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Pre- publication version

The Health and Well-Being at Work Agenda: Good News for (Disabled) Workers or Just a Capital Idea?

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Abstract

Health and well-being (H&WB) initiatives have increasingly appeared in workplaces, but are the subject of surprisingly little critical analysis. The terms H&WB have also become positively embedded in Human Resource Management (HRM) and academic vocabularies, often displacing disability, which, it is argued, is (wrongly) regarded as a negative descriptor. This article challenges the sometimes taken-for-granted assumption that employer-led H&WB initiatives are inherently positive. It considers how they are being used to undermine statutory trade union health and safety representatives, reinforce concepts of normalcy and ableism in respect of worker lifestyle and impairments, and individualise/medicalise experiences of workplace stress. Utilising a critical disability studies lens debate challenges a dominant element of many H&WB programmes – employee resilience – and concludes that a social model of disability and workplace well-being is needed to focus debate on the social, economic and political causes of ill-health and dis-ability in workplaces under neo-liberal austerity.

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Introduction

The terms health and well-being (H&WB) are increasingly to be found in the workplace context, appearing in government policy documents, promoted by management consultants and HRM practitioners and found in contemporary academic debate in business and management. There is also a trend for academic conferences in the broad field of employment relations to seek papers on workplace H&WB, rather than disability, reinforcing the latter's marginal position in the diversity and work literature in comparison to gender and race (Humphrey, 2000; Paton, 2006). The increased use of workplace H&WB programmes and the way these terms have become embedded into everyday terminology, however, has received surprisingly little critical analysis. The aims of this debate are therefore, to examine some of the problems and paradoxes associated with workplace H&WB initiatives; to evaluate what these terms actually mean and why they have become popular with neo-liberal governments, management consultants and HR practitioners, but problematic for trade unions; and to explore the 'fit' of disabled workers in this new workplace discourse. Discussion concludes by examining the social model of disability (favoured by many disabled people) [i] and its relevance to analyses of current H&WB discourses. Consideration will also be given to whether contemporary interest in H&WB offers potential opportunities to positively universalise workplace disability and well-being concerns.

From Health and Safety to Health and Well-Being?

The shift from industrial to service and knowledge-based work in developed countries has been accompanied by a corresponding change in perceptions of what constitutes workplace health. Statutory provisions originally aimed at protecting the physical health and safety of employees have been extended to include the psycho-social effects of jobs. In the UK, the introduction in 2004, of formal Management Standards for Stress in workplaces by the Health and Safety Executive (HSE), is illustrative of this. Subsequent Labour Force Surveys (LFS) have, nonetheless, shown that work-related stress, depression and anxiety, defined as 'a harmful reaction people have to undue pressures and demands placed on them at work' (HSE, 2015: 2), continues to be a significant factor in causing work-related ill-health, second only to muscoskeletal impairments. Longitudinal data also suggests a correlation between workplace stress, which in legal terms is not recognised as a disability, and the development of depression, heart disease and muscoskeletal conditions, which do fall under the legal definition (HSE, 2015: 3). In 2014/15, stress accounted for 35 per cent of all work related ill-health cases and 43 per cent of all working days lost due to ill-health in the UK (LFS reported in HSE, 2015: 2-6). Key reported causes of work-related stress are workloads (tight deadlines, too much pressure/responsibility), lack of managerial support, violence and role uncertainty (LFS 2009/10-2011/12, reported in HSE, 2015: 7).

The changing nature of work has been accompanied by changing attitudes towards work. Evidence suggests that people seek more meaningful employment: high levels of autonomy and discretion valued as characteristics that have the most positive impact on job satisfaction (Gallie, 2007; Green, 2013). The relationship between task discretion, job satisfaction and well-being is not, however, as straightforward as it might first appear. For example, in

2015, the UK HSE found professional occupations (often associated with discretion and autonomy), had 'significantly higher rates of work related stress than the rate for all occupations' (HSE, 2015: 5). A study that explored the link between employee well-being, stress and high-involvement work processes by Boxall and Macky (2014) moreover, reported a range of evidence suggesting greater levels of discretion can actually result in higher levels of work intensity, stress, pressure and fatigue. They concluded that the relationship between increased task discretion, work intensification and well-being has been neglected, with more research needed on the consequences of work overload (Boxall and Macky, 2014: 966-7). So-called 'high performance' management systems have also come under scrutiny from Corbett (2013), who has questioned what he describes as the 'mirage' of empirical evidence that substantiates their claimed benefits for both employee well-being and organisations.

