “£1.4bn of taxpayers' money could be saved if public sector organisations matched the private sector average”. Updated figures confirm that public sector employers report “substantially higher absence levels than their private sector counterparts” (CBI/Pfizer, 2010). Sector differences are likely to occur in terms of access to and availability of social support. This is also likely to be profession specific and even department-specific, depending on factors such as shift patterns, team or lone working.

Much daily business is now done through email or ‘virtual’ meetings and face to face contact with colleagues and clients is becoming less common, although there will be variations across professions, for example, it may be more relevant to knowledge workers than manufacturing staff. Taylor et al (2008), however, reported a potential negative impact of increased use of email at work on employee well-being. For some, it can be a stressor as it reduces personal communication and increases social isolation. In contrast, however, Baker and Moore (2008) reported the benefits of blogging to well-being. Thus, it may be an over-

generalisation to assume these emerging forms of communication have unilaterally negative effects. Grant and Schwartz (2011) stated that although e-working' can aid work in many ways, they also acknowledged that there can be negative effects too, such as employer perceptions that employees are potentially accessible any hour of the day or night. This has implications for work-life balance. The reduction in social contact which may emerge from home working and reduced face to face contact with colleagues and managers may also have an effect on mental health if working in isolation becomes more common.

In recent times, there has been a shift towards employing staff on temporary contracts rather than offer permanent positions, as traditionally was the norm (Joyce et al, 2010). There are a number of implications for the employee as a result which could affect their well-being (Parker et al, 2002), both in terms of job-related outcomes (e.g. no longer being eligible for company pensions) and in terms of health and well-being (De Cuyper et al, 2008). These various working patterns (shift work, temporary work) can affect access to both informal and formal social support.

In a similar way, Redman et al (2009) reported that home workers miss out on ad hoc work opportunities, and that this in turn can have an effect on well-being. Certainly, location is another key issue affecting access and availability of social support. In terms of non-work based support, the changing nature of work and the trend towards geographical mobility of the workforce may mean individuals are not as socially embedded (Barrera, 1986; Hinson-Langford et al, 1997) in their community as they were historically. Thus individuals who move away from their families for purposes of work may have impaired access to social support and potentially have less available sources of social support.

The changing nature of work has already been addressed. However, changes at a societal level may also have implications for well-being at work. For example, an article by Axtell Ray (1986) highlighted the demise of more traditional forms of social cohesion – religious or community groups through which people previously may define themselves or from which they might seek social support of its various types. With the current waning of these more familiar community affiliations, Axtell Ray argues that, for some, places of work may be filling this void. Thus, now more than ever, work may be a place where people can identify and embed themselves in to a community. If this is the case, the workplace may become an increasingly important source of social support, not just for workplace advice and support

but also for more holistic support too at a more macro level. Particularly, when one looks at the companies cited as ‘great places to work’, such as Google in the US, or Danone in the UK, the culture in these organisations tends to be more like that of a family or a community than merely a more formal, hierarchical place where work is conducted, as has been the case historically.

2.9.2 Organisational factors

The CIPD/Simplyhealth (2011) absence survey stated that over the past few years they have found that “organisational change and restructuring is particularly important to employee health and well-being”. When respondents were asked if this was due to the number of changes or to the management of the changes, “both were cited but the number was most important”.

The growing trend towards outsourcing of support systems such as human resources that had previously been in-house is another key issue that can affect employees, both in terms of access and availability to support systems but also with regard to well-being at work more generally. As a result of organisational restructuring some HR departments are becoming more distanced from their employees. They may no longer be based on-site, or have the resources to be as hands-on as they may have been previously (Francis and Keegan, 2006). With the centralising of HR services, this more impersonal structure may lead to poorer employee well-being, as it will be more difficult to implement and monitor initiatives, and previous potential for the ‘personal touch’ may be lost. Guest (2002) addressed this issue and discussed whether developing a closer link between workers and HRM would improve employee well-being. If so, these recent structural changes in HRM may prove damaging to employee well-being and subsequently to an organisation’s business performance.

Evidence has suggested that there are negative effects of downsizing for employees (e.g. Vahtera et al, 2004). This can be the case for those employees who are made redundant but there can also be negative effects for those left behind, for example, due to work intensification and increased work pressures which can lead to mental overload (Smulders, 1999) and increased job insecurity (De Witte, 1999; Sverke and Hellgren, 2002).

As reported earlier, Swanson and Power (2001) reported the negative effect of organisational change on psychological well-being and highlighted the importance of attention to support and feedback for employees following periods of organisational change. Their findings indicated that there were different results across different occupational groups; in their study, middle managers experienced the greatest level of stress. This is pertinent given the increasing emphasis on line managers to bear the brunt of responsibility for employee well-being. Of note, Swanson and Power also found that for some, organisational change could be positive. This reiterates findings from Loretto et al (2009) that employees are not passive, and also highlights the potential pitfalls of assuming workers form a homogeneous group and employees will all experience any organisational change in the same way.

Finally, in the past absenteeism has been a cause of concern for employers due to the potential adverse effect on productivity. More recently, however, attention has turned to presenteeism. This term can be defined “in terms of lost productivity that occurs when employees come to work ill and perform below par because of that illness” (Cooper and Dewe, 2008). Evidence from Cooper and Dewe suggests that presenteeism is a big challenge for employers and, furthermore, that it may raise greater concerns for mental health than sickness absence (e.g. Scottish Association for Mental Health, 2011). A gender difference may also exist in relation to presenteeism, for example, evidence suggests that women tend to use their own sick leave to take time off when their children are unwell (Loretto and Vickerstaff, 2011). When they are ill themselves they come into work regardless. This may, therefore, have adverse implications for their well-being over time.

2.9.3 Individual factors

In addition to these contextual and organisational factors, it is also important not to lose sight of the role individual lifestyle can play in contributing to health and well-being. Research evidence has suggested that how individuals spend their time out of work could have some bearing on employee engagement and performance at work, both of which will impact on well-being (e.g. Sonnentag et al, 2008; Wood, 2008).

Inter-linked with the changing nature of work and the current economic situation, as employee workloads intensify, there becomes less opportunity for psychological detachment. This is one of those factors that not only can have adverse implications for health and well-

being (e.g. Fritz et al, 2010), but also may impair access to, and availability of, social support. This in turn can have implications for well-being. Recent work by US researchers, Taylor et al (2011) explored the potential value of workers taking ‘booster breaks’, and cited the physical, mental and work performance benefits of doing so.

Personality characteristics are likely to affect not only well-being but also perceptions of support from colleagues, supervisors and the organisation as a whole. Individuals are not passive and not impartial. Indeed, their personality, demographic characteristics and past experience can all play a part in their well-being status. Negative affectivity, self-efficacy (defined by Wood and Bandura (1989, p. 364) as “people’s belief in their capabilities to mobilize the motivation, cognitive resources, and courses of action needed to exercise control over events in their lives”), and feelings of helplessness can all impact on well-being. Conversely, characteristics such as assertiveness, proactivity and resilience are likely to have a more positive impact on well-being. Bakker et al (2011), for example, expanded on the job demand-resources model by stating that “in addition to job resources, studies have shown that personal resources or psychological capital can be important predictors of work engagement”, where work engagement was used as the measure of well-being.

The Conservation of Resources (COR) model (Hobfoll, 1989) is pertinent here as the model proposes that individual differences can be treated as resources. Furthermore, according to Grandey and Cropanzano (1999), the COR model predicts that “differences in levels of resources may affect how individuals react to stress (or, the loss of resources). Some persons may have better skills at minimizing their losses”. For example, those who have high self-esteem may have a “reserve of self-worth and confidence upon which they can draw in problematic situations”. Thus, those with high self-esteem may not be as concerned by the potential loss of time and energy [caused by problems at work, for example, or increased demands] because they know they can cope with such a loss.

In recent literature it has been suggested that ‘resilience’ can influence individual well-being (Donaldson-Feilder et al, 2011). Resilience has various definitions and has close similarity with other existing terms such as ‘self-efficacy’ and ‘hardiness’. However, a common theme across definitions of resilience is that resilience relates to “a sense of recovery and rebounding despite adversity or change” (Donaldson-Feilder et al, 2011). In terms of the COR model described above, resilience could be considered as an individual ‘resource’.

In their diary study, Butler et al (2005) acknowledged the non-static nature of individuals in terms of both moods and perceptions. This is an issue that is pertinent to both well-being and social support research. Depending on changing circumstances, access and availability of social support and quality of well-being are likely to change over time. Finally, it is important to acknowledge that a reciprocal effect could be evident between social support and well-being in that they can mutually affect each other (e.g. De Lange, 2005).

Evidence indicates that demographic factors can also influence experience and perception of social support. For example, as has been discussed earlier, women are more likely than men to report greater levels of support. This has implications for individual well-being, particularly for men, as greater support is associated with greater levels of well-being.

This section has cited a broad range of contextual, organisational and individual factors that can have independent or overlapping effects on well-being and social support. Thus, although there is evidence to indicate that social support is related to well-being, there is also much evidence to suggest this relationship is not simple or straightforward and that other factors affect this relationship.

2.9.4 Is social support always positive?

From research evidence available to date, it could be assumed that social support is always desirable, beneficial and gratefully received (e.g. Bakker and Demerouti, 2007). Indeed, a common assumption by many researchers in the field of social support is that social support is positive or can be perceived as a resource, rather than being seen as negative or perceived as a demand. However, some researchers have investigated whether social support is always positive or whether negative aspects have been acknowledged too (e.g. Rook, 1984; Beehr et al, 1990). In Shumaker and Brownell's (1984) definition of support, they make explicit the assumption that "support necessarily involves two individuals and that there are potential costs and benefits associated with the exchange for both participants". Shinn et al (1984) highlighted the fact that to assume social support can only have positive consequences, can be misleading. They argued that measures should enable the opportunity to assess both positive and negative consequences of support and that negative social interactions certainly deserve more study as "it is the negative interactions that appear to explain the most variance in health and well-being".

Not only can social support be possibly perceived as negative, it may also be undesired by some. Indeed, Deelstra et al (2003) questioned the perceived value of support, specifically in the workplace context. They asked whether people do in fact want the support offered to them if that support has not been requested or deemed appropriate by the recipient. A greater acknowledgement that negative consequences of support exist is paramount. However, it is important to acknowledge that some would critique the relationship between social support and well-being, e.g. Pahl (2003).

It is also worthy to note, that there are instances where the same situation may be perceived as negative or positive depending on the individual experiencing it, both within the same individual and across individuals (e.g. Gleason et al, 2008). This could be due to shifts in mood, personality characteristics or perhaps due to past experiences.

2.10 The role of social support in improving well-being at work

As well-being becomes more visible as both a national and an organisational priority it is worthwhile to consider what can be done by organisations to improve well-being at work and who should be responsible for this. A wealth of evidence exists to suggest that social support can positively impact on physical health (Cohen, 1988; Eisenberger et al, 2007), mental health (Stansfeld et al, 2002) and job related outcomes (Karasek and Theorell, 1990). Despite this, interventions focusing specifically on improving well-being at work by improving perceptions and experiences of social support are scarce.

Research evidence indicates that poor well-being at work is associated not only with poor health outcomes for individuals, but with poor organisational outcomes such as increased absence rates and reduced organisational performance. Identifying and understanding the influential factors affecting well-being at work is one of the first steps in addressing the problem. Extant literature indicates that social support is one factor that can potentially have a positive effect on health and well-being of individuals. It is therefore pertinent to explore how access and availability of social support can be enhanced if employee well-being is to be improved.

2.10.1 Provision of formal support

The primary mechanism by which any well-being initiative is introduced or implemented is through the Human Resources (HR) department within an organisation. Rhoades and Eisenberger (2002) proposed that when an organisation engages in HR practices that reflect investment in and support of its employees, “it signals that the organisation is seeking to continue a social exchange relationship with its employees”.

Given the shift in function of contemporary HR departments towards a more strategic role, it would appear that the ‘support’ aspect of HR which it used to fulfil is diminishing. This may have implications for access and availability of social support at work and, in turn, for employee well-being. For example, as described earlier with regard to the potential adverse effects of outsourcing.

The importance of line managers as sources of support for employees was discussed earlier. The changing role of HR may make the role of the line manager even more pertinent. Purcell (2003, cited in D’Annunzio-Green and Francis, 2005), for example, stated that line managers play a crucial pivotal role in forging a link between HR and employees, and in putting into practice some of the policies mentioned above. Although HR personnel and senior management are predominantly responsible for employee policy design and development, much research evidence indicates that it is in fact line managers or immediate supervisors who are often given the responsibility for implementing policies or encouraging uptake of initiatives (HSE, 2005).

However, professional bodies such as the Chartered Institute of Personnel and Development and the Advisory, Conciliation and Arbitration Service (ACAS) can also play a role too. Box 2.1 highlights the aims of ACAS in relation to improving employee well-being (ACAS, 2008).

Box 2.1 Aims for improving employee well-being

Helping line managers play a crucial role in setting the tone for the way people interact with each other
Involving employees in decisions that are made about their jobs and how things are done in the workplace
Managing organisational change effectively in order to minimise the potentially negative impact on employees' health
Re-designing working practices and jobs to enable workers to have greater control in the way they do their day to day work.

Source: ACAS 2008

To date, many interventions aimed at promoting well-being have tended to focus on improving physical health directly or improving the physical work environment. Far less emphasis has been placed on interventions which will strengthen perceptions of social support and promote positive mental health. One example of research which does focus specifically on social support interventions found that increasing visual representation in the workplace, for example, employees having photographs on their desks of loved ones, could be a source of social support (Masters, 2009).

Riggle et al (2009) proposed that employee support programs should differ based on job type, thus acknowledging the heterogeneity of workplace and the need for interventions to reflect this. This resonates with findings from Swanson and Power (2001), as described earlier. This may be the case for different job grades within an organisation but also across different occupations. As discussed earlier, perceived versus received social support is an important dimension of support. In some cases, perceived support can be just as important to individuals as actually receiving support (e.g. Sarason et al., 1990). Thus, it is pertinent for organisations to be aware of not only how they act, but also to be aware of how employees perceive and evaluate organisational interventions.

Most publications that do report on social support interventions tend not to have used workplace based populations (Hogan et al, 2002). However, findings from these studies can still prove useful if there are transferable elements involved, for example, regarding the influence of non-work issues.

If implementation of well-being initiatives is to occur and, furthermore, if these initiatives are to have the desired positive effect, policy makers and relevant stakeholders need to be aware of the factors that affect well-being at work. As already referred to, the HSE Management Standards for work related stress have been pivotal in creating a benchmark by which organisations can understand the fundamental conditions that can serve to create a healthier working environment for their employees and. With this knowledge, employers can learn what changes need to be made in order to make their organisation more healthy both in terms of their employees well-being, and in terms of productivity.

As documented by Peccei (2004), amongst others, there is an on-going debate amongst human resource management academics as to whether focusing on employee well-being leads to mutual gains for employees and employers or whether it leads to conflicting outcomes. It is imperative therefore to get the balance right between HR practices that benefit organisation performance and those which optimise employee well-being. Indeed, as reported by the CIPD (2007) there is a need to create a balance “between enhancing productivity and minimising employee burnout”. This is particularly relevant in ensuring the sustainability of the UK workforce, given the specifics of the UK demographic.

The evidence presented in this literature review highlights a common assumption by many researchers in the field of social support that social support is a resource, rather than a demand or as being positive rather than potentially being negative. Thus, it would be a natural development to assume that interventions focusing on improving social support would have a positive effect on employees and consequently on performance. However, there is also evidence to the contrary which suggests that at times social support can be perceived as a demand or, as acknowledged in Warr’s vitamin model, that social support can potentially have negative consequences. For example, Grant et al (2007) concluded that “Well-intentioned managerial practices frequently have mixed effects and unintended consequences for employee well-being”. This suggests that a one size fits all policy may not be most beneficial.

2.10.2 Evaluation of initiatives

Petticrew et al (2008) conducted a review of public policy documents to establish the attention paid to mental health issues in these documents. Although not specific to social support, they identified an underlying theme throughout the material they reviewed that there is an abundance of literature on where potential problems lie but there is less evidence focusing on possible solutions. It is important to note that the effectiveness of any intervention may be organisation specific. Thus, what works for one organisation, may not work for another and this could be linked to factors such as sector or profession. It is also important to acknowledge the role of individual differences too and the effect these may have. In keeping with this, a White Paper by the British Psychological Society (2010) reiterated that “there is no one single approach that should be adopted”.

Without accurate measurements of well-being, however, it is hard to evaluate the effectiveness of any intervention. As stated by O’Reilly (1988) “as long as conceptual and operational confusion remains [regarding social support], the predictive utility of the concepts will not progress to the stage where logical and meaningful interventions can be developed”.

2.10.3 Responsibility for employee well-being

Gilbreath and Benson (2004) stated that “it is important to note that health practices affect not only physical health; they can also affect psychological health”. By health practices they refer to behaviours such as healthy eating, smoking, exercise and alcohol consumption, thus highlighting the role individuals have in responsibility for their own well-being.

Employee perceptions of work (e.g. Budd, 2011), and what work means to individual employees may influence the degree to which well-being at work is important to employees, and the extent to which they feel this is the responsibility of the employer. Aside from these examples, existing literature makes little reference to what individuals can do to affect, change or improve their own well-being and their own work situation which may be affecting their well-being. This seems to imply that individuals are passive, with no voice or control over their working life experience. However, as found by Loretto et al (2009) with regard to employee responses to organisational change, this is not necessarily the case.

Although there is a great deal organisations can, and arguably should, be doing to enhance well-being at work, there is evidence to suggest that care should be taken not to portray or perceive individuals as being passive or helpless to help themselves. Indeed, Vaux (1988, cited in Siwek, 2008) asserted that “the individual [is] responsible for construction and maintenance of his or her social network and needs to deal with it actively in order to receive support”.

Many interventions to improve well-being are targeted at individuals. Karasek (1990) proposed that individual level interventions can potentially lead to victim blaming. Studies into Perceived Organisational Support theory have shown that changes at organisational level can have beneficial (or adverse) individual level outcomes, for example, that greater POS can lead to reduced absenteeism or intention to quit, or greater organisational commitment or increase in productivity. Thus, both individual and organisational responsibility for employee well-being may prove fruitful in optimising outcomes for both.

2.11 Gaps in knowledge

Despite the wealth of literature in this field, there still seem to be some key omissions. The review of the literature revealed three key gaps in knowledge in research into social support and well-being at work. Firstly, that there remains ambiguity over conceptualisation and operationalisation of both ‘well-being’ and ‘social support’. Secondly, although some research highlights the role of both work and non-work sources of social support on employee well-being, theoretical models and empirical research tend to focus on work based sources of support over other sources of support. Finally, despite the subjective nature of both research terms, to date the majority of research in these fields has been conducted using quantitative methods only. Each of these gaps will be discussed in turn below.

2.11.1 Clarity of definition

Conceptual disparity exists for both social support and well-being. This is partly due to the range of disciplines and stakeholders with an interest in these fields. It is perhaps not realistic or desirable therefore to have one singular definition of social support or well-being. However, within specific domains it may be useful to have some degree of consistency in

order to establish a strong evidence base for each and in order to facilitate replication of studies and evaluation processes. Where no consensus is evident for definitions for both social support and well-being, future research aimed at examining and redressing this would although not necessarily be conclusive, be valuable.

Furthermore, employee-centred perspectives of these terms are scarce. Subsequently, there is a distinct gap in knowledge on how employees or research respondents perceive the terms and what 'social support' and 'well-being' mean to them. Without exploring this further, the success of interventions aimed at improving social support and well-being may prove limited.

2.11.2 Holistic approach to social support and well-being

To date, most well-being at work research that focuses on social support has only included measures of work-based support (colleagues or peers, line managers and organisational support). Apart from a few exceptions (e.g. Munro et al, 1998), there has been a distinct absence of research that takes a more holistic approach which also includes measures of support outside of work. Particularly with the current economic climate and the many changes in the labour market in recent times, it is evident that there is an overlap between work and non-work and consequently, that there may also be an overlap between work and non-work support with both having an effect on employee well-being.

In this respect, despite still being highly influential, Karasek and Theorell's revised model does have some limitations. For example, their definition of support is constrained to workplace sources of support, such as supervisors or co-workers.

2.11.3 Methodological issues

The literature review identified that existing research on social support and well-being is predominantly quantitative. Traditionally, social support has been measured primarily using standardised quantitative measures (e.g. Norbeck et al, 1981; Vermeulen and Mustard, 2000). These standardised scales on social support can be very effective in terms of determining 'what' the issues are and also conducive to gathering data from large samples.

However, the nature of these measures mean that they are less effectual in terms of understanding 'why' people respond the way they do.

Even where more qualitative methods, such as diary studies, have been used, the information gleaned has been quantitative either due to the standardised survey measures included in the diary and/or in the way information has been coded and analysed. Since commencing work on this thesis, however, a small number of qualitative diary studies have now been published (e.g. Poppleton et al, 2008; Travers, 2011). Research into well-being at work is becoming more prominent and the costs of poor well-being at work becoming more apparent. As such, the climate is favourable for experimenting with additional methods, such as interviews, focus groups and diary studies, as a means of gathering rich, in-depth data to complement the data generated by quantitative methods traditionally adopted to date.

Observing the synergies between the data collected from the different research methods will allow for a more in-depth and illuminating picture of the employee experience to be generated. Incorporating more qualitative measures of well-being will also ensure that specific individual and organisational needs are captured. Furthermore, a number of measures exist for both well-being and social support. It is therefore important to acknowledge which outcomes are being measured in each study in order to make accurate and informed comparisons across different pieces of research.

2.12 Aim of present study

From the material presented in this literature review it would appear that many questions raised by early work in this field, for example, relating to the lack of clarity over definitions of social support (Shumaker and Brownell, 1984), still exist. The aim of this study is to contribute to existing knowledge by generating a deeper understanding of employee perspectives of social support, well-being and the perceived relationship between the two concepts. As acknowledged in Chapter One, the purpose of this is two-fold; to highlight the importance of employee well-being for individuals themselves but also to provide evidence for human resource professionals in order to potentially inform their policies and practices. Thus, findings from this study will have value for both individual and organisational outcomes.

2.13 Research questions

Having identified the research gaps in the literature, the research questions presented below were developed in order to try and address these gaps by generating a deeper understanding of ‘social support’ and the ways in which perceptions and experience of social support contribute to psychological well-being.

Table 2.2 Research Questions

RQ1	How are the key concepts of ‘social support’ and ‘well-being’ defined and understood, both by employees?
RQ2	What is the relationship between social support and psychological well-being?
RQ3	How do employees a) perceive and understand what their organisation is currently doing to improve well-being at work and b) how do employees perceive the organisation could improve well-being at work?

Multiple methods will be used in this study to explore how research respondents perceive the terms ‘social support’ and ‘well-being’, what factors influence their experience and perception of social support, the relative contribution they perceive social support to make to their overall well-being at work, compared to other factors, and what they perceive their organisation to be doing to promote well-being at work. Findings are intended to contribute to an understanding of how employees perceive well-being, how important they perceive social support to be as a factor affecting well-being at work and whose responsibility they think it is to promote and preserve well-being at work. It is anticipated that this research will have implications for theory, future research and practice.

The next chapter will present the research design used to answer the research questions, the justification for the choice of methods, details of the fieldwork process and of the analysis strategies employed.

Chapter 3: Methods

'If we accept that no methodology can be epistemologically superior to any other, that all are partial and fallible modes of engagement which simultaneously socially construct, and consequently, obstruct different renditions of reality, then methodological pluralism can be the norm'

(Johnson and Cassell, 2001).

3.1 Introduction

The purpose of this chapter is to describe the research design for this study. In addition, the chapter will include details of the research process and justification will be provided for the methods selected and used to answer the research questions. Firstly, in light of the research questions, the epistemological standpoint will be presented. The following sections of the Chapter will commence with introducing each of the methods used and the purpose of these, and then proceed to elaborate on this by explaining the specifics of the research study and how the research process was executed. Information will then be presented on the data analysis strategy for the different phases of the research, drawing on previous literature, where appropriate. Researcher issues, such as transparency, will then be discussed. By the end of the Chapter, the reader will have a clear picture of the research process.

3.2 Setting the scene

This piece of research set out to examine the conceptualisation of social support and well-being, the factors that influence perceptions of support and the perceived contribution that social support can make to employee well-being. It is an exploratory study as the purpose is to develop a greater understanding of social support and the relationship support has with well-being. As discussed in the Literature Review, both social support and well-being are multi-dimensional by nature and have a wide range of definitions and potential ways in which they can be measured.

Well-being at work research can examine job-related outcomes (e.g. sickness absence, turnover), health related outcomes (physical or mental health) or a combination of both. In this study a non-job specific, health-related outcome (psychological well-being) will be

explored. Two scales will be used to measure psychological well-being: a measure of psychological ill-health (GHQ-12) and a measure of positive mental well-being (WEMWBS).

3.2.1 Epistemological standpoint

According to Crotty (1998), research questions should neatly link in with the epistemological standpoint adopted by the researcher, and to the methods that are then utilised to study the chosen research topic. The attributes of any research method can be perceived more or less suitable, and more or less positively depending on the perceived fit the method has with the research questions to be answered. Bryman et al (2008) proposed that there should be a ‘congruence’ between ‘the research methods being used and that which is being studied’.

Moses and Knutsen (2007) stated that there are two central epistemological standpoints: ‘naturalism’ which “assumes there is a Real World out there, independent of our experience of it” and ‘constructivism’, where “each of us sees different things, and what we see is determined by a complex mix of social and contextual influences and/or presuppositions”. In direct contrast to the standpoint taken by ‘naturalists’, social constructionists fundamentally believe that individuals create their own realities through exchanges with others, and therefore that these realities are subjective and can vary from person to person (e.g. Berger and Luckmann, 1966; Gergen, 1985). In the past, an incompatibility thesis (Howe, 1988) has existed between quantitative (naturalist or positivist) and qualitative (constructionist or interpretivist) research paradigms. Advocates of each camp believed that their “associated methods cannot, and should not be mixed” (Johnson and Onwuegbuzie, 2004).

Tashakkori and Teddlie (1998, p.23), however, reject the either-or paradigm debate. Pertinent to this study, Johnson and Cassell (2001) commented that “not only is epistemological commitment unavoidable in any work psychology, but also that any epistemological commitment is highly contentious”. They argued that work psychology had remained firmly in a positivist position whereas other disciplines have engaged in lively paradigm debates. Johnson and Cassell proposed that it was now time for work psychologists to take a reflexive look at the epistemological standpoint underpinning the discipline.

Epistemological pragmatism allows a combination of inductive and deductive logic to be used during the research. Tashakkori and Teddlie (1998) propose that objective and subjective ‘reality’ are on a continuum and that at some points in the research phase there must be some interaction. The theoretical standpoint adopted in this study falls within the domain of epistemological pragmatism. Thus, methods are chosen based on their perceived aptitude for answering the specific research questions rather than being chosen based solely on an underlying worldview held by the researcher. Tashakkori and Teddlie (1998) propose that “despite any methodological preferences a researcher may have, it is important that methodology links to the research questions being addressed”. This statement is accepted in this study and the predominant either/or paradigmatic debate is rejected. Table 3.1 highlights key characteristics of the pragmatist paradigm.

Table 3.1 Characteristics of the pragmatism paradigm

Methods	Quantitative and qualitative
Logic	Deductive and Inductive
Epistemology	Both objective and subjective points of view
Axiology	Values play a large role in interpreting results
Ontology	Accept external reality. Choose explanations that best produce desired outcomes
Causal linkages	There may be causal relationships but we will never be able to pin them down

Source: Tashakkori and Teddlie (1998)

3.3 Research design

In light of the above, it is proposed that the research questions adequately reflect the link between the epistemological standpoint of the researcher and the research methods chosen to answer the questions. Table 3.2 indicates the research design for this study.

Table 3.2 Research design

What?	Case study
Who?	Large, public sector organisation
Where?	Central Scotland
Method	Mixed methods

3.3.1 Case study

Case studies are most appropriate when an in-depth exploration of a social phenomenon is required (Yin, 2009). Yin (2009) proposed that case studies can be exploratory, descriptive or explanatory in nature. The purpose of this study was to establish depth of understanding of the key concepts and to explore employee perceptions and experiences. Given the proposed research questions, a case study design was chosen.

In academic terms, case studies have a number of strengths. There have been several seminal pieces of case study research that are still used as exemplars today because of their pertinence to contemporary society (e.g. ‘Street Corner Society’ by Whyte, 1943, 1955). A commonly cited criticism of case studies is that it is not possible to generalise results from case study findings to a broader set of cases. The above example indicates the significance a single case study can have and that the relevance of findings can be long standing. Hartley (1994) argued that the “basis of generalisation is not so much about the typicality of the organisation...rather, the argument is about the existence of particular processes, which may influence behaviours and actions in the organisation, ...understanding the contingencies (context) in which those processes occur is important”. This study does not intend to have empirical generalisability due to it being a single case study design. However, theoretical generalisability is possible from the study. Alasuutari (1995) argued that ‘extrapolation’, or how the researcher demonstrates that the analysis relates to things beyond the material at hand, better captures the typical procedure in qualitative research’.

Case studies enable a greater level of submergence in the field of study than other research designs. This closeness to the data enables the researcher to be responsive to conditions as they experience them. Ability to adapt and modify the research process in response to emerging issues as and when they occur is a great strength of this design and a limitation of many other designs. The flexibility a case study design allows and increases the likelihood of research findings being meaningful.

Linking back to the importance of context, as referred to in the Introduction chapter (C. Wright Mills, 1959; Johns, 2006), one strength of a case study is that it is possible to collate contextual information too. Hartley (1994, in Cassell and Symon, 1994) claimed that case studies can explore both context and processes, stating that “The phenomenon is not isolated from its context..., but is of interest precisely because it is in relation to its context”.

However, case studies have been critiqued for generating unwieldy amounts of data which can become unmanageable (Blaikie, 2000), although Yin (2009) argued that this does not necessarily have to be the case. According to Blaikie (2000), in the past quantitative researchers have suggested that findings from qualitative case studies are unlikely to be valid or reliable, partly because “there is too much scope for the researcher to influence results”, thereby increasing potential for bias. However, as the number of qualitative studies has gradually increased in recent years, and academics are acknowledging the credibility and potential value of using these methods; the ways in which they are conducted and evaluated have become more rigorous (Cassell and Symon, 1994).

Practically speaking, case studies can be a valuable way in which businesses learn from each other (for example, Business in the Community, 2011). While pure academic research may seem too far removed from everyday reality of practice, case studies can be an effective, meaningful way to learn and exchange practical knowledge. Even if research questions or outcomes differ or are less relevant to practitioners, it is possible too that the methods employed in the case study design can successfully be transferred for use in another study.

3.3.2 Mixed methods

Traditionally, positivist researchers have relied on quantitative measures and interpretivists (an umbrella heading including social constructionists) draw on qualitative measures to make

sense of the research phenomenon under the microscope. One key critique of a positivist perspective in the social sciences is that it excludes human subjectivity. Across seven different business and management fields, Cameron and Molina-Azorin (2010) found quantitative research to be most commonly published. A cultural difference was observed though with US publications being predominantly quantitative, while UK and Australian publications were also predominantly quantitative but the split across qualitative and mixed was much greater than in the US.

However, recently there has evidently been a shift towards conducting research using a variety of methods, mixing together quantitative and qualitative measures in the same study (e.g. Poortinga et al, 2004). Yin (2009) also advocated the importance of utilising multiple sources of evidence when conducting a case study. In his seminal work 'Documents of Life', (Plummer, 1983) emphasised the importance of "building a methodology that can take subjectivity and the lived life as a cornerstone". By encouraging "access to subjectivity within psychological research", a case has been made for the use of qualitative research methods (Johnson and Cassell, 2001).

Brewer and Hunter (1989, cited in Tashakkori and Teddlie, 1998) stated that the multi-method approach allows investigators to "attack the research problem with an arsenal of methods that have non-overlapping weaknesses in addition to their complementary strengths". However, some academics, particularly those from a positivist perspective, argue that adopting a mixed methods technique is incongruent with being aligned to a particular epistemological viewpoint. More recently, Fielding (2010) reported evidence that the two types of methods complement each other and provide different insights and, similarly, Harwood (2011) argued that adopting mixed methods is not at odds with epistemology. Therefore, the two are not necessarily at odds with each other theoretically, they can be juxtaposed. Similarly, Bryman et al (2008) reported that it was felt that "a complete picture could not be generated by any one method alone". For these authors, "Each source of data represents an important piece in a jigsaw".

It was decided that employing multiple methods to explore social support and well-being was a significant way in which this piece of research could make a valuable contribution to knowledge. An online survey tool was used to measure levels and sources of social support, and levels of psychological ill-health and positive mental well-being. In addition, semi-

structured interviews were used to explore underlying organisational processes and individual experiences which influence individual perceptions of social support and well-being at work. A diary phase was included to explore daily fluctuations in experiences. By incorporating qualitative methods into the research design, such as diaries (e.g. Corti, 1993; Elliott, 1997), this could add depth to understanding of the concept of social support, and add richness to the type of data generated using more traditional measures of social support and well-being in isolation. Table 3.3 below indicates which method was used in each of the four phases of the study.

Table 3.3 Research Methods used

Research Phase	Method
Phase 1	Online survey
Phase 2	Semi-structured interview
Phase 3	Diary
Phase 4	Final interview

The research questions being examined in this study reflect a person-centred approach, for example, by asking respondents what social support and well-being meant to them. Table 3.4 shows which methods were used to address each of the three research questions.

Table 3.4 Research questions and the corresponding phases of research

Research Question (RQ)	Online survey	1 st interview	Diary	2 nd interview
RQ 1 - How are the key concepts of 'social support' and 'well-being' defined and understood by employees?		*		
RQ 2 - What is the relationship between social support and psychological well-being	*	*	*	*
RQ 3 - How do employees a) perceive and understand what their organisation is currently doing to improve well-being at work and b) how do employees perceive the organisation could improve well-being at work for employees.		*	*	*

3.3.3 Triangulation of methods

With the rise of the pragmatic paradigm, mixed methods research design found new credence. Lijphart (1979) acknowledged that "it is the challenging task of the investigator ...to apply these methods in such a way as to minimize their weaknesses and to capitalize on their inherent strengths". However, the mixed methods approach presents a challenge not only in the way the methods are applied but also in relation to the triangulation of methods.

Jick (1979) proposed that triangulation of methods, defined as the weaknesses of one method being offset by the strengths of other methods, could prove most fruitful. However, the term triangulation can be interpreted in different ways. Early thoughts were that triangulation would validate results from the various methods so as to confirm accuracy of findings. Thus, if all methods arrived at the same outcomes the validity of the study was perceived to be stronger. However, Creswell (1995, in Tashakkori and Teddlie, 1998) argued that mixed method designs now serve purposes beyond method triangulation or 'convergence of results'. Berg (2004), for example, proposed that it was 'reasonable to assume that use of more than one method can bring about greater depth to research findings, leading to a more complete understanding of the issue (data triangulation)'. Indeed, Moran-Ellis (2006) suggested that in cross-paradigm projects 'methods can be triangulated to reveal the different

dimensions of a phenomenon and to enrich understandings of the multi-faceted, complex nature of the social world’.

This approach has been described as generating ‘complementarity’ (e.g. Greene et al., 1989). Complementarity can be described as ‘examining overlapping and different facets of a phenomenon, initiation, development or expansion’ (e.g. Carroll and Rothe, 2010). This view replaces the historical interpretation of triangulation that different results suggest flawed measurement with the idea that different results reflect different aspects of a phenomenon. This view of triangulation aligns with the pragmatic epistemological standpoint taken in this study and subsequently, triangulation of the mixed methods adopted in this study will be in terms of complementarity. Speaking from a pragmatic perspective, Onwuegbuzie and Leech (2004, cited in Johnson and Onwuegbuzie, 2004) stated “If findings are corroborated across different approaches then greater confidence can be held in the singular conclusion; if the findings conflict then the researcher has greater knowledge and can modify interpretations and conclusions accordingly. In many cases, the goal of mixing is not to search for corroboration (traditional triangulation) but rather to expand one’s understanding”.

It is important to acknowledge that there have been critiques of triangulation. For example, Fielding and Fielding (1986) argue that “the danger is that, by seizing endorsement of multi-method research without borrowing the bias-checking procedures too, researchers keen to try new procedures simply multiply error, or pick out the points of similarity in data from procedures which may be quite incompatible”. Thus, caution must be applied when applying mixed methods and when presenting the findings.

3.3.4 Ecological validity

Finally, as mentioned earlier, Shumaker and Brownell (1984) acknowledged the importance of contextual factors. They also mention the role of ‘ecological factors’. Incorporating qualitative measures into a research design can allow for context to feature more prominently, thus increasing ecological validity. Ecological validity is a form of external validity which gives an indication of how well a study can reflect everyday life. Review findings from Benoliel (1996) indicated that “research tends to focus on social psychological processes viewed through a narrow lens, while contextual elements at different levels

(organisation, community or society) are less well delineated”. The use of mixed methods in this study may address this shortcoming. Thus, findings from a study high in ecological validity can potentially be relevant to other settings, whereas findings from a study low in ecological validity could not. The specificity of the research questions could be an indicator of this.

These considerations could prove useful, not only in an academic realm but also in providing organisations with greater insights into their employees’ experience of social support. For example, in this study, consultation with the HR contact for the case study organisation identified that the research questions also aligned with gaps in knowledge for the organisation and, therefore, it was anticipated that the findings from the research would be of pertinence to the organisation too. As proposed by Duncan and Spicer (2010) “Engagement is by definition a two-way process, involving interaction and listening, with the goal of generating mutual benefit”.

3.4 Purpose of methods used

As described earlier in this chapter, this study consisted of four research phases; an online survey, a first interview, the diary phase and the second interview. The purpose of the online survey was to target the whole organisation as potential respondents in order to establish levels of social support, psychological well-being and psychological ill health experienced by employees across the organisation (Research Questions 2), and also to gather demographic information. Supporting information from the interview and diary data would also be used to contribute to research question 2, where pertinent. The purpose of the Phase 1 interviews was to explore conceptual issues regarding ‘social support’ and ‘well-being’ (Research Question 1) and to obtain more in-depth information on the relationship between social support and well-being.

The diary component of the study was used to create an additional contextual layer which would look at the key concepts in terms of daily fluctuations. A daily mood scale was also included in the diary phase which provided a further insight into daily fluctuations regarding social support and well-being. The final interview was an opportunity for those respondents who had participated in all phases of the study to feedback their comments on the research

process as a whole, but also to discuss their perceptions of what their organisation was doing to promote well-being at work and how they perceived their organisation could improve well-being for employees, in terms of social support (Research Question 3).

Thus, the survey was sent out first in order to achieve an overall picture of social support and well-being across all employees in the organisation. The subsequent phases of the study would then draw on smaller samples for the purpose of going into more depth on issues raised in the survey. The qualitative methods would also be used to identify emerging themes pertinent to employees beyond what the scope of the survey was able to identify. Synergies between the quantitative and qualitative methods will be evident throughout the ensuing chapters of the thesis. Table 3.5 outlines each of the four phases of the research and gives a brief description of what each phase involved.

Table 3.5 Description of the four research phases

Research Phase	Method	Brief description
Phase 1	Online survey	3 work support scales, 2 non work support scales, 1 psychological ill-health scale, 1 mental well-being scale. Demographic variables – sex, work location, age, job grade, no. of years worked.
Phase 2	First interview	Semi-structured interview schedule exploring conceptual issues around ‘social support’ and ‘well-being’, factors influencing social support and well-being.
Phase 3	Diary	Structured diary format to be completed for a two week period, including daily mood scale to be completed morning and evening and additional text required relating to social support experiences.
Phase 4	Final interview	Semi-structured interview reflecting on the research process and to gather employee perceptions of organisation initiatives to promote well-being at work.

3.5 Rationale for methods used

This section will examine each method in turn and discuss why each method was adopted. Of note, although the different measures are employed to measure different aspects of social support and well-being, the flexibility of the qualitative methods may allow for additional insight to be gathered into the online survey results, for example.

3.5.1 Phase 1 - online survey

One distinct advantage to quantitative methods is that they have the potential to generate large data sets. An online survey was chosen as all employees in the organisation were on the same email server. There was therefore the guarantee that all employees would receive the email describing the project and with the online survey link embedded, thus maximising the likelihood of an adequate response rate. However, it is important to consider that response rates and results may be influenced depending on the types of questions asked, e.g. if the subject matter is of interest to the potential respondent.

Results from the online survey would provide quantitative information on levels and sources of support, the relationship between demographic variables and levels of social support, levels of psychological ill health and positive mental well-being. This data would provide a profile of social support and psychological well-being for case study respondents. The type of questions being asked (yes/no or likert scale responses) meant that a survey for this phase of the research was deemed most appropriate. Data from the online survey regarding the relationship between social support and psychological ill health and positive mental well-being would also contribute to Research Question 2 which explores the relationship between social support and well-being.

In practical terms, the benefits of using an online survey were that it was quick to administer, the survey tool used to store the survey results was free to use and could generate summaries of findings quickly and easily, and also that the dataset of the complete survey findings stored automatically by the online survey provider (Bristol Online Survey – BOS) could be exported quickly and easily to either Excel or SPSS statistics package, which would greatly

ease analysis of results at a later stage. Considering the time and financial constraints associated with conducting a PhD, these advantages held great weight.

Several authors have explored the relative advantages and disadvantages of using an online survey as opposed to a postal survey. Prior to the 'digital age', the latter would have been a more common research tool (Kaplowitz et al., 2004; Saunders, 2009). Duffy (2005) reported that the nature of online and postal surveys means that common methodological points of contention such as social desirability effect or interviewer bias can be eradicated. However, as noted by Kaplowitz et al (2004) there is a huge cost differential between a web-based versus mail out survey, with the latter costing far more and therefore online surveys are becoming a more common research tool.

Scales used

Depner et al (1984) advised that 'the researcher should make a concerted effort to avoid unnecessary deviation from established measures. This will enhance the comparability of research findings'. In light of this, the online survey was constructed using existing, standardised scales. The survey included scales of both social support and psychological well-being. More specifically, there were three questionnaires on work support (organisational, line manager and peer), two on non-work support (friends and family), one on psychological ill health (GHQ-12) and one on positive mental well-being (WEMWBS). Demographic information was also requested. These were gender, tenure, age, job grade and location of work.

Information in the Boxes below show the different scales used in the online survey. Boxes 3.1-3.3 show the work support scales, Box 3.4 and 3.5 show the non-work support scales. Boxes 3.6 and 3.7 show the well-being measures. The researcher emailed the authors of each of the scales that were copyrighted (i.e. GHQ-12, PssFamily and PssFriends and the daily affect scale) for permission to use these in this piece of research. The requests to use the scales were granted by all.

Each Box presents the same information for each scale in turn: the number of scale items, a sample item, the theoretical minimum and maximum scores for each scale, and the internal reliability (Cronbach's alpha) scores for each scale, as presented in the original papers.

Cronbach's alpha values are included as these give an indication of the reliability of a scale. Scores can range from -1 to +1, with higher scores indicating greater internal consistency between scale items. DeVellis (2003) reported that, ideally, all Cronbach's Alpha scores should be above 0.7.

As will be described in more detail later in the chapter, qualitative data will also be drawn on with regard to defining well-being from a lay-person perspective to explore whether a shift from stress to well-being is evident amongst respondents and to establish additional factors that may contribute to perceptions of social support and well-being that may not be captured by the survey scales alone.

Box 3.1 Perceived Organisational Support (POS)

Sample item: 'My organisation really cares about my well-being'

No. of items: 8

Minimum score: 0

Maximum score: 48

Scoring: All items were answered on a scale from 0 (strongly disagree) to 6 (strongly agree). A higher score is an indication of greater perceived organisational support.

Cronbach's Alpha: 36 item scale 0.97; 6 item scale 0.87 (Eisenberger, 1984)

Source: Eisenberger (1984)

In order to look at social support more holistically, it was deemed valuable to break down measures of support into not just work and non-work but to different sources of support within each domain (work and non-work) too. Thus, one reason for choosing the POS scale was the degree of specificity it allowed for the source of work support being measured (i.e. organisational level support).

In addition, two sub-scales from a larger instrument developed by Haynes et al. (1999), aimed at measuring perceived job characteristics, were used as these distinguished between line manager support and peer support. Thus, used in combination with the POS model, it was possible to measure three different sources of work-based social support. Haynes et al

(1999) had drawn on existing well-being at models, such as Warr's Vitamin model and the Job Demand Control model when devising their measurement tool, thus, the theory behind the design of the tool, and the degree of specificity made these particular questions an appropriate choice for inclusion in the survey. Sample items for these two scales are presented in the two boxes below.

Box 3.2 Line manager (LM) support

Sample item: 'To what extent does your line manager encourage you to give your best effort?'

No. of items: 6

Minimum score: 6

Maximum score: 30

Scoring: All items were answered on a scale from 1 (a very little extent) to 5 (a very great extent). A higher score is an indication of greater line manager support.

Cronbach's Alpha: 0.90-0.93 (depending on occupational group) Haynes et al (1999)

Source: Haynes et al (1999)

Box 3.3 Peer support

Sample item: 'To what extent can you count on your colleagues to back you up at work?'

No. of items: 4

Minimum score: 4

Maximum score: 20

Scoring: All items were answered on a scale from 1 (not at all) to 5 (completely). A higher score is an indication of greater peer support.

