

Approaching Mental Health and Wellbeing in the Workplace: A Qualitative Exploration from the Perspectives of Line Managers

By Aoife Shannon

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National College of Ireland

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I. ABSTRACT

Title: Approaching Mental Health and Wellbeing in the Workplace: A Qualitative Exploration from the Perspectives of Line Managers.

Summary: This Dissertation is based in the broad research area of “Workplace wellbeing” in Human Resource Management (HRM), with a focus on employee Mental health. Management in a private technological organisation in Dublin, which will remain anonymous, expressed a desire to the author to understand more about its approach to employee mental health and wellbeing (MH&WB) in its’ customer service department. The author of this dissertation will refer to themselves as the ‘author’ throughout.

Literature findings show that poor employee mental health has a detrimental effect on both the affected individuals and on business performance, making it an issue that is rising in prevalence for organisations globally. Line management (LM) approach to employee MH&WB has been identified as one of the most important elements of success in organisations in relation to the success of wellbeing strategies.

Objectives: The author aims to understand line managers (LMs) perceptions on how positive MH&WB is being cultivated in the organisation. This includes exploring the initiatives and measures in place and their effectiveness, considering what provisions been made for LMs in handling MH&WB in the workplace and identifying what can be improved.

Methods: After reviewing the relevant literature, the author identifies three main research questions and adopts a qualitative research approach of semi-structured interviews which are analysed through the process of thematic analysis thereafter. The author draws conclusions and provides recommendations for improvement, concurrently contributing to existing literature in the area.

Findings: Research findings identify that the organisation is ahead of the curve in relation to its MH&WB strategy with some excellent initiatives and a great culture in existence, however there are some evident shortcomings regarding sustainability of the approach and in its provision of support of LMs in handling workplace MH&WB issues.

II. DECLARATION

Declaration for the submission of a Dissertation to the National College of Ireland for the fulfillment of the course requirements for a Masters in Human Resource Management

Name: Aoife Shannon

Institution: National College of Ireland

Student Number: x17107181

Degree for which this dissertation is submitted: Master of Human Resource Management

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VII. LIST OF ABBREVIATIONS

CIPD: Chartered Institute of Personnel and Development

EAP: Employee Assistance Program

HR: Human Resource

HRM: Human Resource Management

HRS: Human Resource Specialist

LM: Line Management

LMs: Line Managers

MH&WB: Mental Health and Wellbeing

RQ1: Research Question 1

RQ2: Research Question 2

RQ3: Research Question 3

1. INTRODUCTION

1.1 Research Background and Justifications

HRM practice needs to adapt and align itself with social and economic changes, and subsequent challenges, to ensure organisations keep up to date with labor demands and needs (Brauns, 2013). One of the rising labor demands and organisational challenges faced today is that of ‘workplace wellbeing’, with poor employee physical and mental health costing organisations greatly (CIPD, 2019). When employees are both mentally and physically well they “are more productive, better at decision making, have reduced absenteeism and reduced healthcare costs, have increased resilience, engage more and are better at coping with uncertainty and change (Burford, et al., 2017, p. 104).” Positively, organisations are becoming more and more conscious of the shared benefits of a happy, healthy workforce (Barron, 2019). The definition of workplace wellbeing chosen for this research project is how “wellbeing is not just whether a person is free from disease...it’s whether they are the best version of themselves at work (Whitehouse, 2019, p. 43)

The prevalence of mental health issues has increased considerably in recent years and this trend is set to continue, making employee MH&WB the most important aspect of wellbeing for organisations today (CIPD, 2019). Poor Mental health has been reported as ‘the largest single source of disability’, with one out of every six workers experiencing depression, anxiety or stress related problems at any given moment, amounting to organisational costs estimated at 30 billion GBP each year in the UK (Kinder, 2013). Similarly, as reported in ‘The Irish Times’ by Barron (2019), the Healthy Ireland Framework estimates that the economic cost of mental-health issues for organisations in Ireland as approximately €11 billion per year, through lost employee productivity., Mental Health Ireland (2018) findings indicate that 30% of Irish workers will suffer some form of mental health issue in a given year. Business costs arise from reduced performance and productivity through absenteeism and presenteeism; with the rising cost of healthcare, lowered employee performance and lowered engagement being the main driving factors for organisations implementing or improving wellbeing strategies (Haymes, 2013).

Employees in the technological sector, female employees and those under the age of 34 are the most likely to suffer from, and worry about, stress and mental health issues according to

VHI (2018) findings with work pressures are much more likely to affect the MH&WB of younger workers (Joyce, 2013). Ireland has one of the youngest and most highly educated workforces in Europe with a third of the population under the age of 25, one of the reasons many technological organisations have chosen Ireland for its operations (IDA, 2019). The predominance of workers in the technological sector are aged between 20 and 40 meaning most are Millennials or from Generation Z (Deloitte, 2019). Considering this, combined with the rising number of women active in the Irish workforce, wellbeing should be considered an even higher area of concern and importance for organisations operating in Ireland, particularly those in the technological sector.

Out of the 1,078 organisations that participated in the CIPDs 2019 health and well-being report, those that invested in effective well-being initiatives dedicated to mental health, saw increased employee engagement, morale, performance and lowered 'sickness absence' rates (CIPD, 2019). A proactive wellbeing policy incorporating a range of measures and initiatives, with a specific focus on mental health, is the most effective way organisations can tackle MH&WB in the workplace (IBEC, 2018). However, organisational approaches to employee MH&WB can be quite complex to create and implement, due to the intricate nature of people, and therefore, what their workplace MH&WB needs entail (Gunnigle, et al., 2011). This can be seen effected in the wide range and variety of initiatives organisations adopt to support MH&WB with McAuliffe (2018) articulating how an extensive range initiatives and measures fall under the 'wide umbrella' of MH&WB. These initiatives can range from Employee Assistance Programs (EAP), 24-7 GP services, counselling & psychotherapy services (Dean, 2018) to exercise, meditation, mindfulness, massage and yoga classes, coaching & mentoring services (Meechan, 2017) to name but a few.

Management style and approach is essential for supporting MH&WB of staff , with manager training and education proving to be particularly effective in supporting managers and their direct reports in terms of positive MH&WB outcomes (Burford, et al., 2017). Effectiveness is further increased when LMs exhibit compassion and are able to provide flexible working arrangements and create open, trusting work environments (Dean, 2018). It has been found that policies and initiatives are most successful when they are supported by a strong culture of wellbeing, supported by strong mission and values alongside managers who are trained and equipped with the tools and knowledge needed (O' Riordan, 2017) .

CIPD (2019) findings disappointingly show that managers are largely overlooked when creating MH&WB initiatives even though they are essential for their success. Furthermore, proactive measures are seen to be the most impactful and least costly with the CIPD (2015) finding that, for every one pound spent on effective preventative measures, organisations will see a ten-pound saving in return. However, studies show that employers largely tackle wellbeing in a more reactive manner with less emphasis on proactive measures that could be so much more impactful for individual and business performance outcomes (Burford, et al., 2017).

The author has chosen to base the research for this project on the perspectives of line managers as the literature has shown that, though they are essential for the success of MH&WB initiatives and measures in the workplace, that their involvement and importance can often be overlooked (Donaldson-Feilder, et al., 2008). In addition, there was very little to be found in relation to LM perspectives and experiences of MH&WB in the workplace. This provides for a missed opportunity to optimise wellbeing measures in organisations and reduce the costs associated with poor employee MH&WB.

1.2 Overview of the Organisation

The organisation, upon which this research project is based is a large, privately owned multinational organisation with its European headquarters in Dublin. This organisation will be referred to as ‘the organisation’ throughout this research project to ensure anonymity as requested by management representatives.

The organisation progressed from a small start-up in the mid-2000’s to become an established, profitable mid-size business today. In recent years the organisation has seen much growth and success which saw a rapid increase in its’ headcount globally. Though it is a mid-sized company, it is still relatively new and is still working on establishing strong HR policies and procedures in some areas. There are almost 400 employees in its’ Dublin office, over 120 of which form the customer service department. Culture is extremely important in the organisation with higher management attributing its success to its strong culture, mission and core values, believing that its’ culture is crucial to the success of the business.

Management in the organisation, upon hearing about this research project, expressed a desire to the author to understand more about its approach to employee MH&W, with a particular focus on its' customer service department as it has seen a sharp rise in cases of MH&WB issues in this department over the last two years.

1.3 Research Objectives

This research project is based around exploring and understanding what employers, are doing, and can do, to prevent and manage MH&WB issues in the workplace and reduce their detrimental effect on both individuals and overall business performance. The research, conducted within the organisation in question, aims to explore details of its approach to employee MH&WB, through LM perceptions and impressions. In addition, it aims to understand how LMs are being prepared and equipped to prevent and manage mental health issues as they arise and effectively support the implementation of wellbeing policies and initiatives currently in place in the organisation. These aims are summarised in the following research questions which guide this research project throughout:

Research Question 1 (RQ1)

How does the organisation conceptualise and approach mental health and wellbeing?

Research Question 2 (RQ2)

How are LMs considered and equipped to handle and support MH&WB of employees in the workplace?

Research Question 3 (RQ3)

What are LMs experiences and perceptions of MH&WB in the workplace including the effectiveness of wellbeing initiatives in place and what can be improved?

1.4 Dissertation Structure

This dissertation is broken down into seven main chapters followed by a personal learning reflection, reference list and list of appendices. Chapter 1 introduces the research topic and organisation upon which it's based, providing a background into the research area and an overview of the dissertations aims and structure. The literature review follows, outlining current trends and trains of thought area of MH&WB and discusses this in the context of line

management. Section 3 outlines the research questions which guide the research project thereafter. Chapter 4 outlines the details of the authors chosen methodology; a qualitative approach through semi-structured interviews and explains the research process. Chapter 5 outlines the findings drawn from interview analysis and organises these findings under themes and sub-themes and the following chapter discusses these findings against the backdrop of the literature reviewed. Chapter 7 concludes the research project and provides recommendations for future including timelines and costings.

2 LITERATURE REVIEW

2.1 Introduction

This literature review is applicable to broad area of workplace wellbeing focusing on employee mental health specifically. The author has explored the subject in the context of LMs, their involvement, and impact on MH&WB. The first section explores recent findings and studies on the subject of MH&WB including its impact on business performance. The second section focuses on LMs through exploring the relevant history of management and investigates LM in the context of workplace MH&WB.

2.2 HRM and Workplace Wellbeing

HRM has recently been defined as “a strategic, integrated and coherent approach to the employment, development and well-being of people working in organisations (Armstrong & Taylor, 2016, p. 7)” illustrating how HRM today takes a holistic, long-term view of employment with a focus on individual employee development and a particular importance placed on employee well-being.

Twenty years ago, the main indication of workplace wellbeing was to be found in health and safety policies and measures, however the scope of workplace wellbeing has since evolved vastly (Whitehouse, 2019). The Chartered Institute of Personnel and Development (CIPD) declared that fostering healthy workplaces is at the heart of their purpose as an organisation and have identified an intensifying need for organisations to provide healthy workplaces and enable healthy living for employees (CIPD, 2019).

The literature provides a number of explanations for ‘workplace wellbeing’, with it incorporating a wide range of areas, including physical, mental, emotional, financial and social health (Whitehouse, 2019). Wellbeing is an all-encompassing term regarding employee health and World Health Organisation defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (British Safety Council, 2018, p. 7)”. Mental health specifically is “the emotional resilience which enables us to enjoy life, and survive pain, disappointment and sadness (IBEC, 2018, p. 4)” and poor mental health can negatively affect how people think, feel and act (IBEC, 2018). Therefore, wellbeing today, is a concept concerned with more than just the ‘welfare’ or safety of staff,

but with individual employees physical and mental health and all that these states encompass, implying that organisations should ensure their staff are not only working in a safe environment, but also one that's stress free and promotes positive physical and mental health (Leatherbarrow, et al., 2010). The definition of wellbeing chosen for the purposes of this research project is how "wellbeing is not just whether a person is free from disease...it's whether they are the best version of themselves at work (Whitehouse, 2019, p. 43)".

2.2.1 EMPLOYEE MENTAL HEALTH AND WELLBEING: THE BUSINESS CASE

VHI's 2018 insights report has found that Mental health is a growing corporate concern for Irish organisations and, out of the employees surveyed, "one in five have missed work in the past year due to stress, anxiety or depression (VHI, 2018)" with CIPD finding mental health-related illnesses as the most common reason for long-term sickness in the workplace (CIPD, 2018).