The H&WB literature is predominantly concerned with the link between psychological factors and well-being (Danna and Griffin, 1999), which should be welcomed *if* an improved understanding of work-related stress is an outcome. The difference between much of the H&WB and workplace health and safety literature however, is that the former primarily focuses on the *individual consequences* and management of stress or psychological distress, rather than its *collective causes*. The promise of increased worker productivity during a time of economic austerity, not by focusing on changing the social conditions of work, but by improving individual employee life-styles and behaviour, characterises much of the H&WB literature. Referred to as the 'new management speak' by the Head of Health and Safety at the Trades Union Congress (TUC) (LRD, 2015: 9), employer-led H&WB programmes also tend

towards one-size-fits-all solutions. From an occupational health perspective Karanika-Murray and Weyman (2013: 109) have criticised this approach, arguing that an assessment of 'the relative influence of individual vs situational variables' is required, to assess whether exposure to harm is a consequence employee choice rather than job design, social relationships, management style or organisational culture. Pointing to a variety of (socio-cognitive) psychology behavioural change models produced by the National Institute of Clinical Excellence, which rely on encouraging people to change their behaviour in the wider public domain, they have questioned the appropriateness of their application to the workplace.

The TUC has raised concerns that HR-led H&WB initiatives are increasingly being used as a means of bypassing union statutory workplace health and safety representatives (TUC, 2013). Describing workplace H&WB programmes as 'a convenient label for almost any health related initiative' (TUC, 2013: 2), it reports how some employers have reconceptualised health and safety concerns as 'well-being' issues, so that they can be dealt with by non-union Well-Being Committees or Ambassadors (TUC, 2013: 16; see also LRD, 2015: 9-11). The problem faced by many union representatives is, however, that symbolically, such programmes are viewed as inherently positive and therefore difficult to oppose. Conjuring up images of concerned employers and HR departments helping to create healthy and happy workers, not enough is known about the extent to which employees feel judged or pressurised to change lifestyle choices (Butler and Harris, 2015), or the effects of H&WB initiatives on disabled employees. Some unions have attempted to wrestle back employer-led H&WB initiatives by producing workplace well-being tool-kits, to highlight healthy working practices: flexible working, work-life balance, participation and consultation. Reframing 'well-

being' debates in this way is important, providing alternatives to the austerity and lean management discourses favoured by employers. Furthermore, it is essential that definitions of H&WB that refer to a norm of physical, mental and emotional health are questioned for, as Davis (2006: 4) argues, 'if we rethink our assumptions about the universality of the concept of the norm, what we might arrive at is the concept that preceded it: that of the 'ideal'', which is oppressive if it reinforces normalcy.

The wider social and economic context within which H&WB terminology has gained currency in the workplace is significant: austerity; wage cuts and freezes; zero hour contracts; cuts in collective welfare; work intensification; lean management. This is also the environment in which government and policy makers have shown an increased interest in workplace 'wellness' strategies, evident in high profile reports by Black (2008) and Black and Frost (2011) and interest in the 'science' of happiness. The latter, regarded as a move away from state concern for the collective well-being of citizens, towards a focus on individual subjective well-being (Ferguson, 2007), operates ideologically, through 'the entanglement of psychic maximization and profit maximization' (Davies, 2015: 177). The result of this has been a shift away from diagnosing the social conditions of work as the cause of ill-health, towards blaming the 'failings' of individual employees to withstand an increasingly brutalised workplace.   Such developments should also be viewed in the context of what Taylor et al (2010) identified as a longer term trend that has downplayed the 'significance of occupational ill-health and the approach of the Health and Safety Executive', creating ' the paradox of a lighter regulatory touch for employers but tighter regulation of workers' behaviour' (Taylor et al., 2010: 271).