Cronbach's Alpha: 0.90-0.92 (depending on occupational group) Haynes et al (1999)

Source: Haynes et al (1999)

It is important to acknowledge that other social support scales do exist, such as Norbeck's Social Support Questionnaire (Norbeck et al., 1981). However, although the NSSQ allows respondents to answer questions for different sources of support separately, the questions being asked refer to social support more generally, thus Eisenberger's POS scale and the two other work support scales shown above were more appropriate for elucidating findings that would be most meaningful in this study.

As described in the Literature Review, many of the models regarding job strain and of the studies examining the role of social support on workplace well-being tend to consider solely workplace support. One of the gaps identified in the literature was that non-work sources of support were often neglected. It was therefore considered by the researcher that, given the fit with the research questions, scales measuring both work and non-work sources of support be included in this study. Procidano and Heller's (1983) Multi-dimensional Scale of Perceived Social Support (MSPSS) seemed most appealing to use as it distinguished between different sources of non-work support, perceived support from family and perceived support from friends. These scales had been found by the authors to have high internal reliability, as can be seen from the Cronbach's Alpha values in the Boxes below. Where these scales have been used in other studies (e.g. Zimet et al., 1988; Lyons et al., 1988) both have consistently shown high internal reliability.

Box 3.4 Perceived social support from Friends (PssFr)

Sample item: My friends give me the moral support I need.

No. of items: 20

Minimum score: 0

Maximum score: 20

Scoring: All items were answered either 1 (yes) or 0 (no). A higher score is an indication of greater perceived support from friends.

Cronbach's Alpha: 0.88 (Procidano and Heller, 1983)

Source: Procidano and Heller (1983)

Box 3.5 Perceived social support from Family (PssFam)

Sample item: Members of my family are good at helping me solve problems.

No. of items: 20

Minimum score: 0

Maximum score: 20

Scoring: All items were answered either 1 (yes) or 0 (no). A higher score is an indication of greater perceived support from family.

Cronbach's Alpha: 0.90 (Procidano and Heller, 1983)

Source: Procidano and Heller (1983)

Although other social support scales could, potentially, have been used in the online survey, it was decided by the researcher that the standardised scales selected for inclusion captured well the nature of the study which aimed to explore social support more holistically than had been the case previously. The level of specificity in terms of the different sources of support that could be measured using the five individual scales was a key reason for choosing these. Furthermore, the scales chosen were considered appropriate due to the established, and widely acknowledged, reliability and validity of these scales.

As mentioned above, Cronbach's alpha values give an indication of the reliability of a scale. As can be seen in the Boxes above, values for each of the standardised scales of social support used in this study were 0.87 or above. This indicates that there was internal consistency between scale items for each of the scales used in this study, as determined by the criteria set by DeVellis. Cronbach's Alpha values for each of the scales based on responses from this survey sample will be presented later in the chapter.

Turning now to the well-being measures, the psychological ill health and positive mental well-being scales used in this study, (GHQ-12 and WEMWBS) have both been used in the Scottish Health Survey. This is a large national dataset providing data on the physical and mental health of the Scottish population. The GHQ-12 has been used in the British Household Panel Survey (BHPS) and in numerous empirical studies. Thus, the presence of

both scales in national level surveys deemed these to be appropriate for inclusion in this study. As with the support scales, the Cronbach's Alpha scores shown in the Boxes below are all above 0.7, indicating that there was also high internal reliability for both of the well-being scales.

There were also a number of reasons why two well-being measures were used. In Chapter 2 it was highlighted that positive and negative psychological well-being may operate on two different continua. Furthermore, there has been a reported shift in academia from focus on stress to focus on well-being (e.g. Wainwright and Calnan, 2010). Using two different measures meant this could be explored to see if there was a difference between the two scales, and also to examine the relationship between scores from the two scales can also be established. Bakker and Demerouti (2007) acknowledged that the majority of studies only focus on 'negative outcome variables'. In their study they used a measure for positive well-being and a measure of poor well-being in order to redress the balance and this study followed this example.

Box 3.6 Measure of positive mental well-being (WEMWBS)

Sample item: Over the last two weeks...I've been feeling optimistic about the future

No. of items: 14

Minimum score: 14

Maximum score: 70

Scoring: All items were answered on a scale from 1 (none of the time) to 5 (all of the time). A higher score is an indication of greater mental well-being

Cronbach's Alpha: 0.89 (student population); 0.91 (general population) Tennant et al (2007)

Source: Tennant et al (2007)

Box 3.7 Measure of psychological ill-health (GHQ-12)

Sample item: To what extent have you been able to concentrate on whatever you're doing?

No. of items: 12

Minimum score: 0

Maximum score: 12

Scoring: All items were answered from one of 4 options ranging from 'not at all' to 'much more than usual'. A higher score is an indication of poorer psychological ill-health

N.B. For more details on the scoring of this scale, see the appendix

Cronbach's Alpha: between 0.82 and 0.86 (Goldberg, 1978)

Source: Goldberg (1978)

Response set

One problem associated with using likert type scales, such as those used in the online survey and described above, is that respondents can fall into a pattern of answering in a certain way without actually considering their response to each item. For example, they might repeatedly tick the box closest to the question, or repeatedly opt for the middle response, irrespective of what this means in terms of a response.

Observation of the frequency graphs presented in Chapter 4 will be one way to assess if response bias had occurred in the survey responses. Additionally, the information in the above table also gives an indication of where one may expect 'spikes' to be on the graphical representations of the total scores, if respondents were to respond in the same way to each of the scale items. For example, for Organisational Support, there are 8 items and the maximum score is 48. Thus, if a respondent gave the same maximum response for each of the 8 items, one would expect to see spikes on the graph at 6,12,18,24, 32, 40 and 48. This is important to acknowledge as evidence of this can be an indicator of 'response set'. This is a common potential problem with this style of testing where respondents merely give the same response to each question and fail to differentiate between them. No clear pattern of spikes is desirable

as it suggests the respondent has considered each item individually and answered accordingly.

Sequencing and ordering

By using existing scales the problem of word ordering is minimised within the scales. It has also been proposed that the order in which questions appear can affect response rate, and responses given. It is a general rule of thumb that less sensitive information should be requested first and that more sensitive questions, if included at all, should be included closer to the end of the survey. The online survey was piloted on three separate individuals to establish whether there were any difficulties with understanding of or presentation of the survey materials, for example, the Americanisms noted in the Friends and Family scales or outdated terminology. However, even if every effort is made to minimise misinterpretation and bias, “there is still no guarantee that the questions will be interpreted as they were intended to be” (Streiner and Norman, 2001). Question order was in keeping with that proposed by Moser and Kalton (1997; p.346).

3.5.2 Phase 2 - first interview

The second phase of the research was designed to elucidate answers to Research Questions 1 and 3, and to complement statistical data for Research Question 2 (see Table 3.4 for research questions). The questions included in the interview schedule stemmed from evidence and themes gleaned from the literature review. However, the semi-structured format enabled respondents to use the interview to discuss their own thoughts and reflections, which at times covered topics not pre-determined by the researcher. As recommended in the design of scales, care should be taken to avoid jargon, value laden words and overly long questions (Streiner and Norman, 2001). It was deemed appropriate by the researcher that similar principles should be applied when constructing the interview schedule.

The purpose of using qualitative measures in this study was to generate a rich, complementary dataset to the quantitative data already generated, in addition to generating valuable insights in their own right. As little qualitative research has been conducted on social support and well-being, it was of interest to see what more could be understood about the two concepts and the relationship between the two by incorporating qualitative elements

in to the study. As cited by (McCracken, 1988:p.17), the (interview) sample used by a social scientist “is not chosen to represent some part of the larger world.” This contributes to the evidence supporting the claim that greater use of qualitative methods in organisational research can potentially provide meaningful data, despite generally being conducted on relatively small samples (e.g. Cassell and Symon, 1994).

In practical terms, alternative options to the semi-structured interview could have been a more formal, structured face to face interview. As this was an exploratory study, however, it was felt that a structured interview would be in contrast to the goal of the researcher as there would be little opportunity for the respondent to guide the dialogue and for new themes undetected a priori by the researcher to emerge, whereas semi-structured qualitative methods may elucidate responses unique to each respondent and will centre on their ‘lived experience’ (Plummer, 1983) and therefore contribute to knowledge in a way that has been under-explored to date in this field.

A telephone interview, although involving less costs with regard to travel and time, seemed too impersonal, particularly given that the nature of the interview questions involved more than a ‘yes/no’ answer. Furthermore, respondents were to be asked by the researcher at the end of the first interview if they would be interested in participating in the third phase of the research. It was anticipated that respondents may be more likely to agree to participate in further phases of the study if face to face contact had been made and some degree of rapport had been established between researcher and respondent. Thus, the semi-structured face-to-face interview seemed most appropriate.

3.5.3 Phase 3 - diaries

Although a well-established technique in other research disciplines, such as medicine, anthropology and sociology (e.g. Alaszewski, 2006; Valimaki et al, 2007), the diary is a relatively novel technique in terms of its use as a business research method. However, as is evident from publications in other disciplines, diary data can prove very enlightening in terms of people’s thoughts and feelings on a micro level and in understanding how these can fluctuate daily. As Van Eerde et al (2005) reported, “one of the prevailing features of organizational life is that events, behaviours and experiences fluctuate in frequency and intensity over time (e.g. hourly, daily and monthly). Diary methods enable the researcher to study such fluctuations within individuals”. In this respect the diary can potentially be of

great value as a research tool in organisation studies (e.g. Conway and Briner, 2002; Poppleton et al, 2008).

Bolger et al. (2003; cited in Harris and Daniels, 2005: p.11) stated another advantage in that “Diary studies also enhance ecological validity by examining affect and beliefs in their natural contexts”. The purpose of the diary phase of the research was to detect to what extent there were any daily fluctuations in experiences of social support and to gather more evidence on the relationship between social support and well-being.

A standardised scale of daily affect (Daniels, 2000) was also included in the diary in an attempt to establish whether reported experiences of social support were associated in any way with daily mood, and also to explore whether the findings from the two different methods would corroborate with each other. For example, to examine whether reports of feeling socially supported were coupled with higher mood scores on these occasions. Box 3.8 below shows the key descriptive data for the Daily Affect scale. An extract from the structured diary format is provided in the Appendix at the end of the thesis.

Alternative mood scales were considered by the researcher prior to choosing this one. For example, the Positive and Negative Affect scale (PANAS) is well-known and commonly used. However, the wording of the instructions to respondents indicates that the scale should be answered in relation to considering how one has felt ‘during the past week’ (Watson et al, 1988). Thus, although similar in style to Daniels’ scale, the PANAS scale was not suitable for use in this study as it does not measure daily mood fluctuations.

Box 3.8 Measure of daily affect

Sample item: For each of these 20 words about feelings or emotions (e.g. cheerful, gloomy), how do you feel today?

No. of items: 20 (10 positive items and 10 negative items)

Minimum score: 20

Maximum score: 100

Scoring: All items were answered on a scale from 1 (not at all) to 5 (very much). Negative items (e.g. gloomy) were reverse scored. A higher score is an indicator of a better mood.

Source: Daniels (2000)

A potential limitation of daily affect scales that consist of both positive and negative items (such as that used in the diary), is that there is the potential for people to mis-respond to negative items. For example, the respondent may assume that the responses go in the same direction for all questions and not notice that the scoring scale for certain items has been reversed and therefore tick the wrong response option (e.g. as highlighted by Haynes et al, 1999).

Also, if people fill out the diary retrospectively, which is possible and difficult to detect, the mood scores may be of little use given that it is unlikely people will remember accurately their exact mood if not filling it in at the specified time. Diarists did not always write comments so it was not always possible to validate or try and explain why their mood scores were higher or lower on different occasions..

Finally, evidence suggests that, as well as generating rich data for researchers, diaries can also be a valuable tool for respondents (e.g. Corti, 1993; Waddington, 2005). Pertinent to this study in particular, Keleher and Verrinder (2003) concluded that completing diaries can be considered a means of social support in itself. The diary phase of this study was used to complement data gathered from other methods and to identify daily fluctuations in perception and experience and also in mood. The textual component meant that daily mood scores could be appraised in light of accompanying text.

Developing criteria from the outset for what classified as a high or a dip in mood score, however, was complicated and subjective as the mood scales had not been used in this way in other studies (overall scores had been used as an independent variable in statistical models). Although, difficult to eradicate these shortcomings of the method completely, one purpose of the second interview was to ask respondents to feed back their experiences using the diary in order to explore potential evidence of these problems

3.5.4 Phase 4 - second interview

The purpose of the final interview was four-fold. Firstly, this was an opportunity to give the respondents a chance to reflect on their experience of the research process and to make any final comments or to ask questions. It was of interest to see if through engaging in all four phases of the study, respondents' awareness to well-being and social support had changed at all, and if they could envisage any potential learning points for the organisation or themselves as a consequence of participating. The semi-structured style of the interview gave an element of ownership to respondents to direct the conversation. Another purpose was to elicit any additional comments in relation to Research Question 3. Thirdly, after this level of commitment to the study, it was considered important by the researcher to personally thank the respondents and to acknowledge their valuable contribution to the study. Again, this interview could have been conducted over the telephone but, as it was the last contact participants were required to have with the researcher, it was considered important to meet with them in person. Finally, a secondary yet important purpose of the second interview was to gather feedback on the diary method.

3.6 Gaining access to the case study organisation

In attempting to access a case study organisation, in the first instance, a preliminary email was sent out by the researcher to the Division of Occupational Psychology – Scotland (DOP-S) administrator. DOP-S is a sub-division of the British Psychological Society, of which the researcher is a member. The administrator was asked if they could assist by sending out an email to the DOP-S mailing list about the prospective study to be undertaken, on the premise that occupational psychologists practising in Scotland may already have access to a number of organisations and that this could prove a useful access point for the novice researcher.

The email briefly outlined the area of research to be conducted and invited representatives from organisations to respond if they were interested in hearing more or getting involved. For the purposes of this research, the researcher was interested in exploring the conceptual issues surrounding social support and well-being, and with the perception and experiences of employees with regard to these two concepts. Due to the exploratory nature of the research, the type, size and location of the organisation would not affect eligibility for involvement in this study. As such, all organisations were potentially suitable as the target of the case study. This correspondence with DOP-S proved effective as, through this network, a case study organisation was identified. This was a large, public sector organisation in Scotland. Although the characteristics of the organisation were largely secondary to the focus of the research, there were some elements that made the case study organisation particularly appealing.

Firstly, for practical reasons, in terms of location it was an asset that the organisation was in Scotland. Several meetings would be needed with the target organisation in order to develop a relationship and to gain their support. Also, a component of the fieldwork involved conducting interviews with employees over a period of time; thus there would be a lot of travelling to the organisation. This would not only be time consuming but also financially draining if the target organisation was not within daily travelling distance, given the limited resources available to conduct the study. Thus, it was advantageous that there was a geographical closeness between the researcher's base and the location of the organisation.

Although it was not pre-determined that the case study organisation should be from the public sector, the fact that it was came with its own points of interest. Much of the organisational research on well-being to date has charted the experiences of larger, private sector workplaces to invest in large scale well-being initiatives e.g. corporate gym membership, private health insurance (e.g. Price Waterhouse Cooper). The public sector, however, has a different set of characteristics, inextricably linked to resources and thus research in this sector would be interesting as these organisations generally have more finite resources available to invest in well-being initiatives.

Also, as a result of the timing of the fieldwork coinciding with the peak of the economic downturn for the private sector, there was a concern that private sector companies might be less willing to participate, or might be a less stable environment in which to conduct

research. Thus, considering the timing of the research, it was decided that a public organisation would be most appropriate as the case study.

It was also deemed advantageous by the researcher that the organisation chosen was a large company (employing approximately 1,200 staff), as one aspect of interest for the researcher was to explore potential differences in experience of employees across a range of grades. Although this could not be guaranteed, by studying a large organisation there was the potential that employees from a range of job grades would participate.

3.6.1 Making initial contact with the case study organisation

Stemming from the initial email sent out by the DOP-Scotland administrator, consequent email correspondence led to a meeting being scheduled with one of the senior HR managers at what was to become the case study organisation. At this meeting, preliminary and emerging ideas about the research plan were discussed. This was an excellent opportunity for the researcher to understand what interested the organisation about the proposed area of research and what the organisation were hoping to achieve by agreeing to participate.

This discussion established that there was an objective within the HR strategy of the organisation to develop a greater understanding of what contributes to well-being in the workplace and what can be done to improve well-being at work for employees working in that organisation. They were also interested in understanding how to reduce stigma surrounding stress in the workplace. Concern surrounding these issues had been exacerbated following a recent period of organisational change. Results from the most recent annual staff survey had been described by the senior HR manager as very low, compared to previous findings. The questions in the staff survey are based on the six HSE Management Standards criteria (roles, demands, control, relationships, change and support). Results had indicated that, of the six criteria that were being assessed, 'Support' generated the lowest score. Thus, the research focus of the study mapped well on to existing organisational concerns.

It was anticipated that, by collaborating with the organisation in this way, the benefits to both the researcher and the organisation would be maximised. Effectively, this was an attempt to put research into practice and bridge the academic–practitioner divide, as alluded to in the Introduction chapter and Literature Review. Much organisational research emphasises the

importance of collaboration between academics and practitioners in order to maximise success of the research (for example, Yarker et al, 2008).

A second meeting was arranged to discuss more specifically what the research would involve. The researcher requested that their main PhD supervisor attend the meeting in order to validate the status of the researcher, for the supervisor to get more of an understanding of the organisation, and to reiterate to the HR contact the researcher's assurance that the identity of the organisation and of all research respondents would remain anonymous. By the time of this second meeting, the results of the most recent staff survey had been tabulated and released. Although the score for questions on 'support' had improved since the previous survey, as had all other scores, 'support' scores were still the lowest compared to the other dimensions. It was apparent from speaking with the HR representative that these improved findings seemed to have eased the levels of concern. However, although initial concerns of the HR department that were the trigger for getting involved in the research were now less acute, the meeting was very positive and it was established that the HR department were still keen to be involved and, by the end of the meeting, it was formally agreed that this organisation would participate in the fieldwork. In return for agreeing to facilitate this research, the organisation reiterated that they would prefer to remain anonymous. This request has been respected and upheld by the researcher.

As is common with other case studies of organisations, the researcher requested that the HR contact provide some background data on the annual staff survey and other top line organisational level material to be made available, in order to gather a greater understanding of the organisation as a whole, for example, statistics on the demographic profile of the employees, some data on objective indicators. Certain stress and well-being policy documents were provided on request (some of this material had been anonymised by the HR contact to ensure confidentiality), and access was permitted to the organisation's intranet service where much of the HR information is maintained.

A briefing note (see Appendix) was then sent to HR to circulate to senior management and to representatives from all relevant trade unions regarding the purpose of the research and the research outline. Buy-in or acceptance from the Unions seemed crucial in facilitating the smooth running and possibly enhance response rate to online survey. Approval of the

research plan was given by senior managers and by the Union representatives, and so it was agreed that the fieldwork would commence as planned.

3.7 Piloting the online survey

Once the case study organisation had been confirmed but prior to rolling out the research plan, a pilot study for the online survey was conducted to assess ease of comprehension and any formatting queries for the online survey tool, the first of the four research phases.

The two PhD supervisors and three independent others (two academics and one lay person) previewed the design and content of the online survey and were asked to provide feedback. In doing so, this revealed a number of small points that were changed prior to the survey going live.

Suggestions to improve the format included:

- Revising the stated completion time for the survey.
- To de-personalise the opening preamble. So, instead of stating ‘my’ research, for example, this would be amended to read ‘this research project’.
- To replace ‘Americanisms’ in the Friends and Family support scales with more ‘UK friendly’ terms.
- To clarify units of measurement on one of the demographic questions regarding distance from work to ensure consistency across responses.

The contents of the survey were discussed with the HR contact, who liaised with other senior managers and Union representatives for approval prior to the survey content and format being finalised. The HR contact also made useful contributions in terms of providing appropriate response options for the demographic questions in the survey, for example, locations of various offices, departments and job grades. Initially, there had been a question in the survey asking about affiliation with Trade Unions. However, the researcher was asked by the HR contact to withdraw this question as, within this organisational context, it was deemed to be too sensitive. Thereby, although respondents were informed at the outset that they had the option of not answering any questions, at any phase of the study, this question

was removed from the online survey and it was agreed that questions regarding Union affiliation could therefore be asked at the interview stage and respondents could decide whether they wished to answer or not.

These suggestions were fed into the final version of the survey that was sent out to potential respondents. Thus, this pilot phase was very useful and provided some valuable insights which were taken on board for the final format of the survey that was emailed out.

3.8 Implementation of the case study approach

Once the amendments stemming from the pilot study had been made and the final research design had been approved by the case study organisation, the research could commence. This section chronicles how each phase in turn was planned, developed and implemented.

3.8.1 Phase 1 - Online survey

Once the format had been revised and finalised, the online survey link was emailed to all employees in the organisation (n=1,198). The email was sent out via the human resources department in order to avoid any bias incurred by selecting certain employees or departments and asking them to participate.

The Bristol Online Survey format was used for the online survey. This was easy to utilise, free to use and, most importantly, was accessed by respondents externally to their intranet at work, thereby ensuring that they could not be identified by their employers when they filled out the survey. Respondents were not required to give their name when completing the online survey as it has been suggested in existing research that the higher the perceived anonymity of responses, the less tendency there is towards socially desirable responding (Bjarnason, 1995). No formal consent was obtained by those who opted to complete the online survey. The manner in which the survey web-link was made available meant that those who did not want to participate did not have to take any action. For those who wanted to participate, clicking on the link and completing the survey was an informal acknowledgement of consent. At the end of the survey, there was a section where survey respondents could fill in their contact details (usually email address) if they were willing to be involved in the interview phase of the study. If this section was filled in the researcher

would therefore be able to contact them to arrange an interview. This method for recruiting interview respondents was adopted by Bryman et al (2008).

The online survey link was 'live' for a one month period. At the two week point, 112 employees had completed the survey. Consequently, a reminder email was sent out at this point to encourage further responses. At the end of the one month 'live' period, 158 surveys had been completed. This indicated a response rate of 13%. It would be possible to conduct some statistical analysis with a sample of this size, however, the response rate should be taken into consideration when interpreting the survey findings.

3.8.2 Phase 2 - First interview

At the end of the online survey respondents were given the opportunity to leave their contact details if they were prepared to be contacted again for the purpose of being interviewed. Forty seven survey respondents left their details, thereby self-selecting themselves for interview. Follow up emails to these respondents to discuss continued involvement in the study resulted in thirty one being available for interview (n=31). Although the gender split was, as is often the case in social research, biased towards a greater number of female respondents, the distributions for the other demographic variables were fairly even. The number who offered their time to be interviewed was manageable for the researcher, given the time and resource constraints of the PhD. Therefore, all potential interviewees were contacted. A small minority did not reply to the subsequent email sent out (n = 9); the majority, however, did reply. For a small minority of those who did reply (n=7), it was not possible to go ahead with an interview either for reasons of timing or practicalities, e.g. on maternity leave.

It had been negotiated with the HR contact that a room would be made available at the head office for interviews. There was also a room allocated within the University grounds for those who did not want to be interviewed in their workplace. For the majority this was an adequate arrangement. Of the 31 respondents, six requested that their interview be conducted away from their place of work. Thus, four interviews were held on the University campus and one was held in a café near to their workplace. Although this was less convenient for the researcher, due to the noise levels in a public place, it was adhered to in order to maximise participation and out of respect for maintaining the respondent's anonymity. One respondent

reversed their decision to have the interview elsewhere due to high volume of work demands so had the interview at their workplace to minimise disruption to their work. Those who worked out with Head office could choose whether they wanted the interview to take place at their work location, or elsewhere.

All interview respondents were given an information sheet to read through when they arrived for the interview; they were also asked to sign a consent form. All interviews were recorded using a hand held voice recorder. All interviewees were given the option of refusing to have their interview recorded, but no respondents did. This allowed the researcher to focus fully on the interviewee and not have to be unduly distracted by writing notes over and above what was chosen by the researcher. The interviews were open-ended. Respondents could therefore talk for as long or short time as they wished. Interview length varied from 30 minutes to 1hr 50 minutes. Partly due to time constraints and work demands, the interviews generally would take about an hour.

The same interview schedule was used for all respondents but, depending on individual experience they spent more or less time discussing certain matters and in some cases raised their own topics of concern or interest which were then discussed. A couple of revisions were made to the interview schedule as time went on, reflecting input from respondents about things they felt were important.

The nature of the research design enabled individual profiles to be created for each of the 31 interview respondents. This was so responses at all phases of the research could potentially be tracked within as well as across individuals.

3.8.3 Phase 3 - Diaries

At the end of each interview, once a degree of rapport had been acquired between researcher and respondent, respondents were asked if they would be willing to participate in the next phase of the research. Of the 31 interviewees, 11 agreed to commence the diary phase.

The diary was to be completed for a two week period. Two entries were required each day, consisting of a daily mood scale and a written component on both occasions. The diary was completed only on days during the two week period when respondents were working. For the majority therefore, this meant two entries Monday to Friday. However, for those who

worked shifts, sometimes weekend entries were made depending on their shifts that week. The diary format meant this could easily be facilitated.

All diaries were structured in format. In the unpublished MSc research conducted immediately prior to this study being undertaken, both 'structured' and 'unstructured' diaries were piloted. The only difference between the two formats was that, for the written part of the diary, the 'unstructured diary' just had a blank page for respondents to write their comments whereas, in the structured diary, prompts were given to respondents to direct them in their answers e.g. for the p.m. entry, the headings 'line manager', 'colleagues', 'senior manager' and 'other' were provided. Feedback from MSc participants was positive regarding both diary formats. However, a number had commented that they found the prompts very useful and therefore it was decided that this format should be used for the PhD.

Both diaries also included a daily mood scale; the same scale is used in this study (Daniels, 2000). In keeping with Harris and Daniels (2005) use of the scale, instructions were given to respondents to complete the diary twice a day, once in the morning and once in the afternoon. Respondents were requested to complete the written component of the diary at the same time as the mood scales, describing either what they had done the previous evening (a.m. entry) or how they had spent their day at work (p.m. entry). Respondents were also advised not to complete an entry retrospectively if they had been unable to complete it at the correct time, as also advised by Daniels and Harris (2005). Confidentiality was assured and researcher contact details were provided for the respondent to use at any time during the two week diary phase if they had any queries or concerns.

To facilitate completion of the diary, respondents were given the option of having an electronic copy of the diary, or a hard copy. The diaries were to be posted or emailed back to the researcher at the end of each week (envelopes and stamps were provided for those completing a hard copy). Those diaries that had been completed by hand were later typed up by the researcher to aid future analysis.

In terms of the timing of diary entries, the guidelines provided with the diary stipulated that entries should preferably be made just as they are starting work and then again just after finishing work, or within one hour of starting work and finishing work. However, the unpublished MSc pilot study (Parkin, 2007) uncovered that very few respondents were able to meet these requirements. Rather than disregard entries that had not been made within the

allocated time, this rule was relaxed in order to maximise the number of entries. With this type of self-completion diary format (- i.e. where the researcher is not on-site), it is very hard to regulate, so even where the respondent states it is filled in on time, this may not be the case. Only with more advanced technology (e.g. palm pilots) for entering diary data, or an on-site researcher to monitor entry time more closely could this be overcome. Neither of which were feasible in this particular study due to resource constraints, and also for ethical reasons in not wanting to impinge on the respondents rights to privacy. They had also volunteered to participate with no incentive offered so to enforce such strict regulations could have had an adverse effect on respondents' willingness to participate.

3.8.4 Phase 4 - Second interviews

Once respondents had returned their completed diaries back to the researcher for the second week, this signalled the end of the diary phase. Each respondent was emailed individually, firstly to thank them but also to invite them for a final interview. It was emphasised that this was optional but it was for the purpose to provide feedback on the diary completion process and to tie together the three previous research phases they had been involved in. All 11 diarists agreed to return for this final phase of the interview

A semi-structured interview schedule was devised for the second interview, but the onus was really on the respondent to direct the dialogue as they saw fit and to ask any questions they had and to feedback any comments on the research as a whole or the different aspects of it. All interviews were recorded and were, by design, shorter in length than the first interviews. Interview duration ranged between 20 minutes and one hour. All interviews were transcribed by the researcher.

As with the first interviews, the HR contact facilitated use of an interview room within the organisation for the interviews to be conducted in. When contacted to arrange a suitable time for their interview, respondents could choose whether they would prefer to be interviewed in the on-site room or elsewhere. The majority of interviews with Head Office employees took place on-site. For a minority of respondents, other locations were used. One Head Office respondent who requested that their first interview be conducted off work premises requested this again for their second interview and this was facilitated. The researcher was careful always to offer to meet the respondent where suited them best. This was to maximise the

likelihood of their continued support but also, as location was a point of interest in the study, it was deemed imperative that those working at locations other than Head Office were not excluded, or made to feel excluded from the study on the basis of their location.

No incentives were offered at any stage of the research to encourage or reward participation. These were not requested by the organisation at the outset of their involvement and not mentioned by any of the respondents throughout the research process, even for those who participated in all four phases. From comments they made throughout the process it seemed that respondents felt pleased to have been given a voice and that taking part and being listened to had made them feel valued.

Offering incentives may have increased response rates (e.g. Bonke and Fallesen, 2010), for example, for the online survey. However, Keleher and Verrinder (2003) reported a good response rate in their study despite no incentives. Although a reminder email was sent out to all employees, the response rate to the online survey remained relatively low (13%). However, the HR contact claimed that this was not unusual. Once interviewees had been confirmed no attrition occurred.

3.9 Quantitative data analysis strategy

The analysis of the data was conducted in line with the research questions, as presented earlier in this Chapter. Box 3.9 summarises the statistical analysis that was undertaken which contributed to informing the answers to the research questions.

For ease of comprehension, details of the data analysis will be presented below taking each phase of the research in turn. However, in the Results chapters, analysis from all four research phases will be integrated in order to provide a comprehensive account reflecting respondents' overall perceptions and experiences of social support and well-being.

Box 3.9 Quantitative data to be analysed

Associations between demographic variables to check for multi-collinearity
Levels of social support demographic variables
Levels of well-being scale scores and associations with demographic variables
The relationship between social support scale scores and well-being scale scores
The relationship between psychological ill-health and positive mental well-being

3.9.1 Preliminary analysis of demographic variables

Prior to exploring the data in relation to answering the research questions, cross-tabulation of the demographic variables was conducted to establish if any of the variables were significantly associated to one another. This was done so that at the interview analysis stage it could be explored whether any further evidence of these relationships emerged. Care must be taken when interpreting the data not to assume causality, as there may always be “additional measured or unmeasured variables affecting the results” (Field, 2009) and also due to the sample size.

In order to facilitate the preliminary, and subsequent, analysis, the demographic variables from the online survey were recoded. Some variable categories were merged with others, if the ‘n’ was low, or removed altogether, as this could potentially distort findings. For example, categories 8-11 and Senior Manager (SM) in the job grade variable were joined together, due to the small number of respondents in the Senior Manager category (n = 2).

Table 3.6 Demographic variables and corresponding codes used in the online survey analysis

Variable Name	Response Options
Gender	male/female
Location	head office/other location
Age	16-34, 35-44, 45-59
Job Grade	2-4, 5-7, 8-11 and SM
Number of years worked in this organisation	0-7, 8-15, 16+

N.B. The response options for gender and job grade remain as they were presented in the online survey. The response options for location, age and number of years worked have been condensed to an appropriate number of categories for statistical analysis.

Statistical analysis was conducted to examine the relationship between support scale scores and the demographic variables used in the survey, and between the two well-being measures and the demographic variables. Different statistical measures were used depending on whether the frequencies of the support scales scores were normally distributed (parametric) or skewed (non-parametric), and whether the demographic variables had two (t-test or non-parametric equivalent) or more categories (ANOVA or non-parametric equivalent). In terms of the well-being measures, GHQ-12 was a dichotomous variable (case or not a case) and WEMWBS was a continuous variable. In addition, a Mann-Whitney test was conducted to measure the relationship between the two well-being measures themselves. With regard to significance levels, convention puts the p value at <0.05 (e.g., Pallant, 2007). However, where greater levels of significance were found, this is acknowledged. Complementary data from the interview analysis was also used to answer where appropriate. The findings from this analysis are presented in Chapter 4.

Distribution of Scores

Perceived Organisation Support (POS) and Line Manager (LM) support were both normally distributed. Peer support, friends support and family support were negatively skewed, as can be seen in Table 3.7 above. In terms of well-being, WEMWBS scores were normally distributed and GHQ-12 scores were positively skewed. “The further the skewness value is from zero, the more likely it is that the data is not normally distributed” (Field, 2009). Positive skewness values indicate too many low scores in the distribution. In contrast, negative skew values indicate a higher propensity of high scores.

Table 3.7 shows the distribution of scores for support, psychological well-being (WEMWBS) and psychological ill-health (GHQ) scales. Cronbach’s Alpha values for each of the scales, calculated to give an indication of the reliability of the scales used, are also included in the table. As can be seen from the Table, Cronbach’s alpha values for all scales used in this study were 0.75 or above. As stated earlier, Cronbach’s Alpha scores should ideally be above 0.7 (DeVellis, 2003). This criteria was met in all instances which indicates that there was high internal consistency between scale items for each of the scales used in this study. Cronbach’s Alpha scores for the original scales were shown in Boxes 3.1 to 3.7 earlier in the chapter.

Table 3.7 Distribution of scale scores used in the online survey

Scale name	Distribution	Direction of skew	Cronbach’s alpha
OrgSuppTotal	normal	n/a	0.92
LMTotal	normal	n/a	0.94
PeerTotal	skewed	negative	0.93
PssFrTotal	skewed	negative	0.91
PssFamTotal	skewed	negative	0.75
WEMWBS	normal	n/a	0.93
GHQ-12	skewed	positive	0.90

Analysis was also conducted to examine the relationship between social support scores and both well-being measures. Table 3.8 below indicates the statistical tests that were used. Again, complementary data from the interview analysis was also used where appropriate. The findings from these analyses are presented in Chapter 6.

Table 3.8 Statistical tests used to measure the relationship between social support scales and psychological well-being measures

Source of Support	GHQ 'caseness'	WEMWBS scores
Organisational support	t-test	Pearson correlation co-efficient
Line manager support	t-test	Pearson correlation co-efficient
Peer support	Mann-Whitney	Spearman's Rho
Support from friends	Mann-Whitney	Spearman's Rho
Support from family	Mann-Whitney	Spearman's Rho

3.9.2 Daily mood scale analysis

Daniels' (2000) affective daily mood scale was used in addition to the textual component of the diary that the eleven participants were asked to complete, Daily affect (or mood) was measured as another indicator of well-being. The diary was completed twice a day, once in the morning and once in the evening, on the days that respondents were working. Information regarding the items and scoring of the scale is reported in Box 3.8 above. A copy of the scale is provided in the Appendix.

In terms of analysis of daily mood scores, conversion of all raw weekly total scores into a '% of maximum total' was completed to enable all respondents to be included in the analysis, even those who had only completed a limited number of entries, and to minimise the effect

of occasional missing entries from other respondents. It also facilitated more accurate comparisons between individuals' weekly scores.

The maximum score that could be recorded on each occasion the scale was filled out was 100. The maximum number of diary entries per week for each respondent was 10. If respondents recorded the maximum score each day, their total weekly score would be 1,000. For each respondent, their total score for the week was calculated. This score would then be divided by the number of items in the scale (20). The maximum possible total was calculated for each respondent for each week too. For example, if they had completed 3 entries (see ID61, Week Two in Chapter 5), their maximum possible total was 300 divided by 20 (15).

On the basis of the findings from the daily mood scale analysis, subsequent, previously unplanned analysis was conducted to explore patterns further. A Wilcoxon Signed Rank test was performed to examine whether there was a significant association between the '% total' mood scores for Week One and for Week Two. In Week Two, one person did not submit their second diary therefore the analysis was calculated for the 10 who had completed Week One and Two. Results from this analysis are shown in Chapter 4.

Developing criteria for what classified as a high or a dip in mood score was complicated and subjective as the mood scales had not been used in this way. In other studies, overall scores had been used as an independent variable for statistical modelling, individual scores were not examined.

Accompanying text for each entry from the diaries would be examined alongside the mood score for that entry to ascertain whether the written component could give an indication of why the mood scores were of a particular level on that occasion. Each diary was inputted into NVivo, a qualitative data management and analysis tool. for ease of management and consistency with other qualitative material.

3.10 Qualitative data analysis strategy

After each interview had ended and the respondent had left, the researcher made hand written notes to summarise the contents of the interview to serve as a reminder to the researcher and to allow initial observations and inferences to be made by the researcher. All Phase 1 and Phase 2 interviews were conducted by the researcher and recorded on a digital

voice recorder. All recordings were subsequently transcribed in their entirety by the researcher. Hammersley (2010) reported that there was some evidence to suggest that recorded interviews that can be transcribed are more accurate records of events than relying only on field notes alone.

Hammersley acknowledged, however, that there is much debate and variation surrounding what is deemed accurate and appropriate levels of transcription. For example, whether non-words should be transcribed such as ‘uhuh’ or if silence or pauses should be acknowledged or timed. In this study, the dialogue between researcher and respondent was transcribed verbatim. Thus, non-words that were audible were transcribed. However, silences or pauses were not acknowledged. As shown in the Table below, if the conversation trailed off, an ellipsis was used to indicate this.

Table 3.9 Transcription conventions

Could not make out	?
Conversation trailed off	...
Emphasised	Italic/bold

3.10.1 Inter-rater reliability

Prior to commencing coding of all interview transcripts, the researcher picked at random two first phase interview transcripts and one second phase interview transcript to read through in order to develop initial coding frameworks. Once an initial coding framework had been generated, a research assistant from within the Business School then independently coded the same transcripts in order to identify any additional categories, or to question categories proposed by the researcher. The researcher and research assistant then met to discuss and finalise the coding framework.

At this stage, the coding framework, and all interview transcripts were imported into Nvivo. Each transcript was assigned codes accordingly. It was perceived by the researcher that some

excerpts from the transcripts fitted more than one code. In these instances, these excerpts were coded more than once. Once the coding process was complete, double clicking on the name of a code would bring up a page with the relevant coded excerpts from each of the transcripts. Each segment of text was still assigned its original transcript identifier. The nature of Nvivo is such that, irrespective of any coding, the full original versions of transcripts are kept in their entirety so it is possible to refer back to the full, original transcript at any time.

3.11 Coding

Seidel and Kelle (1995) proposed that, as an exploratory study, the purpose of the qualitative data analysis was to search for meaningful patterns. Mishler (1990) argued that this can be achieved “only with a set of conceptually specified analytical categories. Starting with them (deductively) or getting gradually to them (inductively) are both legitimate and useful paths”.

Creswell (1998) stated that, for a qualitative ‘case study’, data analysis commonly involved “description, themes and assertions”. Indeed, a thematic content analysis was used for this study, drawing on the principles of Grounded Theory. However, analysis was conducted with the aim to generate ideas rather than to test them. The analysis was undertaken in an iterative manner, going back and forth between inductive and deductive coding. Ritchie and Lewis (2003) define induction as looking for patterns and associations derived from observations of the world and deduction as generating propositions and hypotheses theoretically through a logically derived process. Tashakkori and Teddlie (1998) argued that positivists are recognisable by using ‘deductive logic’ or ‘emphasis on a priori hypotheses or theories, whereas they claim constructivists work with ‘inductive logic’, which has more emphasis on grounded theory. As a pragmatic epistemological standpoint was adopted in this study, it was deemed appropriate that a combination of these techniques was used.

The coding process began with the transcripts being read and then re-read. This enabled the researcher to become fully immersed in the data. During the re-reading, ‘open coding’ (Burnard, 1991) was conducted as many category headings as possible were ‘freely generated’ and noted. From this initial list of categories, common themes were sought from the transcripts. However, it is important to note that at this stage, just because a theme is

recurrent across a number of transcripts does not mean the nature of the comments will be the same. This will be discussed further later in the thesis.

The next stage of the analytic process was to collapse the initial lengthy list of open categories into a smaller set of broader categories. This revised list of categories, now positioned under umbrella headings was read through again in order to subject the existing categorisation to further scrutiny and to appraise if it would be feasible to collapse categories further without losing any additional value independent categories may have. This process involved the shift between early descriptive coding (manifest content) towards more sophisticated abstraction (latent content) in the later phases of analysis. These terms are described below.

Glaser and Strauss (1967) described the purpose of ‘sensitising of data’ as “to provide a meaningful picture that helps the reader to see and hear vividly the people in the area under study”. They highlight the difference between substantive coding (e.g. chair/table) and theoretical coding (furniture), indicating a further level of abstraction. In this study, interview text was first categorised broadly by the relevance to a particular research question. This stage can be described as identifying ‘manifest content’ which is descriptive content close to the text and is encapsulated in ‘categories’. Latent content refers to the interpretation of underlying meaning and can be represented as ‘themes’.

Strauss and Corbin (1990) proposed three phases of analyses:

- 1) categorising the data (open coding)
- 2) connecting categories (theoretical or axial)
- 3) focusing on a core category (selective coding)

The third phase highlights the role of the researcher in determining which core categories to focus on and relates back to the subjectivity of interpretation mentioned earlier. Indeed, interpretation is evident in the way academics use different terminology to describe the same or similar processes or stages of analysis.

For example, McCracken (1988) stated:

“there comes a time when themes have been coded from the interview data that these then need to be brought together. Transformation occurs from themes to analytic categories. By this time one is no longer talking about the particulars of individual lives but about the general properties of thought and action within the community or group under study. Furthermore, one is no longer talking about the world as the respondent sees it. One is now talking about the world as it appears to the analyst from the special analytic perspective of the social sciences”.

In this study, substantive coding was a prerequisite to a further level of abstraction of theoretically establishing connections between these substantive categories. Glaser and Strauss also noted the importance of integrative coding or clustering. They also state that overlapping clusters can occur too. This is particularly pertinent to this study, given the multi-dimensional nature of both social support and well-being.

Finally, it is worthy to note that coding of data is essential in order to identify meaningful patterns from analysis. However, it is inevitable that through abstraction the individual's lived reality is lost or shadowed. Patterns can therefore be valuable but can never assume we can fully understand meanings of others.

Presenting the data analysis

As reported by Burnard (1991), once analysis is complete, it is important to decide whether to present the findings and relationship of these to existing literature in separate chapters citing comparisons and contrasts, or whether to “write the findings up alongside references to the literature”. Burnard argues that to do the former may be more ‘pure’. However, to do the latter may be more ‘practical and readable’. In the Results chapters that follow, the latter approach has been adopted.

3.11.1 Negative case analysis

Two main sources of bias in qualitative research are to pick out data that fits with preconceptions and to pick out data that is ‘exotic’ ‘at expense of less dramatic but more

indicative findings'. However, Fielding and Fielding (1986) stated that "the differences between types of data can be as illuminating as their points of coherence".

This highlights the importance of negative case analysis "where patterns and trends have been identified, our understanding of those patterns and trends is increased by considering the instances and cases that do not fit within the pattern" (Patton, 1990, p.328). Mays and Pope (1995) proposed that one measure of quality in qualitative research is to conduct negative case analysis. Thus, it is important not only to report those findings which support expected relationships or patterns but to also acknowledge instances where unexpected or 'deviant' patterns were observed. This is something that will be taken into consideration when analysing the results and details of which presented where they occur. Thus, the data will be scrutinised for opposing trends.

Secondary analysis

Planned analysis of the data was conducted, as described above. However, some areas of interest were raised from this analysis which led to the decision to perform additional analysis to investigate relationships further. This led to the additional mood scale analysis, as described earlier. Also, initial analysis of the relationship between individual support scale scores and the two well-being measures was followed by another layer of analysis in order to explore this relationship more closely. A 'level of support' score was generated for each respondent (see Chapter 6 for these findings). For each support scale, a 'high' score (1) was given if they had scored above the mean on the scale, a 'low' score (0) was given if they had scored below the mean on the scale. The overall 'level of support' score was calculated by counting how many of the support scales (work and non-work) the respondents had scored above the mean. Thus, the score could range from 0 to 5.

3.12 Researcher issues

This final section of the Method chapter highlights some of the key researcher issues to consider when conducting research and references how each of these were pertinent in this study.

3.12.1 Transparency

C Wright Mills (1959) stated the importance for good practice of 'being as transparent as possible not only about process but also about researcher characteristics or bias'. In terms of being transparent about the research process, the detail of the methods used presented in this chapter mean the design and implementation of the different research phases is open to scrutiny and replication by other researchers. In terms of transparency with regard to the research respondents, the reasons for the study were clearly stated to the survey respondents in the email providing the link to the online survey. For those who participated in the interview phase, the purpose of the study was verbally articulated to respondents and a letter was also given to respondents so they had a written account of the purpose of the study.

Many interview respondents reported that they expected little to change at an organisational level as a result of this study. As the number of respondents commenting on this grew, it felt increasingly important to mention to new respondents that it was not possible to guarantee any change outcomes would emerge based on the study findings.

3.12.2 Reflexivity

In an interview setting, respondents may not recall events accurately or they may 'cherry pick' anecdotes or incidents to tell the interviewer for any number of reasons. For example, Cresswell (2003) argues this could be due to other agendas the respondent may have, such as self-protection, revenge, political paradigms, individual intelligence, ability to articulate, understanding of questions). Strauss and Corbin (1990) highlight researchers' need to "maintain a degree of scepticism and know that we can never fully interpret others' meanings". 'Epistemological reflexivity calls on the researcher to interrogate their own assumptions and their own impact on the research process' (Johnson and Cassell, 2001).

