“Putting a plaster on a festering wound”: Perspectives on wellbeing initiatives amongst early career medical and academic professionals

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Abstract

This thesis explores employee wellbeing practices, specifically perceptions and experiences of wellbeing interventions in academia and the medical profession. It utilises a social constructionism approach to understanding the experiences pertaining to wellbeing at work of junior doctors and Early Career Researchers (ECRs). Using photo-elicitation semi-structured interviews, this research examines wellbeing practices amongst junior doctors and ECRs. A Foucauldian perspective, particularly the notions of the neoliberal subject, governmentality and technologies of the self, is utilised to explore employer-led wellbeing interventions and the tensions that exist when individuals are presented with wellbeing interventions as well as the responsibility that relies on them as 'neoliberal subjects' to comply with the neoliberal organisations systems (e.g. audit culture, accountability and performativity). This thesis also draws on a sociological framework by looking at wellbeing as relational and processual, in terms of relationships with others. The relational approach to wellbeing explores the experiences of wellbeing; the type of relationships that individuals forge and how these within the workplace can shape the way wellbeing is experienced. Owing to dominant discourses of wellbeing which centre on individualistic behaviours and the responsibilisation for their own wellbeing, then within the workplace domain, this may also lead to the assumption that it is the 'choice' of the employee to participate in these interventions and act responsibly towards their own wellbeing. The findings in this research points to three themes: alternatives to resist to the neoliberal workplace and wellbeing discourse; the nature of work and possibilities of managing working conditions; and wellbeing practices outwith the workplace. These themes were analysed using crosscutting themes such as relationality, time and space, and the 'ideal worker' and 'extreme work' notions. This thesis has contributed to look at wellbeing as relational and processual which enable further understanding on how and why employees' relationships with others (people, as well as animals and plants) shape their wellbeing practices beyond the workplace.

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Author’s Declaration

I declare that, except where explicit reference is made to the contribution of others, that this thesis is the result of my own work and has not been submitted for any other degree at the University of Glasgow or any other institution. All research procedures in this thesis have received the approval of the relevant Ethics Committee.

Name: Claudia Mylena Yañez Ospina

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Abbreviations

BMA British Medical Association

CIPD Chartered Institute of Personnel and Development

EAP Employee assistance programme

ECR Early Career Research

EWB Employee wellbeing (as refer to the wellbeing at work definition from a quantitative approach)

GMC General Medical Association

HEE Health Education England

HEPI Higher Education Policy Institute

HESA Higher Education Statistics Agency

HSE Health and Safety Executive

NEF New Economic Foundation

ONS Office for National Statistics

PWB Psychological wellbeing

SMERC Scottish Medical Education Research Consortium

SWB Subjective wellbeing

UCU University and College Union

WWCW - What Works Centre for Wellbeing

Chapter One: Introduction

This thesis concerns employee wellbeing and employer-led wellbeing interventions in the medical and academic professions in the United Kingdom (UK). There is an evolution of how wellbeing discourses have shaped policy and organisational practice in the UK, in particular, there is a prevailing "neoliberal individualism and responsibilisation for wellbeing" (Leigh, 2019, p.225). Wellbeing has been a salient topic within research (Jackson et al., 2022) in different academic disciplines over the last two decades. Wellbeing has been considered as an ideal and an outcome as having a positive connotation, in other words, as something deemed good (Hanc, McAndrew & Ucci, 2019). Yet wellbeing has also been criticised. The book by Cederström and Spicer in 2015 called "The wellness syndrome" is prominent for highlighting how wellbeing has been used as a means to promote prescribed ways of living (e.g. eating healthily, doing regular physical activity, maintaining low levels of stress via relaxation and meditation, and so on). Those are related to 'instructing' individuals how to reach a state of 'being well' through a series of behaviours, thus creating and exacerbating feelings of preoccupation for their wellbeing (Richardsen, 2017). In the following subsections, this introduction chapter sets the wider context for the thesis by examining the development of wellbeing policy in the UK, including the case for employee wellbeing within organisations. Further, it offers an overview of employee wellbeing interventions in UK workplaces as well as situates wellbeing as part of the research agenda. Finally, in the last subsection the research aims and research questions are introduced in conjunction with describing the two professional contexts where this research is conducted.

1.1 Rationale of this thesis

Critical views on wellbeing at work from organisational studies have emphasised how "managerial discourses" place wellbeing as an individual responsibility (Watson et al., 2023). This research was driven by the findings of my master's dissertation on UK academic

women's leadership experience in a women-only leadership programme (Aurora). While I conducted my master's research, the accounts of women pointed to a lack of work-life balance as well as negative effects on their wellbeing. Thus, the pressures that the organisation placed on them to progress in their careers and to become 'ideal academics' seemed to be overwhelming. Later, I was struck to learn that there was a significant higher number of work-related ill health cases, specifically in terms of stress, anxiety and depression, not only in education but in healthcare compared to other sectors and industries (HSE, 2019). Unsurprisingly, in both professions there is an increase in access and referral to counselling or therapy services (BMA, 2018; Morrish, 2019).

Furthermore, doctors and academics also shared their stories regarding the effects of the current conditions of contemporary workplaces, which were part of a series of blogs in UK media. For example, a total of 187 stories published as part of the weekly column section in the Guardian called Academics Anonymous that run between 2016-2019 collated the accounts of academics illustrating issues in universities such as commodification of education: *"My student paid £9,000 and now they think they own me"*; metrics and managerialism: *"Our obsession with metrics turns academics into data drones"*; and precarity: *"Students! Your lectures are on strike because they are struggling to survive*" (The Guardian, 2015).

Equally, doctors (some included their names others preferred anonymity) wrote posts in the same media outlet between 2015 to 2020, where a total of 215 stories were shared to the public. Some of the structural issues referred to mental health: *"Junior doctor suicide makes me worry about how I'll cope in the job"*; to long working hours: *"It can be exhausting to care': a letter to all new junior doctors"*; and to understaffing and increasing accountability: *"My job as a doctor in today's NHS is draining me of humanity"* (The Guardian, 2015). By reading about the experiences of academics and medical professionals in Britain, I believe it

is not only about systemic issues surfacing as they have been present and worsening the wellbeing of these professionals, but to question if a change to the way organisations approach wellbeing at work may be a necessity to remediate some of these structural issues and to enhance the wellbeing of employees. This thesis then examines the perceptions of junior doctors and early career academics (ECRs) related to employer-led wellbeing practices and how employee wellbeing practices are situated in relation to the conditions of the contemporary workplace.

1.2 Wellbeing policy development in the UK

Research into wellbeing has not only been prominent in academic research, but in public policy and in organisations. Wellbeing has attracted the attention of the government and organisations as a way to endorse a pseudo-solution to complex social problems such as health, inequality, and environmental issues (Jackson et al., 2022). Subsequently, the meanings and discourses of wellbeing have shaped the type of interventions related to wellbeing, particularly to employee wellbeing.

The former UK-Prime Minister, David Cameron, publicly supported the launch of the Office for National Statistics (ONS) National Wellbeing programme in 2010 (Bache, 2018) which covers ten areas of "national wellbeing" such as personal wellbeing, health, finance, relationships, education and skills, among others (ONS, 2019) and a mixture of objective and subjective indicators. In broader terms, governments have focused attention on studying and measuring wellbeing to monitor public policy impact (Bache & Scott, 2018). In the UK, the discourse of wellbeing is one that encourages people to work due to its proposed positive effects on mental health and wellbeing (Vickerstaff, Phillipson & Wilkie, 2011). The general consensus may be that "for most people in most situations, working is better than not working" (Redekopp & Huston, 2019, p.251). This idea of how securing a job makes one a 'happy individual' becomes problematic when individuals are assessed as 'fit' to work when

they are not well, as work pressures and demands of some type of jobs may negatively affect their own health and wellbeing (Vickerstaff, Philipson & Wilkie, 2011). Furthermore, in 2014, two main developments emerged in the framework of employee wellbeing enhancement, aiming to influence the wellbeing policy agenda.

First, there was the introduction of the 'Fit for Work' website aimed at providing assessment and advice to reintroduce people not currently working into the labour market as soon as possible. Interestingly, this initiative was first introduced through "Dame Carol Black's review of the health needs of the working-age population and the government's response to that review" (Wainwright & Calnan, 2011, p.177) but the scheme ended in 2018. The UK government received critique for implementing an 'individualistic wellbeing policy' that also followed a positivist approach (Bache & Scott, 2018). The endorsed policies pointed towards the promotion of 'healthy' lifestyle and behaviours (e.g. regular physical activity, healthy diet) as well as the enhancement of subjective wellbeing (Wainwright & Calnan, 2011). Furthermore, the critique points towards the responsibilisation of individuals for their own wellbeing and the utilisation of individual wellbeing as a means to "promote other policy agendas" (Bache & Scott, 2018, p.15). This means that as individuals are prompted to actively look after their wellbeing, the government can develop policies that are closely related to particular framings of subjective wellbeing. This was the case of the Conservative Party in the UK (Scott, 2015).

Second, the creation of the What Works Centre for Wellbeing (WWCW, later known as What Works Wellbeing) as an independent centre was the result of a research in partnership with the University of East Anglia. They released a set of five principles (communication, coherence, commitment, consistency, and creativity) with the purpose of guiding the deployment of wellbeing initiatives and programmes in the workplace. Although this initiative has a focus on unravelling the complexity of wellbeing, it also aims at measuring and monitoring wellbeing (i.e. through quality of life metrics) as a goal that individuals are

expected to achieve, in the name of gathering evidence for policy making. Thus, it aligns with promoting a national wellbeing that call for individualism and "personal wellbeing" as White (2017) suggests. Not only does this involve the promotion of wellbeing 'ideals' that individuals ought to follow, but also indicates a lesser importance of collective wellbeing than individual wellbeing. In all, the UK government initiatives for employee wellbeing present an inclination to treat work-related illness as an individual issue rather than a systemic one.

These wellbeing discourses coupled with the changes in work conditions (e.g. increasing work demands and pressures, short-term contracts) of contemporary work pose pressing issues for individuals in terms of work-related ill health (i.e. workplace absence, work-related stress, mental ill health, amongst other medical conditions). Specifically, the UK government has embraced a 'healthy lifestyle' approach (e.g. doing physical activity, following a healthy diet) through policies to improve wellbeing as well as a focus on subjective wellbeing (e.g. happiness) (Wainwright & Calnan, 2011, p.177-8). These discourses have shaped public policy and how wellbeing has been understood and promoted, which is mainly oriented towards measuring and monitoring national subjective wellbeing (Bache & Scott, 2018). For example, the Office for National Statistics (ONS) utilises forty-one indicators of national wellbeing (Seaford, 2018). Thus, it is through objective and subjective quantitative indicators[1] that wellbeing is framed and conceptualised in public policy. It is relevant to examine how these discourses are connected to notions of wellbeing as 'feeling good' (hedonic view) and 'functioning well' (eudaimonic view). Yet as Scott (2012, p.4) argues, these discourses "influence discussions about where the responsibility for wellbeing lies, whether with the state, local government, communities, individuals or with 'society' – a problematic notion in itself".

[1] For instance, the inclusion of four questions assessing people's experiences in a scale from one to ten.

How the principles of contemporary ideology (i.e. individualisation, competitiveness, responsibilisation, performativity) affect the wellbeing of individuals can be understood through the concept of neoliberalism. What this ideology does is to keep the individual in the spotlight. As Gill and Donahue (2016) argue, neoliberalism encourages individuals to be autonomous and responsible. In work settings, employees can be governed in a subtle way by their employers as the former take responsibility for their own wellbeing. Similarly, individuals act as agents of neoliberalism when they comply with neoliberal logics (Whelan, 2015). Ones that relate to individualistic behaviours and competitiveness.

Due to the direction that public policy in the UK is taking, there is increasing concern regarding the disadvantageous effects on individuals' wellbeing (Scott & Masselot, 2018). Scholars in the UK (Gill, 2017; Gill & Donahue, 2016; Tucker & Horton, 2018), Ireland (Morrisey, 2013) and Australia (Whelan, 2015) have examined the effects of neoliberalism on wellbeing such as anxiety, distress and career progression, for example. In relation to this question, it is relevant to examine how employee wellbeing has been framed and addressed.

1.3 Building a case for employee wellbeing

The above discussion makes it clear that in the UK wellbeing has been characterised by a tendency to measure the wellbeing of the population and stressing the importance of individual wellbeing, where individuals are those acquiring skills and behaviours necessary to achieve high levels of wellbeing. In the workplace, the wellbeing discourse is not different from what the government encourages through national wellbeing frameworks and standards. For example, since the start of the new millennium there have been policy developments such as the 'Management Standards' by the Health and Safety Executive (HSE) and 'Five Ways to Wellbeing' by the New Economic Foundation (NEF) regarding the management of ill health for individuals in the UK. However, workplace absence remains an issue of concern for government and organisations.

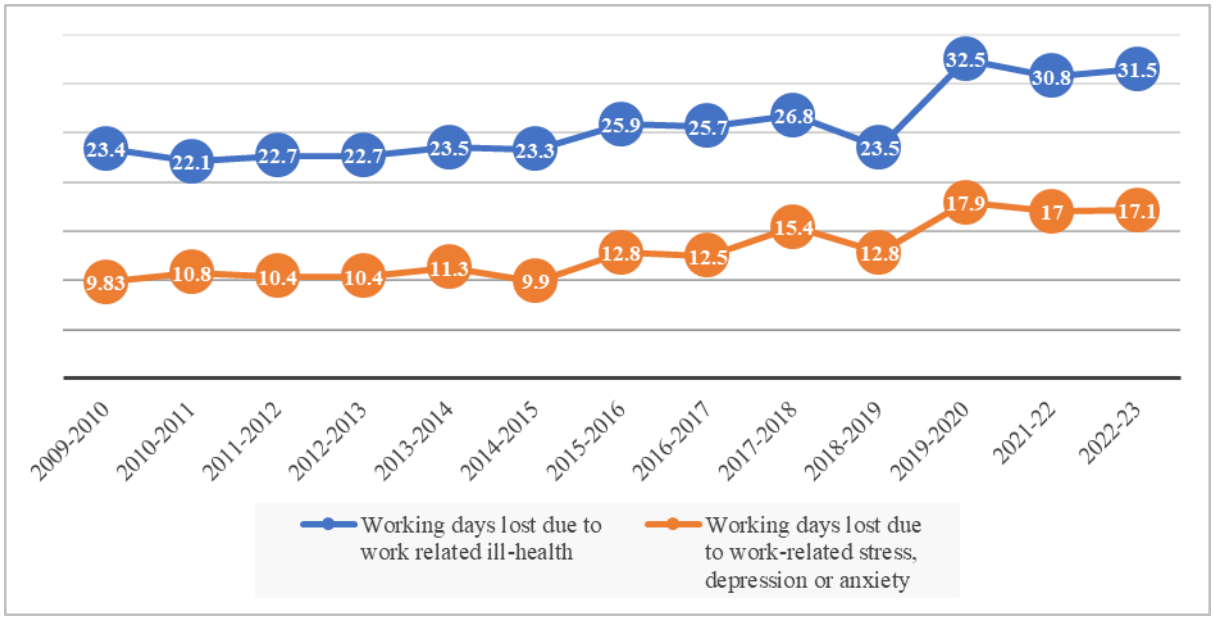
After four years of research and development of the plan, the HSE focused on tackling stress with the introduction of the Management Standards approach with the promise of reducing the number of employees with work-related stress (Mackay et al., 2004; Bond et al., 2006). Specifically, the framework aimed to "reduce the incidence of self-reported work-related illness by 20%, and to reduce the number of working days lost from work-related illness by 30%" (Cousins et al., 2004, p.116). Undoubtedly, the work of the HSE has established the foundations to support a legal basis for employers to comply with basic accommodations and follow guidelines to support employee wellbeing.

During the last decade, the Chartered Institute of Personnel and Development's (CIPD, 2023) absence management surveys (later called Health and Wellbeing at work report) have shown that, between 2012 and 2023, stress remains one of the main causes of short and long-term related absence, where an unmanageable workload is still the most common cause of stress at work. Also, stress, musculoskeletal injuries and mental ill health (e.g. depression or anxiety) persist to be the most common causes of long-term absence each year (CIPD, 2023). Furthermore, it has been reported that 31.5 million working days in the UK were lost between 2022-2023 due to work-related ill health issues, with 17.1 million working days being lost due to work-related stress, depression and anxiety (HSE, 2023).This has been the case for at least the last decade, with numbers increasing (See Figure 1).

Equally, Health and Safety Executive (HSE) statistics show that workplace absence costs the British society £20.7 billion per year of which 63% (£13.1 billion) corresponds to ill health causes (HSE, 2023). A FirstCare (2017) report warns of the negative effects of employers' inaction regarding wellbeing at work and indicates that the cost of workplace absence will increase to £26 billion by 2030 (in 2016 terms). These figures shed a light on how ill health is a significant problem for individuals, organisations and the government due to the implications of workplace absences (HSE, 2019). Although, there is a business case for the promotion of employee wellbeing which has served to raise concern and to increase

wellbeing interventions in the workplace (Harvey, 2019), further enquiry should focus attention on the motivation behind deploying these interventions and how these may affect individuals.

Figure 1. Working days lost in the UK between 2009-10 and 2022-23 (MM)



Source: Own formulation based on HSE data from the Health and Safety Statistics Report (2009-2023)

Following a business case for employee wellbeing related to reducing absences (and presenteeism) at work, as Nielsen et al. (2017, p.101) argue, "organisations are becoming increasingly aware of the importance of wellbeing in gaining and maintaining competitive advantage". Particularly, organisations have been deploying wellbeing interventions aiming to either changing individual's behaviours prior to them experiencing adverse effects (e.g. stress management training) or dealing with already stressed individuals (e.g. through counselling).

This indicates that organisations approach employee wellbeing and particularly wellbeing interventions as a solution where the individual is the one who has to change, rather than changing workplace practices which produce work-related stress. For instance, organisations have not been widely using job re-design as an intervention as it demands significant

restructuring, even though the HSE's management standards for workplace interventions support job re-design (Mackay et al., 2004). Data from the CIPD (2023) regarding adoption of employee wellbeing interventions as part of a standalone wellbeing strategy in support of a wider wellbeing strategy show a slow increase from 40% in 2017 to 53% in 2023, where to a large extent the focus is on mental health (and promotion of stress management). This may create concerns regarding how wellbeing may be medicalised or conflated with mental health. Thus, it is concerning that interventions are mainly focusing on individual 'stress management' activities (CIPD, 2023) while ignoring a collective aspect and relationship building which should be embedded in the organisational culture to help nurture employee-employee and employee-employer relationships.

Overall, organisations utilise the business case aligned to a neoliberal approach where the government provides a series of recommendations as standards or frameworks that aim to tackle work-related stress and reduce workplace absence, which organisations follow. The exercise of planning, adapting and revising wellbeing interventions according to how effective they are is one that each organisation has to do, including understanding what employees' needs are being targeted. The figures above show that it is necessary that organisations re-think the type and use of interventions aimed at enhancing employee wellbeing.

1.4 Limitations of current wellbeing practices in the workplace

Clearly, there is still work to be done regarding how organisations approach wellbeing (e.g. lack of holistic programmes, strategies versus standalone initiatives) (CIPD, 2019). Overall, despite the investment into wellbeing programmes and interventions in organisations (Cooper & Dewe, 2013), there has not been significant improvements to employee wellbeing (EWB) in the past ten years, yet more work pressures are put on employees to increase their productivity. It is undeniable that there have been significant changes to employees' working

conditions that have impacted organisational and societal health in the past two decades (Cooper, 2009).

For example, the current state of wellbeing at work is closely related to changing contemporary workplaces (e.g. flexible working, workload intensification, temporary contracts) (Cooper, 2009; Kowalski & Loretto, 2017). Particularly, work intensification remains a challenge when it comes to doing more with less (Kelliher & Anderson, 2010). Thomson, Chadwick and Hämisegger (2018) critique the direction organisations are taking as in the best-case scenario organisations are coping with the symptoms of stress whereas in the worst-case scenario, they are solely using interventions as a justification of the increased job demands.

Therefore, it is relevant to examine the nature of wellbeing programmes that are being implemented as Sutton et al. (2016, p.180) assert that "wellbeing programmes are often initiated in organisations based on an assumption that they will promote employee engagement and performance". However, a constricted approach based on assumptions that introducing EWB initiatives will reduce workplace absence and improve performance tend not to succeed (Juniper, 2011) and approaches which place performance on top of wellbeing might be counterproductive (Watson et al., 2018). Furthermore, as Redekopp and Huston (2019, p.253) claim, "most workplace interventions to enhance wellbeing have focused on stress and stressor management". Similarly, Keeman et al. (2017) argue that workplace wellbeing interventions have as a pivotal point the aim of reducing perceptions of stress. Therefore, it is pertinent to critically analyse how employers are prone to focus on singular dimensions of wellbeing (i.e. in terms of job satisfaction, commitment, job engagement, etc.) rather than treating wellbeing as a holistic construct (Guest, 2017; Grant, Christianson & Price, 2007).

1.5 The employee wellbeing research agenda

In the UK, academic research on wellbeing has centred on two conceptualisations of wellbeing: subjective and psychological (White, 2015). As previously discussed, measurements of national wellbeing in the UK include objective and subjective indicators, which is also the case in academic research on wellbeing from psychological perspectives and quantitative research in the social sciences. However, the aim of this thesis is not concerned with measuring wellbeing as a construct with given indicators. For example, the latest statistics of one of the indicators of wellbeing *'satisfaction with main job'* shows that 73% of adults in the UK are fairly or very satisfied with their main job as in December 2023 and January 2024 (ONS, 2024). This number does not provide information regarding what the causes for job satisfaction would be or explain why numbers on workplace absence have been increasing in the last decade (as with working days lost per year, See Section 1.3).

Management research has explored the effects of the presence or absence of EWB (e.g. Syrjälä et al., 2009; Truss et al., 2013) whilst attempting to define wellbeing (e.g. La Placa et al., 2011; Dodge et al., 2012; Grant, Christianson & Price, 2007) and, more specifically, EWB (e.g. Bakker, 2015; Keeman et al., 2017; Renwick, 2003). In the past two decades, scholars have paid attention to employee-centred outcomes and the role of EWB (Khoreva & Wechtler, 2018) as well as investigated the positive outcomes of EWB and the psychological and physiological outcomes of wellbeing (Nielsen et al., 2017). The variables utilised to measure wellbeing at work have not captured the complexity of EWB as many studies examined mainly 'happiness' aspects over health aspects (Peccei & Van de Voorde, 2019). The ill health aspects (i.e. work-related stress and burnout) should not be ignored as these aspects have been less explored (Van Beurden, Van De Voorde & Van Veldhoven, 2020), yet should not be conflated or equalised to wellbeing.

In the Human Resource Management field, EWB has been researched in terms of the relationship between HRM systems and employee wellbeing (Ogbonnaya & Messersmith, 2019), the 'triadic' relationship between HR practices, wellbeing and performance (Peccei & Van de Voorde, 2019; Guest, 2017; Veld & Alfes, 2017), and, notably, employee perceptions of HR practices (Wang et al., 2020). This advancement in research is not without its limitations in terms of more empirical evidence needed regarding the factors that affect wellbeing at work and the usage of EWB HR practices (Kowalski & Loretto, 2017). Similarly, scholars have argued that it is necessary to use the standardised definitions and conceptualisations of wellbeing to advance EWB research (Fisher, 2014).

Much of organisational research on wellbeing tends to take a narrow view of wellbeing. For example, Atkinson (2021) argue that wellbeing at work is at times conflated with career success and satisfaction. Again, this conflation occurs when wellbeing at work is examined as a factor of organisational performance and other organisational resources (e.g. HR practices, relationships at work) and then measured either by objective and/or subjective indicators.

A common three-tier classification for interventions addressing wellbeing in the workplace includes primary, secondary and tertiary levels (Clarke & Cooper, 2004). Among these, secondary (e.g. stress management training, time management training, resilience training and mindfulness) and tertiary (e.g. counselling services and occupational health services) level interventions have become more popular due to being less challenging and resource-intensive for organisations compared to primary ones, as they do not focus on changing working processes (Johnson, Robertson & Cooper, 2018). However, secondary and tertiary types of interventions focus on the individual and may 'absolve' the employer's responsibility for employee wellbeing (Kinman & Teoh, 2018) since organisations demonstrably provide resources that help employees to 'cope' with work pressures. Therefore, the assumption is that every individual is responsible for their own wellbeing and

that it is their 'choice' to participate in these interventions for acting responsibly towards their own wellbeing.

To enrich research in management and organisation studies, this thesis is looking at wellbeing from a *relational perspective* as a *processual* and *collective* phenomenon. To do so, this thesis examines how employee wellbeing interventions are perceived by employees (Nielsen et al., 2017). The next section discusses the particular chosen professional context of the thesis, and sets out the aims and questions that guide the research.

1.6 Thesis professional context, aims and research questions

This thesis examines employee wellbeing practices, and perceptions and experiences of employer-led wellbeing initiatives of ECRs and junior doctors, from a relational perspective (White, 2010, 2017). This entails understanding wellbeing as a dynamic phenomenon which is shaped by interpersonal relations that are part of the journey of 'enhancing' employees' day-to-day wellbeing. Employee wellbeing concerns experiences of wellbeing and relationships at work, how people connect with others and vice versa, and eventually how these relationships (in and out-with) the workplace shape individual's wellbeing practices. Particularly, individuals at entry-level are in vulnerable positions as they navigate their workplace culture. For example, a growing number of ECRs are on insecure contracts (Bone, Jack & Mayson, 2018) and under constant competition to achieve targets as well as experiencing increasing surveillance (Maisuria & Helmes, 2019). The case of junior doctors is similar as they have experienced changes to roles and responsibilities, pay decline, and work/life pressures while still in training, which has led to negative effects on their wellbeing (Forsythe & Suttie, 2020).

Experiences of academics have been widely researched in the last decade. However, in academia, research has been concerned about the ways neoliberal academia affects academic work, as well as the implications of the changing work for their wellbeing (e.g. Murgia &

Poggio, 2019) and what strategies are particularly employed by ECRs to navigate the workplace culture (e.g. Bristow, Robinson & Ratle, 2017). An under-researched topic is that of how forms of resistance used by them can also affect their wellbeing (Anderson, 2006). Similarly, more research is needed which explores the differing and diverse experiences of academics when navigating structural issues (e.g. overwork culture, job insecurity and precarity) in their institutions.

In the medical profession, there has been an increased attention to junior doctors' wellbeing (Forsythe & Suttie, 2020) as well as several research projects which aim to examine wellbeing interventions offered to junior doctors such as the COVID-19 study – SMERC project and the NHS Staff and Learners' Mental Wellbeing Commission Report (HEE, 2019). These reports made important contributions to the examination of social and cultural wellbeing by providing a framework (being heard, being supported, and being valued) which evidences that responsibility for junior doctors' wellbeing should rest with employers and the type of interventions deployed and support offered. However, the main focus of the reports has been on analysing the provision of wellbeing interventions at work and have paid less attention to in-depth examination of junior doctors' experiences of wellbeing practices inside and outside the workplace.

Both ECR and junior doctors have reported issues related to ill health and poor wellbeing due to being under-resourced and over-stretched (Morrish, 2019; BMA, 2018), and experiencing job insecurity due to precarious contracts (Gill & Donahue, 2016; Rich et al., 2016), whilst at the same time seeing an increase in administrative tasks and having their performance scrutinised by monitoring mechanisms (Tourish, Craig & Amernic, 2017; BMA, 2019). Although these are structural issues in both sectors, organisations have deployed individualised wellbeing interventions to alleviate them. Little is known about the reasons these interventions may be making a significant change to individuals' wellbeing and what their experiences of wellbeing at work are.

This thesis takes a Foucauldian perspective, particularly drawing on the notions of governmentality, the neoliberal subject, and technologies of the self. This enables insight into any potential tensions that exist when individual manage the responsibility placed on them as 'neoliberal subjects' to comply, 'work hard' and 'do well' (Ryan-Flood & Gill, 2010) in a context of work intensification and casualisation, as previously discussed. In particular, the thesis explores the possibility of resistance (overt and covert) to neoliberal structures and wellbeing discourses (and interventions) in academia and the medical profession.

The aim of this thesis is to enrich management and organisational research into employee wellbeing through an empirical exploration of employee wellbeing practices, and perceptions and experiences of EWB interventions in academia and the medical profession. The research asks the following questions:

1) How can employee wellbeing practices be situated in relation to the conditions of the contemporary workplace?
2) What roles do relationships within and outside the workplace play for maintaining employee wellbeing?
3) How do ECRs and junior doctors perceive employer-led wellbeing practices?

In order to examine these research questions, the thesis is organised in the following chapters. The next chapter reviews the literature and is divided into three sections: the examination of wellbeing as a multifaceted concept; a review of wellbeing at work in research; and an exploration of EWB interventions in the workplace. Following on from the literature review, Chapter Three discusses academia and the medical profession as examples of 'extreme jobs' where employees are experiencing the consequences of overwork due to the way wellbeing has been handled in the workplace. Chapter Four is the methodology chapter which discusses my philosophical underpinnings for this thesis as social

constructionism as well as explains photo-elicitation interviews as the method chosen for this research. The findings are discussed in Chapter Five, Six and Seven. Following on from the findings, the Discussion chapter outlines the theoretical and empirical contributions of this thesis. Finally, the Conclusion chapter reviews the main findings in light of the research questions and states the value of this thesis, as well as identifies the limitations of this research and outlines recommendations for future research.

Chapter Two: Perspectives on Wellbeing at work

2.1. Introduction

This chapter reviews current perspectives and key debates on wellbeing at work, drawing together work in different disciplines, but with a focus on management and organisation studies with neighbouring fields. The first section of this chapter discusses the conceptualisations of wellbeing as a complex notion to then propose a relational perspective when drawing on wellbeing at work. Also, a Foucauldian perspective is introduced as well as the notions of neoliberal subject, governmentality and techniques of the self to approach wellbeing at work from a critical angle. Later, this is followed by the examination of employee wellbeing (as EWB) when being researched in organisational studies as it deals with performance, subjectivities and organisational culture. Similarly, gender and the impact of the coronavirus (COVID-19) pandemic have also been considered when analysing EWB. Finally, organisational wellbeing interventions are examined and discussed through a three-tier level framework which provides a scope to further analyse current employer-led wellbeing provision in contemporary workplaces. Overall, the aim of the chapter is to show how wellbeing has been and is currently being defined in the specific context of work in organisations, particularly academia and the medical professional as the work contexts of this thesis.

2.2 Conceptualising wellbeing

Wellbeing has evolved over time encompassing mainly psychological and economic perspectives (Smith & Reid, 2018). Notably, in the last decade, research on wellbeing has been conducted also in other disciplines such as sociology (White, 2010, 2016, 2017; Atkinson, 2013), and politics (Bache & Scott, 2018). Wellbeing has been researched from the latter disciplines through a relational ontology (White, 2010; Scott, 2012; Atkinson,

2013) which approaches wellbeing that detaches from an individualist perspective and notions of personal wellbeing to incorporate a relational perspective (White, 2017).

The purpose of this section is to review research on wellbeing at work and to discuss the challenges when conceptualising wellbeing at work; as Davies (2015, p.219) argues "wellbeing is a notoriously difficult concept to define and has different meanings for different people". In this thesis, wellbeing is understood as a dynamic concept and seen as a process that relates its various components (e.g. mental, physical, relational, material, collective, amongst others), but also as "socially and culturally constructed, rooted in a particular time and place" (Atkinson et al., 2012, cited in White & Blackmore, 2016, p.29). In this thesis the focus is also to understand how wellbeing has and is currently being defined in the specific context of work within two contexts: academia and the medical profession in the UK.

This section of the literature review is comprised of five sub-sections which discusses the multiple 'facets' of wellbeing. To understand wellbeing at work it is necessary to explore the different strands of wellbeing prevalent in the academic literature and the challenges of conceptualisations, including organisational strategies and wellbeing interventions. This section takes as a starting point the ontological and epistemological underpinnings from which wellbeing is being researched and how knowledge is constructed. Then, the first sub-section examines the different approaches in current literature on wellbeing at work. The second, third and fourth sub-sections relates to three main debates: the dimensions of hedonic versus eudaimonic wellbeing, wellbeing as process versus outcome, and wellbeing as individual versus social, respectively. A fifth sub-section refers to the relational perspective on wellbeing. White's (2010) model of relational wellbeing proposes a framework on how to understand wellbeing as a multidimensional construct (i.e. subjective, material, relational) and also as a process (i.e. personal, societal and environmental). Thus, a relational perspective on wellbeing recognises the value of relatedness with the other and

within the community, which resonates with this thesis as it embraces a relational ontology. Finally, Foucauldian notions of the neoliberal subject which relates at the same time with notions of governmentality and techniques of the self. These concepts are utilised to examine wellbeing and the principles that guide what Foucault called the care of the self.

2.2.1. Happiness or wellbeing

Social science scholars have researched wellbeing from multiple perspectives (Smith & Reid, 2018), where the key disciplines and approaches being from an organisational psychology perspective (Grant, Christianson & Price, 2007); from a sociological approach (White, 2010, 2017; Atkinson, 2013; White & Blackmore, 2016); and from politics (Bache & Scott, 2018). Thus, wellbeing is a construct with multiple facets (Schmidt & Hansson, 2018) and several definitions. Consequently, there is a lack of consensus (Nielsen et al., 2017) about one way of examining it; however, as wellbeing is a complex construct it is expected that different perspectives will be used depending on the discipline.

The objective of this sub-section is to discuss the challenges when conceptualising wellbeing and the academic debates. For this thesis the aim is not to seek out new indicators or on how to 'better' and more effectively measure wellbeing, yet, by utilising a sociological perspective, to shed light on how individuals understand wellbeing and how wellbeing is experienced at work where the social aspect plays an important role.

The conceptualisation of the term wellbeing has been developed in academic research by its relation with other terms such as 'health' and 'happiness'. First, the former may be referring to psychological and physical health depicting a personal and individual aspect of wellbeing, but it may also mean that wellbeing is a dimension of health (Vickerstaff, Phillipson & Wilkie, 2011). Looking at wellbeing as a component of health, oversimplifies it. As Wainwright and Calnan (2011, p.178) argue, it is problematic to equate health with wellbeing since "wellbeing may be viewed as a dimension of health, rather than an

independent category that may have contradictory behavioural imperatives". In other words, there is a sense of subjective and personal wellbeing that has to be achieved (a goal), leading to attitudes that can put individual's health at risk such as workaholism (Schaufeli et al., 2009; Richardsen, Traavik & Burke, 2016). Also, this does not mean that health is not an important dimension of wellbeing as, for example, levels of stress can hinder wellbeing. However, when health as an aspect of wellbeing is being operationalised using job stress "which refers to objective physiological measures and subjective experiences of bodily health" (Celma, Martinez-Garcia & Raya, 2018, p.84). Some scholars (e.g. Redekopp & Huston, 2019) still utilise a more medicalised conception of wellbeing and even mental health as a synonym of wellbeing.

Second, the latter (happiness) is a construct which has been used interchangeably with wellbeing (Taylor, 2018), but also has been utilised by scholars as a term related to subjective experiences of individuals throughout their lives (Huppert, 2014). However, as Bartram (2012, p.645) claims, happiness is the "affective component of subjective wellbeing" which is primarily used in psychological studies as well as in economics. For instance, the 'happiness turn' (Ahmed, 2008) could be seen in the appearance of journals (e.g. the Journal of Happiness Studies, International Journal of Wellbeing) in the early 2000s which follow approaches from the disciplines mentioned above (Smith & Reid, 2018).

Burke (2017, p.4) identifies that "well-being then is an umbrella concept used by researchers; the general public uses the term happiness", which is also echoed by Wright, Emich and Klotz (2017, p.43). Even when happiness as psychological wellbeing centres on "the subjective experiences of individuals" (Grant, Christianson & Price, 2007, p.53) the way it has been used extensively in research (i.e. psychological wellbeing as happiness) have led it to be seen as an outcome and also as a "determinant of other factors" (Atkinson, 2013, p.140). This comparison of wellbeing as happiness is problematic and unclear (as in the case when equating health and wellbeing): sometimes wellbeing is framed as incorporating solely

a subjective aspect as happiness, whereas other times it is seen as integrating objective (material) aspects as well as subjective ones. Happiness is an ambiguous term that sometimes may be connected to subjective wellbeing (SWB), contrary to wellbeing which appears to be a multifaceted term including 'objective' and 'subjective' components (White, 2015). The notion of wellbeing as 'multi-faceted' resonates with this thesis as it is widely accepted among scholars that wellbeing is a multi-dimensional term which is determined by the cultural context and individuals' accounts (Scott, 2012). This thesis, conceive wellbeing as a dynamic construct that encompasses different dimensions, but also elements that constantly guide the process of constructing wellbeing (White, 2017).

2.2.2 Hedonic/eudaimonic and subjective/psychological wellbeing

Two dominant and contrasting approaches to wellbeing, which come from a philosophical tradition, are notions of hedonic and eudaimonic (e.g. Fisher, 2014; Huppert, 2014; Smith & Reid, 2018; Schmidt & Hansson, 2018; Warr & Nielsen, 2018; Farrier, Dooris & Froggett, 2019). Hedonic means "feeling good". Hence, "the hedonic perspective posits that only that which can be deemed pleasant or has pleasant consequences is intrinsically good" (Delle Fave, 2013, cited in Smith & Reid, 2018, p.809). Meanwhile, eudaimonic is seen as "functioning well" (Huppert, 2014; Keeman et al., 2017), which is related to the 'self-actualisation' of individuals (Dewe & Cooper, 2012). Flourishing is another way of phrasing the eudaimonic sense of wellbeing alluding to individual attainment (Warr & Nielsen, 2018, p.13). These two dimensions work as complementary of one another, as the hedonic dimension relates to temporary feelings and an emotional state, whereas the eudaimonic one, refers to cultivating skills and knowledge, and the good life (Bache & Scott, 2018). Where the latter is relevant when understanding wellbeing as collective and relational process.

In a work context, hedonic wellbeing is also known as subjective wellbeing which embraces 'positive attitudinal judgements' (Fisher, 2014, p.15). Meanwhile, the eudaimonic wellbeing

at work is linked to 'happiness-plus-meaningfulness' (Carlisle et al., 2009, cited in Smith & Reid, 2018, p.810) and with other positive constructs such as job involvement, work engagement, flow and intrinsic motivation, meaning at work (Fisher, 2014). Both terms, hedonic and eudaimonic, are also connected to research that has taken place in the last decades where hedonic strands are called subjective wellbeing (SWB) while eudaimonic ones are called psychological wellbeing (PWB). The former is more prevalent in wellbeing scholarship as being utilised by economists concentrating on a positivist approach and focusing on measures of wellbeing through social indicators (White, 2017). However, as claimed by Taylor (2018) lately SWB has been introduced in the field of psychological research. The latter referred to a shift from researching negative aspects and experiences of wellbeing to what is named 'positive psychology' and defined as "the study of the conditions and processes that contribute to the flourishing or optimal functioning of people, groups and institutions" (Johnson, Robertson & Cooper, 2018, p.25). This approach has been challenged by several scholars (e.g. Ahmed, 2010; Atkinson, 2013; White, 2015; Calvard & Sang, 2017). One of those criticisms claim that positive psychology, in the context of work, is oriented towards the construction of models where wellbeing is operationalised through positive work outcomes (Calvard & Sang, 2017) such as job satisfaction, disregarding negative aspects (e.g. job stress, job burnout). Sceptics, such as Calvard and Sang (2017) as well as Ahmed (2008, 2010), criticise the fact that the 'positive psychology' research stresses the responsibilisation of the individual for their own wellbeing and resilience as a factor of wellbeing. Equally, this position in respect of responsibilisation was previously pointed out by Atkinson (2013, p.141):

> The main critique levelled at this approach to wellbeing is that achieving these qualities is presented as largely an individual and internalised task of self-management, and that consequently failure of wellbeing can be positioned as failure of responsible citizenship.