Workplace resilience, H&WB and neo-liberalism

A review of workplace H&WB programmes by Burke (2015) questions whether such strategies are being pursued out of altruism, with 'business case' arguments particularly strong in countries where health insurance is linked to employer contributions. Employer led well-being initiatives too often focus on improving individual 'resilience'. A term clarified in a discussion paper published by ACAS (2012):

> Resilience, or the ability to bounce back from adversity, is relevant at both individual and
>
> organisational level. Some employers appear to find it a more acceptable way to explore
>
> mental health issues and many of the interventions currently being used to develop resilience have
>
> their foundations in stress management and wellbeing models (ACAS, 2012: 5)

A theme recurrent in the resilience and work literature is: 'a sense of recovery and rebound-ing despite adversity or change' (Lewis et al., 2011: 3). Agreed definitions of resilience are, nevertheless, difficult to locate, with Lewis et al. (2011: 3) citing Windle's (1999) as the most succinct and satisfactory: '*The **successful** adaptation to life tasks in the face of social disad-vantage or highly adverse conditions'* (emphases in original). Many disabled people will be able to relate to this description from their day-to-day experiences, yet they themselves fea-ture rarely in H&WB literature. The purpose of workplace 'resilience' strategies it seems is to 'toughen up' individual employees to better withstand the seemingly 'inevitable' de-mands of the current capitalist crisis. An approach that puts the proverbial horse before the

cart, this is a discourse that not only risks encouraging a culture of intolerance towards employees who experience work-related stress, but may increase the stigma associated with pre-existing impairments.   Grounded in the positive psychology of Martin Seligman in the US, and in the UK, economist Richard Layard's 'science of happiness', resilience programmes 'promote[s] the idea that optimism is an essential and learned behaviour' (Cotton, 2012: 7).

The association of high achievement with 'ideal' personal characteristics and emotional and psychological resilience is common in H&WB discourses. The quotation below illustrative of the way the concept of resilience is used:

> Resilient people demonstrate great flexibility, high energy, mental agility and consistently perform at their highest level….. The beauty of resilience is that whilst it's partly about your personality, your genetic make-up, there are also learnable skills that our resilience training will help you to boost (http://www.thewellbeingproject.co.uk/resilience-training.php)

The belief that some people are genetically predisposed to be happier than others appears in Seligman's work. Resilience is an innate ability to think yourself happy irrespective of your social or material circumstances, however, there is also a sense that if you fail to be resilient it is all your own fault. The appeal of this logic to government's pursuing austerity and seeking to justify reductions in welfare to the 'undeserving poor' is apparent. Powerful critiques of the 'happiness industry' have been advanced by Ferguson (2007) and Davies (2015). They contend that the self-help, management consultancy industry and UK government have focused on the symptoms of neo-liberal policies, rather than neo-liberalism it-

self, and that academic legitimacy of their ideas has come through association with Seligman, a former President of the US Psychological Society. Joseph (2013) has also argued that resilience represents a form of neo-liberal governmentality. He posits that the overriding emphasis in contemporary social policy on individual adaptability, is not 'part of a post-liberal shift', rather, it represents 'the rolling –back of classical liberalism and the rolling out or embedding of neo-liberalism' (Joseph, 2013: 38). This takes the form of prioritising the management and adaptability of the self, subjectivity and individual responsibility, thus facilitating 'governmentality from a distance' (Joseph 2013: 40-3). Both authors ascribe an important role to resistance and agency in their analyses, arguing that there is nothing inevitable or hegemonic about austerity, resilience or neo-liberalism.