Indeed, the personal characteristics and manner of the researcher when communicating with respondents may influence the content of the interview. Strauss and Corbin (1990) described the researcher as "a crucially significant interactant" and Graneheim and Lundman (2004) stated that 'text always involves multiple meanings and the researcher's interpretation is influenced by his or her personal history'. This is congruent with the epistemological pragmatism approach adopted in this study, that 'reality can be interpreted in various ways

and [the] understanding is dependent on subjective interpretation. Thus, it was pertinent therefore for the researcher to be aware of these issues whilst in the interview setting itself, when analysing the interview transcripts and when interpreting findings from the interview phases of the study, as highlighted by Riach (2009).

3.12.3 Ownership/agency

One purpose of the second interview was to give respondents the opportunity to have some ownership over their involvement with the research. For example, by reflecting on the research process or discussing how their awareness of social support and well-being had changed following participation in the study. Respondents were also asked their views on what would they see as an important focus for any future research relating to well-being within their organisation, thus acknowledging the importance of their input.

3.12.4 Confidentiality

The identity of online survey respondents was concealed by means of unique identifier codes randomly generated by the survey website for each survey respondent. The only way respondents could be identified was if they chose to leave their contact details. All respondents were assured that no names would be used in the write up of the study and that the identity of research participants would not be reported back to HR staff.

Those online survey respondents who went on to participate in other phases of the study were assured that their names would not feature in any output from the project, and that their individual responses would be anonymised before being reported back to their managers or HR department. It was agreed with the HR contact that the organisation would receive a summary report of results. The respondents would also be given this report, if they requested it. No individual responses would be provided as this would jeopardise the anonymity of respondents. Any information that the researcher felt may inadvertently identify someone was either excluded from the summary report or amended to avoid this. When presenting quotes to illustrate themes in the Results chapter, all efforts have been made to preserve respondents' anonymity. For example, the respondent identifiers in the Results chapters of this thesis consist of no demographic information such as gender or job grade, just a number, e.g. (ID31). Although this is unfortunate for the purposes of presenting the analysis, it was

deemed appropriate in order to fulfil the request from the organisation and individual respondents for anonymity.

3.12.5 Ethics

In line with ethical requirements stipulated by the University of Edinburgh, research respondents who agreed to be interviewed were asked to sign a consent form to confirm they were willing and voluntary respondents in the study. These respondents were reminded when they arrived for interview that their participation was entirely voluntary and they were reassured that if they wished to drop out of the study at any time that this would be entirely acceptable.

As stated by McCracken (1988), “it can be difficult for respondents to anticipate dangers (such as being intellectually and emotionally demanding or privacy endangering) at the outset of the interview”. All respondents were offered an information sheet at the outset of the interview. This consisted of a short summary of the project and the aims, the contact details of the researcher and contact details of some key relevant agencies in case any topics brought up in the interview were distressing or give rise to further questions, e.g. Depression Alliance, Samaritans. However, not all respondents took this information sheet. As suggested by McCracken, at the beginning of research, people may not be aware how much being involved in research will affect them. In future research, the information sheet would be offered at both the beginning and end of each research phase with relevant advice for accessing support included.

Taylor and Bogdan (1984, p.68) stated that “Any negative impact on informants can be lessened by maintaining contact and keeping them informed about any publications arising from the research”. The second phase of interviews provided an opportunity for respondents to consolidate their research process experience and to give them a chance to ask any questions. It was also an opportunity for the researcher to thank respondents in person and to acknowledge their valuable contribution. Indeed, Waddington (cited in Cassell and Symon (1994; p. 111) advocated “easing out” [of the research process] rather than “terminating relationships too abruptly”.

As a further means of easing out of the research process, an email was sent to all interview respondents approximately one month after the fieldwork period ended and again six months after the fieldwork ended. These emails thanked respondents again for the participation and informed them that if they had any questions or comments regarding the research, the research findings or if they wished to report any changes seen within the organisation as a consequence of the research that they would be welcome to contact the researcher.

Chapter 4: Case study profile

“neither the life of an individual nor the history of a society can be understood without understanding both” C Wright Mills (1959, p.3)

4.1 Introduction

The importance of context was acknowledged in the Introduction chapter and expanded on in the Literature Review. When designing research, but also when interpreting results, it is pertinent to take account of the social, economic and organisational context in which the study was conducted. Shumaker and Brownell (1984), for example, emphasised the importance of context in their research on social support. Indeed, Creswell (1998) identified the importance in a case study of ‘describing the case and its context’ as part of the data analysis process.

The purpose of this chapter, therefore, is to provide further information regarding the socio-economic and organisational context during the fieldwork period. In addition, demographic data for the case study organisation as a whole will be presented. Demographic information will then be presented for the respondents at each research phase in order to ascertain how representative the survey demographic profile was to that of the whole organisation. As a prelude to the remaining Results chapters, this chapter culminates in a table describing findings for the scales used in the online survey.

4.2 Socio-economic context

C. Wright Mills (1959) stated that “no social study that does not come back to the problems of biography, of history, and of their intersections within a society has completed its intellectual journey”. This section details some of the key changes to the labour market in the UK in recent years. The following section goes on to describe the specific context of the case study organisation.

There have been considerable changes in the UK labour market in recent decades, prior to the onset of the current recession in the UK. Hess and Jepsen (2009) proposed that individuals are more likely to experience, and expect, a more 'protean career'. Indeed, "The notion of lifetime employment is now often replaced by career flexibility. Individuals are making job and career changes that are not just upwards, but sideways and sometimes seemingly backwards where personal preferences and circumstances dictate" (Briscoe et al., 2005 cited in Hess and Jepsen, 2009). This is in stark contrast to those of previous generations who, traditionally, started work for a company in their teens and would expect to remain in employment there for the whole of their career. The previous job security that existed, and the 'job for life' ethos, is no longer the norm. Evidence suggests that this societal change has affected career trajectories and how individuals think about work, whereby emphasis has shifted to 'employability' rather than secure employment (e.g. Baruch, 2001).

Historically, workers would tend to seek employment within their own community or local area. However, the changing nature of work, the demise of the 'job for life' ethos and the globalisation of the job market (Hislop and Axtell, 2007) has implications for the geographical mobility of workers. Geographic mobility can be described as the 'movement of workers between countries and regions (European Commission, 2009) and "can play an important role in matching people to jobs, thus increasing employment. It can also match people with skills to appropriate jobs, thus improving productivity" (Donovan et al, 2002). Opportunities for, and likelihood of, mobility tend to be more commonplace, however, for those with professional careers (Hollywood, 2002), such as the respondents in this case study, than for manual workers (e.g. Gore and Hollywood, 2009). As mentioned above, there are a number of benefits to mobility, which for individual workers can also include increase in occupational status or increase in income. However, mobility can also have potential adverse effects for social ties, such as family relationships (e.g. Green, 2003). Furthermore, as reported by Donovan et al (2002) "relationships that depend on face to face contact, such as informal eldercare and childcare, may suffer from increased mobility".

The UK has an ageing population and therefore an ageing workforce. Recent government initiatives have seen a well-publicised shift towards encouraging older workers to stay in employment for longer. This has been met with mixed reactions with the suggestion of working longer being perceived unfavourably by some workers. For those who are willing to

consider working for longer, the preference is for these roles to be part time and flexible (e.g. Vickerstaff et al, 2008).

During an economic downturn, cutbacks in resources and manpower may be inevitable. At such times, the health of the workforce becomes even more important for the government and industry themselves if organisations are to remain viable. Indeed, the World Health Organization for example, reported that the economic recession was affecting mental health (WHO, 2010). As such, it is imperative that those of working age remain fit and healthy if productivity and performance rates are to be minimally affected (CIPD, 2012). With the abolition of default retirement age in April 2011 in the UK, the health and well-being of employees becomes even more pertinent. This is the case at an individual level so that opportunities for continued employability can be maximised, but also at a national level to ensure the workforce is sustainable.

Organisational change has been evident across a spectrum of organisations in recent years. Rapid, and often ongoing, organisational change in the public sector particularly has also become a sign of the times, the National Health Service is a clear example (e.g. Loretto et al, 2009). The Chartered Institute of Personnel Development (2011) acknowledge the potential adverse effects, particularly for public sector workers, of ongoing restructuring and other modes of organisational change. There is much evidence to suggest that changes in the workplace, for example, 'corporate downsizing' (Hall and Moss, 1998 in Hess and Jepsen, 2009), mergers, restructuring (e.g. Loretto et al, 2009), can have a negative effect on health, as can the associated effects of change in the labour market, for example, job insecurity among the employed (Naswall et al, 2005).

A recent publication by the Chartered Institute for Personnel Development reported that the rise in incidence of stress related absence from work could be attributable to the recession (CIPD, 2011). It was therefore deemed appropriate for the economic situation to be acknowledged in this thesis as it is possible that a volatile economic climate could lead to a reduced level of well-being and contribute to a higher level of psychological distress among employees than might be experienced during times of organisational stability (e.g. WHO, 2010).

The fieldwork for this study was conducted between June and November, 2009. This coincided with a period when the UK economy had been blighted by the most severe

recession in 70 years. Although private sector organisations were hit hard and first, public and some third sector organisations (Charity Commission, 2010) have also been adversely affected by the enduring economic downturn.

4.3 Organisational context

Organisational context is particularly relevant to this study due to the economic conditions at the time of the fieldwork, as described above, and due to the recent changes experienced by the case study organisation, as will be described here. The case study reports findings from a large, public sector organisation in central Scotland, with approximately 1200 employees. The majority of employees were based at the Head Office, with the remainder working from other branches throughout Scotland. As has been evident in many private and public sector organisations, the case study organisation has experienced a number of key organisational changes. In the three to five years preceding the time of conducting the fieldwork, this organisation had experienced the following changes:

- Re- location of the head office from a city centre location to an out of town site
- A significant change in specialised technology systems used
- Outsourcing of technical and IT support
- On-site Occupational Health nurse replaced with outsourced confidential helpline

Although the economic climate was not always referred to specifically by research respondents, implications of this, such as job insecurity and job cuts, featured in many of the interviews.

As acknowledged by Cassell and Symon (1994, p.1) some perceptions and experiences reported in a case study will be general to many organisations, others may be specific to a particular organisation, job sector, profession or department within an organisation. In the recent years prior to the fieldwork being conducted a number of organisational changes had occurred across the case study organisation, but particularly at Head Office.

Formal and informal sources of support diminished around the same time. Formal occupational health and human resources functions were outsourced. The change of head

office location reduced access to amenities, allowed fewer opportunities for detachment from work, gave less chance to see friends who worked elsewhere in the same city, and less chance to meet with work friends or peers after work. Restructuring of the organisation at senior management level meant that governance mechanisms that had previously provided a supporting role to the organisation were now assigned a different function which operated with a more critical lens. Thus, it was apparent that various sources of formal support had been removed both at the organisational level (change in governance mechanism structure) and at employee level. For example, at employee level redundancies led to reduction in peer support. At the organisational level, outsourcing of both the technical support and occupational health support meant that on-site organisational support had been dramatically reduced and was now, at least in part, controlled by external agencies.

The case study organisation largely employed professional workers and therefore, as mentioned in the previous section, the likelihood that employees had been or would be geographically mobile was greater than if the organisation had employed predominantly manual workers. Observation of this trend was of particular pertinence in this study as mobility can affect access to and availability of specific sources and dimensions of social support (e.g. Green, 2003; Donovan et al, 2002).

In a broad, socio-economic context, the current economic climate and the constraints across all public sector organisations mean that some findings and experiences cited by respondents will be generic to many organisations. However, some of the issues arising from the organisational changes were context-specific for this case study organisation and, on the basis of interview responses, appeared to be highly influential for employee well-being. These issues will be discussed in the following chapters.

4.4 The case study

As referred to in the Method chapter, the timing of research is very important. It was a priority therefore to ensure that the gap between each research phase was as small as possible in order to maximise continued participation by respondents. Due to the range of methods being used and the sequential nature of their completion, however, it was impossible to ensure all component phases ran immediately after one another, for example, depending on

when they completed the online survey, interviews for some respondents were held four to six weeks after the survey had been completed. All fieldwork phases were completed within a consecutive six month period though and this had the benefit of maximising continuity and minimising disruption to staff and the organisation who were facilitating data collection.

Online survey response

Table 4.1 details the demographic variables for the online survey respondents. The column on the far right presents demographic information for the whole organisation, as provided by the HR department, in order for representativeness of the sample to be appraised.

The survey link was 'live' for a one month period. A total of 112 responses were received within the first two weeks of the email being sent out. A reminder email was sent out at this point which yielded a further 46 responses. The total number of survey respondents was $n = 158$ (approximately 13% of the whole organisation). This was a somewhat low response rate. However, correspondence with the HR contact established that this was a higher degree of participation than they had anticipated.

The online survey results showed, in terms of location, that the majority of respondents were located at the Head office. The demographic profile for age showed 30-49 year olds to be most represented. In terms of job grade, most respondents were in middle level job roles (5-7).

Table 4.1 Demographic profile of whole organisation and for online survey respondents

Variable	Categories	Online survey n = 158 (%)	Whole organisation n = 1198 (%)
Sex	Male	46 (29.1)	564 (47.1)
	Female	112 (70.9)	634 (52.9)
Location	Head Office	124 (78)	985 (82.2)
	Other	24 (15.1)	213 (17.8)
	Missing	10 (6.9)	0
Age	16-29:	27 (17)	184 (15.4)
	30-39:	51 (32.3)	441 (36.8)
	40-49:	50 (32)	366 (30.5)
	50-59:	29 (18.4)	193 (16.1)
	60+:	0 (0)	14 (1.2)
	Missing:	2 (1.3)	-
No. of Years Worked	Under 1 year:	5 (3.2)	30 (2.5)
	1-5:	33 (20.8)	571 (47.7)
	6-10:	51 (32.1)	246 (20.5)
	11-20:	42 (26.4)	213 (17.8)
	21-30:	18 (11.3)	90 (7.5)
	31+:	6 (3.8)	47 (3.9)
	Missing:	4 (2.5)	0
Job Grade	2-4:	25 (15.8)	150 (12.5)
	5-7:	77 (48.7)	680 (56.8)
	8-11 and SM:	45 (28.5)	368 (30.7)
	Don't Know	2 (1.3)	-
	Missing	9 (5.7)	-

N.B: Organisation data source: Gender – March, 2009. Location; age; number of years worked - September, 2009. Job grade based on Nov 2009 (n= 1,119).

4.4.1 Representativeness of online survey respondents

The data presented in Table 4.1 enables the issue of sample bias to be explored, and thus whether the case study can be regarded as representative of the organisation as a whole. The information presented above indicates that there is a gender bias in the survey sample: just over two thirds of the respondents were female compared to the whole organisation which has a more even distribution of males and females. The distribution for location, age and job grade closely mirrored that observed in the whole organisation.

It is important to note that the organisation profile data provided by the HR department came from several different sources and, with the 'number of years worked' variable, it was not possible to mirror the exact same categories as used in the research. However, it is still possible to get an indication from the data presented of how the demographics of respondents compared to the organisation as a whole.

On the basis of the available information, the most noticeable differences were observed in the 'Number of years in the organisation' variable. For the organisation as a whole, 50.2% of workers had been employed there 5 years or less. However, the majority of respondents of the online survey sample, and for subsequent phases of the research had worked in the organisation between 6-20 years (58.5%). Thus, compared with the whole organisation, the profile of the research sample showed longer-serving staff to be over-represented.

Table 4.2 below shows the demographic data, using the recoded variables for the purpose of statistical analysis (as referred to in the Method chapter), for each of the four phases of research (online survey, interview 1, diary, interview 2). It is pertinent to note that the diary and second interview were completed by the same respondents and therefore the demographics for the two are identical).

Table 4.2 Demographic profile of respondents for each research phase

Variable	Categories	Online survey sample n = 158 (%)	Phase 1 interview sample n= 31 (%)	Diary phase and 2 nd interview phase sample n=11 (%)
Sex	Male	46 (29.1)	9 (29)	2 (18)
	Female	112 (70.9)	22 (71)	9 (82)
Location	Head Office	124 (78)	23 (74)	8 (73)
	Other	24 (15.1)	8 (26)	3 (27)
	Missing:	10 (6.9)	0	0
Age	16-34:	51 (32.3)	10 (32)	5 (46)
	35-44:	58 (36.7)	9 (29)	2 (18)
	45-59:	48 (30.4)	12 (39)	4 (36)
	Missing:	1 (0.6)	0	0
No. of Years Worked	0-7:	57 (36)	9 (29)	3 (27)
	8-15:	56 (35.4)	12 (39)	5 (46)
	16+ :	42 (26.6)	10 (32)	3 (27)
	Missing:	3 (1.9)	0	0
Job Grade	2-4:	25 (15.8)	5 (16)	3 (27)
	5-7:	77 (48.7)	16 (51)	5 (46)
	8-11 and SM:	45 (28.5)	9 (29) (8-11/SM)	3 (27) (8-11)
	SM only:	2 (1.3)	0	0
	Don't Know	9 (5.7)	1 (4)	0

Note: Job grade: 2-4 = administrative positions, 5-7 middle level staff, 8-11 and SM = more senior staff and Senior Management (SM). Configuration of 'number of years worked' and 'age' data differs from Table 4.1 as organisational data was provided after the survey categories had been created and for this variable it was not possible to converge accurately.

4.4.2 Representativeness of interview and diary respondents

Interview respondents were self-selected which was possible by providing their contact details at the end of the online survey form. At the end of each interview, respondents were asked if they would be interested in participating in the diary phase, of which 11 out of 31 responded positively. Once all diaries had been returned, diary respondents were contacted to ask if they would like to participate in a second interview, all respondents replied yes to this. Thus, the way in which respondents were recruited at these stages meant that it was not possible, nor desirable, to predict who would respond. Despite this, there was a similar gender distribution for interview and diary respondents as there had been for the online

survey (approximately two thirds were female). In terms of location, the majority of respondents across all four research phases were located at the Head office. Although there were some differences, the demographic profile for age and job grade was similar across all four research phases. Younger employees were over-represented in the diary phase of the study, and those from the middle age category were under-represented. This corresponds with those in the lowest job grade being slightly over-represented in the diary phase and the middle job grades being slightly under-represented.

4.5 Well-being

This section reports on the levels of psychological well-being and psychological ill-health for this case study, as determined by analysis of the online survey results. These findings contribute to Research Question 2. As discussed in the Method chapter, two measures of well-being were used. Positive psychological well-being was measured in the online survey using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS). The General Health Questionnaire – 12 item scale (GHQ-12) was used in the online survey to assess levels of psychological ill-health. In addition, in the diary phase of the study, daily fluctuations in mood were measured using the Daily Affect scale (Daniels, 2000). For more information on these scales, see Chapter 3.

In terms of levels of well-being, scores for positive mental well-being were normally distributed but psychological ill-health was heavily skewed towards poorer health scores. Demographic factors affecting identified in the online survey analysis will be presented and interview data will be included where appropriate to add context and more depth to the survey findings.

4.5.1 Levels of psychological well-being

Figure 4.1 illustrates the distribution of scores for this scale. The shape of the curve indicates that there was a relatively normal distribution of scores. This distribution is in keeping with results from the original paper documenting this scale (Tennant et al, 2007), and with other research that has used this scale (e.g. the Scottish Health Survey, 2008).

Figure 4.1 Levels of psychological well-being

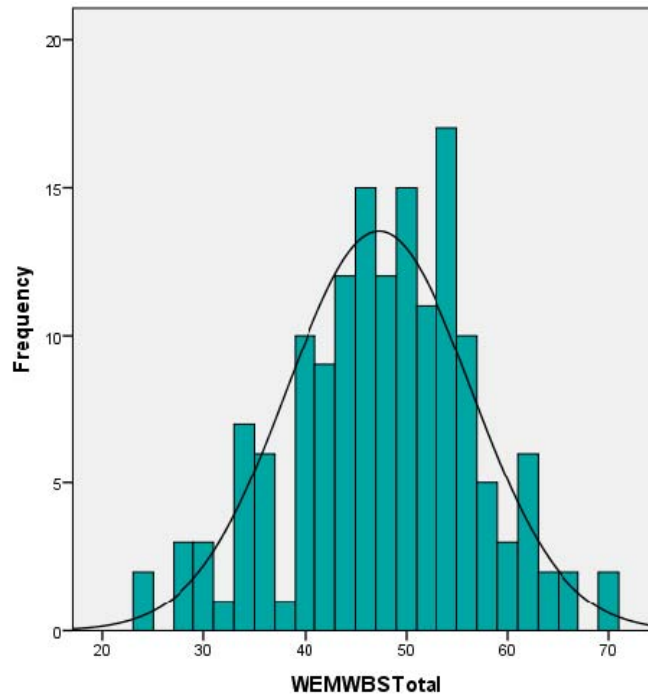


Table 4.3 below provides key descriptive information for the WEMWBS scale and also indicates the minimum and maximum scores recorded from the online survey results. Theoretical minimum and maximum scores for all scales were presented in Chapter 3, and are also given in brackets beside the actual value in the table below.

4.5.2 Levels of psychological ill-health

Scale scores for the GHQ-12 range from 0-12. A score of 4+ is taken to signify a high likelihood of suffering from a psychiatric illness ('caseness'). Thus, those who score between 0 and 3 are classified as 'not a case' and those who score 4 or more on the scale are classified as a 'case'. Table 4.3 provides additional descriptive details regarding GHQ scores too.

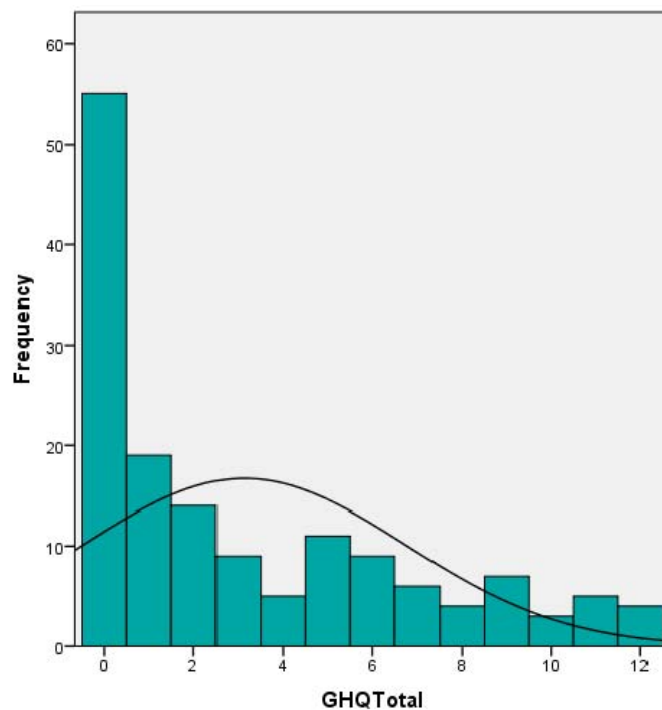
Table 4.3 Descriptive statistics for well-being measures

Scale name	n	Min. score	Max. score	Mean	Median	Std. Dev	Skewness (s.e.)
WEMWBS	154	24 (14)	70 (70)	47.31	48	9.1	-.205 (.195)
GHQ-12	151	0 (0)	12 (12)	3.13	2	3.6	.981 (.197)

N.B. Missing data: WEMWBS = 4, GHQ = 7

The visual representation of the scores (Figure 4.2), clearly identifies a skewed distribution of scores. The majority of respondents, just over one-third (36.4%), scored zero on this scale, indicating that these respondents had the lowest risk of psychiatric illness.

Figure 4.2 Levels of psychological ill-health



However, just over one-third of survey respondents (35.8%), scored 4 or more (see Table 4.4 below), thus qualifying them as a 'case'. These findings indicated a much higher than

average prevalence of psychological ill health in this sample, compared with results from other studies using this scale. For example, Loretto et al (2009) found that 24.7% of their sample of NHS staff were classified as a ‘case’. In the same paper, Loretto et al also cited that ‘the prevalence of cases in the NHS samples is considerably higher than that found in the general working-age population’.

‘Caseness’ scores were also calculated for the interview and diary respondents. Table 4.4 indicates that 12 out of 31 (39%) of the interview sample were a ‘case’. This closely mirrored the ‘case’ distribution identified in the online survey. Five of the 11 diary respondents were classified as a ‘case’.

Table 4.4 GHQ ‘caseness’ at each research phase

GHQ score	Online survey sample n (%)	Interview sample (n)	Diary and 2 nd interview sample (n)
0 (not a case)	55 (36.4)	9	1
1 – 3 (not a case)	42 (27.8)	10	5
4+ (‘case’)	54 (35.8)	12	5
Total	151 (100)	31	11

N.B. Missing cases from online survey = 7

There may be response bias in that those respondents who chose to get involved in the further stages of the research were, or had recently been, experiencing poorer mental health. This will be discussed in Chapter 8.

4.5.3 Demographic factors affecting well-being

Online survey results were analysed to assess if any demographic factors were significantly associated with reported levels of psychological well-being, as measured by WEMWBS, or psychological ill health as measured by the GHQ-12 or with any of the social support measures.

With regard to psychological ill-health, no significant relationships were found in this study between GHQ 'caseness' and any of the demographic variables. This is in contrast to extant research which commonly finds a significant gender difference, with women more likely to be classified as a 'case' than are males (e.g. Bourbonnais et al, 1996; Stansfeld et al, 2002). However, WEMWBS scores were significantly associated with gender (T value -2.013, (1,152), $p = <0.05$): women reported higher levels of positive mental well-being than did males. Although a significant relationship is commonly found between WEMWBS scores and gender, the findings here are in contrast to existing research which indicates that males tend to score significantly higher than do females (e.g. Scottish Health Survey, 2009; Tennant et al, 2007; Bartram et al, 2009). Despite the significant association observed between gender and positive mental well-being in the survey data, the interview transcripts did not reveal similar clear patterns regarding any gender differences.

4.5.4 The relationship between psychological ill-health and positive mental well-being

This section examines the relationship between the two well-being outcomes, psychological ill-health and positive mental well-being.

A moderate negative correlation was found in this case study between psychological ill-health and positive mental well-being, as measured by GHQ-12 and WEMWBS respectively ($r = -0.56$, $p = <0.01$). This indicates that low levels of psychological ill health were associated with higher levels of positive mental well-being. However, as seen above, and in keeping with existing research, this is not a perfect correlation. This finding, coupled with the negative case analysis (Mays and Pope, 2000) of the interview phase, provides some evidence for the argument that positive mental well-being and psychological ill-health may operate on different continua, rather than representing opposite ends of the same continuum.

As has been described earlier, the distribution of scores for psychological health was heavily skewed towards poorer health scores, while the scores for positive mental well-being followed a normal distribution pattern. Thus, the relationship may not be as straightforward as first expected. The relationship between the two will be explored in more depth here, before going on to explore the relationship between well-being outcomes and social support.

GHQ and WEMWBS scores were ranked to explore further the relationship between the two scales. This subsequent analysis revealed that, of the useable data (n=147), 65 respondents reported low levels of psychological ill health (i.e. not a 'case') and high positive mental well-being. This pattern is presented as '0 1', where '0' represents 'not a case' or low levels of psychological ill-health and '1' represents higher than the median level of well-being. Forty one respondents reported high levels of psychological ill-health ('case') and low levels of positive well-being. This was presented as '1 0' (see Method chapter for more information on coding of scores).

Different patterns between well-being outcomes

The majority of survey respondents reported patterns of either '0 1' or '1 0' between the well-being outcomes. These findings are consistent with the moderate negative correlation found between positive well-being and psychological ill-health. Forty one survey respondents, however, did not fit these patterns. Of these 41, 27% (or 9% of n=147) scored '1 1', so they were a 'case' but also reported high levels of positive mental well-being, while 73% (or 20% of n=147) scored '0 0', indicative of not being a 'case' but having low levels of well-being.

Three interview respondents were classified as a case but also reported high levels of positive mental well-being ('1 1'). Two others showed the opposite pattern of not being diagnosed as a case but reporting low levels of positive mental well-being ('0 0'). This will be discussed further in Chapter 6.

4.5.5 The relationship between daily mood scores and well-being

The daily mood scale was to be completed by diary respondents twice a day, once as they started work and once after they had finished work. Table 4.5 shows the total mood scores for each of the eleven diary respondents.

Table 4.5 Weekly mood score totals for Week One and Week Two

ID Code	Week One No. of entries	Week One Total score	Weekly Total score/no. of items (20)	Max total	% of max total	Week Two No. of entries	Week Two total score	Weekly Total score/no. of items (20)	Max total	% of max total
ID54	8	662	33.1	40	83	-	-	-	-	-
ID55	9	521	26.05	45	58	9	563	28.15	45	63
ID56	8	627	31.35	40	78	6	400	20	30	67
ID57	6	494	24.7	30	82	4	293	14.65	20	73
ID58	10	764	38.2	50	76	10	793	39.65	50	79
ID59	10	422	21.1	50	42	10	446	22.3	50	45
ID60	8	625	31.25	40	78	10	782	39.1	50	78
ID61	8	551	27.55	40	69	3	229	11.45	15	76
ID62	6	322	16.1	30	54	6	350	17.5	30	58
ID63	10	623	31.15	50	62	8	545	27.25	40	68
ID64	10	796	39.8	50	80	10	818	40.9	50	82

N.B. Percentage totals (rounded up or down to the nearest whole number) have been provided because of missing entries. ID54 only submitted a diary for Week One.

The linked nature of the data also meant it was possible to examine the relationship between daily affect, as measured in the diary phase of the study, psychological ill health (GHQ-12) and positive mental well-being (WEMWBS).

It could be expected that low daily mood scores would correspond with being classified as a GHQ ‘case’, and that higher daily mood scores would correspond with higher levels of positive mental well-being. Although there were daily fluctuations for all mood scale respondents, examination of total mood scores for Week One and Week Two indicated that three of the five respondents who were classified as ‘cases’ consistently exhibited lower mood scores. These respondents’ raw mood scores ranged between 42 and 63 (out of a possible 100), whereas for those who were not classified as a ‘case’, raw mood scores ranged from 63 to 93 (out of a possible 100), as can be seen in Table 4.5.

Two respondents did not fit the pattern where mood score corresponded with well-being outcomes (ID56, ID57). Despite both being classified as a ‘case’, both had relatively high weekly total mood scores (ranging from 67-83).

By tracing back to the online survey results, it could be seen that five of the eleven diary respondents were classified as a ‘case’, as can be seen in Table 4.6. Unlike the online survey and the interview sample, evidence from the diary respondents (n=11) indicated that

consistent patterns between the two well-being outcomes were exhibited by all. Thus, they were either a ‘0 1’ (not a case and with high levels of positive mental well-being) or a ‘1 0’ (a ‘case’ and low levels of positive well-being).

Table 4.5 GHQ and WEMWBS binary scores for diary respondents

ID no.	GHQ (1 = case, 0= not a case)	WEMWBS (0= low level of well-being, 1 = high levels of well-being)*
ID62	1	0
ID55	1	0
ID59	1	0
ID56	1	0
ID57	1	0
ID61	0	1
ID64	0	1
ID54	0	1
ID63	0	1
ID58	0	1
ID60	0	1

N.B: Low (0) positive mental well-being scores were categorised as the lowest possible score up to the median. High (1) positive mental well-being scores were categorised as the median value up to the highest score.

4.5.6 Mood consistency

Cross-referencing of the daily mood scale scores with the GHQ-12 scores for each diary respondent revealed that four of the five diary respondents who had been classified as a ‘case’ also had the greatest percentage difference between their minimum and maximum mood scores which they reported over the course of the week (e.g. ID55). This indicates that those who showed increased likelihood of experiencing psychiatric illness (a ‘case’) expressed greater fluctuations in their moods than those respondents who were not classified as a ‘case’. For example, as can be seen in Table 4.5, one diary respondent who was not classified as a ‘case’ showed no percentage difference between their total mood score for Week One and Week Two (ID60).

This raises the question of whether consistency of mood may be indicative of well-being, or vice versa. Indeed, ID59 scored the joint highest actual GHQ score and the lowest

WEMWBS score. They continuously reported low mood scores across the two week period and analysis indicates only a 3% difference was observed between mood scores for Week One and Week Two.

A Wilcoxon Signed Rank test was performed to explore whether there was a statistically significant relationship between the % total mood scores for Week One and Week Two. However, despite the patterns observed by the researcher regarding the range of mood scores, the test results indicated that there was no significant relationship between Week One and Week Two scores.

4.5.7 Strength of response to daily affect items

Diary respondents who completed the mood scales were more likely to report stronger feelings toward negative affect items than positive affect items. For example, for negative items such as 'angry' or 'depressed' there were a far greater proportion of 'strongly agree' responses than for positive affect items such as 'happy' or 'cheerful'. For these items, 'slightly agree' was more commonly the strongest response.

This tendency towards stronger negative emotions corresponds with the GHQ scores from the wider online survey sample which was heavily skewed towards poorer psychological ill-health.

It also potentially links to the idea that psychological ill health and positive mental health operate on two separate continua, rather than being at opposite ends of the same continuum. Indeed, Huppert (2009) cites 'evidence that many of the drivers of well-being are not the same as the drivers of ill-being', thus offering support for the aforementioned assertion.

4.6 Social support

This section explores the sources and levels of work and non-work based social support were reported in this case study. Three work based support measures and two non-work support measures were used. The interview data served to elaborate on these already identified sources but also revealed additional sources of support reported by some respondents. These will be discussed later in the Chapter. Demographic factors affecting social support could

also be assessed from the online survey data. Interview data were used where appropriate to complement survey findings.

Of the five sources of support measured in this study, survey analysis showed perceived organisational support to be the lowest. Peer, friends and family support were all skewed towards greater levels of support. Table 4.7 below lists actual minimum and maximum scores recorded for the online survey sample, and additional descriptive data. Chapter 3 showed the theoretical minimum and maximum scores for the scales used in the online survey. These will be presented in the table below in brackets beside the actual scores for each scale.

Table 4.6 Descriptive statistics for work based and non-work based social support scales

Support Scale name	N	Minimum	Maximum	Mean	Std.Dev	Skewness (s.e)
Perceived Organisational Support	155 [#]	0 (0)	48 (48)	23.86	12.25	.182 (.195)
LineManager support	155 [#]	6 (6)	30 (30)	18.97	7.06	-.236 (.195)
Peer Support	155 [#]	4 (4)	20 (20)	14.28	4.02	-.509 (.195)
Perceived Support – Friends	158	2 (0)	20 (20)	14.31	4.99	-.697 (.193)
Perceived Support – Family	158	0 (0)	20 (20)	14.18	6.141	-.894 (.193)

N.B. [#] = data missing for three cases for all work based support scales. Sample items from each of the scales can be found in the Methods chapter. The potential problem of response set, as explained in the Methods chapter, was explored in the online survey results, and was found not to be an issue.

4.6.1 Levels of work based support

Three existing scales were used in the online survey to measure work based support. These were 'Perceived Organisational Support', 'Line Manager support' and 'Peer support'. The survey results are presented below. As discussed in the Methods chapter, interview evidence was also referred to in order to explore whether the scale score variations evident from the survey were reflected in the qualitative data.

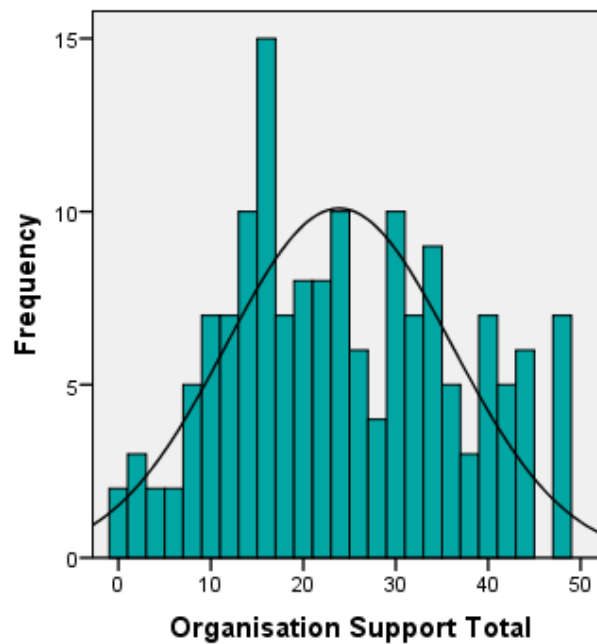
Perceived organisational support

Scores for perceived organisational support were the lowest of the three work-based support scales used in the survey. As can be seen from Figure 4.3 below, there was a wide range of scores indicating considerable variation in perceived organisational support (POS) across survey respondents. Higher scores indicate higher levels of perceived organisational support.

Survey analysis indicated a normal distribution of scores for Perceived Organisational Support, interview responses reflected this variation. On the whole, however, more negative perceptions regarding perceived organisational support were reported than positive perceptions.

“...so the amount of actual support we get, and I don't just mean within this department, I mean the further layers up the further up you go, there is no management support in this building, none.”
(ID50)

Figure 4.3 Levels of perceived organisational support



Despite this, it was apparent that, for the majority of interview respondents, commitment to the organisation and engagement in their work was high. Indeed many interviewees were passionate about their job and committed to producing a high quality of work. This suggests that there may not be a linear relationship between perceived lack of support and organisational performance or employee well-being.

For example, in keeping with observations from Eisenberger (2012), many respondents acknowledged that the nature of their particular job meant they could often be in high pressure situations. However, this was often accepted as part of the job and not something that should or could be changed by the employer. Eisenberger (2012) goes on to report, "...thus, some unpleasant aspects of one's job are taken for granted by employees and not blamed on the organization". Again, this relates to the interpretation of 'stressors' and whether these are perceived to be the responsibility of the organisation or not.

Analysis of the interview transcripts revealed incongruence between online survey findings and themes emerging from the interviews. The online survey analysis did not identify a significant association between number of years worked and perceived organisational

support. However, interview evidence, shown below, clearly indicated that number of years worked did seem to affect the way in which employees perceived the organisation, and that these perceptions can change over the course of time spent in the organisation. The quote below is from an employee who had worked in the organisation for 9 years.

“But as a general, you know, the ethos of the organisation as a whole, to me I think they probably don’t care about the staff particularly. Whereas I think when I started I would have thought that they were. Although saying that, whether it’s actually changed or not, you just start to realise it.” (ID33)

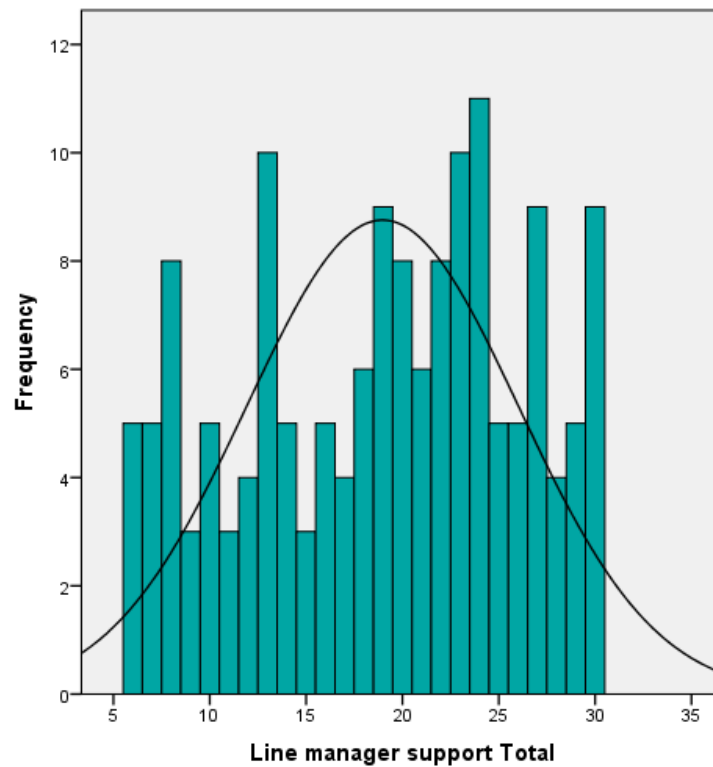
Highlighting the difference in perceptions between longer-serving employees and newer employees, the following quote was from a new member of staff who had worked for the organisation for less than one year.

“Well I guess over time my perceptions just have got more impressed because I mean I look around and loads of people all have...like foot rests and things to rest your wrists on. Loads of people have got these little adjustments so the organisation obviously cares about its staff enough to go to all this trouble to accommodate everyone’s little needs.” (ID34)

Line manager support

Online survey analysis indicated scores on this scale to be normally distributed (see Figure 4.4). Higher scores indicated greater levels of perceived line manager support.

Figure 4.4 Levels of line manager support

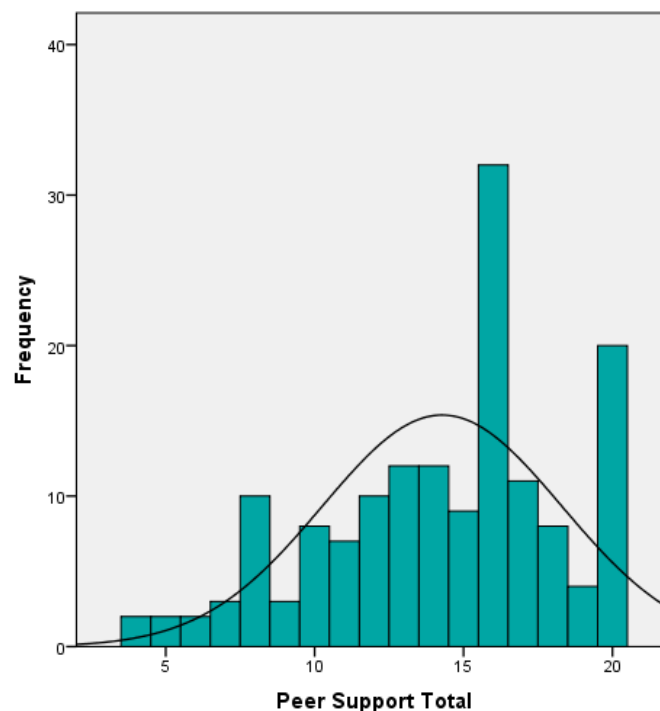


With regard to line manager support, interview data revealed that some respondents reported being distance managed meant they felt less supported by their line manager. It could be expected therefore that there would be a significant relationship between line manager support and the demographic variable of 'location'. However, this was not the case in the survey findings. This was possibly due to the large number of survey respondents who were based at Head Office and who, therefore, worked in close proximity to their line manager. It only became apparent in the interviews with respondents who worked out-with Head Office, or for those at Head Office who had previous experience of being distance managed which they spoke about in their interview. Interview data revealed other discrepancies between survey and interview data too. For example, ID59 reported in their interview that they sit close to their manager and speak to them most days. However, survey analysis indicated that this respondent did not report high levels of support from their line manager, scoring lower than the mean on the line manager support scale score.

Peer Support

Peer support generated the highest scores of the three work based support scales. Indeed, scores were significantly skewed towards a positive perception of support from peers. Figure 4.5 depicts this and also indicates the considerable variation in Peer Support scores.

Figure 4.5 Level of peer support



Interview data were consistent with these survey findings as the importance of peer support dominated many of the interview comments. It was clear from these comments that, for the majority, peer support was rated very highly. The quotes below provide some examples of this:

“I don’t think I could be more supported by my peers, especially my current team who are just brilliant.” (ID45)

“...if I and my colleagues were all at each other’s throats we’d never achieve anything, we stick together, pull together, do the things that need to be done in spite of whatever the management are throwing at us” (ID50)

4.6.2 Levels of non-work based support

In the online survey, two scales were used to measure levels of non-work based support. These were Perceived Support from friends (PssFr) and Perceived support from family (PssFam).

The scoring scale for both the perceived support from Friends (PssFr) and the perceived support from Family (PssFam) scale was the same. Thus, in both scales a higher score indicated a perception of greater levels of support. Figure 4.6 and Figure 4.7 below depict that the scores for both scales were positively skewed, indicating that the majority of respondents reported a high level of social support from both friends and family.

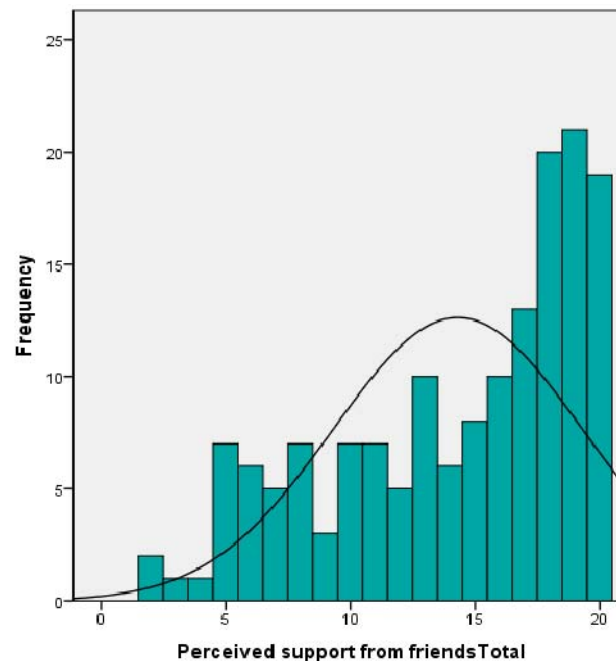
Support from friends

The survey analysis highlighted a significant skew towards high levels of support from friends as this was not always evident from the interview data (see Figure 4.6).