Atkinson (2013) makes two valid points. First, regarding how positive psychology studies present themselves as providers of guidelines and principles regarding 'improvement of happiness' in people's lives. An example of that are two books: "Happiness: a guide to developing life's most important skill" by Ricard in 2003; and "The seven principles of positive psychology that fuel success and performance at work" by Achor in 2010 (Atkinson, 2013, p.140). Similarly, "the main critiques of PWB approaches concern their claims to universality" (White, 2015, p.21). Second, variables and determinants for personal 'thriving' leads to a preoccupation to 'self-management' and feeling of responsibility to achieve wellbeing as the ultimate goal encouraging resilient behaviours. Ultimately, a set of instructions for achieving wellbeing may lead individuals to be constantly concerned about doing and functioning well. Thus, "positive psychological functioning" (Ryff, 1989) at work can be translated to attitudes and behaviours that aims at positive work outcomes, yet resulting in hampering individuals' wellbeing. For instance, 'the happy-productive worker thesis' refers to the idea that happy employees perform better than unhappy ones (Warr & Nielsen, 2018). The 'happy-productive worker thesis' not only pre-empts a relationship of causality between job performance and employee wellbeing, but places a responsibility to the employee to be both happy and productive at the same time. As a consequence, employers may step back from taking responsibility for employee wellbeing.

2.2.3. Wellbeing as process versus outcome

Another central debate regarding the conceptualisation of wellbeing, focusses on whether wellbeing is a process or an outcome (Kowalski, Loretto, & Redman, 2015). Conceiving wellbeing as a process instead of a state or outcome that is attained is a less common endeavour (Smith & Reid, 2018, p.816). One avenue of research relates to wellbeing as a state experienced by the individual as seen previously in the facets of wellbeing: hedonic (SWB) and eudaimonic (PWB). Within this perspective, wellbeing has been defined as "a condition of a system in which the essential qualities are relatively stable" (Reber,1995,

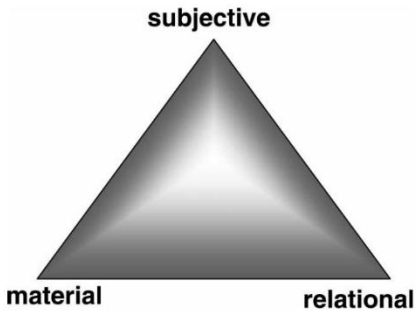
p.750, cited in Hanc, McAndrew & Ucci, 2019, p.769). In similar fashion, Dodge et al. (2012) claim that "a theory that supports Reber's (1995) proposal is the dynamic equilibrium theory of wellbeing", based on Headey and Wearing's (1989) model, according to which each individual has a 'normal' equilibrium level of life events and subjective wellbeing, based on age and personality, yet if life events dramatically diverge from a normal pattern, then subjective wellbeing is affected.

Hanc, McAndrew and Ucci's (2019, p.779) study identified that much of the prior research has failed adequately to establish whether the idea of wellbeing was conceived as a product, thus requiring it to be clearly defined and measured, or whether wellbeing can be interpreted through addressing the elements and actions by which it is advocated or determined. Instead, this thesis recognises wellbeing as a process, and as outlined by White (2015), including 'the set of processes' which are internal processes that constitute wellbeing: personal, societal and environmental.

Conversely, White (2010), writing from a sociological background, proposes a model (See Figure 2) which encompasses three aspects: material (assets, welfare), relational (social and human) and subjective (people's perception and cultural values/beliefs). This model enhances the importance of the person to approach the concept of wellbeing as well as being seen as a process. Therefore, in this model all the dimensions interact with each other which implies a system and constant process as postulated by White (2015).

In White's model, the material aspect encompasses an objective facet of wellbeing such as standards of living, consumption and livelihoods as well as a subjective facet regarding individuals' evaluation of their economic position (White, 2010). This aspect is pertinent when analysing wellbeing since this provides a context where wellbeing is either enabled or hindered, and a place to analyse how the needs of individuals are being fulfilled.

Figure 2.White's model of dimensions of wellbeing

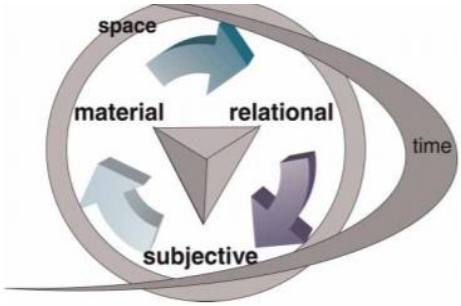


Source: White (2010)

White (2010, p.165) points out that (See Figure 3) "wellbeing is not understood simply as a state that people do or do not experience". Instead, she proposes instead that wellbeing is a process, provided with an element of continuity, and specific to the individual throughout their life. As seen in the model, space and time are also elements of wellbeing which makes wellbeing contextual.

Hence, in contrast with definitions which view wellbeing as a state, wellbeing is here seen as a process and not as an outcome of fulfilling individual needs. Thus, wellbeing as a process is a way forward to advance understanding on wellbeing. As Atkinson (2013, p.140) posits, "wellbeing as a process may also respond to calls to fix the concept of wellbeing and narrow attention onto a personalised subjective understanding of wellbeing". Wellbeing as a solely subjective experience is a reductionist perspective where there is a lack of consideration to the interactions an individual has and how these relationships affect their wellbeing. Thus, adopting White's (2010) proposal of wellbeing as a process, disrupts with the norm of seeing wellbeing as static (as an outcome) and rejecting the idea of relying solely on one facet, personal wellbeing, to understand the complexity of wellbeing. In Atkinson's (2013, p.142) words, "wellbeing is thus conceptualised as in constant production and reproduction".

Figure 3.White's model of wellbeing as process

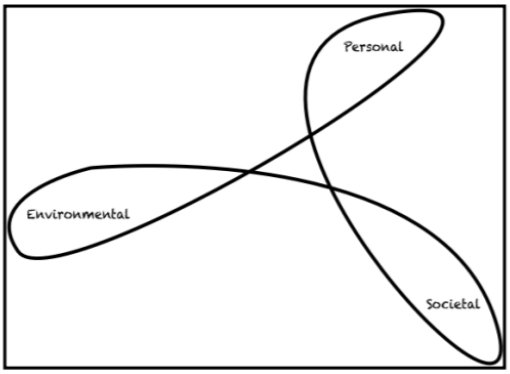


Source: White (2010)

White (2010)'s original model has been further developed to explain the relational ontology embedded in wellbeing. In the original model, three dimensions were initially introduced to comprehend wellbeing: relational, material and subject. These three were entwined, indicating that individuals cultivate relationships that shaped their lives and 'who they are'. It is pertinent to indicate that the material facet of wellbeing denotes an objective side of wellbeing as having the sufficient material resources in life (living standards as White (2010) called it). However, it is necessary to include this dimension in this review as it acknowledges the different realities in different cultures and settings. This is particularly the case when we analyse two professional contexts where working conditions and the contemporary changing workplace may shape experiences and practices of wellbeing. White's (2017) latest developed model presents three constituent processes of wellbeing: personal, societal and environmental (See Figure 4). White (2015, p.12) argues that within the model of relational wellbeing it was necessary to identify the constituent processes of wellbeing where, as in Figure 2, three elements are "interdependent and mutually supportive, but also potentially in tension with each other". The first element is personal which referring to "intra-and-interpersonal processes"; the second, societal, alludes to the "social, governmental, political and cultural structures and processes"; and the third, environmental is connected to "planetary wellbeing" (White, 2015, p.11-2). This model of internal

processes enables to understand wellbeing as situated and in constant flux, where dimensions are interdependent.

Figure 4. The Constitution of relational wellbeing as process



Source: White (2015)

Furthermore, White's (2017) model of the three constituent elements of relational wellbeing as a process resonates with Prilleltensky's (2005) model of levels of wellbeing, which offers a comprehensive account of three 'sites' of wellbeing: personal, relational and collective. The first one refers to the experience of wellbeing; the second one alludes to the quality of relations with others, whereas the third one to a broader realm, the community. This model aligns with White's (2017) model as it considers the inter-dependency of its elements (sites of wellbeing) and contextualise them in the different levels of socialisation. As she develops the argument, "in some cultural contexts a sense of space and place is fundamental to notions of moral order" (White, 2017, p.166). In Prilleltensky's (2005, p.54) model, sites are in connection "with ''where'' well-being is situated". These are three spaces of interaction: in the personal site, wellbeing is intimately experienced; the relational and collective sites meanwhile referring to a broader sense of the wellbeing of relationships. Finally, this suggests that individuals' wellbeing is related to relationships with others and where it is also important to note that a relational ontology implies interconnectedness within a particular environment.

Kitayama and Markus (2000) also conceive wellbeing as relational and elaborate on collective wellbeing and to what extent wellbeing depends on the culture and context. Their perspective is also one that reiterates that wellbeing is not a personal endeavour, but one that is interdependent of the context and a collaborative project. For instance, wellbeing is a collaborative project since one cannot experience wellbeing in isolation; where a requirement to this experience come from the context and the relationships and connections individuals have with others (Kitayama & Markus, 2000).

In line with a relational and collective perspective on wellbeing, our inter-dependency with the environment and others is also important. In other words, the wellbeing of an individual is interweaved with the wellbeing of all beings (Kimmerer, 2013). For example, as in Satama and Huopalainen (2019) autoethnographic study, which examines the situated relationship of a companion animal (i.e. dog) and her keeper highlighting the positive feelings and memories that are shared through their relationship as well as how much individuals can learn from a companion animal in terms of being present, care and gratitude. Furthermore, the role of nature and plants play on enhancing wellbeing should also be analysed from organisational studies, where research have focus on the design of the workplace (Boyko & Cooper, 2022) as part of contributing to wellbeing, but not to examine connections with nature through wellbeing practices at work, for example.

Therefore, it would be worth researching on the role of animals and nature have on wellbeing. As Sayers, Hamilton and Sang (2019) propose that empirical studies in organisations should focus on the role that other species play in the lives of individuals as well as the meaningful relationships that can be built. Thus, researching on wellbeing which emanates from different parties and how this is reciprocated in a constant process. This is in line with Kimmerer (2013, p.381) remarks on gratitude and reciprocity, “both the honor of giving and the humility of receiving are necessary halves of the equation”.

2.2.4. Individual and social wellbeing

Previously it was mentioned that wellbeing has a potential of being explored as a process rather than an outcome as well as collaborative project rather than an individual one. The latter points to how individuals might need to manage their wellbeing or look at wellbeing as a personal endeavour, yet this is an approach borrowed by the discourses on wellbeing in research and those promoted in national wellbeing frameworks. This subsection concentrates on the tension between individual and social wellbeing, and the latter as a way forward to comprehend how wellbeing is experienced.

Individual wellbeing

SWB and PWB, as subjective and psychological wellbeing respectively, in scholarly literature are characterised by the construction of wellbeing in reductionist and individualist terms. First, it is reductionist since it uses a set of indicators (subjective and objective) to measure societal progress (White, 2017). For example, on a national level, wellbeing is measured through a set of forty-one indicators (ONS, 2020). Although the National Wellbeing programme added four questions[2] for measuring SWB, the majority of questions is oriented towards material aspects related to an economic perspective (i.e. housing, education, employment, among others) (Seaford, 2018). Objective wellbeing could be measured as wealth, income and other material goods. However, it is solely one aspect of wellbeing and which does not ensure happiness or life satisfaction (Bartram, 2012). This was evidenced by Wilkinson and Pickett (2010, cited in Scott, 2012, p.28) as "health and social problems are higher in unequal societies" (e.g. USA, UK). Following the above reasoning, subjective and objective wellbeing can be simplistic when attempted to be measured and not even provide sufficient evidence of individual's experience of wellbeing.

[2] Overall, how satisfied are you with your life nowadays? To what extent do you feel the things you do in your life are worthwhile? How happy did you feel yesterday? How anxious did you feel yesterday? (ONS, 2020).

Furthermore, research that draws on SWB and PWB attempt to measure wellbeing through quantitative methods/tools and utilising scales, due to mainly being applied in economics and psychology, which results in reductionist approaches that oversimplifies the understanding of wellbeing. For example, SWB has been measured and primarily researched using cross-sectional and quantitative studies where the selection of variables broadly varies (Scott, 2012, p.29). The dominance of these types of quantitative empirical research lacks the different perceptions of what wellbeing means that qualitative research can offer through analysing interactions and relationships amongst individuals that circumscribe wellbeing within a relational ontology.

Second, individualism is embedded in the utilisation of social indicators to place the individual at the centre, but the individual, who is the unit of analysis of the research process, is simultaneously being objectified. White (2015, p.18) posits that this abundance of positivist and quantitative approaches to wellbeing serves "to position people as objects whose characteristics are to be observed from outside". In other words, an individualist ontology is dominant in much research into wellbeing along with a positivist epistemology which seeks to measure people's wellbeing.

Moreover, White (2015, p.11) emphasises that "the strong undertow of individualism in […] psychology and economics means that the social is conceived primarily as contributing to individual wellbeing or (also) as the sum of individual wellbeings", rather than being seen as foundational for wellbeing. This not only claiming an individualistic 'utility' approach where relations with others are seen as means to achieve personal wellbeing, but also underpinning an individualist ontology. This is echoed by Smith and Reid (2018, p.808) who state that "a problematic focus is identified across the hedonic (as SWB) and eudaimonic (as PWB) traditions of wellbeing as a quality inhering in the liberal individual, opening up discussion regarding the unspoken question of which 'being' is implied when researching well- 'being'". This suggests a caveat when researching wellbeing as SWB and PWB since

the emphasis is on the individual and their personal wellbeing. Thus, when White (2017) argues that positive relations with others play a part in individual's wellbeing, this should contribute to research on wellbeing that values reciprocity and mutuality rather than to encourage egotistical and instrumentalist behaviours. Examining wellbeing as social can provide answers regarding how wellbeing is actually experienced and enhanced.

Social wellbeing

Alongside conceptualisations of wellbeing along individualistic dimensions, another key dimension that has been put forward is *social wellbeing* (Fisher, 2014). Contrary to hedonic and eudaimonic perspectives, social wellbeing is rooted in a sociological perspective where wellbeing is not centred on the individual but where wellbeing is experienced socially within a specific context and set of values. Social wellbeing is defined as a sense of contributing to society (Campion & Nurse, 2007, p.27) and has an emphasis on the quality of interactions with others (Scott, 2012). As Van de Voorde, Paauwe and Van Veldhoven (2012) posit, the social aspect of wellbeing has been included in models from organisational and management research in Appelbaum et al. (2000); Boxall, Purcell and Wright (2008); and Purcell and Kinnie (2007). Furthermore, among other models, which also cover the social aspect or quality of relationships of wellbeing, are Grant, Christianson and Price (2007), and White (2010, 2015, 2017) and Prilleltensky (2005) who refer to it as a relational site. Thus, it is not a coincidence as most of the scholars develop the idea of relation with other individuals in a particular context which chimes with the relational ontological/phenomenological stance of wellbeing. Wellbeing needs to be socially "situated" and contextualised to be understood and analysed. Atkinson (2013) highlight the need of a context-based approach when addressing wellbeing, as situating wellbeing enable a further understanding on what it is valued and what shapes wellbeing, but also why wellbeing is experienced and perceived in particular circumstances and conditions. This is also echoed by Campion and Nurse (2007, p.24), as they claim that "concepts of wellbeing have not only changed over time but also

differ between cultural groups and even between different people within the same culture". For instance, White (2010) states that "doing well - feeling good" is a widespread discourse in so-called developed countries (and now even extended to so-called Global North), where the former relates to an economic success and the latter to personal experience. Therefore, wellbeing may be understood as a cause-effect phenomenon where individuals are solely preoccupied with their own material prosperity (Wilkinson & Pickett, 2010) which makes reference to the individualist ontology mentioned earlier. However, by reformulating the above phrase to "feeling good, doing well", it may entail a different view to wellbeing where the collective aspect preponderates the individual interests, thus when collective and individual levels are interconnected.

2.2.5. A relational perspective on wellbeing

Relational wellbeing rejects the idea of 'personal wellbeing'[3] as individualistic, specifically from an individualist ontology where "positive relationships with (external) others contribute to the individual's wellbeing. (White, 2017, p.128). Furthermore, wellbeing is relational when it considers "the dynamic interplay of personal, societal and environmental structures and processes, interacting at a range of scales, in ways that are both reinforcing and in tension" (White, 2017, p.133). The relational approach of wellbeing has resonated in political studies (e.g. Bache & Scott, 2018), in human resource management and organisational studies (e.g. Guerci, Hauff & Gilardi, 2019), in human geography (e.g. Atkinson, 2013; Smith & Reid, 2018) and also in the psychological field (e.g. Slife, 2004; Paulin, Lachance-Grzela & McGee, 2017). Also, the relational approach has opened a path for considering as relevant the context of individuals when exploring their wellbeing. For example, Trueman's et al. (2013) research relates to how the relational approach can be

[3] Personal wellbeing is developed by Sarah White (2017) as one of the three approaches to wellbeing used in public policy (comprehensive wellbeing, subjective wellbeing (SWB) and personal wellbeing). Personal wellbeing relates to 'Five Ways to Wellbeing model' and the renowned term 'feeling good, doing well'.

included in policymaking and programme' implementation "in terms of the economics of regeneration, participation, sustainability, social enterprise […]".

Relational wellbeing recognises the individual as a subject embedded in the relationships we have with each other where relationships are placed before the individual (White, 2017). Thus, this approach is a means of acknowledging the multiplicity of voices and relationships between individuals and the community (including the environment, animals and plants). Relational wellbeing provides a perspective to understand better the context, the relationships with others and individual's subjective experiences of wellbeing, a 'sense of wellbeing'. Of interest to examine, then, is what different relationships that emerge as key to wellbeing, and the meanings associated with those relationships.

2.2.6. A Foucauldian perspective on wellbeing at work: Governmentality and the care of the self

A Foucauldian perspective on wellbeing allows for understanding wellbeing as situated in a given context with given relations, including power relations. Power, knowledge, governmentality, subjectivity and care of the self are some of the concepts that comprises much of Foucault's oeuvre. Foucault's work on governmentality draws on "technologies of the self" and how power can be exerted in a subtle fashion. Governmentality is a regime which focuses on the creation of 'docile bodies;' those who can be subjected and "provide submissive, productive and trained source of labour power" McNay (1994, p.92). However, governmentality not only refers to governing others but to the government of the self. In this context, Foucault's notion of the neoliberal subject is useful for examining how neoliberal discourses, policies and neoliberalism as a phenomenon, more generally, can impact wellbeing and wellbeing practices of individuals.

It is important to note that the Foucauldian neoliberal subject is not just a 'docile body' but one that is an "entrepreneurial/enterprising self". This type of subject is capable of self-regulation, self-discipline, self-management of their own life (Mulhall, 2016). When

individuals become self-regulating subjects, they submit themselves to the process of subjectivation with the moral principle of knowing themselves (Foucault et al., 1988). The neoliberal subject is thus the product of the exposure to neoliberal market discourses that constantly impose on them to perform, compete, and achieve a state (or feeling) of 'happiness'.

Governmentality is linked to the moral principle of "take care of yourself" which, as Foucault explains, was subsequently displaced by the principle "know yourself" instead. The former relates to the Ancient Greek (Delphic) morality on 'the concern with the self' which was not only to oneself but to others, whereas the latter refers to Christian ascetism, the relations of oneself to oneself (Foucault, 1986). This, according to Foucault, posited a problem between both moral principles throughout history, from Plato to Hellenistic and Roman periods (Foucault, 1987). One avenue to understanding governmentality is through these two moral principles, the government of the self and over others, the intersection of technologies of domination of others and technologies of the self. This thesis uses Foucauldian lenses to analyse how employee wellbeing (EWB) is perceived by individuals and how they manage their wellbeing at work and when undertaking (or even pursuing) wellbeing practices.

On the one hand, technologies of domination of others are linked to how there are external mechanisms which are imposed onto the individual. These mechanisms refer to ways to change and mould the behaviour of individuals in a direct fashion. For example, it might be relevant to examine how line managers may act as the one who govern others (employees in this case) and may emulate the ideals of what an organisation envisages for its employees and competitive performance.

Foucault et al. (1988, p.19) claims "I am more and more interested in the interaction between oneself and others and in the technologies of individual domination, the history of how an individual acts upon himself, in the technology of the self". The emphasis of Foucault is on

comprehending the origins of these 'technologies' which come from his study of ancient practices: Greco-Roman philosophy and Christian spirituality (Foucault, 1987). Focusing on these type of techniques (e.g. self-examination, self-renunciation) may be useful when understanding what wellbeing means and how wellbeing is enacted by individuals. This thesis then is not just focusing on this type of technology but how it is interlinked with relationality for which Foucault proposes some examples when drawing on technologies of the self.

On the other hand, as previously mentioned, governmentality can be related to technologies of the self. Since "one must become the doctor of oneself" (Foucault et al., 1988, p.31), knowing how one is doing, it inherently entails a sense of self-responsibilisation for the individual. For instance, Scott and Masselot (2018) purport that the promotion of 'active citizenship' invoke individuals to internalise a doctrine where they (as citizens) find the solutions to their own problems, then they are in a state of 'self-management' and 'self-regulation' (Mulhall, 2016). As McNay (1994, p.97) explains that 'control' is exerted in the form of "invisible strategies of normalization". In this fashion, individuals (ergo subjects) become those who are governed and self-governed as they have the 'freedom' to choose (Rose & Miller, 1992; Cairns & Johnston, 2015) how to achieve their own personal project, that of active citizenship. This can be extended to the notion of wellbeing where the individual is seen to be 'free' to enhance their own wellbeing through particular practices.

Furthermore, when referring to the care of the self as Foucault called it 'souci du soi' or '*epimeleia heautou*,' as the Ancient Greek philosophers name it, he argues that it is an imperative where the care of the self is not just circumscribed by preoccupation 'but a whole set of occupations' as roles we have to undertake, thus implying labour (Foucault, 1986, p.50). Within those roles that suppose our actions and relationships to others (the social practice), there is also a preoccupation of the care of the body and the mind. The former is particularly aligned with a medicalised culture. As previously mentioned, the idea of

‘becoming a doctor of oneself’ involves self-responsibility and self-knowledge for/regarding our bodies, to know when we are in good health and when we need to improve our health. The exaltation of ‘knowing the self’ may follow a path where individuals have to constantly look after themselves. Foucault et al. (1988) provides examples of techniques of self-examination and techniques of self-renunciation (which comes from Christianity). The latter refers to the fact that “you cannot disclose without renouncing” (Foucault et al., 1988, p.48) linking to the notion of (goal of) salvation afterlife, whilst the former makes allusion to the ‘exercises’ that the Greeks predicate for the living of a good life and “the mastery of oneself” (Foucault et al., 1988, p.35).

In this section, this thesis focuses on techniques of self-examination as these are practices important when understanding how one can have ‘concern for the self’, and ‘care for the self’. The act of self-examination proposes that in that mode of practice one can know exactly what one should do, which interlinks with the principle of ‘care of the self’ throughout life.

However, the care of the self also implies relationality as one cannot exert practices of care of the self in isolation, considering that the relationship with the self happens before the relationships with others. Foucault et al. (1988), proposes that for the Greeks those practices, techniques (i.e. writing letters to friends and disclosure of the self, examination of the self, and askesis) were undertaken in conjunction with their close friends and relatives. The examples that he gives are those related to pieces of writings where there is a description of activities and also reflection about those, relating the body and the mind.

The reasoning to bring up relationality comes from Foucault’s (1987, p.118) explanation, that of its ethical implications:

> “Ethos implies also a relation with others to the extent that ‘care for self’ renders one competent to occupy a place in the city, in the community or in interindividual relationships

> (...). And the care for self implies also a relationship to the other to the extent that, in order to really care for self, one must listen to the teachings of a master"

Relationality plays a key role when examining 'the care of the self' as it refers to how caring for oneself can undoubtedly be beneficial for the individual but also to others in different forms. For example, on the one hand, when one may follow what a master of care has to teach and, on the other hand, when one cares for the self then one can act as a master 'of care for self' to others. Both ancient Greek philosophy and Christian ascetism believed that 'taking care of oneself constituted not only a principle but also a constant practice" (Foucault et al., 1988, p.21). Although it was considered earlier about the negative connotation (i.e. being onerous) that this 'constant practice' supposes to the individual, it is interesting to note that it is also optimistic as caring for the self will prove to be a fruitful practice (and preoccupation) for us as individuals, and our families and friends and, later, for our communities. Being well with oneself provides certain elucidation about what to expect (from ourselves and from others) as well as what to expect of our relationships with others. For Foucault (1987, p.119), it was important to clarify that there are no cases of domination of other or 'risk of governing others' when one cares for oneself (which involves knowing oneself) as the former only happens when there is lack of 'care for the self' as well as when relations of power are imposed and fixed, and cannot be changed.

Finally, Foucault (1987, p.122) also mentions that practices of self "are patterns that the individual finds in his culture and which are proposed, suggested and imposed on him by his culture, his society and his social group". As these practices are contextual, we can see that there has been a development of these practices throughout Western history. Foucault states (1987, p.121) that discourses have been re-shaped and re-considered through time, what he calls the "historical constitution of the different forms of subject". Therefore, within any society comprised by free individuals, there are relationships of power, "power is always

present" (Foucault, 1987, p.123). This is another important point that Foucault makes, as he claims that when there is power there is a possibility of resistance.

Academic research that has engaged with resistance have found that academics are complying rather than resisting (Clarke & Knights, 2015). Kalfa, Wilkinson and Gollan's (2018) study revealed that academics do have "strong ideological objections" and it can be a reason for the limited acts of resistance. Although there is certain compliance with the current neoliberal system, research about resistance in universities (Bristow, Robinson & Ratle, 2017; Anderson, 2006; Anderson, 2008; Archer, 2008) has demonstrated that the compliance/resistance duality is far more complex in practice when examining the experiences of academics. In fact, there are creative ways in which academics comply with the system and strategies that they take in order to resist the managerialism as there are contradictions and tensions related to them (Thomas & Davies, 2005) when academics are forging their identities, for example in the case of early career ones who are in 'vulnerable' positions (i.e. precarious contracts). Particularly, this group are prone to "acting out 'good', 'worthy' and 'committed' academic identities" (Bone, Jack & Mayson, 2018). For this thesis, resistance to certain practices of the self (and perhaps the practices of wellbeing) are those which needs also to be identified and examined thoroughly. In the case of the medical profession, acts of resistance is an under explored area in academic research, and therefore, a fertile ground to explore whether or not junior doctors employ act of resistance in the workplace.

2.3. Examining employee wellbeing

One avenue of research has mainly focused on defining employee wellbeing (EWB). For instance, EWB has been defined employing different models proposed (e.g. Grant, Christianson & Price, 2007; White, 2010; Atkinson, 2013; Danna & Griffin, 1999). EWB has been described as "organizational flourishing" (Illies et al., 2015, p.827) and its markers/mediators including job satisfaction, burnout, work engagement between working

conditions/personality and job performance have been examined (Bakker, 2015, p.839). The notion of EWB can be seen as employee welfare and "wider experience of organisational life" (Renwick, 2003, p.356); as "quality of work as experience by the employee" (Warr, 1987, cited in Vakkayil et al., 2017, p.549); and even as "the presence of something good" which comes from a positive psychology perspective (Taheri, 2019, p.436). Laine and Rinne (2015) recognise the difficulties of developing EWB as a concept, thus positioning it as a challenging endeavour for scholars.

As with wellbeing in broader terms, there is no consensus with regard to the definition of EWB, reflective of the fact that it is a multifaceted phenomenon (Schmidt & Hansson, 2018). The research on EWB in business and management studies has primarily focused on investigating the relationship between organisational performance, HR practices and wellbeing. However, critical studies that challenge this dominant perspective of EWB play an important role when developing alternative approaches to wellbeing. As Fleuret and Atkinson (2007, p.112) argue, it is important "to recognize and incorporate into research approaches the range of interpretations and uses that different constituencies of actors accord to the concept of wellbeing". The aim of this section is to critically discuss the notions of healthy workplaces and organisational cultures and practices surrounding EWB.

The definition of EWB that has been used in extant academic research (largely from a psychological perspective) is the one initially proposed by Warr (1987) and referred to in Grant, Christianson and Price's (2007, p.52) work as "overall quality of an employee's experience and functioning at work". Equally, the notion of EWB can be seen as employee welfare and "wider experience of organisational life" (Renwick, 2003, p.356). Based on these statements, EWB encompasses two basic components: one being the individual experiences as an employee and the other being the environment and organisational culture and work colleagues. Components which are intertwined with dimensions of previous models of wellbeing (e.g. psychological, health, relational/social, material). Therefore, in

this thesis, attention is placed on wellbeing with reference to whom: the individual, in particular the employee in the workplace and also those who surround them and are part of their environment and their lives. Similarly, wellbeing has to be seen as a social process rather than individual, where the wellbeing of our community will impact and shape our wellbeing and wellbeing practices.

2.3.1 EWB and performance

The ways as to how EWB has been researched and operationalised denotes a trend which follows an approach that is orientated to increasing individual productivity/performance through Human Resource Management (HRM) practices that keep the employee "happy" and therefore productive. Particularly, this is one of the challenges in understanding EWB: solely involve performance and productivity to justify the importance of EWB. The relationship should be given in the opposite direction where EWB should be an initial concern in its own right that then may impact positively on individual performance at work.

Also, a further issue relates to the lack of clarity concerning the dimensions of wellbeing within the relationship between HRM, individual's performance and EWB (Edgar et al. 2015) and remains an academic debate, similar to the 'black box' phenomenon (Pauwee & Boselie, 2005) employed to identify the absence of information with respect to the internal process where the implementation of HRM practices and policies may impact on organisational performance (Edgar & Geare, 2009). In other words, there is a lack of evidence to point to a causal relation between HRM-performance, yet this is either the focus of this thesis or a theme of interest in this thesis. Nevertheless, this inconclusiveness pertains to a lack of agreement regarding the components of EWB and language used in dominant wellbeing research (Chen & Cooper, 2014), not to the relational view of wellbeing. As described previously, there is need to clarify how EWB is understood and what ontological and epistemological approaches are taken when researching wellbeing.

As with Warr (1987) and Grant, Christianson and Price's (2007), the construction of EWB as a worker's experience has been utilised in many other studies such as Van de Voorde, Paauwe and Van Veldhoven's (2012); Pawar (2016); Veld & Alfes (2017); and Pagán-Castaño, Maseda-Moreno and Santos-Rojo (2019). In these studies, the main focus of analysis are the positive outcomes of the deployment of HR practices, which are closely related to performative goals and how to effectively measure it. For example, HR practices such as performance appraisal and continuous training or professional development which involves meeting targets in a specific time frame.

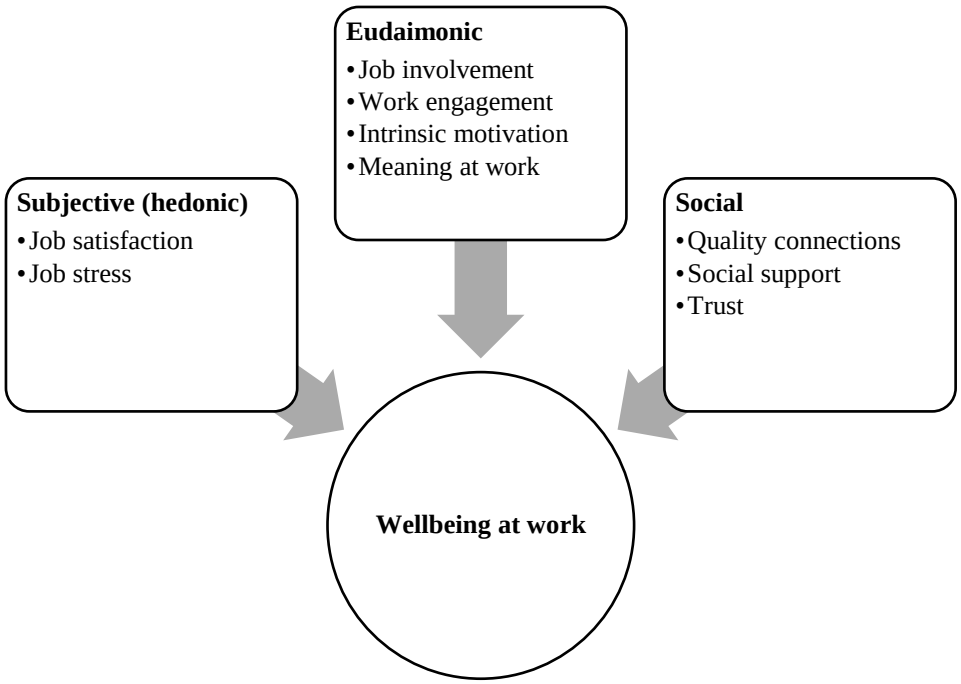
In these studies, EWB is understood as a measurable construct with specific and fixed aspects that can be used as a universal model (one that suits different contexts, for example). Thus, EWB has been treated and operationalised as a moderating variable in the relationship between HRM practices and performance, a mediator in full mediation and partial mediation models, an input measure and even an output measure (Schmidt & Hansson, 2018). In other words, HRM scholars have approached EWB from a quantitative perspective to shed light on the functioning of the relationship between HRM practices and performance. For example, EWB as a mediator in the two different models (full and partial meditation) meaning that HR practices assist in the task of enhancing individual performance and EWB. In this thesis a way forward to gain further knowledge on wellbeing is to explore people's experiences on wellbeing, then pursuing the establishment of a causal relationship seems to oversimplified the multifaceted nature of EWB.

Furthermore, in organisational studies and HRM, EWB has been approached as a construct that possesses three dimensions as proposed by Grant, Christianson and Price (2007): happiness (psychological), health (physical) wellbeing, and social wellbeing. Pagán-Castaño, Maseda-Moreno and Santos-Rojo (2019) found that Grant, Christianson and Price's (2007) classification served a useful purpose when researching EWB from organisational and management perspectives, evidenced by being used as a framework for assessing EWB

good practices in organisations by Investors In People (IIP) with the Health and Wellbeing Award in the UK (Thomson, Chadwick & Hämisegger, 2018). However, this approach of EWB has not served to overcome the challenge of fully comprehending the aspects of wellbeing for individuals within and related to the workplace, and how experiences of EWB varies from person to person. For example, Celma, Martinez-Garcia and Raya's (2018) study on perceptions of employees from firms in Catalonia (Spain) regarding 'socially responsible' HRM practices where data was taken from a national survey (Quality of Work Life). The measures utilised were job stress, trust, and job satisfaction to study health, social and happiness dimensions of wellbeing, respectively. Their study found that job security affects employee wellbeing negatively, yet lacked further develop on wellbeing at work. Again, although Grant, Christianson and Price's (2007) model has been useful, as mentioned above, to analyse some of the dimensions of EWB, it does not address other dimensions as they posited in their own research. Therefore, the use of solely three dimensions falls short to fully examined wellbeing at work and how HRM practices can affect employee wellbeing.

Furthermore, Fisher (2014) described a similar model of dimensions of wellbeing at work influenced by Grant, Christianson and Price's (2007) work, but considering some of the organisational measures (variables) for each dimension (See Figure 5) that were examined in psychological studies where wellbeing was seen as a state. However, there is no consensus on the measures to examine the proposed dimensions of wellbeing at work as in other psychological research the measures of the subjective (hedonic) dimension only consider positive measures (e.g. job satisfaction) as argued by Keeman et al. (2017) and even health is not included in Fisher's model, as there is a strong influence of positive psychology where positive 'outcomes' are dominant when studying wellbeing at work.

Figure 5. Dimensions and measures of wellbeing at work



Source: Author's figure based on Fisher (2014) and Celma, Martinez-Garcia & Raya (2018)

Similarly, there is a cadre of researchers (e.g. organisational psychologists) who are more concerned with exploring psychological variables of EWB as shown in Van de Voorde, Paauwe and Van Veldhoven's (2012) review of 36 quantitative studies from 1995 to 2010, and affective wellbeing as applied in Vakkayil, Torre and Giangreco's (2017) empirical study. Their analysis emphasises that there is a relationship between performance and EWB, the outcomes that can come from that relationship and how this relates to a specific set of HR practices. However, they have also suggested that qualitative studies can answer questions regarding how and why HRM practices connect to particular types of EWB and performance. Nonetheless, in the past two decades, scholars have still paid attention to employee-centred outcomes and the role of EWB (Khoreva & Wechtler, 2018) whilst also investigating the positive outcomes of EWB and psychological and physiological outcomes of wellbeing (Nielsen et al., 2017).

In addition, EWB has been researched in terms of the relationship between HRM systems (i.e. high-performance work systems – HPWS, 'high commitment management' and 'high

involvement management) and EWB (Ogbonnaya & Messersmith, 2019), the 'triadic' relationship between HR practices, wellbeing and performance (Peccei & Van de Voorde, 2019; Veld & Alfes, 2017). It was found that the triadic relationship can be 'enhanced' by the organisational climate, employer commitment to EWB and the deployment of HR practices (Guest, 2017).

However, these advancements in research are not without limitations, in terms of more empirical evidence needed regarding the factors that affect wellbeing at work and the usage of HR practices (Kowalski & Loretto, 2017, p.2248). In other words, this relationship still needs to be rigorously researched as EWB can be affected by specific types of HRM practices and organisational climate. In this type of research, when looking at casual relationships, a caveat when further examining this relationship is to utilise the same conceptual framework and aspects and dimensions of EWB, yet this is still a work in progress for which agreement is needed. Since most of the research has paid attention to specific factors such as psychological and physical aspects (Peccei & Van de Voorde, 2019; Veld & Alfes, 2017), this does not provide a complete view of EWB. What is missing is a sociological view of employee wellbeing where a culture of care and community can be nurtured and can prosper beyond individualistic ways of wellbeing.

Peccei and Van de Voorde (2019) highlighted that regarding the link between HRM practices, wellbeing and individual/organisational performance (HRM-WB-IOP) a worrying issue is the rise in the number of "happiness" aspects (e.g. life satisfaction, emotional wellbeing) of wellbeing utilised in empirical studies over those pertaining to health-related wellbeing. This offers, as previously mentioned, a partial view of what EWB means and how EWB will still be approached in future research. For example, researching employee wellbeing and making a clear distinction between what workplace wellbeing interventions are and what are health promotion programmes (which focuses on occupational health and health outcomes specifically) (Harvey, 2019) as well as considering not only the practices that enhances

EWB, but also those that inhibits it. As Van Beurden, Van De Voorde, & Van Veldhoven (2020, p.22) posit “a valuable factor in relation to employee perceptions of HRM”.