Absenteeism, presenteeism and reduced performance are the highest costs of employee stress and ill mental health in organisations and should therefore be seen as the main business drivers for implementing effective wellbeing initiatives in organisations (Caicedo, et al., 2010). Presenteeism can be described as 'sickness presence' and provides for lowered employee performance, productivity and engagement. Presenteeism appears to be more rampant than absenteeism, with studies finding over a quarter of employees reported more days of 'sickness presence' than absence for MH&WB related issues (Joyce, 2013), with the cost of presenteeism to organisations estimated to be 1.5 times more than the cost of absenteeism through loss of productivity (Kinder, 2013)."

Poor employee MH&WB and stress have a negative impact on, not only the individuals affected, but also on their colleagues and team (Haddon, 2018). O'Neil (2017) discusses how workplace productivity and business performance, inhibited by long and short-term absenteeism and presenteeism, contributes to increased employer costs for replacement workers and added stress for employees left to pick up the slack. This further compounds the problem, causing increased stress and MH&WB issues for the remaining workforce taking on extra work and pressures (O'Neil, 2017). There's also a rise in the importance of wellbeing for attracting and retaining talent, with Ireland now at near full employment, "six out of 10 employees were more likely to stay long-term with organisations that show concern for them,

with almost half of employees surveyed stating they would leave a job where an employer did not care about their wellbeing (McAuliffe, 2018)".

A healthy work environment and focus on MH&WB in the workplace attracts, retains and develops talent while increasing employee performance and engagement (Leatherbarrow, et al., 2010) with evidence showing that organisations who invest in employee wellbeing enjoy "copious benefits" that can be seen all the way to an organisations 'company bank account' (Whitehouse, 2019). Furthermore, evidence shows that profits and business performance are higher in organisations where employees are healthier as they are more productive and committed to the organisation than those who are unhealthy (Whitehouse, 2019). Summarised by the CIPD (2019) "Fostering employee well-being is good for people and the organisation, promoting well-being can help prevent stress and create positive working environments where individuals and organisations can thrive. Good health and well-being can be a core enabler of employee engagement and organisational performance"

While this section proposes the main business driver for incorporating MH&WB in HRM strategies is it's impact on organisational performance, some authors argue that businesses are not making this 'performance connection' and, as a result, may not execute MH&WB successfully or strategically. Haymes (2013) finds that organisations motivations for increasing MH&WB supports are not clear and that organisations place little focus on "quantifying the value and return on investment" associated with MH&WB programs, with some organisations holding back because of this, and others increasing MH&WB focus for other reasons such as employer branding and social responsibility, often failing to recognise the benefits of increased individual and organisational performance. Furthermore, McAuliffe (2018) suggests that organisations often don't acknowledge the 'real value' of MH&WB initiatives and programs but have them anyway.

2.2.2 MENTAL HEALTH IN THE WORKPLACE

In its 2019 report "Health and Well-being at Work" the CIPD places particular emphasis on well-being from the perspective of employees 'mental health' which has not previously been high on the well-being agenda, finding that the 'mental health agenda' is being given a much higher level of focus, in relation to wellbeing activity in organisations, than ever before (CIPD, 2019).

In a given year 30% of the Irish employed population will directly experience a mental health issue and, worryingly, this percentage is set to increase in the future due to increasing work pressures such as longer working hours, rising workloads, expectations and escalating levels of work-life conflict (Mental Health Ireland, 2018). The deterioration of work-life balance is a key contributing factor to increased stress and mental health issues for employees, as work demands impede and infringe on their personal and home lives (CIPD, 2018). In the last year, 60% of organisations have reported seeing an increase in mental health issues with the ‘Simply Health EAP Global Report’ recording that use of their online counselling program increased by 50%, with a 24% increase in calls relating to employee mental health (CIPD, 2019).

Depression and anxiety are the main mental health issues reported with ‘stress’ claiming the top-spot for the most reported overall health-related problem (CIPD, 2019). Stress is often stated as a guise for absence, when employees are actually suffering from anxiety, depression or other mental health conditions but may be reluctant to disclose this for fear of stigmatization, judgment or negative consequences from employers and colleagues (Bishop, 2016). Stress, inside or outside the workplace, can cause or exasperate mental health conditions for employees (CIPD, 2019). Though stress and mental health are not the same, it is important to note the inextricable link and impact stress has to mental health. Stress is therefore considered, in the body of this literature review, associated with poor MH&WB in respect of its impact on instigating and exasperating MH&WB issues in employees.

In 2018 the CIPD reported that 26% of employees suffering from MH&WB issues felt their issues were caused by workplace pressures, 50% claimed issues were caused by combination of work and personal issues with the outstanding 24% advising that issues were caused solely from personal pressures; with 40% of those affected taking time out of work as a result (CIPD, 2018). While evidence shows that the workplace can instigate and exasperate employee stress and mental health issues, many factors outside the workplace affect employee stress and MH&WB including pre-existing health conditions and personal life pressures (Walsh, 2018). By contrast, other findings show that, people suffering from MH&WB issues can actually be supported, and recover better, when attending work and organisations can play a very positive role for those with MH&WB issues (IBEC, 2018). Attending work is stabilising for many people as it provides “long-term social contact,

structured daily regimens and most importantly, a feeling of worth” (Baumann & Muijen, 2010, p. 11) which is the optimal situation for both employees and organisations.

Irrespective of where the issues originate, the consensus is that employee MH&WB and organisational performance will suffer if organisations fail to recognise the importance of wellbeing (CIPD, 2019). If organisations implement effective measures, business costs of poor employee MH&WB will be minimised and employees can feel safe, supported and valued in their workplace (Dean, 2018). Bishop (2016) feels organisations need to get ahead of the game with regards to employee MH&WB ensuring, not only are they doing what they can to eliminate work factors that generate stress and mental health issues, but that they are also implementing proactive measures to prevent issues from occurring.

2.2.3 WORKPLACE WELLBEING MEASURES

The best way for organisations to make wellbeing part of their HR agenda is through a culture of wellness, combined with the development of wellbeing programs and initiatives that incorporate a focus on stress and mental health (CIPD, 2018). Additionally, having a written policy on MH&WB will provide structure and facilitate the success of wellbeing programs and initiatives in place (IBEC, 2018) however the CIPD studies show only 6% of organisations have a dedicated ‘Mental Health Policy’ either standalone or as part of an overall wellbeing policy (Whitehouse, 2019). CIPD findings state that “an effective workplace well-being program can deliver mutual benefit to people, organisations, economies and communities ... where people are happy and well, businesses can thrive and societies flourish (CIPD, 2019)”. The most effective wellbeing programs adopt both proactive initiatives to prevent stress or ill health, combined with reactive measures, supports and procedures for employees when ill-health occurs (Joyce, 2013).

Effective wellbeing measures include Employee Assistance Programs (EAP), dedicated 24-7 GP services– usually via management referral, and other counselling & psychotherapy services (Dean, 2018). EAPs, are a very popular service adopted by many Irish organisations to offer support, and advice to staff, offering “early intervention and swift action for employees (Kinder, 2013)”. Their dual function is to support staff with various life pressures and issues while also aiming to preserve and improve performance and productivity outcomes for the organisation, as the issues facing employees inadvertently affects their

performance and productivity. EAPs usually comprise of a set of services providing resources and advice for staff on various life issues such as financial, legal or family affairs, in conjunction with the provision of counselling or therapy services (Thompson, 2014). It has been found that “employees who remain at work and use the EAP will avoid absence and reduce presenteeism (Kinder, 2013)”

Specific wellbeing initiatives that can impact mental health in particular include line management training in mental health and compassionate leadership, classes and information on meditation, mindfulness and relaxation, massage and yoga classes and coaching & mentoring services (Meechan, 2017). In addition, basic information and trainings on mental health, resilience, time management, financial wellbeing and sleep health can be very beneficial (British Safety Council, 2018).

“Manager training has been shown to benefit the mental wellbeing of those who they oversee (Burford, et al., 2017, p. 105)” with specific trainings called ‘Mental Health First Aid’ available where management are trained in identifying stress and mental health conditions and in how to handle issues when they arise (Burford, et al., 2017). This training encompasses proactive and reactive support of MH&WB issues (CIPD, 2019) and has proven to be effective for organisations MH&WB outcomes (McAuliffe, 2018)”.

Though much of the literature discusses the lack of services and need for more support for MH&WB, encouragingly, the CIPD (2019) have identified a trend towards organisations taking a more holistic approach to well-being in the last year. Organisations are increasingly reporting wellbeing initiatives & activity that supports MH&WB through its culture and by incorporating proactive and reactive measures. Those that did this effectively saw much more positive outcomes from their wellbeing initiatives than those that didn’t (CIPD, 2019).

2.2.4 ORGANISATIONAL CULTURE

Implementing an effective wellbeing strategy is a start, however holistic workplace wellbeing can be achieved much more effectively in organisations where wellness is ingrained in the organisational culture with Zheng et al. (2015) finding that wellbeing strategies are only effective in improving and preventing stress and MH&WB issues if they are supported by a culture of wellbeing. Organisational culture can be defined as the ‘pattern of values, norms,

beliefs, attitudes and assumptions that may not have been articulated but shape the ways in which people behave and get things done” (Armstrong, 2012, p. 124). Improved MH&WB and performance outcomes can be seen in organisations where a culture of wellbeing is fostered “wellbeing can become a powerful secret weapon to drive results at both individual and organisational levels only when it becomes genuinely engrained in the culture (Brangold, 2018, p. 68)”.

An organisational culture of wellbeing can be realised in organisations that publicly promote wellbeing as a priority and incorporate wellbeing as part of organisational values (CIPD, 2018). Wellbeing culture is also fostered when wellbeing is acknowledged at all levels of management and when wellbeing initiatives are seen as a priority, well thought out, with a particular focus employee involvement and effective implementation (Dean, 2018). Furthermore, A work culture of compassion and empathy, where employees are treated with respect and dignity by managers and colleagues, fosters more trust in the organisation enabling staff to open up about MH&WB issues, increasing the likelihood of them being resolved (IBEC, 2018).

2.2.5 EMPLOYEE INVOLVEMENT & EVALUATION OF INITIATIVES

Successful wellbeing initiatives begin with a clearly defined purpose based on the context of the organisational culture and the needs of an organisations specific workforce. Thus, organisations must begin by getting to know the needs of its workforce through investigative employee research such as surveys and interviews (Whitehouse, 2019). Success indicators of MH&WB programs can be seen in their accessibility and level of employee usage (Zheng, et al., 2015). Both Joyce (2013) and Dean (2018), have found that employee uptake and success of wellbeing initiatives increases when employees have been consulted and involved in their creation. This can be achieved by involving and consulting employees through employee surveys or focus groups. This way employers can also know their choice of initiative has been tailored to meet the needs of their organisation and employees in particular. O’Riordan (2017) finds that, in organisations where management encourage employee involvement, satisfaction with management is higher, thus improving the employer-employee relationship, increasing engagement and job satisfaction (O’ Riordan, 2017).

The CIPD (2019) reports that, out of those organisations who assess wellbeing outcomes, the most successful outcomes are seen in organisations that involve employees, conduct regular employee assessments and operate a feedback loop-taking on board employee recommendations. Only one third of organisations surveyed take this ‘continuous improvement’ approach to monitoring their success and less than 25% of organisations even attempted to assess the quality of outcomes from MH&WB programs. “Ongoing evaluation must continue to inform program development and design and ensure the program has maximal impact and reach and continues to meet changing employee needs (CIPD, 2019, p. 11)”. Evidence-based approaches to employee MH&WB in organisations, achieved through continuous improvement, evaluation and employee involvement, appear to be the best way to ensure the effectiveness of wellbeing initiatives and programs. However Baumann & Muijen (2010) find that measurement of this nature is extremely difficult more research is needed into how this can be conducted effectively. While many organisations have implemented MH&WB programmes, many of them “still have no quality standards for these programmes (Baumann & Muijen, 2010, p. 47)” and question arises about whether organisations are actually ready to have these MH&WB measures in place. Deloitte (2017) also reports challenges in measuring workplace wellbeing outcomes, being difficult to execute, and sees it as a barrier for organisations in achieving success in this the area of MH&WB.

2.2.6 PROACTIVE MEASURES AND LINE MANAGEMENT

Though more investment is being made by organisations in MH&WB strategies, methods undertaken often lack proactive, preventative measures which have been proven to be the most effective and least costly for organisations (CIPD, 2019). The most effective, proactive measures organisations can employ to support employees suffering from stress and mental health issues include Employee Assistance Programs (EAP), 24/7 GP services (Dean, 2018) and investment in leadership and line management training, with a particular emphasis on compassionate leadership to support LMs in preventing issues from occurring or worsening (CIPD, 2019).