Interview data revealed that friends were not always supportive regarding work issues. Commonly, this was exacerbated by the lack of understanding of the nature of the job (see further discussion in Chapter 6). In the example given below, when asked about friendships outside of work, this respondent replied,

“Oh yes, but they get fed up listening to you. They don’t really understand, you know what I mean.” (ID25)

Figure 4.6 Levels of perceived support from friends



Support from family

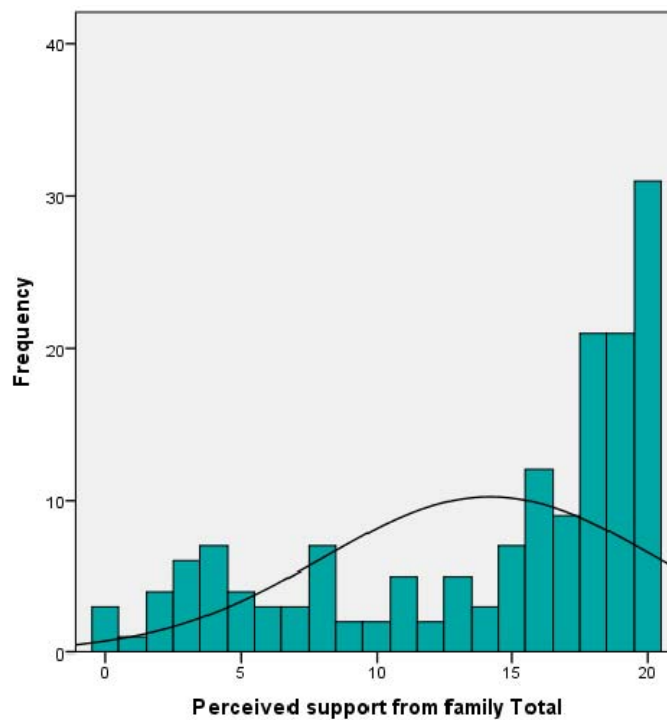
It is clear from the graphical representation of survey scores presented below (see Figure 4.7) that scores for perceived support from family were heavily skewed to more positive perceptions of this source of support.

Indeed, from the interview data it was apparent that some respondents were very close to their family and felt supported by them in all areas of their life. Others felt supported by their family but chose not to discuss work with them because they felt they would not understand the nuance and complexity of their work. In this respect, support from family was similar to that from friends. It was available but seemed to be perceived most positively when not in relation to work.

Others felt their relationship with some family members was based more on a sense of obligation than due to a genuine connection:

“It sort of feels a bit more of an obligatory relationship with my sister you know, she’s not someone I’d necessarily like choose to be friends with so it’s often a bit weird, sort of this obligation to chat rather than loving every chat” (ID26)

Figure 4.7 Levels of perceived support from family



The purpose of the online survey was to gather data on levels and sources of social support. The qualitative phases of the research provided additional information on the sources of support measured in the online survey, but also revealed other non-work sources of support, such as sports groups. More information will be provided on these other sources of support in Chapters 5 and 6.

4.6.3 Demographic factors affecting social support

Statistical analysis of the online survey results established evidence of significant associations between support scale scores and demographic variables. As can be seen in Table 4.9 below, in this case study gender was the most significant variable with women consistently scoring more highly than men on all support scales, excluding peer support where no significant association with gender was found.

Table 4.7 Table showing descriptive statistics and correlations for the five support scales

Variable	Gender	Job grade	Years Worked
Org Support	(t) -2.490*	(F) 6.08**	-
LM Support	(t) 2.799**	3.86*	-
Peer Support	Not significant	Not significant	Not significant
Support from Friends	(U)1098.5***	-	(X^2)10.99***
Support from Family	(U) 2066.5*	-	-

N.B: * significant at $p < 0.05$; **significant at $p < 0.01$, ***significant at $p < 0.001$
 U = Mann-Whitney test, t = t test, X^2 = chi squared test.

In keeping with the results presented here, Shields and Wheatley-Price (2005) found that women reported greater perceived social support than did men. However, these findings are in contrast to Fusilier et al (1986) who found gender ‘to have little bearing on support’. In keeping with findings from Lyons et al (1988), mean rank scores indicate that females in this study reported significantly higher support from friends than did males ($p = 0.001$). A significant association was also found in this study between gender and support from family. Mean rank scores, as shown in Table 4.9, highlighted that females reporting higher levels of support from their family than did males ($p < 0.05$). This finding was in contrast to Lyons

et al (1988) who found no significant relationship for family. Table 4.10 summarises the significant findings with regard to support scale scores and gender.

Table 4.8 Significant findings for gender and support

Variable	Group	Mean/Mean Rank	t/ U value
Org support	Female	25.40	(t) -2.940*
	Male	20.09	
LM support	Female	19.95	(t) 2.799**
	Male	16.5	
Peer support	Female	-	-
	Male	-	
Pss Fr	Female	92.69	(U) 1098.5***
	Male	47.38	
Pss Fam	Female	84.05	(U) 2066.5*
	Male	68.42	

N.B. * significant at $p < 0.05$; **significant at $p < 0.01$, ***significant at $p < 0.001$
 U = Mann-Whitney test, t = t test, X^2 = chi squared test.

Significant associations were also found between job grade and organisational support ($F = 6.08, (2, 143), p < 0.01$) and between job grade and line manager support ($F = 3.86, (2, 143), p < 0.01$). For both support scales, examining the mean rank scores gave a clearer picture of the direction of this relationship, with those in the highest job grades (8-SM) reporting the highest levels of organisational support. Those in the lowest job grades (2-4) reported the highest levels of line manager support (see Table 4.10). Of note, respondents in the middle job grade category (5-7) reported lowest levels of support for both organisational and line manager support.

Table 4.9 Significant findings for job grade and support

Variable	Group	Mean Rank	F
Org support	2-4	84.08	6.08**
	5-7	61.95	
	8-SM	84.40	
LM support	2-4	87.12	3.86*
	5-7	63.91	
	8-SM	78.51	

N.B. * significant at $p < 0.05$; **significant at $p < 0.01$, ***significant at $p < 0.001$

Interview data highlighted that older, or longer serving staff, were more likely to have opinions about senior management and the organisation as a whole as they had more experience of how the organisation operates than those newer to the organisation or in more junior positions (e.g. ID34). Those who did speak of organisational level support commonly did so negatively. Again, although there were many comments on this, some of which were positive, the following quote encapsulates the views given by a number of respondents (e.g. ID50; ID24).

“...consistently over the 15 years they have shown that they don’t care a tuppenny hoot about me and I put that in personal terms but I could pull 20 people in who would say the same thing and I think if the organisation don’t care about me, I don’t really see why I should care about them. I care about the job, I care about what it is I’m doing I mean don’t get me wrong, I do my job professionally and I care about it and I care about the organisation’s reputation to the customer in as much as I am responsible for it, I care about that. But as an organisation, as a company, as a firm, I no longer care about the organisation. I no longer care what happens to it and I no longer care about defending it.” (ID50)

Those in more senior positions reported greater perceived levels of organisational support. This is not entirely in keeping with findings from the interview analysis. Although there were variations, interview data showed newer or younger staff spoke very highly of the organisation. Longer serving staff provided a mix of responses but tended to be more cynical of the organisation and the support it provided to employees. This resonates with the ‘perceived vs. received’ dimension of social support, in that new or younger staff were often

speaking based on their perception of the organisation. Older or longer serving staff were more often speaking from experience, either their own or of other colleagues.

A significant relationship was also found for line manager support and job grade. In contrast to the significant relationship found for organisation support and job grade, those in the lowest job grade category reported the highest level of line manager support. In keeping with the organisational support findings, the middle job grade category reported the lowest levels of line manager support. These results support findings from Swanson and Power (2001) who identified differences in support for different occupational groups. Further details on specific job grades (rather than categories of job grade) would have proved useful in exploring this significant association in more depth, particularly as Swanson and Power (2001) also found that social support experiences varied by occupational group. However, this information was not available from the organisation.

Evidence from the interview data upheld the significant association found in the survey results. Although there were individual differences, new or junior staff tended to have more positive perceptions of organisational and line manager support than did more senior staff.

“And so they cater very well for you here if anyone’s got a little problem even. Like they provide wrist rests for the keyboard or back-support for your chair or foot support – just any little thing that you need.... the people that I work with are like the loveliest people that I could hope to work with.” (ID34)

On the whole, the individual differences were more evident in longer serving staff where there was a mix of negative perceptions (as cited above by ID50) and more positive perceptions as can be seen in the quote below.

“...it is a fantastic organisation ...very, very good environment for people..., they bend over backwards generally and they are a very, very caring employer in this day and age.” (ID23)

Cross-tab analysis of the demographic variables identified that gender and job grade are significantly related themselves, with men being more likely to hold senior positions than

women. This will be discussed further in Chapter 8. The variety in responses often seemed to link to whether respondents were speaking about ‘perceived’ or ‘received’ support. This is an issue which will be discussed in the next Chapter.

Of the other demographic variables, ‘number of years worked in the organisation’ was also significant, but for support from friends only (see Table 4.11). Employees who were newest in the organisation (0-7 years) reported greater support from friends than longer serving staff. Mean rank scores were highest for newer staff and lowest for longest serving staff ($p < 0.01$).

Table 4.10 Significant findings for number of years worked and support from friends

Variable	Group	Mean Rank	X ²
Support from friends	0-7 years	93.02	10.99***
	8-15 years	72.81	
	16+ years	64.54	

N.B. ***significant at $p < 0.001$

Location was not found to be a significant factor in the statistical analysis of the online survey, however, the interview data found this to be particularly influential, and in a range of ways. Location will be discussed in more depth in Chapter 6.

No significant relationship was found between peer support and any of the demographic variables in the online survey. However, interview data from one of the nine senior members of staff who participated in the interviews highlighted the effect on levels of peer support and the changing relationships with fellow employees once they had progressed into a more senior position. This highlights aspects of peer support that were not possible to detect from the online survey analysis.

“I think peer support is difficult as you become more senior, people get a bit more guarded and things are slightly more competitive because then people know that the atmosphere is a bit more rarified as you climb the ladder and there are an awful lot of people who are looking at the next rung and thinking how do I make sure that I’m head and shoulders above everybody else when that rung clears, so it’s not mutually supportive in those terms.” (ID32)

Given the small number of senior managers who were involved in the study, it is difficult to ascertain whether this respondent's experience is common amongst senior members of staff. Thus, although, this view could not be considered representative of other senior managers, the quote below from the same respondent as above does highlight some of the potential differences experienced from being in a senior position in an organisation. The same respondent went on to say:

“...when you become more senior management, you cease to be us and you become them erm, and I guess it gets lonelier as you go further up, there are just fewer people on your level...” (ID32)

The comment below links to the points made above by ID32 that peer support reduces as one moves up the career ladder.

“I therefore have nobody to talk to at work on the same level as me...” (ID24)

The online survey results did not show a significant relationship between job grade and Peer Support. However, the qualitative data has revealed that the boundaries may be blurred between peers and friends (see also Chapter 5) and therefore this could help make sense of the significant finding between number of years worked and perceived support from friends (as indicated below).

Of note, age and location were not significantly associated with any of the support scales. This is striking as location was a central theme raised in the interviews. However, as the majority of respondents were based at head office, the number of respondents based at other locations may not have been large enough to detect an effect.

A significant association was also found between support from friends and number of years worked. Those newest to the organisation who had worked in the organisation for the least number of years (between 0 and 7 years) reported the highest levels of support from friends. Conversely, those who had worked in the organisation the longest reported the least amount

of support from friends ($X^2(2, n=155) = 10.99, p = 0.004$). This, perhaps unexpected finding, was corroborated by interview data. However, this shall be discussed further in the next chapter as the interview data revealed that for some there was a crossover between 'friends' and 'peers'.

At this juncture it should be reiterated that, although a wealth of data has been generated with regard to associations between different variables, as a cross-sectional study, causal statements about these variables cannot be established.

4.7 Summary

This chapter has provided contextual information on the case study organisation. Acknowledgement and transparency of the research context can ensure that the reader is fully aware of the context in which the fieldwork was undertaken and, as such, serves to make the results presented in the following chapters more meaningful. Data made available by the case study organisation shows that considerable organisational changes had occurred in the recent years preceding the study, particularly affecting those employees based at the Head Office, (i.e. the majority of the workforce). In the interests of transparency, this summary will go on to clarify a number of key pieces of information specific to this case study which will inform the following Results chapters.

The two well-being scales used in the online survey were measures of psychological well-being. Although the interview prompts and questions did not specifically ask about psychological well-being, however, the majority of responses were dominated with references to psychological well-being as will become evident.

As discussed in Chapter 3, empirical generalisability is not possible in this study due to the single case study design and the response rate to the online survey. However, theoretical generalisability is possible (Ritchie and Lewis, 2003), for example, with regard to how some of the findings reported here will resonate with other public sector organisations, as acknowledged at the outset of this chapter.

In the case study, a significant relationship was identified between gender and positive mental well-being; women scored significantly higher levels of well-being than did men.

There were no significant relationships between any of the demographic variables and psychological ill health. Gender was also the demographic variable which was most commonly significantly associated with support scores, with women scoring significantly higher than did men on all support scales, apart from peer support where no significant gender relationship was found. Gender differences were less evident, however, in the qualitative phases of the study and therefore further analysis by gender was not conducted.

It is pertinent to restate that, although the four research phases were conducted and completed within a consecutive six month period, there was a four to six week gap for survey respondents before they were interviewed and, therefore, to acknowledge the potential implications of this for the subsequent interpretation of the research findings. It should also be reiterated that given the emphasis on the importance of confidentiality from the case study organisation, details of the nature of work, specific job roles and of the demographic details of the research respondents have been kept to an absolute minimum. This has inevitably had implications for the way in which the research findings have been presented, for example, research respondents have been identified by unique ID numbers only.

As identified in the Literature Review, there are a number of different definitions of both well-being and of social support. As seen in this chapter, there are a range of sources of support and the boundaries between different sources are not always clear. The lack of conceptual clarity regarding these terms is evident in the literature. It was therefore considered pertinent to explore meanings and understanding of these two terms from a lay-person perspective. Chapter 5 goes on to explore meanings and understandings of the terms as understood by the research respondents.

Chapter 5: Meanings and understandings

5.1 Introduction

As has been found in previous research, asking research respondents to conceptualise research terms themselves from a lay perspective can make the research more meaningful to them (for example, Kinman and Jones, 2005 and Talbot, 2009). This chapter explores the meanings and understandings attributed to the terms ‘well-being’ and ‘social support’ by interview respondents from this case study.

5.2 Defining well-being

In the first phase of semi structured interviews (n=31), respondents were asked to give their views on what the term ‘well-being’ brought to mind for them. Defining this concept was not an easy task for the majority of respondents. Approximately one third of respondents reported that ‘well-being’ was a term they did not fully understand and that they would rarely use the term themselves. Not all were confident they could even attempt to define it. When reassured by the researcher, however, that it was their interpretation that was important, respondents were able to offer their views on what ‘well-being’ meant for them, despite their initial uncertainty.

In support of existing evidence which reports that well-being is a multi-dimensional concept (e.g. Waddell and Burton, 2006), over thirty different terms (for example, contentment, satisfaction and balance) were mentioned by respondents when trying to encapsulate what well-being meant to them. However, some terms and themes were more dominant and commonly repeated than others. These are presented below, with quotes from the interviews given as illustrations.

The most frequently cited term was ‘health’. Some spoke of health in general terms and health and happiness were often cited together. Seven of the 31 respondents explicitly acknowledged both physical and mental health as being equivalent or related to well-being.

“I suppose being happy and healthy, and employed and not stressed. Having a good family life, having good relationships with your immediate family and colleagues, enjoying your job, getting spare time and joy out of work. Yes, feeling good. Not being ill, feeling mentally and physically ok.” (ID36)

The quote above highlights that, even where health and happiness are prioritised, a range of other factors were considered pertinent to well-being. It was also apparent that factors deemed as important could be different depending on the individual, which some respondents acknowledged explicitly.

“...to me it is about feeling good in yourself, mentally, physically, holistically I suppose. It is about have you got the right balance between work and social and family, and are you eating the right foods, are you taking enough exercise. I guess it means different things to different people. This is just what it means to me.” (ID53)

A number of respondents spoke not only of what they thought well-being was but also what they felt it was not. For example, this was evident in the quote from ID36 above, where they explicitly stated ‘not stressed’ and ‘not being ill’ when thinking of what well-being means to them. In other words, respondents defined well-being not just the presence of positives but also the absence of negatives.

“Are you a happy person?...I would say I’d define as a glass half empty kind of way, or a glass half full. Which one...more a lack of negativity rather than a positive state. I would say that ...things are absent rather than things were great!” (ID48)

This was particularly apparent with regards to the mention of stress. Many acknowledged that stress impaired their well-being. Equally, however, a number of respondents stated that not being stressed, or the absence of stress, improved, or would improve, their well-being (e.g. ID26; ID33). Others were careful and keen to differentiate between negative stress and positive stress, as indicated below.

“(my job is) quite intense and it’s quite, it’s not, well sometimes it’s stressful but it’s not so much stress as just incredible busyness. Stress is a very negative term and I wouldn’t want to say that it’s stressful in that sense but it is just incredibly kind of ‘right, we have to do 58 things today, here is the list.” (ID45)

In keeping with cognitive appraisal theory (Lazarus and Folkman, 1984), this relates to how individuals appraise stimuli i.e. as stressors or not. The way in which individuals choose to interpret different situations and experiences may relate to their level of psychological capital. This will be discussed further in Chapter 6.

A number of respondents reported that the term stress had negative connotations. For example, it was suggested that stress could be “perceived as a sign of weakness” (ID35), both by fellow employees and at a management level.

One example this respondent gave was that if employees were seen to be interested in ‘well-being’ events at the organisation then others may perceive them negatively as a result, as it could imply that they were not coping.

The close association observed that respondents made between stress and well-being resonates with recent debate by Wainwright and Calnan (2012) who discussed the turn of discourse from ‘stress’ to ‘well-being’ in recent years. Given the frequent citing of ‘stress’ by interview respondents, for the lay person this term may be a more familiar or more tangible word or concept than ‘well-being’. However, although stress may be a more familiar term, it seemed to have negative connotations for some. For example, ID45 cited above was keen to emphasise that stress can be perceived as positive as well as negative.

Support from others was another key theme for both general well-being and in terms of well-being at work. ‘Support networks’, ‘connections’, ‘practical’ and ‘emotional’ support, friends, family and colleagues were all mentioned. The evidence was clear that for the majority of respondents support from others, whether work based or non-work based, or both, played an important part in their well-being.

In terms of the references to health, the quote below (ID31) refers to mental health specifically. However, this respondent also cites the effect of the physical environment on

their well-being, both in terms of their workplace, their home and the environment around them.

“Yeah, probably the state of your health, the state of your mental health, emotional well-being. Kind of... relationships with friends and family. And then any external experiences you have that have an effect on you emotionally, they are probably the main things. And stuff like your living arrangements, the environment that you live and work in physically would affect it as well. Erm, gosh it covers so much stuff doesn't it and then you could go on to cultural things like the town or the city that you live in and the amenities... ..that are available to you and how comfortable you feel and safe you feel in the place where you live and work. The weather (laughs) has a huge effect on my well-being to be honest, psychologically, how much holiday I get and how I, for me a big part of my well-being is how I balance my work life and my other life, my, yeah the things I do outside work and things that are important to me. There's such a lot” (ID31)

As will be observed in Chapter 6, location and environment were common themes cited by respondents affecting access and availability of social support and well-being.

The comment below again highlights the multi-faceted nature of well-being (well-being as ‘the package of things’), and the issue of individual ability to cope with stress. This links with existing, but limited, literature on what may be protective characteristics in individuals that enable them to cope in situations when others in the same situations are not coping. This will be explored in Chapter 6.

“I don't think it's a term that I would use particularly but well-being to me covers ooh gosh, it covers so many things. I think this is a well-worn cliché but I do think that work life balance is absolutely critical to well-being. I think well-being manifests itself in both physical and mental well-being. I think it's about job satisfaction, I mean you can use it in a very holistic way but to me it is the package of things that goes to make up somebody who is no more ill than the norm and who has, of course nobody has no stresses, but somebody who is able to handle the stress that they have.” (ID40)

A common theme that was observed in respondents was related to ‘well, we all get stressed’. This highlighted the stigma that can surround stress and mental health and perhaps partly explains why such stigma is still manifest. This too will be discussed further in Chapter 8.

5.2.1 Work-related well-being

The interview data revealed that, for some, the way in which they defined well-being related to their orientation to work, for example, for those who reported that work played a significant role in their life, their definition of well-being was more likely to incorporate specific references to their experiences at work than for those respondents who indicated work-life balance was of greater importance to them. Indeed, one third of interview respondents in this study spontaneously mentioned work-related issues exclusively when asked what well-being meant to them.

“for me at work I need a challenge, but I like the challenge and stretching my capabilities because that’s quite nice... so I think the well-being is just the right amount of stretch and push in a job so that you can actually excel and the discomfort is when you don’t think you’ve got enough skills to, there’s a gap” (ID23)

One respondent specifically stated that with regard to well-being at work, they found the term ‘intangibile’ and they felt that other employees did too.

“people look for the heavy angles of well-being, like the stress and pressure, rather than just a general equilibrium of if you’re happy you do your job better and so on and so forth.” (ID35)

For some respondents it was apparent that work was much more than just a job or something they filled their day with. It was something they were fully committed to and passionate about. Work was a significant part of their life and, as such, was more prominent for them in terms of their meaning and understanding of well-being. Thus, orientation to work may have some bearing on how individuals define and perceive well-being at work. Someone who is doing a job they love and want to do for the rest of their career may have different characteristics that they would identify as being important to their well-being at work than

someone in a temporary or holiday job. Two examples of the centrality of work are given below

“From my point of view, I am one of these people to whom their job is extremely important, and it defines me in some ways more so maybe than other things so if I feel as though I’m not getting quite what I need or what I want from my job, not so much in the day to day minutiae of tasks but more from the general surroundings then yes, I think it does affect me and affect how I’m feeling.” (ID52)

“People are not paid for extra hours here unless they are on hours conditions, so, if I worked all week-end, then I’d get those two days off at some point but if I worked out over a year how many extra hours I worked and then extrapolated that over the 20 years that I have worked for the organisation, it would come to a very significant amount of money that I will never ever see. And we’ll all never see it, you do it knowing you’ll never see it. I mean you don’t do it for the money, if you wanted to work erm for the money you wouldn’t work here anyway. A bit of a cliché I know but it’s true, you would earn far more, with the same degree as a lawyer or an accountant or whatever. It’s not about money for most people. It’s about job satisfaction and personal satisfaction and professional pride.” (ID40)

The majority of respondents who reported this strong orientation towards work tended to be older, more senior and had worked in the organisation for longer (e.g. ID25; ID38; ID46) than fellow interview respondents. However, two new and younger staff in particular (ID26, ID43) also reported a strong orientation to work. Their passion for the job and ambition was evident, as can be seen in the quote below.

“Maybe it is because I haven’t got a partner or kids or anything else outside of work as such, so it is like the main thing in my life is my job and I need to, I’m just so eager to climb that ladder, and other people are like oh well, I’ve got my partner and my kids and that’s more the difference, they have got the big life out of work so they can say, the job is just a side note. Whereas for me it’s not...” (ID43)

Budd (2011) argued that individual perception of work shapes the extent to which work affects well-being and consequently which factors are perceived as most important to well-being at work. The quote below highlights that, for this respondent, well-being at work is defined by what work means to them.

“Well, certainly work is, being happy at work or even just ok at work is an incredibly important part of that. I’ve been in jobs which were at face value not great jobs but you didn’t have to invest much in them as it were, you kind of got through them and realised your life was out there. If you’re in a job where, like the kind of thing I do which you actually take quite seriously which matters to you, which you actually invest something in to and you are unhappy at it then that actually impacts you outside work quite a lot.” (ID48)

Warhurst et al (2008) have explored the blurring boundaries between work and life. For a distinct few there seemed to be a genuine merger of work and life, to the extent where work was life. For some respondents this was positive and unquestioned, for others this potential blurring of boundaries was something of which they were conscious of and they were often alert to the fact that, over time, this could adversely affect their well-being.

However, not all respondents felt the same way. A contrasting perspective to those cited above is given below:

“I think predominantly it’s more that outside work is more important to me, so that provides me with a sort of reality check. If you’re having a bad day it means you can kind of shrug it off.” (ID39)

The findings presented above indicate that many of the phrases and terms used to define well-being presented in the literature review are present in this case study too, for example, the centrality of ‘health’ (WHO, 1958) and the multi-dimensional nature of well-being (Waddell and Burton, 2006). The differences between phrases used to define work-related well-being compared to well-being more generally resonate with Ryan and Deci’s (2001) ‘hedonic’ and ‘eudaimonic’ dimensions of well-being. This will be discussed further in Chapter 8.

5.2.2 Absolute versus relative well-being

Dimensions of well-being were referred to in Chapter 2. References relating to absolute versus relative well-being were evident from a number of interview responses. Comparison to others was mentioned on numerous occasions, for example, as indicated in the quote

below, an increased sense of well-being could be achieved from knowing that other people around them were sharing the same emotions, even if these emotions were negative.

“Actually, to be honest, you can get by if everyone is completely miserable as well because you would get a unifying factor. I mean that is the fact, if you are all equally miserable you can kind of bizarrely, that kind of works as well. When you are differentially miserable, and I’m being serious now, it is actually quite problematic because there were points you know where it was ‘take your Kalashnikov to work today’ practically and you know which would not have been great for everybody else. Equally, there were other times when other people had issues and I’m trying to get on with things and that wasn’t great so equality is actually quite useful.” (ID48)

Similarly,

“Yes, so everybody was in the same boat which was helpful. When that happens it is quite good, but it can be intimidating otherwise.” (ID43)

However, experiences could be positive or negative depending on the circumstance. The above comments relate to comparison with other employees or colleagues. Other comparisons were also made, but in a less tangible way. For example, in the quote below, a comparison was made but to an abstract benchmark (‘the norm’) that may be intangible to others, or even to the respondent themselves.

“being no more ill than the norm...” (ID40)

The next section in this Chapter reports interviewee responses when asked about what the term ‘social support’ meant to them. The section then goes on to identify different dimensions of social support that were acknowledged in the literature review and mentioned by interview respondents. Additional dimensions of social support to those presented in the literature review which emerged throughout the interview phases will also be reported.

5.3 Defining social support

Existing literature on social support frequently cites the lack of consensus surrounding the definition and meaning of the term ‘social support’. In order to seek understanding from a

lay person perspective, in the first phase of interviews, respondents were asked “If you were to think of the term ‘social support’ what does it mean for you?”. As was evident with the same question regarding ‘well-being’, the initial response to this question from the majority of respondents was uncertainty.

“Social support...I don’t know what it means actually.” (ID36)

“Erm, I don’t know to be honest, it’s not a word I use much, it’s not something that, I don’t know what that would relate to or what it would mean” (ID43)

It was clear, therefore, that this was a term few people were familiar with or used in everyday conversation. However, as with the same question relating to well-being, when reassured by the researcher that there was no single correct answer and that their interpretation was important, respondents volunteered their thoughts and ideas.

For most respondents, social support was a confusing and, to some extent, meaningless term. It was too unfamiliar for individuals to engage with. Many respondents defined social support in terms of talking and communicating with others. This resonated with findings by Beehr et al (1990) that suggested one key aspect of social support is ‘communication’.

The majority of respondents in this case study viewed ‘social support’ as positive and in terms of social relationships. A small minority perceived social support as potentially being negative, as will be discussed later in the chapter. However, there were also those respondents who perceived the term in different terms altogether to that expressed by others, and to that commonly expressed in the literature.

“That’s kind of got a bit of a negative connotation for me, somehow. I don’t know why. It makes me think of benefits and that sort of thing, which don’t really feature in my life I suppose.” (ID41)

These comments were most frequently in relation to having connotations of government benefits or statutory services.

“I think my kind of understanding is kind of social services, or just from when I used to live back in (home town), ‘going down the soc’ meant you were going to get some money from somewhere. Some kind of benefit kind of organisation” (ID44)

“I sort of think of ‘social work’ when I hear ‘social support’. I’m not quite sure what it means in the workplace here. I guess just the people you can go to for help is what I would think of.” (ID34)

A common assumption in the literature is that social support is always positive, however, some research has acknowledged the potential adverse effects of social support (Deelstra et al, 2003) which is evident in this case study too. In the literature, acknowledgement of negative effects tends to relate to the perception of ‘supportive’ behaviour by the employee. The alternative interpretation by a minority of interview respondents, for example, of social services, identifies the discrepancy between researcher or academic perceptions and use of terms compared with a layperson perspective.

Often, definitions offered by most respondents became more nuanced once they had been reassured and given longer to formulate their ideas. Given time, respondents began to consider social support in terms of who they felt supported by (sources of support) and in what ways they felt supported (dimensions of support). These findings will be presented in the following sections of this chapter.

5.4 Sources of social support

Work and non-work based sources of support were measured in the online survey and employee experiences relating to this dimension will be presented first. This section highlights the sources of support mentioned by respondents and also their perceptions and experiences of these sources of support.

5.4.1 Work and non-work based support

In terms of experience of work based support, interview data revealed that the majority of respondents felt most supported by the colleagues with whom they worked on a day to day basis. As identified in Chapter 4, organisational support generated the lowest scores of the three work-based support scales, and this was reflected in the interview data too. For many respondents, a difference between perceptions of senior management and of immediate line

managers was identified. Many respondents felt unsupported by senior managers and considered senior management to be either out of touch or not interested in employees.

Perceptions of line managers, however, were more mixed. For example, respondents spoke of both past and current experiences, and of positive and negative experiences. In many cases where individuals were feeling less supported by their immediate manager than they would like, there was often the acknowledgement by the individual that their manager was under a lot of pressure themselves and this tended to off-set adverse perceptions of line managers. Some, for example, spoke very highly of their manager and reported that they understood that the limited interactions they had with their manager were not satisfactory for either party. However, there were also comments regarding instances of bullying by managers, or lack of job-person fit for those occupying line manager roles, and the adverse effects of these situations for employees. For example, a number of respondents reported that, although some managers may be suitable for the role in terms of their technical expertise, it was perceived that they did not necessarily have the social or empathy skills needed to be a successful manager.

“In general people here that are managers are just unbelievable. They are people who wouldn't get a job as a manager anywhere...[they] have been here for a very long time. People with no social skills, people with no sort of charisma, who are employed as managers and they are probably the two things you need to have to be in charge of teams of people.” (ID22)

“...extremely good at their jobs but just not the kind of empathetic people...They are not necessarily the sort of people who have background or training in people management skills and are thrown in there to suddenly do managerial positions and it's a hard thing for people to do and they are perhaps just not that kind of person. With training they might never be good at it, some people aren't.” (ID46)

For the majority of respondents, the most reliable and consistent form of support came from their immediate peers and other colleagues in different departments or locations who, due to the nature of the job, they may at some point have worked with more closely. Support was valuable in both practical and emotional ways. Practically, peers were much more accessible than managers to ask quick work related questions to, or to ask if they could swap shifts, for example. Perhaps most significantly for respondents was the support that peers could provide in terms of understanding the day to day pressures of the job, the personalities of those

working around them and the broader organisational incidents that at times would penetrate the daily working experience. It was this shared understanding of the unique working environment that was most commonly reported as being valuable in terms of support. It was also the aspect of support that tended to differentiate peer support from support provided by non-work friends.

“I guess from a selfishly personal point of view health, physical health and mental health I suppose being happy, being cheerful, being content with what you’re doing, and to extend that inside work I suppose it means enjoying your work, getting satisfaction from it, feeling suitably empowered, or at least not un-empowered, all that stuff, and outside work it means connecting with family and friends and the people that I worry about, its important to me that they are alright as well and that I feel I have enough time and energy to pay attention to them. That sort of thing, so well-being is quite broad.” (ID27)

Again, in contrast to ID27 who cited both work and non-work sources of support, this respondent, who also viewed social support positively, felt it was more something that existed outside of work.

“Erm, it kind of conjures up a circle of friends and family, people that you get on with so I suppose that is it, to me I don’t see it in a workplace context but maybe I am wrong about that. But for me, it is a much more outside thing, an outside work thing.” (ID37)

Work and non-work based support could be defined as being synonymous with formal and informal support. However, as will be seen in the next section, interview data revealed that this is not as straightforward as it sounds. For example, work-based support could be both formal (for example, use of an HR policy) or informal (for example, a chat with a colleague).

In terms of non-work based support, although there were many individual differences, some common themes emerged, particularly relating to discussing work with non-work friends, or with their family. Younger, and generally newer, staff commonly reported that friends from outside the organisation were not necessarily always supportive of them (e.g. ID26, ID43).

“...sometimes talking to them [my friends] can actually make the problem worse because they’ll turn round and say ‘what are you complaining about, at least you have got a job.’” (ID29)

Most could not pinpoint why this would be, but some reported that close family members suggested friends may be jealous of their success, or of them finding a job in their field, whereas these less supportive friends had not managed to do so. It was therefore perceived that some degree of resentment may be felt from non-work friends. This could partly explain the survey results which show that as staff get older, less support by non-work friends is reported. Many respondents, particularly those who were older or those in more senior positions, cited ex-colleagues as their closest friends out of work. This shared bond from working together, as referred to earlier, was one reason reported for this being the case.

5.4.2 Additional sources of support

By looking at the survey analysis alone, one can only gauge levels of support received from the sources included in the survey (e.g. Line manager support). Other sources of support may have been available to respondents. However, with no corresponding scale provided in the survey to record this, these sources were left unidentified. Illuminating different sources of support was one way in which the qualitative component of the study could provide greater depth of understanding. For example, one respondent mentioned how, due to the nature of their work, their customers were an additional source of support. Facilitated by contemporary advances in technology, such as Twitter, text and email, this was a valuable source of feedback and support to them (ID41).

“Again, out with work, both my own trade union and the wider trade union movement are quite important. I have connections to other organisations of people. I’m a supporter of a club, for example. You tend to have a fellow feeling towards other supporters of your club. There are other aspects of life like that. There are, in my case...connections to other cultures and communities too.” (ID38)

The sources of support cited by ID38, as shown above were also not measured directly in the scales used for the online survey.

5.5 Blurring the boundaries

As referred to in the well-being section, Warhurst et al (2008) have examined the blurred boundaries of work and life. Interview evidence revealed that boundaries were also blurred between the various sources of support. Thus, although there are a number of potential sources of social support, for example, work versus non-work based, these common distinctions do not necessarily reflect a straightforward differentiation. In the online survey, the fact that different scales were used to measure different sources of work and non-work sources of support meant there was a clear distinction between each of these sources of support. In some instances, interview analysis reflected this clear divide between work-based sources and non-work based sources of social support:

“I keep it (work and non-work support) completely separate because I think it’s boring for people from outside for people to hear me moaning about work circumstances.” (ID46)

“Generally speaking, people I have met in the last couple of years at work, I kind of know them at work, we chat at work but I wouldn’t have seen them outside the work context so it is a different type of relationship. And clearly in terms of support and how you are feeling about work and so on, it can be tremendously therapeutic just to go off and sound off with someone at the end of the shift. Saying ‘oh, that’s terrible what we’ve been asked to do.’” (ID37)

However, due to the change in their work location, opportunities for and access to after work socialising with work colleagues had diminished. This led the same respondent to conclude:

“There isn’t really that mechanism (any more).” (ID37)

However, as the quote below shows, for some the boundaries were more blurred. This was particularly so in the case of ‘peer’ and ‘friend’ support.

“Social support to me is friends and family and if you feel isolated it would be hard to be happy at work. But then I have support from workmates as well, and colleagues. So I guess that is also social support, although it’s taking place in work. And I think, like a lot

of people here, a lot of people have very good friendships in the building, so that becomes part of your whole life – your work life and your personal life.

So it crosses over between the two?

It does, yes, absolutely.” (ID30)

The above quotes suggest that this blurring of boundaries between sources of support can be positive. However, as the quote below shows, blurred boundaries can sometimes work in a negative way.

“I think people will feel almost as though the people they work with are family and they can say things that they probably wouldn’t really say to other colleagues if they didn’t know them quite so well and so I think it is easy for people to overstep the mark with each other actually, erm, which takes an awful lot of unravelling and an awful lot of work to undo the hurts that are sometimes caused.” (ID40)

One respondent acknowledged the overlap between work and home life, and how the specific pressures of the industry and environment they work in affected their lives.

“I think it is very telling the number of people you’ll talk to in here who have partners in the same industry. Partly because we never go anywhere or meet anyone else, but it is a specific kind of pressure.” (ID45)

The tendency for individuals in the same professions to become romantic partners is common (e.g. Halbesleben et al, 2010), and even encouraged in some organisations (Moen and Sweet, 2002). This can especially be the case when the type of work being done is very specific and thus it is perceived that only those in the same profession can understand the demands on them or accept the unsocial hours that are worked, for example, in professions such as academia (Kinman, 2012), nursing or acting. This again raises the importance of shared ‘insider’ knowledge.

These examples highlight the potential implications of overlap when responding to scale questions between people that are considered friends and people that are considered as peers.

A number of respondents did cite in their interview that some of their peers are also friends outside of work. As alluded to earlier however, this could also be an issue regarding definitions, as lay-persons may not make the distinction between friends outside of work and peers in the same way that academic research to date may have done. However, there is additional support for this blurring of boundaries as indicated by commentary earlier on many having ex-colleagues as friends out of work, and the comments about the prevalence of having a partner who works in the same industry (ID45). Although boundaries were blurred between peer and friends, the shared knowledge and experience evident between peers seemed particularly pertinent, and valuable to respondents.

5.6 Dimensions of social support

This section will present definitions and experiences of social support given by respondents which relate to dimensions of support, such as those highlighted in Chapter 2. Two dimensions of support emerged from the interviews that were not identified earlier (giving versus not giving support and distant versus proximal support) and these will be presented here too. Illustrations of respondent experiences relating to these dimensions will also be provided.

5.6.1 Formal versus informal support

Formal and informal dimensions of support were identified in the literature review. Although not all explicitly differentiated between ‘formal’ and ‘informal’ support, this dimension was also evident when respondents were asked to define social support. For example, one respondent felt social support sounded more of a formal term but, after further reflection, felt it could have a less formal meaning too.

“Social support, it sounds quite formal. My first thought would be to think about support networks, official support networks like erm how the company consider they look after their staff. But, when I think about it more it could mean something as simple as who my mates are here and who I go to talk to on a more personal level, so I don’t know...social support probably just means friends doesn’t it or anybody who is there for you, or should be there for you” (ID31)

One aspect of formal support as perceived by interview respondents was training and development.

“... the organisation has consistently failed to recognise the need for staff development to be much wider than just simply a training issue. That it has to be a broader based learning issue. It has to be to do with developing staff as individuals. Partly as a result I think, the organisation is failing to make the best use of the available talents that it has.” (ID38)

Informal support was perceived as being very important and in most cases available. For example, one respondent spoke of occasions when their child was younger which meant there were occasions when they unexpectedly had to leave work early. They reported that the general response from their manager at these times was:

““yes, of course, because I know that you put in extra hours and I know that you do this and I know that you that, so you must go and do that’. So I’ve always operated like that and I think that’s a sort of unwritten form of social support really. So I think that’s really, really important.” (ID35)

Where informal support was less available this was often linked to either job cuts in the department which meant reduced support available or due to the high workload of managers. One respondent spoke of the favourable perception they had of their line manager who sets aside time specifically to speak to individual employees informally each month.

“[my manager] is quite an approachable guy so it is nice, and he is a busy guy so the fact that he will take a day out of his month to do that is great because he maybe couldn’t do that on other days because he is just too busy. I think it is great.” (ID51)

A similar example from another respondent is given below:

“...my line manager on the rare occasion she’s actually there, yes. Even though she always seems to be so busy, like 10 things going on, she’s always got time to help me if I’m stuck with something.” (ID34)

The following quote reiterated how busy managers were but with a different emphasis to those respondents quoted above:

“Management is a different thing, the support of management we look for leadership, support, counselling, guidance from management and, largely, you don’t get it because management are so bogged down with bureaucracy, paperwork, box ticking that really all they have got the time or the patience to do is issue you with more instructions, send you more memo’s and then just hope to God that you won’t raise any problems” (ID50)

5.6.2 Instrumental versus emotional support

‘Talking’ was one of the most commonly cited words when respondents were asked about social support. This is in keeping with findings by Beehr et al (1990). Thus, emotional support would seem valuable to many respondents. Many respondents acknowledged that management were often perceived as too busy to help with day to day matters. Employees increasingly relied on their immediate peers for this level of support. However, the type of support that can be offered by peers was often limited to emotional support, such as having someone to talk to or moan to. In work related matters, however, it was often practical support that was in most demand on those occasions (ID50, ID39).

“we’ve got quite a supportive manager at the minute, but not that he could particularly do much for you. He’s supportive as in will listen, but you really are kind of there to sort out the problems yourself.” (ID33)

In terms of instrumental, or practical, support, advances in technology emerged as a key issue affecting both well-being and access to and availability of social support. Evidence indicated this could be both work specific and non-work specific. Technological difficulties with equipment at work led to reduced well-being and the outsourcing of technical support meant that, at a time when the need for this support was heightened for some employees due to the introduction of new systems, access to technical support became more difficult. Indeed, a number of respondents acknowledged that although talking through problems with peers was valuable, at some point it became practical advice and solutions from line managers that was required.

In terms of accessing informal support from non-work sources of support, one respondent spoke of how even though they had a support network outside of work, she felt uncomfortable about repeatedly discussing work problems with them as they were concerned about how this would affect her support network's perceptions of her. For example, that she would be perceived as a burden. Research evidence suggests that mood can affect perceptions of support (Alloway and Bebbington (1987) and support seeking behaviours. For this respondent, their low mood and subsequent perceptions of what others would think of them had implications for their support seeking behaviour.

5.6.3 Perceived vs. received support

As illustrated in the quote below, for some, the knowledge that support is 'out there' can be reassuring in itself, even if it is not accessed. Thus for some respondents just knowing that they had a support network of family and/or friends outside of work contributed to feelings of well-being at work. This resonates with the literature on 'perceived' versus 'received' support (Sarason et al, 1990).

“[social support] is very important. Even if it is something you never use or you never have the need to use, just knowing it is there is a big deal...” (ID29)

ID22 gives a positive appraisal of what social support means to them personally, referring to both work and non-work sources of support. As evident in this quote, comparison to others was a common theme that came up throughout the interviews, with respondents often stating they would be interested to know if other respondents were reporting similar experiences to themselves.

“I would say probably friends and family, and your work colleagues, that kind of thing, that if you have those kinds of concerns about, things like stress at work and those kinds of things, I guess your friends and family and your colleagues that you would talk to about it and see if it's just you or if it's everybody in the same situation.” (ID22)

In contrast, one respondent who reported being well supported at work acknowledged that they did not tend to compare themselves to others, focusing rather on their own situation and what worked for them.

“You can get up and go for a coffee. I can come and do this, you know you can go and chat to your friend for 10 minutes in the morning. It’s you just do your own thing. Well I do! (laughs). I don’t know what other people do but I’ve never worried. I get my work done, it’s fine.” (ID51)

Interview data often highlighted that the same situation can be perceived differently by different individuals and within individuals depending on mood or contextual factors. For example, ID43 spoke of the value of taking a lunch break, something that few respondents claimed to do on a regular basis. On most occasions ID43 found this break a valuable opportunity to detach from the demands of work and to spend time chatting or venting frustrations with peers. However, at other times hearing others’ frustrations became an annoyance and thus on these occasions, taking a break did not serve to enhance mood.

The following quote highlights more specifically the influence of perceptions of support in relation to contextual factors, in this case, the effect of the current economic situation.

“I have always been very conscious of the fact that if I become ill ...then it might get marked down against me and I have had flare ups where I have been pretty unwell but I have still brought myself into work, you know, because you don’t want to get a bad mark against you, especially in uncertain times the last thing you want is them to see ‘oh yes, she had time off there’, so I think it is more a perception than an actual situation.” (ID52)

The above quote was in relation to work-based support (e.g. HR policies). However, this distinction can also be related to non-work support too (e.g. ID60, diary entry).

5.6.4 Distal versus proximal access to support

From the interview data, this dimension was evident both for work-related support issues (ID40), in terms of being distant managed, and non-work support issues (ID36), for example, in terms of availability of practical support in the event of physical ill health.

Technological advances in communication, such as Skype and Facebook, have facilitated access to emotional support. It is now possible to have access to some sources of support more easily, even if the source of support is not nearby, however, a number of respondents felt that this cannot replace more practical support. As indicated earlier with regard to work support, this issue was highlighted in terms of non-work support too. Thus, although technological advances had improved access to emotional support from friends and families, help with child care or caring for elderly relatives was still missed by those needing this more practical kind of support. This resonates with findings presented in Chapter 4 from Donovan et al (2002) and in the quote below.

“We don’t have any family up here...The people that I’ve met through work would be the people that I’d turn to pretty much outside? I mean there’s speaking to people on the phone, my family are there and stuff, but for if I wanted somebody to come round, if something happened or anything, it would be the people that I’ve met through work. They’re the people I’d contact first.”
(ID44)

It became apparent from the interview data that, at different stages of the life cycle, the type of support required may become more of an issue than at other times. For example, following the birth of a child more practical support would be considered valuable. However, if those who would normally fill this role, such as close family members, are not geographically close other alternative sources of support may need to be found.

In terms of work-related support, issues emerged relating to distance from support too. For example, those who were managed by someone not in the same office location as them often cited problems regarding lack of access to and availability of support. For a small few based at satellite offices, who were distance managed from the Head office location, this distance between themselves and their line manager was found to be very difficult as there was less opportunity to build rapport. Although they knew they could contact their manager at any time, they felt that they should only really do so if it was something important. They reported missing the opportunities to ask quick, informal questions about the small things.