Furthermore, the relationship between HR practices and wellbeing was studied from two competing views: first, the mutual gains model is related to positive outcomes (e.g. work engagement, job satisfaction) within the HRM-WB-IOP relationship, and second, the conflicting outcomes model referred to health-related outcomes (e.g. stress, burnout) (Van de Voorde, Paauwe & Van Veldhoven, 2012). On the one hand, the mutual gains model tends to maintain a positive outlook regarding HR practices related to EWB. In other words, under this view HR practices will positively influence individual performance which is beneficial for the organisations and it turn will also improve EWB. Nonetheless, it can be problematic to exclusively examine positive behaviours or attitudes of EWB since it then hides the negative effects that HR practices related to performance may have on individuals and how this affects their EWB. On the other hand, the conflicting outcomes model presents an opposite view since it claims that HR practices are indeed advantageous for performance, yet detrimental for the wellbeing of the employee (Franco-Santos & Doherty, 2017).

Unsurprisingly, the mutual gains model has been widely utilised in academic research for examining the HRM-WB-IOP relationship in the last 20 years (Peccei & Van de Voorde, 2019). Meanwhile, Bryson, Forth and Stokes (2014) and Warr and Nielsen (2018) have established that the hedonic (satisfaction) dimension of wellbeing has governed academic research. This means that wellbeing research is dominated by the mutual gains model over other theoretical models (i.e. such as relational models of wellbeing and qualitative studies), leading wellbeing to be portrayed as “happiness” and exacerbating positive outcomes of wellbeing. The mutual gains model alludes to a balance between the outcomes of HR practices in relation to EWB where the approach is that improving performance will also be beneficial for the employee is not necessarily the case. Increasing individual performance will not always affect the individual positively since it will also depend on other factors (i.e.

organisational culture, organisational resources, quality of relationships at work). EWB is a dynamic construct which not only depends on the employee experience as individualistic but as part of the relationships and interaction with other individuals and the context of work.

Relationships matter in White's (2010) relational approach to wellbeing. In this instance the experience of wellbeing is intertwined with the type of relationships that individuals forge and how these interactions, specifically within the workplace, can shape the way wellbeing is experienced and the way in which enablers (such as supporting mechanisms) or barriers (such as pressures) may appear. For instance, EWB can be seen as a process which depends not only on the type of relationships the individual maintains within the organisation but also on the relationships outside of it, encompassing particularities in life circumstances and personal characteristics.

Furthermore, the quality of relationships is a more specific domain to be researched when understanding individual's experience of wellbeing at work. Biggio and Cortese (2013, p.9) investigated the interpretations of wellbeing of employees where the perception of employee wellbeing was significantly associated with the quality of relationships and interactions amongst individuals within organisations, with wellbeing being built through behaviours that encourage "positive relations and working climate". Thus, EWB is based on relationships with others which may be beneficial when these interactions develop into behaviours that improves one's wellbeing. For example, when co-workers motivate one another to adopt behaviours that suits their wellbeing needs, drawing awareness to the importance of looking after themselves and building a positive work environment.

In sum, questions of performance remain a central part of the discourse of EWB in quantitative organisational studies. However, a qualitative and relational approach to EWB is proving to be necessary when understanding EWB and the complexities of EWB experiences at work and for individuals in particular circumstances. Incorporating this approach to EWB is a window of opportunity to examine EWB beyond the pursuit for

performance and to explore the individual experience of wellbeing at work. It also enables examining EWB beyond operationalised versions such as job satisfaction, work engagement, or health-related EWB.

2.3.2. The contemporary notion of "healthy workplaces"

EWB is embedded in ways in which organisations adopt strategies and implement HR initiatives that enhance the wellbeing of their employees. The experience of individuals in the workplace is therefore framed by the type of HRM practices that organisations offer but also shaped by the management approach and leadership style, and organisational culture. Since EWB is an important matter for employers due to the increase in workplace stress and depression (Savage & Staunton, 2018), accompanied by demands for presenteeism and increases in absenteeism, the provision of wellbeing programmes within organisations has largely increased, focusing on "healthy breakfasts and lunches" and "gym/physical exercises programmes" (Zheng et al., 2019). More specifically, some organisations (e.g. universities) are devoted to promoting a "positive workplace culture" to maintain healthy, motivated and engaged workers (Meacham et al., 2019, p.103) without overlooking the sought-after positive effects on productivity. This approach to wellbeing does not carry the message of developing EWB as a priority for employees, and one that involves commitment of employers to make wellbeing part of a wider 'people' strategy. A strategy that genuinely focuses on changing structures and policies that are aligned to a EWB culture rather than deploying a few programmes that do not address the root causes of both presenteeism and absenteeism in the workplace.

"Healthy workplace" is a term introduced by Grawitch, Gottschalk and Munz's (2006) review as outlining five categories of practices: work-life balance, employee growth and development, health and safety, recognition, and employee involvement. To be recognised as a "healthy workplace", "employers need to ensure that their culture, leadership and people management are the foundation on which to build a fully integrated well-being approach"

(Thomson, Chadwick & Hämisegger, 2018, p.123). In other words, an approach to wellbeing that places the individual first, where the organisational culture nurtures its people through HR practices. It is about being an organisation that cares about the development of the individual, through the notion of duty of care.

"Healthy workplace" as a concept provides the opportunity to critically reflect on EWB. First, as stated by the CIPD (2019), there is a strong business case for organisations to deploy HRM practices that enhance EWB and organisational performance. Although EWB is on the employers' agenda, there are concerns deriving from the ultimate outcome that is expected: maximization of performance in line with the mutual gains perspective. These concerns come from the effects that workplace pressures pose on individuals that eventually leads to 'poor' performance, low engagement and absenteeism due to health-related conditions (e.g. burnout, stress).

Particularly, there are suggestions that in the UK presenteeism and absenteeism have been addressed with the deployment of wellbeing programmes (Harvey, 2019). Hence, the employee is expected to enhance both their performance and their wellbeing. Healthy workplaces are not supposed to solely display a good strategy and interventions for wellbeing, but to believe in employee wellbeing as a need that is part of a collective project (Kitayama & Markus, 2000), which is developed through relationships at work every day. Equally, as Loughlin and Mercer (2014, p.300) posit, "it must be a collaborative process that can be best described as interactive and reflective at all levels of an organization". Unfortunately, healthy workplaces discourses tend to be viewed by employees as a facade to proclaim a good place to work, one that cares about the wellbeing of the workers. However, they might, on the other hand, be viewed as workplaces that take responsibility for its employees; as a place where wellbeing is part of the organisational culture and where employees are heard and nurtured. On their part, employees are able to participate actively and are able to propose practices that make a workplace better and healthier.

The notion of healthy workplaces adheres to the idea of individuals that are working in a space that seems to be 'utopian' since there are wellbeing initiatives in place but not addressing issues related to actual organisational resources and policies that are needed to improve EWB, which can be seen as a limitation of this notion. Most importantly, as the CIPD (2016, p.3) states "to truly achieve a healthy workplace an employer needs to ensure that its culture, leadership and people management are the bedrock on which to build a fully integrated well-being approach". In other words, an organisation that possesses a supportive organisational culture, employee development, good interpersonal relationships with co-workers and line managers, promotes work–life balance initiatives (Burke, 2017). Work life balance can be promoted in day-to -day activities in the workplace, as not only depends on what is offered by the organisations but it is embedded in the organisational culture and the way individuals behave at work.

In sum, in research, EWB should be approached from a perspective that develops employees in their different roles (i.e. as workers, careers, partners, parents) and acknowledging their needs inside and outside work. Also, consideration of specific situations of individuals has to be addressed when researching employee wellbeing (i.e. such as gender, culture, gender, stage in life, and mental health issues, job role) as these particularities will have an impact on the experience of wellbeing at work. Furthermore, to design and adopt a "healthy workplace" it is necessary that employers take responsibility for the wellbeing of their employees and thus EWB interventions and wellbeing-oriented practices are aligned with outcomes related to benefit individuals' wellbeing but not ones that may put some individuals at a disadvantage (i.e. producing inequalities in the workplace).

2.3.3. EWB and gender

Wellbeing is a process that individuals experience within their particular context of work while at the same time is interlinked with other roles in life which individuals have. For example, it is difficult to detach personal roles (i.e. partner, parent, daughter/son) from the

role as professional/worker (i.e. supervisor, colleague, mentor) within the workplace and put them aside when analysing experiences of EWB. This experiential process refers to the diverse circumstances that an individual goes through. For instance, conversations with other individuals, with their ideas and conceptions on what the priorities are in their lives and how they use the organisational resources available can shape the way individuals experience wellbeing at work. As Kossek, Valcour and Lirio (2014) claim, our social roles at work intersect with our roles in life (also known as non-work realm), thus as work being part of life it is necessary that organisations support a culture that allows individuals to have control and clear boundaries of their work and life.

Workplace demands exert great pressure on individuals such as the time needed to complete a task for work, the decisions and arrangements made to complete work hours and to find a balance between their roles (employee, spouse or partner, carer, parent, citizen) in different spheres (i.e. work, family). Some of these roles are gendered. Similar to wellbeing, gender is being constructed, done (or undone) every day through interactions and as West & Zimmerman (1987, p.129) claim, it is "the product of social doings of some sort".

Following a '(un) doing gender' perspective, understanding gender as processual and enacted (Cohen et al., 2019) contributes to establishing a link between wellbeing and gender and to further delve into this relationship. In general, wellbeing and gender are interconnected since there are aspects such as role conflict, women as ideal workers, flexible working and stress at work which have been analysed from a gender perspective (See Aarntzen et al., 2019; Ollilainen, 2018; Chung & van der Lippe, 2018; Rafnsdottir & Heijstra, 2013). However, the point of departure in this relationship is the interactional level where meanings of gender and wellbeing converge (Sullivan, 2004). For example, couples who are more egalitarian in terms of parenting are more prone to befriend other couples with same parenting approach (Deutsch, 2007). Perhaps the continuous interaction between more

egalitarian couples may serve as mutual stimulus to resist traditional gender roles and gendered practices.

Following from Acker's (1994, 2006) third point of entry[4] in organisational life that individuals 'do' gender via face-to-face interactions, resonates with the relational approach of wellbeing where wellbeing is seen as a process and where relationships can influence our experience of wellbeing, but also the context where it is situated. There is an existence of gender differences regarding experiences of and responses to work-life balance initiatives (Day & Hartling, 2017) and in those situations women have been disadvantaged in terms of career progression opportunities and work-family conflict, for example.

Women with caring responsibilities who have to juggle and struggle to prioritise work over family and vice versa, which in turn may clash with traditional gender roles (i.e. women as primary carers). Regardless of having caring responsibilities, there are perhaps other activities that women want to undertake (e.g. further education, hobbies or religious activities) (Kelliher, Richardson & Boiarintseva, 2019); however, they might be unable to pursue them causing them work-life conflict.

Furthermore, women are likely to experience role conflict when trying to manage multiple roles (Haynes et al., 2012). For example, UK women academics are expected to be in charge of their own "work-life balance" and juggle their work demands (Toffoletti & Starr, 2016) that may lead to individualistic attitudes that may hinder prosocial behaviours within the workplace. Social pressures and traditional gender roles may put women in a place where they experience their workplace in a different way compared to a male co-worker. When gendered expectations regarding how to perform at work (ideal worker) exist, women have to work longer hours (Bozzon, Murgia & Poggio, 2019) this is particularly more visible

[4] The first and second point of entry are related to daily process and decisions and images and symbols in the organisational culture, respectively. The fourth entry point refers to the self, the gendered persona.

when motherhood may interfere with future career progression and management of workload.

The notion of the ideal worker is motivated by the current competitive work environment and it is characterised by long hours, high 'commitment', and visible busyness (Kelly et al., 2010). Furthermore, this notion is gendered as it refers to a masculine conception and traditional gender norms. As Acker (1990) argues, the ideal worker is not a disembodied worker but represents a 'male' worker who dedicates his life to his job. However, although there are working women who may be the breadwinner and would contest the traditional breadwinner title/role (i.e. man who 'provides' to his family), it has been shown that they are still disadvantaged in terms of career progression due to the myriad of 'tasks' (e.g. domestic chores, caring responsibilities, work responsibilities) they perform and alternate in private and public realms which does not correspond with the ideal worker expectations (Acker, 1990). Pocock (2005) provides an alternative model of the modified breadwinner, referring to women having a paid job as well as an unpaid one which is related to their care responsibilities and family responsibilities, respectively. The implications for how this affect women's wellbeing deserves more attention, which can be explored through experiences of wellbeing at work in the case of women and the type of wellbeing practices they have.

First, one way of how women's wellbeing is affected is due to a masculine notion of the 'ideal worker' (Acker, 1990) and, in the case of mothers, also affected by 'maternal guilt'. As women follow the ideal worker image, they find themselves in a double-edged sword situation since apart from keeping a job and support a family or provide income they also have to work extra hours to compete with their male counterparts (Gascoigne, Parry & Buchanan, 2015), which may have an impact on their wellbeing.

It is worth noting here that organisations possess their particular organisational culture (Trice & Beyer, 1991), where values and norms will shape the experience of individuals at work. For instance, Aarntzen's et al. (2021) study found that organisational context impact on

feelings of maternal guilt. They concluded that in workplaces where egalitarian gender roles norms are part of the organisational culture (i.e. top management being supportive of men's parental leave, work-family policies encouraging men to be an active caregiver), interactions with co-workers may not produce feelings of maternal guilt if women are working longer hours. Conversely, in organisations where traditional gender norms are dominant, critical comments from colleagues to parents regarding absence from home (due to work) bring feelings of work-family guilt in both men and women; however, higher levels of maternal guilt are to be seen. Interestingly, when men embrace traditional gender norm beliefs, their guilt feelings remain very low or even absent when working long hours (Aarntzen's et al., 2021).

Furthermore, Aarntzen's et al. (2021) study also revealed that there are further consequences when strong feelings of maternal guilt are experienced, such as women planning to reduce working hours and spend more time with their children when working long hours. Negative feelings of wellbeing are related to feeling unhappy due to the lack of compliance with gender role ideals (putting children's needs first) and the time spent with their children but also unhappy because of not being able to make the choices they (should) want in order to follow gender role ideals. However, attention is required to research that focuses on analysing wellbeing from a relational approach rather than solely on job satisfaction and happiness (subjective wellbeing) or general measurements of happiness.

Second, as navigation in the workplace is different for men and women, some disadvantages appear particularly for women. One of them is related to career progression and the take up of EWB interventions, particularly work-life balance supports systems (also known as family-friendly policies) such as flexible working, flexi-time, job sharing, compressed working hours (Wood, 2018). In the UK, the shift from full-time to part-time working is prevalent for women, particularly for those with children (Kirton, 2017). Women's tendency to utilise work-life balance support available at work more than men may be related to gender

norms and expectations (e.g. face-time expectations, linear career path, long hours culture) (Sabattini & Crosby, 2016).

Although work-life balance support available in organisations may be seen as positive as these accommodate needs of those employees with caring responsibilities (particularly women who tend to be caregivers), the dominant perception is that women cannot perform 'as well as men' (Gascoigne, Parry & Buchanan, 2015). It raises the question on what type of organisational support is given as in the long-term women's professional career will suffer the consequences of not acting as an ideal worker. For example, when women are on part-time roles and have scarce (or lacks) opportunities to be promoted, they are likely to be seen less committed to their work but most importantly affect their wellbeing since the organisational 'supports', resources and policies deceive them. This happens when the flexible arrangements in place are not having a positive impact on women's wellbeing, this may be particularly the case of work contexts that are characterised by work intensification and job insecurity.

As Burnett et al. (2010, p.545) posit "work-life balance policies fail to acknowledge social change around paternal parenting role". In other words, organisations that provide these work-family policies comes from gendered perspectives, where women are in need of 'support' and thus are the solely recipients of these policies and programmes, are perpetuating inequalities. Also, provision of work-family policies uniquely targeting mothers may send the message that mothers are the one responsible for looking after their children, thus causing maternal guilt (Aarntzen et al., 2021) which consequently have effects on career decisions, scheduling negotiations, parenting style and personal aspirations of women (Collins, 2020). Thus, it will be necessary to implement policies that include men's behavioural change regarding more egalitarian parenting style and active participation of fathers as caregivers (Collins, 2020) to counterbalance the negative effects (e.g. maternal guilt) that gendered work-family policies have on women. Ultimately, organisations with

their very specific organisational culture (Trice & Beyer, 1991), will influence on the experience of employees.

Therefore, it is pertinent to mention that extreme job environments (Hewlett & Luce, 2006), may create high levels of guilt in women as these are characterised by a highly competitive culture, long working hours and a focus on productivity, leaving little time to focus on family. Additionally, in extreme job settings, work–life balance initiatives may be gendered as posited by Gascoigne, Parry and Buchanan (2015) since they reinforce the ideal worker norm and discouraging men from taking up family-friendly policies, thus increasing gendered work-family choices.

For example, although there has been advancement in terms of proportion of women in senior positions in academia, yet there is strong gender imbalance (e.g. vertical more than horizontal segregation) (HESA, 2019). In this context, mothers in academia experience work-family conflict which impact on their careers and leads to stress; however, expecting mothers also face disadvantages (e.g. prejudices) in the workplace (Ollilainen, 2018). In this thesis, experiences of both women and men are examined to understand whether or not EWB initiatives are perceived and wellbeing practices experienced.

Finally, the relationship between wellbeing and gender has also been investigated from the ill health aspect: stress and burnout. Guthrie et al. (2017, p.131) state that "gender was the key personal factor that emerged […] with women reporting more exposure to stress than men, as well as greater challenges around work-life balance". Similarly, there are gender differences in burnout, experienced differently by men and women (Purvanova & Muros, 2010). Stress and burnout affect the wellbeing of women and their experiences of wellbeing. Therefore, the workplace culture and HR practices do not seem to be acting as enablers of their work experience but as hinders of a positive relationship between women and their employers and the organisational resources they have in place. Employer-led wellbeing

initiatives should carefully consider the components of these initiatives in order to make them accessible, available and egalitarian for all employees.

EWB and COVID -19 on academic and medical work

The COVID-19 pandemic created a significant burden for individuals with caring responsibilities. Autoethnographies have been published about the difficulties that academics who are also mothers encountered during the pandemic (e.g. Guy & Arthur, 2020; Clancy, 2020; among others). Guy and Arthur (2020, p.5) reflect on how their work struggles were related to their identities and roles, as professionals and mothers:

> After much reflection I began to understand where these feelings came from. For me, these feelings came from my identities, which previously were allowed to exist separately, but now were forced to live simultaneously.

The disruption caused by the pandemic had consequences for employee wellbeing since workloads had to be managed from home creating conflicting responsibilities. The pandemic also deteriorated the mental health of individuals with work-related anxiety and stress and even 'virtual meeting fatigue' due to the changes to the way they have to work and the impact of technology when being seen as a way of employee monitoring to check their performance (CIPD, 2020).

Furthermore, women in academia without caring responsibilities also experienced pressures of working from home and had to re-structured and accommodate their resources to achieve an expected performance to their employer, thus affecting their wellbeing. For instance, the onus placed on women academics was related to being portrayed as "ideal workers", and as being solely focused on their work. Utoft's (2020) autoethnography narrates the struggles she encountered during the lockdown due to the coronavirus pandemic. Her account examines some of the pressures that are posed to women when working from home and "work becomes their world":

> What happened was, however, that the pressure of completing this important task consumed me. […] However, with the lockdown, there is no movement; there is only home, which, for me, turned into only work (Utoft, 2020, p.4).

In the medical profession there have been cases of junior doctors re-training as they adapt to the procedures for combating COVID-19. However, the main impact has been on their wellbeing. This situation is still being analysed, yet some issues have been raised which relates to junior doctors facing concerns about their mental health, working longer shifts, physical health (due to the supply of personal protective equipment (PPE)) among others (BMJ blog, 2020). The COVID-19 pandemic offered organisations an opportunity to raise concerns regarding employee wellbeing and, most importantly, to design and deploy employer-led wellbeing interventions.

2.4. Conceptualising organisational wellbeing interventions

Health (and mental health) has been a common baseline for organisations when deploying workplace-based wellbeing interventions, where the most common theme is stress management. Unfortunately, instead of focusing on changing working conditions and enhancing EWB through a proactive and preventative approach, most employers are implementing EWB interventions that "focus on stress and stressor management" (Redekopp & Huston, 2019, p.253), where stress is pathologised. For instance, Keeman (2017) claims that workplace wellbeing interventions' pivotal point is to reduce stress by using strategies and interventions related to mindfulness, for example.

Dominant discourses of wellbeing that centre on individualistic behaviours and responsibilisation of individuals for their own wellbeing have meant that wellbeing "has become another measurable commodity and tool of governance" (Leigh, 2019). Therefore, every individual is responsible for their own wellbeing and in the work domain employers offer wellbeing interventions to their employees which can be quantitatively measured and

used as mechanisms of control as the interventions provided are aimed to proving the existence of a 'happy workforce', one that is highly productive and committed to their work. However, it may also lead to the assumption that it is the 'choice' of the employee to partake in these interventions and act responsibly towards their own wellbeing.

Consequently, when employees participate in workplace-based interventions this may be related to two scenarios. On the one hand, it may be the case that employees want to comply with current policy as there are sanctions or negative consequences for those who fail to participate in wellbeing interventions (e.g. not receiving a bonus related to participation, perceived as being 'unwell' by colleagues) (Harvey, 2019, p.643). Even worse, some individuals may feel stigmatised as they do not fit the 'well' employee ideal and are excluded as not willing to follow a 'healthy living lifestyle' (Hanc, McAndrew & Ucci, 2019). On the other hand, particularly, entry-level or junior employees who are in the process of understanding the organisational culture may be keen to comply with current wellbeing interventions. For example, the Wellcome Trust survey in 2020 found that research culture at universities is "chaotic, siloed and stressful" for early career researchers (ECR) which impacts on their wellbeing (Moran & Wild, 2020). Therefore, utilising wellbeing interventions available may seem necessary to alleviate the initial symptoms of navigating in a daunting organisational culture. Similarly, in the medical profession, junior doctors "feared repercussions of help-seeking" and that impacts on their decision of whether to take part in wellbeing services when available (Carrieri et al., 2020, p.1) as there were still areas of improvement in terms of provision of peer support, mentoring and formalised support systems (Gordon et al., 2017) which may differ depending on the departments and roles (GP doctors, junior doctors, nurses, support/ancillary staff).

In line with what the CIPD (2016) refer to going beyond occupational health (OH) and counselling services, Khoreva and Wechtler (2018) claim that organisations and employees can benefit of from EWB interventions that include a more holistic approach of EWB (i.e.

including more than one dimension of wellbeing: relational, material, subjective; White, 2010). To put it concrete terms, interventions that cover different areas of EWB (e.g. social, emotional, mental, physical) and not only deploy interventions such as healthy snacks or healthy eating, running days, or free gym passes which tend to be related with a health/physical aspect of wellbeing. Thus, embracing a holistic approach to EWB would mean effective leadership, people management and a supportive culture (CIPD, 2020). For instance, wellbeing programmes which focus on different dimensions of wellbeing such as physical health, promotion of mental health services, introduction of wellbeing champions, among others (Bajorek & Holmes, 2020) as well as creating a 'psychosocial work environment' that integrates organisational, individual and social factors (Vickerstaff, Phillipson & Wilkie, 2011). Often, organisations may be seen to only pay lip-service to the idea of a holistic wellbeing approach as most EWB interventions are ignoring endemic structural organisational issues. Following on what was described above, it is important to outline different EWB interventions to gain a deeper understanding of what types are most common and how these are addressing different dimensions of wellbeing.

All in all, as employers are prone to focus on one dimension (e.g. health) rather than treating wellbeing as a holistic construct (Grant, Christianson & Price, 2007). Then, organisations overlook current EWB needs and structural problems (i.e. normalisation of unhealthy working practices due to heavy workloads, management and work-intensive culture). Furthermore, employers are often guided by the outcomes (i.e. job satisfaction, commitment & engagement, lower sickness absence, etc.) that they are trying to achieve by deploying wellbeing interventions instead of changing and removing the sources of the lack of wellbeing. Ignoring the root causes of lack of wellbeing amongst employees, consequently, may mislead organisations in their quest to enhance EWB.

2.4.1. Types of employee wellbeing interventions

A common classification for workplace interventions has been utilised by different organisational stress scholars (e.g. Murphy, 1988; Clarke & Cooper, 2004; Hurrell, 2005; Johnson, Robertson & Cooper, 2018). Three intervention levels were identified as 'reducing levels of stress': primary, secondary and tertiary (See Table 1). The first type is related to those initiatives that eliminate stressors (Burke, 2017). The second one is focused on changing individual behaviours and mostly psychological-based interventions such as mindfulness, resilience training or stress-based reduction courses. Finally, the third one is the most 'reactive' one since these interventions centre on treating a condition or when the health and/or wellbeing problem has appeared (Bajorek & Holmes, 2020).

Most of the academics who have contributed to the development of this three-tier classification are writing from a psychological perspective (e.g. Clarke & Cooper, 2004; Hurrell, 2005; Johnson, Robertson & Cooper, 2018), thus initially this classification aimed to address how to better prevent the effects of work-related stress in employees. This is a useful classification; however, it is still problematic to identify what interventions correspond to each level as it has to be analysed how employers are utilising these interventions and what are the implications for employee wellbeing.

There is consensus on the interventions that fit into primary level interventions (e.g. job redesign, work schedules, job enrichment), which are being categorised similarly in research (Clarke & Cooper, 2004; Evans, Brewis & Robertson, 2021). This is not entirely the case for the secondary level (e.g. stress management and resilience training, mindfulness) as well as tertiary level (e.g. counselling services and occupational health services) since also health promotion activities such as healthy lifestyles programmes (e.g. gym memberships, meditation, diet and physical exercise) can be taken as part of this category (Guthrie et al,

2017), for example. In this thesis, definitions of each level of intervention (based on stress scholars mentioned earlier) have been considered to allocate examples of interventions in Table 1, where these interventions will be useful to bear in mind when drawing on each level of EW interventions.

Table 1. Levels of Employer-led wellbeing interventions and examples

Employer-led wellbeing interventions			
Health promotion	**Primary level**	**Secondary level**	**Tertiary level**
Advice on healthy eating/lifestyle (e.g. anti-obesity advice)	Job redesign	Regular on-site relaxation or exercise classes (e.g. yoga, Pilates Tai Chi, walking groups)	Workplace counselling services
Health screening & health checks	Reduction of workflow inefficiencies & Workload reduction	Mindfulness training	Employee assistance programme (EAP)
Well-being days (i.e. days to promote health and well-being services)	Flexible working (e.g. Part-time, Flexi-time, Job-sharing, Reduced hours, Compressed hours, Working from home)	Stress-management programmes and training	Occupational therapy (e.g. Chronic stress intervention, Cognitive–behavioural therapy)
In-house gym and/or subsidised gym membership	Stress risk assessment	Resilience training Time management training	Physiotherapy & other therapies
Healthy lifestyles programmes (e.g. Vitality- wellbeing solution)	Working practices	Emotional support practices (e.g. Balint groups, Schwartz rounds & Hot debriefs)	Financial wellbeing (e.g. access to advice/welfare loans for financial hardship)
Other facilities Occupational health services (e.g. Free flu vaccinations, Free eye tests)	Work-life balance policies	Access to complementary therapies (e.g. reflexology, massage sessions)	Return to work programme
Support for increased physical activity (e.g. pedometer challenges)	Culture change		Addiction support services (e.g. smoking cessation)

Source: own elaboration based on information regarding wellbeing and health interventions from BMA survey report (2019, 2018), CIPD Health and Wellbeing Survey Report (2020), Guthrie et al. (2017), Johnson, Robertson & Cooper (2018), Walsh et al. (2019)

2.4.1.1. Primary level interventions

Primary level interventions are categorised as ‘preventative’ since they based on changing working practices and re-designing the job (Kelloway & Dimoff, 2017) ‘to make it less stressful’ (Winefield, 2014, p.367). However, as Guthrie et al. (2017, p.43) posit this type of interventions “require(s) changes to organisational processes” and might be difficult to implement. In general, primary interventions are rare in workplaces since it demands changing the culture (e.g. when an organisation has a long-hours culture) involving significant organisational resources and a more ‘transformative’ approach, hence it is the least popular amongst employers. Also, primary level interventions may be challenging to achieve as they require ‘organisational adjustment’, thus not only available resources but commitment from managers and senior level positions to embed it within the organisational culture (HEE, 2019)

In the healthcare sector, preventative wellbeing interventions can be subdivided in three groups: system-based approaches (e.g. mental health champions, promotion of mental health services), physical space (e.g. facilities for resting, sleeping and eating), and mental health which are group-based (i.e. team support through Balint groups and Schwartz rounds) (Bajorek & Holmes, 2020). This is pertinent as flexible working as one of the primary level examples of interventions is not mentioned. This is a constraint for healthcare professionals as this cannot be available or offered as in other sectors since it relates to the nature of the job undertaken, but also raises the question of why a structural problem such as staff shortage cannot be fixed when this could easily improve the working conditions of medical professionals and impact positively on their wellbeing

Flexible working arrangements

It can be argued that flexible working arrangements are work-life balance policies (Zheng et al., 2015) that intend to modify the job schedule by re-structuring it according to amount of working hours and job design, thus categorising it as a primary level intervention related to EWB. Wood's (2018) research claims that work-life balance supports (e.g. part-time, flexi-time, job sharing, compressing working hours and home working) are necessary to implement as these may enhance EWB (or job satisfaction).

However, empirical research has showed that hindrances exist when introducing flexible working and when employees use it, also known as 'the paradox' of take up of flexible working. On the one hand, this measure aims to help employees by allowing them to structure their work in different ways that adapts to their current circumstances. On the other hand, flexible working (i.e. flexible start and finish, reduced hours at work and remote work) is being associated with work intensification (Kelliher & Anderson, 2010). In Kodz, Harper and Dench's (2002) UK qualitative case study research, organisations (from sectors such as manufacturing, retail, professional services, and public administration) described that employees do not fully engage in flexible working practices since their participation remained very low. Reasons given by the participants in Kodz, Harper and Dench's (2002) study cover career progression fears, long hours reinforcing work intense culture, being unsure about support given by colleagues. In other sectors such as academia there are flexible working schemes in place which are supposed to reduce the causes of stress; however, it does not occur in practice. This indicates that flexible working arrangements are not necessarily beneficial for employees as it depends on the organisational culture and how this aligns with other HRM practices (i.e. those related to career progression). It may be the case that flexible working arrangements (i.e. particularly part-time arrangements, job sharing, home working) are seen as an alternative to reconcile employee work-life balance, yet may also hinder the career progression of employees that are using some of them. For instance,

flexible working can have negative career implications on individuals (who are parents, for example) when they use part-time arrangements and are seen as less committed and estranging them from being an 'ideal worker' (Chung & Van der Lippe, 2018). Furthermore, individuals have concerns regarding their career prospects if they do not work long hours (Kodz, Harper & Dench, 2002) which raises issues about the nature of the availability of flexible working arrangements and whether or not these are embraced by employers with the purpose of providing work-life balance to its employees. One perspective may be that "flexibility is usually offered on the employer's terms to suit the employer's needs" (Kirton, 2017, p.342) where the outcomes sought may be related to productivity and reducing absenteeism.

Another aspect of flexible working practice encompasses gender. Undesirable effects of this practice relate to gender inequality (Gascoigne, Parry & Buchanan, 2015) which can be gender segregation and gender pay gap, for example. Bozzon, Murgia and Poggio (2019) critique the effectiveness of family-friendly policies and work-life balance programmes since such policies and programmes are viewed as 'solutions' to realigning the asymmetric labour division which exists between genders. Therefore, employers believe they will be widely used by women since they are more likely to be the type of employee who needs them (i.e. flexible working arrangements being used to 'provide' work-life balance). This can be understood through the lens of gendered organisations (Acker, 1990) as some behaviours underpins the idea that women as 'carers' may be those who partake these interventions and benefit from that. For instance, Sallee (2012) found out that academics expect that men may be 'looked down upon' if they use family-friendly policies situation which generates further gender inequality. Similarly, in the UK medical profession, female trainees stated that starting a family (i.e. having children) would mean to take part-time positions which may impinge on their learning, performance and career progression (Rich et al., 2016).

Furthermore, empirical research (Emslie & Hunt, 2009; Stovell et al., 2022) has found that women are the main receptors of these flexible working arrangements as some have caring responsibilities (e.g. also maternity-related duties, career for elder relatives) and others try to find balance between paid and unpaid work (domestic and family responsibilities), thus relegating these women to being the exclusive users of these initiatives. Moreover, these initiatives highlight the gender division of labour and the gendered time. For instance, in Rafnsdottir and Heijstra's (2013) study amongst academics in Iceland revealed that while flexible working helped academics parents, yet women were responsible for caring duties at home thus utilising their time and struggling to manage their work and domestic responsibilities. It is therefore important that work-life balance practices incorporate a congruent organisational strategy, and probably a "change in institutional culture and mind-set" (Sullivan, 2014, p.11). One that ensures that these practices are appropriately supporting individuals who are utilising them and that these are not conflicting with their career progression or hampering their wellbeing.

Although flexible arrangements are not uncommon in the UK, they are not extensively available for all employees (Kirton, 2017). Kodz, Harper and Dench (2002) reported that the uptake of flexible working arrangements was low even in organisations where these were widely available. Nonetheless, women were the main receptors of these policies. Even when flexible working is offered by employers, there is a 'take up gap'. Therefore, this may point out to structural problems that are not being addressed properly when deploying this type of work arrangement with employees or even that flexible working is not improving the work situation of employees. Similarly, flexible working is not the only type of primary intervention as there are others which should be explored and offered by organisations (i.e. job redesign, workload reduction amongst other more transformational changes in terms of organisational culture).

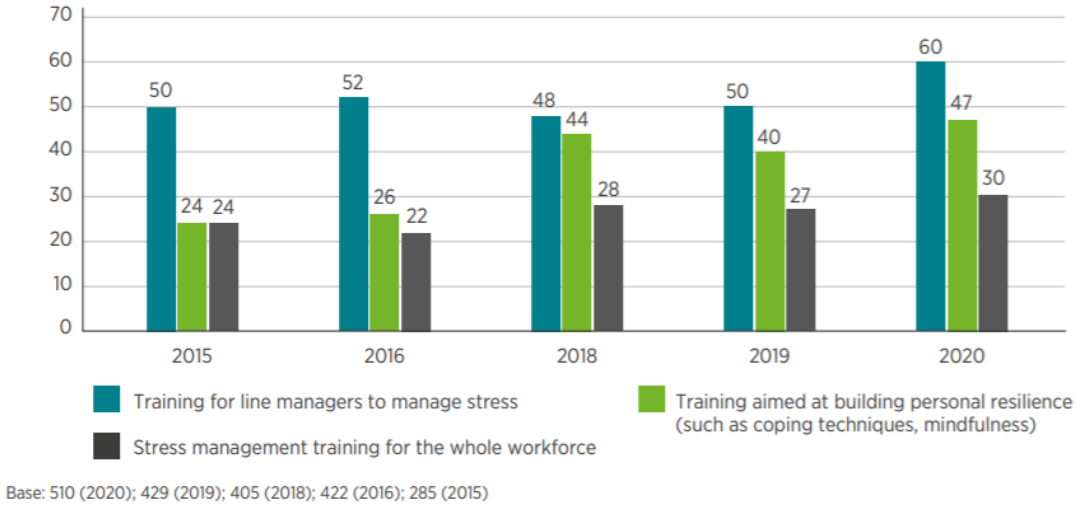
2.4.1.2. Secondary level interventions

Secondary level interventions are oriented towards boosting individual ability to deal with stressful conditions (Winefield, 2014; Kelloway & Dimoff, 2017). Burke (2017) emphasise that these types of interventions are mainly related to training and educating the individual to cope with the workplace conditions. Furthermore, Guthrie et al. (2017, p.43) suggest that "this [secondary intervention] could be through wellbeing events, or through identifying training or development needs. Therefore, this implies that individuals should take ownership and full responsibility of their wellbeing and appear fit to work and be seen as being 'well'.

This type of interventions is currently extensively implemented in the workplace (e.g. stress management programmes, resilience training, mindfulness training). The CIPD (2020, p.28) reports that there have been changes in the last five years regarding the methods organisations use to reduce stress such as resilience training as well as stress management and mindfulness (See Figure 6). However, these types of interventions may not be welcomed by all individuals. Morrish (2019, p.52) posits that "solutions such as resilience and mindfulness are typically rejected by academic staff". Also, although BMA (2018) reports that wellbeing services (e.g. counselling, smoking cessation services) are necessary for doctors for their mental health and in the same way other relevant initiatives such as support groups (e.g. Balint groups or Schwartz rounds[5]), yoga and mindfulness session were not that popular considering their low uptake and limited awareness regarding these initiatives (BMA, 2019).

[5] Balint groups refers to space where a small group of doctors or clinicians discuss their patient interactions/cases based on the emotional component, whilst Schwartz rounds are a forum to reflect and share accounts with colleagues and co-workers (including all hospital staff) regarding the emotional and social challenges of caring for patients in their roles.

Figure 6. Changes in methods used to identify and reduce stress (% of respondents)



Source: CIPD Health and Wellbeing at work survey report (2020)

Mindfulness programmes

Although there are employees who do not engage with mindfulness-based training, mindfulness utilised to improve wellbeing has been popular amongst individuals (Johnson, Robertson & Cooper, 2018, p.133). What becomes problematic for mindfulness interventions is the focus on the constant monitoring that individuals do to themselves and the 'self-regulation' (e.g. emotions) (Purser, 2019, p.141), especially as this is a 'training', an acquisition of a new set of skills, turning individuals into flexible, adaptive and 'mentally fit' beings. This definition resonates with practices of neoliberalism since it exacerbates the preoccupation for the individual at the top of priorities and shifting to a new mindset where the objective for individuals is to function well within the organisation where they work. Moreover, in neoliberal organisations such as academia, mindfulness training has become in one of the interventions selected not to face structural problems but to mask them and reinforce the idea of that individuals are responsible for their own wellbeing (Leigh, 2019). As it is currently happening with the approach that mindfulness training is delivered, it distracts the individuals from "critique or debate of what might be unjust, culturally toxic or environmentally destructive" (Purser, 2019, p.38). Therefore, this type of intervention as a wellbeing practice may be providing a temporary effect on individual wellbeing rather than

offering wellbeing as a continuous process and not just an outcome (i.e. being an ideal worker, a happier, healthier and productive worker).

Resilience training and wellness programmes

Other interventions that can be classified as secondary level ones are resilience training and the so-called 'wellness programmes' where both practices focus on the individual level and changing behaviours. In academia, resilience training has become very common (and perhaps place above stress management training) and its core objective is to ensure that individuals develop the ability to 'cope' with uncertainty, precariousness, stress and crisis (Gill & Donaghue, 2016). The implications, as again related to neoliberalist practices, are that competitiveness and pressures to achieve targets distracts academics (particularly ECR) from resisting to a performative culture (Maisuria & Helmes, 2019).