Joyce (2013) finds that employer proactivity is essential for identifying and resolving stress and MH&WB issues in the workplace, and that this can be achieved through line-management. LMs interact with employees daily and are best placed to identify and tackle issues speedily, preventing and minimising lowered staff performance, presenteeism and

absenteeism and promoting a quicker recovery and return to work if absenteeism from MH&WB issues occurs (Joyce, 2013). Additionally, LMs are essential for the effective implementation and support of MH&WB programs and initiatives (Dean, 2018).

The CIPD (2019) affirm the essential role of LM in tackling MH&WB issues in the workplace and in advocating for its importance, finding that manager supports and trainings are critical to the success for any wellbeing activity undertaken by an organisation. In addition, studies show that “employees who believe that their leaders care about their wellbeing are more satisfied with their jobs and show higher organisational commitment (Meechan, 2017, p. 11)”.

O’ Riordan (2017) summarises that good wellbeing initiatives are only the beginning of the journey to effective employee wellbeing practice and that the effectiveness of any HR policy is actually facilitated through two key elements, these being an effective aligned organisational culture combined with the attitudes and approach of LMs and states that “meaningful and easily understood organisation values helps to unite an organisation around a shared mission , while the way in which managers implement policies and exercise leadership is positively related to positive employee attitudes and actions in respect of the wide range of issues that support increased motivation and productivity (O’ Riordan, 2017, p. 18)”.

2.3 HRM, Line Management & MH&WB

2.3.1 HRM & MANAGEMENT: AN INTRODUCTION

HRM is concerned with managing an organisations most valuable assets - its’ people, and the premise is that, as opposed to being a cost to the organisation, HRM adds value by enhancing the commitment and motivation of employees in organisations which has a positive impact on productivity and performance of employees, improving overall business performance (O’ Riordan, 2017). Influenced by resource-based theory, where competitive advantage in organisations is achieved through resources being rare, valuable and difficult to imitate, HRM practices in organisations see employees as a resource that should be strategically selected, nurtured and developed to add value to the organisation as “the extent to which an

organisations workforce is managed effectively represents a critical element in improving and sustaining organisational performance (Gunnigle, et al., 2011, p. 1)".

However, the management of Human Resources or 'employees' can be seen as one of the most complex aspects of management in organisations as it deals with people, who, by nature, differ in so many ways psychologically and physically (Gunnigle, et al., 2011). This brings with it a number of varying complexities and accommodations which organisations need to anticipate, and provide for employees, through its HR policies and strategy.

HRM is rooted in the welfare era or 'welfare tradition' with the first emergence of larger organisations during the industrial revolution and the introduction of welfare procedures in factories. Without any legal or governmental obligation, employers put voluntary welfare measures in place, to benefit collective bodies of workers, such as breaks, more comfortable working environments, controlled working hours and better pay. This is the first sign of employers placing concern or regard for the improvement of employees' personal lives and health, through working conditions (Boddy, 2009). Scientific management or 'Taylorism' followed, with developments in labor efficiency and a focus on job analysis and time management, and saw the introduction of more developed and systematic approaches towards employment, training, payment and job design. This era saw the introduction of bonus incentive schemes, and selective hiring and training of employees and managers (Gunnigle, et al., 2011). In relation to management, one of the most significant impacts of this era was in relations to systematic planning of work where 'planning' was separated from 'doing' which, at an operational level, "delineated the primary role of management as that of establishing work standards, procedures and methods (Gunnigle, et al., 2011, p. 4)" leaving the actual work to be carried out by employees under the guidance and direction of management.

Management and HRM was further influenced through behavioral science innovations, mainly through the work of Elton Mayo (1933,1945) and Roethlisberger and Dickson (1939) that "employee behavior was influenced by complex combination of motivation, individual needs and group dynamic in addition to working conditions and payment practices (Gunnigle, et al., 2011, p. 4)." They found the way people felt about their jobs influenced how they performed and concepts such as job satisfaction, motivation and leadership style could considerably affect employee performance, and in turn, organisational performance. It was

found that employees differed in what they expected and needed from their jobs and employers. As a result, organisations began to consider the differences in employees as individuals as opposed to a collective body. This meant that, to be effective, organisations, and more specifically, managers, needed to adopt a more flexible approach to employees and identify and manage individual needs and differences to achieve the best from them (Reidy, 2015).

During 1980s and 1990s saw the HRM shift as organisations began to focus on employees as a key resource in achieving competitive advantage. As opposed to older pluralist perspectives where employees and employers have conflicting interests, HRM focused on a unitarist approach aligning the goals of employees and employers within organisations without conflicts of interest (Gunnigle, et al., 2011). This approach increases employer-employee trust and sees employees individuals as opposed to a collective body, encouraging employees to participate in individual bargaining for their own contracts, with the aim of increasing the sense of responsibility and individual commitment employees have to the organisations (Reidy, 2015). This unitarist approach highlights the importance of the relationship between the employer and the employee preserved through HRM policies and practices (O' Riordan, 2017).

HRM must be integrated and carried out at all levels of an organisation, not just by HR professionals, meaning that a huge level of importance and responsibility for HRM execution is placed on LMs in organisations as they are in direct contact with employees daily (Reidy, 2015). O' Riordan (2017) discusses how organisations can have the best HRM policies and practices, however it won't matter unless LMs are trained, informed and equipped with the skills to implement and execute them effectively, as the actual difference in whether they are successful or not is made through their execution and implementation. LMs are having more and more impact on the effectiveness of HRM in organisations and need to be a focus of effective HRM strategy going forward (O' Riordan, 2017).

When someone 'manages' work it means that someone is taking responsibility for the works particular purpose, progress and outcome, accounting for the prospective nature of what will happen, the reflective nature of what is happening and also taking it into account has happened retrospectively. People manage all aspects of their lives inside and outside of work on a daily basis, however the distinct role of 'management' in organisations arises when the

‘management’ element of role or task is separated from the ‘work’ element (Boddy, 2009). Therefore, managing the work of other people includes a responsibility in management, to clearly define and outline the purpose of employees roles or tasks, support them in continually learning how execute such roles and tasks and also setting expectations for what outcomes are expected of them and support employees as best they can in achieving these outcomes on an ongoing basis, which of course includes managing and supporting positive employee wellbeing.

The work of ‘management’ in organisations aims to build and support organisations in achieving a competitive advantage through using its resources to create value. As organisations grow and employee headcount increases the need for dedicated ‘managers’ increases and senior managers will often implement a hierarchy of positions to organise work to ensure efficiency. Boddy (2009) identifies that people managers, need to “translate long-term strategies into short-term operational tasks, mediating between senior management vision and operational reality (Boddy, 2009, p. 13)”, This makes people managers the communication link between staff and senior management and also, based on their close proximity to employees, makes them the most impactful group in regards to their influence on employee trust, commitment and engagement to the organisation. It is no surprise that the literature has found LMs are the best placed group to ensure the successful implementation and roll-out of HR policies and procedures including those related to employee MH&WB.

2.3.2 LINE MANAGEMENT TODAY

There are a number of current definitions for LMs including “a person who directly manages other employees and operations of a business while reporting to a higher ranking manager [*and is*] responsible for managing employees and resources in pursuit of achieving specific functional or organizational goals (Reh, 2019)” with the CIPD stating that “Line managers have responsibility for directly managing individual employees or teams. In turn, they report to a higher level of management on the performance and well-being of the employees or teams they manage (CIPD, 2018)”. For the purposes of this research LMs will therefore refer to those who manage individuals or a team of employees directly within an organisation.

Trained, effective LMs create environments and relationships where employees feel dedicated to, and passionate about, their work and their organisations through their

communication and management style increasing engagement and ultimately business performance (Baumruk, 2006). The CIPD further advocates that LMs are crucial for the rollout and success of HR strategies and initiatives in organisations and that LMs are essential in respect to their impact on employee engagement, retention, talent management, employee performance and productivity. The reason for this is that managers are in contact with employees every day and have a direct influence on how employees feel about their roles and the organisation ultimately affecting how they perform - meaning LMs have a significant impact on organisational business outcomes. (CIPD, 2018).

A huge amount of responsibility in relation to effective HR outcomes are placed on line-managers who, do not always receive the attention they require in the design of HR initiatives or strategies, meaning outcomes of such strategies and initiatives are less impactful than they could be. HR professionals must work in close conjunction with LMs and include them closely in the creation and design of HR policies as LMs are the people who are responsible, in the most part, for their effective implementation through their people management duties on a daily basis (Donaldson-Feilder, et al., 2008).

2.3.3 MENTAL HEALTH, STIGMATISATION AND LINE MANAGEMENT

CIPD findings identify that less than 50% of organisations provide any sort of mental health training for managers, and more line-managers surveyed stated that they did not have the skills and confidence they needed to handle mental health situations than those that said they did (CIPD, 2019). In fact, just one third of organisations state they invested in LM training in proactive or reactive wellbeing or in supporting staff suffering stress, mental health issues (Whitehouse, 2019). LMs who aren't trained or equipped effectively in handling employee MH&WB have been found to exasperate employee MH&WB issues by taking ill-informed courses of action if approached (Walsh, 2018).

Worrying CIPD report findings confirm that 'management style' was stated by 43% of employee respondents as a cause for stress, contributing to mental health issues. This shows "how harmful the impact can be if managers aren't equipped with the competence and confidence to go about their people management in the right way... employers can introduce a suite of exemplary well-being policies and make serious investments in employee health, but

if their activity is not rooted in how people are managed, [with] a supportive and inclusive culture and committed leadership, it will not have a real impact (CIPD, 2019, p. 3)”

Stigmatisation is still a major issue for organisations in the area of MH&WB and in the context of LM support of MH&WB issues. Almost 50% of employees don't feel comfortable approaching line management to discuss health issues related to stress or mental health, as they feel future career prospects and reputation would be affected as a consequence, that revealing such issues would instigate doubt about their ability to complete their job successfully (CIPD, 2018). A VHI (2018) report echoes this, finding half of Irish employees surveyed admit to hiding or masking poor mental health and stress from their managers due to the fear of harming their career and promotional prospects (VHI, 2018). This stigmatisation limits the level of assistance and support organisations can provide to employees with MH&WB issues, due to employee reluctance to disclose issues resulting in issues escalating and productivity declining (IBEC, 2018).

Bishop (2016) identifies two coalescing issues, one where employees are reluctant and scared to report issues due to stigmatisation, combined with line-management who are untrained and ill-equipped to deal with a situation if an employee approaches them, due to them their lack of knowledge or sense of responsibility in handling issues relating to employee stress and mental health (Bishop, 2016). The implementation of measures to train and support LMs, and eliminate stigma generally, can support effective resolution of MH&WB issues and reduce the likelihood of performance issues relating to MH&WB (IBEC, 2018). It is important that managers are trained to support staff with MH&WB issues as they arise, including mental health education, learning how to create open and supportive environments and training in identifying potential signs of stress and MH&WB issues in employees in the first place (CIPD, 2019).

It is important that line management know how to create a trusting environment with their direct reports and adopt a culture of open communication, increasing the likelihood of employees discussing issues early, which is most effective and least the costly to both the individual and the organisation (Dean, 2018). Joyce (2013) finds that the line-manager is the deciding factor in whether an employee's 'return to work' is successful following an absence due to MH&WB issues. These situations can be fragile and sensitive, for both the affected employee and their colleagues, and trained LMs who provide effective and sufficient support,

can be the difference in whether staff remain healthy and productive after they return. (Joyce, 2013).

LMs role, first and foremost is to support the performance of their team, and it is essential that managers are aware of the link between MH&WB, individual performance and organisational performance however this is not always the case (Haymes, 2013). In general, organisations place a lot of HR implementation, execution and responsibility in the hands of LMs without providing them with the effective information, training, resources and skills to carry this out effectively (O' Riordan, 2017).

2.3.4 COMPASSIONATE LEADERSHIP & LINE MANAGEMENT

The CIPD find that one of the most significant well-being challenges for organisations today is the ability of LMs to display empathy and compassion in the workplace. This is despite of a strong business case for organisations to provide LMs with the tools, training, support and opportunities to display empathy and compassion in their roles (CIPD, 2019). Studies have shown that employee MH&WB can be improved considerably through LMs displaying empathy and compassionate leadership, supporting faster recovery of employees suffering MH&WB issues and enabling the development of resilience in stressful situations, which can prevent mental health issues from occurring in the first place (Meechan, 2017).

Empathy is when one person can resonate with another person's feelings and put themselves in the position and particular circumstances that the other person is in at that time, while also understanding and feeling their emotions without actually experiencing the circumstances themselves. Whereas 'compassion' is a step further than this and combines empathy with action to produce a greater effect on a person. Compassion is when a person feels empathy towards another and takes actions to actively improve the other persons circumstances (Sinclair, et al., 2017). Empathy and compassion in management has shown, not only make employees feel valued at work, but also to be an extremely effective tool for organisations, through management, to enable wellbeing in the workplace and provide for the success of wellbeing activity implemented (Meechan, 2017).