This is highlighted in the following quote:

“I think it’s just massive really. I think that anyone who has ever worked in a building that is not the centre will tell you the same thing that you know, remote management is not the same as hands on management. It’s hard to build relationships. Your relationship with your manager can never be as close as someone who sits next to their manager in the office.” (ID40)

Similarly, Redman et al (2009) acknowledged that those who worked from home could be disadvantaged by reduced access to practical work-related support, and also to career and training development opportunities. The effect of location on social support, well-being and the relationship between the two will be discussed further in Chapter 6.

5.6.5 Giving versus not giving support

Although not mentioned in the literature review, it was apparent from the interview and diary data that giving versus not giving support was a key dimension of social support for respondents in this case study. This resonates with research findings by Grant and Sonnentag (2010) who suggested that the ‘experience of helping others may play an important buffering role in protecting against negative affective experiences.’

“Social support...I think it probably means trusting, receiving assistance and positive help where it’s necessary and in return providing it” (ID27)

ID27, quoted above, remarked on the ‘exchange’ or reciprocal nature of social support, commonly identified in some of the existing definitions (Shumaker and Brownell, 1984) and social exchange theories (Blau, 1964) surrounding social support and which ties in with dimension of giving and receiving support.

One respondent felt the knowledge and experience they had in their current role as line manager meant it was their job to give support. Due to their length of service they did not feel they needed much support in return.

“...yes, because in theory everything is there and I have been there a long time so I know a lot of people, if I needed support. But that said, I don’t necessarily need a lot of support either. I’m quite independent. Perhaps because I have been there longer than most people anyway, so I would be the one that was giving support if you like.” (ID49)

One of the most frequently cited protective dimensions of social support relating to well-being was the ability to give support to others. This primarily occurred among colleagues but also to those outside of work. Many reported that they found giving support both rewarding and satisfying. Many respondents spoke, in particular, of assisting colleagues with work problems. They also reported that being asked for help and being thanked for their assistance resulted in positive feelings (e.g. ID39, ID60).

“Listened to colleague at lunchtime as we walked...tried to be supportive. Think it was good for her to have sounding board and nice to be trusted for such.” (ID39, Diary – week one)

These findings are in keeping with Grant et al (2008) who found that it was not just receiving support that made people feel good but that giving also had positive benefits (e.g. ID34, ID39).

A number of respondents felt they did not get enough input or feedback from their managers which led to them experiencing negative thoughts and feelings (ID48). Although in some instances the reciprocal or exchange relationship was lacking between manager and employee, positive feelings could be achieved through exchange with other team members or colleagues.

“I have never been in a team where I have not felt supported. You might get the odd person that is not so great a manager or whatever but there is usually other people there who recognise that and you compensate for people...” (ID51)

However, being asked for help from colleagues and giving this support was not always appraised positively. Depending on workload, providing support to others could sometimes

be perceived as an additional stressor. Similarly, support offered by colleagues could be perceived as negative sometimes, for example, if this help was not perceived as necessary.

“My colleagues were trying to be supportive today. However I felt like they were interfering! We have a new member of staff...and my colleagues kept butting in while I was showing them things on the computer.” (ID42, Diary – week one)

This finding resonates with research findings from Deelstra et al (2003) who acknowledged that, depending on the circumstances, support may not always be well received. Thus, the next dimension of support to be examined is positive versus negative.

5.6.6 Positive and negative social support

Interview evidence confirmed that, although for many support was perceived as positive, for some a negative element was evident (e.g. ID48).

For the majority, social support was perceived as positive and enhancing to well-being (e.g. ID37). In keeping with comments in the previous section however, a small number acknowledged that in some circumstances, support could be negative too. When asked if they felt supported by his family when going through a difficult period at work, this interviewee responded:

“Were they a constant source of comfort? To be honest no, it worked the other way because of the responsibility that meant that I, because if I didn’t have them and it was just me, ...no, I mean there can be negatives as well as positives...I mean if it was just up to me, I might think right, I’m not taking this shit any more, but it’s not.” (ID48)

Thus, there was a split between those who perceived the term positively and those who perceived it more negatively. Differences could also be identified within individuals, depending on mood, for example, as mentioned earlier. The findings highlighted a temporal element to perceptions of social support. Thus, for the respondent cited above, for a certain period of time his family felt more like an additional demand rather than a source of support.

5.7 Summary

One third of interview respondents spontaneously focused on work issues when defining well-being, whereas two thirds spoke of well-being in more general terms. However, the multi-dimensional nature of well-being was evident as work would often feature in these comments too. Irrespective of whether respondents spoke of work related well-being spontaneously or following a prompt from the researcher, there was a clear overlap between vocabulary used and themes that were raised relating to well-being. For example, happiness, satisfaction and mutual exchange were mentioned by many respondents.

For some respondents well-being was defined in terms of prevalence of social support. With regard to defining social support specifically, evidence suggested that examining dimensions of social support may be more meaningful than focusing on sources of social support due to the blurring of boundaries between different sources exacerbated by the changing nature of work and constantly improving technology, particularly in terms of social media. For example, technology can improve access and availability of emotional support from remote sources, while access to practical support may remain unchanged.

Many of the comments made in the interviews regarding meanings and understandings of the research terms reflect not only the importance of orientation to work, but also a potential life course dimension to their perspective too (e.g. ID26). The relevance of life course status will be discussed further in Chapter 6. It is clear from the evidence presented here that social support was important to well-being for many respondents. As noted above, it has also been highlighted that a number of other factors affect individual well-being and access to and availability of social support. The following chapter will explore the relationship between social support and well-being more closely and will also explore in more depth the factors that affect this relationship, as reported by the research respondents.

Chapter 6: The relationship between social support and psychological well-being

6.1 Introduction

The purpose of this chapter is to examine the relationship between social support and psychological ill-health and positive mental well-being (Research Question 2). This will be done by analysis of the online survey results. The interview and diary data will also be drawn on to explore in more depth how respondents felt social support affected their well-being. Factors affecting both well-being and perceptions and experience of social support as reported by employees will also be presented.

6.2 The relationship between social support and psychological ill-health

Evidence from the online survey analysis revealed that psychological ill health was significantly associated with the three work-based support measures.

An independent samples t-test was conducted to compare organisational support scores for those respondents classified as a 'case' and those that were 'not a case'. A significant difference in scores was observed between those that were a 'case' ($M = 19.58$, $SD = 10.68$) and those that were 'not a case' ($M = 25.87$, $SD = 12.6$; $t(146) = 3.07$, $p < 0.01$, two-tailed).

The same test was conducted to compare line manager support scores with those defined as 'case' or as 'not a case'. Similarly, a significant difference in scores was observed for those who were a 'case' ($M = 16.74$, $SD = 6.8$) and those who were 'not a case' ($M = 20.49$, $SD = 6.8$; $t(146) = 3.24$, $p < 0.01$, two tailed).

As there was not a normal distribution of scores for the Peer support scale, a Mann-Whitney test was conducted instead for this source of social support. A significant difference in scores

was observed between those who were a 'case' (Median = 13, n = 52) and those who were 'not a case' (Median = 16, n = 96), $U = 1473$, $p = < 0.01$, two tailed.

From these findings it can be established that poorer psychological ill health was associated with lower levels of each of the work-based sources of support.

6.3 The relationship between social support and positive mental well-being

For positive mental well-being, significant associations were found between positive mental well-being and all five of the support measures.

For the two support scales that were normally distributed, Pearson correlation tests were conducted. A positive correlation was observed for organisational support ($r = 0.36$, $n = 152$, $p = < 0.01$) and for Line Manager support too ($r = 0.39$, $n = 151$, $p = < 0.01$). As the peer support scale scores had a skewed distribution, a Spearman's Rho test was conducted instead. A positive correlation was found between level of peer support and positive mental well-being ($r = .45$, $n = 151$, $p = < 0.01$, two tailed).

With regard to non-work sources of support, positive correlations were found for both support from friends ($r = .40$, $n = 154$, $p = < 0.01$) and for support from family ($r = .32$, $n = 154$, $p = < 0.01$). The findings presented above indicate that high levels of positive mental well-being are associated with high levels of both work and non-work based support. All correlations were positive, with r values ranged between 0.32 and 0.45. According to Cohen (1988), ' r ' values between .30 and 0.49 indicate a relationship between the variables of medium strength. Table 6.1 below summarises the findings for both psychological ill-health and positive mental well-being.

Table 6.1 The relationship between social support scales and psychological well-being measures

Source of Support	GHQ 'caseness'	WEMWBS scores
Organisational support	3.07 (a**)	.36 (c**)
Line manager support	3.24 (a**)	.39 (c**)
Peer support	1473.0 (b**)	.45 (d**)
Support from friends	Not significant	.40 (d**)
Support from family	Not significant	.32 (d**)

*p = <0.05, **p = <0.01, a = t-test, b = Mann-Whitney, c= Pearson correlation, d=Spearman's Rho.

Online survey analysis indicated that there was a tendency for those who were not a case to report greater levels of social support. To examine this pattern in more depth, a 'level of support' score was created for each survey respondent (see Method chapter for details on how this was generated). Of the 65 respondents who scored low levels of psychological ill health (0) and greater levels of well-being (1), referred to as ('0 1'), 78% reported high levels of support (mean or above) for three or more sources of support. Fifteen of these respondents reported high scores on all five of the support scales. However, this pattern was not observable in six of the interview respondents.

Table 6.2 shows that four interview respondents who were not classified as a 'case', and who also reported high levels of positive mental well-being, reported low levels of support for either all or four of the five sources of support measured. Two respondents were classified as a 'case' and reported low levels of positive mental well-being, but reported high levels of support for three of the five support scales. No pattern was evident regarding sources of support.

Table 6.2 Levels of well-being, level of support and source of support

ID no.	GHQ case (1 = case)	WEWWBS (1 = high)	Level of Support	Source of Support
ID33	0	1	1	friends
ID38	0	1	0	none
ID43	0	1	1	organisation
ID39	0	1	1	family
ID42	1	0	3	line manager, friends, family
ID31	1	0	3	organisation, friends, peers

N.B It is important to note here that interviews were held 4-6 weeks after the survey had been completed so it was not expected that findings from the survey and other phases of the research would necessarily match up exactly (see Chapter 4)

Examination of the interview transcripts of these respondents provided no clear evidence in confirming the support scale scores recorded. For example, ID38 was not a ‘case’ and reported high levels of well-being. However, this respondent was one of only twelve survey respondents, and one of two interview respondents, who reported no high levels of support.

The interview transcript of ID38 was re-read in a search for clarification. Throughout the interview this respondent indicated that they felt supported by a number of different work based and non-work based sources of support, as shown in Chapter 5. Thus, in this instance, the online survey data and the interview data produced conflicting evidence. However, the interview material revealed that the sources of support acknowledged in the interview were different to the sources measured in the online survey, thus accounting for the seemingly incongruent results.

However, it is important to note that not all respondents with anomalous patterns between well-being and support fell into clear cut categories or patterns regarding their orientation to work and their subsequent perceptions of well-being, as the example below shows.

“I think...personally it (my work) is all I’ve ever wanted to do, from about 10 or 11.... so, that was an all-consuming passion of mine because I wanted to do that ...and probably that was the main consuming thing so consequently other things went by the by.”
(ID23)

It was noteworthy that this respondent was strongly committed to their work yet also reported high levels of support for all five sources of support measured. Indeed in their interview, even though it was clear that work was a big part of their life, they acknowledged that:

“I have a very strong relationship with my family which I’m very lucky about. I’ve got quite a strong network of friends ...They are kind of aware that I’ve got a burning focus in my life which is (my work)...but I would be kind of lost without that support network.”
(ID23)

It is also important to note that, given the moderate negative correlation between positive mental well-being and psychological ill-health, it was not abnormal for there to be instances of anomalous patterns between the two measures.

Of the 41 respondents who reported greater levels of psychological ill health and poorer mental well-being ('1 0'), 39% of these reported high levels of support. Only three respondents reported high scores for all five scales. Thus, it can be seen that greater positive mental well-being was associated with greater perceived social support. Furthermore, for those respondents who had low levels of psychological ill health and high levels of positive mental well-being, the majority also reported high levels of support for three or more of the support measures. This type of binary coding however, may disguise finer details of the relationship between social support and well-being (see Method chapter). It is also relevant to acknowledge that 41 respondents exhibited anomalous well-being patterns (either '1 1' or '0 0'), highlighting that other factors may also be influential. These other factors will be discussed later in the chapter.

6.3.1 Relationship between social support and daily mood scores

When daily affect scores and the corresponding text component of the diaries were examined, evidence suggested that absence of social support was a main contributing factor to a reported 'dip' in mood and conversely, presence of social support was often evident when an unusually high mood score (for that respondent) was recorded.

Table 6.3 Social support and well-being scores for the eleven diary respondents

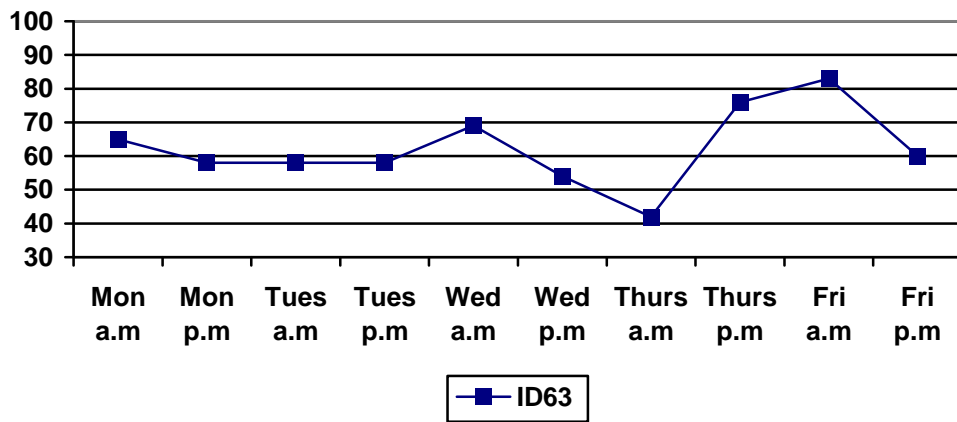
ID no.	GHQ (1 = case)	WEM-WBS	Week One and Two-% of max total	Level of Support	Org Support	Peer support	LM support	Friends support	Family support
ID62	1	0	56	0	0	0	0	0	0
ID55	1	0	60.5	3	0	0	1	1	1
ID59	1	0	43.5	1	0	-	0	1	0
ID56	1	0	72.5	3	1	1	0	0	0
ID57	1	0	77.5	2	1	0	0	1	0
ID61	0	1	72.5	5	1	1	1	1	1
ID64	0	1	81	4	1	1	1	1	0
ID54	0	1	83	4	1	1	1	1	0
ID63	0	1	65	1	1	0	0	0	0
ID58	0	1	77.5	1	-	-	-	0	1
ID60	0	1	78	3	1	1	1	0	0

N.B. 0 = below median score on support, 1 = median score or above on support, '-' = missing data. Levels of support scores – the number of scales which respondents' scored above the median (0-5)

Four of the interviewees who reported high levels of positive mental well-being but lower levels of support were diary respondents. The linked nature of the data meant that it was possible to take a more micro-level look at the responses from these individuals in order to try and get a deeper understanding of the relationship between social support and well-being for these respondents. Table 6.3 above shows the support, well-being and mood scale scores (% of maximum total scored over the two week period) for the eleven diary respondents.

The low score for ID63 on Thursday a.m., shown in Figure 6.1, may have been triggered by an argument with their partner the night before which they had found particularly upsetting. However, scores for Thursday p.m. and Friday a.m. were much higher. The accompanying text indicates they received positive feedback regarding performance at work from their manager and they also had a personal chat with a colleague about the argument that had happened at home. Feelings of support from both managers and colleagues regarding private and work matters may therefore have served to bolster mood.

Figure 6.1 Daily affect scale scores (ID63)



ID39 provides another example. Although this respondent reported high levels of positive mental well-being, according to the survey analysis, high levels of support were reported from only one source of support (family). Evidence from the interview and diary data corroborated this finding as this respondent frequently refers to their relationship with their partner and child and the time they spend with them outside of work. Indeed, when asked in the interview phase who they perceived as their main source of support outside of work, their response was:

“Predominantly my wife actually, she is the main one but my parents, sisters and immediate friends...” (ID39)

It might be expected that a high score for only one source of support may be associated with poor well-being. However, this was not the case here. Interview and diary entries were explored further to see if there was evidence of other ‘protective’ factors that would lead to greater understanding of this respondents’ positive well-being status. Doing so revealed that whilst at work, although this person is in communication with their partner throughout the day, high levels of support from peers, both in terms of giving and receiving support is also evident. For example;

“Was able to help a few colleagues which was appreciated and quite satisfying.” (ID39, Thursday p.m, Week one Diary)

It may, therefore, have been expected that peer support would have generated a high response too. It is important to note, however, that a score of '0' for level of support does not indicate that there was no support from this source. It only indicates that their score fell below the mean. However, returning to the dataset to establish the original peer support scale score revealed that ID39 had only completed the non-work based support scales, and not the work-based support scales. The linked nature of the data enabled this observation and helped make sense of the perceived anomaly.

Taking another example, ID42 was classified as a 'case' and reported low levels of positive mental well-being. They also reported high levels of support for three different sources (line manager, friends and family). Again, interview and diary data were explored to assess whether there was evidence of poor well-being and to try to develop a greater understanding of why this respondent may be experiencing poor well-being. The interview data corroborated with the well-being scores as the respondent reported a number of specific incidents that had caused them distress both in work and out of work. Diary data also corroborated this as, although there were daily variations, overall they reported low mood scores. The support scale scores, however, were less supported by the interview data as in the interview it was reported that they received very little support from their line manager and that, outside of work, their friends had not been very supportive regarding a personal problem they had been having. Looking more closely at the mood scale scores for this respondent, it can be seen that they tend to report higher daily mood scores when not at work than when they are at work.

6.4 Factors affecting the relationship between social support and psychological well-being

As acknowledged in the previous chapter, it was evident from the interview and diary evidence that access and availability to social support contributed to well-being. The quotes below reiterate the perceived values of both work and non-work support for individuals.

"I think support can make a tremendous difference to people because if they are isolated it is extremely difficult isn't it to get things in perspective and if you are tired and exhausted and working hard, problems kind of get out of scale and if you get social support out-with work, as well as within work it kind of

helps to talk things over and keep things within perspective.”
(ID46)

“Oh, yes. Because I think if you have a life outside work it definitely puts in context the things that go wrong. Inevitably, there will be things at the workplace that you think are awful and you are just completely fed up about. And I would imagine if you don’t have a life outside work then that would come to have a tremendous importance to you and you would kind of obsess about it. But actually, at the end of the shift I just drive away and forget about it until the next time I’m in.” (ID37)

Furthermore, interview and diary evidence reveal that dimensions of support may also be pertinent to well-being. Most respondents reported the perceived benefits of emotional social support and most report being in receipt of this, from one or more sources. However, although this was valued, a number reported that for some situations emotional support could only help so much and that a time can come when it is perceived that only practical support can provide a ‘solution’ for them, and therefore lead to improved well-being.

“people *were* listening to me but just not doing anything about it.”
(ID35)

Caution should be taken, however, to acknowledge that respondents were primed to think about social support and the potential bias in responding that this might cause. Pahl (2003) spoke of the potential risk of ‘over-inflating’ the relationship between social support and well-being. In light of this, it was felt important to ask respondents what factors they felt were important to their well-being. This chapter acknowledges some of the other factors mentioned by interview respondents.

The factors, or themes, identified by respondents were assigned by the researcher to one of three categories: contextual (e.g. the changing nature of work) or structural issues, organisational issues (e.g. location, increased work demands) and individual issues (such as personality and work life balance), as used by Sundin et al, 2006. These are summarised in Table 6.4 below. As acknowledged in the Literature Review it is pertinent to note, however, that themes do not always fall neatly into one category or another. Indeed there is often an overlap across one or more of these headings. Glaser and Strauss (1967) proposed that such overlapping can be common when coding information (see Method chapter). This was evident in this study, for example, technology could be categorised as an organisational

factor (in terms of new technology introduced in the workplace) and also as a contextual factor (technological advances changing the way we work).

It is pertinent to note that, despite the fact that respondents were asked what themes, other than social support, were important to their well-being, many of the other factors mentioned were inter-linked with access to, and availability of, different sources and dimensions of support, both work and non-work based.

Table 6.4 Factors affecting the relationship between social support and well-being

Categories	Themes
Contextual	Changing nature of work
	Location
Organisational	Technology
	Organisational change
	Role of HR and line managers
Individual	Personality
	Life course status
	Psychological detachment
	Demographic variables

Some of the themes shown in Table 6.4 were evident in the extant literature, such as the role of location and technology. These themes therefore were pre-determined to be of importance and were included in the interview schedule. However, the ways in which respondents spoke of location and technology revealed much broader ways in which these themes affected employees than is evident in the existing literature. Furthermore, some additional themes emerged throughout the course of the interviews, for example, resilience, comparison to others, the importance of trust, and the many ways in which organisational change had affected both social support and well-being. The three main themes that emerged, however, were the effects of the organisational change, location, and life course status or past experience. These three themes will be described in more detail below.

6.4.1 Organisational change

It has been reported at various points in this thesis the considerable organisational changes that the organisation was going through or had recently undergone at the time of the fieldwork being conducted. In terms of sources of support, some interview and diary respondents identified lack of formal work support as a factor that appeared to be detrimental to well-being. This was generally linked to the significant organisational changes that had occurred in recent years at the organisation.

Outsourcing

Outsourcing of services aimed at cutting costs has had adverse effects on productivity and performance, and subsequently on well-being and quality of work. There seemed to be an iterative relationship with well-being and quality, a downward spiral which incorporated diminished control, both at an organisational and an individual level. The lack of inside knowledge of staff at these outsourced support services has had the effect of slowing down solutions to problems, and thus has increased pressure on existing staff.

Cutbacks had led to a number of in-house formal support mechanisms being either outsourced or removed completely. Many reported the adverse effects for mental health of these changes in formal support systems. One respondent spoke of how they felt when faced with a situation where they needed to ask for help now that, as a consequence of support being outsourced, they had to access the support required by telephoning a call centre.

“So, how do all of these things make you feel, or make the working day?

Frustrated, angry, unhappy, constantly I mean every time something goes wrong, you sigh, because you know you’re going to have to pick up the phone and you know that the person that you speak to, if they are in this country, isn’t going to know anything about you, or where you are or what you do...” (ID50)

Many respondents spoke of their dismay that the on-site occupational health nurse service has been replaced with a phone helpline.

“There are lots of things we don’t get here now. We used to have an occupational nurse and everything. If you want a light bulb changed here, you’ve got to phone Birmingham you know it is that kind of mind-set.” (ID30)

“one of the biggest difficulties, very large chunks of it have been privatised and therefore almost every department that we have to deal with on a daily basis, isn’t actually a department, it’s another company, it’s a commercial company and that makes life a lot worse, so if there was to be one thing that would make a difference all round, it would be for the organisation to actually be one unit instead of being a whole lot of different companies, all very badly plugged together. I mean cos to be perfectly honest with you, this privatisation of services what they call outsourcing, it doesn’t work, it makes things worse over time, always.” (ID50)

The effect of these changes is difficult to measure. Many comments made either at the interview or diary phase however made either an explicit or implicit reference to the effect of these changes.

“We are seeing the effect of budgets, gnawing away not just at the extra but what really were some of the quite fundamental things in the workplace.” (ID38)

“I think that is very much of a hidden cost of sourcing outside, there is a disengagement because it’s... it makes it far less familiar...” (ID39)

A number of respondents commented on another consequence of organisational change that seeing close friends or colleagues losing their job as a result of the cutbacks was a great cause of distress. Current research by Beauregard (2011) further mirrored the findings presented here in that ‘the redundancy of others can impact on the working life of those who remain’. This was a commonly mentioned issue due to the economic and organisational climate at the time of the fieldwork.

Travers (2011), for example, commented on the influence that partners (external) and co-workers (internal) angst can have on an individual. For example, if a partner has lost their job, this can impact on the other partner’s well-being at work. Similarly, if a co-worker is stressed and brings problems into work it can make it hard for fellow team members to remain unaffected. Experiences such as these were encapsulated in the following quote:

“...my boss is off with stress, but in the meantime what is happening to me, covering her job and my job and then I feel I can't go I'm stressed too because I can't fall apart, one of us already has. It can't be a domino effect that happens so I've just got to buck up and keep going and then wait for my line manager to come back from holiday.” (ID26)

As the organisation has changed and expanded over the years, those who had been employed longer were aware of a less personalised feel to the organisation and greater difficulties for management particularly as, due to the substantial shift toward outsourcing of resources and formal support systems, senior management were no longer in control of all departments. A number of interview respondents commented on the increasing size of the organisation and how this affected their well-being, in that they no longer felt seen as individual and often felt anonymous. Some claimed that, in recent years, they had become to feel more like a number than a valued employee. This, however, largely ties in with the changing nature of work and also the substantial changes in access and availability of formal support, for example, the outsourcing of HR services and occupational health. Another example of organisational change which may have exacerbated these issues is the changing use of technology at the workplace, as highlighted in the quote below.

“I think just on a general level, the way we deal with things, much more over email and pretty faceless methods can sometimes have an impact and it can sometimes cause tensions to rise...whenever I can I will go and talk to someone face to face because I think just knowing who someone is and picturing someone on the end of an email makes it so much easier...[if not] it can make it feel like a very solitary working environment...So I think not knowing the people you are working with because of technology can impact on your work.” (ID29)

In terms of associations with health, Brennan (2007) reported that poor support at work can have negative impacts on mental well-being, and that behaviour of colleagues was a key factor in poor well-being. This potentially signifies peer support as an important issue. Reduced numbers of workers means the pressure builds for those remaining as demands stay constant or increase (e.g. ID27). Thus, even if one is unaffected by redundancy oneself, if

others in one's team are, it may mean one's workload increases, or one's role changes or that there are fewer senior staff to act as mentors to more junior or newer staff.

As cited in Chapter 2, presenteeism can have considerable costs to the organisation in terms of reduced productivity and performance (Cooper and Dewe, 2008; Sainsburys Centre for Mental Health, 2007). Comments made in the interviews indicated that for some, reduction in workforce numbers has given rise to an increase in presenteeism (ID26; ID27).

“...I did feel ill and I had to go home, not unreasonable, and there was always somebody there who was working closely who knew roughly what was going on who could step in and sail the ship through the narrows, that's not there anymore.” (ID27)

Another example relating to reluctance to take holidays in case they miss out on a work opportunity is given below:

“You have so much leave a year and mine has completely built up, I've hardly taken any time off this year...”

So, what has prevented you from taking your leave, you've been busy or...?

Just too busy, and also a fear of missing out on something if I'm on leave ... it's difficult, it's kind of the nature of the beast where we work because it is contract to contract that you are on you don't know where that next one is coming from so you don't want to miss the boat.

So you don't want to be out of sight out of mind?

Exactly, that is the total fear, exactly that. So I'm always just like I'm here, I'm here.” (ID26)

Although peer support was perceived as very important by the majority of respondents, the changing nature of work and job cuts have had adverse consequences for employees, such as increased workload or loss of opportunities for flexible working patterns. This was particularly the case for those in specialised departments or in small teams where the loss of one team member can have a substantial effect.

6.4.2 Location

Analysis of the qualitative data revealed location to be a more complex factor affecting social support and well-being than was initially understood from existing literature. This finding led to the inclusion of a ‘distant versus proximal’ dimension of support that was not identified in the literature review.

Location was a contextual factor, particularly for those at head office who experienced a change in workplace location. Adaptation was required by those who worked at Head Office in relation to their reduced access to local amenities and reduced access to informal support from friends and family due to the less central location. For some respondents at Head office who used to socialise with peers after work, they now found that:

“there’s probably a lot less social support in terms of people meeting up outside of work, just because of the location.” (ID22)

Location was also relevant in terms of the distance between work and home, and how this affected informal opportunities to engage in informal social support. For example, for daily commuters, or for those with families, the location of their work meant that it was no longer possible to socialise with peers after work.

Individual differences were clearly evident throughout the case study, whereas for some the same changes were seen as positive and for others they were perceived as negative. This was particularly apparent in terms of the effect of location on access and availability of support and on employee well-being. For example, for some respondents based at the Head Office building the move from a city centre location to a less central site was significant. For example, they could previously run errands or go to the bank or post office in their break. These activities were not possible in the new location and, for some, this caused an additional strain to their normal working day.

However, location was also an organisational issue for some in terms of those out with head office who were being distance managed, and in terms of where the local offices were in relation to the other office locations.

In terms of formal support, location of workplace was closely linked to comparison with others. Employees at head office of the case study organisation in Scotland often made

comparisons to those employed at the head office in England. However, other offices in close proximity to the head office in Scotland would often compare themselves and their experiences to those at the Scottish head office. Although no interviews were held with employees working in more remote offices in Scotland, it was the perception of many who were interviewed that those working in very remote settings were self-sufficient, that they were separate from other offices, and that this situation suited them well. For example,

“...in some ways, they [remote offices] like to be remote. The guy who was working at one location really didn't want anybody from Head Office interfering because it was his patch and he felt that he could dump the excesses of organisational mayhem by simply nobody looking over his shoulder so in lots of ways he liked the autonomy, and he always felt he was running a little independent organisation that had nothing to do with Head Office.” (ID40)

Thus, for some, formal support was less accessible due to their location but was also potentially less desirable, with preference being given to the autonomy from being away from the main organisational hub.

For those not working at Head Office, their location influenced their relationship with management and their access to, and availability of different sources of social support. Respondents from these satellite offices had both positive and negative impressions of their situation. Everyone knows each other, and the work environment is less anonymous. If there are personality clashes, for example, there is less potential to defuse these. A number of respondents reiterated the effect of personality on other colleagues.

“...if you work in small teams personality clashes can certainly have a very demoralising effect on teams. Actually I think that the power of individual personalities in teams, the power that one individual in a team has to bring the team down or to pull them up is probably underestimated by a lot of people.” (ID40)

In smaller teams or offices, if there is a personality clash, employees cannot just change teams or ‘keep a low profile for a while’ (ID40) so these more remote working locations with a smaller, more stagnant pool of workers can potentially create occasional bad working

atmospheres. In contrast, a personality type which facilitates team working can potentially have a positive effect on perceptions of support and well-being.

Although there were no interview respondents from the smallest branches of the organisation, some interviewees suggested that the considerable distance from Head office of these smaller offices meant that they were less likely to make comparison to Head Office and more likely to see themselves as a self-contained unit.

More often, however, problems cited related to lack of access to resources and training which they perceived workers at Head Office had access to far more readily. Some felt forgotten or neglected by senior management. A number of respondents communicated that their immediate manager and senior managers were based at a different workplace to themselves. Although this suited some, others found this particularly difficult. Two members of staff, based at different workplace locations, commented that it would be helpful to have a senior manager or HR representative on-site. For example,

“Well, I think really that our office could do with having a senior member of staff based here, somebody like HR. I think at times we could do with somebody that can know... looking out for us because I think yes, you feel at times that there is more support (at Head Office,...But yes, I think if there was some more senior management based here then that would be better.” (ID47)

In terms of access to non-work based sources of support, location can be influential in other ways too. One respondent who had recently relocated in order to take on her new job role, found themselves in the position where they were now a long way from family and existing friends. This person not only reported a blurring of boundaries between colleagues and friends, but also acknowledged the role of friends since relocating.

“...my friends here are my family, basically.” (ID60)

This comment relates to references made earlier in the thesis to the changing nature of work. Thus, increased geographical mobility means that more people are working away from familiar environments or existing social connections. Subsequently new relationships are formed. In these instances, an overlap between colleague and friend may be desired and

sought from the outset, compared to those working in a location where they have family and existing friends within close proximity. The quote below gives an indication of this type of overlap.

“Because you spend a lot of time at work and they are your colleagues but they come like the second place where you are apart from home, in fact you are probably at work more so you might not be best friends but you do need to know that you can have lunch with somebody, that you can talk to the person sitting next to you, that you have got some particular friend in the office.” (ID36)

In addition, for some of those employees based at Head Office, the physical environment of the new workplace was perceived as a great improvement in some ways as it was more open plan and spacious and encouraged people to talk to each other (e.g. ID38). Others, however, perceived the same situation as a change for the worse, for example, due to the perceived lack of privacy (ID31; ID38). This lack of privacy was also pertinent from a management perspective, as indicated below, because of the effect it had on their work.

“I’d just really like a room (laughs) but the whole point of [being open plan] is that everybody can come and go and the philosophy is it’s an open environment and all the rest of it, that makes any kind of management job become really tricky.” (ID23)

Others focused on location in terms of the physical working environment and the effect this has on their health.

“I just think it is a very cold building, there is nothing. You are not allowed plants...the air con, you just, I’ve had my first migraine in here as well. I’m facing a wall, I’ve no air. I’m not near natural daylight.” (ID25)

The distinction between ‘absolute’ and ‘relative’ well-being, both at work and more generally was particularly pertinent in this case study regarding the effect of location. For example, those not based at Head Office compared themselves to those based at Head Office. Those based at Head Office, however, rarely compared themselves to their geographically close counterparts, but would instead compare their situations to those employees based at the Head Office in England. This dimension of absolute versus relative

well-being was apparent even within Head Office between different departments and also between 'nine to five' and shift workers or between temporary workers and permanent staff.

6.4.3 Life course status and past experience

One key individual level theme that emerged from the interviews was that of life course status. For example, younger staff or those without children reported socialising with peers much more (ID51) than those employees who had children (ID30). Thus, life course affects access to different sources of support but also affects perceptions of both access to, and appraisal of, support. For example, well-being may be less adversely affected by limited support from peers for those who have a family, whereas low levels of peer support as a single, or new, employee may have had a greater bearing on well-being.

In light of this, it could have been expected that survey analysis would have identified a significant relationship between peer support and age or job grade. However, no such relationship was found. The use of multiple sources of data to enable a greater understanding of social support and well-being was valuable here in giving an insight that would not have been possible otherwise. Those who now had children spoke retrospectively of enjoying a much greater social life with peers when they were new to the job, younger or single. As they had grown older, this social aspect at work had diminished as they socialised more out of work, either with their family or with others in similar situations to them. For example, ID44 spoke of the new friends she had met since recently becoming a mother:

“...there’s this whole new bunch of mummies that I met when I was on maternity leave. It’s been great... when I first went on maternity leave I...think I went to one class a week, but then I just met all these people and it was just brilliant and I’m still in touch with them and going out with some of them tomorrow night and things.” (ID44)

Thus, in the same way that peers were valuable sources of support to respondents due to the shared knowledge they have, this was also the case for this respondent in the specific support she received outwith work given her new status as a mother:

“Really, really good...meeting people who are going through exactly the same thing that you are, everybody was in the same boat and everybody was really wanting to make a connection with everybody around them. So everybody was eager to make friends and eager to keep in touch as well.” (ID44)

Thus, the type of support available, or needed, also changed in relation to individual situations. Longer serving and more experienced staff, for example, relied less on peers at work as friends with whom to socialise out-with work, as many had had their own family or friends outside of work from whom they could rely on for emotional support (e.g. ID32; ID24). Those employees who had young children reported accessing formal support from the organisation (e.g. maternity leave, flexible working policies) for the first time whereas previously they may have not needed to do so (ID44, ID42). This was also the case for line manager support, as shown in the following quote:

“We’ve all got children now and so everybody is very understanding about that kind of thing and in particular my line manager – she understands people’s priorities and, as far as she’s concerned, your priorities are your sort of home life and she trusts us to get the job done. Which we do and when somebody’s got that trust in you, you pay them back by delivering...” (ID44)

The quote below shows that even though this respondent had just had a child, that work was still very important to them. It also acknowledges the effect of work on mental health for this respondent, particularly in terms of self-esteem, thus highlighting again the interplay of factors affecting both social support and well-being:

“I really love work, I really enjoy it and I really love being with him (baby son). And I have more days with him than without him which is great but I really love, it makes me...it gives you back the person you were because you are still the same person it is just that you have this small person as well. And so work is really important. Work, it is so funny, work to me is a real, it is really good for my self-esteem. I think probably more than a lot of things. I was never that academically bright at school. I never really thought that I would ever really make anything of myself work-wise” (ID53)

It was evident from many interview responses that individual values, and attitudes to work, can change following certain life events and that this can impact on perceptions of both social support and well-being. For example, a number of respondents commented on their perception of their organisation after receiving assistance from the organisation when they were going through a period of caring for elderly relatives, and the positive effects this can have for the organisation too:

“And that kind of thing, that means they get your loyalty, you know, because I will never forget that they did that for me at a time when I most needed it so that is the benefits of working in a big company as they pretty much take care of people.” (ID54)

Some respondents felt that career progression was less important once they had children. They now valued formal support in terms of access and availability of HR policies, for example, flexible-working rather than career opportunities, which they had previously valued more. Others who had developed an illness or who were experiencing other difficulties out with work had reported more negative experiences of trying to access more informal work support or emotional support at work.

Evidence from the interview data and from some of the diary entries highlighted that the same situations could be perceived differently by different individuals or, indeed, by the same individual at different points in their day or lives (e.g. ID39, ID32). Qualitative analysis revealed too that, to some extent, the relationship between social support and health and well-being may be determined by individual perceptions of social support, as described in Chapter 5. For example, whether they perceive support as being positive or negative. If support is perceived as positive this is likely to enhance positive mental well-being and minimise psychological ill health. Negatively perceived social support may potentially have the opposite effect.

Temporal issues were also raised where people spoke of previous experiences they had had in the organisation under different managers compared with their current situation. It became apparent that past experience could influence current perceptions of social support. For example, past bad experiences at work helped some respondents realise how lucky they were and how much better they felt now that they were being supported than when they were not:

“I’m in a really good department, with a very excellent head of department. And I’m extremely lucky. I recognise I’m extremely lucky because I have been in different situations. I’ve been in departments where I’ve been not happy so it’s definitely a change for the better for me at the moment.” (ID30)

Others, however, found it hard to adjust to their current negative working experience, especially when they had previously had extremely positive work experiences. The following quote provides an example of the opposite occurrence where a respondents’ experience had changed from positive to negative:

“I feel as though I am being targeted now ... You get a feeling of being demoralised and unless it has ever happened to you, you can’t explain it. I mean I have never experienced anything like this in this job or any other work, ever, and it is just that of late it has happened.” (ID25)

In terms of past experience, the findings from this study mirrored the findings of Shore and Shore (1995), cited in Chapter 2, that suggested an employee’s history of treatment by the organisation is likely to influence levels of perceived organisational support, for example in terms of trust as described earlier (e.g. ID24, ID27).

The influence of past experience and life course status was evident throughout the interview and diary phases of the study. At times it seemed that past experience and life-course status were themes that overlapped and could be combined, however, it was observed by the researcher that life course status highlighted the transient nature of access and availability of support and the perceived needs for different sources and dimensions of support. However, past experiences which affected perceptions of social support, seemed to have more long-lasting effects, for example, relating to the issue of trust. If someone had felt betrayed or had lost trust in a work colleague or manager, the experience was not only hard to forget but often shaped future perceptions of other incidents and of other individuals.

As has been presented above social support can contribute to well-being, and in a number of ways. Contextual, organisational and individual factors intertwine to contribute to the relationship between social support and psychological well-being, however, the complex interplay of these factors can be difficult to untangle. An example of this can be given in terms of data gathered from interviews in relation to the occurrence of formal social events.

Respondents were asked at the first phase interview about formal support in a social context (i.e. formally arranged work nights out or Christmas parties). A number of respondents referred to the effect of being a public sector organisation, and more broadly the effect of the current economic climate (e.g. ID26).

“When I was in [location name] there were official leaving parties or Christmas parties, and even those were small affairs and invariably people pop their head round the door for 10 minutes and then they have got to get back because their office was unmanned or something like that. But because of the time pressures we are under it is difficult to organise things in working hours because of everyone’s personal demands it is hard to organise it out of hours and because of the way [public sector organisations] are scrutinised in the public eye it is impossible to organise any kind of corporate thing.” (ID29)

Many said that any nights out now were arranged informally between small groups of colleagues. Even this however, had been impeded for those based at Head Office due to the change in location of the workplace (ID27). As mentioned earlier, the desire and opportunity to go out with work colleagues changed when individual circumstances change, for example, following the birth of a child (ID53). Thus, respondents may have reported that detachment opportunities with work colleagues were diminishing, however, for some whose life cycle status was changing, this was sometimes self-imposed rather than forced upon them.

Survey and interview analysis also revealed the extent to which demographic variables were important to perceptions and experience of social support and well-being. These were referred to in Chapter 4.

6.5 Experiences of temporary workers and shift workers

Only a small number of temporary and shift workers participated in the study, it was therefore not possible to conduct statistical analysis to explore any quantitative difference. It was apparent in the qualitative components of the study, however, that those employees doing shift work, and temporary workers, reported specific issues with regard to access to and availability of various dimensions and sources of support and the relationship between

social support and well-being. This resonated with findings by De Cuyper et al (2008) on temporary workers.

Marmot (2010) stated that the nature of work has important health implications for employees. Indeed, the detrimental physical health outcomes for shift workers are well documented. However, less evidence is available regarding mental health outcomes. Furthermore, little evidence is available regarding how these different working patterns may affect access to and availability of social support. Thus, it is worthy to acknowledge responses from respondents who were temporary or shift workers in order to explore this further.

One temporary worker spoke of the change in location of head office as a positive change. They acknowledged that now that the working environment was new to everyone, they felt more in the same boat, thus improving their perception and experience of social support.

“It’s that fantastic thing where as a freelancer in the old building it was quite hard to ask people because there was this real kind of divide between people who knew and the people who didn’t and if you didn’t you were obviously a freelancer and therefore the enemy so there is always a staff/freelancer divide but here everybody came here equally ignorant and that was fantastic because that is what’s gone, I mean the divide hasn’t gone but the nervousness about asking things, well partly I’ve grown up as well...” (ID45)

The unsocial hours often worked by shift workers not only affect access and availability of support but can also have health implications too, as described below.

“...and I think as well, possibly, coupled with that is the kind of shift-work thing. So you’re maybe doing your early shifts, you’re in work at 5 in the morning. You’re in work until midnight, and that kind of thing. So, I guess there’s kind of concerns that I have about that, that most people do I think, who are doing shift-work, there’s lots of research that you find that say that it’s really bad for your health over a long period of time.” (ID22)

The health concerns experienced by shift workers in this sample resonate with existing literature citing the physical and mental health effects identified from exposure to shift work

over time (e.g. Kivimaki et al, 2001). Bourbonnais et al (1996) also reported that “temporary workers have a higher prevalence of psychological distress”.

In terms of access to and availability of support, a number of respondents mentioned expectations regarding a perceived move by senior management for workers to be predominantly contract based rather than permanent as the majority of workers have been to date thus saving money by minimising obligations to provide organisational benefits. If this was the case, then this could have potential adverse implications for both access to provision of formal support and, ultimately, for well-being too.

6.6 Social support and physical health

This chapter is exploring the relationship between social support and psychological well-being. Indeed, when respondents were asked if they believed that there was a link between social support and health, of those respondents who said yes, the majority felt that social support was most likely to have an effect on psychological well-being rather than physical well-being.

“Well, I think things like diet that can affect your physical health, and exercise. But I find mainly it’s your emotional health that’s affected by like friendships and your relationships and who you see every day – they can have a big effect. Like if you’re surrounded by nice people you’re going to be more happy than if you’re surrounded by people you don’t get on with.” (ID33)

However, the interview and diary data highlighted evidence that for some respondents perceptions and experience of social support might also affect physical health. The most commonly reported physical health conditions experience were musculo-skeletal and skin conditions. Furthermore, that there may be a reciprocal relationship between mental health and physical health.

Of interest to the researcher was an observation from examination of one of the diary respondents, (ID43), mentioned earlier in the chapter. It was evident from the interview and the diary entries that this respondent was a regular gym-goer. However, it was noted that if comments made in the diary suggested they had had a bad day or had an argument with a work colleague or with someone out of work, this often corresponded with a low mood

score. The accompanying text revealed that on these occasions where low mood was recorded, this dip in mood, resulting from an unsatisfactory or distressing interaction with others, often led to disengagement with planned physical activity. This respondent recorded a number of times, following these negative interactions, that they no longer felt the desire to go to the gym that day as had been planned.

“Huge argument and fall out, it was instigated by talking about the interview yesterday. [My partner] is taking no interest at all in something which is very important to me....Didn't go to fitness class again.” (ID43, Diary entry – week one)

Thus, this provides some evidence for the argument that social support can affect both mental and physical health. Furthermore, the qualitative data revealed that in some instances psychological well-being and physical health could be inter-linked. Thus, although causal relationships cannot be assumed, it could be proposed that poor psychological well-being (e.g. caused by removal of or reduced social support) had a knock on effect for engaging in healthy behaviours, for example, going to the gym or eating a healthy diet.

The direction of this relationship between mental and physical health could work in the opposite direction too. One respondent who reported having physical health problems reported the impact this had on their psychological well-being as a result, and also on their ability to access social support.

“...in my particular case, I stay alone, with my pet. So that is my social support. By the time I get home from work, I finish at 7pm and because of the [pain I'm in] by 8pm, I'm knackered. I basically have something to eat. I have a shower, go to bed, get up and go again the next day. ...I do find that because of the amount of time I spend at work by the end of the day, I get home about 8pm maybe and by that stage [I am in pain] and the thought of going out and doing anything else is just eugh... there is just nothing in terms of work life balance, it doesn't exist.” (ID46)

The examples cited above highlight the complex nature of the relationship between demands of work, psychological and physical well-being and the impact that increasing demands from work has on opportunities for accessing social support.