No uniform agreed measure exists for researching resilience and, despite its focus on health (often mental health), quantitative rather than qualitative research methods are the favoured tools for measuring it (Lewis et al., 2011, 4-5). Thus, the UK Institute of Directors (2006) advises managers to monitor workplace health through sickness absence rates and questionnaires, to achieve staff 'health profiling'. This approach is potentially problematic if care is not taken to avoid assumptions about impairments. There is further danger that an emphasis on health and fitness might inappropriately make assumptions about the link between lifestyles and workplace performance (Butler and Harris, 2015; Corbett, 2013). Unreliable and indeterminate measures of H&WB 'lack attention to social/cultural contexts in which disadvantaged individuals and groups live' (Lewis et al., 2013: 6): with the consequence that people's lived experiences and situational factors are denied or supressed. Someone experiencing bullying and discrimination at work, for example, may benefit from

techniques to improve their resilience. Being optimistic however, is not a long term solution

if the actual *causes* of this ill-treatment are not addressed. It allows the organisation to

blame the victim of discrimination or bullying rather than tackle what are often complex

power relationships surrounding behaviour.

Workplace H&WB discourses and the social construction of new disabling barriers.

The historic marginalisation of disability in diversity management debates, in part, because

of conflicts between disability and the 'business case for diversity' (Thanem, 2008), is

further intensified by the H&WB at work discourse. In particular, the importance placed on

individual resilience diverts attention away from the collective social oppression

experienced by disabled people: the focus of political activists and self-organising campaign

groups in the disability movement. In the UK, such groups subscribe to a social, as opposed

to an individual model of disability which, by making an important distinction between

impairment, (bodily variations designated impairments) and disability, (the contextual

factors that mediate the experience of impairment), regards the latter as the key cause of

the social exclusion of disabled people (Oliver, 2004). This rejection of the individualisation

and medicalisation of disability is significant. It is also important to appreciate that the

origins of the UK social model are located as much in strategies for emancipatory political

action as a consequence of the disabling experiences of early thinkers, as in the academy.

The foundations of UK disability studies, therefore, rest on a critique of the disabling social

relationships that are seen as arising directly from socio-historic material conditions

embedded in capitalism (an excellent discussion of this can be found in Thomas, 2007: 53-5). Different phases of capitalist relations of production are viewed as interlinked with the social oppression experienced by disabled people, the second of which - large scale production – was, according to Finkelstein (1980: 7), responsible for establishing able-bodied norms. In effect, therefore, the social construction of disability is seen as, not only rooted in different phases of capitalist production, but also in accompanying thought (Abberley, 1996, 1997, 2002): of particular relevance to the debate here on work in the neo-liberal context.

Recent contributions to the critical management and sociology of work literatures have ex-tended two key debates in disability studies. The first has been concerned with evaluating how changes in the character of contemporary work have affected the labour market posi-tion of disabled people. These include analyses of the consequences of a growth in non-manual occupations, the role of the state and state employment in the lives of disabled people, and the increasingly complex character of many enlarged jobs (Foster and Wass 2013; Baumberg, 2014). Another strand has further conceptualised the influence of able-bodied norms and has been concerned with the various ways in which ableism and non-disability operate to reinforce beliefs and practices, which sustain ideas of normalcy in the contemporary labour process (Williams and Mavin, 2012; Foster and Wass, 2013; Mik-Meyer, 2016; Jaemmers et al., 2016). Of theoretical significance, these latter debates high-light the conceptual importance and neglect of ableism and disability in mainstream debates on work, employment and diversity. In the same way that discussions of race have benefit-ted from examining how making visible white privilege facilitates a better understanding of

racism (Davis, 2006) some academics have argued that attitudes and practices that reinforce 'compulsory ablebodiedness' also require further analysis (Inckle, 2015: 43). Definitions of ability, disability, normalcy and health, as with race, shift over time and should be regarded as political categories, subject to re-definition and change. From this perspective 'a disabled person simply has a set of abilities that do not fit into normative structures' (Inckle, 2015: 53). This reinforces the argument that contemporary definitions of workplace H&WB and resilience should be analysed *in relation to* current economic, political and social conditions that shape work expectations.

An examination of the negative consequences of discourses of resilience in a study of the role of the University of Toronto student 'wellness' services by Aubrecht (2012), provides one example of how a critical disability lens can be usefully employed. Equating resilience with 'success' at university and in the future labour market, Aubrecht argues, student 'wellness' services routinely 'reproduce notions of difference, disability and distress as difficulties to be both renounced and exploited' (Aubrecht, 2012: 67). Ill-health and disability, particularly related to mental impairments are, she contends, increasingly portrayed as the consequence of individual failure. Resilience techniques normalising the idea that everyone could potentially 'cope' and be 'improved' if only they were willing to learn them. The message is that learning to cope (being resilient) is synonymous with learning to succeed: a message, argues Aubrecht (2012), which students are expected to understand before they enter the world of work in capitalist economies under neoliberal governance.