Furthermore, neuroscience research finding that those employees who work in 'customer facing' roles are particularly vulnerable to a phenomenon called 'empathetic distress' where negative emotions are absorbed causing distress, often leading to burnout and an increased

prevalence of mental health issues in these roles. Therefore, compassionate LMs are even more impactful for employee MH&WB in customer support roles (Meechan, 2017). Compassion needs to be fostered from the top down and ingrained in organisational culture, compassion breeds compassion and line managers who believe their organisation values them and their own wellbeing, are more likely to value the wellbeing of their direct reports and support them in a more compassionate and effective manner (Meechan, 2017).

There are many ways in which organisations can foster a culture of compassion, through enabling meditation, mindfulness, self-reflection, coaching and mentoring, placing focus on effective teamwork and collaboration, vision and values that incorporate the principles of empathy and compassion, value based recruitment (which identifies recruits with personal values that align with organisational values) and organisational business objectives that are aligned with the vision and values set. In summary “more compassionate workplaces have got to be one of the key goals for anyone who is concerned with mitigating the damaging effects of a lack of mental well-being...more compassionate leaders, managers and workplaces will, without a doubt help assuage the works effects of mental illness (Meechan, 2017, p. 24).

2.4 Conclusion

The literature finds that, not only is the demand and need for effective MH&WB initiatives increasing, but that organisations that do implement them see benefits in the form of increased employee performance, engagement and overall business performance improvements. Those organisations who have yet to place wellbeing at a focus of their HRM and business strategies are seeing costs in terms of absenteeism, presenteeism, lowered employee engagement and lowered productivity & performance which, ultimately, negatively impacts overall business performance.

Trends show that organisations are starting to see employee MH&WB as a priority in recent years, though their motivations for doing so are often not clear, with some not identifying the strong correlation between MH&WB and performance. The concept of MH&WB is still often mis-understood and ill-researched by organizations resulting in wellbeing strategies that are often ineffectively designed, executed and implemented, resulting in poor outcomes of such strategies.

The best way to tackle wellbeing and promote positive employee MH&WB outcomes is through the implementation of effective, well designed evidence-based wellbeing initiatives supported by an organisational culture of wellbeing. Initiatives are most effective when evaluated regularly and where employees and managers are involved in design and implementation and have the opportunity to provide continual feedback for improvements. Proactive, preventative measures have been proven to be most effective and least costly for organisations, however, out of those organisations that have implemented MH&WB measures, many of them lack the proactivity and preventative measures.

The literature identifies two keys elements for the success of wellbeing initiatives as an organisational culture of wellbeing combined with effective management style and approach. LMs have proven to be central to success when implementing and maintaining wellbeing strategies and failing to equip managers adequately can actually negate and reduce organisational efforts at promoting MH&WB. Untrained, ineffective management, combined with employees who fear stigmatisation, compound and exasperate MH&WB issues for employees and ultimately impacts organisational performance.

LM still remain largely unacknowledged in the design of wellbeing initiatives and programs and are often under resourced and underutilised in the design and implementation of such programs. This is mainly to do with the lack of training, education and preparation organisations provide for LMs in the area of MH&WB. This is indignant considering stigmatisation of MH&WB is still prevalent and mental health training, including training in empathy and compassionate leadership, have proven to be extremely effective in supporting positive employee mental health outcomes in organisations that implement them.

3 RESEARCH QUESTIONS

Broad Area: Workplace Wellbeing and Mental Health.

Purpose: To explore, understand an organisations MH&WB approach from the perspective of LMs and to see how they are equipped and supported in their roles in relation to MH&WB, ultimately identifying improvements where possible.

Title: Approaching Mental Health and Wellbeing in the Workplace: A Qualitative Exploration from the Perspectives of Line Managers.

3.1 Research Questions and Sub Questions

1) *How does the organisation conceptualise and approach mental health and wellbeing?*

- How does the organisation approach mental health in the context of wellbeing?
- Is there a culture of wellbeing in the organisation? If so, how has this been fostered?
- Is there anything in place that incorporates wellbeing in organisational culture?
- What MH&WB initiatives are currently in place in the organisation?
- Is there a dedicated Mental Health policy? If so, what's included in this?
- What specific proactive measures are in place in relation to MH&WB?
- How were the policies and initiatives devised? Were LMs and employees involved in the process?

2) *How are line managers considered and equipped to handle and support MH&WB of employees in the workplace?*

- What role do LMs have with regards to MH&WB initiatives?
- Were LMs consulted and involved in the creation of MH&WB initiatives? If so, how?
- Are there any evaluations of the initiatives and programs?
- Are there opportunities for feedback?
- What, if any, dedicated trainings have been provided to LMs to support employees with regards to MH&WB?
- Have management been trained in compassionate leadership?

3) What are line managers experiences and perceptions of MH&WB in the workplace including the effectiveness of wellbeing initiatives in place and what can be improved?

- How do LMs perceive their organisations efforts to tackle MH&WB?
- What do LMs believe are the most effective policies and initiatives in place currently?
- What are the main mental health issues and causes encountered by LMs in their role?
- Do LMs feel equipped to handle MH&WB issues if they are approached?
- Do LMs feel they have been fully equipped, by the organisation to handle and prevent MH&WB issues?
- Do LMs believe employees are comfortable disclosing MH&WB issues or do they sense a fear of stigmatisation?
- If LMs could change or improve current policies in place what would they suggest?

4 RESEARCH METHODS AND METHODOLOGY

Academic research aims to establish or understand what is happening in relation to a particular issue, situation or phenomenon and aims to support in the prediction of what may happen in the future. Research can be based on the philosophies of positivism or phenomenology, where a ‘positivist’ perspective assumes that research is based on facts associated with particular situations and phenomena’s, a phenomenological philosophy focuses on the meaning behind it and tries to understand what is happening (Armstrong, 2009).

Quantitative research methods usually follow a positivist philosophy, with qualitative research methods following a phenomenological philosophy. “Quantitative research is empirical – based on the collection of factual data that is measured and quantified qualitative research aims to generate insights into situations and behavior so that the meaning of what is happening can be understood (Armstrong, 2009, p. 181).”

4.1 Philosophical Grounding of research

This philosophical grounding of this research project is qualitative, based on the philosophy of phenomenology where the purpose is to “to identify phenomena through how they are perceived by the actors in a situation...this normally translates into gathering ‘deep’ information and perceptions through inductive, qualitative methods such as interviews, discussions and participant observation, and representing it from the perspective of the research participant (Lester, 1999, p. 1)”.

The research sets out to explore, understand and uncover what is happening in the organisation with regards to its MH&WB approach, from the perspectives of LMs. The research is inductive in nature, where the author collects data on the subject of MH&WB and, once all the data is collected, steps back and takes a ‘birds-eye view’ of it to identify patterns, and make sense of these patterns, to gain an understanding of the current situation in the organisation (Blackstone, 2012).

4.2 Research Methodology

Qualitative research aims to understand and explore situations and behaviors to gain all rounded view of what is happening in a pre-determined subject area. When adopting a qualitative approach, it is not normally possible to quantify information gathered in numeric states. There are a variety of methods used regularly in qualitative research to collect information including, but not limited to, interviews, case studies, focus groups, observations and qualitative surveys (Mack, et al., 2005).

The author uses the qualitative method ‘interviews’ to explore the subject area. There are a variety of interview methods to choose from, and the author has chosen to conduct semi-structured interviews. Other types of interviews that could have been used include structured and unstructured interviews. The author believes that semi-structured interviews are the most appropriate option, bringing together benefits of both structured and unstructured options (Bryman & Bell, 2007). This option minimises the limitations and risks the others may pose, for example avoiding the rigidity and inflexibility of structured interviews while providing structure and guidance that may be lacking in unstructured interview styles (Bryman & Bell, 2007). This style allows for a change of direction or change of order during the interview (Bryman & Bell, 2007), or, in short “this approach enables the interviewer to phrase questions and vary their order to suit the special characteristics of each interviewee (Armstrong, 2009, p. 182).”

The interview set out by the author is structured by pre-determined questions relating to MH&WB and ordered under the research questions identified. The author set out six demographic questions followed by 20 interview questions split between the research questions. Two interview scripts, one for LMs and one for the HR professional, can be found in Appendix C and D.

4.3 Research Population and Sample

Population: Customer Service department: 11 LMs and 2 HR professionals; Responsible for 114 employees at the date this research was carried out.

Sample: Line Managers (8) and HR Professional (1)

Sampling Method: Purposeful Sampling & stratified random sampling

Rationale: The research ‘population’ refers to all people who could possibly be used for a particular research piece. Often it is not possible to reach everybody of relevance in a population, and a smaller ‘sample’ is chosen from this population, for example a smaller group within that population, with the idea that the smaller sample has a close representation of the entire population. The process called ‘Sampling’ is used to determine who will be involved in the piece of research (Bryman & Bell, 2007).

The author has chosen to focus on members of management in the customer service department whom are referred to within the organisation as ‘Leadership’, comprising of LMs and HR professionals in the department. This decision is based on the evidence that LM appear to be the, often unexplored, key link in achieving success in the area of MH&WB. In addition, LMs have a unique view as they are directly working with and dealing with employees every day.

The sampling method chosen is purposeful sampling combined with stratified random sampling. Therefore, the participants are selected based on their criteria that fits the brief for the research proposal, notably them being in the roles of LMs and HR professionals. A detailed communication was sent to the entire population of 13 people with the opportunity to put themselves forward for participation in the project. The author aimed to interview at least eight LMs (73% of the total possible population), and one of the two HR professionals. Following from this, random stratified selection was planned, adhering to the gender (male or female) & role (LM or HR professional) to ensure fairness and eliminate author bias in the selection process (Bryman & Bell, 2007). Two LMs and one HR professional were unavailable to participate and there was an interview scheduled with a ninth LM who pulled out at the last minute for reasons not relating to the research project. Ultimately, the author was able to secure, and conduct interviews with eight LMs and one HR Specialist (HRS) and the plan to conduct a random stratified selection was eliminated as the respondents interviewed were the only ones available.

4.4 Considerations and Limitations

Semi-structured interviews require considerable concentration and skill on behalf of the interviewer who must attend the interviews fully alert and prepared for different eventualities

that may arise within the interview. If the interview becomes too structured, valuable information and discussion may be missed, whereas if all interviews conducted vary wildly, it may be difficult to analyse and make conclusions or form a theory (Bryman & Bell, 2007). The author will work from a set list of questions, however remain open to changing track if valuable information or details are shared by the participants while also being conscious that uniformity in the interviews is important for the data analysis stage of this research project

Furthermore, the author has chosen to focus solely on leadership, comprising of LMs and HR professionals for this study. The fact that there is no employee contingent in the population and sample could mean that some valuable perspectives and information from their side is not captured, however this can be noted as an area for future research in the area. Also, the scope of just focusing on one department is quite narrow.

4.4.1 AMENDMENTS

The author had initially decided to focus on both LMs and employees as the research population, however after review, and to stay true to the literature reviewed, the author chose to focus solely on leadership within this particular organisation. The author chose to include a HR participant because, without their perspective, the research may not give a holistic picture of wellbeing initiatives and their impact on employee mental health as the HR professional is most likely to have all-round knowledge of MH&WB in the organisation.

4.5 Interview Process

The author conducted 11 interviews in total, two pilot interviews and nine interviews which have been used for the purposes of compiling this research project.

4.5.1 PILOT INTERVIEWS

The author held two pilot interviews first, using the sampling method of purposive sampling to choose two LMs from different organisations, neither being from the organisation upon which this research project is based. This exercise proved valuable as the author was able to identify where particular questions needed to be changed, re-worded or removed altogether or where more questions were required to gain the most valuable insights from participants.

4.5.2 INTERVIEWS WITH PARTICIPANTS

The nine interviews used as part of this research project were conducted over a three-week period between July and August 2019 which left time for the author to transcribe and review each interview fully afterwards, ensuring the highest accuracy of transcription and assist the author absorbing the information. Each interviewee was given a brief summary of the topic prior to interview commencement, reminded of their rights during the interview and were then asked to sign written consent form. All interviews were recorded on two devices, a laptop and a phone, in case one recording device failed, which did happen in two interviews. The author took notes throughout, to ensure important points were highlighted, and to safeguard accurate transcription and understanding. The nine interviews varied in duration between 27 and 38 minutes. Interviewees were asked for feedback informally after each interview and, overall, there was a positive reaction and response to the interview, its content and the author.