6.7 Protective factors

One of the advantages of incorporating a qualitative component was to identify data pertaining to protective factors for individual well-being. For example, the mood scale scores and accompanying text in the diary phase of the study highlighted the importance of psychological detachment.

For example, on some occasions when a high mood score had been recorded, the previous day, or evening, had been spent doing something out with the 'ordinary', for example, attending a course or seminar when normally it would have been a day in the office. The experience of doing something different was a novelty and this was reflected in the scores for some respondents. In keeping with existing literature, the diary responses highlighted the importance of opportunities for psychological detachment as these can provide access to informal support. The following quote highlights this point too:

“...because I’m working kind of doing lots of stuff just now I’m not necessarily getting a lunch hour so I miss that because I’ve got my group of chums at work that I would like to be able to hang out with them and it’s a bit of light relief that breaks up a day but if you are like continually working I don’t feel that I have, I’ve not seen my kind of friends to touch base and to talk about something that’s not work for a change, I think that is really important in a day...” (ID26)

It was evident however, that the changing nature of work and the recent job cuts in the organisation also had an impact on opportunities for psychological detachment, as is highlighted below:

“it’s more the staff cuts that have impacted on things like meal breaks and that kind of thing....because there used to be two people on, one of them used to cover for the other when the other was on their break, but then when there’s one person here, it’s that sense that well you could go on your break for an hour but you would come back to a mountain of stuff to deal with.” (ID22)

Another example highlighted not only the effects of lack of detachment for employees but how this could influence others around them too.

“I know and if I don’t get my lunch hour then I’ll finish the day and I’ll phone my mum and have a moan at her for an hour and then that is my kind of venting there so if I’m like that, mum says you’ve not had a lunch hour today have you. And I’m like ‘no, how could you tell?!’” (ID26)

Prolonged use of support for venting work problems could potentially, in the long term, put strain on otherwise strong positive relationships, as acknowledged by Durkin (1995).

The beneficial effects of psychological detachment from work, however, are not clear cut either. For example, ID31 had evidence of poor psychological ill health and low positive well-being from their survey scores, despite in their interview and diary data speaking of many opportunities for detachment, having a number of sources of support, and their concerted effort to keep work and home separate.

A number of respondents also mentioned exercise as a protective factor for their well-being. ID39 reported that they often went to the gym or for a run at lunchtime, and the positive effects of this were cited in the interview phases and corroborated with the diary entries too:

“Had run at lunchtime, very good opportunity to clear head of stress and come back from lunch in better spirits. Anger and frustration exorcised!” (ID39, diary entry)

There is evidence that psychological detachment and regular exercise improve health and well-being. Such factors may interlink with the positive effects of support contributing to the overall well-being status of the individual.

Psychological capital

‘Psychological capital’ is the phrase that has been coined to encapsulate those personal characteristics that can have a protective effect for individuals (for example, Luthans et al, 2004). These characteristics include resilience, self-esteem, self-efficacy, pro-activity and optimism. The quote below was from a respondent who stood out due to their proactive approach to accessing social support and in taking responsibility for their own well-being:

“You can get up and go for a coffee. I can come and do this, you know you can go and chat to your friend for 10 minutes in the morning. It’s you just do your own thing. Well I do! (laughs). I don’t know what other people do but I’ve never worried. I get my work done, it’s fine.” (ID51)

Referring back to this respondents online survey scores, it was possible to see that this respondent scored 0 out of 12 on the psychological ill health measure (i.e. indicating the lowest level of psychological ill-health), and reported high levels of positive mental well-being. In terms of sources of support, this respondent scored above the mean on all support scales, except for organisational support. Thus, in this instance, the online survey scores clearly corroborated with the interview data.

6.8 Summary

Online survey data analysis indicated that high levels of work-based sources of support were significantly associated with low levels of psychological ill-health and with high levels of positive mental well-being. High levels of non-work sources of support were significantly associated with high levels of positive mental well-being. No significant associations were found with psychological ill-health.

There is quantitative and qualitative evidence to suggest that social support and well-being are linked, i.e. that those reporting more positive mental well-being are more likely to experience greater levels of support than those who report poor psychological ill health. However, the clear distinction between sources of support and well-being were not as apparent in the qualitative data.

Negative case analysis indicated that in terms of the relationship between support and well-being, 28% of survey respondents did not fit this pattern. Further analysis of data from the interview respondents who exhibited these anomalies (n=5) was conducted. However, in this instance, examination of the complementary qualitative data did not enable any clear explanation as to why this would be the case.

The findings presented in this chapter have implications for both well-being, and the relationship between social support and well-being. This also relates back to the issue that emerged from exploring lay definitions of the two research terms in Chapter 5 namely that

some defined 'well-being' in terms of social support, whereas others did not appear to associate well-being and social support in this way. The findings also have theoretical implications for existing models of well-being at work, for example, in providing evidence that contextual factors need to have a more central role. These implications will be discussed further in Chapter 8. The final Results chapter (Chapter 7) presents evidence provided by research respondents regarding their perceptions of organisational initiatives aimed at improving well-being at work, and their subsequent thoughts on how these initiatives could be more effective in enhancing employee well-being.

Chapter 7: The role of social support in managing well-being at work

7.1 Introduction

It is widely acknowledged that workplace initiatives to improve employee well-being at work can have positive outcomes for both individual employees (e.g. Karasek, 1979), and for the organisation (e.g. Boselie et al, 2005). As identified earlier, evidence from a range of stakeholders has highlighted the substantial costs to organisations of absence from work through ill health in terms of both financial and productivity losses.

This final Results chapter explores employee perceptions and understanding of a) what policies and practices their organisation currently has in place regarding well-being at work and b) how employees perceive the organisation could improve well-being at work (RQ3). Although respondents were not asked specifically to focus on social support, many of the issues raised were related to access to, and availability of, formal and informal work-based support.

7.2 Employee perceptions of formal work-based support

In recent times, there has been considerable government, media and research interest in well-being at work. Despite this, interview evidence indicated that most respondents had relatively little awareness of well-being at work policies or initiatives prior to taking part in the research. This is evident in the following two quotes.

“I don’t know if I know of a great deal of them, there are a lot of kind of, like you are supposed to complete safety courses and to do with your desk, like are you sitting properly, I wonder if that is linked to HR. I don’t know, in terms of leave or stuff like that, you are always encouraged to speak to your line manager...” (ID26)

“Someone came round saying you can have this that or the other. And we were like ‘we didn’t know about that!’ but I guess you don’t really know about these things unless you need them.” (ID36)

However, after being prompted by the researcher, more information about policies and initiatives was identified by respondents. Quotes such as the one below highlight how participating in the study had increased awareness of support and well-being issues for some respondents. For example,

“in terms of within an organisation you are working in, I tend not to think about things like social support at all. Well, I didn’t. But the fact that you asked questions about it, and it was highlighted in the diary and round about makes you start to think much more about it. And, I was quite surprised I think to see that I get lots of support from friends and immediate colleagues and things like that, which is brilliant because you need your allies to get along and get your everyday work done and everything. But I must admit, that when it comes down to social support from the organisation, I still think there is an absolutely vast gap between the intended social support and welfare guidelines and what happens in reality. I mean all the HR guidelines and everything are very commendable, very well intentioned and absolutely fantastic but they just don’t actually operate as they are advertised.” (ID59)

The quote below questioned the likely efficacy of having any kind of formal support network.

“I guess kind of at a colleague level, but I don’t really think there is a mass formal support network there. I’m not really sure what it would kind of serve. Because there is that kind of sense that people’s grumbles and stresses at work are probably due to wanting more staff or something like that and it’s totally not something that’s going to be solved, so you could have some kind of support network but it wouldn’t be able to achieve a result because the result isn’t actually possible!” (ID22)

For those respondents who did speak of different organisational policies, their comments could be grouped into those relating to ‘hard’ HR policies, such as health and safety regulations, equality and disability discrimination policies, and those relating to ‘soft’ policies. Truss et al (1997) proposed that ‘soft’ policies focus on the ‘human’ and ‘hard’ policies focus on the ‘resource’. It was observed that softer policies to promote well-being were defined by respondents as initiatives that went beyond the ‘duty of care’ and which

implied that the organisation valued their employees and perceived them as individuals and not just as a number.

One respondent spoke of the adverse effects for employers of not considering employee well-being.

“I do think to keep stressing people and pressing people and not providing support on issues like well-being then people will start to get ill, they will start to get tired and they’ll start to get less productive in pure business terms you’d get a very unproductive workforce, which is not a very good way of running a business” (ID27)

Perceptions of ‘hard’ policies

Most respondents, however, had positive perceptions of the *availability* of policies at least, such as flexible-working policies, maternity leave and sick leave. Responses tended to differ depending on whether respondents were speaking from experience or not. For example, comments regarding existing policies differed between those who were aware of the policies but had not needed to access them:

“...yes I think you can get quite a lot of material online and in printed form indicating that the organisation is making the right noises, so I’m sure the official policy on almost everything is good and supportive. So I kind of think that if I had a serious problem to do with health, or mental health I would trust the organisation as an employer to deal with it appropriately in a way that maybe a smaller employer I wouldn’t necessarily trust.” (ID37)

and those who had experience of the policies first hand, such as for ID59 as has just been seen, and also in the quote below;

“especially in HR...and payroll and, god, those systems are apparently designed to make life difficult and there is no attempt to make you feel like anything other than a number” (ID45)

All respondents reported having some awareness of organisational policies. However, job grade seemed to influence perceptions of these policies. For example, most employees had

positive perceptions yet one senior manager made an argument for the negative implications of greater flexibility for employees, in that employees who wanted to change to work more flexible or part time hours meant rota planning was more difficult and that opportunities for career development of these employees were impeded (ID23).

Respondents from others in senior job grades alluded to the fact that any interventions proposed by HR (formal support) would, effectually, be doomed to fail, given the ‘them and us’ culture within the organisation. This raises important points for organisations but also for policymakers, and indeed employees themselves in terms of responsibility for well-being and how best to design and implement organisational level well-being initiatives.

The majority of respondents reported positive perceptions in terms of *availability* of formal support. There were mixed responses, however, as to how easy these policies were to *access* and utilise. Yeandle et al (2002) argued that awareness of organisation policies was a key factor in determining perceived levels of organisational support. Many respondents spoke of a mismatch between the reported availability of organisational policies and what actually occurred if attempts were made by employees to access and utilise these policies (e.g. ID24, ID46, ID48). Similarly, differences emerged between perceptions of the *content* of initiatives or policies and the *process* of how these policies were accessed or implemented. Again, for many, the content of policies in place was perceived positively. However, in terms of process, there were discrepancies in the reports of how easily these policies could be accessed and the ease with which they were implemented.

“Erm, well, I suppose there is health and safety, that covers a whole raft of regulation with that term, and there are also a whole lot of guidelines that talk about work-life balance and what they are aiming for which, I think, are very commendable. It would be fantastic if they worked but I think in practice, they just don’t, and I think that upsets a lot of people because they hear people at the top saying oh yes, we are committed to this, we are committed to that and you come lower down the ladder and there are people who can’t get a day off, can’t get the holidays they want, end up working loads of early shifts, loads of late shifts, no time to see their friends and family, they are exhausted and er, they can’t get confirmation of their day off they might want two weeks down the line for a wedding or something, and naturally people end up feeling put upon. ..., unappreciated and undermined I think.” (ID46)

These differences link back to the dimension of perceived versus received social support. Sarason et al (1990) stated that perceptions of support could potentially trigger an effect even if no attempt had been made to access support. This assertion seemed to be reflected in interview responses from employees who, to date, had no cause to access formal support. These employees tended to have positive perceptions of the HR policies that they had heard about on flexible working, sickness and maternity leave, and consequently felt that if they ever did experience a problem that if they asked for help they would get it. Indeed, for some respondents, in some situations (ID60) this had been the case.

As referred to earlier, though, it was apparent that sometimes just the knowledge or awareness that the company has such policies in place can improve perceptions of the organisation, whether employees utilise these or whether the policies are relevant to them or not (Kossek, 2006). Interview and diary data revealed that, for many, knowing that support is there was important to individual well-being.

Although some employees experienced satisfactory guidance and advice when requested, many found that when they actually needed to access these formal types of support that policy did not translate into practice as seamlessly as they had anticipated.

‘...the policies are there, but policies are really just bits of paper, it’s the way that they are put into practice that counts. I think that is perhaps where negotiation comes in as well, where effective representation of people comes in. We are dealing with issues all the time where there is a different interpretation of the same policies.’ (ID38)

Training and development was another type of formal support that was frequently mentioned by respondents as being important to them. As already highlighted in Chapter 6, however, location of workplace can influence access to this type of support. A number of interview respondents who were based at offices out with Head Office (e.g. ID39; ID47) stated that training was available on occasions but these were often held at Head office, or on one date only, so if work schedules did not enable attendance, this support was in effect unavailable. Most respondents out with Head Office perceived training to be far more accessible for their fellow workers who were based at Head Office. Another point raised was that even on occasions that one was able attend a training day at Head Office, when back in their own office and having a problem related to that training there would then be no one on hand to

assist (ID39). These types of incident where access to support is limited could have adverse effects for both employee well-being and organisational performance. Control over the content and timing of training and development may also be linked to workplace location and may also affect employee well-being, particularly if they feel they have a lack of control.

Perception of 'soft' policies

In relation to 'softer' policies to promote well-being such as stress management, many perceived these to be less widely available. Although some respondents acknowledged that there had been an increase in 'talk' about well-being and mental health matters within the organisation, this was commonly perceived as a case of 'all talk and no action'. For example, one respondent stated,

“personnel have just done a survey, they are always doing surveys but surveys always seem to be a substitute for action. Yeah, I mean they never get the answer they want so they just do another survey”
(ID50)

One of the key points expressed by a number of respondents was that the organisation gives the impression that they care but, in practice, this is not realised. However, what could initially be perceived as formal support (for example, conducting a survey to gauge employee stress levels) could have the opposite effect if employee responses are not acted upon as the quote above suggests. Thus, if the perception of support is not translated into received support this can bring about negative perceptions of the organisation.

“it only comes in when it's obligatory because of rules and regulations and they have to ask you about your well-being rather than because they genuinely want to.” (ID29)

Thus, it seems important for employees not only to see that the organisation is doing something to promote well-being but that it is also important to employees how these initiatives are followed up (e.g. Huselid, 1995), and whether the intervention, for example, the well-being at work event, actually 'fits' with employee needs.

The expansion of the organisation has led to employees perceiving a less personal relationship with HR. This perception has been exacerbated for many by the fact that the HR

function has now been outsourced. This has resulted in less localised understanding of employees' individual needs and concerns. Employees were keen to not just be seen as a number.

One respondent spoke of the 'tangibility' (ID35) of most of the existing health and safety policies, and reiterates points raised above about lack of 'softer' policies.

"I don't think they're [social support and well-being] the kind of things that kind of get discussed or brought up. And if they do they tend to be quite specific things, so it's maybe someone grumbling about working in a chair or a desk that they think is not the right height, so maybe quite tangible health and safety things"(ID22)

It was highlighted by some respondents, however, that irrespective of whether softer policies, such as counselling, were available or not, access to these were not always desired.

"I'm still not 100% sure about counselling services and things like that anyway sometimes I think, maybe it's a Scottish thing (comment not audible) maybe think it's better if you are able to assimilate all that stuff yourself rather than unpicking it, you know and that is probably a lot to do with others influence, they don't talk about these things and they get on with it and you know, that's what you do, you don't make a big fuss erm, so I didn't do any of that stuff." (ID23)

Again, as seen in Chapter 6, there also seemed to be evidence here in support of Brennan's (2007) argument that employees are most influenced by the behaviour of the immediate colleagues around them. For example, if others were dismissive of or reluctant to use services such as counselling, other workers may be less likely to engage in this too. ID23 later commented that awareness of, and the perceived value of, counselling is much more prominent and positive now than at the time of the incident they spoke about in their interview.

At this juncture, it is relevant to reiterate that, at the time of the fieldwork, employees had been faced with a number of significant changes over a short period of time. These included change of workplace location (for those based at Head Office), changes to technology, outsourcing of occupational health, HR and technical support services. Consequently, many

commented on the impact these changes had had on them. Particularly, many referenced the loss of an onsite Occupational Health nurse facility.

Many respondents perceived the Occupational Health nurse as a source of support who knew the organisation, knew many of the staff and who was someone in a neutral position who could advocate on their behalf with regard to their health and well-being at work. This on-site service had been replaced with an anonymous helpline which few said they would consider accessing, due to the lack of inside organisation knowledge the service providers had and the lack of familiarity or rapport they felt with the person at the end of the phone line.

7.3 Employee perceptions of informal work-based support

It was apparent from analysis of the interview and diary data that references made by respondents regarding informal support were less common than for formal support. One senior member of staff spoke of one of the ways in which the formal policies in place could be beneficial, but acknowledged that informal approaches were less available.

“and yet, there are moments with the company where you find yourself with a difficult set of circumstances and the system procedural driven nature of the business is tremendously helpful....And there’s a system that very, very quickly clicks in and forms a very strong line behind the individual who chooses to deal with the issue and it becomes something of a conveyer belt and everybody is helped along that, you know, these are our options at this stage and that is very good. So, in a sense, the big personnel issues, management day to day and performance management issues there is help available there and that is very useful. It’s more the day to day wrinkles that you have to get ironed out that are difficult.” (ID32)

The last point in the above quote was reiterated by another respondent who reported that it can be difficult to sometimes to access support on an informal basis:

“You know sometimes you might want to look up something on the quiet because it is maybe sensitive or confidential and going straight to your line manager or boss somewhere or phoning someone up, there isn’t an easy way of doing that.” (ID29)

Similarly, interview data from one respondent (ID32) revealed that they had approached their line manager in order to seek informal advice about a member of their staff and the line manager, on the basis of this conversation, had subsequently made a formal decision regarding that member of staff. Thus, what had been intended as an informal query led to formal action being taken.

A common theme voiced by respondents was that line managers are given too many roles, and that they did not feel that their manager was necessarily qualified to fulfil these roles. This may potentially affect employee perception of line manager support if line managers are being given roles they are unfamiliar of under-qualified to perform.

One contract worker (ID45) reported that their line manager is in charge of an extremely large team. As one of their many roles, this manager is responsible for processing temporary or contract workers timesheets and, subsequently, on more than one occasion, salary payments have been delayed due to the number of other work commitments the manager had. Many respondents (e.g. ID29; ID50) seemed to feel sympathetic toward their line manager, believing that they would like to have more input but that this was not possible due to their workload and pressures. However, in contrast, employee perceptions of senior managers were largely negative, often being seen as not interested, not available and not present.

“I would say line managers kind of suffer from the same stuff that the general staff would suffer from, so because they are more involved...they kind of feel the pain of cuts and things like that as well because it's got an impact on them... whereas people further up, are just so disconnected from the actual tasks in hand, that it's not something that they've got any sense that it kind of bothers them.” (ID22)

Although many had negative experience of accessing informal support, it is important to note that a small number reported positive experience of support, such as the example given below:

“...what we do is we have got a trainer that comes in 3 days a week and takes us over to the park across the road. And then there is another guy who comes in on a Tuesday and a Thursday and

does Circuits, and then I think there is a yoga teacher who comes in on a Wednesday and there are massage therapists and things...which is great because you can just get it done in your lunch hour. A woman comes in on a Friday. So it is quite good you can get things done, even though we are in the middle of nowhere.” (ID51)

For those employees who were proactive in organising access to support themselves, this may affect their perceptions and experience of organisational support. The quote above comes from an interview respondent who spoke of being proactive in terms of seeking out work-based support and who reported having numerous sources of support in the workplace. This relates to the issue of psychological capital raised in Chapter 6. This employee also acknowledged that they felt at least partly responsible for their own well-being. Responsibility for well-being will be discussed later in the Chapter.

“I think I take care of my own well-being I suppose. So a lot of us in here have got circuit classes that we organise and you know... I suppose it is an important thing to me is my well-being so I try and make my day as nice as possible.” (ID51)

As with formal support, location of workplace could affect access to informal support too. One member of staff based at a location that was not the Head Office commented on access to well-being initiatives at their workplace;

“We missed out a wee bit like (at Head Office) they have had lots of people coming over doing yoga sessions but because of the size of the place here we just don’t have enough room.” (ID47)

7.3.1 Temporal Issues

The interview data revealed a temporal component to how respondents perceived support from the organisation and the type of support they required. For example, as acknowledged in Chapter 6, changes in circumstances based on life course status or health status (e.g. ID57, ID46) may lead individuals to re-evaluate their perception of work, and their awareness of their own well-being. After a particular incident or life event, for example, employees may need to access HR policies that had not been necessary or relevant to them previously. The

perceived success of this experience of accessing formal support can affect the perception of organisational support and of support from others around them. This change in perception of support may be temporary or longer lasting, for example, based on the magnitude of the circumstances. An excerpt from one respondent's experience is given below and shows how single incidents, however minor they may seem, can have a longer lasting effect:

“... I'm sure it's HR that deal with our expenses, I sent off my expenses and basically they got lost in the system and I was never recompensed and that pretty much coloured my attitude towards them.” (ID39)

7.4 Improving well-being at work

The second part of research question 3 set out to explore what respondents felt could be done by employers to improve well-being at work. Findings from a review of public policy documents (Petticrew et al, 2008) mentioned earlier found that there were numerous articles which explore where organisations are lacking or getting initiatives wrong. Few authors, however, develop their argument to propose potential solutions. An example of this exact point is shown in the quote below. At interview, this respondent said that they had logged on to the organisation's intranet to find out a bit more about well-being. They found that, although there was information telling one how to identify stress, there was no subsequent webpage or link telling you what you should do if you think you are experiencing difficulties or who you should go to:

“I did the stress thing last week, just to see what it was like before I came here and...where do you go from there? Who's going to take the stress away from you? ...there's not the log onto 'this is what you should do', or 'if you feel you can't do this in your job you need to speak to somebody' that is not on it” (ID24)

Although respondents were not asked to focus specifically on social support, many of the suggestions given related to improved access to and availability of social support. This fits with evidence presented in earlier chapters that many respondents value social support, with some even defining well-being in terms of social support. The findings also provide further empirical evidence to support the view that social support enhances well-being and, more specifically, provides evidence to support existing models and theories which acknowledge

social support as a factor affecting well-being at work (e.g. Karasek and Theorell, 1990; Bakker and Demerouti, 2007).

7.4.1 Improving formal support

Interview findings from employees at lower job grades indicated that they would like more support from their line manager. There was often an acknowledgement, however, that line managers may require additional training, especially if they are to carry out support roles that they have not been trained in.

Results from the online survey showed that, of the three job grade categories, middle managers reported the lowest levels of organisational and line manager support. It was apparent that for line managers who are not necessarily trained in mental health that there could be difficulties in a) being able to recognise when problems may exist and b) what the professional boundaries are with raising well-being issues with employees.

“And there were lots of other things, he was slightly grumpy about but I hadn’t, until the really long just the two of us in a room conversation thought about the fact that insomnia is a classic symptom of depression and I’m sat there listening to him thinking is it appropriate for me to say to him (Name), you should go and see your doctor and ask your doctor about whether it might be depression and whether anti-depressants might help you and is this sleep making you depressed, or is this depression meaning that you don’t sleep” (ID32).

Evidence suggests that it is easier to manage employees if one feels supported oneself. This was also acknowledged by some respondents, for example:

“...but I suppose from a point of view of being **supportive** and **supported** then if you are supported you can be more supportive to people that you’re working to and with and under you” (ID23)

This is especially relevant as the majority of current policy and research places line managers as integral to the implementation and success of any well-being initiatives (e.g. Black, 2008). This also links back to the reciprocal nature of social support discussed in Chapter 5.

Most respondents had modest and realistic demands in terms of what they felt the organisation could do to improve employee well-being. For example, many suggested improved communication regarding the availability of HR policies and how to access these policies. However, the majority who perceived that more could be done by the organisation to improve employee well-being voiced limited expectations that anything would change as a result of this piece of research being conducted. Again, although not always made explicit by respondents this viewpoint could link back to past experience. Especially as newer or younger staff did not voice such resigned attitudes (e.g. ID34, ID43).

7.4.2 Informal support

The most commonly reported suggestions that respondents gave for improving well-being were related to a better understanding by management of the, often increasing, demands of the job:

“I think sometimes there is a lack of understanding on other people’s job roles and responsibilities.” (ID29)

Desire for greater acknowledgement by senior managers of employee efforts was also reported.

“You don’t ever see, [the senior manager] I’ve never seen him speak I don’t think. I have never seen him come and see what we are doing. So that would be nice, even as a gesture.” (ID51)

The quote below gives an example of another informal way in which well-being could be improved which was the importance of feeling valued:

“I suppose just recognising you for doing your job and giving you the right sort of feedback and praise and constructive thoughts for how to move forward. “ (ID36)

“I mean being valued is actually quite important and when you experience a complete lack of that, how can I put it, you don’t think it’s important until you realise you are at the absolute bottom of it.” (ID48)

Again, the relevance of experience is evident here. It was often cited by respondents and observed by the researcher that it is only when a particular incident or trigger happens that one becomes aware of what is important to them personally.

More open and honest communication from senior managers (e.g. ID24) was also highlighted. The quote from ID48 below reiterates this.

“You know when you have got the level of honesty on the part of management that could change everything... if they could actually take a look at themselves as managers and could deal with staff honestly, it would help a great deal. Because people probably accept an awful lot if they can believe what they are being told. The fact that they don’t like what they are being told...but if it can be relied upon, that helps a great deal and they would get more co-operation that way as well.” (ID48)

A number of respondents suggested that this open atmosphere was lacking in the organisation, one respondent commented that, in principle at least, they felt it does exist.

“I think there is always all these drives to have more open atmospheres and more easy communication with your bosses but I don’t know if that is always encouraged. Like actually encouraged and I don’t know if even if it is encouraged if it is realistically available...” (ID29)

As can be seen above, there was some scepticism about how realistic it was that such an environment could be achieved. Another respondent acknowledged though that many people are committed to the organisation and the subsequent effect of this.

“on the face of it, it is all there, you have got policies and all the right words, the right sounds but deep down is it really...maybe it’s not all that bad anyway...I said before that lots of people love working here so they will just accept all of that.” (ID49)

This quote echoes comments made earlier in the thesis that employees may be prepared to put up with certain conditions for fear of what may happen if they do not, particularly the potential risk of job loss. The fear of which has been exacerbated with the current economic downturn.

Several respondents spoke of how valuable they felt it would be to have a neutral advocate available who could advise them and liaise with the organisation on their behalf, without having to go through a formal procedure. When the HR contact was advised that a number of respondents had expressed dismay that this on-site service was no longer available, they responded saying that an employee assistance program (EAP) had replaced this service. However, interview evidence suggested that respondents were less likely to access this due to perceived concerns over confidentiality and the impersonal nature of the system. Furthermore, for many employees, importance seemed to be placed on the familiarity with the specific work environment for anyone dealing with work-related issues. This was another reason cited by employees why they would prefer not to use an external employee helpline.

Respondents reported a desire to have a more informal way to address concerns rather than having to make a formal complaint. Several respondents made reference to Trade Unions, however, for those who had approached Union representatives for advice at some point in their career, it was felt that the only way anything would change would be if they were to lodge a formal complaint. Most, however, were not willing to do so for fear of adverse consequences. A number of respondents voiced interest in whether other research respondents were saying similar or different things regarding the organisation. Without knowledge of whether other employees were feeling the same way, it seemed that individuals were reluctant to make formal complaints, perhaps for fear of job loss or adverse consequences. Indeed, the economic climate may have some bearing on this as some commented that they would prefer not to instigate any official proceedings due to increased job insecurity and redundancies in recent times. The perception that one could be easily replaced if they were not satisfied with the working conditions may have contributed to this reluctance to formalise any complaints.

“I think [name of organisation] is not a particularly supportive environment. It’s ‘get on with the job’ really, you know. Get on with it, be glad to have it. Plenty more people want it.” (ID33)

Indeed, interviewees who were also Trade Union representatives voiced frustrations that employees would come to them with concerns but would then be unwilling to make a formal complaint, thus leaving the representatives with little ability to take steps to improve the situation.

When asked about perceptions of work-based support, some respondents made comments based on experience (received support), whereas others will respond based on perception or based on the experience of others (perceived). Views and attitudes may differ depending on which of these is utilised. The above quote also links in with the debate around whether support is always positive. It can be frustrating for employees if senior management misunderstand the key concerns for employees. One observation was that yoga classes and stress management are not going to change fundamental structural problems within the organisation that are affecting both performance and well-being.

“Occasionally there is a well-being at work day which usually involves somebody coming in and doing, I don’t know, a relaxation technique workshop or offering at your desk head massage or something. I always kind of feel that they are sticking plasters really because that is not actually what people need, what people need are long term strategies and long term solutions.” (ID40)

If organisations do not get interventions right, in terms of managing well-being at work, this can be frustrating and annoying for employees as it can be perceived as a sign that management do not understand the needs of employees (e.g. ID22). Poorly formulated or badly targeted formal support, therefore, can serve to reinforce negative beliefs among employees that their organisation does not understand the demands placed on them. Thus, organisational attempts to improve employee well-being can potentially have the opposite effect in some cases, for some employees. The example given below encapsulates views that a number of respondents reported.

“The only thing I’m aware of, there was something, maybe this year, might have been last year, I can’t remember what it was, but it was total nonsense. It was kind of like, not being able to see the elephant in the room – the elephant in the room was basically you’re making all these people redundant, you’re doubling people’s workloads, you’re changing people’s hours, people weren’t taking their proper breaks – and you were suggesting what they would go and do was go and do tai chi in the car park or something for 20 minute. You’re just like, if you’ve got money to spend on people doing 20 minutes of tai chi in the car park, just get some more staff because tai chi in the car park is not what people want. It was just kind of the opposite.” (ID22)

This reiterates the importance of tailoring initiatives to meet the needs of employees. In order to do this effectively, however, organisations need to be aware of what these needs are, and that these needs may vary depending on different factors. For example, shift workers may have different needs to non-shift workers.

The assumption that management may consider such interventions as adequate or pertinent provided an added cause for grievance for some respondents. A comment by one of the interview respondents highlighted the importance of measurement of interventions if it is to be established whether they have been effective or not.

“Well, the problem that the organisation has is that it never measures what it does so you know, so I said ‘how are we measuring this?’ So, part of the feedback if you like, back from you could be along the lines of this is the message I’m getting back from people, how do you measure how you care for staff, where is it? Where is the measurement, who goes and asks?” (ID24)

7.5 Responsibility for employee well-being

The majority of this chapter has focused on ways in which the organisation could improve well-being at work. It is also important, however, to pay some consideration to the role of the individual in managing their own well-being. Amidst his wealth of work on well-being and stress in the workplace, Cooper (2007) acknowledged the issue of responsibility but otherwise, the question of responsibility for employee well-being has been relatively under-developed.

Evidence presented in earlier chapters indicates that, for some respondents, circumstances out-with work may have a greater bearing on respondents’ well-being than work-related matters. One senior manager reported at the interview phase that, of the employees that were currently on sick leave in their office, the majority of absences were due to issues outside of work (ID40). Another manager spoke of the influence of home life on work specifically.

“...an awful lot of how people feel at work is impacted by what is happening in their domestic life as well, and people want to keep that separate. Some people want to keep that quite separate, quite deliberately, and you have to respect that. So it is quite difficult I

suppose to make sure that you don't cross over that line as well. You have to wait until the door is open." (ID49)

This quote, and other interview data, suggests that non-work issues may be more pertinent to well-being at work than first thought. This observation is reflected in reports from the CIPD/Simplyhealth absence survey (2011) where one component of the survey asks employers to rank the top three causes of work-related stress. Amongst other factors such as workload, management style, relationships at work and considerable organisational change and restructuring, it was reported that non-work factors such as relationships and family were also "most frequently ranked among the top causes".

A number of respondents felt that either full or partial responsibility for well-being should lie with the individual and should not necessarily be the responsibility of the organisation. For example, the quote below relates to taking responsibility for one's own needs in terms of social support. The same respondent also felt the same way about well-being and took active steps to try and maintain a level of well-being at work e.g. by making sure they took a lunch break or by exercising.

"Yes, I basically think that you kind of make your own social support and that might not be for everybody but it seems that, well, most people I know, use the people that we work with as support because we work with good people and sometimes bad people but you know you just work round that, and there is always someone you can go to and ask for help." (ID51)

There was acknowledgment by this respondent of the influence of 'bad people' being around. However, the respondent quoted did not dwell on this and took responsibility for seeking out their own social support. Similarly, the following quote relating to work life balance indicates it is up to the individual to 'fight' to maintain a balance between work and life out with work. These quotes reiterate the potential role of psychological capital, as mentioned already.

"Yes, it's very difficult and you've got to be quite strong-willed to make sure that you keep the balance, you know, even though it's best in the long run that you do. It's quite hard because everything is sort of stacked against you to not, really." (ID33)

The focus of Gilbreath and Benson's (2004) paper is the role of supervisory behaviour on well-being. However, within this paper they also stated the importance of healthy lifestyle to enhance both physical and psychological well-being. This was acknowledged in the current study by a number of both male and female respondents. For example, the following quotes highlight the beneficial effects of exercise as a means of relieving stress:

"I find that actually – lunchtimes, going running either that or going to the gym, I find that actually one of the best sort of relievers of any stress." (ID39)

"I need to get regular exercise. That's the thing that keep me right, in terms of balance, I think....I'm quite strict with myself about that, so that's the last thing to go. You know, I'll forego other things to make sure that I have got the time to exercise, because I know that that's quite important to be able to kind of deal with carrying on work and not be stressed." (ID33)

The quote below indicates that the effect of access and availability of support is not only influential at an individual (employee) level but also at the organisational level. Thus, coming back to the Karasek and Theorell model (1990), it became apparent to the researcher through conducting the fieldwork that the model may operate at an organisational level too. With support mechanisms removed and diminishing control over certain aspects of the organisation, demands were high at both the organisational level and the individual level.

"... so the one layer at the very top that we used to have that kept things going, is now there to do the opposite. Then you have the management who used to look to the [name of governance mechanism] for support and now they get no support ... so they are at 6's and 7's so it all comes all the way down and in fact it is not about personality so much, it is about the structure, and the structure is terribly complicated and very messy and inevitably if you have the best person in the world you'd still be at sea." (ID50)

Karasek and Theorell acknowledged individual interventions can lead to victim blaming. Thus, although employee level interventions can be useful, it is important not to ignore the role of managers,

"I think as an employer they should be perhaps a bit more proactive." (ID38)

...or the potential impact of structural or organisational level changes, as the below quote suggests:

“Occasionally there is a well-being at work day which usually involves somebody coming in and doing, I don’t know, a relaxation technique workshop or offering at your desk head massage or something. I always kind of feel that they are sticking plasters really because that is not actually what people need, what people need are long term strategies and long term solutions.”
(ID40)

7.6 Summary

As highlighted in the literature review, little research has explored the effect of interventions in the workplace which focus on improving access and availability to social support specifically. In comments made by respondents regarding both perceptions of current initiatives and thoughts on what future initiatives could look like, social support was mentioned frequently, either explicitly or implicitly. A number of interviewees mentioned that outsourcing of support mechanisms had led to a feeling of depersonalisation which they found did not serve to enhance their well-being. Some elaborated on this by suggesting that an in-house neutral advocate with knowledge of the specific organisational context would be beneficial who could be approached informally in confidence by employees.

Employees were asked in general terms what they felt their organisation could do to improve well-being at work. From their responses, it was apparent that the majority of responses related to improved access to, and quality of, both formal and informal work-based support. Lack of informal mechanisms of support were identified at an organisational level, thus, there was also a call for more informal support to be available as an alternative. The findings presented here clearly have implications for who should be responsible for employee well-being too. This will be discussed further in the next chapter.

Chapter 8: Discussion

8.1 Introduction

Evidence from international bodies, national government reports, academics and health professionals indicates a broad consensus that poor well-being at work has adverse implications, not only for the health of the individual but also in terms of costs for employers and the wider society. Thus, a business case exists for employee well-being. However, there is also a strong moral argument for prioritising the health and well-being of the population at the individual level and at the societal level. As identified by Axtell Ray (1986), as community connections seem to weaken, the workplace is becoming more dominant in people's lives.

Informed by existing theories on workplace well-being, particularly the Job Demand Control Support model (Johnson and Hall, 1988; Karasek and Theorell (1990), this thesis set out to explore the contribution of social support to employee psychological well-being, as perceived by employees. This chapter will consider the findings from the study in relation to the existing literature. This will be done in light of the three research questions, presented in Chapter 2. Towards the end of the chapter, strengths and limitations of the methods used in this study will also be presented.

8.2 Meanings and understandings

The conceptualisation of well-being (e.g. Hird, 2003) and social support (Pahl, 2003) continues to be debated by academics. Different disciplines may define and study well-being in different ways, using their own preferred measures and with their own unique research objectives. Interview evidence revealed some general issues regarding lay-person perspectives of the research terms but also insights that were specific to each term in its own right.

As has been found in other research, asking research respondents to conceptualise research terms themselves may mean that the research becomes more meaningful to them (e.g.

Furnham, 1997; Kinman and Jones, 2005). It was clear from employee responses that 'well-being' and 'social support' were both relatively unfamiliar terms. Gathering lay-person perspectives can also uncover points of interest or concern that are pertinent to the individual which may have been previously overlooked or dismissed by researchers. Observations from this study also highlighted that the longer respondents were given to think about a question and formulate their thoughts the responses became more evolved and potentially more sophisticated.

8.2.1 Well-being

Ryan and Deci (2001) distinguished between 'hedonic' and 'eudaimonic' well-being. For the interviewees, when asked what the term well-being meant to them, the majority of responses were more closely aligned with a hedonic perspective. Happiness, mental and physical health and support from others were the most common terms cited. However, responses were myriad and wide ranging, which echoed the substantial literature identifying well-being as a multi-dimensional concept.

Some respondents spontaneously chose to define well-being in terms of well-being at work. Reference was made to the importance of 'stretch and challenge', 'stimulating work', 'influence in decision making' and 'opportunities to develop'. These terms are arguably more aligned with the eudaimonic perspective and relate to workplace well-being more specifically. Huppert (2009) defined psychological well-being in terms of 'feeling good' and 'functioning effectively'. These mirror the 'hedonic' and 'eudaimonic' distinctions and from the findings presented here fit well with the terms used to define well-being more generally (hedonic) and those used to define well-being at work more specifically (eudaimonic).

Many defined well-being in terms of feeling supported by others. This links with a number of policy and independent stakeholder reports that also highlight the importance of social relationships and support for positive well-being (e.g. Dewe and Kompier, 2008; Dolan, 2011; Bevan, 2010).

Academic discourse has seen a shift from 'stress' and 'stress management' towards a focus on 'well-being' (Wainwright and Calnan, 2012). Many respondents, however, appeared more familiar with the term 'stress' than they were with the term 'well-being'. When

attempting to define well-being, many would speak in terms of the absence of stress. Thus, findings from this study suggest that although academia may have experienced a shift in common discourse, lay person understanding may not have experienced this same shift, or at least not yet.

Analysis of the relationship between the different well-being measures used in the online survey also raised issues pertinent to the understanding of the term well-being. In addition to the qualitative findings, these findings have implications for the way in which well-being is conceptualised and measured. As presented in Chapter 4, in keeping with extant research (Tennant et al, 2007), there was a moderate negative correlation between WEMWBS scores and GHQ scores. This contributes to existing evidence which suggests that positive mental well-being and psychological ill-health are not opposite ends of the same continuum, but rather that they operate on different continua (e.g. Huppert, 2009).

The relationship between daily affect scores and psychological well-being scores observed in this study resonate to a degree with the distinction made by Knabe et al (2010) of ‘hedonic’ versus ‘aspiration’ adaptation where daily affect may be comparable to ‘hedonic’ or ‘in the moment’ adaptation. GHQ or WEMWBS scores, however, may reflect ‘aspiration’ adaptation, thus signifying a more deeply embedded trait or sense of well-being.

Arguably, this difference between daily affect and more long lasting positive or negative feelings could be compared to Warr’s (2003) distinction between ‘absolute’ or ‘relative’ well-being. All individuals hold a view of their own situation (absolute), but also a level of awareness of how their situation compares to that of others (relative). Individuals may place themselves at differing points on a ‘hypothetical scale’ based on whether they are considering their position from an absolute or relative perspective. This distinction was apparent at various points throughout the study (See examples in Chapters 5, 6 and 7).

In terms of daily mood scores, these may represent a measure of absolute well-being as ‘in the moment’ emotions may not take into account longer-term or more deeply embedded thoughts and feelings, whereas in Knabe et al’s research, scores for measures such as ‘life satisfaction’ may lead respondents to reflect on how they feel ‘relatively’, either in comparison to others or in terms of what aspirations they hold for themselves.

Finally, the daily affect scores from the diary phase of the study indicated that negative affect items incurred stronger responses (e.g. strongly agree/disagree) than did positive items. This resonates with findings from Schmukle et al (2002) who reported different outcomes for positive and negative affect, thus suggesting that they are independent from each other. Although not directly comparable, potentially this could also be the case for positive well-being (WEMWBS) and psychological ill-health (GHQ-12).

These quantitative findings support the qualitative data and the existing literature which suggests that positive mental well-being and psychological ill-health may not be opposite ends of the same continuum. This has implications for future research, as shall be addressed later in the chapter.

8.2.2 Social support

Barrera (1986) argued that ‘the term social support is insufficiently specific to be useful as a research concept. Analysis of interview responses revealed that over forty terms, thus lending support to Barrera’s argument.

With regard to sources of support, existing research on the role of social support in employee well-being has focused primarily on work or non-work based support. Chapters 5 and 6 highlighted that peer support was highly regarded and valued by respondents. One key reason for this appeared to be the greater understanding of job and context specific issues by work colleagues which non-work sources of support just did not have. However, the interview and diary data was useful in identifying additional sources of support not measured by the survey scales, for example, sporting groups, Trade Unions and customers. This resonated with findings by Dollard and Winefield (1996) who acknowledged the importance of Trade Unions, and with Borg and Kristensen (1999) who highlighted the role of customers in enhancing employee well-being. Findings from survey analysis suggested that, in this case study, ‘levels’ of support may be as indicative of well-being as are ‘sources’ of support.

The qualitative data also illuminated the relationship between source of support and various dimensions of social support. For example, line manager support was identified as an important source of work-based support that was frequently mentioned. However, although line managers are an important source of support, it is possible that it is the type of support

they are able to provide that may deem them so important. This was due to the fact that, in some instances, this was the only source of support that could provide tangible (practical) assistance to employees when encountering work-related difficulties.

Traditionally, it has been considered that friends and family can provide primarily emotional support whilst work colleagues or managers are more likely to be able to offer practical support (e.g. Redman and Snape, 2006). In some cases, however, family members may work at the same organisation, or in the same industry, in which case they would be equipped to offer various types of support.

Findings from this study resonate with findings by Semmer et al (2008) who concluded that dimensions of support can have different meanings attached and that these meanings can be different based on who is providing the support. For some respondents, it was clear that work was perceived as a source of support in itself. This resonates with Axtell Ray's (1986) comments that work is replacing other affiliations such as religious and community connections. If this is the case, perceptions and experiences of social support at work may be even more important and, at the same time, even more potentially damaging (if poor quality) to employees.

In terms of dimensions of support, 'distant versus proximal' support emerged from this case study which was not identified in the literature review and which has been relatively under-explored to date. However, the interview and diary data revealed that in this study, location and the physical presence of support was very influential to well-being. To some extent technological advances have affected the relationship between location and social support. For example, respondents whose friends and family are geographically distant from them can now have more easily accessible, albeit virtual, relationships with these significant others than ever before. The potential adverse effects on well-being of 'distant' support were evident across a number of respondents, for example, being distance managed, having no senior member of staff on-site and the outsourcing of previously onsite support functions (e.g. HR and occupational health). Thus, the physical presence of support seemed important.

Another dimension of support not mentioned in the literature review but evident in this case study was 'giving versus not giving support'. Many respondents perceived that their line managers would like to give employees more support but were unable to because of their own heavy workload and pressures. This is pertinent because many of the guidelines on

well-being at work propose that line managers take more responsibility for employee well-being (e.g. HSE Management Standards, 2005; 2007, CIPD, 2012). In instances where line managers wish to offer support but do not have the resources to do so, this discrepancy could have health implications for line managers and for employees. The effect on health outcomes of *not* being able to provide support has been largely overlooked in research on well-being at work.

Exchange and reciprocity are common elements associated with social support. Existing theoretical models of social relationships (e.g. Blau, 1964) and empirical research (Grant et al, 2008) tend to focus on an exchange between two people or between employees and their organisation, for example. These exchange relationships were evident in this study, however, a slightly different phenomenon was also observed in the current study too, namely that social support as an exchange may occur, but not necessarily, between the same two people. A number of respondents reported feeling valued when they were able to offer colleagues practical or emotional support. In some cases, respondents commented that this could potentially offset negative effects of feeling unsupported by line managers or by the organisation more generally. It would appear therefore that individuals may get validation from the role they play in supporting others. In this study, for some respondents, the positive benefits of ‘giving’ support did not seem to be in relation to giving back to the organisation. Instead, the desire to give support appeared in some cases to stem from not receiving support from management or the organisation and consequently employees were seeking validation from alternative sources. Most commonly in this study this was achieved through exchanges with peers. Thus, employees may find positive health outcomes by being able to support other colleagues, even if they do not feel supported by their line manager. Importantly, for those who did feel supported by the organisation or by the line manager, this receipt of support was reciprocated with increased loyalty to, and trust in, the organisation.

8.3 Social support and psychological well-being

In this thesis, the relationship between social support and well-being was measured both quantitatively and qualitatively. Qualitative data were drawn on not only to embellish responses from the survey findings but also to explore what other factors may affect the relationship, as seen in Chapter 6.