In another study, which includes an analysis of how ableist language normalises negative assumptions about disabled people as 'unproductive', 'unemployable' and 'other', Jaemmers et al. (2016) examine how neo-liberal ideas and policy have reinforced negative perceptions of disabled workers. Arguing that disabled people occupy a contradictory position in the workplace, they observe how on the one hand, they are 'discursively constructed for what they are unable to do' but as employees they are 'hired for what they are able to do, as human resources creating value for their employer' (Jaemmers et al., 2016: 1367). This contradiction, they assert, is increasingly difficult to sustain in the current economic and political climate, which views workers as 'living embodiments of human capital, which they have to proactively manage as entrepreneurial subjects' (Jaemmers et al., 2016: 1368)   By highlighting the subtle ways in which language reinforces ableism in the workplace, it is thus possible to see that at an ideological, psychological and emotional level, the language of resilience in H&WB initiatives, does something similar. Ableist assumptions have, moreover, increasingly permeated popular management thinking, where idealised notions of 'lean and flexible bodies capable of achieving performance' (Corbett, 2013: 425) are interchangeable with high performance working practices. This is despite academic evidence that suggests that such practices are the cause of stressful work environments that legitimise fear and bullying (Corbett, 2013; Carter et al., 2011).

Constructs of what is an ideal worker have historically been shaped by the ways in which societies have chosen to organise work and the value attached to those performing the labour. Both have been influential in disadvantaging disabled people in the labour market (Foster and Wass, 2013). A common legislative 'solution' has been workplace adjustments

or accommodations, but these more often than not leave underlying ableist organising

principles untouched, adapting work from an able-bodied ideal, so that variations to a job

are viewed as inferior, or concessions to an 'ideal' norm.   Normalcy in organisations

stigmatises those with existing and future impairments and 'rewards those who most

closely conform to socially prescribed ideal models of appearance and behaviour' (Tregaskis,

2004: 66), which can also affect people disadvantaged by norms associated with 'lookism'

(Butler and Harris, 2015).   If the ideal worker in contemporary capitalism is to now be

defined according to their aesthetic value, how resilient they are and as self-managing able-

bodied entrepreneurial subjects, the logical outcome is that many more people will fall

short of this, with the consequence that they will potentially be socially constructed as dis-

abled. Workplace stress is increasingly medicalised by unrealistic individual performance

expectations and, learning to cope will be synonymous with surviving neo-liberal change

(Aubrecht, 2012: 69-70). Discussion must, therefore, be refocused on the social structural,

economic and political conditions that created the adversity against which that workers

have to be resilient in the first place.

The Well-Being at work Agenda and Disability: Are there Potential Opportunities?

This debate began by noting the continued marginalisation of disability in the workplace

diversity literature, a trend, which needs to be reversed if an increasingly dominant

managerialist H&WB at work agenda is to be challenged. The neglect of disability is

sometimes (wrongly) attributed to the perception that it is a negative label, rather than a

political description of the consequences of socially constructed barriers. It has also been

(mis)interpreted as a 'social category', rather than an oppression (McBride et al., 2014: 332).

As discussed, the usefulness of the social model of disability is that it not only

conceptualises disability as a social oppression, but is also concerned with political action

and change.

The social model of disability has, however, not been immune to criticism. In its strongest

form, its concern with social and material conditions to the exclusion of all else, has been

questioned.   For example, Abberley (1996) argued for a social theory of impairment in

disability studies. Believing impairment to be 'the material substratum upon which the

oppressive social structures of disablement are erected' (1996: 63), he also argued that

impairment experiences are significant when differentiating the social oppression

experienced by disabled people, from other groups. A neglect of bodily experiences and the

relationship between gender and disability, furthermore, has been the basis of feminist

critiques of the social model (see debate by Thomas, 2007: 70-2). This has also included the

psychological and emotional effects of disablism (Thomas, 2007), the causes of which are

seen as located 'in oppressive social relationships rather than individual psychopathology'

(Reeve, 2014: 92).