4.6 Data Analysis and Presentation of Findings

After each interview the author transcribed the data from the recordings and notes taken, ending up with nine interview scripts. The author has not included the transcripts in the Appendices section as they total over 16,000 words which provides for a substantial increase in wordcount, while providing a low information density value and for the reader. The findings and discussion sections provide summarised detail of these transcripts, however, the author can be contacted to provide copies of these transcripts, which will be available until two years from the date of the exam board review of the research.

The method chosen aimed to gather both in-depth, descriptive accounts of MH&WB in the organisation and perceptions of the participants. However, participants do not provide explanations of why or what is happening and is the responsibility the author to make sense of the data collected. (Burnard, et al., 2008). The author uses thematic content analysis to analyse and present the data collected. Thematic content analysis “involves analysing transcripts, identifying themes within the data and gathering together examples of those themes from the text (Burnard, et al., 2008, p. 429)”. Thematic content is a lengthy, complicated and repetitive process of identifying themes and trends and “attempting to verify, confirm and qualify them by searching through the data and repeating the process to

identify further themes and categories (Burnard, et al., 2008, p. 430)". The transcribed data was broken down, structured and coded through thematic analysis. The author identified and separated a number of recurring themes and sub-themes from the interview data, then interprets these themes and orders the themes under the research questions outlined in section 3.

4.7 Ethical Considerations

As the subject area of MH&WB is a sensitive subject and very personal for many people, the author ensured that ethical considerations and author commitments for this research project included the following:

- To act with integrity and respect throughout the research process, ensuring to keep all promises and commitments made to all participants.
- To share details of involvement and rights of all participants with them prior to participation in research
- To achieve informed, written consent from all participants in the chosen organisation before conducting any research
- To operate with sensitivity at all times in relation to the topic chosen
- To act as an objective body during the process avoiding bias in interview design, conduct, analysis and summary
- To ensure the confidentiality of all participants and information shared by them, executing anonymity following the interviews while analysing and storing data and information.
- The author must, as much as within their ability, ensure that no harm comes to any participants during the course of the research project (Bryman & Bell, 2007)

To ensure all ethical requirements were adhered to, the author ensured that all participants were fully informed of the subject area prior to achieving their consent. A detailed communication was sent to the entire population chosen with the opportunity to put themselves forward for participation in the project. Participants volunteered and were informed they could withdraw from the process at any time. All information was collected confidentially and only used for the intended research purpose. (Armstrong, 2009). Participants were assured of anonymity and confidentiality of their participation and the

content of interview scripts at all times, which were stored on a password protected computer with names removed & replaced with codes for each participant.

Prior to the interviews taking place, the author provided a verbal summary of the topic and allowed each participant to ask further questions before obtaining their informed, written consent. Furthermore, at the start of each semi-structured interview, participants were advised that they could skip questions or cease the interview at any time. The author also kept the wellbeing of the participants in mind at all time during the interviews and gave each participant the opportunity to add further comments if they needed. The author took such measures as it is to be aware of, and act in accordance with, ethical guidelines and considerations when completing a research project such as this (Bryman & Bell, 2007).

5 FINDINGS

This section presents the findings from interview data collected and represents the perspectives of the interview participants. The author used thematic analysis to interpret the data and identifies a number of themes and sub-themes which are ordered under the headings of each research question. The reader can locate sample interviews in Appendix C and D.

To ensure transparency and understanding for the reader, the author breaks down participant demographics collected in Table 1. and provides a portrait of themes and sub-themes in Table 2. The remainder of this section outlines the findings with the aid of descriptive quotes from participants to ensure transparency and understanding for the reader.

5.1 Breakdown of Demographics and Themes

Demographic details are organised below and breakdown of answers can be found in Table 1.

Participant: Number

Age Bracket: (<20)(20-24)(24-29)(30-34)(35-39)(40-44)(45-49)(50-54)(55-59)(60-64)(65+)

Gender: Male (M), Female (F)

Role in the organisation: Line Manager (LM) or HR Specialist (HRS)

Number of Direct Reports: In Numbers

Length of time in role: In Years

Participant	1	2	3	4	5	6	7	8	9
Age	35-39	30-34	40-44	35-39	35-39	30-34	35-39	35-39	40-44
Gender	F	F	M	M	M	M	F	M	F
Role	LM	HRS	LM	LM	LM	LM	LM	LM	LM
Direct Reports	13	0	15	11	10	16	10	9	10
Years in Role	3	4	2.5	2	4	2	5	2	4.5

Table 1: Demographic Breakdown of Participants

All participants are aged under 44 with 56% between 35-39 years old, 22% between 40-44 years and the remaining 22% aged between 30-34. Participant gender was evenly distributed with five males and four females interviewed. The longest time spent in the role was five

years, with four LMs in their role for 2.5 years. Lastly, all participants except the HRS had between 9 or more direct reports, with one LM responsible for 16 direct reports.

Themes: The main themes and sub-themes derived from the authors analysis are broken down in Table 2. below and re-arranged under the research questions outlined in section 3.

Research Question	Themes	Sub- Themes
RQ1 How does the organisation conceptualise and approach mental health and wellbeing	1) <i>Strong culture and organisational focus on mental health and wellbeing</i> 2) <i>Wide range of Mental Health and Wellbeing Initiatives</i>	- Organisational Culture of wellbeing - MH&WB prioritized recently - Mission and Values - Open environment - Stigma in society – not company - ‘ForYou’ program - KonTerra, EAP, Counselling - Classes: Exercise, Meditation, Yoga, mindfulness, Massage - Flexible working - Company doctor, Mentor program, wellness week, Parent support (<i>less known</i>)
RQ2 How are line managers considered and equipped to handle and support mental health and wellbeing of employees in the workplace	3) <i>Burden of wellbeing issues falls on line managers</i> 4) <i>Line Manager Role Clarity</i> 5) <i>Mental Health Trainings</i>	- High expectations & workload - Own wellbeing affected - Feeling of being overlooked - New managers most vulnerable - Learned role awareness - Role boundaries - We are not experts - Formal Policy - MH&WB Training effective - Frequency of Trainings: once off
RQ3 What are the perceptions and experiences of line managers on the effectiveness and impact of wellbeing initiatives on employee mental health in the organisation?	6) <i>Management Style & Disclosure of Issues</i> 7) <i>Mental Health and Wellbeing Issues and Causes</i> 8) <i>Fragmented approach: Effective but more needed</i>	- Who you approach - Empathy & Compassion - disclosure of issues - Anxiety & Depression - Stress causes MH issues - Mixed perceptions on proactiveness - What’s available is Effective - Better than most organisations - Not enough support for managers - Awareness of Initiatives - Feedback and evaluations - Managers Involvement in development of initiatives - No structured policy

Table 2. Table of Themes and Sub-themes

5.2 RQ1 Themes

Theme 1: Strong culture and organisational focus on mental health and wellbeing

The findings indicate that the organisation places a great importance on employee MH&WB, particularly in recent years, aligning with findings from the literature that MH&WB is rising on the business agenda globally. Participants were very positive about how the organisation prioritises MH&WB with everyone answering yes when asked if they believed their organisation saw MH&WB as an important area of management. “I’ve been in the company six years and I’ve seen this rise on the agenda over the last 2 years and it’s been dealt with a lot in that time, *Participant 4*”. MH&WB has been placed high on the organisations agenda recently with the HRS confirming this is because of increasing instances of MH&WB issues “we’ve seen a very quick increase of mental health issues in the last 12 months...we’ve definitely made it a priority over the last 12 months”.

Eight of nine participants feel that the organisations culture positively supports the MH&WB of employees which is optimistic considering the literature finds culture is central to the success of MH&WB strategies. Participants believe the culture is focused on employee wellness with participant four stating “It’s very much centered on people and their wellbeing”. Six participants believe the culture is supported by the organisations strong mission statement and values of belonging and inclusiveness. “Our mission statement is about belonging which is very inclusive and our core values definitely support and foster wellbeing, including mental health, *Participant 1*” with participant three asserting that “The environment is non-judgmental and supported through our mission statement which involves everyone belonging no matter what their background or situation & also in the core values of the company”.

Other notable comments around the organisations conceptualisation of MH&WB are about how the culture enables open environments where employees feel comfortable being themselves, irrespective of their differences, including MH&WB attributes “Employees are encouraged to be who they are and be their own person, they don’t have to conform to any set ways or expectations, free to be themselves. Also, in this company mental health is seen as something that happens but it doesn’t define the person, *Participant 3*”.

The author identifies a consensus that, while a stigma still exists around MH&WB issues in society, participants are confident that the organisation is doing what it can to improve this for its employees. “There is a very strong workplace culture in supporting mental health and wellbeing here, however, as it can still be a taboo subject in society in general, there is always still work to do to support people in opening up about wellness. We have core values and a mission that supports it, *Participant 5*”.

Theme 2: Wide range of Mental Health and Wellbeing Initiatives

The organisation provides a wide range of initiatives and supports targeting employee MH&WB. All participants mentioned MH&WB training and EAP or ‘KonTerra’ services offering confidential phone & in-person counselling sessions, also found to be effective in the literature. A program centered on wellbeing of staff called ‘ForYou’ was discussed by eight participants where employees are allocated 18 working hours each quarter year for their wellbeing goals. “It can be used for family time, or learning & community work...I see it as 18 hours to look after yourself, *Participant 8*”. ‘ForYou’ is held in extremely high regard by the participants due to its generosity of providing ‘free time off’ and allowing the individual to tailor the program around their individual needs. “This program is great because each of us have differing wellbeing needs and its flexible to the employee instead of creating defined plans and activities for wellbeing. The program identifies that all employees have differing wellness needs and tackles this very well, *Participant 5*”.

A range of free classes are available for employees, “there is someone who comes in to provide wellbeing classes with a focus on both physical and mental wellbeing, yoga, exercise classes, meditation sessions, monthly massages that employees can sign up to as well as ad hoc massages available around the office, *Participant 5*”. Over half the participants mentioned flexible working arrangements or the organisation making accommodations for people with issues. Just two participants mentioned a company doctor, and parent/maternity benefits in relation to supporting MH&WB, one mentioned a mentor program, another mentioned coaching, another discussed resilience training and another talked of a ‘wellness week’ where a full week of the year was dedicated to employee wellness activities.

Positively the literature reviewed finds that many of the initiatives in place in the organisation are effective in supporting employee MH&WB. However, it’s worth noting that, while

there's a range of initiatives in place, there was confusion among participants about whether a formal MH&WB policy existed, with the HRS confirming that there is no formal structured MH&WB policy in existence.

5.3 RQ2 Themes

Theme 3: Burden of wellbeing issues falls on line managers

What became very clear from the analysis was that, although there is a great organisation culture and a wide range of initiatives available targeted at MH&WB, LMs feel under pressure with regards to their teams and handling MH&WB issues. They believe the expectations of them are too high and there is not enough acknowledgment or support of this. One participant states "I'm not comfortable because I'm doing more than I should and more than I'm able for. There is a lot of pressure on team leaders to be on top of everything and everyone and I find this tough considering I manage 13 people, *Participant 1*" with another saying "The company needs to realise that line managers are just people and we need support too, *Participant 3*".

It is evident that the LMs feel the impact of this pressure on their own MH&WB "In some ways, I think managers specifically can sacrifice their own mental health to support teams, *participant 3*". Some believe their own MH&WB has been disregarded "I'd like to point out is that the company cares about the wellbeing and mental health of employees but there is a discrepancy at different levels. As a line manager I have been ask to place special emphasis on the mental health and wellbeing of my direct reports but I feel that my mental health and mental health of all line managers can be overlooked. I believe my peers feel the same way, *Participant 6*". This also proved to be the case for the HRS who felt her own wellbeing had been affected.

Newer managers are seen as more vulnerable "we have lots of new, inexperienced managers in the company who were promoted through the lines and they haven't had trainings or experience in dealing with many of the issues that arise include mental health and wellbeing issues, *Participant 2*" and the more experienced managers of the sample group claiming that, they are comfortable handling MH&WB issues now, but weren't when they first became LMs "Yes, I am after my experience, two years ago I would have given a different answer so this is through years of experience I feel comfortable, *participant 5*" and participant eight

saying “Yes, I am comfortable with this as I have lots of experience now – but I wasn’t before when I started out as a people leader”.

Theme 4: Line Manager Role Clarity

LMS initially felt they had good understanding of what their role required of them in relation to MH&WB and knew importance of this role “my role would be crucial as I need to identify difficult issues in people so I can take appropriate action to prevent something bad happening, *Participant 6*” with participant one adding “If issues do happen, my role is to support them as best I can by directing them to resources and also adjust their working arrangements if needed to support their wellbeing. My role is also to provide a good work/life environment and promote open and honest conversations with my team. Building trust with my team is very important in this area”. The HRS saw her role in two parts “one where employees come directly to me or the HR team and I help them feel heard and supported with whatever they are facing, guide them and give advice and point them to resources they can use to support them depending on the situation, for example directing them to call the EAP hotline and, two, supporting managers in handling employee wellbeing and mental health cases, equipping them with information, advice, action steps and resources to manage the situations they face with their teams”.