8.3.1 The relationship between social support and psychological well-being

Existing theories, such as the Job Demand Control Support model use work based sources of support only and the findings in this study from the online survey support the view that non-work based support does not significantly affect poor psychological ill-health. However, for positive mental well-being, both work and non-work sources of support were found to be significant. This suggests again that negative and positive well-being may operate on different continua. The majority of research in this field explores work-based support only but some studies which also use measures of non-work support report significant associations with well-being, for example, Munro et al (1998). As well as social support, other factors were found to be important in these studies too. As mentioned by Pahl (2003), care should be taken not to over-inflate the importance of social support for well-being.

Overall, the interview data tended to corroborate quantitative evidence that higher levels of social support are associated with greater levels of well-being. Much of the academic literature supports the claim that line manager support is a strong indicator of well-being at work (e.g. Gilbreath and Benson, 2004; Shanock and Eisenberger, 2006). The importance of line manager support was more apparent in the interview data than in the online survey, particularly regarding lack of line manager support. However, the interview data revealed a greater level of access to and availability of, informal sources of support, such as peers and friends, which in some instances was able to offset the adverse effects of poor line manager relations or lack of line manager support. The acknowledgement of customers as a source of support by a small few resonated with findings from Borg and Kristensen (1999) who found that amongst travelling salespeople, 'the number of hours spent with customers per week was positively associated with mental health'. Support from customers may be more or less important to employee well-being, however, depending on sector or profession. For example, it could be proposed that customer behaviour, or perceived approval from customers, could be more influential to well-being for those working in the voluntary or public sector than in professions where workers are distanced from their customers, for example, car manufacturers.

The qualitative data indicated a blurring of boundaries between work and non-work based support, particularly between support from peers and support from friends. Furthermore,

interview data was particularly useful in revealing negative experiences of formal or informal social support, or instances of lack of support altogether, which were reported to be detrimental to psychological well-being. Interview data also revealed the potential limitations of social support. For example, emotional support may be easily accessible and available at work. However, if it is practical help that is needed then receipt of emotional support alone will not contribute to greater well-being. This links with debate as to whether social support has a main effect on well-being, or if support acts as a buffer when a stressful incident arises. This also corresponds with conclusions from Hausser et al (2010) that increased support is most likely to ease job strain if the matching principle is in place, i.e. that practical support is available when it is practical support that is required.

It is worthwhile to note that differences in perceptions and experiences of social support response were observed in the interviews between those who were responding to questions based on their own experience, and those who were speaking on the basis of their perceptions. It was also observed that newer or younger staff often responded to the questions from an individual or personal perspective, whereas older or more senior employees were more likely to express opinions regarding organisational or structural level issues too.

8.3.2 Reciprocal relationship between social support and psychological well-being

Examining the relationship between social support and well-being raises questions regarding the nature or direction of the relationship between the two. Procidano and Heller (1983) found that, although low mood had no effect on perceived support from family, low mood did affect perceptions of perceived support from friends. Thus, there is some evidence to suggest that well-being status can affect perceptions of support. Cohen (1988) reported that 'relatively higher levels of social support have been clearly linked with less negative effect' and, in addition, that 'There is less evidence in regard to the association between social support and positive affect'. However, De Lange (2005) and others have noted the importance of potential reversed or reciprocal causal relationship whereby perceptions of social support and mood may mutually influence each other over time. Thus, low mood may affect perceptions of social support and, conversely, lack of social support may affect mood. Further evidence is provided by Barbour (2003) who observed that negative coping

strategies of depressed people may impair their access to social support, for example, if they choose to cope by withdrawing from others rather than engaging with others. This type of behaviour could be linked to individual personality characteristics, for example, Henderson (1984) proposed that a personality attribute 'tendency to be dissatisfied' could be influential in self reports of social support.

Evidence from this study suggests that, in the same way that social support and well-being may have a reciprocal relationship, so may physical and mental health. Theorell and Hasselhorn (2005) conducted a study exploring the reliability of cross-sectional studies on Job Demand Control Support model. They found that respondents who had a long term illness may perceive demands and levels of support differently to those without such an illness. Furthermore, poor physical health could potentially lead to the development of mental health problems. Evidence from interview and diary data relating to the reciprocal relationship between physical and mental health was shown in Chapter 6.

8.4 Factors affecting the relationship between social support and psychological well-being

The typology of contextual, organisational and individual factors (Sundin et al, 2006) was used to structure the themes identified in the literature review affecting the relationship between social support and psychological well-being. The interview data revealed the complex interplay between a wide range of contextual, organisational and individual factors that affected access to, and availability of, social support and to individuals experience and perception of their own well-being. For example, interview evidence indicated that organisational change, location and life course status were strongly linked to access to, and availability of, support.

8.4.1 Contextual factors

As the research process unfolded, the importance of attention to socio-economic and organisational contextual factors, highlighted in Chapter 4, was affirmed. As mentioned in the Introduction, there are different 'faces of context' and these can be inter-linked with each other (Johns, 2006). Johns stated that existing research that addresses context tends to do so either in an ad-hoc manner or by focusing on one particular aspect of context. Consideration

of context, and the potential interaction of context with other variables, should not be underplayed. Herod et al (2007), for example, critiqued existing work and employment research, claiming that, “there has been a tendency to view geography as little more than a complicating contextual factor”. Indeed, the prominence of location as a factor affecting well-being, access to and availability of social support has been evident throughout this thesis.

The changing nature of work may also have implications for the sources, and dimensions, of support which are available to employees. Opportunities for geographical mobility means that individuals are no longer restricted to work near where they grew up or close to their families. This has the potential to greatly affect access to, and availability of, social support. In this respect, peer support was particularly interesting in a number of ways. Firstly, for some respondents who were working away from their family, their peers were like family to them as these were the people they saw the most frequently and with whom they formed the closest bonds. Some respondents also said they felt more supported by peers than by their friends outside of work, particularly due to the shared inside knowledge of the workplace that peers had, and who were therefore better able to empathise than non-work friends who did not understand the nature of the work. A number of younger respondents also mentioned that non-work friends were sometimes less supportive than peers with regard to work matters. This shared understanding of the work context could perhaps bring peers together so they rely on each other for support and these peers may then become friends out of work, as identified in Chapter 5. These findings are pertinent in that they highlight the blurring of boundaries between work and non-work support, often relating to the broader changing nature of work. They also have implications for theoretical developments, and for existing measurement scales of social support which, to date, have tended to compartmentalise work from non-work sources of support.

8.4.2 Organisational factors

The importance of inside knowledge was also apparent at an organisational level, for example, one of the negative effects of outsourcing reported by respondents was the reduction in access to support from those with specific experience and knowledge of the industry. This means that now there may be a lack of familiarity by support providers with particular problems that may occur. This lack of inside knowledge of support role staff, for

example from technical support, has slowed down solutions and thus increased pressure. The importance of inside knowledge with regard to both social support and well-being was evident in this case study and could be regarded as practical or ‘informational’ support (House, 1981 cited in Hinson-Langford, 1987), i.e. where support is provided for the purpose of problem solving.

Organisational changes that have led to reduced resources and increased work demands may also affect opportunities for detachment from work (e.g. reduced opportunities to take breaks and to socialise with peers) which therefore diminished opportunities to access social support, as identified in Chapter 6. Financial and personnel cutbacks can be associated with increased demands for those workers left behind. Furthermore, interviewees acknowledged an emphasis in the case study organisation towards multi-skilling of staff. This meant that there were fewer colleagues available to provide support and individuals now had reduced capacity to give support, given the increases in their workloads.

8.4.3 Individual and protective factors

Many respondents stated that they enjoy giving support. House et al (1988) reported that women appear to give and receive more support, with benefits to others and costs as well as benefits to themselves (e.g. Kessler and McLeod 1984). As mentioned earlier, the findings from this study drew attention to the potential effect on individual health outcomes of having the skills, time and resources to both give and to receive support. This raises the question of what the potential effects of inability to provide support may have on the mental and physical health of individuals who wished to provide support.

Evidence from this study indicates that some individuals may possess protective characteristics which could contribute to their perception and experiences of social support and also to their own well-being. Individual responses to change and to potentially stressful situations may be driven by levels of psychological capital, such as resilience, self-efficacy and proactivity. Psychological capital (Luthans, 2004) can mean ‘protective individual characteristics to poor well-being but also may facilitate greater availability of and inclination to access social support’.

A common theme, as mentioned in Chapter 5, was related to the sentiment of 'well, we all get stressed' which highlighted the stigma that surrounds stress and mental health. Mental health difficulties may be less tangible to others than a physical illness which is not only more visible to others but easier to define as something one person has that another does not, for example, a broken bone. This may partly explain why this mind-set is still manifest as some who feel stressed can find ways of coping and may not take sickness absence whereas others may feel less able to cope. Those who have more successful or positive coping mechanisms may find it hard to understand why others are not coping. It may be this perceived lack of understanding by others that inhibits some individuals from seeking support, which can lead to more deleterious consequences for psychological well-being. These different ways of coping may link with the possession, or not, by individuals of protective characteristics such as those mentioned above. Availability of these characteristics for individuals to draw on may, therefore, influence propensity to actively seek support and have positive consequences for well-being.

The fact that there remains a stigma surrounding mental health may mean employees are less willing to acknowledge that there is anything wrong or to ask for help from colleagues or line managers. The current economic climate and related rise in job insecurity could exacerbate any such problems. This may lead employees to adopt ineffective or inappropriate coping mechanisms (e.g. Barbour, 2003).

Exacerbated by the economic climate around the time of the fieldwork, a number of respondents acknowledged that they were reluctant to make a formal complaint due to perceived adverse consequences for themselves. This meant that difficult or stressful circumstances could often go on unchallenged and unchanged. Furthermore, the increased levels of job insecurity, seemed to reinforce this reluctance to complain in case individuals were perceived to be 'rocking the boat', which could add to their concerns over job loss.

To conclude this section, the mixed survey evidence and the complex inter-relationships between factors, as identified in the interview and diary entries, suggests that the relationship between social support and psychological well-being may not be as clear cut as existing models and theories propose. Interview and diary data revealed that there are many factors which affect access and availability of social support and well-being. Diary findings, and the daily mood fluctuations measured by the daily affect scale, highlighted in particular the

importance of novelty, detachment from work and access to social support as being beneficial to mood. The notion of a 'gyroscope' encapsulates the case study findings and could be useful here in describing the observed transiency in terms of demand for social support and the source of support required.

Bakker and Demerouti (2007) have critiqued some existing models of workplace well-being for being too static and not taking into account the possibility of change over time. The findings from this case study indicate that a dynamic or fluid 'model' weighted differently at different times relating to perceptions, affected by past experiences and life cycle status, may be more meaningful than a static or more traditional model. This corresponds with comments made by Henderson (1984) who proposed that, rather than looking at well-being and social support independently, acknowledgement of the inter-linking of different factors can facilitate greater understanding of the research topic.

8.5 The role of social support in managing well-being at work

Of particular pertinence were the dimensions of informal versus formal support, perceived versus received support and distant versus proximal support. Formal support can be referred to as work-based support and informal support can be considered non-work support. However, evidence from this study highlights that there can be both formal and informal support within the workplace.

8.5.1 Employee perceptions of organisational initiatives

Responses seemed to indicate that, although the formal HR or complaint procedures are clearly defined, recent organisational changes which have resulted in less on-site access to support, has subsequently meant that these support functions are less effective, or that there is less flexibility now in terms of implementing policies. Findings from this study resonate with those from recent research by Taylor et al (2011) who explored the impact of automating many HR functions. Current regulations regarding sickness absence pay means managers now lose opportunities to offer informal support and to exercise discretion over how to deal with differing individual circumstances (Noon and Blyton, 2002). This lack of flexibility minimises discretionary support from line managers and can mean that policies

aimed at facilitating healthy working conditions and working environment can potentially have an adverse effect on well-being.

In this case study, one way in which perceptions of formal support tended to differ was between shift workers and non-shift workers. For example, for some shift workers, there was a perception of being 'invisible' to the organisation regarding their specific needs, particularly in terms of minimised access to support and well-being initiatives as a result. This was serving to reduce morale and to a reduction in perceived organisational support for some shift workers.

It was also observed that perception of formal policies may differ across occupational groups or across different job grades within an organisation, as also found by Swanson and Power (2001). An example of this was evident in this study relating to perceptions of flexible working, as reported in Chapter 7. Furthermore, European research on organisational interventions by Hasson (2012) reported that line managers can feel lonely in their role and need to know they are supported by their HR department if they are to take on additional tasks such as these. This contributes to the argument that support is required, and valued, at all levels, not just for lower level employees. Indeed, this fits with findings from the online survey where middle level managers reported lowest levels of workplace support (see Chapter 4).

Workplace informal support could be provided by managers and senior managers or by peers. Perceptions of support from senior management tended to be negative, and included lack of trust in management, not feeling valued by management and the lack of visibility of senior management. Indeed, the role of trust between employees and human resource managers is a prominent research topic at present (Hope-Hailey et al, 2012; Searle et al, 2011).

For the majority of respondents, informal peer support was readily available and perceived positively. Furthermore, the importance of having inside knowledge of the organisation was apparent in terms of how effective any informal support could be and was identified as one reason why peers were relied on for work-related support and advice rather than friends. Negative observations regarding access to informal peer support were that redundancies and restructuring had increased job demands and reduced resources with which to meet these demands mean that opportunities to detach from work are diminishing. This can have

adverse effects for well-being in itself, but also by the reduction in access to informal support.

Overall, in terms of formal support that had been outsourced (occupational health, technical support and HR) many commented that they miss the personalised aspect of interactions now that these support functions are no longer based on-site, a significance seemed to be attached to the 'physical presence' of support. The importance placed on the physical presence of support functions has implications for distant versus proximal support, particularly with the increasing trend of mobile working or of being managed remotely. This depersonalisation of the workplace is leading to less support from in-house organisational support functions, coupled with less 'inside knowledge' of formal support providers, both of which were of significance to many interview respondents.

Some of the observations made were case study specific issues, for example, relating to working in a public sector organisation. Given the current economic climate and increased feelings of job insecurity, many felt they were lucky to have jobs. Overall, interview evidence suggested that most respondents understood that as a public sector organisation certain constraints (e.g. financial constraints, retaining public image) were in place. Thus, most respondents were realistic, respectful and understanding of these constraints and seemed to accept that there was an obligation to be seen to be operating within certain appropriate parameters. This resonates again with findings reported by Rodwell et al (2011) and observations from Eisenberger (2012) who stated that "Employees are practical; they are generally concerned with improving working conditions and benefits that management can readily change".

8.5.2 Improving well-being at work

The research question that this section responds to (RQ3) did not ask specifically about ways in which changes in provision of social support could improve well-being at work. However, respondents repeatedly highlighted the importance of social support in the management of employee well-being.

Although much academic and policy evidence indicates the importance of social support to well-being, there are few interventions which focus on social support specifically. Findings

from this case study suggest that workplace initiatives which directly, or indirectly, improve access to, availability of and quality of social support could contribute greatly to improving employee well-being.

Existing literature suggests that tailoring organisational initiatives gives more effective results than generic interventions, for example, Nielsen (2012). Findings from this research support this conclusion but, in addition, the qualitative data has highlighted that tailoring initiatives can also have a positive effect on perceptions of organisational support.

If implemented well, interventions that meet the specific needs of employees can serve to increase perceived organisational support, which can have positive effects for employers and employees. However, as identified in Chapter 2, difficulties can also arise when trying to reconcile employee well-being initiatives with core organisational functions and priorities. If employee well-being initiatives are to succeed, they must lead to outcomes consistent with those of the organisation too. Similarly, differences in perceptions of what constitutes well-being may be a potential barrier to implementing appropriate and successful interventions. For example, some respondents indicated that most well-being policies focus on ‘tangible’ health and safety issues. The majority of comments made by interview respondents, however, focused on more informal types of managerial support, such as being acknowledged and feeling valued.

Karasek and Theorell (1990) stated that a supportive work environment can serve to offset the negative effect of high or increasing demands coupled with minimal control. Thus, in times of job insecurity and organisational change, where employees are often required to meet the same work demands in less time with fewer resources, there is likely to be a benefit for the organisation of promoting and facilitating social support.

When asked how well-being at work could be improved, similar responses tended to be given by many, irrespective of the ways in which they had attempted to define the term. Many of the suggestions related to improvements in access to, and availability of, social support. Some respondents pinpointed factors specific to their own circumstances, whilst others made suggestions that were more generic and which could potentially be applicable across the whole organisation, or across other workplaces. Examples of these more generic ways in which well-being at work could be improved related to increased acknowledgement

of employees and their achievements, greater understanding from managers and greater awareness by managers of demands placed on employees.

Although respondents often cited the same or similar factors as being important to their well-being, not all employees perceived these in the same way. For example, being busy was perceived as a positive for some but negative for others. Nielsen (2012) highlighted one way to capture these differences was through using a tailored questionnaire. For each issue included in the questionnaire, response options could be recorded in terms of whether this issue was deemed 'problematic' or 'good' by individual respondents, and then they could rate their strength of response e.g. 'very important'.

As with perceptions of support, differences were often observed in recommendations for improving well-being at work between newer workers and those who had been employed in the organisation for longer, between younger and older employees and between those of different job grades. This links back to the pertinence of life cycle status but also to the principles of Lazarus and Folkman's (1984) cognitive appraisal theory. Junior staff tended to focus more on individual level changes that would enhance well-being, whereas more senior or longer-serving staff tended to refer to organisational or structural level changes, based on their additional experiences within the organisation and therefore more in-depth knowledge of contextual information beyond their immediate job role.

A number of more senior-level staff acknowledged the occupational health nurse who used to be based on-site as someone who was considered an impartial neutral advocate, who was on their side to take care of their well-being and to speak up on their behalf. This on-site facility had been removed and replaced with an employee assistance program (EAP) which many said they would not consider accessing as it was too impersonal and advisors did not have 'inside knowledge' which, as discussed earlier, was perceived as so valuable by many.

Some of these respondents commented that they would value having a neutral sounding board or advocate in the workplace to whom they could go for informal advice, with the knowledge that it would not go any further, at that stage, unless this was explicitly requested. Someone who could ideally fill the perceived gap between formal and informal support, particularly given the reduced flexibility managers now have in relation to administering formal HR policies.

Informal feedback from HR at the case study organisation regarding recommendations raised by interview respondents highlighted a number of organisational barriers to improving well-being. These included lack of control over some elements of the working environment due to the fact that the office space was rented and not owned by the organisation. In terms of improving communication, it was explained that the HR department had already earmarked communication within the building to be improved, however, to in order to do this co-operation was required from other departments, such as IT, and that this was not always available or free to utilise. Finally, in relation to auditing use and effectiveness of support functions, HR confirmed that they have no access to data from the outsourced employee assistance programme (EAP) and therefore it was not possible to gauge how often the service was used, the nature of the problems reported or whether matters raised were resolved. Thus, the organisational barriers described above were having a deleterious effect on the ability of the HR department to implement appropriate interventions and to evaluate the effectiveness of interventions already in place (e.g. of EAP). Limited evidence currently exists regarding evaluation or audit of workplace interventions, however, this is essential if organisations are to better understand their workforce and if they are to clearly appraise the costs and benefits of implementing such interventions (e.g. Tyers et al., 2009).

Although not referring specifically to the workplace, Gottlieb (1985) spoke of two different types of intervention relating to social support which, from the evidence presented here seem potentially useful. He proposed that interventions could be put in place with the purpose of either optimising social support or mobilising social support. Examples of how to optimise could be by providing line managers with appropriate training to manage employee well-being and greater understanding by senior managers of employee job demands and roles. Mobilising support relates to the ability of employees to access support, for example, recognising when they need support and acting on this need to ensure they receive the appropriate support. This would require using positive coping mechanisms, such as activating support by engaging with others rather than negative mechanisms (such as withdrawal or disengagement from others). This typology by Gottlieb maps well on to the types of issues raised in this case study. It also links well with the next section regarding who should be responsible for well-being at work. Although this could be contested, optimising social support could be regarded as an organisational issue, for example, in terms of providing training and improving communication, and mobilising support could be more of an employee issue regarding individual's resources in terms of acquiring social support,

identifying when support is required and what type and having the personal characteristics to engage with support if well-being is to be enhanced.

Again, constraints for public sector organisations were often acknowledged. Some respondents spoke of feeling guilty about raising concerns over well-being or demanding improved conditions due to how this may be perceived by the general public who are concerned about how public money is being spent, especially in times of economic downturn are. This understanding had implications for respondents in terms of their expectations of what they felt could realistically be done to improve employee well-being.

If interventions aimed at improving well-being are going to be purposeful and well-received, evidence from the interviews highlighted the importance of employers 'knowing their workforce'. This enables employers to identify the most appropriate support measures that meet the needs of different sub-sections of their employees, for example, to address comments raised by shift workers who perceived themselves as 'invisible' to employers.

On the basis of findings from this study which highlight the importance for employers of knowing their workforce and of tailoring initiatives, this quote from Lazarus and Folkman (1984), referring to their transactional model of stress, seems pertinent to the relationship between social support and well-being and the subsequent ways in which interventions focusing on improved social support can improve employee well-being.

“Stress management was developed and premised on the idea that stress is not a direct response to a stressor but rather one's resources and ability to cope mediate the stress response and are amenable to change, thus allowing stress to be controllable...In order to develop an effective stress management programme it is first necessary to identify the factors that are central to a person controlling his/her stress, and to identify the intervention methods which effectively target these factors. The transactional model contends that stress may not be a stressor if the person does not perceive the stressor as a threat but rather as positive or even challenging. Also, if the person possesses or can use adequate coping skills, then stress may not actually be a result or develop because of the stressor.”

This transactional model may also aid understanding of comments, such as 'well, we all get stressed' made by a number of interviewee respondents as it can offer an account of why some seem able to cope and others do not. This also links in to Luthan's work on

psychological capital, i.e. having the resources to cope with stressors as and when situations are perceived by the individual as stressful.

8.6 Responsibility for employee well-being

Evidence for the business case for well-being is well documented. However, far less attention is paid to the moral case for enhancing employee well-being. Some would argue that well-being is the latest HR 'fad'. However, an alternative viewpoint is that enhancing employee well-being should be a fundamental priority for employers. After all, employees are humans, not robots.

Furthermore, case study findings indicated that for some at least, non-work factors may be more pertinent for employee well-being than first thought in which case, this may have implications for who should be responsible for well-being. Indeed, the CIPD/Simplyhealth absence survey (2011) highlighted the role of "non-work factors such as relationships and family" as one of the most frequently cited reasons for sickness absence.

In instances, therefore, where non-work issues are the primary cause for poor well-being, it can be argued that workplace well-being initiatives may only have limited effect. There is evidence to indicate that high levels of employee well-being are associated with improved organisational performance (e.g. Boselie et al, 2005). It is therefore not disputed that the employer should accept some level of responsibility. Furthermore, employers are obligated to provide a certain level of duty of care. However, individual employees may benefit from increased awareness of their own well-being, the factors that influence their well-being, and what steps they can take to address areas of their life that are causing difficulties that they feel they have some control over. Also, depending on their orientation to work, for example, employees may not expect employers to take responsibility for well-being at work.

Baruch (2003) argued that traditional perspectives seem to take an either/or approach to responsibility. On the basis of the findings presented here, shared responsibility for well-being may be more appropriate. As reported by the Scottish Association for Mental Health (SAMH, 2012), combination of informal and formal approaches to employee well-being may be most effective.

Karasek and Theorell (1990) commented that "...most of the solutions currently advanced to reduce stress – relaxation therapies, for example – address only its symptoms. Little is done to change the source of the problem: work organization itself". In stating this, Karasek and Theorell redirect some of the responsibility for well-being back to employers.

Many recent research and policy recommendations (e.g. Black, 2008) propose that line managers take the brunt of responsibility for well-being. It is not clear though how this type of role would fit with other roles allocated to line managers who may not have the time or resources to invest in this, especially if no support or training is made available to facilitate this. These individuals are not 'superhuman', after all they are employees too, with their own work and non-work demands to contend with.

With work intensification increasing and organisational change commonplace, the focus may need to shift to more structural matters. For example, efforts to redesign jobs to minimise the adverse effects from work organisation itself could be valuable, such as developing new job roles in line with the changing role of Human Resources. Changes such as this could reduce pressure on line managers in ensuring that they are not performing roles for which they are untrained or, if they are trained, that they are getting the support they need to fulfil these additional roles. Some respondents identified a 'them and us' relationship between HR and employees. The lack of trust in HR evident from some respondents' comments suggests that this can deter some employees from engaging in HR-led well-being initiatives. If this is the case, it may be pertinent to explore other options when considering ways of addressing employee well-being, for example, well-being committees incorporating a mix of employee and management representatives.

Gottlieb's notion of optimising social support can be fulfilled by providing training to line managers, and mobilising social support can be enhanced by individuals in terms of understanding and developing resources to help them cope with stressors. Again, however, there is a blurred boundary between how social support can be optimised and by whom. As advocated above, shared responsibility for employee well-being may prove most effective.

8.7 Implications for theory

Implications of the findings for theory, research and practice will be presented in this, and the next two, sections. It is important to note, however, that some implications may be relevant across more than one section.

In this section, theoretical implications will be discussed relating to each of the three research questions. Overall, findings from research question 1 indicate that existing models of job strain are too narrow in their definition of social support. A number of theorists have directed criticism at some of the existing theories regarding lack of consideration to contextual factors. To date, little has been done to address these criticisms. Findings for research question 2, suggest that a range of contextual factors contribute to both social support and well-being, thus contributing to arguments that models should pay closer attention to contextual factors. Finally, responses to research question 3, suggested that if the type of support offered to employees relates specifically to employee needs, this can increase benefits to well-being. This resonates with observations from Hausser et al (2010) and Hobfoll (1989), for example, that the matching principle can improve well-being at an individual and organisational level.

With regard to conceptualising social support, as described in Chapter 2, existing models have been critiqued in two key ways. Firstly, not enough attention is attributed to different dimensions of support and, secondly, for underplaying the potential negative effects of social support. For example, although in their book, Karasek and Theorell (1990) acknowledge emotional and instrumental dimensions of support and that social support can be negative, this more specific conceptualisation of social support does not translate across into their model. This was also acknowledged by Bakker and Demerouti (2007) who stated that the simplicity of the JDC(S) model did not reflect the more nuanced detail given by Karasek in his writings.

The review of literature on the JDC and JDCS model by Hausser et al (2010) highlighted that the inconsistency of confirmatory evidence for the model could potentially be addressed if the key components were more clearly defined. Siegrist (1996), for example, distinguished between intrinsic and extrinsic efforts in the Effort-Reward Imbalance model. In the Job Demand-Resource model (Bakker and Demerouti, 2007), recent research (e.g. van den

Broeck et al, 2010; Crawford et al, 2010) has seen the ‘demands’ component split into ‘challenge’ demands and ‘hindrance’ demands, reflecting the different effects these may have on well-being. Despite the range of sources and dimensions of social support evident in the literature, however, greater specificity within the theoretical models regarding social support has not yet occurred. Distinctions between different dimensions of social support may prove fruitful for both theory and research in this field. A shift forwards in the conceptual debate needs to be encouraged in order to address the continuing ambiguity over the terms. This in turn may make research findings in this field more meaningful both to researchers and research participants due to the increased understanding by all relevant stakeholders of what the term means.

Bakker and Demerouti (2007) claimed that “Social support is a straightforward resource, in that it is functional in achieving work goals.” The evidence presented above is in contrast to this claim, which appears to neglect the potential negative impact that lack of social support or unwanted or insufficient support may have on individuals. The JD-R model also neglects to consider whether, as shown by some interview respondents, support can feel more like a demand than a resource at times. Few studies and theorists to date seem to focus attention on the potential negative effects of social support. However, in keeping with Rook (1984) and Beehr et al (1990), findings from this case study highlight that not all social support may be perceived positively. Furthermore, evidence endorses the need for theoretical models to acknowledge the transient nature of both access to, and availability of, social support and well-being.

Some theorists (e.g. Warr, 2003; Bakker and Demerouti, 2007) have critiqued models such as the JDCS model for their narrow approach. Greater consideration of contextual, individual and temporal issues could lead to a better understanding of social support, well-being and of the relationship between the two. In this study, qualitative analysis revealed that contextual factors such as location were strongly linked with access to, and availability of, social support and to well-being. Theoretical models which incorporate context may capture a greater sense of the real life experience of employees, particularly given the changing nature of work. De Jonge and Kompier (1997) critiqued the Job Demand Control Support model, claiming that personality characteristics had been overlooked. This study found personality, and other individual characteristics, to be potentially important for access to social support and to well-being.

The findings from this case study highlight the importance of taking a more holistic approach to social support and well-being at work, and have implications for responsibility of employee well-being too, for example, if non-work factors can be more influential for some than previously acknowledged. Such findings suggest that existing theoretical models of well-being may not fully reflect the complexity of the relationship between social support and employee well-being. Greater attention to non-work sources of support or to additional dimensions of support may lead to a greater theoretical understanding of the relationship between social support and well-being.

As suggested by Karasek and Theorell (1990), theory can be used to direct design of interventions. De Jonge and Kompier (1997) stated that “One major task and challenge in this context is the translation of DCS theory into effective interventions in the work situation”. As proposed by Hausser et al (2010), if the matching principle is applied in the design and implementation of well-being interventions, i.e. that there is a match between support required and support provided, the likelihood of interventions being effective may increase. This also has implications in terms of the potential organisational benefits for employers of making sure that support offered matches the needs of employees.

As cited in the literature review, there has been a shift in academia from ‘stress’ research to ‘well-being’ research. However, this does not necessarily mean that many of the factors and theoretical models do not overlap. Findings here suggest that, although not specific to the workplace, existing models of stress seemed to encapsulate the experiences of respondents more fully than did the models specific to workplace. In particular, as has been seen throughout the thesis, individual perceptions and experiences of social support and well-being varied depending on a wide range of factors, both between individuals and within individuals (for example, relating to life course status). Lazarus and Folkman (1984) proposed that stress can be thought of as resulting from an “imbalance between demands and resources” or as occurring when “pressure exceeds one's perceived ability to cope”. Furthermore, Lazarus and Folkman’s (1984) transactional model of stress, with “its interpretation of stress focusing on the transaction between people and the environment” seemed particularly relevant in this study due to the evidence highlighting the pertinence of contextual factors to both social support and to well-being.

8.8 Implications for research

It was clear from employee responses that 'well-being' and 'social support' were both relatively unfamiliar terms. This lack of familiarity calls into question how meaningful terms and concepts used in research are to respondents. It is important for researchers to clearly delineate what they mean by the research term being used in the context of their research in order to aid interpretation of research findings and to facilitate any future replication of the study. Further research exploring lay perceptions is therefore worthy of greater attention. It is perhaps also a topic for debate as to whether well-being at work should be about feeling good or functioning effectively. Although, it may be that there is a reciprocal relationship between the two, in that one mutually affects the other.

With regard to well-being, Warr (2002) suggested that psychological well-being be used as an umbrella term which may be more manageable and meaningful to measure in terms of measuring specific constructs which come under this heading, for example, job satisfaction and work engagement. Also, as identified by Warr, there may be an optimum level of psychological well-being beyond which work performance can be impaired. More recent research by Grant and Schwartz (2011) resonates with Warr's claims.

In terms of sources of social support, little attention has been paid to customers or clients. However, evidence from this study suggests that these sources of support could contribute to employee well-being. The findings also suggest that research exploring specific dimensions of support (e.g. Semmer et al, 2008) could be as valuable as research which explores different sources of support in terms of effect on psychological well-being. Research in the discipline of social psychology has explored dimensions of social support in more depth. It would seem that management research into social support in the workplace has lagged behind but would benefit from doing the same.

When examining effects of organisational changes such as downsizing and outsourcing, findings from this study suggest that consideration of the impact on access to, and availability of, social support should be explored as any changes in levels of support may exacerbate or minimise adverse effects depending on the circumstances. If research exploring the effect of organisational factors on well-being also considered how these changes affect access to and availability of social support for employees, this could lead to

greater advances in this field. The situations and challenges faced by the public sector may be very different to those experienced in the private or voluntary sector and this should not be ignored.

Many respondents spoke of pressures and increasing demands. Whereas some respondents comments seemed to indicate that they were able to manage these demands, others reported they were struggling to cope at times. This raises the question of ‘what makes the difference between those who cope and those who do not?’(Cronin de Chavez et al, 2005). Some protective factors have been discussed above. The question of what are the protective factors that help people be resistant to the potential adverse health effects of poor psychosocial work conditions could be usefully investigated further in future research in this field. This again links with one’s ability to ‘mobilise’ social support.

In terms of managing well-being at work, more intervention studies are required and more audits of interventions to check for effectiveness and uptake by employees. A number of respondents stated the desire for some kind of neutral advocate on-site who could be a sounding board for work-related issues. In terms of ‘optimising’ social support, research could explore the possible options for a neutral advocate in the workplace. Also, if line managers are to be primarily responsible for employee well-being, research into what would be appropriate training for line managers in order to fulfil this role effectively may be beneficial. Furthermore, if line managers are being asked to perform formal support duties previously performed by HR, this leads to speculation over the role of HR in the future for this organisation, and other organisations, if this is indeed to be a general trend. Given that many HR services were being outsourced and an independent Employee Assistance Program (EAP) had been brought in at the case study organisation, there would be benefits of future research which examined the future role of HR, and the implications of this for employee well-being.

Research which explores what constitutes effective resource building strategies and proactive coping mechanisms could be invaluable both in terms of employee well-being, but also in terms of reduced sickness absence or improved organisational performance. Thus, research exploring the concept of ‘salutogenesis’ (e.g. Antonovsky, 1979) which focuses on what factors contribute to health, as opposed to the factors which lead to disease, could be beneficial. Research in this field sets out to explain why some people fall ill under stressful

conditions and others do not (Billings and Hashem, 2010). Greater awareness and understanding of individual protective factors could prove fruitful in this field of research. Similarly, research such as that pioneered by Schaufeli and Salanova (2010) on ‘amplification’, relating to ‘positive interventions that promote, increase and improve employee health and well-being, including work engagement’ could also be pertinent, as enhancing access to and availability of social support could be one example of a positive intervention.

Very little research or practice seems to focus on asking the employees what they want, or what is important to them. Perhaps this is due to fear by HR of raising expectations, or of getting unrealistic requests, both of which were mentioned as barriers by HR staff at the case study organisation. However, there needs to be a balance if mismatch of perceptions between employees and HR or senior managers are to be minimised, and individual and organisational well-being are to be maximised. Greater emphasis on evidence based management may prove beneficial to academics and employers alike with regard to expanding existing knowledge in this field (Rousseau and Barends, 2011).

8.9 Implications for practice

The evidence presented here clearly indicates that developing and encouraging interventions that focus on improving perceptions and experience of social support could be beneficial for enhancing employee psychological well-being, and also potentially enhancing organisational performance and productivity. However, there still remains uncertainty and inconsistency as to how individual organisations can identify and address the specific concerns facing their employees, what interventions may be implemented, and how to evaluate any interventions in terms of effectiveness and cost-effectiveness.

Acknowledgement of the complex interplay of factors that affect well-being, revealed in this study, can be useful for employers as it may increase awareness of the variety of ways in which contextual, organisational and individual factors can affect social support and well-being at work. The findings also highlight the potential adverse effects of the depersonalisation of the workforce. The reduced physical presence or proximity of support and the reduction in support from those with context-specific knowledge and expertise were of particular concern as this may lead to less effective support being offered which, in turn, may lead to poorer perceptions of this type of support. Some respondents mentioned

reluctance to access formal sources of support, such as the EAP telephone helpline. For some this appeared to stem from a lack of trust in their employers. Scepticism was voiced as to the actual confidentiality of these services with some respondents reporting that they did not trust their employer not to try and access information regarding who had made use of these services.

If well-being initiatives are to be successful they need to closely reflect the current needs of employees as any attempts deemed by employees as inappropriate to their needs acted as just another signal to them that they were not being acknowledged or understood by senior management. This raises implications for perception of organisation support by employees and emphasised the argument that 'one size fits all' may not work.

Poorly researched and badly implemented initiatives can have unintended and potentially undesirable effects on employee well-being and serve to reduce perceived organisational support. It is undoubtedly difficult to tailor interventions to the extent where everyone perceives these positively and benefits from these. However, the perception that the organisation is trying to understand the specific needs and demands of workers, may increase perceived organisational support. Furthermore, attempts to improve access to, and availability of, social support can be improved at different levels within an organisation, not just at an organisation wide level.

Valuable advances for all parties could be made if more attention was paid to 'joining up' the various key players in order to establish a more holistic approach to managing well-being at work. This approach could also increase the likelihood that any interventions proposed would be more likely to meet the specific needs of employees. However, in order for any intervention to be feasible and sustainable, it is imperative that this is in line with organisational outcomes too.

Many respondents felt that improved communication and increased openness and honesty were important ways in which the organisation could improve well-being. The effectiveness of any interventions may therefore increase if committees established to design interventions included employees and other relevant stakeholders. However, it should be noted that individual level interventions to improve well-being at work may not be enough. As cited by a number of respondents, although increased access to and availability of social support may

improve individual well-being, structural changes or elements of job design may be core challenges for the employer.

Much recent research suggests that line managers are key to the successful implementation and maintenance of well-being initiatives. As acknowledged previously not all line managers are confident to identify mental health issues in employees and even if they have concerns, as they may not be sure of the boundaries, or of their role, in addressing this. Thus, there would potentially be demand for more support from HR. One outcome from the HSE Management Standards (2005), for example, has been to shift responsibility for well-being at work from health and safety professionals to line managers. If the correct training and support is not in place, potentially beneficial interventions may be doomed to fail.

If line managers are willing or able to undertake training in mental health issues, consideration has to be given to whether, even with training they have the skills to fulfil this role, and the implication for the employees. As was reported in Chapter 5, some employees felt that some managers, although technically very good at their job, did not necessarily have 'people skills'. Where this is the case, asking these managers to be responsible for employee well-being may have unintended adverse effects for employees and for the managers themselves. Additional demands for line managers may effectually mean less time to spend with employees for feedback, training or career development, or even just day to day support. In this case study, efforts to improve access to informal work support would seem valuable, particularly now that the on-site occupational health nurse had gone.

Outsourcing of HR functions, however, is becoming more prevalent. If this trend becomes the norm, this could have implications for how effectively HR can fulfil this support function and, in turn, how supported line managers feel. Lack of perceived support may have adverse consequences for accurate and effective implementation of initiatives, and for the well-being of employees.

If line managers are to bear the brunt of responsibility for employee well-being, then recruitment and selection needs to reflect this. In addition, clear and appropriate pathways to training and support are required. Line managers should be able, and encouraged, to consult with each other via their own support network. They need awareness of policies and clear pathways to support and appropriate resources. As found by SAMH (2012), employees value managers who acknowledge when the organisation is experiencing problems.

As appropriate as it may seem to allocate line managers with additional tasks due to their proximity to their employees, it could be argued that it is neither feasible nor effective for them continually to take on additional responsibilities, especially if no support or training are given. Evidence suggests that it is easier to manage employees if one feels supported oneself. Shanock and Eisenberger (2006) acknowledged the importance of supervisors feeling supported. If the changing role of human resources means line managers are to take on additional roles such as these, then it is imperative that appropriate training is put in place.

If line managers are to take on these more pastoral roles and provide adequate support to employees, the importance of person-job fit cannot be underplayed, not only in terms of task understanding and skill sets, but also 'softer' skills such as identifying first signs of illness in employees, and in terms of administrative or HR demands that are becoming more prevalent. With the extension of job roles, a reappraisal of the size of teams that line managers oversee may need to be reviewed. One line manager being responsible for large teams may no longer be viable either for the line manager (potential negative health outcomes of not being able to provide enough support) or for employees in terms of having their emotional, work and HR needs met satisfactorily, and in a reasonable time frame.

It is widely acknowledged that workplace initiatives to improve well-being at work can have positive outcomes for both individual employees (Karasek, 1979), and for the organisation (Boselie et al, 2005). Evidence suggests that if well-being at work initiatives are to be promoted, implemented, evaluated and sustained it is imperative that all stakeholders work together to understand the specific needs of employees and their organisations with a view to maximising benefits to all parties. In order to encourage organisations to prioritise well-being at work, however, policy makers and relevant stakeholders would benefit from a better understanding of the costs of poor well-being at work to individual employees and also the potential adverse effect this could have on their organisational performance, and the sustainability of the organisation in the long term.

If both 'hard' HR policies, such as flexible working policies, and 'softer' approaches, such as understanding and acknowledgment, co-existed, then this could enhance perceptions of organisational support, and potentially enhance employee well-being. New models of managing well-being which focus more on collaborative ventures including HR, line managers, senior management, Unions and employees in order to optimise appropriateness

of initiatives may be beneficial, and consequently improve uptake of interventions by employees (e.g. as proposed by Tyers et al, 2009 and SAMH, 2012). Furthermore, although some research evidence advocates establishing steering groups of various stakeholders to discuss well-being at work (HSE, 2005), there appears to be little emphasis at a more micro level to encourage collaboration between HR staff, line managers and employees to work together at identifying and managing well-being at work.

There are implications for the role of HR itself too in a number of ways. For example, in terms of recruitment and selection of managers, training and development of managers, the well-being of line managers, and in terms of job redesign. Findings from this study suggest that new models of managing well-being at work focusing more on collaborative ventures involving HR, line managers, senior management, Unions and employees, could serve to enhance the quality of initiatives. This may allow for more effective implementation of initiatives and, consequently, improve uptake by employees. In turn, this could also serve to improve perceptions of organisational support and enhance productivity and performance and reduce absence and intention to quit.

8.10 Methodological strengths and limitations

As with all studies, a number of methodological strengths and limitations were apparent. The methodological pluralism utilised in this study, advocated by Johnson and Cassell (2001), enabled a level of insight into the perception and experiences of social support and well-being that to date has been quite rare.

The design of the study allowed findings from all four research phases to be cross-referenced for each respondent who chose to participate beyond the survey phase. The merits of this are evident at this stage where interview and diary content could be examined to explore the relationship between social support and psychological well-being in more depth. This also enabled both intra-individual and inter-individual analysis to be conducted.

8.10.1 Cross sectional design

The majority of work on social support and well-being is cross sectional. Although this is valuable in its' own right, if change over time is to be explored then more longitudinal

design studies need to be encouraged. Indeed, the systematic reviews conducted by van der Doef and Maes (1999) and more recently, Hausser et al (2010) both plead the case for more longitudinal research. In their review of articles examining Karasek's JDC and JDCS model and psychological outcomes, Hausser et al (2010) reported that only 23% of the studies they reviewed used a longitudinal research design.

The fact that the majority of research studies are cross-sectional impedes opportunities for exploring the importance of temporality more fully. Time constraints of the PhD meant that a longitudinal study was not possible. The range of methods used in this study, however, can give an indication of 'over time' experiences (e.g. van Eerde et al, 2005). For example, the interviews raised issues relating to employees past experiences and future expectations.

8.10.2 Quantitative methods

The online survey consisted of standardised, commonly used scales on work and non-work social support and well-being measures. Use of such methods strengthened the research design as validity and reliability of these scales are already established.

As outlined in the chapter 3, the online survey tool was piloted prior to being sent out to respondents. Once survey results had been collated, checks for response set (as described in the Method chapter) were made and found not to be an issue in this case study.

Although the whole population of the organisation was contacted to participate in the online survey, which aimed to generate a picture of the experience of the wider organisation, the response rate was relatively low. Kaplowitz et al (2004) found that a pre-notice (email) could be a valuable tool to maximise response rates. However, the HR contact facilitating the research was keen not to overwhelm employees with more emails than necessary. Therefore, no pre-notice was sent. A reminder email was sent though while the survey link was still live. This was only done as the response rate was very low and therefore the HR contact agreed to allow this second email. If the response rate had been higher, this intervention would not have been required.

It is possible that there may have been a degree of response bias in that those respondents who chose to get involved in the further stages of the research may have been, or had recently been, experiencing poorer mental health.

Although it was possible to do some analysis by demographic variables, the response rate to the survey was too small to enable stratification of the sample. A larger response rate could have allowed more meaningful analysis of variables, for example, in order to explore location and job grade in more depth as there may have been larger numbers in each of the categories. Recoding of variables for those it was possible to do so, enabled statistical analysis. However, creation of dichotomous variables or minimising categories may have meant valuable insights were lost.

Further, without a qualitative component, it is not possible to grasp why people respond the way they do, the possible influence of mood, circumstance or permanence of opinion. For example, for some they may be willing to prioritise work over family. For others, they may find it undesirable and difficult to manage the competing demands of work and life. By examining survey data alone it is impossible to ascertain how the individual perceives their situation. For example, do they always feel the same, or will their perceptions of work and family change over time. In this respect, use of qualitative methods can add greater depth to quantitative findings by revealing underlying perceptions and beliefs.

8.10.3 Qualitative methods

The Critical Appraisal Skills Programme (CASP) formulated by the Public Health Resource Unit (2006) was referred to in order to appraise the quality of the qualitative component of the research, and to inform the way in which the qualitative data strategy and analysis were presented. Criteria included whether qualitative methods were appropriate for the research questions being asked and whether negative case analysis had been conducted. In keeping with the recommendations made in this document, attempts have been made throughout this thesis to be transparent about the data collection and the analysis process, and regarding how the findings may be useful to the case study organisation.