Resilience training has become a popular intervention for enhancing wellbeing of individuals and Roberston's et al. (2015) systematic review found that resilience training is associated with positive effects related to improving subjective wellbeing and mental health. However, resilience training alone will not fix the structural problems within an organisation that relates to stress, job insecurity and heavy workloads (Maisuria & Helmes, 2019). The University and College Union (UCU, 2019, p.12) reported that "too often initiatives in promoting 'wellbeing' place too much emphasis on helping employees to develop resilience in face of unworkable conditions than on tackling root problems". Equally, in the medical profession, resilience training for doctor which is part of their formal studies (BMA, 2019) is not a solution in light of increasing levels of job burnout and job demands (Rich et al., 2016).

The case of 'wellness programmes' does differ in nature from resilience training interventions. Even though designers of wellness programmes are supposed to serve to enhancing employee motivation and wellbeing (Gibbs, Jones & Burton, 2015), from an

employer point of view the two popular outcomes are related to individual performance and to reduce absenteeism and presenteeism (coming from loss of productivity). These programmes include a mixture of initiatives that relates to 'health' and 'being well', where some examples involve "health education, medical screenings, health coaching, weight management programs, stress management programs, wellness newsletters, on-site fitness facilities and fitness programs" (Brewer et al., 2010, cited in Richardsen, 2017, p.471). However, as mentioned previously, not only the fact that meanings of health and wellbeing being used interchangeably, and creating a misleading path to enhance EWB, but also designing these programmes under a 'one size fits all' approach is not considering the wellbeing needs of employees. Also, even when organisations tailor these programmes depending on the different groups of employees, it may still be lacking closer examination to the wellbeing needs of its employees. As Day and Hartling (2017, p.406) propose, "organisations should offer a variety of resources and initiatives to try to meet the needs of individual workers".

Furthermore, the implementation of wellness programmes has its own challenges. The 'wellness syndrome' has emerged from the notion of corporate wellness where the necessity of implementing wellbeing interventions and programmes arises from neoliberal practices and policies which focus on performance and profitability and where the onus is on the employee, thus perpetuating work intensification, job insecurity and stress (Harvey, 2018).

Wellness programmes also generate anxiety and guilt amongst individuals since there is a 'fixation' to appear fit and healthy to work (Richardsen, 2017). Concerns of 'being well' and maintaining fit and able working bodies conveys notions of the ideal worker, as one who complies with the norm and the system as well as behaves as a 'happy worker'. This may not be a docile response from the individual for a fear of losing their job, but perhaps a strategy to navigate the organisational culture. In academia, ECRs utilise diverse ways to contest the culture through resistance strategies such as 'playing the newbie' where

resistance is hidden and compliance is temporary or solely apparent, for example (Bristow, Robinson & Ratle, 2017, p.1193).

McGillivray (2005, p.136) refute the idea that "all employees are passive receivers of wellness wisdom". In this sense, individuals may question the apparent 'culture of care' in the workplace through how wellness programmes are designed and implemented. For example, not partaking in wellness programmes due to a lack of clarity on how health data of employees can be utilised (Ott-Holland, Shepherd & Ryan, 2019). This raises questions regarding transparency and monitoring of employees through their personal information which can be used to scrutinise their performance. Also, technology plays a key role when wellness programmes advocate for healthier employees. For instance, smart watches and portable devices (e.g. Fitbit, Apple watch) to store health information are provided to employees (Richardsen, 2017). A cautious examination is needed in cases where organisations are using this information and how this may exacerbate the employees' preoccupation of being well while making them vulnerable and subjects of constant control and surveillance.

2.4.1.3. Tertiary level interventions

The third type of interventions are "'symptom directed', meaning that they aim to support stressed or unhealthy employees" (Guthrie et al., 2017, p.44). In other words, its reactive approach is concerned to support employees who are burned out or have work-related stress. The tertiary level refers to initiatives that "[are] aimed at helping workers who are suffering as a consequence of work pressures" (Winefield, 2014, p.367); for example, counselling services, employee assistance programmes (EAP), occupational health services which are the most common interventions implemented (Bajorek & Bevan, 2020). Furthermore, a focus on tertiary level interventions might reduce or completely remove responsibility from

organisations, thus being the individual who assumes the responsibility (or failure) on their own wellbeing (Kinman & Teoh, 2018).

This level of interventions is particularly avoidable if the causes of work-related stress are assessed and take into account when designing EWB interventions, especially primary level ones. This thesis argues that an organisational culture that promotes 'healthy workplaces' can simultaneously support HRM practices that contradict the discourse regarding a holistic approach to wellbeing, and therefore contribute to work-related stress. For example, when measures may not been put in place in order to communicate tertiary level interventions to employees and provide prompt access to them but also to prevent possible 'stigma' to employees who use these services. Through maintaining clear procedures and following up the individual cases may ensure that these interventions are beneficial and proving positive effects. Understanding tertiary level interventions to "heal" those individuals who suffer from chronic stress for example, is a very narrow perspective. However, equating rehabilitation with tertiary level wellbeing interventions incite a different discussion regarding how these interventions are "fixing the employee" or "making them fit to work". As with secondary level interventions, tertiary level ones would seem to be oriented towards the potential indirect outcomes: productivity and improved individual performance. This poses the question if those interventions are person-centred' or 'organisation focused' (Bajorek & Bevan, 2020, p.31).

As with secondary level interventions, it is clear that there is a gender aspect that deserve to be explored since in HEIs, for example, female academics are more likely to utilise counselling services than their counterparts (Morrish, 2019). In the medical profession, there is catering facilities for the 'wellbeing of staff' (BMA. 2018) as one of the initiatives put in place to allow junior doctors to take a break and have a place where to eat. This may be seen as one small initiative which is trying to address some of the structural issues such as long

working hours which carries a high risk of leading to burnout of individuals. However, a change in the rostered hours of junior doctors would make a more significant difference.

Thus, examination of why it is that women are using these interventions and whether or not this is the last resource they have since they may be left to deal with the detrimental consequences that work strain had on their wellbeing, deserves a closer look at gender. For instance, as claimed by Bajorek and Bevan (2020, p.29), "the current focus of workplace counselling is still very much the 'traditional workplace counselling', focused on helping an employee when a problem has already occurred". Another issue that can be raised from the provision of counselling services is related to its design and process. The BMA (2018) report found that individuals who accessed counselling or therapy services consider the length of support brief. Thus, this poses questions regarding how beneficial it is for individuals to access these interventions if they are not 'healing the wound' nor even contributing to their wellbeing. It may be the case that the culture of care within the medical profession is not present at all and a closer examination is needed to see if these services are accessible to all employees and what the rationale is behind them.

Secondary and tertiary level interventions focus on the individual only and dismiss other systemic issues such as workload. Therefore, as these interventions focus on the consequences of ill health, the root causes of work-related ill health are left 'untreated'. In the medical profession, it was found that barriers to help-seeking are present when tertiary interventions are in place as junior doctors who may need help may not be able or willing to seek it, which is also related to the organisational culture in hospitals and trusts as well as "confidentiality and knowledge of professional issues faced by doctors" when it comes to deploy support programmes (Kinman & Teoh, 2018, p.28).

All in all, it is not a coincidence that the first level of interventions has been examined in empirical research and recommended in practice since the HSE highlighted the need of

identifying the sources of occupational stress (e.g. workload, control, support resources, relationships, role and change) via working arrangements and promoted the use of the 'management standards' in order to reduce the effects of stressors on the psychological health of employees (Mackay et al., 2004). The secondary and tertiary level of interventions are embedded in organisational culture and widely referred to in the extant literature (i.e. for counselling and mental health interventions, Redekopp & Huston 2019; Walsh, et al., 2019; Clarke & Braun, 2018; Burke & Page, 2017; Vickerstaff, Phillipson & Wilkie, 2011). These two types of interventions allude to a health dimension of wellbeing rather a more holistic approach. Thus, it appears that the deployment of the secondary and tertiary type of interventions occurs since it is an easier approach for organisations to develop as it is a more reactive and passive position regarding the consequences that comes with short- and long-term workplace absence.

Particularly, Walsh et al. (2019, p.2) claim that "tertiary-level interventions are most common and primary-level interventions are the least common despite governmental policy recommendations [e.g. Management Standards] that employers adopt a preventive rather than a reactive approach to the management of employee health risks". This may be referring to a need for organisations to change their approach to wellbeing and start to adopt new and alternative approaches to EWB where there is a need for a revision of the structural policies and practices in the workplace that affects the wellbeing of individuals. For example, in the academic field there is evidence regarding the performative culture and pressures that academics face; nonetheless, the interventions put in place for changing the issues regarding work-related stress are not addressing what actually causes stress in individuals (Guthrie et al., 2017), this is undermining the magnitude of the problem when implementing EWB initiatives. Similarly, secondary level interventions which allegedly 'mitigate' workplace stressors are not entirely working. Interventions such as mindfulness training highlights the

importance of ‘selfish’ personal goals and individualistic behaviours whereas wellbeing should point to another dimension of wellbeing: the social aspect.

2.5 Chapter summary

This chapter have gone through the academic debates of wellbeing in academia which included the duality of wellbeing as eudaimonic and hedonic, the tension between looking at wellbeing as individual rather than social as well as wellbeing as a process versus an outcome. This initial step has argued for the case of examining wellbeing as processual, collective and relational by using White (2010, 2017) model of relational wellbeing. Furthermore, a critical discussion regarding how wellbeing at work has been approached and researched in organisational studies, has made possible to demonstrate that measuring wellbeing limits its understanding as a multifaceted construct, one that is situated and relational. Finally, by looking at how employer-led wellbeing interventions are conceptualised, Foucault provides a theoretical framework to delve on the responsibilisation of the individual for their wellbeing and to examine how these interventions couple with the wellbeing discourse encourage individuals to become ‘self-entrepreneurs’, allowing themselves to be governed and focus on a project of the self rather than a collaborative project. The next chapter focuses on the context of this research: academia and the medical profession, and its characteristics which resembles ones that fall into the category of ‘extreme work’

Chapter Three: Work in academia and the medical profession in the UK

3.1. Introduction

This chapter frames academic and medical work as extreme jobs since both present similar systemic issues (i.e. job insecurity, intensification of work) as well as organisational culture focus on performance and constant assessment. By framing academia and the medical profession as two 'extreme work' professions, a more critical discussion regarding wellbeing can be prompted. This chapter starts with a definition of extreme work as well as outlining the characteristics of this concept. Later, it moves on to discussing the current conditions of these two professions as well as the specific wellbeing challenges that early career professionals face in their workplaces.

3.2. Extreme Jobs

'Extreme jobs' is a concept coined by Hewlett and Luce (2006) which denotes professions characterised by work intensification and long hours which are "sometimes unpredictable and unsocial" (Turnbull & Wass, 2015, p.513). Hewlett and Luce (2006) defines extreme work as when a job position that follows at least five of these characteristics: *unpredictable flows of work*; *fast-paced work under tight deadlines*; *inordinate scope of responsibility that amounts to more than one job*; *work-related events outside regular work hours*; availability to clients (citizens) 24/7; *responsibility for profit and loss*; responsibility for mentoring and recruitment; *large amount of travel*; large number of direct reports; physical presence at workplace at least 10 hours a day. Considering the above characteristics, it is possible that the work which academics and junior doctors do, corresponds to more than five of the characteristics of extreme job (see italics). Although there may be some discrepancies when it comes to ticking the characteristics for extreme work, what matters is the accumulative effect of these characteristics on individuals (Turnbull & Wass, 2015).

In these professions, the intense work culture has been linked to stress-related illness (e.g. chronic fatigue, headaches, shingles, development of tics, etc). As both sectors report issues related to health and wellbeing due to being under-resourced and over-stretched (BMA, 2018; Morrish, 2019). Particularly, there is a call for cultural and structural changes in HE (i.e. UUK Framework). For example, Walsh (2013, p.439) states that "long and unsociable hours and intensive work pressure have been dominant features of the medical profession, especially in hospital work". Similarly, Schaufeli et al. (2009) identify that amongst junior doctors there is a risk of workaholism where excessive job demands and working long hours leads to their burnout. In the same way, academia has a culture of long working days and overcommitment (Kinman, 2016). The issues that have been pointed out refer to intensification of work, increasing workload, and long working hours all of which characterises the medical profession. Therefore, it is one of the professional realms which fits into the category of extreme jobs (Hewlett & Luce, 2006).

Academia is another work context that also shares characteristics of 'extreme work', akin to the medical profession. However, UK academia has not been identified as an 'extreme work', yet several scholars (e.g. Sang et al., 2015; Lynch, 2015; Kinman, 2016; Bosanquet et al., 2017) have pointed out to systemic issues related to job insecurity, working patterns and heavy workloads that affect negatively the wellbeing of academics. Particularly, long-hours work has not only become a 'normal' part of the job due to the intensification of work, related to an increasing workload, and work extensification, one that erodes work-life boundaries, temporally and spatially (Ryan-Flood & Gill, 2010).

'Extreme work' as suggested by Hewlett and Luce (2006), refers to jobs where individuals work over 60 hours per week, yet this is solely the 'tip of the iceberg' as this can also deal with more complex issues such as workaholism and professional identity, for example (Gascoigne, Parry & Buchanan, 2015). In academia and the medical profession long-working hours are a significant issue. In academia, Sang et al. (2015) found in their study

that academics work over 50 hours per week, yet UCU's (2019) survey revealed the striking figure of over 60 hours per week when it comes to academic staff. Junior doctors are contracted to work around 48 hours per week, yet "40 hours is still deemed "part time" within the profession" (BMA, 2019, p.11). Worse still, doctors who do not have a full-time contract are likely to work far more than their rostered hours, even more than full-time doctors (GMC, 2019).

Campbell and Van Wanrooy's (2013) study on Australian employees engaged in unpaid overtime reported findings that pointed to reasons to engage in long working hours as these were perceived as unavoidable. Campbell and Van Wanrooy's (2013) indicated that one reason was related to long hours being part of a job where this was seen as an unquestionable norm, while the other reason was linked to a personal responsibility. For doctors and academics, the former seems to be the case as it comes from an external pressure; however, as being an expectation for the job, then there are more pressures (e.g. audit and performative culture) to do a 'good' job in order to advance in their career. Traditionally, an 'extreme' job position is one that follows specific characteristics mentioned earlier, on top of the fact that ECRs and junior doctors work long hours, four characteristics are examined to see how these two professions fit with this notion, and consider: unpredictable flows of work; fast-paced work under tight deadlines; inordinate scope of responsibility that amounts to more than one job; and responsibility for profit and loss.

First, *unpredictable flows of work* are closely linked to long working hours in both professions. For doctors, this has been part of the nature of the job as heavy workloads, long shifts and unpredictable hours are affecting their wellbeing (BMA, 2018). In academia, as Bosanquet et al. (2017, p.900) assert "the role itself is in a state of flux" as it responds to the changes of the market. Universities have seen a corporatisation of the sector since the "neoliberal turn" in 1980 (Monk & McKay, 2017). There has been a substantive change since then as there was a significant transformation on how research is assessed. For

example, when comparing the Research Assessment Exercise (RAE) in 1986 to the Research Excellence Framework (REF) in 2008 (Berg, Huijbens, & Larsen, 2016), the criteria of 'excellence' in the latter encompasses even stricter and narrower standards. Similar has been the case of the introduction of the Teaching Excellence Framework (TEF) in 2015. These frameworks add more pressures to the work of academics but also uncertainty regarding the outcomes of their performance.

Second, *fast-paced work under tight deadlines* deals with the targets that 'extreme work' professionals must meet in different aspects: scholarly service; teaching; research publications and research impact. For example, several deadlines can clash with one another, when examining academic work. From marking duties to publishing deadlines and grants applications (Scholarios, Hesselgreaves & Pratt, 2017), where the three of these have tight and conflicting deadlines. For doctors, fast-paced work can materialise in changes to administrative work and 10-minute consultations, where doctors feel uneasy when facing complex cases and being unable to deliver a good job (BMA, 2019).

Third, *inordinate scope of responsibility that amounts to more than one job* could be examined through what the job entails of those in academia and the medical profession. For example, precarity, as used among scholars and in this thesis, alludes to a set of social conditions and sense of insecurity (Campbell & Price, 2016). As this can vary from profession to profession, it overall refers to employment insecurity where the employee has little control over their wage, working hours and working conditions. In the UK, UCU (2023) indicated that a third of UK academic staff are on fixed-term contracts and this raises to two thirds when it comes to research-only positions. Particularly, ECRs are "more likely to be on short-term contracts and/or "require to regularly relocate" (Maisuria & Helmes, 2019, p.46). However, academic jobs are not only insecure and precarious but they can be also be 'extreme' intellectual work since academics not only hold one role, and usually undertake administrative and tutoring responsibilities as well as teaching and research, which seems

unattainable to complete (all roles) on a daily basis (Monk & McKay, 2017). Therefore, having control of one's job appear inexistent. For example, teaching duties not only involves delivering of a lecture, development and upload of material as well as other learning resources (Ryan-Flood & Gill, 2010), but also obtaining teaching qualifications and accreditations (e.g. HEA Fellowship) as a requirement of the TEF (Cui, French & O'Leary, 2019). Similarly, in the medical profession, UK doctors are switching to locum roles meaning that they prefer to work on short-term contracts to ensure the flexibility of hours they work and for their own wellbeing (GMC, 2019). Although more UK junior doctors are under fixed-term contracts from different NHS trusts throughout their training, they have acquired increasing accountability and administrative tasks, driving junior doctors to develop behaviours such as avoiding complex medical cases "due to fear of litigation and prosecution" and defensive medicine (BMA, 2019, p.15). These new practices of auditing and accountability in both academia and the medical profession may be deteriorating the wellbeing of individuals in these two professions.

Fourth, *responsibility for profit and loss* is a visible feature of work in academia. In UK HEIs, knowledge production is seen as a "necessarily part of the production of exchange values" (Berg, Huijbens, & Larsen, 2016, p.178) which shows how commodified academic work is. Academic responsibility extends to different aspects of 'merit' which encompasses "teaching, income generation, public engagement and the fulfilment of leadership and management roles" (Śliwa & Johansson, 2014, p.824). Regarding income generation, applications for grants are an example. These as highly-competitive in nature, contributing to academics feeling anxious and responsible for securing funding. When the bid is successful, more feelings of anxiety will crop up as the outcome will be assessed via REF. There are other features which could be linked to the concept of 'extreme job' such as the wide-ranging feelings of working under pressure (Gascoigne, Parry & Buchanan, 2015) and how these features of academics' and doctors' work affect wellbeing.

In sum, the ‘extreme work’ notion enables to critically analyse the characteristics that makes ‘extreme work’ extreme, but also what ‘extreme work’ means when it comes to employee wellbeing. The latter allows to expose the current (and potential) causes of illbeing as, in academia and the medical profession, time is a scarce resource, thus ‘free’ time and/or time for recovery is very limited on a day-to-day basis or inexistent on a continuous basis. It can be problematic to not identify specific professions as ‘extreme’ as what is framed as extreme can be normalised and overlooked. Therefore, this notion can offer, to a certain extent, elasticity around its interpretation and be adapted to contexts regarding how some professions may meet certain criteria for being considered and framed as ‘extreme work’. The following two sections focus on the characteristics of the work of junior doctors and ECRs.

3.3. Happy, productive and resilient doctors

The number of applications to medical schools largely increased in the recent years in the UK: a record of 23,710 students in 2019 (UCAS, 2019). Clare Marchant (Chief Executive UCAS) stated how moved she was by the number of students “who are ready to take on the challenge of demonstrating they have the knowledge, skills, and potential to succeed on these ever-competitive courses” (BBC, 2019). Traditionally, the medical profession has been characterised by unsociable working hours and work pressure, specifically in hospitals, with work-life balance also being an interference (Walsh, 2013; BMA, 2019). Hewlett and Luce (2006) included medicine as one of the sectors considered to be an “extreme job”.

Furthermore, in recent years, the working conditions for doctors have been worsening: “heavy workloads, long shifts and unpredictable hours are increasingly affecting doctors’ physical and mental health” (BMA, 2018, p.7). The effect of the manner in which the sector is functioning has negative implications for healthcare professionals (from junior to senior doctors) (BMA, 2019). For example, “two thirds of doctors work over their rostered hours weekly” (GMC, 2019, p.33). As Staten and Lawson (2017, p.118) posit, the intensification

of work, in addition to the administrative tasks related to "an increasingly rigorous inspection, appraisal, litigation and financial accountability", has taken its toll on doctors in terms of the danger of suffering physical and mental burnout. In the UK, junior doctors suffer from high levels of stress (Zhou et al., 2019). Similarly, in Soares and Chan's (2016) explorative study of junior doctors, it was found that Australian junior doctors have higher stress levels and career-related anxiety than population norms.

Recently, the World Health Organization (WHO, 2019) declared 'burnout' as an occupational phenomenon and a medical condition. Considering burnout not merely as only a state of stress, whilst accounting for the effect this has on doctors, has served as an eye-opener for policy makers in the health care sector and prompted them to include it in the mental health training for junior doctors. Unfortunately, burnout is damaging to the physical and psychological wellbeing of doctors and, specifically, junior doctors who are starting out their career and are already trapped in a system which is slowly taking over their health (BMA, 2018). It is a system that needs to continuously work on improving the provision of mental health aid and promote structural changes to the working hours and other occupational conditions of doctors. As Chris Hopson (NHS chief executive) argues, "working as a junior doctor should be a rewarding career, but there is no denying that staff shortages, rota gaps and growing demand are adding to the considerable pressures they face" (Campbell, 2019).

A qualitative study of physicians carried out by Walsh et al. (2019, p.9) in Ireland showed that **"**hospital doctors are feeling the effects of greater demand and fewer resources" which is exacerbated by the fact that their line managers lack the proper training to provide them the kind of support they need (e.g. mentoring and coaching). In the UK, Professor Gerada claimed that "over 400 doctors died by suicide in just four years" (Wickware, 2018). Some of the cases in the UK include Lauren Phillips (Phillips, 2019); Eduard Zigar (BBC, 2018); Ronan Musselwhite (Campbell & Wilson, 2020), Sophie Spooner (Hemmings, 2018), and

Rose Polge (Ross, 2016). These five junior doctors took their own lives at a time close to when the healthcare sector acknowledged the existence of high levels of stress which professionals had been suffering and the relevant changes needed to improve trainee doctors' contracts (Clarke & McKee, 2017).

It is fair to say that "there will always be pressure and stress in general practice as it is an intrinsic feature of caring for patients" (Staten, 2017, p.25). However, the consequences of working in the medical profession deserve to be analysed carefully, while aiming for structural changes to be undertaken. First, one of the systemic issues in the medical profession is related to that of understaffing and rota gaps. Thus, "hospital doctors are feeling the effects of greater demand and fewer resources" (Walsh et al., 2019, p.9). This situation has led healthcare professionals "feeling like they were 'firefighting' rather than doing the best job possible and sometimes led them to work increasingly long hours to complete necessary tasks" (BMA, 2019, p.9), whilst also causing physical exhaustion, sleep loss and burnout of doctors. The ones who are mindful about their own mental health "had proactively requested reduced hours or to part-time working as a way to alleviate symptoms", but regrettably these requests were refused (BMA, 2019, p.44).

In particular, the effects on trainee doctors are visible in the short as well as in the long-term. They lack support from a consultant even when having to solve 'complex cases' and as their careers progress, this is reflected in insecurities around their abilities that are built up over time (BMA, 2019, p.10). Moreover, another effect of this work culture is related to the impact on the mental health of doctors requiring support and therapy (Staten & Lawson, 2017). When some doctors cannot cope with their job they decide to quit. A rate of 4% of doctors leave the profession and do not return (GMC, 2019). However, junior doctors are always considered as being keen on working antisocial hours and being motivated in order to progress in their career, thus being targeted to cover "poorly designated rotas that do not offer sufficient opportunity for rest and recovery" (Brown et al., 2010, p.3-4). Junior doctors

do not have much option then to cover the shift they are allocated and the person who has to cover a shift (due to understaffing issues) will be someone who is compromising (either their health or other personal commitments perhaps).

Interestingly, in contrast to the previous statement, Walsh (2013, p.415) proposes that "newly qualified doctors may be less tolerant of working long and irregular hours than earlier cohorts". Hence, this highlights an interesting feature that requires to be examined concerning the attitudes of junior doctors and the decisions they take during their careers. On the one hand, statistics are still low regarding 'leaving' rates and accommodations, and impact of interventions to help them cope with work pressures is still unclear. On the other hand, for example, "the junior doctors' strikes of 2016 demonstrated a will amongst the medical profession to unite in action in a way which had not previously been seen and which startled the political classes" (Staten, 2017, p.29). Also, Poole's dossier exposed "petty tortures" of NHS junior doctors in the UK, leading to the campaign #NHSMeToo that aimed to generate positive changes to the working conditions of doctors, along with the Doctors Association UK (DAUK) (Campbell, 2019). In the same way, Adam Kay's book "This is Going to Hurt" describes stories of experiences that he endured throughout his time as a doctor. Also, The Guardian (2019) series of posts "Blood, sweat and tears", led by journalist Sarah Johnson, collates stories of doctors' experiences and work conditions throughout their careers. All of these initiatives may imply a change which is required for junior doctors, with this being sufficient evidence of activism (in the form of strike action, for example).

Additionally, gender and burnout in the medical professional has been researched by Walsh (2013). Initially, Purvanova and Muros' (2010, p.176) metanalysis study indicated that "burnout is experienced differently by men and women: women are more likely to be more emotionally exhausted than men, whereas men are more likely to be more depersonalized than women". With this precedent, Walsh's (2013) quantitative study examined hospital doctors in London. It was found that female doctors suffer more burnout than male doctors

where female doctors, in order to lessen burnout, depend on different forms of social support compared to men. Overall, it seems to be that gender is an important factor since there is an increasing number of female doctors (20% more since 2012) and reaching 48% of all licenced doctors in 2019 (GMC, 2019, p.12). Yet, it was also revealed that "female doctors have up to four times the risk of suicide in comparison to people in the [general] population" (Wickware, 2018).

Second, Walsh (2013) also found that family friendly interventions help to ameliorate the work pressures that female doctors experience in the medical profession. However, in general, a lack of flexibility leads to poor work-life balance. For instance, in the BMA report (2019, p.11), female doctors declared that "requests for more flexible hours relating to childcare were also typically dismissed, as though family life and caring for children were deemed less important than work".

To counteract these conditions, a range of wellbeing initiatives have been put in place. Amongst the initiatives in terms of wellbeing which are already being promoted (e.g. WRAPs -wellness and recovery action plans, resting areas, mindfulness, yoga, meditation and Tai Chi programmes, and walking groups) (BMA, 2019), Chanchlani et al. (2018, p.404) also propose a peer-led mentoring programme to boost "the mental health and job satisfaction of junior doctors by providing additional support, building a sense of community, and helping them navigate their new professional environment". However, the provision of holistic interventions is not sufficient to improve work-life balance. For example, according to results in the latest BMA (2019) report, junior doctors showed contempt in relation to these interventions since some considered them as a contradiction due to funding issues and the 'lack of time' to take part in the activities, whilst others view them as "tokenistic". However, it is important to mention that the report also indicated that some services and interventions are not well signposted, thus limiting access to this kind of supports for doctors.

Once more, gender is an important aspect when discussing work-life balance. Rich et al.'s UK study (2016, p.5-6) demonstrated that the "negative attitudes towards pregnancy and maternity/paternity leave" from senior staff, while women with children "experienced structural barriers and negative discriminatory attitudes to starting and having a family, especially in surgical specialties". Work-life balance is an urgent issue that relates to the wellbeing of doctors and particularly junior doctors since family responsibilities could affect young couples at the beginning of their career if institutional support (e.g. work practices, policies, resources for employees) is not available or is not being delivered promptly.

Third, low morale and demotivation is another consequence of the intense work culture within the healthcare sector. Rich et al. (2016) posit that this is due to the growing work demands of the sector and a disregard for doctor's lives outside of work, whilst their training and wages do not correspond with such demanding workloads. Unfortunately, this is exacerbated by the pressures of a system that force doctors to comply with 10-minute consultations in primary care (BMA, 2019) which is not sufficient time to appropriately treat a patient, yet is a measure that solely relies on a managerial discourse of being more productive and efficient. This scenario leads to doctors developing the practice of "'defensive medicine', where doctors avoid complex cases due to fear of litigation and prosecution" (BMA, 2019 p.15). Furthermore, doctors fear regulatory accountability measures (i.e. tasks related to paperwork and evidence gathering in medical cases) since they are supposed to take on more administrative tasks leaving them with "no time". Hence, "low morale and harm to well-being resulted in some trainees feeling dehumanised" (Rich et al., 2016, p.1). In Zhou et al.'s (2019) qualitative study involving British doctors, it was revealed that trainee doctors feel "undervalued and underappreciated". Conversely, as asserted by Brown et al. (2010), "team spirit" and social support are variables that contribute to doctors' morale and feeling more secure which is an aspect of wellbeing.

In addition to the issues regarding monitoring and administrative burden to the work of junior doctors, there is the culture of "competitiveness and competency'" or "work till you drop" as well as a "pervasive attitudes towards illness" (Fox et al., 2011, p.1255). Recent surveys also have also confirmed that doctors perceived that "the camaraderie and team spirit, which once characterised the profession, had now dissipated" (BMA, 2019, p.25). These may also lead to stigmatisation of individuals who have a chronic illness or a less visible condition (Fox et al., 2011) and concurrently may affect the wellbeing of junior doctors in the long-term. Considering the previously stated, since junior doctors are the group which are particularly more susceptible to undertaking longer shifts, and even hide any sign of not being 'well' or good enough to perform at the expected standard, this situation may look worse when there is very little support and staff shortage (i.e. in depending on size of trusts where budget is limited, for example).

Finally, regarding the funding available for wellbeing, during the COVID-19 pandemic there were some improvements made in terms of infrastructure of resting spaces for doctors in the UK. However, this was not exclusively the case for all hospitals and trusts. Uys, Carrieri and Mattick's (2023) review found a positive impact (related to sense of community and belonging) of shared social spaces on wellness (and learning) for junior doctors. This makes a good case for greater availability of shared physical spaces for junior doctors as they lack a space where to socialise which may help junior doctors to informally discuss their concerns and their day-to-day activities to a colleague. The low provision of these spaces impacts on the wellbeing of junior doctors as it may hinder the chance for them to feel comfortable and potentially open up about a personal issue or concern as well as to have a break and rest. There is a need for a 'devolution' of wellbeing spaces to allow for recovery from work and perhaps attempt to have a better work-life balance.

3.4. Neoliberal academia

It has been widely researched that universities have become more focused on performance (Devine, Grummell & Lynch, 2011; Atkins & Vicars, 2016). UK Higher Education institutions (HEI) are not excluded from this phenomenon since they have suffered from changes regarding managerial style towards neoliberal practices over the past three decades (Maisuria & Cole, 2017). As Gill and Donaghue (2016) propose, neoliberalism includes a series of features such as increasing individualisation, marketisation and privatisation which are apparent within universities where there is an emphasis on individuals to be autonomous, trustworthy, responsible and accountable.

Furthermore, several scholars (e.g. Currie, Harris & Thiele, 2000; Sullivan, 2014; Benjamin, Williams & Maher, 2017; Murgia & Poggio, 2019) have suggested that universities fall into the category of 'greedy institutions', referring to a term which was first coined by Lewis Coser back in 1974. 'Greedy institutions' alludes to those organisations who demand commitment, time and energy from their employees (Coser, 1967, cited in Bone, Jack & Mayson, 2018, p.227). Currie, Harris and Thiele (2000) use the term "greedy" to refer to universities where there is an emphasis on the culture of performativity and work pressures that academics experience throughout their careers. As Bozzon, Murgia and Poggio (2019, p.25) argue, HEIs are "increasingly becoming 'greedy institutions': they require more and more undivided loyalty, high productivity and emotional engagement of their members". Hence, when discussing neoliberalism in academia, this 'greediness' can be seen through the work experience of academics and also through three main trends: marketisation and privatisation, audit culture and managerialism, and competitiveness and individualisation.

First, marketisation responds to a neoliberal policy where HEIs inevitably have to perform competitively and at very high standards in order to attract more consumers and realise greater profits, yet not necessarily assigning proportionally more resources to professoriate when the number of students increases (Maisuria & Cole, 2017). However, this trend has

also been influenced by the British government due to the pressures exerted on HEIs relying not solely on state funding but on their own funds whilst complying with the Quality Assurance Agency (Karlsen & Pritchard, 2013). Also, "there is a growing expectation that universities should be self-financing through external collaborations with business, in particular" (Europa, 2011, cited in Lynch, 2015, p.190). In the same way, Mattocks and Briscoe-Palmer (2016) assert that the consequences which manifest due to the reduction in public investment in universities have impacted negatively on the workload of academics as well as on their job security related to precarious contracts. For instance, Sullivan (2014, p.11) claims that "mostly because of financial pressures and the uncertainty of revenue streams, colleges and universities now employ far greater numbers of temporary and part-time faculty". More specifically, precariousness is a characteristic of academic job for ECRs, where "hourly paid 'teaching assistant' or 'visiting lecturer' positions predominate" (Gill & Donaghue, 2016, p.92).

Second, it is inevitable to mention the changes that now shape HEIs management style and the business practices that are deployed: "expansion, changes in funding, widening participation, internationalisation, new technology, a greater engagement with the wider world, increased customer focus" (Göransson, 2011, p.71). Furthermore, the shift from "cultures of professionalism to cultures of performativity" within higher education has been described by Bell (2011, p.132). Atkins and Vicars (2016, p.253) explain that these cultures of performativity within HEIs relates to "a value system associated with utilitarian notions of labour which is divorced from the broad principles of equity and social justice to which most academics subscribe". Research carried out by Bristow, Robinson and Ratle (2017) gathered accounts of ECR and identified the effects of neoliberalism, the "culture of "excellence" and the challenges that they face in academia (i.e. in terms of career development, complying and adapting to managerialism policies and practices).

As mentioned above, with performance being the new paradigm, academics have to comply with these performative systems such as "KPIs, high-impact publications, REF, income generating activities and highly evaluated teaching and learning scores, discourses of output and efficiency" (Atkins & Vicars, 2016, p.257). Thus, conducting research within academia contrary to what traditionally was —a stress free activity—has become a production-oriented and measuring activity (Vostal, 2015) which creates anxiety among scholars (Berg, Huijbens & Larsen, 2016). The pressures that accompany academic work are directly related to the quality of their research (e.g. 'four highly rated journal articles') as well as the outcomes that their research may produce (e.g. potential to gain research grant funding) (Leathwood, 2017, p.228) since "impact—as a measurement of public engagement—has become part of the criteria in the 2014 Research Excellence Framework (REF)" (Ergül & Coşar, 2017, p.257). Yet other consequences of these managerial practices in HEIs also involve stories of academics feeling anxious about meeting targets and being distressed about their teaching role conflicting with their research activity (Askins & Blazek, 2017). Equally, Cui, French and O'Leary's (2019, p.11) study revealed that the Higher Education Academy's (HEA) Fellowship scheme has become mandatory for academics and it highlights that in some cases it was a criterion for promotion and in other cases a "key target" as part of their performance assessment/review.

Bozzon, Murgia and Poggio (2019, p.33) bring to attention the existence of performance mechanisms which assess different parts of academic activity: "from publications to teaching, from citations to fundraising, from participation in editorial boards to public engagement". These managerial tools (e.g. league tables, performance metrics) have been introduced into the framework of auditing and monitoring academics' work (Gill & Donaghue, 2016). In this environment of regulation and quality assurance (Lynch, 2015), the division of power is more apparent where managers are leading a performance compliance process which academics may either embrace or resist (Ergül & Coşar, 2017;

Kallio et al., 2016). For instance, a study carried out by Leathwood and Read (2013), consisting of email interviewing 71 academics from the UK, demonstrated that while protestations were prevalent, the vast majority of participants had been adhering to the requisites of research audit and performativity, in many instances conducing considerable personal cost. For many, no alternative seemed to exist other than conformity since this was considered to be the only available solution in order to maintain employment, thus allowing them to carry on with their 'beloved' research (Leathwood & Read, 2013).

Third, in this context, research activity is characterised by blurred boundaries related to working hours, yet oriented to completing the task (Bozzon, Murgia & Poggio, 2019). Furthermore, Currie, Harris and Thiele (2000, p.289) proposed that "a neoliberal economic agenda rules against collegiality and mutuality and against the hope that care for workers can be coupled with productivity and creativity" since there is a latent concern on goal settings and metrics, and control of academic behaviour in UK HEIs (Mills, Trehan & Stewart, 2014). For instance, universities constantly engage in this 'competitive game' (Karlsen & Pritchard, 2013) to recruit students, depending on rankings and league tables for that endeavour. Equally, we witness this occurrence amongst academics. UK universities are seen as competitive realms where academics comply with the neoliberal practices, thus perpetuating the new managerial system and playing 'the academic game' (Kalfa, Wilkinson & Gollan, 2018) which emerged as a result of the audit culture, as suggested by Morrish (2019) and Berg, Huijbens and Larsen (2016).

Similarly, Bone, Jack and Mayson (2018, p.227) highlight that "'good' academics are considered to be those who 'play the game' by striving for promotion", hence complying with the performative practices and datafication culture (Maisuria & Helmes, 2019). However, it is appropriate to mention that academics who are in 'precarious' positions are prone to convey "'good', 'worthy' and 'committed' academic identities" (Bone, Jack & Mayson, 2018, p.239) as they aspire for job security and career progression (Kalfa,

Wilkinson & Gollan, 2018). For example, a particular group that fall into that category are ECRs.

Compliance and resistance dichotomy of early career academics

Among research in compliance and resistance in academia, both Leathwood and Read (2013) and Kalfa, Wilkinson and Gollan (2018) have found that academics are trapped in a constant struggle of demands for complying with the system they are immersed in, a 'game' where they can continue to do 'what they are passionate about' as well as criticise the same system on an ideological level. Alvesson and Spicer (2016, p.42) suggest that academics are skilful when it comes to juggling between resistance and compliance, as they 'play the game' where the strategy is "little minor resistance and lots of compliance". However, Wall's et al. (2021) study on micro-activism in UK academia identified four acts of activism: a male professor with an email signature including "Love from (name)*" willing to reflect collective love within the profession; the blog of a dyslexic professor who inspires and through showing vulnerability disclosing their disability; and the case of a journal editor follows a supportive and nurturing during a peer-review process which is often charged with asymmetrical power relations between reviewers and authors. Similarly, Thomas and Turnbull's (2024) research on Industrial Relations scholars, which included ECRs from business schools, identified forms of how academics can resist through 'activism' in progressive ways of teaching, research outputs and research impact. For instance, one form of activism is that of writing and publishing for different audiences and media. These two studies in the UK presented forms of resistance which can shed a light on the ways academics are resisting and not necessarily in a passive and hidden manner.

Robinson, Ratle and Bristow (2017) when researching on ECRs encountered that the dichotomy around compliance and resistance is more complex, to the point that it could seem that contradictory practices are carried out, leaving ECRs with feelings of 'exhaustion and

disillusionment' yet with some room to resist. As Thomas and Davies (2005) argues that as resistance may take different forms (i.e. multidirectional) and that small forms or 'small wins' of resistance can still challenge the status quo, working as an attempt to balance the power relations. Equally, "it would be problematic to limit understandings of resistance solely to conscious acts of opposition to capitalist authority" as Hughes (2005) posits. Resistance, therefore, has a great scope to be enacted and it may be subtle in some cases (e.g. on an ideological level), yet it may be that previous experiences on a more overt form of resistance has not been effective. For example, Kalfa, Wilkinson and Gollan (2018) revealed that ECRs raised their concerns about managerial practices and the consequences on their work-life balance to their supervisors; however, they were told that was the way things were done and that a solution would be for them to change their behaviour (i.e. by attending a mindfulness workshop).