Four participants discussed the link between employee performance and mental health which was a key element of the literature reviewed; “Obviously mental health and wellbeing is influencing the performance of my direct reports so it’s a natural part of my role in managing performance. I need to understand what issues are happening with my direct reports and how this can affect performance. If performance is low, employee mental health and wellbeing are often key areas and root causes of this so I can help support this and it helps me analyse poor performance of my team and take actions to manage it, *Participant 7*”.

Eight of the nine participants felt they learned what was required of the role in relation to MH&WB themselves and wasn’t specifically outlined to them by their organisation. Though their role was not specifically outlined, none of the participants were concerned as they felt their role was definitely implied by the organisation. “I learned this myself, I guess, like it was never said it explicitly by the organisation but it was definitely implied that this was part of my role from the start, *Participant 6*” and “this role has evolved over time and wasn’t

necessarily outlined to me when I became a team lead but was indicated through the trainings and supports that are in place for me in my role, *participant 1*".

While the participants seemed to be generally aware of their role, it was clear that there remains uncertainty about the boundaries and clarity of their role in relation to mental health with participant five saying that "I learnt the hard way on that from before where I got too heavily involved in someone's mental health issues" and participant three stating that "It's not my job to define problems or issues as I'm not an expert".

Participant two feels "clear boundaries need to be established to show me and managers what we can handle and when we need to step back in mental health situations. I feel I need more clarity on my role in these situations" reinforced by participant nine "I think that we need to have more structured rules on policies in the area and be more clear about the boundaries and restrictions, limitations that are in place".

Seven of the participants comment that they are not experts and should not be expected to be, as summarised: "Neither myself or managers are trained psychologists so it's important we have the tools and know where to direct people if needed. I have dealt with two very seriously unwell people recently where I didn't feel comfortable, I'm not a psychologist and I found it very stressful myself, *Participant 2*" and "I'm not a counselor or psychologist so I need that support, *Participant 1*".

Theme 5: Mental Health Trainings

All participants mentioned a 'Mental Health First Aid' training, also acknowledged in the literature, which was held on a once off basis by the organisation. All participants had either participated in it or were supposed to. The perception of the training is overwhelmingly positive with participants feeling it was extremely effective and equipped them with the knowledge and skills to handle MH&WB issues. Participant eight said "The training I had last year outlined a lot of steps and responsibilities I have as a lead – I think all leads should have this training" with participant nine stating "Yes, I remember one of the most effective trainings I did was the mental health first aid, I was a brand new lead and it discussed everything from dealing with a bereavement to suicide and mental health conditions, what

they are, how to handle and support people and it was very well structured and very effective”.

Every single participant expressed a desire and need for more trainings associated with MH&WB echoing literature findings. The need for more regularity in the frequency of such trainings was evident, “Mental health training should be an annual thing, it’s tough going but it is very effective, training staff and management in having difficult conversations also and facing these types of situations. It’s a matter of keeping people up to date on the topic and how to handle issues when they arise by adding refreshers to keep it on the table, *Participant 9*”.

The training was a once off, two years prior to the interviews, and participants identified newer managers missed out, “In general, I think more regular trainings would be good as any new team leads would not receive the training, we did two years ago as it was a once off, *Participant 4*”. Participant two confirms “there is no priority to run that course again for those who missed out or newer managers who might need it the most”Q9.

It’s worth noting that there were just two other trainings, resilience training and compassionate leadership training, mentioned by participant seven only, the longest serving manager interviewed, who advised “I participated in resilience training which is a great example of how managers and employees can support themselves and others in tackling difficult times and mental health issues”, and commented about compassionate leadership training “I think I did at some stage during our leadership program training, I’ve been in the organisation seven years so my memory is failing me... I believe it was valuable but It was a long time ago”. However, other participants who hadn’t participated in compassionate leadership training expressed a desire to do so.

5.4 RQ3 Themes

Theme 6: Management Style & Disclosure of Issues

All participants highlighted the importance of LMs with regards to preventing, identifying and tackling MH&WB issues in the workplace. They identified that management style, approach, and the environment they create for employees is crucial when handling MH&WB issues and for employees disclosing these issues which also features profoundly in the

reviewed literature “overall it comes down to the manager they have and the environment they create” *Participant 3 question 15*, and “it’s down to who they approach and the environment they create for the individual whether that be HR or Managers” P2, Q15.

Mirroring the literature, the research finds that depression, Anxiety and stress are the main MH&WB issues encountered by participants. They also face other serious, though less frequent issues such as, self-harm, suicidal thoughts and burnout. “Anxiety, depression, suicide threats, stemming from mainly personal situations but there are people who have said work has contributed to their issues which we obviously want to avoid” *Participant 2, Q16*. The main causes, are a mix between personal and work life pressures, such as bereavement, living away from home, relationship & money issues and physical illnesses causing mental health issues. Participant two acknowledges that, while personal pressures are out of the organisations control, workplace causes should be avoided if possible. Almost all participants mention the high occurrence of stress and see stress impacting MH&WB, causing and exasperating problems “stress is very high in prevalence too and contributes massively and even causes mental health issues from what I see, *Participant 1*”.

Over half of participants believe the likelihood of staff disclosing MH&WB issues depends on their managers “it depends on the relationship between them and their manager. They are usually comfortable disclosing if they trust the relationships, they have with their managers but if they don’t have a good relationship or their manager is new then they wouldn’t be, *Participant 6*” but believe not all managers achieve this with participant three saying “it comes down to the manager you have and how supportive they are as not all managers are good in this way” reinforced by participant 8 “It depends on leadership style and the person and they will only disclose if they are comfortable”.

Participants three and five mention that showing vulnerability as a manager is an important factor help staff open up and disclose issues. In contrast to what the literature advocates, less than half of the participants mention the need for empathy or compassion in management styles. However, participant five does outline the importance of displaying compassionate leadership “I strongly believe that compassionate leadership gets the best out of people and supports performance and wellbeing and is something I try to proactive each day with my team”.

Theme 7: Fragmented Approach: Effective but more needed

There is an overall consensus among participants that the initiatives and programs in place are effective in promoting positive MH&WB of employees in the organisation and most feel that the organisation is ahead of the curve in this arena. Their perceptions of what's currently in place is particularly positive, with assertions such as "I feel they really care about mental health and wellbeing of all of us, what they have in place is good and definitely effective, *Participant 1*" and "I think we do a lot and feel we probably do a lot more than other organisations, *Participant 5*".

The literature advocates that both proactive and reactive measures are essential for the success of MH&WB strategies in organisations. The research yields mixed perceptions regarding the level of proactiveness exerted by the organisation in relation to employee MH&WB initiatives, with some participants proclaiming "Yes, I think it's a very proactive company, they empower us to ensure we are aware of employee wellbeing, *Participant 9*" and "I think the support is excellent proactively and reactively, *Participant 7*". The HRS explains how the organisation tries to stay ahead of the curve in relation to MH&WB "The HR team in particular look at what's happening outside and, in the media, keeping up to date with latest findings and trends in the area and try to incorporate this in new wellness initiatives where possible".

On the contrary, a slight majority of participants feel that more proactivity is needed, particularly in relation to support for LMs with participant six stating "I know I can go to my HR partner if I need but this is very reactive and there are no proactive checkups which I feel is a problem" and answering whether managers are supported enough, the HRS states "Absolutely not, we have a big gap...there is no talk of anything being put in place to support the HR team and direct line managers in handling situations themselves". Participant eight believes more proactivity is needed in relation to preventing issues from happening "I believe we need to have more proactive conversations on the topic because it's a matter of opening it up and ensuring people know what's there and how to prevent issues from happening and prepare people on what's available when they do occur, *Participant 8*".

All participants felt there was opportunity for feedback on the initiatives and measures in place, but that this was reactive and not sought "there's definitely opportunity for feedback

but it's not always sought or fully consistent. Also, if we give feedback to our providers, we don't see what happens, *Participant 2*". However, contra to the literature, this isn't something that seemed to be an issue with participant seven summarising "I would say they don't come looking for feedback but have done a great job at created a really open atmosphere and environment and I feel very happy about that". Most participants said that either no evaluations of initiatives happen or weren't sure. Just participants three and eight surmised that evaluations may arise from an employee engagement survey, but accede that there is nothing specific to MH&WB.

Over half of participants feel that there should be more awareness of what's available in relation to MH&WB as many employees don't know the extent of provisions and aren't availing of the benefits. "I do think we could do a better job on educating employees about what's available. It's also important to raise awareness of the issues, reduce stigma and taboo, and make sure everyone's aware of what is in place, *Participant 5*" with participant 3 saying "Perceptions are mixed, lots of people aren't aware of what's on offer, KonTerra for example and don't always avail of what's on offer, *Participant 3*" and also "I don't think people know about EAP or use it very much, *Participant 4*".

Most participants advised that they had not been consulted involved in the creation of MH&WB policies or programs which the literature found to be extremely beneficial for organisations creating and maintaining effective MH&WB measures. Participant two confirms "'initiatives are driven by the HR team and I do genuinely believe there is a gap between what we are doing in organisations and managers, unfortunately" with participant seven summarising LMs feelings "No I wasn't asked to be involved but would have liked to be involved".

With regards to improvements needed, there is overwhelming consensus that more support is needed for managers mainly frequent & regular trainings and a clear, written, structured policy on mental health and wellbeing: "I think that we need to have more structured rules on policies in the area.. like what tools and documents must I have and offer to staff...It would be great to have these clear and written down so we can use them as resources, definitely need more procedures and clarity put in place around these things, *Participant 9*" echoed by participant four "I think a firm, clear policy on mental health and wellbeing is needed for

clarification & information purposes” and six agreeing with most participants identifying a need for "More regular trainings at least yearly”.

It’s evident that while the initiatives in place are good, that the approach is not scalable or sustainable and more proactive measures are needed “We are seeing lots more cases of MH issues so there is definitely more we can do. We have no official policy in this area and we are really doing things 'case by case' which really isn’t going to work in the longer term, *Participant 2*”.

6 DISCUSSION

The author set out to explore the topic of MH&WB through the experiences of LMs. While the reviewed literature highlights the importance of LMs in achieving success in the arena of MH&WB, there was little to be found in relation to LM perspectives and experiences. This section will discuss the research findings in light of the literature reviewed and under the headings of demographics and the research questions.

6.1 Demographic Profile of Participants

Most participants hail from a young, millennial age-group which, according to the literature, is the most like age-group to be affected by MH&WB issues. In addition, the group appear to be relatively new to their management roles with 60% in the role for 3 years or less. They also have a large organisational reach, with the eight LMs interviewed being responsible for 94 direct reports between them. Furthermore, all participants work in the customer experience department of a technology organisation. The literature finds that those working in this sector are more vulnerable to suffer from MH&WB issues and that customer experience employees specifically are generally are more likely to suffer negative impacts of their work on their MH&WB. If the literature rings true, the characteristics of the participants, provide for a group who are potentially vulnerable themselves as well as being responsible for 94 potentially vulnerable young direct reports working in a customer experience department.

6.2 RQ1 Discussion

How does the organisation conceptualise and approach mental health and wellbeing?

Positively, the organisation holds the importance of employee MH&WB in very high regard and has made this a priority of its HRM focus in the last year after seeing a rise in staff MH&WB issues. It's apparent the organisation is ahead of the curve in the arena of MH&WB, with participants feeling 'lucky' and believing that it's much better than other organisations, where they've worked previously, or where their families and friends work now. This perception is based on two things, a culture centered on 'wellbeing' supported by a strong mission and core values and, secondly, the availability of a wide range of effective proactive and reactive MH&WB initiatives. O'Riordan (2017) identified culture, preferably with core values and a shared mission as a elements for success in tackling MH&WB in the

workplace, with the CIPD (2018) finding culture of wellness, combined with the development of wellbeing programs and initiatives supporting MH&WB is the best approach.