In the employment context, Williams and Mavin (2012) posit that the role of what they term

'impairment effects', such as fatigue and pain, needs to be better understood to appreciate

the everyday work experiences of many disabled employees'. The intersection of age and

disability, particularly the consequences of both on the body, has also been viewed as

significant. The US disability activist and academic Zola (2005), believed that an ageing

workforce might play a key role in universalising and thus politicising workplace disability

concerns, given that the likelihood of developing an impairment and experiencing workplace

disability increases with age. An assumption that data from Canada casts some doubt upon,

suggesting a negative correlation between labour-force participation rates, employment

status and the intersection of age and disability: with older disabled working-age adults

having a lower labour-force participation rate than younger adults with a disability, or older

adults without a disability (McMullin and Shuey, 2006).

A study of ageing, class, well-being and masculinity in the City of London by Riach and

Cutcher (2014) examined the ways in which work-related bodily experiences could be

regarded as accumulation strategies, shaping and transforming the body over time. In the

highly competitive environment of the City, value placed on maintaining an image of fitness,

well-being and masculinity becomes part of the 'embodied capital' for people working

there. From this perspective the authors proposed the body be viewed as reflecting 'gender

scripts, class experiences and organizational values' (Riach and Cutcher, 2014:772).

Furthermore, in relation to ageing, the authors drew an important distinction between

chronological and 'social ageing'. The latter reflecting organisational, occupational and

cultural norms as well as chronology, suggesting the need for future research 'to explore

how the concept of accumulation can expose how organizations neglect bodies over time in

relation to physical, emotional or health-related episodes or needs' (Riach and Cutler, 2014:

785).

The concept of embodied capital is an interesting one and could be extended to include both impairment and disability scripts.   The idea of social ageing like the social model of disability, moreover, captures the complex interrelationships that exist between work and society, individuals and organisations. Ways in which work is socially shaped is acknowledged, so too is the influence of work and occupational expectations on the body and bodily (including psychological and emotional) experiences, particularly through the ageing process. However, while Riach and Cutler's (2014) study implies that in the City some bodies would never be able to achieve occupational 'fit', ableism and disability are not directly considered in their analysis.

Until ableism, particular its subconscious taken-for-granted manifestations, is better theorised, integrated and ultimately challenged in debates on workplace diversity and well-being, it would be difficult to use the social model of disability as the sole basis for a universal critique of current H&WB discourses. The social model of disability helps to illuminate the distinctive oppression experienced by disabled people and exposes the reactive and normative character of workplace policies such as 'reasonable' workplace adjustments. This does not mean that disability (defined politically, not in terms of personal tragedy), should be viewed as a minority concern (Zola, 2005). Rather, as this debate shows, the social construction of disability has become increasingly relevant to more and more workers subject to neo-liberal policies and associated 'lean' management ideologies. However, a social model of disability is only one aspect of a social model of well-being and work. A model is needed that is capable of challenging a range of value judgements based on normative definitions of health, ability, appearance, behaviour (among other things) and, which

is concerned with the empirical reality of workers qualitative experiences. Such a model could be a social model of disability and well-being at work, but whatever it is called, it needs to be capable of challenging existing managerial and HR led discourses of H&WB and providing a more sophisticated analysis of the politics of workplace ill-health and ultimately dis-ability. This can only be achieved by shifting the terrain of debate on workplace well-being away from individual resilience and 'ideal' or idealised workers, to focus instead on the causes and collective consequences of impoverished social and working conditions – including stress, unreasonable workloads, job insecurity, diminished work-life balance, voice and increased powerlessness.

Acknowledgements

Notes

[i] The term disabled people/person reflects accepted terminology in the UK. The social model of disability preferred by UK disabled people's organisations, distinguishes between im-

pairment and disability: the latter being a consequence of societal barriers, not the impairment itself. In some other countries alternative people first terminology is preferred.

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