One criticism which could be levelled at this study, particularly at the diary phase, could be that respondents were primed towards reporting social support, whether positive or negative. As an exploratory study regarding the contribution of social support to employee well-being it was appropriate to direct respondents towards perception and experience of social support in order to get a better understanding of the relationship between the two. However, in doing so, caution should be taken not to 'over-inflate' the importance of social support over other

potentially influential factors (e.g. as proposed by Pahl, 2003). Diary guidelines provided for employees indicated that an 'Other' category was also available for any additional information to be added by the respondent in an attempt to capture other significant influences or events not specifically related to social support.

It was difficult to ensure that all diarists filled out the diary for the same two weeks to control for organisational and environment changes due to factors such as holiday commitments, workload and sickness. However, all 11 participants had completed their two week diary within the timeframe of one month so this was as stringent as possible given the potential for variation. Missing entries make it hard to examine data comparatively across the two weeks for the same respondent and across all respondents. For some respondents, missing entries were common.

The diary study was valuable in illuminating daily fluctuations in the relationship between social support and psychological well-being and also in identifying the potential reciprocal relationships between the two and between physical and mental health.

The semi-structured style of the interviews and the diary phase gave respondents the opportunity to comment freely on areas of importance to them. This gave them a 'voice' and some respondents specifically mentioned that the research process had made them feel valued. Thus, for some, the diary itself could be a source of support in itself and could potentially improve well-being. This was also found by Keleher and Verrinder (2003). Comments from those who participated in the final interview mirrored the findings of Ramirez and Beilock (2011), who found that students experiencing pre-exam nerves when asked to complete a diary in the lead up to their exams experience a drop in anxiety levels. However, it should also be noted that there is also the potential for diaries to have negative consequences for respondents (Corti, 1993; Waddington, 2005). Indeed, two diarists reported both positive and negative aspects to completing the diary. Negative consequences related to increased awareness of circumstances both in and out of work which they were dissatisfied with.

One advantage of the second interview was that it was possible to capture data such as this. Another advantage was to explore possible reasons for missing entries in the diary phase. For example, was it due to a scheduled day off work, sickness, shift-work meaning days off mid-week, too busy at work to complete it, forgetting to fill it in or unusual circumstances which

meant normal routines were interrupted. This information could help inform future studies where a diary method was being considered.

8.10.4 Linked nature of fieldwork phases

The mixed methods approach proved fruitful in contributing additional depth and dimensions to existing research in this field. The quantitative and qualitative components brought their own unique benefits to the study. However, the findings generated by the different methods complemented each other well too. For example, the qualitative data usefully complemented the findings generated from the online survey analysis. This does not necessarily mean the same story was told by both sources of data but that a greater breadth of data was generated. As addressed in the Method chapter, this relates back to the issue of complementarity (e.g. Moran-Ellis et al, 2006). For example, whereas online survey analysis indicated that one respondent had low levels of support, their interview responses suggested that this was not the case. Returning to the raw data from the online survey indicated that, in fact, this respondent had not completed all the support scales. Thus, the linked data facilitated this observation and helped make sense of the perceived anomaly. Furthermore, the synergies between the different data sources brought about further benefits. For example, the qualitative data also complemented statistical data by enabling a greater insight into the wide range of dynamics at play with regard to social support and how these contributed to perceptions of well-being.

8.11 Researcher reflections

Finally in this chapter it is pertinent to draw attention to reflections made by the researcher which are important in terms of both how the research findings are interpreted, but also for planning future research.

8.11.1 Literature search strategy

Conducting research during what has come to be known as the digital age has untold benefits. More information than ever before is available to us at our finger tips and at high speed. Electronic library databases are a commonly used tool by academics to search for

published high quality literature across any number of disciplines, across a range of research topics. Practical constraints often mean that to search the full range of information available to us would generate an overwhelming amount of data which would be impossible to filter, or at least filter effectively, within a feasible time frame. Thus, common practice dictates that within disciplines searches within particular databases, deemed most relevant to that discipline, as one way in which to define a literature search strategy. For example, in Business and Management, Business Source Premier may be used but for medical research, the Medline database may be more appropriate.

As explained at the beginning of Chapter Two, Business (Business Source Premier), health (Medline), psychology (PsycINFO) and a more generic social science database too (Web of Knowledge). As the concepts being researched in this study (social support and well-being) both span a number of disciplines, it was considered important to reflect this in the literature search by drawing on a range of databases. Given the scope of the study and the quality of the databases, the choices made at the time felt appropriate and justified. However, it should be acknowledged here that other databases exist which could have also been drawn on which could have exposed the researcher to a broader range of sources from which to inform the literature review. For example, Anthrosource, a database of anthropological literature, could have been included in the search strategy which may have been valuable in informing the sections of the review regarding the conceptualisation of well-being.

8.11.2 Sample bias

As stated earlier in this chapter, the mixed methods approach used in this study was invaluable in the insights it revealed. The volume, and depth, of data generated as a result may, however, potentially detract from issues raised in the Methods chapter regarding potential sample bias and thus these issues will be reflected upon here.

The distribution of the sample in the qualitative phases (2-4) closely reflected that of the larger online survey sample. When compared with the demographics of the overall organization, it was found that the online survey sample quite closely reflected the distribution. The only notable differences were the gender split (the online survey had a greater proportion of female respondents) and the length of time working in this organisation (the online survey had greater representation from longer serving staff).

Despite these similarities between the population of the organisation as a whole and in each of the research phases, it is pertinent to reiterate that, as shown in the case study profile (Chapter 4) the response rate to the initial online survey was very low (13%, $n = 158$) in comparison to the size of the organization ($n = 1198$). Results from this study and implications arising from these must therefore be interpreted and understood in light of this.

It was not possible to stratify the sample prior to sending out the survey as it was agreed with the HR contact that in order to maximize the likely number of responses, all employees at the case study organisation would be sent the link to participate in the online survey. Participation was entirely voluntary and, as indicated above, the response rate was low. The size of the online survey sample meant it was not possible, nor would it have been meaningful, to stratify the sample in order to conduct multi-level analysis. If the response rate had been higher this would have been possible and more complex statistical analysis could have been conducted than that presented here.

One further bias that should be addressed is that participation in the online survey and in subsequent phases of the research was voluntary, thus, the sample was self-selected. Although an accepted form of sampling in cases where access to individuals may be difficult or in exploratory research (Saunders, 2012), as was the case here, bias resulting from use of this sampling technique may have been in effect. Thus, those more aware of mental health issues, more concerned about health and well-being or those who had at some point had issues regarding their well-being may have been drawn to participating in the study. These individuals may have been more likely to participate in the first instance and then to continue participating in subsequent phases of the research than those who did not have great awareness of well-being issues or for whom well-being had little relevance or importance. Potential biases such as this are important to raise as they may have a bearing on the findings and on the types of issues that emerge from interviews with respondents. This is particularly relevant in this study as the findings indicated that just over one-third of respondents are at high risk of psychiatric illness, a higher rate than has been observed in existing studies in populations where high risk is anticipated (for example, in NHS nurses as described earlier). However, without further investigation it is not possible to assess whether this is representative of the psychological well-being status across the whole organization, or peculiar to the self-selected sample.

8.11.3 Confidentiality

In this case study, confidentiality was important to individual respondents and to the organisation. As such, assurances were given to respondents by the researcher at each phase of the research that the identity of the respondents would not be revealed at any stage to HR staff facilitating the research. Furthermore, assurances were given that respondent names would not be disclosed in the final thesis, or in any other publication resulting from this study.

The strong request of the organisation to remain anonymous was respected and upheld by the researcher. It is important to note, however, that this had ramifications for the way in which the research findings, not in terms of the depth of analysis that could be achieved, but in terms of depth of analysis that could be presented in the thesis. For example, the specifics of the work conducted by various departments could not be disclosed in case this identified the organisation. So as not to reveal any personal information about the respondent such as gender or job grade, quotation identifiers were limited to anonymised codes. As is common in case studies, access to secondary materials from the HR contact was requested by the research, and this was given. However, potential breach of anonymity meant that it was not possible to use some of this material in the thesis. Despite these constraints, the mixed methods research design was integral to generating the insights regarding employee perceptions of social support and well-being presented here.

Chapter 9: Conclusion

9.1 Introduction

This thesis set out to explore the contribution of social support to employee psychological well-being. A case study of a large public sector organisation in Scotland was conducted using a mixed methods approach. There were four fieldwork phases: an online survey, a semi-structured interview, a diary phase and a second semi-structured interview. In addressing each of the research questions, this thesis makes a contribution to knowledge in three ways: substantively, methodologically and practically. Furthermore, findings from the study revealed new and valuable insights into the field of social support and well-being at work which paved the way for future research in this field. Potential areas for future research will be discussed at the end of the chapter.

9.2 Overview of findings

Overall, findings from this mixed methods approach supported existing literature which cites social support as an important factor affecting psychological well-being and well-being at work specifically. The mix of methods used were able to elucidate the complex and multi-faceted nature of both social support and well-being, and unearthed a level of understanding that until recently has been scarce. For example, the importance of not only sources of support for well-being at work but also the range of, and importance of, dimensions of support. The potential negative effects of social support were evident in this study, to date sometimes underplayed in theoretical models of well-being at work. A range of contextual, organisational and individual factors affecting the relationship between social support and well-being were identified. Again, some of which tend to be overlooked in both empirical research and in theoretical models.

Evidence from this study suggests that increased access to, and availability of, social support may improve employee well-being. This has implications for managing well-being at work. For example, the potential benefits for organisational goals of improving well-being at work through interventions specifically relating to social support were prominent, as were the potential negative effects on perceived organisational support of implementing the 'wrong'

intervention. From the findings presented in this thesis, the importance of ‘knowing your workforce’ and tailoring initiatives to meet the specific needs of employees cannot be underplayed.

9.3 Contribution to knowledge

At the outset of this thesis, three gaps in knowledge were identified: clarity over definition; the need for more a holistic approach to the study of social support and employee well-being; and, thirdly, the lack of qualitative or mixed method studies in this field of research. The contribution to knowledge for each of these gaps will be presented in more detail below.

9.3.1 Clarity of definition

Interview responses illuminated key considerations for researchers in terms of conceptualising both ‘social support’ and ‘well-being’. Despite being terms commonly used by academics and relevant stakeholders, respondents were generally unfamiliar with the terms and were often unsure, at least in the first instance, of what the terms ‘well-being’ and ‘social support’ meant. Thus, this suggests that terms that are meaningful to academics, may not be meaningful or even tangible to a lay-person. The range of definitions given highlights the importance for researchers not to assume that all research respondents will understand the terms being used.

Evidence presented in the literature review indicates that, for over 40 years, there has been debate surrounding the conceptualisation of ‘social support’. Findings from this study indicate that academics need to progress this debate if social support is to be understood and operationalised in a more meaningful way. Barrera (1986) suggested that, as a concept, social support may be too broad to be meaningful. Evidence from this study supports this proposition. In light of this, deconstruction of ‘social support’ into more manageable constructs may be beneficial for researchers. A more specific definition of social support, or a range of definitions based on more specific dimensions, perhaps that were discipline-specific may be more useful.

Additional dimensions of social support were also identified (e.g. distant vs. proximal) that currently receive little attention in the literature. Issues surrounding access to non-work and

work sources of support (contributing to blurring of boundaries) were also pertinent in this study. Consideration by researchers of a broader range of sources of support could be beneficial, particularly as evidence suggesting that experiences of non-work sources of support can influence well-being at work was found.

As with social support, the multi-faceted nature of well-being has led some scholars to suggest that to look at well-being overall may be too broad (e.g. Warr, 2002; Cronin de Chavez, 2005). Therefore, when it comes to defining and researching well-being, it may be advantageous to keep conceptual discussions within disciplines or domains. As with social support, doing so may make well-being a more manageable concept to research and to understand, and could make research findings more meaningful.

9.3.2 Holistic approach to social support and employee well-being

Adopting a more holistic approach to the study of the relationship between social support and well-being at work has revealed that both work and non-work support are pertinent to employee well-being and, furthermore, that a range of contextual, organisational and individual factors contribute to the relationship between the two. The effect of location, for example, was particularly prominent in this study. Evidence presented here suggests that considering the effect of different sources of support and the various dimensions of support may lead to more specific understanding of social support. Information such as this may be of interest to academics and employers alike.

As mentioned above, for some respondents, non-work matters were more influential to their well-being at work than work-related matters. Furthermore, for some, work was a source of support in itself, a 'relief' or a 'lifesaver'. This has implications for responsibility for workplace well-being but also for the way in which well-being is measured. The mixed methods approach adopted in this study was invaluable in the way in which it was able to generate this additional layer of meaning and understanding of the relationship between social support and psychological well-being.

Findings from this study were in keeping with extant literature (e.g. Warr, 2003; Bakker and Demerouti, 2007), which suggests theory and empirical research need to pay more attention to contextual and individual factors when examining employee well-being. Although

research into perceived organisational support is well established, research aimed at exploring the different dimensions of social support in the workplace, and the implications of this for employee well-being are less well documented. Whereas social psychology and health disciplines have attempted to explore the various dimensions of social support in more depth, this level of analysis seems to be limited within the field of management research. Furthermore, evidence from this research could prove valuable for employers in terms of designing and implementing well-being interventions which focus specifically on improving access to, and availability of, social support. Incorporation of a temporal element in theoretical models also seems worthwhile, given the importance of life-course status and past experience identified in this study.

9.3.3 Methodological issues

Johnson and Cassell (2001) stated that to date work psychology has been dominated by the positivist paradigm. This study has made a methodological contribution to knowledge by combining a series of existing methods in a way that, to date, is not commonly adopted for research in this field. As reported earlier, much of the earlier well-being literature has used quantitative tools and methods to generate findings. Similarly, the study of social support has also been dominated by use of standardised survey tools. Although studies using qualitative methods are starting to emerge in this research area, the interplay of methods used and the integrative way in which the analysis of results is presented here is still relatively new.

Use of qualitative methods in this study enabled lay-person understanding of the research terms to be revealed. Furthermore, the complex interplay of factors affecting the relationship between social support and employee well-being was established in a way that would not have been possible using quantitative measures alone. These findings provide endorsement for adopting a more holistic approach to social support in terms of the relationship to psychological well-being.

The qualitative methods also enabled insights into individual perceptions of work and workplace well-being, and also of well-being at work initiatives, and how these could potentially be improved. These insights can enable managers and policymakers to make better informed judgments as to what initiatives may be suitable and effective. With regard to employee well-being, to date, the fact that quantitative methods have been predominantly used can partly explain why much is known about levels of well-being and levels and types

of social support but less is known about why levels are as they are, the transiency of reported levels of support and well-being or what can be done to improve levels of support and well-being. The mixed methods enabled potential problem areas to be identified, but also were able to offer insights into identifying potential solutions. The depth of information gained from the mixed methods approach meant that organisation specific, as well as more general, insights could be revealed. It is proposed, therefore, that use of a broader range of methods into research in this field is needed in order to maximise depth of knowledge and understanding.

In addition to its academic contribution, this research has also made a contribution to applied knowledge, by enabling HR professionals in the case study organisation, and other relevant stakeholders, to gauge employee perceptions of well-being at work in their organisation. Generating outcomes that are organisation specific and more in-depth than more traditional methods in this field means the findings could subsequently be drawn on to enable more targeted efforts when designing and implementing organisational interventions aimed at enhancing well-being at work for their employees, with a particular focus on social support. On a more general level, the methods used here could be used with other research samples, for example, in other professions, sectors or geographical locations.

9.4 Research impact

It is the researcher's personal experience that communications between academia and business practice could be enhanced. It is not clear where the two communities align and where they diverge in terms of research needs, goals and outcomes. Stronger links between the academic world and business practitioners would go some way to overcome this and could ensure maximum benefits to both parties. The Economic and Social Research Council (ESRC) actively encourages Knowledge Exchange (KE) stating, "what is the purpose of research, if not to share it?" (ESRC, 2011). Engagement in research is by definition a two-way process, involving interaction and listening, with the goal of generating mutual benefit (Duncan and Spicer, 2010). The on-going communication between researcher and HR contact during the fieldwork period was valuable in a number of ways. Firstly, it facilitated the research process. Secondly, conversations with the HR contact regarding the research findings enabled feedback from an HR perspective regarding the recommendations made by

respondents for how the organisation could improve well-being at work, and the potential barriers to some of these suggestions being taken forward. It was then possible for this information to be fed back to respondents who appreciated having their opinions heard by HR, even if it was not possible for their recommendations to be put in place as a result. Again, this highlights the importance for employees of having a voice and feeling valued.

9.5 Future directions - methodological

The depth of findings generated by the mixed methods approach used in this thesis could have implications for the focus of future research in this field, by revitalising research interest in social support and subsequently encouraging challenges to existing assumptions, practices and foci of interest commonly held by researchers in this field.

The majority of work on social support and well-being is cross-sectional. Temporal issues were found to be of importance in this study. If change over time is to be explored then more longitudinal studies need to be encouraged. One area of research that could benefit from the use of longitudinal research could be in response to questions posed by Warr (2003) regarding what the long term effects of extended periods of low well-being arising from poor jobs may be on psychological ill-health. In addition, this type of research may prove fruitful in exploring implications for employee well-being of the increase in temporary and part time work brought about by the changing nature of work.

If the debate on the extent to which social support affects psychological well-being is to move forward, it would appear that a methodological shift towards more longitudinal studies would prove fruitful.

Longitudinal analysis in this case study could have been beneficial in establishing whether the levels of poor psychological ill-health and low levels of perceived organisational support were perhaps remnants of the recent organisational changes that occurred in the organisation or whether they reflected a more long-term relationship between social support and well-being for respondents. Given the strong skew towards poor psychological ill-health in this case study it would be of interest to see if this remained to be the case if the study was replicated. More generally, longitudinal research could be useful in exploring the effect on access to, and availability of specific dimensions of support on well-being over time and to

assess the effectiveness and uptake of interventions aimed at improving well-being at work through increased access to social support.

Timeline analysis as a method could also be valuable as such analysis could capture the role of past experience shaping current perceptions, the transiency of responses to measures, which responses are more consistently sustained over time and the impact of organisational changes to short and long-term employee well-being.

9.6 Future directions - substantive

Research which serves to illuminate factors that affect employee well-being and that can generate recommendations about how to promote and maintain well-being at work continues to be imperative, and potentially valuable to a variety of stakeholders. For example, further research examining specific dimensions of social support (e.g. distant vs. proximal support) may be useful in developing a better understanding of each of these multi-dimensional constructs. This would be worthwhile in itself; however, the specific knowledge and understanding this would generate could also be useful for designing interventions aimed at improving well-being at work, through enhancing access to specific types of social support in the workplace, for example, increased proximity of support.

With regard to workplace interventions, a shift from a 'prevention of problems' approach towards focusing on talents and strengths of workers (e.g. Seligman and Csikszentmihalyi, 2000; Schaufeli and Salanova, 2010) could prove rewarding with regard to managing employee well-being and increasing perceived organisational support. In keeping with findings from Antonovsky (1979) and Billings and Hashem (2010), evidence from this study suggests that greater research attention to what makes people resilient or resistant to poor well-being in spite of adverse work or home conditions could also be valuable. Future research focusing on these protective factors, particularly in a workplace setting, could have positive implications for both organisational and employee outcomes. Enhancing access to, and availability of, social support may be one example of a 'preventative' measure which organisations can use to enhance employee well-being.

This thesis reinforces existing evidence identifying social support as a key factor which contributes to well-being at work. More needs to be learnt about this concept though if

organisations are to understand the importance of social support. Greater collaboration between academia and practice could facilitate this and could subsequently contribute to the effective implementation of initiatives aimed at improving access to, and availability of, social support for employees. With the current international and national level focus on well-being, it is anticipated that findings from this study will be of interest to a range of academic and non-academic stakeholders.

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PhD Title:

'Exploring employee perspectives on the role of social support as a factor influencing employee well-being in the workplace'

Reason for Study:

The issue of employee well-being is highly topical as evidence indicates it can influence employee stress levels, absenteeism and recruitment and retention issues. For these reasons, there is a strong business case for organisations to try and enhance employee well-being at work. Social support at work is important because it can affect employee well-being. Findings from the Chartered Institute of Personnel and Development (2006) absence management survey acknowledged that "Stress and other mental conditions are now among the main causes of employee absence." Organisations, therefore, could benefit from increased awareness of levels of social support experienced by their employees.

Research Plan - Overview:

Phase 1: A screening email will be sent out to all employees introducing the topic, inviting them to participate and with a link to the web based survey tool 'Bristol Online Survey'. Employees should click on this if they would like to be involved. Here they will be asked to complete 5 short questionnaires. They will be identifiable only by a randomised code, unless they choose to give their contact details.

Phase 2: Those participants who do provide their contact details will be asked to meet with me for an informal interview to discuss their responses to the questionnaire and their more general views on social support and well-being.

Phase 3: At the end of this interview, they will be asked if they would be happy to fill out a diary twice a day for 2 weeks maximum which, based on previous use of this method, should take approximately 5-10 minutes per occasion to complete.

Phase 4: Participants who agree to be interviewed a second time will be asked to reflect on their comments from the previous interview and questionnaire responses. Those who completed diaries will also be asked to reflect on their diary responses.

N.B the fieldwork period is expected to span May 2009 – March 2010

Confidentiality:

In line with ethical requirements stipulated by the University of Edinburgh, participants will be asked to sign a consent form to say they are happy to be involved further in the study. They will also be reassured that they can drop out at any time, that their names will never be made public in any output from the project and their individual responses will never be reported back to their managers or HR department. The organisation will receive summaries of results but no individual responses will be provided.

Outputs:

Interim summary reports and analysis will be produced and presented to key HR staff. These outputs are intended to highlight key issues relating to well-being and social support within the organisation. Any subsequent attempts by the organisation to address these may serve not only to improve employee well-being but also to enhance organisational performance and embed well-being as part of the organisational culture.

How the Unions can help:

Help from the Unions would be particularly useful as ideally I would like to target the whole workforce so that my findings are as representative of the organisation as a whole if possible. I would like to engage as many employees as possible, and in particular those who ordinarily may not choose to participate in such research, as it may be these people that can benefit the most. Participation and engagement with my study is crucial to it being a success, both in terms of my PhD and the value it will hold to the organisation. It would be greatly appreciated and beneficial to all parties if encouragement and facilitation of participation could be maximised.

Further details:

I would be very happy to meet with a representative/s from the Unions to discuss my project further and to offer any reassurance that may be required. For enquiries in the first instance my email address is tina.parkin@ed.ac.uk.

Listed below are statements that represent possible opinions that *you* may have about working at your organisation. Please indicate the degree of your agreement or disagreement with each statement by filling in the circle on your answer sheet that best represents your point of view about your organisation. Please choose from the following answers: 0 = strongly disagree, 1 = moderately disagree, 2 = slightly disagree, 3 = neither agree nor disagree, 4 = slightly agree, 5 = moderately agree, 6 = strongly agree

1. My organisation values my contribution to its well-being.

0	1	2	3	4	5	6
---	---	---	---	---	---	---

2. My organisation fails to appreciate any extra effort from me.

0	1	2	3	4	5	6
---	---	---	---	---	---	---

3. My organisation would ignore any complaint from me.

0	1	2	3	4	5	6
---	---	---	---	---	---	---

4. My organisation really cares about my well-being.

0	1	2	3	4	5	6
---	---	---	---	---	---	---

5. Even if I did the best job possible, my organisation would fail to notice.

0	1	2	3	4	5	6
---	---	---	---	---	---	---

6. My organisation cares about my general satisfaction at work.

0	1	2	3	4	5	6
---	---	---	---	---	---	---

7. My organisation shows very little concern for me.

0	1	2	3	4	5	6
---	---	---	---	---	---	---

8. My organisation takes pride in my accomplishments at work.

0	1	2	3	4	5	6
---	---	---	---	---	---	---

The following questions deal with your working relationship with your immediate line manager, that is, the person who most immediately supervises you and to whom you are responsible for your work (*Please tick the box which best describes your experience in your main job*)

How much does your immediate line manager:

	To a very little extent	To a little extent	To some extent	To a great extent	To a very great extent
Encourage you to give your best effort?					
Set an example by working hard him/herself?					
Offer new ideas for solving job-related problems?					
Encourage those who work for him/her to work as a team?					

To what extent can you count on your line manager? (*Please tick the box which best describes your experience in your main job*)

	Not at all	To a small extent	Neither great nor small extent	To a great extent	Completely
To listen to you when you need to talk about problems at work?					
To help you with a difficult task at work?					

The following questions ask about the extent to which other people in work provide you with help or support (*Please tick the box which best describes your experience in your main job*)

To what extent can you:

	Not at all	To a small extent	Neither great nor small extent	To a great extent	Completely
Count on your colleagues to listen to you when you need to talk about problems at work?					
Count on your colleagues to back you up at work?					
Count on your colleagues to help you with a difficult task at work?					
Really count on your colleagues to help you in a crisis situation at work, even though they would have to put out of their way to do so?					

Perceived Social Support – Friends (Procidano and Heller, 1983)

Directions: The statements which follow refer to feelings and experiences which occur to most people at one time or another in their relationships with friends. For each statement there are three possible answers: Yes, No, Don't know. Please circle the answer you choose for each item.

Question	Yes	No	Don't know
1. My friends give me the moral support I need.			
2. Most other people are closer to their friends than I am.			
3. My friends enjoy hearing about what I think.			
4. Certain friends come to me when they have problems or need advice.			
5. I rely on my friends for emotional support.			
6. If I felt that one or more of my friends were upset with me, I'd just keep it to myself.			
7. I feel that I'm on the fringe in my circle of friends.			
8. There is a friend I could go to if I were just feeling down, without feeling funny about it later.			
9. My friends and I are very open about what we think about things.			
10. My friends are sensitive to my personal needs.			
11. My friends come to me for emotional support			
12. My friends are good at helping me solve problems.			
13. I have a deep sharing relationship with a number of friends.			
14. My friends get good ideas about how to do things or make things from me			
15. When I confide in friends, it makes me feel uncomfortable.			
16. My friends seek me out for companionship.			
17. I think that my friends feel that I'm good at helping them solve problems.			
18. I don't have a relationship with a friend that is as intimate as other people's relationships with friends.			
19. I've recently gotten a good idea about how to do something from a friend.			
20. I wish my friends were much different.			

Perceived Social Support – Family (Procidano and Heller, 1983)

Directions: The statements which follow refer to feelings and experiences which occur to most people at one time or another in their relationships with their families. For each statement there are three possible answers: Yes, No, Don't know. Please circle the answer you choose for each item.

Question	Yes	No	Don't know
1. My family gives me the moral support I need.			
2. I get good ideas about how to do things or make			
3. Most other people are closer to their family than I am.			
4. When I confide in the members of my family who are closest to me, I get the idea that it makes them uncomfortable			
5. My family enjoys hearing about what I think.			
6. Members of my family share many of my interests.			
7. Certain members of my family come to me when they have problems or need advice.			
8. I rely on my family for emotional support.			
9. There is a member of my family I could go to if I were just feeling down, without feeling funny about it later.			
10. My family and I are very open about what we think about things.			
11. My family is sensitive to my personal needs			
12. Members of my family come to me for emotional support			
13. Members of my family are good at helping me solve problems.			
14. I have a deep sharing relationship with a number of members of my family.			
15. Members of my family get good ideas about how to do things or make things from me.			
16. When I confide in members of my family, it makes me uncomfortable.			
17. Members of my family seek me out for companionship.			
18. I think that my family feels that I'm good at helping them solve problems.			
19. I don't have a relationship with a member of my family that is as close as other people's relationships with family members.			
20. I wish my family were much different.			

**The Warwick-Edinburgh
Mental Well-being Scale
(WEMWBS)**

**Below are some statements about feelings and thoughts.
Please tick the box that best describes your experience of each over the last 2
weeks**

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make my own mind up about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

"Warwick Edinburgh Mental Well-Being Scale (WEMWBS) © NHS Health Scotland,
University of Warwick and University of Edinburgh, 2006, all rights reserved."



Consent form:

Title of the Project: Social support and well-being at work

Please initial the boxes on the right, then write your name in capitals and sign at the bottom of the page. Thank you.

1. I confirm that I have read and understand the information letter about the research and have had the chance to ask questions

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, and this will not affect me in any way

3. I give my permission for the interview to be recorded

4. I give my permission for any quotes I have given in the interview to be reproduced in the final write up 'ad verbatim'

.....
(Name of Person – please print) **(Signature)**

.....
(Name of person taking consent) **(Signature)**



Dear

RE: PhD on Social support and well-being at work

As you are aware, I am a PhD student at the University of Edinburgh exploring social support and well-being at work. Thank you very much for completing the online survey. I would now like to invite you to take part in the interview stage of this PhD research study.

I am really pleased you are keen to be part of the research, but before you commit, it is important that you understand what the research is about and what it will involve. Please take time to read the following information carefully.

What is the research study about?

As you have already completed the online survey you will already be aware that the research is about your experiences of social support and well-being at work. The purpose of the interview is to find out a bit more about your thoughts on this topic and about your experiences.

What will I have to do?

Firstly, when we meet I'll talk to you a bit more about the research itself, I will then give you the chance to ask any questions and, if you are happy to proceed, ask you to sign a consent form. The interview will last up to about an hour and, with your permission, it will be recorded. The recording will only be heard by and used by myself, and it will be destroyed once the study is finished.

I would like to assure you that the interview will be **completely confidential**. Nothing you say will be attributed directly to you and no one will be able to identify you from your replies. Your input is extremely valuable and I am really interested to hear your accounts of your experience of social support and well-being at work.

Do I have to take part?

The research is voluntary and therefore it is entirely up to you whether or not you take part. I will check with you when we start the interview that you are happy to proceed.

However, if you decide to take part but change your mind during the interview, you will be free to do so.

Ethics

It is hoped that the nature of the material discussed in the interview will not upset you in any way. You do not have to answer any questions if there are some you would rather not. If you do find any of the issues we discuss upsetting or sensitive, I would like to direct your attention to a couple of websites which may have useful information or which provide links to other sites that you may find helpful.

<http://www.healthyworkinglives.com>

<http://www.sdcmh.org.uk/links/links.html>

If you would like some more information about the study, or if there are any questions or comments that arise once the interview is over, please do not hesitate to contact me. My email address is tina.parkin@ed.ac.uk

Thank you very much for your participation.

Yours sincerely

Tina Parkin

Final Interview Schedule (1)

Social support and well-being at work

Introduction:

- get brief feedback on survey and what encouraged people to participate
- Brief overview of job e.g. role, status and tenure, specific characteristics
- If applicable, discuss any noticeable responses from online survey

Section 1: Defining well-being

In general terms, what do you think of when asked about your well-being? (what different aspects etc)

When asked specifically about employee well-being/well-being at work, what aspects do you think of? E.g. mental or physical emphasis

What factors do you feel are important to enhancing well-being at work – (would you say these are relatively consistent or situation dependent?)

Section 2: Defining social support

What does the term 'social support' conjure up/mean to you? (positive, negative, both?)

In what ways does social support influence your well-being?

Do you feel supported at work?

If so, how and by whom?...In what ways do you feel supported (or not) by your organisation/team.

Would you say social support is an important factor influencing your well-being at work? (both internal and external sources)

Section 3: Sources of social support

Who do you see as your main source of social support at work (formal/informal; HR, line manager, team members, friends, social events/committee separate from formal events)

Who do you see as main source of social support at home (e.g. friends, family, partner, sports)

Is there an overlap – e.g. maybe some sources are present at work and home?
Are there any tensions - as a result?

Section 4: Health

In your experience, would you say there is a relationship between social support experienced at work and your health?

If yes, please elaborate

Would you feel comfortable talking about health issues, or implications of health issues with people at work?

Please give more details if you feel comfortable to do so.

Section 5: Influencing factors

Have any personal or life course factors had an impact on your experience at work? Was this positive or negative?

In your experience, what is the impact of location on social support and well-being (e.g. since the move)

In your experience, what is the impact of technology on social support and well-being e.g. corporate blog, blackberry, 24hr access – positive or negative

Has your perception or experience of social support changed over time since you began working here. e.g. linked to tenure/seniority

If you are in a managerial position, were you promoted internally or recruited externally – do you believe this has had any impact on social support (perception/availability)

Do you feel your well-being and/or your experience of social support has been enhanced as your career here has progressed? (or the opposite/ no change?)

How committed would you say you felt towards working for your organisation?

How engaged do you feel with your organisation as a whole?

Would you say there is a distinct culture at your place of work?...please give details

Section 5: HR and Unions

Are you aware of any policies in place to support well-being at work in your organisation?

Do you know how/where to access these?

Do you make use of any of these, are any of them particularly beneficial to you?

Have you ever contacted a Union rep to discuss any issues?

If so, was this helpful?

And finally:

What more could be done by your organisation/your team/yourself for you to feel able to offer more support?

What more could be done by your organisation/your team/yourself to make you feel more supported?

Any other comments?

Thank you very much for your time

‘Exploring Social Support and Well-being at Work’

tina.parkin@ed.ac.uk

University of Edinburgh

Welcome

Thank you very much for your involvement in this study so far. Your help is much appreciated.

As you know, the aim of the PhD is to explore what issues influence well-being at work and whether individuals regard social support as important to their feeling of well-being. This next phase of the study involves filling in a diary for two consecutive weeks. Following on from the issues we discussed at the interview, the aim of the diary is to try and find out a bit more about your daily experiences of support both at work and outside of work and the effect that this support can have on your feelings of general health and well-being, satisfaction and contentment with life.

What sort of information am I looking for?

The term 'social support' is widely used by a range of academics and other professionals. One researcher described it as information which makes an individual feel that they are cared for and loved, esteemed and valued and that they belong to a social network of communication. However, there are many other descriptions of the term and it can often mean different things to different people. There are various types of support too, for example, emotional, practical, technical or financial support.

There are also many different sources of social support. These include support received at work, which may include supervisors, colleagues and team members, and also support received out of work which may include family members, friends, involvement in clubs or other independent activities, and the wider community.

Although support is often thought of only as positive, it may also be interpreted as negative at times, especially if the support is felt to be unnecessary or unwanted. In these cases support can be viewed as interfering or detrimental.

For this diary part of the study, I am interested in hearing about any or all of these sources and types of support that are relevant to you. However, there is no requirement to divulge any personal or sensitive information, only what you are happy to report.

General Guidance

This diary is for a one week period, to be completed only on days that you are working. The diary for Week Two will be sent out separately. If possible, the two diaries should be completed for consecutive weeks.

The diary can be completed electronically and emailed back to me at the end of the week, or I can post out a paper copy if preferred. Please feel free to print this Word document out and fill it in by hand if you would prefer to do so.

When should I start filling out the diary?

The diary format runs from Monday to Sunday. If you work Monday to Friday, please start filling out the diary on the next Monday that suits you to do so (or on Tuesday if you plan to start next week and will not be working the Bank Holiday).

If you work various days or shift patterns, please feel free to start filling out the diary on the day of the week you start work as soon as it suits you to do so. If your shifts cross into another week (e.g. you work Wednesday to Tuesday) please go back to the beginning of the diary and complete the unused pages there.

When should I make a diary entry?

For each day, two entries should be completed, one in the morning and one in the evening.

Those who work shifts may find that morning/evening entries are not practical. If this is the case, please still complete two entries; one when you are starting work, and one when you are finishing work.

The **morning** (or first) entry will ideally be completed either just before you start work or within one hour of starting work.

The **evening** (or second) entry will ideally be completed either just before you leave work for the day or within one hour of finishing work.

Please make a note on each occasion of what time the entry was made.

What will it involve?

The morning entry will require a tick box style mood scale to be completed, followed by written answers to a single question asking about support experienced out of work. To give you some guidance, headings will be provided for you to respond under.

The evening entry will require the same tick box style mood scale to be completed, followed by written answers to a single question asking about support experienced while

you were at work. To give you some guidance, headings will be provided for you to respond under.

N.B. If you find due to the nature of your shifts that the headings to respond under don't apply to you, please fill in your entry under the 'other' heading. Alternatively, please feel free to adapt the headings to suit you.

How much should I write?

Written entries can be answered in as much or as little detail as you like. There is no requirement to divulge any personal or sensitive information, only what you are happy to report. There is also no need to give names if you'd prefer not to, you can either change people's names (as long as you keep these consistent throughout), or refer to people as a colleague, manager or friend etc).

Each time a new person is mentioned in the diary, please state their relationship to you, whether you use their name or not.

Even if you feel you may have nothing of interest to report for a particular day, or that you are repeating similar information, and you are not sure whether to mention it, please still write it down, as it will be of interest to me.

What should I do if I miss an entry?

Ideally, an entry will be inputted on each day at both occasions but I understand that this may not always be possible. If you don't manage to complete an entry, for whatever reason, please just leave that particular entry blank, rather than go back to fill it in at a later time.

If possible, if you were unable to fill in the diary on any occasion, please make a note at the relevant entry page, at any time, to say the reason why an entry wasn't completed on that occasion e.g. forgot, was in a meeting, didn't have access to a PC etc.

What if there is some overlap between work and home support?

Although the headings used for the morning entry will be people outside of work, and headings for the evening entry will only include people at work, there will inevitably be some overlap, e.g. colleagues at work may also be friends outside of work, or you may email/ring friends or family while you are at work or on a break. Please include any information such as this in the 'other' category.

What should I do with the diary at the end of the week?

Once the last entry had been completed on Friday, please email the diary back to me if you have been filling it in electronically. If you have completed a paper copy, you can either post this back to me, or hold on to it and I will collect it from you at a later date. Please

don't worry if you have not managed to complete all the entries. I would still be very grateful if you could send it back to me.

On the Friday that I receive your diary back, I shall email or post out (if requested) the diary for the second week. This will be exactly the same in format, and will come with the same instructions. If you feel after one week you do not wish to proceed with the diary for another, this is not a problem, please just let me know when you send back the completed diary for Week One.

Confidentiality

In line with University ethical guidelines, all information you disclose will be kept entirely confidential. The diary entries will only be seen by myself, and my supervisor.

Your own name, and names of any individuals that you may refer to in the diary, will not be used in the final write up of the PhD. However, the relationship to the person you are referring to e.g. your manager, colleague or partner will be noted.

Thank You

Your continued involvement in my study is much appreciated and is really valuable to me. If you do feel able to complete the diary for the full two week study period that would be really helpful. It is important for me to emphasise though that your involvement is entirely optional, so if at any stage you feel you no longer wish to participate, for whatever reason, please just let me know. If this does happen, I would be very grateful if you could return the diary with any entries you had completed so far as that would be really useful. (An SAE can be made available on request if you are using a paper version of the diary).

If you have any questions or concerns at any time during the two week period, please feel free to contact me and I will be happy to answer these. My email address is tina.parkin@ed.ac.uk

Thank you very much for your help!

Information about you:

Please could you complete the table below. There is no need to write your name, unless you wish to, as each participant will be allocated an Identity Code to ensure anonymity.

ID Code	
Gender	
Age	
Job Title	
Shift pattern for this week	Mon: Tues: Wed: Thurs: Fri: Sat: Sun:

MONDAY A.M.

Time.....

Time started work.....

I would like to ask you how the thought of work has made you feel today. The scale below consists of 20 words that describe different feelings and emotions. Please circle (or highlight in bold/mark with an 'x') the most appropriate number on the 5 point scale where 1 = not at all and 5 = very much

	Not at all	A little	Moderately	Quite a bit	Very much
1. Cheerful	1	2	3	4	5
2. Patient	1	2	3	4	5
3. Happy	1	2	3	4	5
4. Sleepy	1	2	3	4	5
5. Worried	1	2	3	4	5
6. Depressed	1	2	3	4	5
7. At ease	1	2	3	4	5
8. Anxious	1	2	3	4	5
9. Annoyed	1	2	3	4	5
10. Motivated	1	2	3	4	5
11. Calm	1	2	3	4	5
12. Sluggish	1	2	3	4	5
13. Relaxed	1	2	3	4	5
14. Enthusiastic	1	2	3	4	5
15. Tired	1	2	3	4	5
16. Bored	1	2	3	4	5
17. Alert	1	2	3	4	5
18. Gloomy	1	2	3	4	5
19. Angry	1	2	3	4	5
20. Active	1	2	3	4	5

MONDAY A.M. Continued

Thinking of yesterday evening, please describe how you spent your time and who with, in terms of the headings below, paying particular attention to experiences and perceptions of social support. This can include phone calls and emails.

Family – Parents, brother/sister:

Family - husband/wife, children:

Partner:

Friends:

Clubs/leisure activities:

Other:

MONDAY P.M.

Time.....

Time finished work.....

I would like to ask you how work has made you feel today. The scale below consists of 20 words that describe different feelings and emotions. Please circle (or highlight in bold/mark with an 'x') the most appropriate number, on the 5 point scale where 1 = not at all and 5 = very much

	Not at all	A little	Moderately	Quite a bit	Very much
1. Cheerful	1	2	3	4	5
2. Patient	1	2	3	4	5
3. Happy	1	2	3	4	5
4. Sleepy	1	2	3	4	5
5. Worried	1	2	3	4	5
6. Depressed	1	2	3	4	5
7. At ease	1	2	3	4	5
8. Anxious	1	2	3	4	5
9. Annoyed	1	2	3	4	5
10. Motivated	1	2	3	4	5
11. Calm	1	2	3	4	5
12. Sluggish	1	2	3	4	5
13. Relaxed	1	2	3	4	5
14. Enthusiastic	1	2	3	4	5
15. Tired	1	2	3	4	5
16. Bored	1	2	3	4	5
17. Alert	1	2	3	4	5
18. Gloomy	1	2	3	4	5
19. Angry	1	2	3	4	5
20. Active	1	2	3	4	5

MONDAY P.M. Continued

Thinking of your working day, please describe who you had interactions with and how these made you feel, in terms of the headings below, paying particular attention to experiences and perceptions of social support. This can include phone calls and emails.

Colleagues:

Line Manager:

Senior Management:

Other:

Second Interview schedule - prompts for respondents

General questions on process, awareness and anything being done differently.

How did participants find the diary phase of fieldwork? Establish if there was anything that respondents became aware of that was of particular interest to them.

Pulling it all together from the different fieldwork phases e.g. have perceptions changed since being involved in the research? Has awareness changed since being involved in the research?

Having participated through the whole fieldwork process, what issues do respondents feel are the most influential affecting their well-being at work.

Of these, how important do they feel their perception or experience of support is to their well-being?

Have you learned anything about yourself or others around you from participating in this research?

Do you think there are any potential learning points for your organisation that have come out of your involvement in the study?

Have your thoughts on what 'well-being' and 'social support' mean changed at all since being involved in the study?

From participating in the research, is there any advice you could give me as to what may be next steps for me in directing future research on well-being.

Log of conference papers and posters presented and funding awarded

Conference papers

Kowalski, T (2012) '*Exploring the Contribution of Work and Non-Work Sources of Social Support to Employee Well-being: A Mixed Methods Case Study*'. *Conference Proceedings: European Academy of Occupational Health Psychology*. April 2012. Zurich.

Parkin, T (2010) '*It's good to talk: exploring social support and employee well-being*' **Scottish Doctoral Management Conference, June, 2010. University of St. Andrews.**

Parkin, T (2009) '*Exploring the role of social support on employee well-being*' Scottish Doctoral Management Conference. June, 2009.

Conference Posters

Parkin, T (2010) '*It's good to talk: Exploring social support and well-being at work*'. European Academy of Occupational Health Psychology. April, 2010. Rome.

Parkin, T (2010) '*It's good to talk: Exploring social support and well-being at work*' (poster competition finalist) Knowledge transfer conference. April, 2010. Heriot-Watt University, Edinburgh.

Research Funding

2012 CHSS Knowledge Exchange grant awarded (in collaboration with Professor Wendy Loretto) - £2,000

2011 World Class PhD Research Initiative funding to plan an event on 'Managing well-being at work: linking policy and practice' - £3,500

2007-2011 Economic and Social Research Council (ESRC) 1+3 PhD studentship

Events

June 2012 'Managing well-being at work: linking policy and practice' – co-organised a one day event, bringing together academics, HR professionals and other relevant stakeholders. Commentary piece on the event was published in 'OP Matters' Division of Occupational Psychology newsletter, British Psychological Society. August, 2012.



Managing Employee Psychological Well-being: Linking Research and Practice

9.30 am – 4pm, Friday June 8th, 2012, University of Edinburgh Business School

- 0900 – 0930** Arrivals and refreshments
- 0930 – 1115** *Session 1: Factors affecting psychological well-being at work*
- Tina Kowalski** *University of Edinburgh Business School*
- ‘The contribution of social support to employee psychological wellbeing’
- Dr. Tom Calvard** *University of Edinburgh Business School*
- ‘Places and Spaces: The changing physical boundaries of organisations and work and their implications for individuals’ wellbeing’
- Professor Ros Searle** *Coventry Business School*
- ‘Trusting organisations: The impact of trust on employee wellbeing’
- 1115– 1145** Coffee break
- 1145 – 1230** *Session 2: Cross-cultural perspective on psychological well-being*
- Professor Andrew Noblet** *Deakin University, Melbourne, Australia*
- ‘Identifying and Addressing the Organisational Sources of Job Stress and Employee Wellbeing in Australian-based Workplaces’
- 1230 – 1330** Lunch
- 1330 – 1530** *Session 3: Practitioner and user perspectives*
- Professor Rob Briner** *Bath University*
- ‘Work and Psychological well-being: What are the issues? What are the solutions? Where is the evidence?’
- Kathryn Sinclair** *Scottish Centre for Healthy Working Lives*
- ‘Mentally Healthy Workplace training – a practical example of managing wellbeing at work.’
- Catherine Muirden** head of HR, customer network *Barclays*
- ‘Wellbeing at Work: a view from the Financial Services Industry’
- 1530 – 1600** Concluding discussions followed by wine reception