The findings illustrate that the MH&WB initiatives in place in the organisation are effective. In particular, 'ForYou', a new concept from the perspective of the literature, allows staff to take 18 hours off, quarterly, to use for their own wellbeing needs. Participants mention using it for family time, going to the gym or pursuing further learning. This initiative is flexible in nature and held in high regard by participants as it tailors to the needs of individual employees through its design. Whitehouse (2019) finds that successful initiatives are based on the needs of the specific workforce in an organisation and 'ForYou' tackles this very well. The CIPD (2018) find that work-life conflict is key contributor of MH&WB issues, and positively, half of participants also discuss the option for flexible working arrangements. Furthermore, free classes aimed at supporting mental, spiritual and physical health such as meditation, mindfulness, gym classes, yoga and massage are available and are identified by Dean (2018) and Meechan (2017) as being specifically impactful and effective in supporting employee MH&WB. Flexible working arrangements, the variety of classes available and the 'ForYou' program demonstrate how the organisation has integrated the individual wellbeing, and work-life balance needs, of its staff population into its wellbeing strategy.

The author finds that awareness of what's available varies greatly among participants, with many initiatives mentioned by just one or two participants; the company doctor, mentoring, coaching, maternity/parent benefits, employee forums, employee voice platform, resilience training and 'wellness week'. Participants believe there is a lack of awareness among employees about what's available, with findings indicating varying awareness levels among LMs also. This is highlighted when the HRS discusses 'wellness week' in detail, a week dedicated to staff MH&WB, yet it wasn't mentioned by any of the LMs. The author can surmise that awareness of initiatives at all levels and, by default, uptake and usage of initiatives to maximise benefits, can certainly be improved within the organisation. Additionally, line managers are not included in the creation of MH&WB initiatives, confirmed by the HRS interviewed, who believes there's a gap between LMs and HR with MH&WB initiatives driven solely by the HR team. Reflecting on the literature, if LMs were involved in the creation of initiatives, or asked for input, this would naturally improve the LMs awareness and investment in these initiatives.

Despite there being plenty of resources and initiatives available, there is no formal wellbeing policy in place in the organisation which is surprising considering the positive, proactive approach has towards MH&WB. This is as a missed opportunity to streamline, organise and provide clarity on MH&WB in this organisation.

Bishop (2016) identifies ‘stigmatisation’ as a chief issue in organisations for the disclosure, and consequent resolution, of employee MH&WB issues. Staff feel scared to open up for fear of judgment or negative impact on their careers. This is supported, in part, by the research with participant 1 saying staff want to be ‘Superheros’ and don’t want to appear weak. By contrast, most participants actually feel the organisation does a lot to alleviate stigma through its open, supportive culture where staff are able to disclose MH&WB issues, with participant 3 articulating that mental health is seen as ‘something that happens’ and ‘doesn’t define’ the person. Most participants believe that the issue of stigma is being handled well within the organisation itself, but it still exists in wider society.

6.3 RQ2 Discussion

How are line managers considered and equipped to handle and support mental health and wellbeing of employees in the workplace?

It is evident that participants feel the burden of employee MH&WB issues, to the point that their own MH&WB is affected. Though all participants accede that they can avail of the initiatives available, they don’t feel it’s enough to support them in both executing their roles effectively and supporting their own MH&WB. All participants feel there is a significant level of pressure on them and the expectations placed on them were too high. Interestingly, both Haddon (2018) and O’Neil (2018) discuss how the MH&WB issues of employees impact their colleagues and their team however, this research doesn’t mention the impact on managers or HR staff who manage them. This research suggests LMs are impacted heavily by the MH&WB issues of their direct reports. Interestingly enough, the MH&WB of line managers, though alluded to, didn’t come up frequently in literature as it did in these findings, however this is potentially because the findings focus on LMs not being equipped to handle MH&WB issues rather than them being affected by them. Another concept established, is that newer managers are more vulnerable. Those participants with more

experience in the role feel more able to cope with employee MH&WB issues and having a much more positive outlook on their ability to do so.

The belief, among the participants, that their MH&WB can be overlooked for that of their direct reports is a precarious predicament for the organisation. The author sees this as a double-edged sword, where these pressures may cause issues for managers executing their role effectively, and in supporting staff MH&WB, which may further compound MH&WB issues for both employees and LMs.

Positively, LMs felt they were well aware of what their role required of them in relation to MH&WB with most agreeing that the organisation had done a great job in implying what was required through the culture trainings and HR. Encouragingly, this includes the proactive elements of their role, such as prevention, identifying issues and resolving issues before they escalate. Contrarily, while organisational and individual performance is inextricably linked to wellbeing by numerous authors in the literature review, just three of eight LMs identified performance as a key element of their role in relation to MH&WB. This indicates a need to reinforce the holistic importance of MH&WB with LMs on an individual and business performance level and reflects contentions that organisations may not be approaching MH&WB with the understanding of its connection with performance.

The main issues participants had in relation to their role was regarding establishing boundaries, with participants emphasizing that they're not counsellors or psychologists, indicating they are taking on some form of these professional roles. Participants want clear boundaries to make managing MH&WB more practicable. Participants felt they had gone too far, or got too involved in helping staff with MH&WB issues or said they didn't feel comfortable with situations they've found themselves in. Participant 9 says there isn't even a location they can go to find resources to help them, which could be because there is no formal policy in place. This is worrying considering the findings of Walsh (2018) that ill-equipped line managers can actually cause further MH&WB problems for staff if they don't handle MH&WB situations correctly. This is also in contradiction to the above research finding where participants believed that they know their role and what's involved. It's apparent, though there is some role awareness, there's quite a lot LMs are not prepared for

when it comes to handling MH&WB issues, a trend seen by CIPD (2019) and Walsh (2018) among others in the literature.

Many authors in the literature, Whitehouse (2019), Gunnigle (2011) and the CIPD (2019) focus on ‘manager training’ as an essential strategy for effectively managing MH&WB. Positively, all participants either attended or heard excellent reports of a ‘Mental Health First Aid’ training which was conducted. McAuliffe (2018) discusses how this training is an excellent, effective resource and prepares managers and employees to handle MH&WB issues. While this training has left a great impression on participants, holistically, it will be difficult for it to have a meaningful, continuing impact on LMs and employee MH&WB in the organisation going forward. This is due to the frequency and regularity of the training with just one training held two years ago and no plans to put any future trainings in place. This also means new managers, who need it the most, won’t receive the training.

The CIPD (2019) find that displaying empathy and compassionate leadership can alleviate and prevent MH&WB issues in the workplace and it is particularly effective for those working in customer facing environments due to the unique challenges they face. Despite this, only participant 7 had attended compassionate leadership training seven years ago and very few mentioned ‘empathy and compassion’ as a component of their role. However, participants did express a desire to attend compassionate leadership training when questioned. This is a missed opportunity as Meechan (2017) finds that compassionate workplaces led by compassionate leaders can actually mitigate the effects of employee MH&WB in the workplace, further finding that including compassion as skill in value-based recruitment can help.

6.4 RQ3 Discussion

What are line managers experiences and perceptions of MH&WB in the workplace including the effectiveness of wellbeing initiatives in place and what can be improved?

Aligning with the literature, anxiety, depression and stress are the most common MH&WB issues encountered by participants, with a range of other issues were presented also.

Evidently, each case is complex and different in their nature with participant 4 stating ‘you never know what will crop up next’ which makes managing these cases quite difficult .

Corroborating literature findings, participants see ‘stress’ exasperating and triggering

MH&WB issues in the workplace. A mix of personal and work factors cause the issues, with four participants mentioning they see work pressures causing 'burnout' or other MH&WB issues for employees which is surprising, and in contradiction to other research findings where the organisation prioritises positive employee MH&WB, if this is truly the case, then it's counterproductive that employees are feeling pressure in work leading to burnout or MH&WB issues.

Mirroring literature findings of CIPD (2019) and Gunnigle, et al.(2011), participants observe that management style and approach as essential in supporting and resolving employee MH&WB issues and in achieving disclosure, and therefore resolution of such issues. The desired management style outlined by participants is that of creating open, trusting environments where employees feel safe supported by Dean (2018). Worryingly, and similar to the findings Bishop (2016) most participants have found themselves in difficult or uncomfortable situations regarding MH&WB with two participants not feeling confident in their ability to handle MH&WB issues. Those who do feel confident, felt that it's down to their experience and they hadn't felt comfortable when the first started. This indicates, yet again, to the vulnerability of new managers and presents a risk of them mis-managing MH&WB situations they may face.

Participants had mixed perceptions regarding the proactiveness of the organisations MH&WB approach, with general agreement that more proactivity would be beneficial. Positively the organisation does look outside itself to keep up with trends, and latest findings in the area which may account for some of the excellent initiatives discussed previously. However, it's clear that a more proactive, preventative approach is needed with participants echoing literature that prevention, where possible, is the key to success.

There were mixed perceptions about whether the organisation had supported LMs sufficiently in handling MH&WB issues, with it being clear that, of the supports available there's a heavy reliance on 'individuals' such as LMs own managers and a dedicated HR person. Outside this, there are no formal, sustainable structures in place such as regular, prescribed trainings or written supports, a MH&WB policy. Correspondingly, as O'Riordan (2017) finds, there's a heavy reliance and expectation on LMs to have the skills to handle MH&WB issues, even though there is a lack of training or supports available. The LMs are relying on, and learning

from, their own experiences, as opposed to being given the education and support needed to these skills. In conjunction with this, MH&WB issues are handled ‘individually’ with no process in place, participant 2 states issues are handled on a ‘case by case’ basis and this isn’t sustainable.

Perceptions around feedback and LM involvement in the development of initiatives were mixed. Positively, while feedback isn’t actively sought, participants are satisfied that there’s ample opportunity for feedback. However, LMs and employees are not involved in creation of MH&WB initiatives, with these being driven by the HR team, bypassing LMs who are responsible for their execution. The organisation also lacks any evaluation mechanisms for the MH&WB initiatives in place. The CIPD (2019) finds that evidence-based strategies or a ‘continuous improvement’ approach is the most effective in handling MH&WB in the workplace. This encompasses, involving employees in the development of initiatives, formally seeking feedback and conducting evaluations of initiatives to make improvements, additions and changes to initiatives available supported by Donaldson-Feilder, et al. (2008). This postulates a missed opportunity for improvement of MH&WB strategy and subsequent benefits.

7 CONCLUSIONS AND RECOMMENDATIONS

This dissertation aims to understand more about the current situation in the customer service department in a technological organisation in Dublin and simultaneously contribute to literature in the area of workplace MH&WB. Though limited in its reach, it has supported much of the findings from the literature and successfully explored the principal research questions set out at the beginning, as discussed in the previous chapter. It has explored the topic of MH&WB from the unique perspectives of LMs and has provided some interesting new findings and areas for potential future research in the area.

7.1 Research Question Outcomes

There is an excellent perception, among LMs, of the organisations approach and conceptualisation of employee MH&WB. It creates a positive and open environment for staff MH&WB through its culture and availability of effective initiatives. The initiatives available are generally effective, with participants feeling lucky to work there. However, despite these positive perceptions, there is a divergence of opinion about the organisations approach to LMs and their role in MH&WB. Line managers are not fully prepared or equipped to handle MH&WB issues effectively without sacrificing their own needs and wellbeing. This is due to a deficiency of LM training and formal supports. The organisations approach to MH&WB, though lacking in ways and not currently sustainable or scalable, is in a good position to be improved upon to achieve meaningful, positive employee MH&WB outcomes in the future.

7.2 Limitations and Opportunities for Further Research

The author interviewed eight LMs and one HRS in a department in a technological organisation. This limits the research to one department, one organisation and one industry, but contrarily provided the opportunity to explore the perceptions of the respondents in detail. Though it provided a unique insight of the LM perspective, the scope did not provide opportunity to gain insight of employees or higher levels of management which is an opportunity for future exploration. Regarding the style of semi-structured interviews, the author reflects that some questions, four and five for example, were repetitive affording similar responses, and less questions would provide more flexibility to explore avenues of interest that cropped up during the interviews. Also, the HRS interview could have yielded

more in depth answers, for example asking what role she saw the LMs having as this was more applicable.

Findings that warrant future exploration include the vulnerability of newer managers in handling MH&WB issues, and by default their direct reports, and how can they be supported better. Also, further investigation into the benefits of programs tailored to individuals, such as the 'ForYou' program, and what these could look like, could benefit the field of 'workplace wellbeing' in general. It may also be valuable to look further into the importance of establishing role boundaries and providing formal supports for LMs own MH&WB in the workplace. Furthermore, more investigation into whether organisations are making the 'performance connection' with MH&WB strategies could be beneficial. As this is a relatively new area of HRM for the most part, further focus should be placed on methods of evaluating MH&WB initiatives and how to best measure outcomes such as how they manifest in measurable performance outcomes for both individuals and organisations.

7.3 Recommendations, Timelines and Costings

Based on the findings and conclusions, the author has developed the following recommendations including prospective timelines and potential costs involved.