Career challenges of early career academics

As described earlier, ECRs, also known as early career academics (ECAs), are a particularly interesting group to focus the research on since disadvantages and inequalities affect ECRs in the context of 'extreme jobs' (Hewlett & Luce, 2006) and changing workplaces (Kowalski & Loretto, 2017) which posit more challenges for this group. Some scholars (e.g. Cannizzo, Mauri & Osbaldiston, 2019; Bosanquet et al., 2017) have defined ECRs as those who are in a period of 'transition' (i.e. undertaking a post-doc) and, thus, close to securing an academic post. For this research, ECRs are framed as individuals who have been awarded a PhD within the past seven years and/or have obtained tenure post as academics, as described by Sutherland (2017).

Cannizzo, Mauri and Osbaldiston (2019) noted that ECRs career path can be interrupted and where performance management metrics and practices are prevalent. Equally, Bosanquet et al. (2017) assert that it is becoming more complex to have a linear career path due to current

workforce context which is characterised by experience of precariousness, job insecurity, market pressures (Bozzon, Murgia & Poggio, 2019) and, hence, the added responsibility for ECRs to design strategically different scenarios for future professional pathways.

However, there is a lack of research, specifically in terms of career success. Sutherland (2017, p.743) emphasises that this topic "remains ill-defined in the minds of the early career academics to whom the measures are applied, and that subjective career success in academia needs […] more consideration in promotion, tenure, and workload deliberations and policies". Whilst this remains unclear, Maisuria and Helmes (2019) added that ECRs have to cope with ethical dilemmas due to their early status in the echelons of academia which conflicts with their autonomy and academic identity. For example, in Knights and Clarke's (2014) qualitative study in UK business schools about academic identity, it was mainly discussed the construction of identity in academia comes with the tensions of having to navigate within a performative and audit culture surrounded by insecurities and fear of failure, yet constructing an "ideal" self. Another example constitutes one of female academics who have to balance both compliance with the system in universities whilst "put into effect feminist interests, commitments and leadership style" (Acker & Wagner, 2019, p.73) which is related to kindness, care and collaboration. Women working in academia face tensions in the workplace as they still experience gender division and a culture that promotes competitiveness and individualistic values.

"Early career researchers […] will have to make a significant investment, both in terms of time availability and in identity construction" (Bozzon, Murgia & Poggio, 2019, p.15). The efforts that ECRs undertake may lead to the deterioration of their wellbeing and work-life balance. For example, recent studies (Belkhir et al., 2019; Zheng et al. 2015) have found anxiety and isolation to be common factors for younger professionals. Particularly, the collaborative autoethnography of ECRs carried out by Belkhir et al. (2019) revealed that ECRs are predisposed to suffer from academic isolation since their peripherical posts make

it difficult to engage and connect with other members of their academic field, and found that there are four levels of academic isolation (See Figure 7).

Figure 7. Dimensions of Academic Isolation

Dimension	Definition
Geographic	Perceived physical distance from group and other actors in the field.
Cultural	Perceived lack of understanding of the field's norms, values and shares codes and understandings (e.g. language and history).
Relational	Perceived lack of social connections with other actors in the field.
Technical	Perceived lack of skills of the field-relevant methods and techniques to conduct rigorous and publishable research in journals valued by the field.

Source: Belkhir et al. (2019)

The framework outlined by Belkhir et al. (2019) offers a work-related condition (i.e. isolation) which is linked with the concept of wellbeing and health. Thus, isolation overlaps with the individual's identity and capacity to succeed in academia. ECRs may be left to find their own way to overcome the academic pressures and deal with the neoliberal system as well as their wellbeing unless workplace resources are available to facilitate this process. As Caretta et al. (2018, p.272) explain, there are practices related to "health awareness", "mentorship", "reading circles", "on-campus de-stress initiatives" and "blogs on fieldworks" and "career guidance". However, it is necessary to look at the initiatives that HEIs offer to ERCs and examine if this provision draws on the current employee wellbeing demands of young academics.

3.5. Chapter summary

This chapter has provided information regarding the two professional contexts that this thesis studies. Also, it has gathered sufficient evidence to frame both academia and the medical

profession as ‘extreme work’ environments. ‘Extreme work’, as Gascoigne, Parry and Buchanan (2015) posit, is an opportune concept when examining wellbeing at work, as it places emphasis on a closer examination of working practices and occupational discourses aligned with the notion of ‘ideal worker’, which in turn become detrimental to employee wellbeing. It is, therefore, considered ‘extreme’ as the type of work is exposing individuals to the limits; in other words, putting individuals’ wellbeing at stake constantly.

Inquiry is also necessary into these two professions since while potentially having detrimental effects on the wellbeing of all employees, such work environments are said to particularly perpetuate gender inequalities as the ‘ideal worker’ is someone who is able to commit to long hours and uninterrupted careers (van den Brink & Benschop, 2012). For example, the ‘ideal worker’ model and face-time expectations can induce bias to the individuals who look for flexible working patterns and work options (Sabattini & Crosby, 2016) and individuals may become stigmatised. As Richardsen et al. (2016, p.126) assert, “organizations often expect or require employees to work long hours and this can have a differential impact on men and women”. Therefore, the focus of wellbeing in both professions should be related to care and nurture. The following chapter corresponds to the methodological section of this thesis, including the design of the research and the research strategy to answer the research questions regarding how wellbeing practices are situated in the contemporary workplace, what is the role of relationships for employee wellbeing, and how wellbeing interventions are perceived.

Chapter Four: Methodology

4.1. Introduction

This chapter provides the methodological grounding of this research, following on from the perspectives discussed in the previous chapter. The thesis follows a qualitative approach, and in this chapter, I will set a slightly different tone as I bring myself more clearly into the text through the use of 'I', in line with a qualitative convention. The aim of this chapter is two-fold: first, to examine and to reflect on how my background in terms of education and experience have informed my epistemological approach, and second, to outline the research design and methods used to carry out the present research.

The chapter commences by outlining my positionality including a discussion of the choice of constructionism and ontological and epistemological beliefs. The second section is related to my research design where there is a justification of my qualitative approach. This is then followed by a third section, research strategy, which provides an explanation for the choice of methods. The fourth section relates to the methods of data analysis, whilst the fifth section refers to the sampling technique and data collection. The fifth section discusses the ethical considerations of this research/thesis. Finally, the last section delves into the reflection of my experience and development as a doctoral researcher.

4.2. Positionality and philosophical underpinnings

4.2.1. Positionality

The motivation for this research came from my previous experience of researching on women's career advancement in a UK HEI. My findings pointed out the impact that workload as well as institutional practices and policies had on academics. Interestingly, wellbeing was implicit in the accounts of the research participants of the mentioned research, which spurred me on to investigate the topic further.

Previous health and sociological research on wellbeing (Oliffe & Bottorff, 2007; Guell & Ogilvie, 2013, respectively) have shown that meanings are constructed by individuals throughout the research process allowing the researcher to gain a better understanding of wellbeing and its multiple dimensions (i.e. material, relational and subjective, for example). As a qualitative postgraduate researcher who is a mestiza Peruvian woman, my understanding of wellbeing has been nurtured through my experiences of being raised in the Global South, particularly in a middle-income country in South America. My personal experience with wellbeing at work, prior to starting my research, as an employee in the private sector in my home country, is one where wellbeing is not outspoken in the workplace as one that relates to different aspects and dimensions (e.g. financial wellbeing, mental wellbeing, physical wellbeing, social wellbeing) and that can be related with other terms such as 'employee benefits' or 'flexi-time' or even conflated as occupational health. As in a so-called developing country, a good 'health package' involves having a private medical insurance plan at work since this is important for employees as it relates to physical health and physical wellbeing. In that regard, I have experienced that most of the interventions aimed to care for the physical and mental health of employees have been deployed to comply with current norms but not necessarily as a 'duty of care' that goes beyond the productivity outcome (i.e. where there is a proportional relation between EWB interventions and individual/organisational performance). In line with psychological models (based on positive psychology strands) and Peruvian work culture (which tend to be collectivist), camaraderie events (e.g. company 'day out', anniversary of the company 'party', or even less formal events on a departmental level) and training opportunities (e.g. access to upskilling courses) are framed as EWB interventions with the aim of fostering a social dimension of wellbeing. Thus, from my perspective, wellbeing is not a standardised and static 'aspiration', instead, it is a fluid term which relies on the rich and complex cultural dimension of a particular setting where individuals interact. As such, wellbeing has a 'history' as it is comprised by past and current events in people's lives, some of them might

be negative experiences and others might be positive but all of them are interconnected and influenced along with our context and relationships with others.

In my conception, wellbeing globally is also being influenced by the dominant Western discourse of appearing to be well and fit to function in society. In that sense, there are differing cultural understandings of wellbeing and thus clashes with a 'mainstream' individualistic approach to wellbeing, according to which wellbeing becomes a personal (individual) pursuit. As an international doctoral student, I navigate British higher education culture through an emic position (and as an insider) since my research is exploring wellbeing accounts of individuals living and working in the UK, therefore a local discourse of wellbeing is being examined. Also, I 'engage' in discussion regarding local discourses of wellbeing in public policies as well as HR policies to better understand the wellbeing practices of individuals using as a baseline CIPD reports. In other words, I am interested in exploring what wellbeing means for individuals in their particular contexts.

In the past, I have participated in research projects where I carried out interviews with senior and middle management as well as operational level workers and I have seen that there is a tension about the provision of what type of interventions may improve individual performance. HRM research, which focuses on the relationship between, HRM practices, wellbeing and performance, is still to address the multiple dimensions of wellbeing and not solely on subjective wellbeing (happiness) or health-related wellbeing (Van de Voorde & Peccei, 2019; Van de Voorde, Paauwe & Van Veldhoven, 2012). Thus, it is perhaps timely to look at the social/relational aspect of wellbeing at work as well as its other dimensions when carrying out research.

My researcher positionality has been evolving throughout my doctoral studies, having been informed by the current context of academia, involving events such as the COVID-19 pandemic (e.g. including experiencing lockdowns, homeworking) and industrial actions of

academic staff as well as the EWB interventions that have been deployed and the importance and attention that wellbeing has received over the past three years. As a doctoral student, who pursues a job in academia, researching the wellbeing of ECRs and junior doctors has made me more mindful not only of their precarious situation as employees but as their current wellbeing needs. As an insider for one the group of research participants (academics) I have learned about collegiality and solidarity, which encourages me to keep motivated on my research on wellbeing. I strongly believe that institutions may need a structural change and rethink their current 'wellbeing at work' discourse. Although not being an 'insider' for the junior doctors' sample, I empathised with their struggles regarding better work conditions and wellbeing support.

4.2.2. Philosophical underpinnings of the research

Relativism and social constructionism are used in this thesis as the ontological and epistemological tenets, respectively. From a relativist ontology, 'truth' is a matter of diverse interpretations by individuals since it is socially constructed (Mills & Birks, 2014), although some 'truths' tend to become more dominant or salient than others. For example, when some constructions are particularly popular in some contexts (e.g. cultures, communities, institutions) and values are shared then some understandings become 'accepted'. Hibberd (2005, p.43) states that "the affirmations of community preferences become a sufficient condition for knowledge". This philosophical paradigm allows deeper understanding of the 'multiple' realities surrounding wellbeing through analysing the experiences of individuals. By no means is this research is attempting to understand the absolute 'truth' about wellbeing, neither attempting to generate an ultimate definition of wellbeing, but instead endeavouring to provide "the most complete possible description of a phenomenon" (Slawecki, 2018, p.15) within the limitations of the research context. As such, this research intends to explore the meanings individuals who are from two professional contexts, academia and the medical profession, attribute to EWB interventions. As Mills and Birks (2014, p.20) argue, "reality

is constructed by those who experience it and thus research is a process of reconstructing that reality".

Furthermore, social constructionism is the epistemology that guides this research. It allows me to research wellbeing as an active process where constructing knowledge is a social and relational practice. The following key tenets of social constructionism align with my own positionality. Firstly, on an epistemological level, in constructionism, I agree with Crotty (1998, p.8) as he argues "meaning is not discovered but constructed". Individuals, as a whole, construct meaning when knowing (or getting to know) the world, its objects and phenomena. More specifically, as a social scientist, the meanings and understandings I construct come from my interaction with the world but more importantly a world that already contains meanings (Crotty, 1998).

Second, social constructionism when referring to meaning generation include the idea that culture shape the way individuals makes sense of reality (Crotty, 1998). Thus, context becomes a key element (Charmaz, 2006, 2014; Silverman, 2013) as it shapes knowledge production. For example, it may be that certain characteristics from a particular context enable or hinder an individuals' engagement with particular HR practices over others (Kowalski & Loretto, 2017). To some extent, this aligns with constructionism which refers to what role culture plays, since each culture is from a particular context. Crotty (1998) warns that when we try to make sense of the world, we are conditioned by the culture in which we are immersed. Therefore, diverse interpretations of a phenomenon emerge. Hence, for this research, contextualising wellbeing is an important element of its examination.

In line with the work of White (2010), by examining wellbeing at work from a relational perspective, I also embrace the idea that wellbeing is a collaborative endeavour that is characterised by intertwined complexities, contradictions and inconsistencies between subjectivities. The relational wellbeing perspective provides a way to understand the context,

the situated relationships with others and individuals' subjective experiences of wellbeing within and outside their workplace. In other words, the relational approach to wellbeing explores the experiences of wellbeing and the type of relationships forging individuals and how these interactions within and outside the workplace, specifically, can shape the way wellbeing is experienced and what enablers (e.g. support mechanisms) or barriers (e.g. as pressures) may appear. It is germane to draw on relationality as "fundamentally constitutive of subjectivity" (White, 2017, p.129). In simple terms, relationality as a process where relationships are not isolated events of 'social influence' but crucial ones for the (re)construction of meanings and make sense of the world we live in. Also, relationality as a way of understanding wellbeing as an "emerging event" (Küpers, 2005) that changes through its practice. An emerging event where wellbeing is a continuous process that happens when individuals interact with one another and within their community, a relational process.

A relational approach may advance understanding on wellbeing as individuals will be acting and practising wellbeing in relation to their interactions with others, and particularly within different settings (e.g. family, work, society). Furthermore, taking a relational view may also allow reflexivity into collective wellbeing and "the value of social association in and for itself" as Atkinson (2021, p.3) claimed. As they propose, by using relationality and characterising the 'self' as caring, interdependent, affective and relational may lead to the fact that the wellbeing of other(s) is as important as our own wellbeing. This points to the idea that it may be the case that part of our wellbeing depends on the wellbeing of our kin, broadly defined. Thus, it may be that the way wellbeing is framed as mentioned above could promote the idea of wellbeing in collective terms.

I acknowledge my philosophical stance is not exempt from methodological challenges surrounding the exploration of wellbeing at work. Although there are models of analysis that allows us to better grasp the dimensions of wellbeing in need of analysis (e.g. relational

wellbeings), there are models of wellbeing from different perspectives that can contribute to the understanding of wellbeing as a complex phenomenon, yet not necessarily utilising the same definition and dimensions of wellbeing. For example, the way knowledge is acquired from constructionism posits a 'limitation' since explanations may be "forever open to re-interpretation and social critique" (Mills & Birks, 2014, p.19). However, constructionism acknowledge how culture shape and influence our interpretation, the duty they/I have is to construct meaning as building blocks where useful interpretations are constructed (Crotty, 1998).

The usefulness of social constructionism relies on the idea of building on knowledge that is contextual and is specific to a phenomenon that may change throughout time: individuals' value systems, public opinion, and society may have changed. This raises awareness of the complexity of the human mind and social interactions when examining a phenomenon (Easterby-Smith et al., 2018). For the case of wellbeing, this is constructed through and within the community the individual is immersed (Martela, 2014). A research strategy which is informed by past and current qualitative research on wellbeing and EWB can provide good basis for advancing knowledge on wellbeing and EWB in its social and cultural (i.e. organisational and professional) context.

4.3. Research strategy

I chose to employ a qualitative approach to my research as it follows on from my ontological position as well as offering a rich description of a phenomenon and a focus on reflexivity (White & Blackmore, 2016).

First, as qualitative research gives priority to research participants' accounts, the data collected is rich in interpretations about the phenomenon being researched. Thus, experiences of wellbeing and evidence of social relationships can be captured through conducting qualitative research. There is a wide range of studies which have explored

wellbeing from a qualitative approach by using interviews and/or focus groups (e.g. Biggio & Cortese, 2013; Vakkayil et al., 2017; Haynes et al., 2012; Syrjälä et al., 2009; Schmidt & Umans, 2014; Benjamin, Williams & Maher, 2017; Walsh et al., 2019) (See Table 2*)*.

These studies explored the different perspectives and dimensions of wellbeing (i.e. physical, psychological, mental, social, material) and the meanings wellbeing have for individuals in a specific context. Some of the emerging themes in these studies relate to the development of metaphors for wellbeing (Haynes et al., 2012), positive and negatives images of wellbeing (Benjamin, Williams & Maher, 2017), and identification of dimensions of employee wellbeing (Vakkayil, Torre & Giangreco, 2017).

Table 2. Examples of qualitative studies of wellbeing

Study	***Sample***	***Method***	***Context***	***Country***
Syrjälä, Takala & Sintonen (2009)	35 employees	Interview	Nordic electricity business	Finland
Haynes et al. (2012)	8 female doctoral students	Semi-structured interview	Academia	USA
Biggio & Cortese (2013)	72 employees	Semi-structured interview Focus groups	Health sector (public and private)	Italy
Schmidt & Umans 2014	12 female doctoral students	Focus group interview	Academia	Sweden
Vakkayil, Torre & Giangreco (2017)	20 senior managers	Focus group	Various industries (private sector)	Italy

Benjamin, Williams & Maher (2017)	29 doctoral students (biomedical sciences)	Photo-elicitation interview	Academia	USA
Walsh et al. (2019)	32 hospital doctors (female and male)	Semi-structured interview	Health sector	Ireland
Coffey (2019)	25 young people	In-depth semi-structured interviews Photo-voice and photo-elicitation	General population	Australia

Second, in line with social constructionism, reflexivity becomes an important element in the qualitative research process (Leavy, 2014). Researcher reflexivity is conceived as a validity practice where the researcher is clear and transparent regarding how their positionality may influence the way research is undertaken (Creswell & Miller, 2000). In other words, as a qualitative social scientist I have to be aware of my positionality as informed by my personal experience and assumptions regarding wellbeing as these two shape how I conduct my research and interpret research participants' accounts.

A third consideration regarding the selection of a qualitative approach is related to power relations in my research. This relates to ensuring a respectful relation with the research participants during different stages of the research process and considering them as the 'experts' when talking about their experiences of wellbeing. Also, although this may pose a

challenging task for researchers when carrying out qualitative inquiry, it is particularly important to reflect on how particular questions may affect research participants. Hence, developing and re-conceptualising questions becomes part of a reflective qualitative inquiry process (Agee, 2009). It also allows the researcher to become more sensitive to the research participants' overall wellbeing and the phenomenon being studied. Additionally, the way qualitative inquiry is conducted may create tension between the researcher and research participant as the researcher does not have control over the research participant's agenda and engagement with the research topic. Thus, power relations are negotiated when the researcher recognizes the research participant's expert knowledge of the phenomenon being studied but also when the researcher steers the research participant's focus onto the themes that the former researcher considers relevant to enquire about and in relation to mutuality (Charmaz, 2014)

Finally, according to Creswell and Creswell (2018, p.21) "qualitative approaches allow room to be innovative and to work more within researcher-designed frameworks". This resonates with the research design in this thesis as it involves co-creation through creative and participatory methods. Researcher-designed frameworks refer to the benefits of flexibility when designing the research strategy. It allows the researcher to be able to explore a particular phenomenon with an ad-hoc set of methods. In the following subsections it will be explained that my research design encompasses photo-elicitation and semi-structured interviews for data collection, and later thematic analysis. Both methods of data collection were utilised to examine the subjective experiences of employer-led wellbeing initiatives. As Bennett (2014, p.16) demonstrated in her study when using diaries and photo-elicitation, "the distinctive variety of qualitative approaches increased the richness of the data considerably".

4.4. Methods of data collection

In this section, I will discuss semi-structured interviews and photo-elicitation methods to show the benefits of combining these techniques when researching wellbeing.

4.4.1. Semi-structured interviews

The main method of data collection for this research are semi-structured interviews which are employed in order to explore the personal experiences of research participants. Interviews have been used in qualitative social research very extensively (Brinkmann & Kvale, 2015). As a qualitative researcher, interviews are a method of data collection that enable me to better understand individual's contextualised perspectives and experiences.

Ravitch and Carl (2021) propose a series of characteristics of qualitative interviews: relational, contextual, person-centred, non-evaluative, temporal, partial, and subjective. I find these are all interconnected and particularly in the first four as these are relevant for my philosophical stance. The first feature is the relational nature of the interview as it pays attention to the relationship between participant and researcher and how this interaction constructs meaning. The second feature is contextual, thus Interviews being contextual refers to the micro and macro factors need to be considered in order to understand the interview data. The third feature is the non-evaluative nature of the interviews as the task of the researcher is to understand participant's experiences and concepts developed but not to judge them. As Brinkmann and Kvale (2015) posits, the researcher has to value the beliefs and experiences of research participants. The fourth feature relates to the inseparable 'multiple selves' of the participant (Beitin, 2012) where researchers should proactively encourage the participant to talk about their different roles in life and how these affect their experiences in order to better grasp the participant perspectives. Based on these characteristics, interviews are a source of knowledge co-construction and thus the data collected is a product of the manner in which the researcher conducts the study.

As previously mentioned, interviews make possible that the researcher and the participant create meaning, and jointly produce knowledge. As Brinkmann and Kvale (2015, p.21) argue, "interviewing is a social production of knowledge". They posit that the interviewer can become a fellow 'traveller' alongside the research participant as those who participate in the co-construction of knowledge. For example, in his study of wellbeing, Bache (2018) reflects on how semi-structured interviews enable research participants to cover and answer the main research questions and topics in their own manner, thus becoming 'active subjects'. In this sense, interviewees are constructing meaning during the interaction happening between them and the researcher. Interviewees are making sense of their own experiences, they are not just answering questions but constructing their own 'stories', grounded in their way of seeing the world and in the particular context where they live.

In this research, semi-structured interviews were conducted to allow flexibility for the researcher and participant to discuss on wellbeing, experiences and practices. This flexibility alludes to less uniformity in the way questions are asked as every interviewee is unique in the sense that key questions may lead the researcher to explore different dimensions of the participant experiences and the diverse roles they perform. Ravitch and Carl (2021) state that this type of interview is carried out with a set of key questions that are 'guiding and organising' the interview itself where follow up questions serve to get a detailed account of the research participants.

Adams (2010) suggests that when conducting semi-structured interviews is important to listen carefully, manage silences, allow research participants to guide as well as be able to focus, be professional and have emotional control. Due to the nature of semi-structured interviews, it is expected that research participants may be talking about personal circumstances and experiences which require qualitative researchers to be active listeners which in turn will not only allow the collection of relevant data for the research but also ensure that the research participants feel respected and are able to trust the researcher.

In this research, the semi-structured interviews were carried out in an online format in a synchronous manner. Online interviewing allowed the research participant to still be able to see the researcher on screen and perhaps mimic to a certain extent the format of a face-to-face interview. Also, being a synchronous interview, it allowed the researcher to have a continuous flow of conversation as the interview take place in real time. Also, concerning the interview being conducted in an online setting, although, as Ravitch and Carl (2021) called it 'the loss of being together' in the same physical space for the interview, it may be difficult for establishing the relationship between research participant and researcher as well as building a sense of trust. Similarly, regarding engagement and openness, wellbeing was still an area of reflection, considering the current situation with the COVID-19 pandemic, building trust was the main priority as a reason of concern.

Sensitive interviewing

For this research, a sensitive interviewing framework (Melville, 2014) is appropriate as the topic is wellbeing and it falls into a category that covers emotionally difficult topics. In this type of interviewing an assertive and open interview style is suitable for the kind of topic of research since research participants may disclose some emotional experiences that could have not raised otherwise. Although this research is not per se sensitive, it is useful to adopt some of the principles that guide sensitive interviews such as good preparation prior to conducting the interview, building rapport, flexibility of conduction of the interview (e.g. date, time, location), and ensuring positive closures (Dempsey et al., 2016).

A common theme found in Dickson-Swift et al.'s (2009) and Adams' (2010) research is emotion management and emotional control during interviews. This term was taken from Hochschild's influential work on qualitative interviews (Guthrie et al., 2017). This not only deals with how the researcher is expected to act calmly and professionally when interviewing research participants that may be speaking about an unpleasant experience, but also involves

how the research participant feels after sharing this experience. Therefore, as Dempsey et al. (2016, p.486) explains as cited in Drury, Francis & Chapman's (2007) study, that "any interview is sensitive because disclosing information about the self makes the respondent vulnerable to emotional turmoil". It may also be relevant for the researcher to reflect on how the interview has affected (positively or negatively) themselves and the research participants. I adopted the use of research journal to reflect on and be reflexive about my feelings and thoughts after conducting each of the interviews for my research. Thus, I was assuring a more transparent research process where there was an effort to make sense of assumptions and preconceptions that I had regarding the research topic as well as of research participants' responses. Bearing these key tenets related to interviewing in mind, I next explain the use of photo-elicitation in conjunction with the interviews.

4.4.2. Photo-elicitation

As a complement to the interviews, I selected photo-elicitation, whereby research participants were asked to take photographs of what 'wellbeing' means to them. Photo-elicitation was selected since it enables the collection of rich data when researching doctoral students' lived experiences, particularly with a focus on perceptions of wellbeing (Benjamin, Williams & Maher, 2017) and when exploring how an intangible phenomenon such as wellbeing is interpreted, and what role it plays in people's lives. Considering the nature of wellbeing as a complex and multifaceted phenomenon, the method is aligned with what the researcher intends to explore: perceptions of employer-led wellbeing initiatives and wellbeing practices amongst early career professionals.

Photo-elicitation is a visual method that uses photographs as part of a research interview (Harper, 2002). Also, photo-elicitation "appear to offer a way of gaining insight into the other's perspective by asking the photographer for their interpretations of the visual" (Croghan et al. 2008, p.346). Photo-elicitation possesses certain characteristics depending on who is collating and producing the photographs, such as participant-only or researcher-

only photographic production (Ray & Smith, 2012). Although this may impact on the type of relationship and interaction between the researcher and participant, the two main benefits of photo-elicitation remain the same: facilitation of dialogue and generation of useful data (Tinkler, 2013).

There was a voluntary component for research participants to take and share photographs (called photo-production) related to their wellbeing to discuss their wellbeing practices and acknowledgement of employer-led wellbeing interventions available at their workplace. Participant only photographic production is relevant to this research as it gives the participant control on what they want to portray in the photographs about a particular topic and provides a sense of empowerment. Hence, this type of photo-elicitation is based on the more active involvement of the research participants as they decide what material (photographs) and stories they are keen to share with the researcher. As Coffey (2021) posits, photo-elicitation offers the opportunity to capture data that would not be possible with an interview only approach.

The first consideration for choosing this method is that it allows an active role of the research participants (i.e. providing their point of views, engaging in the research process) (Buchanan, 2001), hence providing the collection of richer data (Barton, 2015). Similarly, this method enables research participants to take an active role (i.e. providing their points of view) (O'Hara & Higgins, 2017) and, most importantly, may encourage research participants to be critical (Buchanan, 2001) and reflexive (Warren, 2005).

A second consideration is related to the establishment of dialogue, where "photos facilitate interviews by building bridges between the interviewer and the interviewee" (Tinkler, 2013, p.174). This research took a 'participant-only' photographic production (Ray & Smith, 2012) which meant that the research participant, when possible, takes pictures based on wellbeing activities/practices. By not making mandatory the photo-production component within the

research design, it reduces the burden on individuals that are interested in sharing their experiences but not keen to photograph their daily activities or practices. However, for those research participants who are willing to engage in the activity, it may become a reflective one as photographs are selected by research participants. In this sense, by providing leverage to the participant in selecting photographs, trust is meant to be built (Ray & Smith, 2012) prior to (and during) the photo-elicitation interview. Also, Tinkler (2013, p.174) claims that "photos can also foster a relaxed atmosphere because they lessen the pressure on an interviewee". This is an important point that relates to positionality and philosophical stance since I believe the researcher ought to be accommodating of the participant needs and understanding of the potential emergence of sensitive topics and thus distress on some research participants.

A third consideration is that of the collection of rich data (Barton, 2015). As undertaking photo-elicitation uses images "as stimuli to elicit information from research participants" (Warren, 2005, p.864), then it "evokes information, feelings, and memories" (Harper, 2002, p.13), and "appear to offer a way of gaining insight into the other's perspective by asking the photographer for their interpretations of the visual" (Croghan et al., 2008, p.346). Therefore, in this research, research participants were asked to explain their understanding of wellbeing during the interviews but also to engage with photographs (when available) and describe their practices which recreates stories about their wellbeing. A caveat that applies here is that boundaries have to be set for photo-elicitation in terms of how many photographs the research participants are expected to share or as having the interpretation of photographs as the main element of the research design (Ray & Smith, 2012, p.291). For this study, research participants were asked to take up to five photographs.

In this sense, photo- production guidelines applied for this research and they were used to signpost the research participants regarding not only how may photographs, but regarding some ethical considerations when taking photographs (See section 4.8). Also, it was

important to clarified to the research participants that the photos were used as to generate a rich conversation regarding wellbeing and wellbeing practices. In four occasions, I scheduled online Zoom meetings with research participants (by their request) to further explained the activity of photo-production. With the majority of research participants, I utilise emails as a channel to answer any question regarding the research and the methodology. For participants who engaged in the photo-production activity, I distributed a photo-production guidelines document (See Appendix 7) via email.

Amongst the various advantages (e.g. engagement, diversity of perspectives) of photo-elicitation, there are also ethical issues and concerns in reference to trust and confidentiality that had to be addressed when designing photo-elicitation interviews and the research design and in particular the research documents such as participant information sheet, consent form, privacy notice and photograph production guidelines (See Appendix 1, 2 , 3 & 7 and Section 4.9. for further reflection).

4.5. Participant recruitment

The research sample consists of 30 early-career employees from two 'extreme work' contexts (Hewlett & Luce, 2006): academia and the medical profession. In academia, ECRs are defined as being individuals who are within seven years of having gained their PhD and/or having been appointed to their first academic post (Sutherland, 2017); whereas in medicine, junior doctors (trainee doctors) are medical graduates who have completed two foundation years (postgraduate medical training) and/or are within seven years of having medical work experience (BMA, 2020).

Therefore, focusing on early-career employees makes it possible to explore how they learn about the demands of their job and how they respond in terms of managing wellbeing. In total 30 semi-structured interviews were carried out with 22 women and eight men working in academia or the medical profession and living in the UK (See Table 3). Of those, six were

junior doctors and 24 ECRs, eight had caring responsibilities, four were single and 26 were in a long-term relationship with partner. Of the academic participants, 20 worked at Russell Group universities (representing 11 of its members) whereas four academics worked at non-Russell Group universities. The junior doctor participants worked at hospitals or trusts in England and Scotland.

Table 3. List of research participants

#	Participant pseudonym	Role	Discipline/Department	Current caring responsibilities
1	Grace	ECR	Music	No
2	Pamela	ECR	Business Management	No
3	Emily	ECR	Psychology	No
4	Laura	ECR	Biology	No
5	Robert	ECR	Geography	No
6	Cynthia	ECR	Business & Law	No
7	Linda	ECR	Medicine – Informatics	No
8	William	ECR	Engineering	Yes
9	Nancy	ECR	Psychology	No
10	Karen	ECR	Philosophy, Politics & Economics	No
11	James	ECR	Biology	Yes
12	Janet	ECR	Life and Medical Sciences	No
13	Ruth	ECR	Biology	No
14	Stella	ECR	Arts, Humanities & Cultures	No
15	Kelly	ECR	Business Management	No
16	Diane	ECR	Philosophy, Religion and History of Science	No
17	Victoria	ECR	Medicine – Informatics	Yes
18	Steven	ECR	Engineering	No

19	Andrew	ECR	Psychology	No
20	Betty	ECR	Psychology	No
21	Lisa	ECR	Languages, Cultures and Societies	Yes
22	Thomas	ECR	Engineering	No
23	Alice	ECR	Arts and Cultural Studies	No
24	Judy	ECR	Biochemistry	Yes
25	Olivia	Junior doctor	Medicine - Radiology	Yes
26	Carol	Junior doctor	Medicine - Paediatrics	Yes
27	Charles	Junior doctor	Medicine - Anaesthetics	Yes
28	Nicole	Junior doctor	Medicine - General Practice	No
29	Susan	Junior doctor	Medicine - Haematology	No
30	Paul	Junior doctor	Medicine - Clinical Psychology	No

Regarding other disciplines and medical specialties, the research participants represented academic disciplines in the case of ECRs and five medical specialties for junior doctors. Furthermore, it is important to mention that regarding contracts, 17 were on fixed term contracts while 12 had permanent ones. Additionally, seven research participants worked on a part-time basis whereas 22 were employed full-time. The ECRs held job roles such as lecturer (n=13), research fellow (n=6), postdoctoral research associate (n=3) and research assistant (n=1). Junior doctors held positions as Specialty trainees (n=4), Academic Clinical Fellow (n=1) and Clinical Research Training Fellow(n=1) (See Table 4 & Table 5).

Table 4. List of ECRs - research participants' characteristics

Category	Descriptor	Number of respondents
Gender	Women Men	18 6
Region	England Scotland	18 6
HEI status	Russell Group Pre-1992/1960s, Post 1992, and others	20 4
Subject Area	STEM (Science, Technology, Engineering, Maths) AHSSBL Arts, Humanities, Social Sciences, Business ad Law	10 14
Job level/current role	Lectureship Research Fellowship Postdoc Research Associate Research Assistant *Job applicant	13 6 3 1 1
Employment type	Full time Part time *Job searching	20 3 1
Contract	Fixed term Permanent	14 9
Caring responsibilities	Yes No	5 19
Relationship status	Single Long-term partner Married	3 14 7

Table 5. List of junior doctors - research participants' characteristics

Category	Descriptor	Number of respondents
Gender	Women Men	4 2
Region	England Scotland	5 1

Specialty	Paediatrics Radiology Anaesthetics and intensive care medicine General Practice Haematology Psychiatry	1 1 1 1 1 1
Job level	Trainee doctor (Speciality trainee) Academic Clinical Fellow Clinical Research Training Fellow	4 1 1
Employment type	Full time Part time	2 4
Contract	Fixed term Permanent	3 3
Caring responsibilities	Yes No	3 3
Relationship status	Single Long-term partner Married	1 2 3

Sampling approach

The participants were recruited utilising a purposive sampling approach, which is called snowball sampling by Gray (2018). This sampling approach possesses the following characteristics: 1) potential inclusion of sensitive topics; 2) the researcher finds an initial small sample of potential research participants; and 3) initial sample of research participants (called *locators* as later participated in the research) who can refer other colleagues who share similar characteristics and background (Biernacki & Waldorf, 1981).

I initially invited ten potential research participants who had heard of the research and showed interest in taking part via relevant mailing lists (e.g. from ECRs networks) and personal contacts from Russell Group universities. Those universities are ranked not only as top universities overall in the UK but also their medical schools, and where prominent ECR networks exist (See Table 6). These ten potential research participants were comprised of a sample of men and women from academia and the medical profession.

Also, other characteristics of ECRs and junior doctors (See definition in section 4.4.) as well as gender, current role, employment type (full time/part time), and academic discipline/medical speciality, were considered to ensure a diverse sample. Overall, from the ten potential research participants invited, seven participated in the research, including one of them who took several months to finally be able to schedule an interview.

Table 6. List of UK universities for recruiting research participants

Potential list of UK universities (from the Russell Group)
1. University of Oxford
2. University of Cambridge
3. Imperial College London
4. University College London
5. King's College London
6. University of Edinburgh
7. University of Manchester
8. University of Glasgow
9. University of Warwick
10. University of Bristol

One of the limitations when using snowball sampling is related to the reliability of referrals of locators (those who were contacted initially to take part in the research) in order to perpetuate the snowball referral effect and gain access to potential research participants. In other words, there was an initial stage where I waited weeks to get responses from the locators in terms of more potential research participants. There were delays in referral responses, therefore the snowball technique was only partially effective.

Therefore, to ensure that other potential research participants learned about the research, I prepared a list of ECR networks within top ranking and league table[6] universities to reach

[6] Based on Complete Guide University (2021) and Times Higher Education (2020).

them (via email) through the lead of the network. However, by doing so a caveat is that those involved in the networks present specific characteristics (e.g. active advocacy for ECR work rights, ECRs career development, reproducibility and open science practices) that may not be representative of ECR based in the UK. For this reason, it was important to delineate the desirable characteristics of the research participants and a call for participants' poster was prepared to outline the characteristics of potential research participants. This follows Penrod's et al. (2003) guidance on selection criteria which have to be comprehensive to guarantee that researchers will get the appropriate referrals. Thus, the characteristics of the research participants were based on the definitions which can be seen in Table 7 below.

Table 7. Potential research participants characteristics

Early career researcher (ECR)	**Junior doctor**
Graduate who has completed their PhD within seven years	Medical graduate who has completed their foundation years
Have been appointed to their first academic position	Still undertaking postgraduate training (within three to eight years)
	Working under supervision of senior doctor

In a second stage, when recruiting new research participants, individual email invitations were sent to research participants explained why individuals were selected and the aim of the study, for example. In order to select potential research participants, their web profiles coincided much of those who are in the first academic post, a lecturer post for example, and/or their date of completion of doctoral studies is circa 2015 onwards (for the time when the data collection started). The responses I received from the potential research participants indicated that they self-identified as either ECRs or junior doctors, which confirmed their eligibility to take part in the research.

4.6. Data collection process

Once the seven (from the initial ten) potential research participants were confirmed, they received the Participant Information Sheet, Consent form and Privacy Notice. Any questions were answered prior to the interview and during the first part of the interview individuals were encouraged to ask any questions about the research and data management.

After gaining consent of the seven research participants, I asked the research participants to take five photographs of examples of 'wellbeing' using their mobile phones within the space of a week. It was made clear that this was a voluntary task, to provide flexibility. The research participants were asked to email the photographs to me. Once the photographs were received, the research participant was notified, and an interview was scheduled. Where research participants did not engage in the (optional) photograph-production activity, the online semi-structured interviews were scheduled after obtaining consent of the research participants.

It is worth mentioning the significant engagement with the photo-production activity, considering I gave the option to research participants to engage in the voluntary activity of photo-production as that would allow me to conduct photo-elicitation interviews. Almost two thirds of research participants took part in this activity. The photo-elicitation interviewing process comprised a total of 18 research participants who sent up to five photographs each of them in most cases, where two junior doctors and 16 ECRs engaged in this activity. Thus, this enabled me to collate 84 photographs for this research. One research participant sent images that were taken from the Internet, although the photo-elicitation interview went well and the images helped the research participant to draw on wellbeing experiences and practices, the images were not included as part of the findings of this research.