Recommendation 1:

Establish of MH&WB Committee

Elements:

- Committees purpose is to optimize MH&WB measures in the organisation
- Composition: HR reps, LMs and Employees - varying levels of responsibility and involvement as appropriate.
- Create awareness of available initiatives
- Orchestrate the fulfillment of the following recommendations

Timeline: In place by mid-April 2020

Cost: Time and effort spent by employees – minimal cost to be seen as investment.

Recommendation 2:

Create and publish a formal written MH&WB Policy

Elements:

- Details of MH&WB initiatives and measures currently in place
- Clear strategic processes and procedures for MH&WB issues.
- Reference material for information and educational purposes
- Manager only section: Tailored to specific needs and requirements of LM role
- Communicate details of policy and initiatives effectively to increase awareness

Timeline: To be in place by August 2020

Cost Factor: Time and effort spent by employees. If outsourced, costs up to €500 per employee could arise.

Recommendation 3:

Rollout consistent and frequent Mental Health Training

Elements:

- ‘Mental Health First Aid’ training for LMs & as required for new managers
- Yearly refreshers
- Connect MH&WB with performance during/after training

Timeline: Completion by August 2020

Cost Factor: Two-day training approximately €300 per person or €3300 for LMs in the chosen department, increasing accordingly per person thereafter. Shorter, yearly refreshers to cost less with organisation negotiating with the provider.

Recommendation 4:

Launch a Compassionate Leadership Strategy

Elements:

- Half day compassionate leadership training for all Managers in 2020
- Include Empathy and compassion as required soft skills LM job descriptions
- Incorporate compassion in hiring mechanisms through value-based interviews.
- Incorporate compassion in manager trainings, meetings and conversations.
- Promotion of compassion supporting initiatives: meditation, mindfulness, coaching & mentoring.

Timeline: Half day training complete November 2020 – Strategy elements fully established February 2021.

Cost Factor: Half-day training costs approximately €4500 for large group of 20-40 people. Cost of incorporation in job descriptions, hiring mechanisms and manager trainings is time and effort of employees, or financial cost if outsourced. Cost of incorporation in meetings and promoting initiatives, is minimal - achievable the culture, mission & core values.

Recommendation 5:

Involve LMs in the creation and development of MH&WB initiatives & measures.

Elements:

- Involve LMs in MH&WB working groups, such as the MH&WB committee,
- Send surveys requesting input from LMs
- Operate focus groups & interviews with LMs to allow contribution

Timeline: Immediately – upon creation of next MH&WB initiative/measure.

Cost Factor: Minimal Cost –costs would be labor and time of LMs and HR team.

Recommendation 6:

Implement a proactive support system for all Line Managers

Elements:

- Regular meetings with HR & LMs discussing MH&WB of LM & direct reports.
- Establishment of LM forum to support each other & share learnings
- Specific support for New Managers through mentorship and coaching

Timeline: Meetings and Forums to be established by May 2020. Incorporation of mentorship & coaching in place by December 2020.

Cost Factor: Minimal Cost- time and effort of HR and LMs. New manager supports would require effort of leveraging mentorship and coaching programs already available.

Recommendation 7:

Feedback and evaluation strategy for MH&WB initiatives

Elements:

- Processes of feedback and evaluations to be allied
- Review current initiatives and measures in place

- Formally complete evaluation on a yearly basis

Timeline: Feedback to begin immediately & first evaluation complete by December 2020

Cost Factor: Cost in terms of employee time and effort facilitated through employee engagement surveys, the Employee Voice Committee and open culture of feedback already in place. Formal evaluations may incur a financial cost increase if outsourced.

8 PERSONAL LEARNING AND REFLECTION

I have been in the workplace over 19 years, full-time since 2007, and currently work as a team manager in a multinational organisation. Through the years I have seen first-hand, how me, my colleagues and my direct reports have had our lives and work performance affected by personal life and work pressures, oftentimes manifesting as stress or mental health issues. Workplace wellbeing and mental health is an area of interest to me and I found it extremely insightful to be able to delve into the intricacies this subject. It was fascinating to see this topic evolve into the research project it became, through direction of the reviewed literature. Though it makes sense, I hadn't previously considered of the central role managers play in enabling and supporting the wellbeing of employees, and I was surprised at the lack of supports in organisations in general. There is so much more research needed in this field and, for me, I will continue to do what I can in my own organisation to share learnings and become an advocate for wellbeing and mental health in the workplace.

I found the process of completing this research project extremely demanding, frustrating, and thought-provoking from beginning to end. There were times during the process where I became completely enthralled by the subject and research and other times, where I felt like I wasn't going to get to the end, particularly during the lengthy qualitative analysis process. Whilst completing this dissertation I was working full time, started a new management role and was also pregnant, with my research placed briefly on hold while I had my first baby. This experience has taught me, and enabled me to execute, time-management, prioritisation, determination and perseverance. I will look back and see it as a challenging but extremely valuable period in my life. Ultimately, this dissertation has not only taught me about the trials and tribulations of conducting academic research and writing, but also provided me with practical learnings I can bring to home and take back to my workplace.

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10 APPENDIX

Appendix A Participant Information Sheet

Interviewee Information Sheet

Researcher: Aoife Shannon

Summary of Topic and Purpose:

The researcher has found that poor employee mental health has a detrimental effect on both the affected individuals and also on the business performance of organisations they work for. This is an issue that is shown to be rising in prevalence for organisations globally. Line managers attitudes and approach to employees has been identified as one of the critical elements of success in relation to wellbeing measures and the impact they can have on employee mental health and overall wellbeing. Line managers play an essential role in ensuring the successful implementation and the achievement of positive outcomes from mental health and wellbeing policies in any organisation.

The research study aims to understand line manager perceptions around how mental health and wellbeing is being fostered in this organisation. This includes exploring what initiatives or measures are in place and, out of these, what are the most effective in supporting positive employee mental health, in addition to understanding what provisions been made for line managers in handling employee stress, mental health and wellbeing in the workplace.

Interview Participation Information:

If you agree to take part you will complete an interview based on the above topic conducted by the researcher, Aoife Shannon. You will be asked some set demographic questions, followed by a number of questions on the topic. The interview will take approximately 30 minutes to complete and will be audio-recorded. The researcher may also take notes.

In respect of these interviews, all participation is voluntary. If you do agree to participate, you will be asked to read and sign a consent form to that effect.

Participation will be anonymous and interviewees will be assigned an interviewee number through which their contribution will be referred to in the research project thereafter. Signed consent forms, and all information gathered will be stored securely on a locked, password protected computer. Hard copies will be disposed of confidentially.

All information gathered will be used solely as part of a research project for submission towards an MA in Human Resource Management in the National College of Ireland (NCI). The completed project will be viewed by the supervisor and examiners, and may be published or used by the NCI afterwards. The researcher confirms that individual names and information will be fully confidential and participants will not be identifiable in any way.

You are free to withdraw your participation from this research project at any stage during the process and up until end of day 31st July 2019. You can stop the interview at any time if you wish. You are also free to decline answering any of the questions during the interview - in this case, the researcher will skip to the next question.

If you have any further questions after reading this information sheet or at any time during the process you can email the researcher, Aoife Shannon, at x17107181@student.ncirl.ie. You can also email this address if you would like to withdraw participation at any stage.

Appendix B Participant Consent Form

Consent Form

Please read and sign to confirm you are consenting to participate in this research study

Name: _____

I confirm that I have read and understand the information outlined to me in the information sheet provided and will contact the researcher if I have any further questions

I understand that the interview will be audio-recorded and agree to this

I am aware that my participation is voluntary and I can withdraw my participation at any time up and until 31st July 2019 and any material will be deleted thereafter

I understand that my participation will be anonymous and details will be stored securely

I understand that a copy of my survey answers, with all identifying information removed, will be retained until two years from the date of the exam board review of the research project

I understand that under Freedom of Information Act 2014 I am entitled to access the information I have provided at any time while it is in storage as specified above

I understand that if I reveal myself, or another person is at risk of any harm, the researcher may need to disclose this to the relevant authorities – this will be discussed with me first

I understand that I will not directly benefit from my participation in this research project
I give my consent to participate in this research study

Interviewee Signature:

I believe the participant is providing informed consent to participate in this research study ☐

Researcher Signature:

Appendix C Line Manager Interview Script

Line Manager Interview Script

Participant Name/Number:

Age: (<20) (20-24) (24-29) (30-34) (35-39) (40-44) (45-49) (50-54) (55-59) (60-64) (65+)

Gender:

Role in the organisation:

Number of Direct Reports:

Length of time in role:

Interview Questions RQ1:

- 1) To your knowledge, does your organisation consider employee mental health and wellbeing an important area of management. If yes/no, why?
- 2) Is there a formal wellbeing policy in your organisation and does this include a specific focus on Mental Health?
- 3) Can you provide details of the initiatives and programs that are in place?
- 4) How would you describe the workplace culture regarding mental health and wellbeing?
- 5) Do you believe the workplace culture supports positive mental health and wellbeing for employees? If yes/no – why?

Interview Questions RQ2:

- 6) In your perception, what is your role in relation to employee mental health and wellbeing, and has this been outlined to you by your organisation?
- 7) Were you, your colleagues or employees involved in the design and implementation of wellbeing and mental health programs and initiatives?
- 8) To your knowledge, what evaluations are conducted about the efficiency of the initiatives/programs and is there an opportunity for feedback?
- 9) Have you received specific training to help you support employees with wellbeing and mental health issues? If 'Yes', can you describe the trainings and what was involved?
- 10) Have you received training in Compassionate Leadership? If 'Yes', do you feel this was valuable and how so?
- 11) What other supports are in place to help handle employee mental health and wellbeing issues in the workplace?
- 12) What, if any, further trainings or support do you believe would be beneficial for you in supporting employees with wellbeing and mental health issues?

Interview Questions RQ3:

- 13) In your overall perception of the programs/initiatives in place, do you believe they are currently effective?
- 14) From what you know, what are employee's perceptions of the programs/initiatives?
- 15) Do you believe employees are comfortable disclosing mental health problems and can you give a reason for your answer?
- 16) Can you outline or describe some of the main employee mental health issues you have encountered in your role?
- 17) Are you confident in your ability to support employees suffering from MH issues, proactively and reactively & can you give a reason for your answer?
- 18) In your opinion, has your organisation supported you sufficiently in handling and resolving employee mental health and wellbeing issues - proactively and reactively & can you give a reason for your answer?
- 19) In this area, how do you feel your organisation could improve?
- 20) Do you have anything else you would like to add before we conclude

Appendix D HR Professional Interview Script

HR Professional Interview Script

Participant Name/Number:

Age: (<20) (20-24) (24-29) (30-34) (35-39) (40-44) (45-49) (50-54) (55-59) (60-64) (65+)

Gender:

Role in the organisation:

Number of Direct Reports:

Length of time in role:

Interview Questions RQ1:

- 1) To your knowledge, does your organisation consider employee mental health and wellbeing an important area of management. If yes/no, why?
- 2) Is there a formal wellbeing policy in your organisation and does this include a specific focus on Mental Health?
- 3) Can you provide details of the initiatives and programs that are in place?
- 4) How would you describe the workplace culture regarding mental health and wellbeing?
- 5) Do you believe the workplace culture supports positive mental health and wellbeing for employees? If yes/no – why?

Interview Questions RQ2:

- 6) In your perception, what is your role in relation to employee mental health and wellbeing, and has this been outlined to you by your organisation?
- 7) To your knowledge were line managers or employees involved in the design and implementation of wellbeing and mental health policies and initiatives?
- 8) To your knowledge, what evaluations are conducted about the efficiency of the initiatives/programs and is there an opportunity for feedback?
- 9) Have you or line managers received specific training to help you support employees with wellbeing and mental health issues?
- 10) Have you or line managers received training in Compassionate Leadership? If 'Yes', do you feel this was valuable and how so? If no is this planned or on the agenda?
- 11) What other supports are in place to help line managers handle employee mental health and wellbeing issues in the workplace?
- 12) What, if any, further trainings or support do you believe would be beneficial for line managers in supporting employees with wellbeing and mental health issues?

Interview Questions RQ3:

- 13) In your overall perception of the programs/initiatives in place and do you believe they are currently effective?
- 14) From what you know, what are employee's perceptions of the programs/initiatives?
- 15) Do you believe employees are comfortable disclosing mental health problems and can you give a reason for your answer?
- 16) Can you outline or describe some of the main employee mental health issues you have encountered in your role?
- 17) Are you confident in your ability to support employees suffering from MH issues, proactively and reactively?
- 18) In your opinion, has your organisation supported you and line managers sufficiently in handling and resolving employee mental health and wellbeing issues - proactively and reactively?
- 19) In this area, how do you feel your organisation could improve?
- 20) Do you have anything else you would like to add before we conclude?