The second phase consisted of interviewing the research participants. Where research participants did not engage in the (optional) photograph-production activity, during the online semi-structured interview I asked questions regarding EWB interventions and their experience of wellbeing in their workplace, as well as practices of wellbeing. For the group of research participants who sent their photographs, I looked at the photographs prior to the photo-elicitation interview and I asked questions regarding EWB interventions as well as went through the photographs asking if they would like to start with any photograph in particular. Then, during the photo-elicitation interview, I shared my screen displaying one photograph at a time and let the research participant talk. I did the same for all the photographs provided by the research participant.

For the third phase of data collection, I contacted the referred research participants who agreed to receive an email about the research containing the Participant Information Sheet, Consent form and Privacy Notice documents. Once the referred individuals confirmed that they had read the documents and agreed to take part in the research, I asked them to sign the relevant research documents, after which I arranged the interviews with them. I followed the same steps as with the initial research participants.

For both online semi- structured interviews and photo-elicitation interviews were carried out using Zoom (licensed account provided by the University of Glasgow) and recorded on the cloud (files included the video, audio and automated written transcriptions). Furthermore, all interviews were planned to last approximately 45 minutes to one hour. However, one interview significantly surpassed that length (i.e. two hours). Regarding the other 19 interviews, the average time was 65 minutes approximately. I was aware of the initial agreed time commitment of research participants at the start and was appreciative and conscious of the time given for the interview. I reminded the research participants about the time commitment and informed them that if they needed to continue their work or had other commitments, they could let me know and that we would wrap up the interview after gaining

further insights on some of their experiences and a final question and comment. A situation where a research participant had to stop the interview was not the case. However, two research participants were looking after their children during the photo-elicitation interviews, for which there were pauses and briefs interruptions, but did not affect their engagement or mine when conducting the interviews.

For this research, the photographs were used as a 'stimulus' (Warren, 2005) to engage the research participants in conversation about their experiences of wellbeing and to elicit their stories. During the online photo-elicitation interviews, some research participants relatively easily explained how they constructed their own definition of wellbeing and how they understand it. Research participants that engaged with the photo-production activity, mentioned that they have thought about the photographs they took. The majority of research participants were perceived as enthusiastic when explaining the meaning of wellbeing for them and realising that they had reflected on their wellbeing as well as the meaning of the photographs they took. Literature on photo elicitation provides evidence of positive results when asking research participants to take photographs and later eliciting meaningful conversations about them (Harper, 2002; Clark-Ibáñez, 2004). However, some research participants mentioned it was a difficult task to reflect on the photographs they took and make sense of their own wellbeing practices. As Tinkler (2013) posits, photographs can ease dialogue, yet it can also happen that individuals may not talk as they feel that the photographs are self-explanatory which may hinder the flow of the interview. When appropriate I tried to ask specifically about describing the situation to enable research participants to share their stories.

In total, 18 research participants sent their photographs prior to the interview, while 12 of them preferred to be exempt from the activity. Flexibility was given to research participants in terms of the selection of their photographs. For example, some photographs were taken prior to taking part in the research, although research participants found them appropriate to

be used during the interviews. In this way, it was not only about accommodating research participants, but to encourage them to reflect on wellbeing at work. At the same time, this was allowing research participants to engage in the voluntary activity that involves co-creation during a particular stage of the research. For example, some research participants sent recent pictures which were taken during the week prior to the interview, while a few of the research participants sent photographs which were dated from the week prior to the interview to some taken months ago (e.g. over the course of a weekend, during a holiday or a special day out with family). Although this was not the case for most of the research participants, it was important to highlight that the research participants were looking to share a special moment that was related to their wellbeing and happiness.

Also, considering that the context of the research is examining the experiences of ECRs and junior doctors, this practice of combining different photographs was explained by them. The research participants referred to not having enough 'spare' time to take the required recent photographs as the task seem to be onerous in terms of how complex could be to portray wellbeing at work, therefore they had to rely on photographs that were not that recent in some occasions.

Coffey (2021) argues that in most of the cases when photo-elicitation is used research participants combine recent photographs (produced for the research) with existing photographs. However, this behaviour is thought to be a conscious process with a logic behind the inclusion of certain pictures and particular stories the research participants are keen to share. Therefore, as Harvey (2002) posits, photo-elicitation recalls information, feelings and memories. Consequently, this feeds into to the value that photographs bring to the whole research process.

For the interviews, I prepared two documents as guides for conducting either photo-elicitation or semi-structured interviews (See Appendix 5 & 6). The online semi-structured

interviews typically followed a structure where I would ask initial questions regarding their job role and responsibilities; then, about understanding and engagement on employer-led wellbeing interventions; and finally, about wellbeing practices. Additionally, during the interview all research participants were asked a methodological question regarding photo-elicitation. For example, for those engaging in the photo-production activity the question was *"how did you find the activity of photo-production? And would you do it again?";* whereas for those not participating in the activity, the question was "*what would you have liked to photograph related to wellbeing but couldn't?".* This question which was suggested for photo-elicitation studies by Tinkler (2013) helped me to understand their perspective on wellbeing at work. Therefore, it was interesting to confirm with the research participants that this activity helped them to be conscious about their time and wellbeing even when they were not in the habit of taking photographs. Taking pictures have helped research participants to reflect on their wellbeing needs and to get to know themselves better, encouraging them to take time to examine how they are feeling and what they are doing to look after themselves. At the end of the interview, research participants were asked to refer/suggest further research participants who fitted the given the criteria mentioned (See section 4.5, Table 7).

4.7. Data analysis

In line with some photo-elicitation studies (e.g. Coffey, 2019; Oliffe & Bottorff, 2007), the photographs were not subjected to a separate data analysis process, but were primarily used to prompt the research participant to share their story and their experience with wellbeing practices. The data analysis section therefore only encompasses the interviews.

4.7.1. Thematic analysis of interviews

The interview transcripts were analysed using thematic analysis (TA). TA has been widely used in analysing qualitative data and is appropriate for participatory approaches (Braun &

Clarke, 2014, 2021). TA, specifically inductive TA was selected as its aim is to identify wellbeing-related themes within the interview data. Thus, the analysis is generated from the accounts (bottom-up approach) of research participants (Braun & Clarke, 2013) where the accounts of research participants are used as an initial input to initiate the coding. Following Terry et al. (2017), "coding and theme development are assumed to be subjective and interpretative processes". The research participants' accounts from the interviews are presented in a series of verbatim quotations taken from the interview transcripts as well as a table displaying the range of themes that are found.

In TA, in qualitative research, the role of the researcher is key to the analysis and interpretation of the data, thus the researcher has to set the principles and steps in order to conduct the analysis of themes and codes (Terry et al., 2017). TA was conducted in six phases proposed by Braun and Clarke (2021): 1) Familiarisation with the data; 2) Coding the data; 3) Generating initial themes; 4) Reviewing and developing themes; 5) Refining, defining and naming themes; and 6) Producing the report.

The first phase was related to reading the interview transcriptions. In this phase, I not only checked the transcripts, revised the audios and the photographs, but also revised my notes on each interview I conducted. This phase was a tedious process as it involved not only doing the transcriptions of interviews, yet also reading and re-reading as an iterative process. I undertook the full transcript of 20 interviews; however, it is worth mentioning that an agency was hired to undertake the service of 'intelligent verbatim' transcription of ten interviews due to time constraints. Then, after obtaining the transcripts from the agency, I listened to the interview audios to check any extra information (e.g. familiarisation notes regarding personal assumptions as well as notations and inverted commas for reported speech) I could add to the transcripts. Braun and Clarke (2021) suggest that familiarisation notes can be either visual or textual and those serve as input for the final phase of the analysis (i.e. writing the report). I mainly utilised textual notes as part of the familiarisation of data process.

The second phase referred to creating codes to the whole interview data. There were different stages of this phase as coding was not a linear endeavour. The first layer of codes emanated as 'surface' meaning of the interview data which were deemed as emerging codes (See Appendix 8 for an example). Braun and Clarke (2021) call "explicitly-stated ideas" to codes that are categorised as semantic and relevant to answer the research questions. In this phase, I utilised different techniques for the generation of codes such as highlighting parts of the text of the transcripts, using a whiteboard to write down all codes and placing sticky notes to refer to different codes within a transcript.

The third phase dealt with the generation of initial themes. I started to list some of the initial codes and created some themes. I conducted coding in that fashion for the whole load of transcripts. Later, I separated the codes generated for junior doctors to the ones from ECRs. In this way, I established similarities and differences in both professions (See Appendix 12). In this phase, it is important to mention that during data collection, the interviews with research participants who engaged with photo-production flowed well, with detailed accounts of wellbeing practices and in a less structured way in contrast to the interviews with research participants who did not send photographs. Also, it is necessary to note that probing and asking several follow up questions was a common practice when interviewing research participants with no photo-production, thus to get a good grasp of what wellbeing and wellbeing at work meant for them. Therefore, the main difference between research participants with and without photographs was related to the higher level of detail obtained from research participants with photographs. For example, in the junior doctors (n=6) group only two engaged in photo-production where the conversation related to the exploration of family life becoming one of the themes developed along with relationships outside work. Similarly, activities that involved partners and family members, friends and colleagues were mentioned in detail when photographs were available. Therefore, the activities were

classified and analysed along with the key relationships in life that research participants mentioned.

The fourth phase involved reviewing and developing themes. In this phase, I started questioning some themes I generated, in terms of the interview data to support these themes. I had to redefine some themes as there was not enough data, for example, although there were emerging themes in the previous phase. This was the case for the theme 'forms of resistance to neoliberal organisations and wellbeing intervention', where some forms of resistance had to be reviewed and re-examined.

The fifth was a stage where the themes from the data were refined and re-named when appropriate. Braun and Clarke (2021) suggest that three-theme levels are considered adequate for developing analysis. By following this recommendation, themes and subthemes were revised to look at representativity of some practices related to wellbeing as well as accounts related to the nature of the work in both professions.

The sixth and final phase, as with the previous ones, involved revision of codes, themes as well as the familiarisation notes. The themes were arranged in three findings chapters regarding employer-led wellbeing interventions; nature of work and alternative to manage workload; and wellbeing practices. The order regarding how to present the themes and to curate what examples of quotes and photographs I utilise for each theme was motivated by the similarities found in research participants in the two professions Finally, it was important to revise how the findings chapter answered the research questions as well as the literature review was updated and related to them.

4.8. Ethical considerations of the research

Ethical principles were followed during the conduction of this research for which I utilised ethical guidance and protocols provided by the University of Glasgow. I applied for ethical approval to conduct my research and provided all the relevant documents. For this task, I

reflected on any possible risks to the research participants regarding sensitive topics and distress.

After gaining approval from the Ethical Review Committee, respecting and accommodating the needs of the research participants was of paramount of importance as well as clearly communicate and explain the research design of my thesis to the research participants. Therefore, I solved any questions that research participants had, regarding the relevant research documents (i.e. Participant Information Sheet, Consent form and Privacy Notice). Ethical considerations were addressed for research participants with regard to preserving anonymity and the right of withdraw at any time.

Regarding photo-elicitation, the use of photographs in social research encompasses particular ethical concerns. As Bennett (2014) states, some individuals may be sharing their personal experiences and stories whilst other may be more reluctant to do so. This is an issue related to the participant's right and alludes to respect for the participant and avoiding putting them in compromising and uncomfortable situations. For example, the metadata (i.e. creator, copyright status, file name, capture time, date of creation, location) of photographs are carefully assessed and used when strictly necessary to validate details of the photograph and the participant who took it. It is relevant to mention that when research participants undertook photo-production, most of the photographs were not taken at their workplace, which was a decision made entirely from the participant side and was not imposed. Thus, in most cases, locations (workplaces) and people were not identifiable in the photographs in accordance with the guidelines for photograph-production that I provided prior to the interview (See Appendix 7). In five cases when photographs taken by research participants captured an individual, I edited appropriately the photograph so the individual could not be identifiable.

Furthermore, as O'Hara & Higgins (2017, p.25) mention, another ethical consideration when using photograph research confine "digital security, image storage, and data transfer". Thus, the photographs taken by research participants were kept safely in a secure device providing access only to the researcher and supervisors.

Finally, concerning the wellbeing of the research participants, I was aware of any sign of distress (e.g. shaking, crying/sobbing) or if the research participant felt uncomfortable when answering a question, the research participant was asked if they needed a break and/or reminded their right to withdraw their participation. Then, if the research participant expressed their will to continue with the interview, this was resumed. I ensured the research participants their right to discontinue their participation. As discussed previously I followed a sensitive interviewing approach, being mindful that some personal issues might arise. It is, however, important to stress that the interviews did not ask for any medical history information.

I was keen to provide appropriate signposting if research participants showed any sign of distress and equipped them sources of information and support. Examples included counselling services and institutional websites (e.g. TogetherAll, previously Big White Wall) or third parties (meditation/mindfulness apps) (e.g. Presently, Calm, Headspace, Sleepcast, Smiling Mind). No situation arose where it would have been necessary to signpost support or to interrupt the interview. In one instance a participant sobbed when talking about a photograph of their pet which had recently passed away which was very upsetting. I several times told them to pause if needed, which they declined. The interview was completed in line with the other interviews.

4.9. Reflecting on the circumstances affecting the research

Although the design of this thesis has not changed significantly, the planning and implementation of the methods were affected by external factors such as the pandemic at the

beginning of March 2020. I believe it is germane to recognise the disruption this caused to the life (and working life) of individuals which in turn impacted on the collection of my research data.

Initially, the aim was to conduct face-to-face interviews for this research. However, due to the COVID-19 pandemic it was considered to carry out online interviews. I was granted Ethics Approval back in March 2021 where COVID-19 guidelines were still in place. I started conducting my first interviews in August 2021 when I was still on suspension due to maternity leave. I was granted an Ethics Approval extension to keep conducting my research from January to July 2022. While conducting these interviews, I put to test the methodology and reflected on the engagement of research participants with this methodology (online photo-elicitation interviews).

One challenge during conduction of this research was related to the recruitment of participants from the medical profession. Although I got some initial engagement and responses (even signed consent forms back) some junior doctors withdrew from the interview process due to workload. I am mindful of how COVID-19 is still affecting the two research groups. For example, academics continue to adapt to hybrid working whilst doctors were being redeployed to other departments where they are most needed at the start of the pandemic, for example. The nature of my research on employee wellbeing requires me to be sensitive and considerate with research participants in regards to waiting times for interview arrangements and interview availability. This situation may be symptomatic of extreme jobs professions due to unpredictability of working time (Gascoigne, Parry & Buchanan, 2015). For example, in some cases the interviews had to be cancelled or re-scheduled whereas in some cases the research participants withdrew from their participation.

A second challenge was related to data collection and the circumstances of conduction of online interviews. Some interviews took place during my maternity leave. A life changing

circumstance, the birth of my child, has had effects on the way I conduct interviews as well as undertake my data analysis. I temporarily distanced from my research as I was looking after the first months of life of my son. During my six months of maternity leave I had time to reflect on my research, but then resuming research was a significant change. The focus was to complete the interviews and having a 'fresh' perspective of wellbeing at work. As a mother, it was natural when trying to build rapport and show empathy to some personal stories of motherhood and wellbeing practices of ECRs and junior doctors in general. There was a positive change in the ways I understood and practice wellbeing as a mother since I reflected more on the collective and relational nature of wellbeing in general. Being a mother and a researcher meant switching constantly from one role to the other throughout my thesis. This undeniably have made me more mindful on wellbeing at work as a process as well as its importance in life, which has an influence on how I conducted this research.

4.10. Chapter summary

In this chapter, the philosophical underpinnings of this research as well as its design. Also, this chapter provided information regarding the process of research participants' recruitment, the data collection and analysis. Particularly, it was explained that the method of data collection which included photo-elicitation interviews was one where photographs were use as means to elicit conversations and stories on wellbeing, rather than being analysed. Therefore, the thematic analysis used the interview transcripts rather than the photographs being analysed to generate codes and themes.

To reiterate, the research questions posed in this thesis are: 1) How can employee wellbeing practices be situated in relation to the conditions of the contemporary workplace?; 2) What roles do relationships within and outside the workplace play for maintaining employee wellbeing?; and 3) How do ECRs and junior doctors perceive employer-led wellbeing practices?. In addressing these research questions, the following three chapters of research findings will first refer to forms of resistance to the neoliberal discourse of wellbeing found

within research participants' accounts; second, relate to research participants experiences how to navigate wellbeing in the workplace; and third, draw on the wellbeing practices of research participants.

Chapter Five: (Un)becoming the neoliberal subject: forms of resistance to the neoliberal workplace and employee wellbeing discourse

5.1. Introduction

This chapter draws on the neoliberal subject and the engagement of employer-led wellbeing interventions. It first presents how research participants understand and perceive employer-wellbeing interventions, through analysing the characteristics of the workplace they have to navigate. In this chapter, five ways of resisting by either the neoliberal discourse of wellbeing in the workplace which feeds on the design of wellbeing interventions or to the wellbeing interventions themselves. The five ways of resisting that were identified are the following: structural issues such as the mechanisms of control and assessment of work of ECRs and junior doctors; the contestation to an individualist culture in the workplace by the formation of supporting networks; the way ECRs and junior doctors call for a community as there is a lack of spaces to socialise in the workplace; resistance to follow a career path which is linear and resistance and avoidance the current provision of employer-led wellbeing interventions.

All these five ways of resisting are perceived as necessary by the research participants as a way to maintain and enhance their wellbeing.

5.2. 'Understandings of wellbeing interventions' and organisational wellbeing

Research participants (n=22) were not fully aware regarding the whole provision on wellbeing interventions at work or were not completely certain regarding what falls into the category of wellbeing interventions. The majority of research participants knew very little regarding these interventions, where only nine research participants acknowledging and mentioning a couple of interventions quite clearly, although not engaging in them or attended these. The interventions that they mentioned were related to psychological/counselling

services (which included Cognitive Behavioural Therapy (CBT) courses, yoga and meditation sessions, mental health aid resources) and employee support programme. Eight participants reckoned that they could not mention any employer led wellbeing intervention as to conform with their own definition of wellbeing.

As it was found that research participants knew very little about what employers are doing and offering to employees, in this respect, Diane, an ECR, reflected on her awareness about employer-led wellbeing interventions:

> *"That is one thing (wellbeing tea and cake) I am aware of. I am trying to think what else there is. I think this is more like a faculty-wide thing, there are meant to be these meditation things that I have briefly heard of, but that is all that I can really think of in terms of initiatives."*

Mostly, research participants did not know about the specific offer or provision of wellbeing interventions on a wider level, for example university-wide or hospital/trust wide. It was interesting to see that what employer-led wellbeing interventions are available and what these interventions are is not entirely clear to research participants. Similarly, wellbeing is not addressed as a holistic notion, amongst academic or medical professionals. On the one hand, for Linda, an ECR, the wellbeing interventions were not clear.

> *"I'm not really sure what counts as wellbeing intervention. I know about, like, CBT and, sort of, more psychological interventions and stuff, but I guess that's wellbeing"*

On the other hand, Nicole, junior doctor, explains her view on wellbeing interventions addressing one dimension of wellbeing, which is also critiquing the current wellbeing interventions provision:

> *"So, I think that a lot of the interventions and, sort of, wellbeing things stem a lot around mental health and mental wellbeing, which is absolutely very, very important, but I think all the physical side of wellbeing is always ignored."*

In both professional contexts it has been seen that according to research participants the offer of wellbeing interventions (as organisational ones) was not perceived to be covering all dimensions of wellbeing, yet there were mainly concerned with either occupational health (specifically, ergonomics) and/or mental health (counselling services and EAP, employee assistance programmes).

It is important to mention that when as regards to mental health issues and referral, it is not the case for junior doctors to have line managers involved in the process, and that is related to the work culture and the process itself as they might fear that sharing their experiences with mental health may negatively affect their prospects for promotion and/or reputation with other colleagues (BMA, 2019). In junior doctors' accounts it was found that there it is still challenging to get access to mental health self-referral, although this has changed slowly, there has to be a more comprehensive system when supporting junior doctors' mental health:

> *"You can't just contact occupational health and say 'can I please see someone because I've got …' and they don't accept. And most places I've worked for patient health don't accept referrals for mental health, so if someone's having a breakdown and is really struggling, is burning out, they need a physical problem to get themselves into occupational health, which is atrocious. And that has been really slow to change and we've had situations before with more junior members of staff, where they've come into work, and they have not been suitable to work." (Carol, junior doctor)*

> *"But there isn't I suppose … so, in terms of say like psychological support, there isn't really any obvious psychological support like in the hospital level. But for us, so if you are in a training programme, what that means is you will have like an organisation that oversees your training like for a geographical region. […] if you are really struggling and you have sort of mental health issues, or if you're just you know struggling with burnout and stress, I think they have sort of help that you can access. So, I think that is quite supportive actually. That is not so much your employer, so they are not your employer, that is more like a professional … I don't*

know what they are called, like a professional body sort of capacity." (Susan, junior doctor)

Further accounts of research participants highlighted examples of how universities deployed interventions that are not necessarily covering all aspects of wellbeing (e.g. physical, mental, social) nor dealing with the structural issues in the workplace. Lisa explained:

"I'm sure there's a section on this staff website, and I remember, I remember in lockdown they sent around some stuff on like, like YouTube videos from physiotherapists on like how to sit well at your desk. But it was more like physical wellbeing […] but as a member of staff I don't know that I would know where to go if I didn't feel well in myself mentally well. […] I think the university as a whole, maybe I would, I think, I would struggle to tell you what the university does for my wellbeing."

Contrary to Nicole's account where she perceived that in the medical profession the physical dimension of wellbeing was not being addressed, Lisa's account brings a different idea as in academia, wellbeing interventions are addressing a physical dimension of wellbeing by offering videos about physical exercises. There is a difference between the offer on wellbeing interventions in both professions. However, the perception of research participants is one that denotes little engagement regarding wellbeing interventions.

Furthermore, within research participants from the medical profession, employer-led wellbeing interventions were perceived as tricky to identify or presented as a wellbeing intervention. Thus, it can also be seen that organisations do not make it necessarily clear for the employee to signpost the current interventions and even when they are available these are scarce. Susan described her experience:

"Oh, you mean just specifically in terms of wellbeing. I think … actually, I can't think of anything (laughter). To be fair, I have definitely worked in more like teaching hospitals than I have worked in smaller hospitals, but in the ones where I have worked, I mean there has not really been any like institutional kind of wellbeing

> *intervention. But to be fair, like in the big hospitals, it is not as though there is a lot, and often when there is, say a staff like yoga session, or a staff exercise something they often are at times when you can't go anyway"*

Also, Nicole, shared her thoughts on the limited wellbeing provision in hospitals and trusts and the need to focus the attention on the physical and mental health of junior doctors:

> *"And, as I say, I think doctors and most medical professionals are among some of the most physically unhealthy people that we have in society, you know, you eat really poorly, you work shifts, so you don't sleep, so you don't exercise. You get stressed so you drink alcohol, you know, physically I don't think our health is very good at all, and that side of things is always ignored."*

Similarly, as accounts of other research participants in both professions demonstrated, resilience training and yoga were also activities that are inclusive of organisational wellbeing. Charles, a junior doctor, points out below:

> *"So then as the pandemic sort of went on there were a bit more formal interventions and these usually took the form of individual psychological resilience and wellbeing. So there were the formation of Practitioner Health and NHS something, there was a hotline … there was a service that you could call for all practitioners, for all healthcare practitioners, where you could speak to counsellors I guess for people who struggle already with mental health issues or struggle with poor wellbeing and the trauma of the pandemic. Within the hospital itself, there were also programmes such as resilience training that could be either … well most of them were online really. There were … what else was there? There were sort of exercise, yoga type of interventions as well, that the hospital started to set in place. So those were a little bit semi-formal I guess, arrangements."*

What is also important to consider in the previous account is the communication and deployment of organisational wellbeing interventions during the COVID-19 pandemic. As the effects on staff wellbeing become more visible when dealing with an unknown disease and within the context of an already overstretched sector (BMA, 2019). Overall, the accounts

of research participants from both professions who can point out some interventions, tend to identify yoga and mindfulness as interventions related to wellbeing. This corroborates the multidimensional understanding of wellbeing, yet organisations are not fully addressing all the aspects of wellbeing (and the needs of their employees) when it comes to design and deploy wellbeing interventions. James, an academic, not only did not engage with any of the employer-led wellbeing interventions but raised the issue regarding how important is for organisations 'to be seen' doing something for the wellbeing of their staff:

> *"Well, okay, so if I think back to the pandemic, I guess, so one of the things that a school decides to put money on, is to hire someone to do online yoga sessions so online classes. I've yet to try to find someone who went to those and enjoyed them. And again, there was no discussion about so I get the feeling that everybody (universities) wants to be seen to be promoting it."*

Paul, a junior doctor, also perceived that there is a 'positive change' in terms of overall wellbeing interventions provision. Also, he reflected on what was said regarding improving wellbeing provision in the workplace, but he thinks that this has not materialise yet or there is still room for improvement:

> *I think it's (provision on wellbeing) quite good, I think it's better than it used to be so definitely noticed a change from when I started out to now. I can definitely see there's more of a push for making sure that wellbeing is promoted and thought about. […] I think lots of the right things are being said, do I think everything is being done as it should? Well, possibly not. I think it's a positive change from what it was before."*

Also, in academia, resilience training was selected as a solution to one structural issue (i.e. heavy and increasing workload) in the workplace, as Andrew explains:

> *"[…]is that sticking plaster idea where, if we do resilience, you will be more resilient so you're able to do your work, but the work is not the problem is the amount of work."*

What is interesting to see here is that resilience training is a form of employer-led wellbeing intervention where mental health is conflated with wellbeing. Also, it does seem that there is a sense of a 'ticking-box' exercise to the wellbeing provision, as seen in previous sections, is related to 'fixes' to the individual, asking them to cope with the stresses of a demanding job, an extreme job (Hewlett & Luce, 2006). Secondary level wellbeing interventions (Clarke & Cooper, 2004; Johnson, Robertson & Cooper, 2018) (which refer to those interventions focusing on changing individual behaviours) such as yoga, mindfulness, resilience are not the only ones positioning as common employer-led wellbeing interventions. Although secondary level interventions are popular amongst wellbeing interventions provision in the workplace, third level interventions (e.g. counselling and EAP) are also positioned as wellbeing interventions and well known by research participants. Yet secondary level interventions, particularly, are seen as (or could be interpreted as) building-up the notion of organisational wellbeing which allocates all the responsibility onto the individual to monitor themselves and to appear well and fit for (keep their) work.

5.3. Neoliberal mechanisms of control

Research participants in this thesis have described how they critique the system they are immersed in. Particularly, research participants from academia have spoken about the discourse that universities have regarding assessing the work they do. The contestation of certain performative and audit practices (e.g. REF, TEF, and similar performance appraisals) can take different forms. Also, this can demonstrate that research participants do not identify as a "game player" (Alvesson & Spicer, 2016, p.42) or the "ultimate docile body" (Sparkes, 2007, p.532), thus implying tensions with academic identity. Arthur, an academic, reflected on this:

> *"I think people, again, like, you know, a lot of the advice we get from the University, is to push yourself, to be pushing yourself to, you know, show how your world changing world leading whatever else, you know -REF is the same, TEF is the same-*

> *you know, these frameworks that we're sort of, again, ascribing to and pushing for. I just feel that they're creating this sort of huge space for people to fail in […] And either that, or people who-excuse my language, I can't think of a better word- but talk a load of bullshit. That, you know, that's their space and they're able to really work in that space so well but that's not who I am and that's not how I work and so I you know I don't want to fill that space at all."*

Conversely to seeing himself as a 'player', Arthur disdains the system of performance in academia, for which he decides to perform as an academic who is in disagreement with some practices at the university where he works. Although he is still complying with what the university requires from him as part of their role, he believes that by being true to himself and research, what he deems worth it, is also important. He went on to say:

> *"I want to try and highlight, you know, what the key things are about my teaching, my research and why it is important. And you know, yeah, rather than talking, you know, rather than fitting in with this game that everyone plays."*

Arthur could be seen as resisting the system in academia; however, this can be subtle. As Gill (2010, p.241) argues perhaps the scarcity of ways to resisting to the neoliberal academia can be related to 'individualizing' practices as individuals may be "too exhausted to resist and furthermore do not know what to resist or how to do so". However, on a more optimistic lenses, resistance in academia can happen in creative ways and not necessarily overt manifestations of resistance as Bristow, Robinson & Ratle (2017) found in their study of ECRs. Feelings of frustration in the workplace, may affect employee wellbeing as directly relate to the way one can do their job. James, an academic, shares his experience on feeling frustrated on how grants and more specifically interdisciplinary funding applications work at universities. He also talked about a culture that promotes a kind of 'orchestrated' or 'false' interdisciplinary research and how he would remain true to his own research:

> *"The word (interdisciplinary) backfires because it's you. I think that's something that just can't be enforced top down […] When people try to promote interdisciplinary, they'll put together sort of schemes where you can apply for money if you bring together ideas from different disciplines and all that happens is that. People will do things because they can, because what they want is the money. […] And I think, then, you know if these collaborations start with a combination of 'in that conversation we found this, we had this problem', 'I can help'. I think unless it starts from there I think it's never really going to be a true collaboration. […] I feel like all these incentives kind of promote that outcome, where everyone is sort of trying to, you know, run after the money to do different things …that is a frustration."*

In this quote there is a resistance to the engrained culture of performativity (Bell, 2011) at universities where collegiality and a sense of community seems to be undervalued, yet financial outcomes are preferable. Although in James' account there is an ideological resistance, similarly to Arthur's account, they are both against a neoliberal academia which somehow is impeding (i.e. as an institutional barrier) them to do what they are passionate in their work. The mechanisms of control used by universities refer to the audit practices (e.g. REF, TEF) which encourage academics to comply and compete for better metrics and ranks for the university, compliance with which can secure career progression. Arthur also reflects on the competitive culture and how this navigation can be challenging as it confronts a formation of an academic identity (as previously mentioned):

> *"I mean, I think, I guess it comes back to this sort of competitive environment again because you know that the challenges are how do you, do you try and work in the system. Do you try and work in this, this sort of competitive environment that you've got and you just try or do you just be yourself and who you are, and, and if the system accepts you then then that's great and if it doesn't then you know you just move on to the next thing."*

The tangible consequences of 'being true to oneself' may be demeaning to the work ethics and the value of scholarship within academia. Following on Arthur's account, and his experience as he gets frustrated as how the audit and competitive culture gets him to a point

where he cannot ‘win’ although he still complies -this is done strategically (Anderson, 2008) - with the system by doing his own research:

> *“I'll be perfectly honest, like I've not had any big research grants sort of, or in part of it, yeah, as a principal investigator. I've not had any big things come through yet. I put in two and they both got knocked back quite early on. And yeah, just like is that because of how I write things and how I, you know, how I envisage projects or is that part of me, and because I'm not ascribing to this sort of world that academia must live in, or is it because actually my research is not relevant, or whatever else you know. And I’m never really sure what the answer is for that.”*

Similarly, another example of how academics perceive not to be in control of their work is when they are told how to do their teaching. Diane expressed that there is a lack of ‘autonomy’ when teaching and ‘trust’ which affect their wellbeing as she feels stressed at work:

> “*I feel like there is also a lot of administrative oversight and not much lateral autonomy in terms of what we do and how we teach, and I think that also affects our wellbeing because we don’t kind of feel free just to make our own creative judgments. We have got to like always worry about the pressure to make this module sexier and more interesting, or this pressure to like keep the students entertained, and even you know to use our slides in a particular kind of way. There are all these kinds of rules that keep being imposed upon us. And I think it’s not just like stress, but just this general feeling you are not trusted, and I think that can impact upon your ability to kind of thrive at work and to feel like your wellbeing is taken into account”*

As these mechanisms promote a research activity that has to be ‘worth it’, then some aspects of academic research seem to be more profitable than others driven by neoliberal and capitalist logics. Therefore, academics are left feeling anxious (Berg, Huijbens and Larsen, 2016) on how to navigate this culture, and particularly ECRs which then affect their overall wellbeing.

For junior doctors the situation is not very different from ECRs. Mechanisms of control in terms of professional development are also felt as a pressure of the job that can very much affect the day-to-day practice of junior doctors, where depending on the specialty there are rotations (every three, six or twelve months) where doctors have to be involved in a registration process and liaise with various departments before start working. Mandatory training in some hospitals, puts junior doctors in a very difficult position where they have to juggle training and medical practice, which may pose wellbeing concerns as these impacts on their work-life balance. Rich et al. (2016) found that junior doctors felt undervalued by their employers as they are often prone to work harder and accepting more job demands which was not reciprocated by their employers in the form of better work and training environment and compensation.

Charles, a junior doctor, describes what he calls a *'micro-irritation'* at work which impacts on individual's wellbeing:

> *"I think there is a lot of chat about the micro-irritations, so all the sort of little things that make our job more difficult and therefore accumulate to adversely affect somebody's wellbeing. […] So for each rotation there's probably four or five different departments that a doctor has to liaise with in order to just start work. […]. This is one of the sort of micro-irritations that could really be very easily improved and very easily streamlined. Then, don't forget there's mandatory training as well, mandatory e-learning that all of us have to do. Certain hospitals have different mandatory learning. So if you think about it, potentially every three months you could need to do a module, a few modules of mandatory training, just because it's a different hospital."*

What Charles also portrayed in his account was the continuous monitoring (auditing) of performance when doing their rotations, in terms of medical training. As he explains:

> *[…] But really the most mandatory training isn't particularly helpful for clinical practice, it's more for ticking the boxes. [...] So you must do this module and this module and this module, to show that you're competent to do this. […] The system*

should support you providing good patient care. Rather than you needing to jump ... me needing to jump through hoops in order to provide good patient care.

Furthermore, Nicole's quote exemplifies the issue regarding mechanisms of control in terms of continuous training and how this is a neoliberal exercise rather than a medium to contribute towards the professional development of junior doctors:

"So, it is a risky decision not being in training and doing the kind of work that I do, but it was a trade-off of do I want to go into training and have a formal line of support but probably be worst mentally or do I take the risk of being on my own with no formal support but probably being better off mentally because I'm not working and training".

The long- term consequence is the number of junior doctors suffering from burnout in a system and environment which is already pressurised and understaffed (GMC, 2018) yet still demanding more from junior doctors (in terms of workload and training, for example). Two junior doctors are aware of cases of burnout in the profession:

"There has been a lot more burnout, because I think the NHS, the way it has worked is that it is always run at nearly full capacity (Susan, junior doctor)

"It's been a huge increase in burnout in the last two years" (Carol, junior doctor)

Overall, the audit system and neoliberal mechanisms are a way of controlling the performance of junior doctors but also an incongruence of how ineffective this can result since doctor's burnout and stress is a significant issue in the medical profession.

5.4. Resenting, ignoring and avoiding employer-led wellbeing interventions

Considering the mechanisms of control that have been described (i.e. REF, TEF, audit appraisals, professional development assessments) leave academics and junior doctors in a position where even employer-led wellbeing interventions are resisted -and time as a resource for resistance (Anderson, 2006). Cynthia, ECR, explains:

> *"They (university) invited us to enrol to these courses about, you know, wellbeing. They were not mandatory, but if you felt like you needed, you know, support you could enrol to these courses and you could also, I think, that one was to me ridiculous because that just means that you have to work you have to be the one to work on your wellbeing. So, instead, and I think there was somebody, raised it at our department meeting saying 'Well, instead of providing a course for us, how about decreasing the workload, because I feel that that would be very beneficial to my mental wellbeing much more than attending yet another course'".*

Furthermore, Stella commented on current resources available for employee wellbeing, which play lip service to the real wellbeing support needed as well as institutional change and also shed light on some of the reasons why academics do not attend some of the wellbeing interventions in place, which again relates to authenticity and work intensification:

> *"Like online yoga classes, like you, should go for a walk kind of initiatives which didn't feel very helpful. Especially as I think a lot of them were kind of there's a lot of people saying 'Oh you're telling us to go for a walk when actually our workload is so heavy that we're working, seven days a week'. Because of the way that universities work that's not going to improve my wellbeing so I didn't engage with any university-led wellbeing programme, yeah you kind of need to sort the system out I think before you can really authentically say 'we want to improve your wellbeing'"*

For most of the research participants there was an idea/conception of the interventions that the support is seen to be meaningless and inauthentic. For example, Diane, ECR, noted:

> *"I guess I feel like it is a bit shallow to be honest. I feel it is this like nominal or like proforma thing where if they really cared about your wellbeing, they wouldn't overload you with all this work, and given that they do overload you with the work, that is like one of the main obstacles to your wellbeing. I thought all this extra stuff they do where they are like, 'Come to tea', at a time you had gave me too much work. Or, 'Come to this workshop', or all these other things, it just seemed like they are not going to make a meaningful difference, they are just kind of putting a plaster over a festering wound."*

This account also relates to the structural/systemic problems in academia that are well-documented in organisational studies research. Some of the examples are related to casualisation, overwork, intensification of work, to mention a few of the consequences of neoliberalism (Gill & Donahue, 2016) which are not addressed in universities as the main root cause of how employee wellbeing is affected. Also, Diane identifies that employer-led wellbeing interventions are superficial, inauthentic and undermining the actual faults in the system that impede the wellbeing practices of academics.

Arthur, explained that due to the culture of overwork in academic contexts, he is making the choice to withdraw from attending any of the employee wellbeing offer:

> *"I think the University has a lot of structures in place to support wellbeing, but I don't think there, I don't think, I can prioritize them, maybe… yeah, I don't think, I'm able to sort of prioritize those and so because I feel it takes away time from my work."*

In the medical profession, the experiences of junior doctors are similar to what it was described above within the academic context. Nicole shared her personal experience regarding a benefit which was framed as a wellbeing initiative:

> *"I think like my old trust in one of the wellbeing things gave us each £100 vouchers, and I was, like, what does that mean, that is not helpful for me, I don't even have time to go shopping and spend it. So, that's not helpful, what would have been helpful is as I say putting in a gym or giving us free parking, that's one thing I have a real issue with, give us free parking, which would make me feel better, you know, things that make you feel valued as an employee and give perks to a job what make you feel better, not super extravagant things. I don't know, that might just be me, some people might want other things, but I just want basic things."*

Similarly, Charles, coincides with the point of employer-led wellbeing interventions being inauthentic in the medical profession. He points out that there are two reasons why interventions are deemed as inauthentic. The first is related to the focus of wellbeing interventions, which relates to individualistic forms and behavioural fixes; and the second

one, refers to the fact that structural issues are not being addresses although these are well-known:

> *"Well, I think it's perceived as inauthentic because it's come almost as … I think the recognition is that there needs to be a system change, there needs to be organisational change to support individual wellbeing, but the interventions that come from the employer and from the organisations, come across as inauthentic because they are still focused on very individual psychological resilience. Rather than saying 'oh I will provide you with more restrooms or better changing rooms' or … I will make sure that all your passwords are there when you come into my hospital. There is a lot of talk and very … I guess easy sort of interventions, but very little addressing the underlying change that's needed."*

Pamela provides a form of resistance which is done through avoidance which is a tactic of resistance identified by Anderson (2008), as we have seen from Arthur, Stella, Diane accounts, wellbeing interventions tend to be ignored consciously:

> *"The cynical side of me sees that in our kind of staff newsletters there's quite often a bit about wellbeing right at the very end (laughs) but what those policies actually mean in practise, I don't have experience of."*

It is interesting to note that jocular tone when acknowledging that wellbeing policies are not visible right at the top of communications but at the end, seemingly left as a footnote. A blunt take is one of ignoring a wellbeing intervention by deleting an email related to the invitation to an intervention, Victoria, ECR, comments:

> *"I know that they have always some kind of workshop, like the coffee break kind of casual workshop for us to talk about different casual things in real life. It's about one time a week which is in our department. Then there are some sessions about mindfulness that kind of exercise sections that I'm aware from some of the emails, but I just delete it afterwards".*

Betty shared a coinciding view when receiving communication about wellbeing provision by her institution:

> *"We do get emails about wellbeing, I'm pretty sure they're the (name of organisation) ones and I know we had some initial training as well that included things like biases in the workplace and things like that. That was really good training course actually to start with, But, yeah, I must admit I do tend to ignore a lot of the well-being resources that come through by email they come pretty much weekly, I think."*

From Betty's account we can also learn that wellbeing seems to be conflated with other training (i.e. biases) which usually is related to equality, diversity and inclusion (EDI) training. She also mentioned that she lives far from her institution as she explained "to me to come up for some of those things it's quite a stretch, so it depends what it is". Thus, there is an element of agency that related to the choice of commuting (investing time) and complying with the system or solely ignoring what is available as in that fashion less resources are expended (e.g. time).

For research participants, the interventions are perceived as 'inauthentic' and not taking into account factors such as the time constraint since research participants experience heavy workloads and how this in turn is at the same affecting their wellbeing as their responsibility to look after themselves cannot be fulfil. Also, due to the focus on individual performance assessment, a way of counteract this may be seen through ways how employees can find support and navigate the workplace culture.

5.5. Contesting an individualist culture: Forming supporting networks

Stella gives an example of resistance by forming informal support networks as these were not a strong offer on this by her employer, a university. Archer's (2008) main discourses of resistance include the creation of supportive practices and communities that are not

recognised as part of academic work and even having its own costs and sacrifices (e.g. usage of personal time and other resources). Stella shared her account:

> *"The kind of responsibility was on my shoulders to kind of organise meetings and do X, Y and Z and that's a bit difficult because it's kind of an additional task on top of an already very heavy workload, but it's very difficult to say 'no' to these things, because you know it will benefit you and it will benefit your colleagues so it's kind of when I was able to kind of hand the baton over to the next postdoc is taking it from my role. That was actually quite challenging because it was kind of like you've got know you're taking on this responsibility on top of everything else that you've got to do as well, and we kind of it's one of those things where it's like 'oh, we've got to do this for ourselves', rather than having something or university level that can support us as postdoc researchers in terms of kind of wellbeing, especially during times when we're not actually physically together."*

Based on Stella's story, creating this support network expressed the need of those support groups which are not provided by the institution, in this case the university, thus putting the responsibility on academics. Therefore, ECRs are no passive subjects, as they take initiative as well as they try to navigate academia through supporting peers (and with their support) and colleagues who have similar experiences. Furthermore, Stella, ECR, mentioned that she had to find her own community. One that supports and nurtures her. However, the university where she works does not make it easy for ECRs to promote the creation of networks, as the systemic issue is the precarity of contracts for ECRs. Stella, who was in a role as School representative explains:

> *"I take that (issue regarding career support for ECRs) to the school Research Committee. A lot of the time it was about precarity of contracts. […] And so that's the tricky thing, it's taking these well- known problems to kind of departmental level, Heads of School meetings, and saying 'this is an issue', but also, you know, it's an issue, and there's not an easy solution".*

Other ways to find support through peers which require less effort and resources can be through informal groups that can at some extent alleviate the tensions and uncertainties for

early career researchers regarding their junior roles. Alice provided a similar story on how important these groups are for the sense of belonging. Alice described the group feeling that she can trust its members and ask for advice:

> *"I also have a Whatsapp chat with a couple with two colleagues who were… we, you know, share what's going on, and I think those kinds of forms of like- it's not quite gossip, but it is also gossip- is really important to feel a sense of belonging and like going 'oh, look at this email that was sent to me like what's going on here, this is a really weird thing they've asked me to do', 'why are they asking me', and having a community to be like 'oh yeah, that's really weird'".*

Similarly, Karen also recalled feeling 'involved' within her team, but also supported as she could ask for advice and 'learning from each other':

> *"But I think it's also nice to kind of get involved a bit more just by talking to people, giving each other informal advice so, for example, when I was teaching… because a lot of my colleagues who started with me, at the same time, they are in teaching positions […] but when I was teaching, you know, I was really approaching them and asked everyone sort of, you know, advice or kind of support … so I think, yeah, there's also a lot of kind of learning from each other going on."*

However, as mentioned earlier, time as a valuable resource has to be allocated in a 'calculative' fashion depending on what kind of 'work' has to be done, which privileges or reinforces the competitive neoliberal subject position that tries to be denied and resisted. At the same time, Laura's account recognises that academics are portrayed as prone to work isolated, thus making the case for a 'community building' initiative and providing a chance to have a 'break' from their busy lives. However, the role she was involved in had great significance as the relational aspect of this activity was for the 'greater good', but hindered by the 'time commitment' that the neoliberal academia imposes. Bristow, Robinson & Ratle's (2019, p. 248) study of ECRs found that "the "sets" of academic citizenship and collegiality, and administrative work were often the first ones to be reluctantly abandoned,

despite interviewees' interest in them". Similarly, this was found in Laura's account, as she noted:

> *"Yeah, I think that is something that like I've come to realise like a lot that I'm like being part of a community and group, like I say, because I was like committee representative was so important for me, and I think really important in general to a lot of people. You kind of, like, researchers are quite individual in a lot of ways, so you kind of have to force people like 'come along to something' like 'meet other people', 'come to a social event' or like 'be part of the community'. I think like that feeling of being part of something bigger, something that is really good for my wellbeing for sure.*
>
> *[And do you mind sharing the reason why you stepped down from that position?]*
>
> *Yeah, mainly because I was coming to the end of my time, and so I wanted to be like fully focused on finishing what I was doing and my next steps, so it was like a time commitment thing."*

Building community in an environment where there are pressures to perform at one's best is one of the ways ECRs find to navigate the workplace culture and at the same time they may find this part of their job rewarding. It was interesting that the accounts regarding community building were mainly from women which may relate to a nurturing aspect of wellbeing. Susan talked about how much she tries to maintain a good collegial environment:

> *"Because if a patient was listening and we just used these acronyms, all really complicated technical words, they just have no idea what you are talking about. So, it can sometimes I think feel a bit exclusive, which you know if you are in a club, it always feels quite nice, doesn't it? And if you are not in a club, it doesn't feel so nice. But yeah, I do think it does feel like quite collegiate, I guess."*

Conversely to the stories of proactively forming supporting networks, at peer level, there is also a sense of community, 'feeling like a member of a club' which is important for the morale of individuals who share the same values, common values (i.e. collegiality, trust, solidarity) that perhaps are not being displayed in the organisation or by their employers.

In the medical profession, there is a sense of community as the profession is one that requires support from their peers. Susan reflects on how this sense of belonging helps her to feel supported, and how that 'exclusivity' that comes with the profession is so-called collegial. The kind of feeling described by Susan not only portrays the degree of camaraderie but how that can lead individuals feeling 'happy' when at work:

> *"I don't know, maybe it is a bit like you know people fighting a war or something, and you feel like you are in it together, and even when it's a bit shit, it's a bit shit for everyone, so you are kind of facing adversity together. So, that is quite nice, just kind of quite supportive."*

Forming informal networks to seek support from colleagues to navigate the workplace and understand how to do the job are also small steps into creating a community of practice, for example. However, creating a network is a step forward on proactively building community.

5.6 Counteracting the lack of spaces to socialise: a call for community

Both groups of research participants acknowledged that due systemic issues (i.e. intensification of work, precarity) (GMC, 2018; Clarke & Knights, 2015), community building is a need that has not been addressed by organisations. This may be seen as an indirect form how universities undervalue a culture of collegiality and the role communal spaces at work are key to the wellbeing of academics. What has been found that the lack of spaces for socialising is affecting the wellbeing of individuals as limiting the interactions they can have with colleagues and potential knowledge exchange or even potential collaborations, James, explains:

> *"So, right now, for example, actually there isn't an obvious coffee area, there's no place where we can come together. And I think that would be something. That would make a big difference, so I think sometimes the need a bit of the spaces, spaces need to be there for things for things to happen, I think. That might be the small things*

that have the big impact, I think it just, it just encourages people to talk and then from there, I guess, yeah, stuff happens."

Similarly, Judy, talks about how neglected communal spaces has been and the effect it has on her day-to-day at work:

"There was this room where you would eat together with colleagues, it was a multi-use room […] When the department got bigger, that room was closed and then was used to create more office spaces. Since then, there's no space where we could all eat together. There's a kitchen but it is not for our department exclusively, it is for the whole institute. [...]There is no longer that 'we will meet there', you would heat your food and someone would open the door so it would lead to get on much better."

There is a case for a lack of physical spaces for individuals to meet at work and for junior doctors there is also a case of lack of wellbeing facilities (e.g. doctors; mess, restrooms, coffee areas, wellbeing hubs), particularly, ones that allows them to have a place to rest during long shifts. Susan points out that the number of facilities available may depend on budget and size of the hospital or trust:

"I think bigger hospitals might have better facilities in terms of say the canteen, or in terms of say … so, you know traditionally the doctor's mess was like a rest area you could go to sort of have tea or coffee, and that definitely varies, you know some hospitals just basically have a tiny room that nobody goes to, and then some hospitals have quite a nice sort of room that you can go to just have lunch when you have time."

However, a proactive approach is also needed as well as one that considers the systemic problems that are impacting on junior doctor's wellbeing, as Nicole explains:

"…but what would have been better is if there had been more proactivity in terms of just basic things like making sure people can take their leave when they want to, you know, always having hot food in the canteen, you know, for example, having, like, doctor mess facilities available or somewhere they can go and rest, things like that would have been way more better […]."

When building community, ECRs and junior doctors feel supported and with resources necessary to navigate the organisational culture, the rules and norms that comes with the job. As in both workplaces, professionals' performance is being monitored by so-called 'mechanisms of control', then it not only becomes their responsibility to advance in their careers, but also a demanding task for which, for the same mechanisms of control, they have very little control over. Career progression becomes then a burden but a condition that needs to be negotiated to maintain or regain ownership over their wellbeing.

5.7. Resisting to follow an 'ideal' linear career path

Early career researchers are expected to follow a linear career path. As Bozzon, Murgia and Poggio (2019, p.26) state "interruptions, deviations and pauses are seen as problematic markers, and consequently are viewed as a penalty". Then, again the idea of 'becoming' a neoliberal academic overtakes and early career researchers withdraw from other commitments or activities to embrace the 'ideal academic' notion so they can 'survive' in this culture. However, sometimes the additional commitments that they voluntarily undertake are seen as requisites to advance in their career:

> *"Early you know, being an early career researcher, I guess is a competitive thing, and especially if you want to go to permanent positions faculty positions from then. You have to have a good CV and these things are just extra things [i.e. leading open research networks, personal tutoring, other pastoral roles] that you can do that will make you stand out compared to other people, and so, yes, they're not needed a search but I think if you want to get you know higher up and get promoted, you do need these things." (Nancy, early career researcher)*

Similarly, this competitive culture is assimilated very early on the careers of junior doctors as well, where being seen as competent means to accept a work environment that may have long-hours, challenges and that one is expected to 'cope' and keep going:

> *"I think most places try to a certain extent, but I think the culture of being a doctor, being you know in medicine, is that you go into it understanding it is hard work. You go into it understanding you know, it is difficult, and you are sort of expected to put up with it." (Susan, junior doctor)*

For academia, the situation is very similar. As Cannizzo, Mauri and Osbaldiston (2019, p.261) claims, "the push to responsibilise academics for the management of their wellbeing could be seen as normalising short-term labour contracts". This means that the enduring precariousness in academia leads academics on an individual quest for their own wellbeing, one that means that is their responsibility to cope with the managerialism and audit culture. Laura expresses in her account the pressures and strains when trying to advance in her career as a woman in science:

> *"I think there's something different in academia in that you're not just able to kind of maintain this level, you know what I mean, because, like, it's difficult for me to get the next job without publishing from this job and I'm on a short term contract for this job, so I have to do it within this amount of time and I couldn't just like decide 'Oh, I get to the end of this and find another thing', you know, that's like…because, you know …I won't be competitive, even if I'm doing well, if I haven't published so there are these other factors involved and that, I mean, at least for like the career progression thing the fact that in like this kind of research, you aren't really able to just may stay at this level as like a postdoc so I mean I could maybe do like another postdoc or even next three postdocs that might be okay, but like essentially I'm trying to run my own group and run my own money […]"*

The idea of uninterrupted careers seems to push early career researchers and junior doctors to interiorise the need for working long hours of work and hold an 'unlimited' organisational

commitment that recompenses time spent at work as in the 'ideal worker' image (Acker, 1990). Cynthia shares her story on how this notion was deep-rooted in the culture of academia:

> *"…Shocking statistics that I have read in Times Higher Education, when I was a PhD student: that only about 7% of PhD graduates get a job in academia. And for me that was like stress inducing information.[…]so things like that, that is external pressure of how universities are instituted of kind of labour market, you know, how labour market functions, and all of that creates that extra pressure on you, because you know that you have this understanding that if you don't perform at your best all the time, you might lose your job and then you know you might fall into those 93%, you know, of unemployed academics or academics that work in, you know, in service industry or hospitality industry, you know, noble jobs but not where you can have envisaged yourself to be, so there's that fear that fuels your attitude towards wellbeing or better to say that that hampers or inhibits the possibility of you, ,you know, admitting that something's hard or unbearable."*

An interesting case when exploring career progression in academia was the account told by Diane who was recently being promoted:

> *"So, I got headhunted by (Russell Group university). They invited me to apply, and I applied, and I made the final list of people to interview and give a talk on the research. I didn't come first, and they offered it to someone else. I think I came second because they were keeping me as a backup. But still the fact that that happened made my head of school kind of say, "Oh no, we don't want to lose you," so they actually gave me … well, first they gave me a temporary salary bump while they invited me to apply for promotion. I of course had to fill out this lengthy form making the case for my promotion. But then I got it. So yeah, I have just been promoted to grade 9, which is nice. I mean, I guess that is good, it has made me feel appreciated and valued. And yeah, I guess I do see myself probably staying in academia."*

Diane's candid story shows that universities may not allow themselves to lose someone considered as a 'valuable resource' although this recognition for committed and hard-

working individual only reaches in a time where they may see the risk of losing an employee who appears to follow the ideal-worker image. The promotion is only driven by the external headhunting but from the line manager who is supportive of career progression. Overall, this is a case in which we can see how career progression impacts on the wellbeing of individuals and contributes to positive feelings of belonging and satisfaction.

Research participants from the medical profession have reflected also how they are the ones who have agency and being proactive to progress in their career. Paul, shares his experience on acting agentic when it comes to realising that he is ready to advance in his career and therefore 'having more control' which is something he lacks as a junior doctor. Being able to decide on how to progress in his career gives Paul a sense of satisfaction

> *"I've spoken to them both actually. My line manager and the consultant are very supportive of my plans (applying for the next higher training) […] And there are some perks of being a junior doctor, but I think just having more control, feeling like I'll be at a point where actually clinically I want to be the one making decisions. I don't want to keep like deferring to consultants, I feel ready to take that next step. Take the next step with a bit more training."*

However, taking ownership of when to take a 'break' from training has also proved to be positive for Nicole as she puts her wellbeing first:

> *"I know that, like, a lot of junior doctors, and I have not had this which I'm grateful for, but a lot of junior doctors have, you know, turned to alcohol and things to deal with things, so again that really damages their wellbeing.*
> *[…] I was going to apply straight for training, I was going to do actually what's the uncommon thing, and then I was, like, actually I don't think I'm in a place where if I apply to training, I would stick it out. I think I would have quit because I didn't have, you know, the overall physical and mental wellbeing to be able to cope with it."*

Overall, taking a proactive behaviour on how progress in their career and at their own pace, provides junior doctors as well as ECRs a sense of ownership, and they can decide when they are ready to take the next step. The external pressures for progressing in both professions are linked to performance outcomes and competitiveness which is detrimental for their wellbeing. Then, counterbalancing these external pressures with personal expectations is a complex journey, yet a way of navigating this process is to recognise the symptoms of illbeing and the negative consequences that the nature of work may have on the wellbeing of employees. Throughout this process, junior doctors and ECRs are exposed to employer-led wellbeing interventions. As seen in the first section of the chapter, there is little awareness on what type of interventions are available; however, when research participants could identify some, they regarded them as 'meaningless' and 'shallow'.

5.8. Chapter summary

This chapter has presented the findings with regard to forms of resistance to the neoliberal workplace and employee wellbeing discourse which is linked with employer-led wellbeing interventions themselves. After revising the five different ways how junior doctors and ECRs challenge neoliberal discourses of wellbeing in defense to their wellbeing, it can be seen that these acts are subtle and covert. Overall, there is a positive outlook for ways of resisting that are impacting positively on the wellbeing of ECRs and junior doctors as with forming supportive networks, community building, being authentic to their research interests, and deciding on the steps they take for their career progression. It is necessary to mention that in some of the five ways of resistance described there are some nuances between the two professions (See Appendix 9 & 10). Firstly, regarding resenting and ignoring wellbeing interventions, junior doctors receive resilience training which is a big part of their professional life since medical school and embedded in the culture; for which this is an aspect of interventions that will not be rejected as wellbeing interventions since the accounts

of junior doctors portray doctors as individuals who have to be resilient. For academics in this research, resilience training and resilience workshops were introduced and these were ignored as they do not alleviate the cause of a lack of wellbeing at work which comes from increasing workloads and responsibilities. Also, regarding contestation of an individualistic culture, in academia that was evident in the accounts as cases of competitive environment were seen in their accounts. In this research, junior doctors have shared how supportive and collegial their workplace can be and may vary depending on the medical specialities (See Appendix 11). A further consideration would be related to lack of spaces, for both professions this is important for socialising, in the case of junior doctors although sometimes the lack of bigger common areas is an issue, there are still resting facilities in most hospitals; however, in HEIs, early career researchers mentioned that local/departmental communal spaces were disappearing as there were changes to the infrastructure of universities yet the focus of the change has been on encouraging and promoting inter-disciplinary research, thus creating other type of 'centralised' common spaces.

The next chapter deals with the nature of work and the alternatives for managing working conditions. In contemporary organisations, the changing nature of work can be harmful for employee wellbeing (Cooper, 2009; Kowalski & Loretto, 2017) as there are less resources compared to workload as well as job pressures and responsibilities. It is therefore important to explore how the nature of work is characterised in the medical profession and academia based on the experiences of research participants and to examine to what extent employee wellbeing practices may counteract the pressures of the nature of work.

Chapter Six: The ‘nature of work’ and possibilities of managing working conditions

6.1. Introduction

Several accounts of the research participants provided examples of how a heavy workload couple with uncertainty and stress had a negative effect on them. In some cases, flexible working arrangements also had a detrimental effect. To counter these effects research participants spoke of the importance of having relationships outside work-with partners, family and friends-which provided a significant source of wellbeing. Overall, there was a sense that the research participants looked for various ways of balancing or redressing the detrimental effects of work with relationships and activities outside work. This chapter focuses on the ways in which they spoke of this ‘balancing act’ and the extent to which it was successful.

6.2. ‘My workload doesn't fit into my contracted hours’: workload and time hindering wellbeing at work

Work was sometimes spoken of as a struggle for academics, particularly ECRs, who are in a vulnerable position due to being on probationary periods or holding precarious contracts. There was an understanding that working hard early on is a requirement that will pay off later as will eventually achieve stability and better be able to navigate the pressures of academia. Thus, it seems to be that the quest for the ‘ideal academic’ is embedded in the culture, including that ‘the ideal worker has unlimited time to give to work” (Sallee, 2012, p.799). Precisely the lack of time was a factor often raised, for example, Andrew, an ECR in Psychology:

> *“I feel very comfortable marking things; however, if I'm asked to mark 140 things in two weeks that is impossible, the only way that is possible, is by me not doing it in two weeks or hiring more people to do it, but they're not willing to do that”.*

Andrew makes the point that allocated tasks are sometimes simply not achievable for him to complete within the time available. To him, the two possible solutions are either giving staff more time to complete the task, or to increase the number of staff. Unfortunately, as Andrew indicates, universities may not be resourcing more people for marking tasks or in order to allocate the workload more evenly, thus the responsibility for completing the task relies on individual academics. They are being told to complete a task in a certain amount of time which is unrealistic:

> *"So, something is going to get either the time or the quality and they don't care about that, instead, they [the university] care about 'you've been assigned this workload, you need to do it, but to the best quality that you can in the quickest amount of time that you can'. So it's… I feel like it's just something that sets too wide and you see with all the UCU strikes going on."*

Andrew also highlights the culture of performativity and the focus on the outcome rather than the process itself. It shows that the university where he works refers to efficiency (where there is a tension between quality and time) and not necessarily effective as in producing something meaningful. This situation is overlooking the negative effects that this culture has on individuals. Andrew also made reference to the strikes that took place in 2021 which was a call for change within universities, in terms of better working conditions.

Alice, ECR, reiterates that there are structural issues in academia (e.g. around pensions) which are not only detrimental to wellbeing since it affects job security, mainly to those in precarious contracts as is the case for ECRs:

> *"And, yes, I think it's just … there are a lot of situations when you are an early career researcher where there is so much discussion about early career, how to support, but the support is very meaningless. Like an example is all the stuff that's happening in higher education around the pensions"*

Similarly, Grace, an early career researcher in the School of Arts, shares a specific example of workload strain can be overwhelming during specific periods when tasks (e.g. research-related, teaching-related, administrative load) come 'all at once':

> *"It just tends to be when I get a lot of very different activities that all need to be done in a short space of time. So, the thing I've found with this job is kind of typical, that lots of things tend to come at once. So, for instance, three weeks ago, my book proofs came back for me to correct, and I had to make the index at the same time as all the undergraduate and postgraduate marking all came in. So, I had 200,000 words of student work to read and mark, which was just huge amounts. Then, I was also preparing to go to this conference and sorting the travel out for that. So, it's moments like that where lots of different things come at once that tend to feel quite stressful. Also, just moments like with the marking where there's a lot of one particular kind of task. So, sometimes it's kind of too much variety feels overwhelming, and sometimes it's just too much of the same feels really stressful and overwhelming because you lose the will to focus on it and get through it (laughter)."*

Grace also makes the case for the different tasks and the constant juggling of her workload on a daily basis: marking assessments, editing and publishing, conference preparation and other administrative/logistics tasks that come within competing the previous responsibilities as part of being an academic. As she explains, it is not only one particular task which is contemplated as heavy workload but the variety of heavy workload is also overwhelming and becomes difficult to manage which has an effect on stress levels and wellbeing in general.

As previously mentioned, workload in academia remains a significant cause of stress at work. Steven, an early career researcher, portrays what it means to work in academia as the total of work hours surpassed what he is actually being paid for. As Steven spent more time working as an academic, he reconsidered working anti-social hours or even over weekends as he navigated the culture. He then decided that what would be best suited for him was to work 'effectively' which involved completing a task in the amount of time he was given.

Steven also reflects on how the ‘freedom of academia’ takes the form of spending massive number of hours working:

> *“The problem with academia is that you can spend a lot of time. There is a nominal number of hours per staff member per year, but it's possible to work much harder, a lot more than that and indeed, our contracts say that there is no maximum number of hours so, yeah, it's the freedom of academia … you can work whatever you want more or less and the downside is you then work a lot of hours potentially. When I first started at [university name], I worked far too much, I took it all too seriously, and I would regularly work, you know, 50 hours, 60 hours a week. The past three years or so I've realised it's not really about the amount of time I spend, it's more important to work effectively so it's been quite a long time since I've worked a weekend which I'm very proud of, because I used to work weekends, all the time, more or less.”*

Equally, Emily’s account, as an ECR, relates to the idea of struggling to find a balance in academia which again posit a question if finding a balance is feasible or it is something that remains an ideal when structural issues (i.e. workload) are not properly address in the workplace:

> *“Since starting in posts my workload doesn't fit into my contracted hours and I don't think that's, you know, increasingly, I'm not kind of attributing that to inefficiency in my part. I just think there's too much in the time that I've got and it also feels like, you know, even if I could get on top of all of my existing workload and in the time I'm supposed to and then there's just more to take on (laughter). And so kind of protecting time within work for the things that support wellbeing is probably one of the trickiest areas in life. in which I find it hard just to manage time in relation to work to be honest, and that's partly just as I said workload, and the pressures and expectations around at.”*

In previous accounts, Emily portrays the academic job as one with heavy workloads which again feels that is incessant and ‘there is more to take on’. She becomes aware that as an academic she is given more workload, yet not more resources to complete them. Furthermore, she is not able to change that and it seems that the assumption in academia is

that workloads do not fit within contracted hours. Emily also reflects on how difficult is to 'protect' time so that work-life balance can be achievable. Therefore, the responsibility relies again on the individual to find 'time' to do activities outside work and those which are going to contribute to wellbeing. Emily internalises the idea that it depends on the individual to figure out the way to strive for balance. As she says 'one of the trickiest areas in life', it provides an idea on how ingenious and creative an academic has to be in order to attempt having work-life balance, yet again it makes academics responsible for the quest to achieve work-life balance and wellbeing. Academics acknowledge how universities work and what is expected from them which is not only to perform efficiently but to look after themselves.

There is also another characteristic of academic work which is supposed to be related to flexibility and autonomy, which was mentioned by Stella:

> *"I don't have hours for an end to my contract, it's a kind of work however many hours in the week, you need to work to get the job done which obviously isn't conducive to good wellbeing, because you have to have that work life balance and that's something that I did find really tricky during the pandemic, especially working from home."*

Stella's account not only explores the precarity of her job as there is no a limit on how many hours she has to work, what matters is the outcome, to 'get the job done'. This in turn affect employee wellbeing inside and outside of work. The situation was particularly more difficult when she recalls the pandemic and how academics had to work from home, therefore the living space merge with the working space. A dilemma as academics had to set boundaries to working time and resting time, which was difficult considering that academic work is omnipresent in the lives of ECRs.

Furthermore, it may be that this situation makes individuals reflect on (and remind themselves) practices outwith their jobs that they can do when it comes to enhancing their wellbeing. Paul, a junior doctor, explained what wellbeing means for him:

> *"I guess probably getting a sense of accomplishment from the work you do while at the same time being able to balance the other things that are important in someone's life. I guess that would be making sure that work is obviously a part of life but it's not all there, is to life. And to a degree there has to be because of the nature of medicine, sometimes working nights, working weekends. Making sure that it's not all consuming, yes, it's very important, of course it's important, it's a livelihood, it's a vocation but it's not all there is to life. And you can then go and do other things that you want to as well".*

In the previous account it is more evident how the lines can get blurred when it comes to working long hours, which is not only a phenomenon in academia but in the medical profession. In this way, there is a built-in reason for overwork as it is something required, it is in the very nature of work. As Paul mentioned, junior doctors' job is perceived as a 'vocation' which appears to be more than important than just a job:

> *"I guess with a hospital it is not like if you worked in, I don't know ... say if you worked in another profession which wasn't so much ... you know, because with us it is not even a deadline, it is more that you just have that volume of work constantly, and that work sort of needs to be done each day, so it is not just as though that work could be moved back by a week if you are sick"*

This culture of long working hours is engrained in the minds of all including senior colleagues as Susan further explains:

> *"So, you know, my senior colleagues, my bosses, they all had to go through the same experience, you know of medical training, and they would argue they had it more difficult because, you know, when I started working, we had a European Working Time Directive, so probably a few years before that we didn't really have that in the UK and the hours they were working, you know, probably were longer. So, they would argue that we probably had it easier, and there is that attitude of, you know, this is hard, and this is an apprenticeship, but you sort of have to fit your time in."*

Workloads in 'extreme work' contexts cause stress on individuals, which can then turn into a chronic condition such as burnout or if not addressed properly more serious consequences

to individuals. Cases of suicide are well-documented in the medical profession (Clarke & McKee, 2017), particularly those of junior doctors who are in precarious contracts and increasing work pressures in the sector (which soared during the COVID-19 pandemic), thus bringing higher stress levels to junior doctors.

6.3. '… It's not a place of calm': Workplace as a place of relentless work and expectations

Cases of suicide are a serious issue that has been shared by Carol and Nicole, two junior doctors who early on in their careers have been affected by suicides of colleagues. For example, Carol disclosed that so far, she has "lost about six or seven colleagues to suicide". She drew on how she acknowledges that the bereavement for suicide of colleagues has become an experience that most junior doctors go through. Also, she highlighted that the support at work is very limited yet there has been some improvement regarding opening the dialogue on how to offer support to employees who experienced bereavement:

> *"Nothing's changed the way it's talked about, the way it's confronted and dealt with has not changed and it's just sort of like sort of 'swept under the rug'. Where there is just starting to be a little bit more understanding"*

In the case of Nicole, a junior doctor, who raises the importance of having wellbeing support at work:

> *"I think, yes, that's exactly it, it's so widespread, it's almost the norm now to know a colleague who has died which is dreadful considering I'm only 26, and, you know, two of my colleagues have already committed suicide, it does not bode well for the future. And I think it's very easy to blame it on things outside of work, so, you know, any pre-existing mental health issues and other things that they were going through, but ultimately your work should support you with any pre-existing mental health problems you have. And I do think a big impact, considering you probably as a junior doctor spend more of your time at work than outside of work, a lot of positive or negative impacts resulting in that decision to end your life will happen at work."*

Nicole discusses how this can affect her career outlook as she is at the start of her career but she has to cope with this as a condition affecting medical professionals. She notes that this definitely has an impact on how she recognises that there are more work-related factors that can lead to suicide than personal ones. For instance, Smith and Ulus (2020) argue that risk factors can be attributed to job-related characteristics such as low pay and job insecurity.

Research participants provided differing accounts regarding if wellbeing was possible to achieve or even happen in workplace context and the majority of the participants referred to wellbeing happening outside the workplace rather than inside. James, an early career researcher, shared his opinion regarding wellbeing at university:

> *"I've never thought about work as being… as wellbeing. Work can be interesting, can be exciting, can be frustrating, can be annoying… It's never, it's not a place of calm, if that makes any sense. It's not a place I go to escape the world if that makes any sense. And if I was at work and I felt like I needed to escape the world I think I would leave, but it wouldn't be a spot in work, I don't have a spot at work […]"*

For James, wellbeing is an unknown feeling within the workplace, as work is depicted as a space where no relaxation or 'calm' is possible. When James describes what wellbeing at work is, he describes his workplace as in constant change and extreme feelings, which may suggest the actual state of academia as an extreme job (Hewlett & Luce, 2006) characterised by long hours, fast-pace of work, heavy workloads, increasing responsibilities, among others. Also, work is not a place where anyone can have a break, it is a place where you can encounter either frustration or excitement which may reflect the responsibility academics have to apply for grants for the research that they conduct or sometimes one that is 'interdisciplinary'. James mentioned that if he needed to 'escape' figuratively he would go anywhere but his workplace. Also, when James said 'I don't have a spot at work' he refers to the case for a physical space, a need for him (and academics in general) to socialise. It

implies an unsatisfied need to relate wellbeing to his work(place), and more specifically how wellbeing is being displayed in the workplace.

Emily, also describes her workplace as one which is in continuous 'firefighting' mode meaning that there is always work to be done and very rarely some time to be mindful about your job or as she called it 'time to pause and be'. Workplace seems to be a place characterised by constant 'flux' and the need to accommodate oneself to the changes that takes place. This becomes challenging to academics as their increasing workload is difficult to complete, thus the 'rhythm' of work is one that remain uncertain and in continuous change, as Emily described:

> *"So over the course of the time that I've been working for the uni, people start leaving and new staff coming in, having an increase in the number of the trainees, we've had a 40% increase in our intake […] It's difficult to get into a rhythm and routine when there is so much flux in the demands of the work and it has felt a lot like just constant firefighting, to be honest, and so getting time to pause and be and reflect and write, you know, read through the things that you know would be helpful and conducive to … kind of working well and in work it's just really challenging."*

Another aspect of academic work which can be detrimental to wellbeing (i.e. increasing stress levels) is explained by Laura, an ECR, as uncertainty can take different shapes and forms:

> *"I guess it's like uncertainty so like not having certainty of like things working so like spending a lot of time on stuff and it not working, and like thinking of like the mistakes you've made or like you know, like recognizing later 'I should have done it slightly different', then like volume like sometimes you recognise in a week that you've got so much to do and that's the kind of time when then it can get a bit more out of control that because of the volume of things that you've got then it's easier to kind of not be so like efficient and organised with it and that's when it can like drag on, and then the third, I think it's just more general uncertainty which is like not knowing cause for me it's about like publishing and getting the next job and those things are so uncertain and make… like provide a lot of stress".*

What Laura described regarding tensions and uncertainties resonates with ECRs experiences. One of them relates to the nature of academic work, when there is a constant external push to surpass expectations and be competitive to survive/thrive in academia. The nature of work means that overworking is inevitable as it cannot be change due to being systemic. Therefore, regretting on potential mistakes and feeling guilty on what could have been done better take a tool on academics as experiments can go wrong and/or papers can be rejected several times for which academics have no control over, for example. Consequently, this can affect chances of promotion and overall performance, which later may lead to anxiety, stress or depression. A second one that is similar to what has been explained in previous paragraphs regarding the volume of work and how this can easily accumulate and appear unmanageable, thus creating job-related stress. Finally, a third one, which refers to the uncertainty regarding career progression and promotion. Which comes from the previous uncertainties since early career researchers tend to work harder and may not get a permanent contract for which job insecurity may continue to be one of their preoccupations throughout their development from early career to mid-career academics.

Similarly, Pamela also experiences the appearance of new administrative tasks that are generated by administrative processes. These are time-consuming activities that are perceived as inevitable. The firefighting then becomes the norm nor a one-off or exceptional event.

> *"... it does feel like some days all you do is firefight your email or triage your email as to what's most important, what can you leave, what definitely needs done, what can you ignore and all it does is generate more work and I'm not sure how much of it is important work. A lot of it is admin and bureaucracy and emails for the sake of emails but it's a huge part of our work culture, which is really hard to escape from."*

Furthermore, another factor that refers to the workplace being a place of 'saturation' which impact on individual's wellbeing in the form of fatigue. Similar to the idea of 'firefighting',

unexpected workload and new tasks appear throughout the working day of an academic. One that was exacerbated with the COVID-19 pandemic and use of videoconferencing tools for working remotely. During the pandemic, academics had to attend audio-video meetings while working from home, which left them feeling exhausted:

> *"And we, you know, you had these days, where you have three hours plus Zooms and meetings and my boss decided that we'd have like a check-in every day and etc, and it just became completely saturating.*
>
> *[so did your line manager told you how to manage that, because you were getting exhausted?]*
>
> *"I think they were aware that people struggled, but maybe not aware of the extent that people were struggling, you know it's like 'Oh, this is difficult', yes, but then things didn't really change. (Ruth, early career researcher)"*

Ruth describes how this practice affected her work where she felt 'saturated'. She mentions that her line manager was doing daily check-ins on top of the meetings she had to attend. Ruth also mentioned that the check-ins lasted half an hour and did not seem productive for her as although it seemed to have a positive nature in terms of making sure people were not struggling, the reality was that people were struggling and having difficulties trying to report sometimes every week when perhaps there was not many topics to be discussed or shared. As Ruth explains: "*while I think it could have been a good idea, I think, in practice it just became a big responsibility and actually felt very draining"*.

Also, academic work induces ECRs follow a path or a route where academics cannot be in the present moment. There is multitasking involved in the day-to-day work of academics, which can come from the need to comply when there is a seminar but also work that needs to be done. However, it is interesting that when it's for helping a fellow ECR that come from good faith, yet there is this guilt feeling that Linda feels as not being able to completely engaged as she would such as during peer's presentations as her work takes most of her time.

Therefore, pro-social behaviours can feel as a burden to ECRs. Work is not a place of calm as there is always a 'rhythm' of increasing workload as this is part of the nature of academic work, the realisation is that this cannot be changed. There is also a bit of cynism as Linda mentions that it is the job that increases her stress levels and leads to not being able to be 'being present':

> *"And I think also the pandemic has made this (being stressed and not being able to being in the present moment) so much worse because I'm on video calls with people and if I'm not having a conversation with that person then I'm always doing things on my other screen, like if it's a seminar I'm barely listening and I'm doing work at the same time, I'm just not able to be completely present with one task, but I mean most of the time these calls are not particularly interesting […] I mean it's a bit just compliance, like show my face, and also sometimes it's my friends presenting so I, kind of, want to be able to, like, tell them they did great and send them a little message or, like, ask them a good question or something that feels encouraging. I want to be supporting my peers but most of the time I'm not actually paying that much attention."*

It is worth noting that the effect the pandemic on the wellbeing of academics was significant as those who had to work in laboratories suffered a big disruption to their workplace and those without a proper office space at home could not progress and get a lot of work completed, yet the work demands kept increasing. For example, one was the case for those academics parenting during the pandemic. Lisa, ECR and mother of three, recalls how she and her husband managed to organise a schedule in order to carry out with their academic workload, as she called it 'good discipline':

> *"We (she and her husband) had a schedule, so basically we had a day A and day B, and the day was divided into chunks so that was like the morning chunk the afternoon and the evening chunk basically, and so we took it in turns so the person who was not working was on childcare and we just did it that way. And neither of us did the number of hours that we should have been doing, according to our contract, but I guess that's true for anyone who was trying to parent during lockdown".*

Furthermore, the multiple aspects of academic work which also involves pastoral care can affect how academics feel and their overall wellbeing. Andrew, shared his personal experience when a students approached him to ask for help:

> *"I personally have students who have come to me who have said, like they've had depression or suicidal thoughts. And the mental health …this wasn't at this university just say as well. I've had students in the past, come to me with like depression, like suicidal thoughts and the university mental health team have referred them to do mindfulness."*

In the previous account what is evident is the manner how universities address mental health and wellbeing. By looking at the provision of employer-led wellbeing interventions, the conflation of mental health and wellbeing is clear. In this specific case an academic who sought help for a student who reach him out, the university advice was to let the student know that mindfulness sessions are available. With this account it also could be said that universities might need to change processes and re-consider what wellbeing means and how this can be translated into a holistic offer of wellbeing. The 'solution' that was proposed to a student was deemed as inappropriate for Andrew. One that not only focuses on allocating the responsibility on the individual (being a student or member of staff) to cope with the stresses of academic work but to be consistent with a holistic view of wellbeing as well as assuming a shared responsibility on the wellbeing of students and staff. As Smith & Ulus (2020, p.845) note, "there is a sense that students' well-being is disconnected from an academic's, perhaps a consequence of a neoliberalist agenda that prioritizes students as consumers, pitching students and staff against one another with little interconnection of feelings".

Steven, an early career researcher, told his story about how affected he was left after a student went to speak to him about his mental health:

> *"There are some aspects of my role which are really difficult. I said I love helping students, if they were in distress or needed help. I've been in really horrible situations*

> *with students, where they've come to me and something bad has happened and I need to help them through it, and on at least one occasion I've got them to student services and I've gone back to my office and close the door and turn the light off and just cried, and then phoned student services to talk through it. So, there are parts of my role which are not fun."*

When it comes to responsibility for the wellbeing of students and staff, there can be an imbalance when staff who are involved in a process of referral (for mental health or wellbeing concerns) are not being offered the employer-led wellbeing interventions available. Again, it seems that universities fail to address that staff are feeling responsible for their own wellbeing but also the wellbeing of students. On top of that, academic work which involve heavy academic workload (i.e. publishing, marking, teaching, researching) also pastoral duties which can be overlooked and not considered as to affect staff wellbeing.

In the medical profession, the situation is very similar in terms how heavy the workload is. Susan, a junior doctor, spoke about how exhausting a job can be and simply meaning that employees should not spend too long in the workplace as they need to recover from work. In this case, workplace may not be a place of calm but one that a junior doctor wants to 'get away from' as Susan reflected:

> *"I think the thing is like, when you are busy, and if you work quite long hours, and have quite long shift patterns, then sometimes you don't really want to stay in the hospital anymore or socialise with your colleagues, you want to get away from work."*

Nicole recalls that it is not possible to cope with job pressures when structural issues (i.e. lack of resources and understaffing issues) in the sector have not been addressed. This situation makes it worse for junior doctor's morale as well:

> *"I think you just feel permanently like you're never doing a good enough job. You could have all of the best intention in the world to be an excellent doctor and you could be genuinely a great doctor and know a lot, but when you're in a situation*

> *where you're understaffed and working in areas you're not trained to work in you will always feel like you're doing a bad job, which mentally is not, you know, it's quite draining constantly feeling like you're working in a sinking ship essentially, which sounds dramatic but it, kind of, is true that you just constantly feel like you're drowning, and, you know, just trying to get to the end of your shift basically.*

It is interesting how Nicole describes her workplace as a 'sinking ship', which is very similar to the 'firefighting' analogy from Emily, an early career academic. Both research participants' feelings of constantly having to work non-stop and to keep going no matter how that can affect them. Workplace is portrayed as a place where it is difficult to take breaks, thus making the 'task' of look after oneself as a burden and one that has to compete with other priorities from work.

6.4. Policy-based means for creating flexible working conditions

As we have seen, systemic issues not addressed at universities perpetuates a cycle of failure to achieve balance. It is not clear if and how flexible working arrangements offered in academia contributes towards balance as academics have to make a case for accessing these arrangements. James gives an example of how these arrangements work in practice:

> *"The university, I think, is quite good about recognising that flexibility is important, and I think there is a policy that everyone has the right to ask for flexible working that doesn't mean that you are guaranteed, but I think you are guaranteed some sort of a discussion or something happens at least that you'll get a response, whether or not the response you want I don't know."*

He also talked about his particular experience when asking for paternity leave with much anticipation:

> *"If I think back to mine, my paternity leave, this happened really early on, so the first few months when I started. I took paternity leave, to be honest, I was teaching when my daughter was four days old when I should have been on paternity leave, because*

> *I was the only person on that module and nobody said to me 'no'[…]so for me, again, I think there are many policies, as many documents, as many committee meetings to cover lovely sounding sentences, but, in the end, that doesn't translate to sort of events on the ground. There's no one who will then say 'actually, no, you don't need to do this because it's not right' or 'actually you shouldn't be doing so'."*

Furthermore, in medicine, policies for switching to part-time have recently changed. Carol commented on how policies have changed with the aim to ease the pressure of work-life interference and also the work-related stress:

> *"The day they (the hospital) introduced (the policy for moving to part-time) they opened applications, every single other doctor I worked with, and there were 33 other doctors on the rota with me who applied for part time because they wanted to. And all of them went to 80% so one day extra week off, but it was that one day a week. And one of them, she sent me a text recently. She said, having one day a week to go […] has made the world a difference to her life. I have my one day a week to look after my children, which is lovely, and because it means I have one day a week where it's just us, and I can take them to the park, or we can do nothing."*

The shift from working full-time to part-time (See Chapter 5, section 5.7) has contributed to the wellbeing of junior doctors as Carol commented on this policy. As she shared, colleagues who utilised this policy can better manage their time and have time to develop hobbies or spend more time with family and friends. However, although this policy was welcomed by junior doctors, the onus is still on individuals as it depends on them if they are truly committed to change their work patterns and the necessary adjustments to accomplish career progression. Carol, further shared her story:

> *"For example, me starting a master's- if I worked full time, I'd want to drop some hours to do my masters. But you literally had to jump through so many hoops so it was really common to find someone still working full time but also studying for a master's despite having this category. But two years ago they (Specialty Department) looked at the way they structure the whole training program and they said actually 'we're losing a lot of doctors to burn out'.[…] And they added a fourth category of*

you can go part time because you want to with no questions asked, so it's been that's been really positive."

Similarly, in the medical profession, there has been a positive step regarding taking 'time out of training programme', which has been normalised to an extent. This has allowed junior doctors to take breaks, not necessarily aiming for an uninterrupted career itself, but to undertake further studies, pause their training or have a chance to look after themselves if desired. It is important to mention that there are different types of 'out of programme'(OOP)[7]. Nicole expanded on this:

"So, essentially it used to be very uncommon and frowned upon to take any years out of training, but now it's completely the norm to take time out of training, and it's almost seen as strange to go straight into training. So, it doesn't affect career wise anything, which is a good thing, but, again, it's a shame that the whole NHS has got to the point where it's normal for junior doctors to have to take time out of training purely for mental wellbeing."

However, as Nicole and Carol accounts described, the decisions to make those changes have been reactions due to the higher levels of burnout and the rise in mental health and wellbeing issues in the medical profession. Additionally, 'career breaks' may still affect career progression of junior doctors. Junior doctors with children, are not sure when they will be promoted or it will take longer for them, thus it depends on them to initiative the process for promotion. Individuals' wellbeing can be at stake as the pressures are not disappearing for them and they are aware that they have to work harder and longer hours. Carol went on to say:

"I think it's going to be harder, definitely going to be harder. I'm lucky in some ways, because my husband isn't a medic so he works in normal hours and he's home until the foreseeable future working at home. And we've got a lot of family support as well, so like his family are from here, my family is around so everything is completely

[7] Types of OOP are out of programme career break, out of programme for clinical experience, out of programme for research, out of programme for approved clinical training. Those are different from time out of training (TOOT) which has an annual allowance.

> *doable. […] But, yeah, so it will be a juggle, but I think it won't be too bad and if things get really bad, then I can always drop another day at work or drop the amount of hours, commitments I need to do."*

Similarly, Olivia, a junior doctor and mother of two, added:

> *"It will take longer (to become a consultant) it will take one year longer than if I wasn't part time, but that's fine as well, I don't mind. […] I've not been wanting to be a consultant for a long time so I'm not in a rush to get there."*

Junior doctors with children, specially the two research participants, Olivia and Carol, decided on that career path as they had important family support. However, they also decided that they wanted to be spend more time with their children and their family as Olivia went to say:

> *"I think I'll stay part time forever really um it just sounds easier and I don't, we don't have a desire to earn more money. It doesn't make any difference to, actually. I would rather have the time than the than the money."*

However, there is also a sacrifice aspect when it comes to caring responsibilities of research participants who are mothers. It is interesting, as both Olivia and Carol believe that it is important to have time with their children than working longer hours, this may be a perception for most women with caring responsibilities who feel more compelled to caring for the family, even when dual-earners couples work the same number of hours (Welch et al., 2011). Olivia provides an example on his:

> *You thought you were tired before you had kids and then suddenly it's like a totally new exhaustion. I don't know how you have enough hours in the day to do everything that you need to do, and something has to sacrifice and whether that's exercise, eating well, taking time for yourself, but you don't have time to do all."*

Particularly, in the case of women with caring responsibilities who try to balance domestic chores and caring responsibilities, the motivation to 'keep going' comes from their maternal nature and duty of care, Olivia added:

> *"Someone said to me once that if you're juggling a lot of plates, you're going to break one, you're going to drop some, but just make sure you don't drop the fragile ones. I think that resonated with me and it made me think 'Okay, what do I not want to mess up?' and focus on that."*

This is well documented within extant literature regarding academic work and the nature of work (e.g. heavy workloads, long working hours and limited resources) and effects on work-life balance (Magadley, 2019). As Burke and Page (2017, p.28) suggest, "long work hours reduce time for recovery and diminish family enrichment". Relationships play an important role when even when sometimes prioritising personal wellbeing in comparison to the wellbeing of your kin. The next section is related to relationships and how these relationships inside and outwith the workplace matters when examining wellbeing.

6.5 "but outside of my work is where I fill up my cup of wellbeing": Key relationships inside and outwith the workplace

This section reports the accounts of research participants regarding the key relationships in their work and outside of work. Both, inside and outside the workplace these relationships contribute and enhance the wellbeing of research participants. The first subsection explores the case of the role of the line manager. The second subsection relates to the friends and colleagues at work who offer support and advice and help individual cope with the stresses of work. The third present the cases of relationships outside the workplace such as family and friends.

The case of supportive line managers

There is a significant difference between what is provided by the organisation as employee wellbeing and the local level wellbeing interventions which may be informal ones, Diane, an ECR reflects on how the school-level interventions affects her wellbeing positively and makes her feel 'happy':

> *"I think most of the kind of worries about wellbeing not being taken into account or undue pressures and burdens being put upon, I think that is mainly a worry from up high, like the university or even faculty level. I do think there is a contrast there. I do think part of the reason I am happy at work when I am is because of like my school, department. Whereas when I am unhappy it is usually because of the university or faculty intervention."*

Furthermore, it is particularly key to the research participants, that their wellbeing is positively affected by their more immediate department at work and from the people who work with them, Lisa, ECR, explains:

> *"[…] I think on a more local level within my school and within my subject area which is [subject area name]. I feel like, I see it is something that people think is important, so I think where I've encountered down at work it's come from the individuals I work with and not so much from the University, as an institution."*

Lisa specifically portrays these as having a good relationship with her line manager and finds relationships at work adding on her wellbeing. It is the informal wellbeing initiatives which makes wellbeing as something that is important to maintain within the work environment and that might differ in each department. The sense of community was also mentioned which coincides with a need of being part of 'something' and with the notion of '"well-be(com)ing" as processual, collective, relational wellbeing (Küpers, 2005):

> *"I think I would say my, so my subject leader, during lockdown and after that as well, was extremely good I think, reaching out to all of us as a department and like making sure we talked to each other, even if it was on Teams, like just kind of make sure everyone felt like they were still part of the same group and our Head of School is a very empathetic very human person. And so I think, yeah, I would say, on the local level there are… I definitely feel like it's not so much about formalised structures, but I think certainly an effort to create a community where people feel like their wellbeing is important to other people." (Lisa, early career researcher)*

During the COVID-19 pandemic, there was not only an opportunity for organisations to deploy wellbeing interventions and to check-in how their employees were coping with the

pandemic, but an opportunity to see how line managers and supervisors care and transmit that culture of care that may be lacking on an institutional level. Within the accounts of academics, the importance of a 'humane' and nurturing nature where a symbol and evidence of the need of continuing and maintaining relationships with other colleagues and individuals in the workplace, Pamela shared her story:

> *"Line management, I think is helpful and I'm really lucky that we have a dedicated ECR line manager who I think has been really concerned about the volume and peoples' capacity with workloads but also how they are doing in terms of the complexities of home situations. So I think it's useful to know that you have a sympathetic ear if there's things that you need help with but I think in the wider context everybody's struggled to different degrees so I think yes, the kind of what you can actually do about that is quite limited that you just in some ways have to get on and keep putting one foot in front of the other."*

Pamela's account also shows the compassionate and relational side (of wellbeing) where a collective and individual state must be considered. Not each individual has the same needs or going through the same challenges, yet they were all struggling with specific things and being listened and acknowledged was important in this context of uncertainty.

Similarly, Linda, an ECR working on a research fellow position, explores the relationship she has with her line manager (former PhD supervisor) and how supportive he has been through her career, then providing 'structure' and planning ahead to reduce uncertainties since ECRs as in precarious contracts, fixed and short term (UCU, 2019):

> *"So, I got my postdoc, my supervisor is the one that organised all of it and he helped get the funding and then set it up so that I would be, you know, like, we developed the project together. Yes, like I'm not sure if I want to stay in academia forever, but I think he was quite concerned about making sure that I didn't suffer because of the pandemic so we had something lined up. Yes, he's very supportive of my career and I have another supervisor as well who is a bit more, like we're not … we don't speak*

quite as much but he's also very good at pushing me to make sure that I've ... yes that everything goes well."

These were all positive stories on how line managers have contributed to wellbeing at work in terms of support provided related to career progression as well as illustrating acts of care and support. The next subsection draws on the support received by colleagues at work and how important this becomes for individuals and their wellbeing.

Relationships with colleagues contributing to wellbeing

By looking and finding community within the workplace, Karen, ECR, shared the way she has found her own 'community':

"And so, we have a Whatsapp group in the department for like mostly younger academics, but it's open to anyone who wants to join and we would usually go for drinks on Friday. […] you know that people are kind of really funny and bit silly as well and, yeah, it's just always really nice. I mean, I think that has really helped with kind of integrating that there is this kind of institution of going to the pub or also like doing other things so sometimes you know it's just also means of talking about certain things, making jokes. And it's a very kind of non-judgmental environment so it's not that we talk about our research a lot like usually we just talk about all kinds of things."

However, there is not always the case in each department or institution. James, ECR, shared a different experience regarding missing a collegial environment:

"I think something that I have missed that I've had, I think, maybe in other settings is that sort of sense of collegiality of knowing that I can open my door, go for coffee […]"

Similarly, institutions themselves are curtailing ways on how academics may socialise and find their own space within their institution (See also Chapter 5, section 5.5). Robert, ECR,

mentioned that through some policies the opportunities to building relationships with colleagues as well as doing collegiality is hindered:

> *"I'm not sure how I feel about this, but one of the particular policies that has been brought in, is that we don't have after work drinks or (research-related) presentations, certainly never really a presentation […] Now the idea around this was there's people who have caring responsibilities and there shouldn't be obligations for people with anything but obviously that which I think is really great, really, really important, but I think some part of the outcome from that as well, it means that we don't actually have a collegial environment relationship that exists outside of work [...]"*

What research participants have shared relates to how much they value opportunities for socialising in the workplaces, yet organisations do not necessarily support them with resources (e.g. social, common areas) to organise social events.

Furthermore, wellbeing as a set of practises includes relationships individuals build through their lives and how this may change due the nature of their work which requires them to be mobile and to move geographically for work/training purposes, so that is when 'fragmented relationships' appear. Due to the nature of work and training for junior doctors, fragmented relationships exist and this can be prejudicial to the wellbeing of individuals. Nicole shared her story:

> *"So, you just pick up all of these friends at different points of time and then you don't really see them again because you don't have time to … and it's quite weird, yes you have lots of fragmented relationships I think that you then always feel guilty about not upholding, but you don't have time to."*

However, for academics who have children, socialising may become difficult, in terms of finding time to have a conversation with colleagues at work. Judy, an ECR, reflects on how her social life at work has changed:

> *"I admit that I'm less sociable since I had [name of her son], because I have limited time. Before, I would start at nine and leave at nine (at night) most days, but because*

> *I wanted to, because I love my job and because my partner works a lot so if I didn't have other plans, that's it. These days, I'm the one who has to go for him (son) to the nursery, my partner drops him (son) off and I have to be at the lab at eight o'clock and then the nursery closes at six, so literally I have to leave at 5:30 and run to collect him. That's it. I've got very limited time."*

Equally, for expectant mothers, finding a balance may be onerous, as they have to navigate the culture and academic work expectations as Pamela, an ECR and expectant mother, reflects:

> *"But I think some of these ideas [if you wanted to be a mum or you got engaged or married it possibly indicated that your career wasn't your main priority] do still stick with you, that how do you balance both? and, yes, I think there is support available within the university. But it feels like it's another responsibility of yours, in terms of how do you make all of these things come together? That you spend quality time with your family, with your child, but you're still able to produce at the same level?"*

In this research, women ECR may experience more pressures as it is not only their own wellbeing that they need to look after, but also their family and children or dependants who they need to take care. Interestingly, in Pamela's account it is also clear that even though there may be organisational support, it does appear that academics still need to juggle between work and life responsibilities. Pamela asserts 'it feels like it's another responsibility of yours' when expectations of academic work and wellbeing become two separate endeavours that ought to be reconciled by the individual. Then, women academics may need to find their own ways to balance their work with other roles in life (which may overlap). Additionally, as Pamela mentioned, academics may also need to consider the premise that work has to come first and the other roles and responsibilities) may need to fit around work as with the notion of the 'ideal academic worker' (Sang et al., 2015). As Thornton (2013, p.138) posits "the ideal academic does not have time for work/life balance; work/work is what is demanded".

Research participants have identified negative aspects at work (i.e. heavy workloads, long working hours, fast-pace of work, increasing responsibilities), which make difficult and challenging to achieve work-life balance. Overall, it seems to be more elements of wellbeing outside of work as there are more interactions and other key relationships in individual's life as to those with family and friends.

Meaningful relationships outside of work enhancing individuals' wellbeing

There are very different types of relationships and levels of closeness such as family relationships (with parents, relatives), romantic relationships (partners), and friendships (friends from school, friends from university), which all contribute to the wellbeing of individuals. Research participants identified their key relationships in life and shared their stories. Family and partners are recognised as important for helping and supporting research participants through difficult circumstances. In both academia and the medical profession, this was the case. Both, Carol and James relate to experiences of wellbeing outside of work:

> *"I have my wellbeing at work, but outside of my work is where I fill up my cup of wellbeing if I could put it in a sense. And my two kids are the reason that I do a lot of wellbeing and I'm very keen on wellbeing and trying to keep my mental wellbeing because, if I didn't for them then I would have problems for them." (Carol, junior doctor, mother of two)*

> *"[…] Home is my happy place so it's very important to me that yeah so it's a safe haven in the sense that doesn't matter how things are going. Work doesn't matter, what's happened or not happened. I can open the door and there's this little happy face looking at me and that's everything, that's really important." (James, early career researcher, father of three)*

Due to the nature of work and the increasing responsibilities, research participants can still find emotional support from their family; however, this is restricted as Nicole mentioned,

they are not familiar with the work itself, they do not have much knowledge regarding 'the ins and outs' of the job of a junior doctor:

> *"Overall, I feel very supported in terms of outside of work, but it's hard because as I say, like, you know, a lot of my family and friends aren't medical, so when something goes wrong at work it's really hard for them to understand. I don't think you can really understand unless you know the ins and outs of working in a hospital, so I think it's more difficult for them to understand, but again as I say that's the trade-off." (Nicole, junior doctor)*

Similarly, Alice confesses how difficult can be for their parents to understand her research fellowship post as her parents do not seem to fully understand all the roles and responsibilities she has at work where research can be perceived as a 'obscure' area of the academic work:

> *"My boyfriend, my parents and sister don't live in (name of city), and also they work in very different areas. […] And when I got this job (fellowship) my mum was, like, 'how many jobs will you have now?'… because it's just she really doesn't understand what I do, like, day to day, and I think the PhD was quite confusing, but you know they're supportive, but I just don't … they never ask about my work." (Alice, early career researcher)*

6.6. Chapter summary

Workload in both, academia and the medical professional, play a key role when it comes to finding time to balance work and life. It has a tremendous impact on the wellbeing of individuals, which ranges from chronic illnesses and burnout and, sadly, cases of suicide. The latter is a very sensitive topic for research participants but one that can be linked to a combination of several factors (e.g. personal experiences or conditions and or environmental factors such as stresses). In this research, junior doctors mentioned that they had lost a colleague to suicide, yet this was not the case for early career academics.

It is also relevant to mention that within the themes in this chapter, nature of work and relationships at work and outside of work are key for both professionals, junior doctors and early career researchers to understand experiences of wellbeing. First, in this research, the "sense of accomplishment" due to the nature of work can be a difference between junior doctors and early career academics as the shifts that doctors have means that they complete different tasks during their shifts and then they can prepare for the next shift, whereas in academia, early career researchers referred to the lack of an immediate 'sense of achievement' due to their workload. Second, regarding relationships with colleagues and line managers there may be some subtle differences between junior doctors and early career researchers (See Appendix 9 & 10). Due to the pace of work in academia and in the medical profession, cultivating relationships at work can be seen as an onerous task as individuals in both professions seem to have very limited spare time. In academia, early career researchers mentioned having to 'stretch their time' or 'invest' in an activity if they are to help a colleague as they constantly have to meet deadlines for administrative, teaching and funding. However, in this research, it was only junior doctors who mentioned 'fragmented relationships' as junior doctors are still undertaking training and being relocated geographically meaning that the relationships they build and form in a workplace (i.e. hospital/trust) cannot be sustained due to the nature of their work (long working hours and less for socialising, yet working in teams).

Finally, the long working hours culture coupled with the lack of changes to the systemic issues to heavy workloads in academia and the medical profession make it more difficult for individuals to achieve work-life balance. However, outside of work individuals get the feeling that balance and wellbeing can be achieved and reached. Therefore, relationships seem to play a key role for wellbeing as family, friends and partners act as enablers of

wellbeing and, overall, as a solid support network which is important for the nature of work of academics and doctors. The next chapter presents the findings related to wellbeing practices that research participants have identified as a way to cope with the strain of work and the job pressures.

Chapter Seven: Wellbeing practices

7.1 Introduction

This chapter draws on ECRs and junior doctors' accounts and photographs are included to show what practices are perceived as wellbeing-related. For research participants that green spaces and landscapes, people (relatives and loved ones), objects symbolizing (self-care) activities and hobbies (i.e. preparing meals, baking, drawing, gardening) are commonly found in the photographs. This chapter is organised in four sections. The first one refers to wellbeing as being in the present moment. The second one deals with activities that (re)connect individuals with nature. The third one explores self-care acts in which individuals engage with as they feel a culture of care in their workplace might be missing. The fourth and final one refers more intrinsically with relationality and 'being' in relationship with people around us.

As we have seen in the previous chapters (Chapter Five & Six) research participants look out for ways to escape being controlled and limited to the wellbeing interventions provided by their employers. Not only because they know these may not be seen authentic or their employers are not addressing the systemic issues with heavy workloads and high expectations, but because individuals find wellbeing as necessary and important for their lives. The organisation is the entity which makes individuals more aware about how hard they have to try and work to 'achieve' wellbeing and transforming this notion of wellbeing into a performative one where wellbeing is seen as a final goal, rather than a continuous practice that may be done in a 'messy' or irregular form and basis. Overall, research participants are able to identify wellbeing practices that are associated to feeling of (re)connectedness and 'being' in the present moment, which resonates with a relational approach to wellbeing. However, there are still elements of a need to master self-care and

regulate wellbeing behaviours such as eating healthy, drinking enough water, resting, connecting to your community (people and nature).

7.2 Wellbeing and being present: away from a fast-paced culture

Through the notion of wellbeing as referring to an ontological approach concerning relationality, it is evident that wellbeing, as opposed to academic work and the medical profession, is a status, is existing through our connections to others. Thus, there is a tension between what an academic is expected to do rather than actually finding a wellbeing practice themselves. Again, it is time, which plays a key role when it comes to wellbeing. Having wellbeing time and 'protect' this time is a requirement in the professions (academia and medicine) being examined, because as Emily added it 'easily get squeezed out'. Without time, recovery cannot be possible, so then 'time to pause' is a condition to 'being'. For example, the necessity of 'being' was found in Emily's (early career researcher) account:

> *"[…] That being kind of more in the present moment like wellbeing. It's such a cliché, but the idea of like being rather than doing …I think we get very easily caught up in a lot of activities and busyness and kind of future activities, planning ahead or worrying about what's going to happen. Just thinking about what's the next thing, what's next thing and so there's something about being able like having time to pause, having time to just be and that's really precious and you really have to protect because all too easily get squeezed out."*

Furthermore, the notion of process is embedded in the concept of connecting and relating to the world 'being' enable us to (re)connect and to be able to find the 'conditions' that make us feel well. Emily went on to say:

> *"I think, for me, connection is one of the absolutely crucial ideas in wellbeing and so being connected to the people around us, and the people we care about, being connected to the world around us and to nature and being connected to conditions that we need for flourishing, for feeling safe and able to grow, and connection as*

well, I guess, to kind of the present moment. It's something I've been conscious as it is an important aspect."

Emily also speaks about 'slowing down' and how she cherishes having those 'happy moments' where she is able to enjoy life. Also, how important is for Emily to being in the present moment, which happens when she is not at work. Thus, the moment that Emily is describing (See Figure 8) is the conditions that needs to be for feeling well. These conditions (being in the present moment, relax, enjoy every single moment of life) happen outside of work in an environment where there is no need to 'rush' and where connection (to her niece, to her family dog) is prevalent:

"…I needed to have sky as a place, I needed to have a dog in one of my photos […]it's also a photo of my niece with her (family dog). And there's something about children and their talent for just being in the present moment. For play as well, which I think felt important to represent somewhere and I think dogs as well that playfulness. And dogs just have this enthusiasm for life, which is totally infectious, and so, you know, whenever I see this dog she's just so happy to see, you take her for a walk she's so happy to be on a walk, you give a treat she's so happy to have a treat. And she just loves life and that's kind of infectious."

Figure 8. Emily's niece and family dog in the garden

Like Emily, Stella, an early career researcher, also values the connectedness in her wellbeing practice of 'getting out of the house'. The precarity of time seems to be an issue so walking her dog serves as a 'reminder' to think about her wellbeing as well, but also to 'being'. Stella

has been working from home since the pandemic which has made her house bounded for most of her day. Considering that she mainly works from home, she becomes more aware that is not all work-related and that there is a community out there:

> *"And this particular part it's got that real community feel to it, so like the guy who owns it knows us by name and like welcomes us and whenever we go. So seeking out like… for me, one of the big things about people supporting my wellbeing is getting out of the house …The only time I really get out in the day, a lot of the time is to walk the dog so it's that kind of reminding myself to get out of the house and to do things that make me happy […]and so yeah it's just reminding myself to keep connected to the world around me because it's so easy to just stay at home*."

Figure 9. Stella and her dog in the local pub

Linda, an ECR, shares her experience on finding difficult to meditate, struggling to "have moments of mindfulness" when she is stressed due to her work. However, she points out that she is 'not good at it' (meditating when she is stressed) which appears to be a responsibility to learn how to do this, as a skill, appealing to an idea of fixing a behaviour. Interestingly, she recounts that she practises other activities that help her to "get into the right frame of mind" such as walking the dog without bringing along music, doing small celebrations (e.g. full moon, equinoxes, Thanksgiving), doing seasonal craft(ing) activities with her old housemate, watering plants, for example. Those activities have helped her "felt a lot more engaged with the year […] definitely just feeling a little more 'centred' and aware of time

passing". She talked about her experience on meditation as an activity enhances her wellbeing:

> *"Yes, I mean I feel like I do meditate occasionally, I definitely don't do it as regularly as I used to. I mean they always say you should do it when you're not stressed so that when you do it when you are stressed it's easier, but I'm not good at it. So, I can meditate easily when I'm not stressed, but as soon as I am I just can't get into the right frame of mind."*

Another account from academia that reflects this comparison of enhancing wellbeing versus academic work is Betty's, who practices movements on aerial silks once or twice a week and she recalls *'it just takes my mind off things as well' (See* Figure 10*).* The activity that she pursues does not overlap with her academic work. Betty even compares both, academic work and practising acrobatics, to make the point that the sense of achievement is missing in her work. Furthermore, she considers its activity as a way of learning a beneficial skill, as something one can master. In contrast to academic work, practising acrobatics and learning new movements feels like an achievement in itself. Another point Betty makes is that of 'space in your brain' is also interesting as enabling her to 'being' in the present moment and temporarily feeling that sensation. That sense of achieving is also a new space for wellbeing. The idea about motion and process, having ups and downs, as Betty's acrobatics practice requires learning new movement on a constant basis, but she is the one who assesses how well she is doing and how much she is learning (new aerial poses), thus she is who see the progress and that way knowing herself:

> *"This is me learning a new move that we're doing. A work in progress, but I like to think it looks okay […]. And it's just something that I encourage to, as you know, pour into my wellbeing [...] This is also something that requires you to build a different skill like one that is not an academic skill, so you really feel like you're achieving something, aside from it being very good exercise. And I also always say when you're in the air, up on the silk like that and you're hanging just by your hands you don't have space in your brain to think about anything else."*

Figure 10. Betty at her acrobatics class

From Linda's and Emily's account from academic positions, the idea of being in the present moment is a necessity to find wellbeing. Similarly, from Betty's account 'being present' is equally important. However, for Betty, academics cannot provide and immediate sense of achievement, which is validated by other academics (See Chapter 5), as the flux of academic is increasing and constantly changing which is unmanageable. Therefore, it is reasonable that academics seek activities that offer a rewarding experience and a sense of progress.

Diane, an early career researcher, also describes this sense of achievement which follows feelings of happiness and freedom when running (See Figure 11). She expressed that she feels 'proud' of herself after completing a run. By conceptualising running as an ideal of wellbeing as being a practice that enhances wellbeing, she is able to justify the time dedicated to it through the (positive) effect on her health. Diane explains:

> *"But I think like this (photo) symbolises wellbeing for me because when I am running, I feel a sense of like freedom and happiness and wellbeing, and I just think, 'Yeah, this is good for me'. Like, if you asked me what increases my wellbeing, I would say going for a run does. But I guess there is also like this other sense of wellbeing which is this like bigger thing of like I am proud of myself when I finish one, it's like I have*

accomplished something, you know, I feel like I am doing something that is good for my health and that's a good thing…"

Figure 11. Diane's smart watch

Similarly, Andrew recalls that having a mindfulness app (See Figure 12) help him to focus on himself, an outlet that help him to get into the frame of mind to cope with workload. He expressed this feeling of appearing to be neglecting his wellbeing:

"It's just the idea of spending a portion of my day to really just focus on myself, focus on my thoughts, in a way that then lets me be ready for the rest of the day […] So these are just meditations that you can do even in work and it's like the idea of 'ok, I might be in my workspace, but I still need to be able to focus on me and focus on my own wellbeing'."

Figure 12. Andrew's mindfulness app screenshot

Conversely, in the medical profession seems to be more developed sense of achievement when completing a shift, which is being able to keep functioning. Susan, junior doctor, also pursuing a PhD, mentioned that the medical profession is 'purposeful' which is divergent from her doctoral studentship experience:

> *"I was working this weekend at the hospital, it was just one of the weekends I was down to work, and it was really busy, but I sort of finished on Sunday evening feeling as though I had done a good job this weekend, and actually that was very satisfactory. That is probably better than how I feel in my PhD, because sometimes I spend an entire week where I am like 'I have achieved nothing', in the sense that you know I have tried a few things and they haven't worked, or I just seem to have taken a long time doing something."*

Although Susan mentioned this feeling of accomplishment, the systemic issues within the medical profession (i.e. understaffing, poor work-life balance, lack of flexibility) may lead to feelings of frustration and guilt among junior doctors as they are "unable to perform as they would like" (BMA, 2019).

Unlike previous accounts from academics, junior doctor, Charles, acknowledges how resilience is part of the organisational culture, and expected to be trait/attribute for doctors. As resilience is about changing behaviours of individuals, it appears to be as with employer-led wellbeing interventions another mechanism for employers to guarantee that individuals assume a double responsibility. One to look after their own wellbeing and another one to face work pressures and demands as 'anticipating' them, as Charles explains:

> *"Being in the present moment, I would argue that you should be thinking ahead and anticipating the next shock, or anticipating the next move rather than being in the present moment. Well, but that's because anticipation is one of the big things of organisational resilience and so clearly I'm biased, and I've been primed to think that way."*

Overall, this section explores how ‘being present’ form part of the notion of wellbeing for individuals. Although the logic of ‘being present’ comes from a relational approach, it can be displaced from its real purpose of connectedness and existing in relation to others when resilience form part of the equation. That is when wellbeing is the outcome, then, as resilience, ‘being in the present moment’ becomes “a matter of developing a skill” (Purser, 2019) and an individual endeavour. What is noticeable in the accounts of Betty, Lisa, Emily, Susan and Charles is that the responsibility of their own wellbeing relies on them as employees, as individuals, as well as is important to keep at bay from the detrimental effects that their work put on their wellbeing. These accounts are constant are internal calls for stopping the frequent busyness of their working lives. Their work is a place where the rhythm is uncertain, new tasks appear and need to be completed, it is the nature of work, one that cannot change.

7.3 Escaping screen-time: nature –related wellbeing activities

Similarly to the previous section, the idea of escaping ‘busyness’ appears within research participants’ accounts. Work as an activity that is draining means that individuals need time outside of work, being away, to seek activities that involve contact with nature. The activities that are included in this section are gardening, walking and flowering. Research participants took photographs related to landscapes and nature (See Figure 13, Figure 14, Figure 15) as Nancy described ‘*I think anything nature related would probably make me happy’.* Also, Emily identifies and characterises her ‘happy place’ as one that ‘*gives you perspective, that you can't get in a concrete jungle’.*

Figure 13. Emily's happy place

Emily, Nancy and Janet, all early career researchers, find something unique when they are in contact with nature. This is related to an opportunity to academic to see and appreciate nature at it is as well as being focused and engaged in this activity. For Janet (See Figure 15) it was a discovery as she has not seen mushroom of that size before and she found them during a walk with her partner. Similarly, Nancy (See Figure 14) realised that during her walks, the greenery was not only that she did not have near where she lives, but she discovered her hidden hobby for watching and taking pictures of sunsets, even confiding she has over 50 pictures of them on her phone.

Figure 14. Nancy's photo of a sunset

Figure 15. Janet's mushrooms found during a walk

Gardening

Similarly, gardening is one activity that research participants have embraced as either and activity to share with family or only as a solo activity that has the purpose to connect with nature:

> *"I do a lot of gardening. We keep chickens. We've got bees. So all of that take quite a lot of time. I mean we try to go out with the kiddies, but when it was sort of lockdown, those sort of timings … there's not much you can do. But we're fortunate in that we have a sizeable garden and we've got lots within the compound to sort of keep the kids occupied as well." (Charles, junior doctor, father of two)*

> *"Now in the summer I do gardening, so[...] I have this thing called 'gardening hour' where the garden is really messy and I take an hour or, you know, 45 minutes, half an hour out of my day and then, like, cut the grass. And then I've been outside and make sure that I had a proper break whilst doing something during my work day, so I quite enjoy, like, doing something slightly different for an hour and trying to put that within my day, but it has also got a purpose side of making my garden tidier." (Alice, early career researcher)*

Charles and Alice describe these activities (gardening, keeping bees and chicken) as something that requires time and dedication, particularly 'take quite a lot of time' as Charles mentioned. Also, Alice talks about how flexible this could be in terms of time dedicated (e.g. an hour, 45 minutes or half an hour) to the activity but it is something that needs to be a commitment and a task as she says 'put that within my day'. When she mentions 'purpose',

this activity becomes one not only with the purpose of enhancing wellbeing but one that is productive and time-effective as the outcome is 'making her garden tidier'. This idea can explain that tension when individuals 'take a proper break' but also in a performative manner as they are working towards something which will make them feel well. However, individuals deemed this mandatory as individuals would see the benefits of the activity, which is something that does not happen with academic work, for example.

Going for a walk

Academic work requires face time to be extensive as the expectation is also that "academic work does not stop when the office day ends" (Leigh, 2019, p.231). Feeling time pressure is a recurrent theme in academic work as it was mentioned in the previous section, it is important how time is managed in order to fit in wellbeing practices. Therefore, calculating how much is allocated is a strategy academics use:

> *"So, when it's a stressful day, I'm not always very good at carrying out the right kind of (laughter) things that I know are good for me; but I try to take at least 45 minutes at lunchtime to just go for a walk round the campus, leave the building and try and just get outside, and, yes, remember that there's a world beyond the specific things that I'm involved in at work. So, yes, I normally do that. What else do I do? I like to try and take time, so if a colleague is in and offers to go for coffee or something, I try and take them up on that, even if it feels like it's a really busy day and I might not have time, because I know it's important for me to take that time to get to know them and build good connections; but also not to get just bogged down in whatever I'm sat at my desk focusing on."(Grace, early career researcher, first permanent job)*

As with gardening in Alice's account, Grace also proceeds similarly in a calculative fashion ("I try to take at least 45 minutes") when dedicating time for taking a 'break'. It is still important for Grace, early career researcher, as she recalls "I don't even notice anymore when my back hurts, when my neck hurts, because I'm used to tuning that out". The somatic

experiences that Grace describes are in part an effect on long-hours sitting in front of a computer and what academic work is a sedentary activity when preparing teaching material, doing research and writing papers, applying for grants, for example. It does appear that she immerses herself in her workload, thus she has consciously decided to take a break in order to "remember that there's a world beyond [her work]". Academic work as it offers flexibility, it can also be detrimental for wellbeing as work can be done anytime, which leads to a pattern of long-working hours and blurring of work and life boundaries (Sang, et al., 2015). Also, Grace justifies this decision of taking a break with a colleague and 'pausing from a busy day' through the objective for 'building good connections', thus it becoming calculative as the disruption has its benefits. It is important to mention that she is in her first permanent role and within a year of starting this role, which means that it may be a strategy to get to know colleagues as part of navigating the organisational culture and engaging with a relational sense when identifying wellbeing practices.

Looking at and looking after flowers

The following quote has a relational aspect to it from the start. Lisa discloses that connecting flowers (See Figure 16) with her marriage, is important for her and the reason why she photographed these flowers during a short walk. Lisa is describing this transition from working from home (due to the pandemic) and then going back to work. This allows her to walk near where she lives and doing this as a practice ('at least once a week') as she enjoys to 'take something with me in my brain' which may be that she needs that energy and start her day with that contact and connectedness with nature. Unlike other accounts (e.g. Alice, Grace) regarding being in contact with nature, she does not suggest that there is a specific (amount of) time allocated for the activity, but the enjoyment of 'going outside'.

> *"Yellow flowers reminded me of my wedding, so I like yellow flowers [...] It's just so nice to be outside and since I came back to work. I've been back at work since January. I've been trying to at least once a week just go for a walk during the working*

day at some point, like take something with me in my brain to think about, but just go outside."

Figure 16. Lisa's spotted daffodils during a walk

Pamela, early career researcher, describes a practice that requires care and on a permanent basis. She is admiring nature and at the same time comparing it to her work which is isolating and one that requires her attention as she described her job as making her 'hermitted away'. Furthermore, when Pamela mentions 'there is more going on out there' but unlike Grace's account, she is actually engaging with an activity (See Figure 17) that needs her attention, to nurture, which becomes a 'reminder'. As we need someone or something that tell us that life is not only work and that wellbeing time is also important which in this case is by being connected to nature. Pamela explains:

"I was quite meticulous about watering the plants and this was something that I did every evening before going to bed. I love cultivating things like that and seeing them grow and that you're kind of nourishing something […] Nature, all the things that they keep growing, they keep changing, they keep developing whilst you're kind of hermited away with your screen and it's nice just as a reminder that there is more going on out there than whatever papers and things that I'm working on."

Figure 17. Pamela's sunflower

Linda's account, is similar to Pamela's account as both engaged in a similar practice (i.e. flowering, looking after indoor plants) (See Figure 18). However, Linda exposes another layer of information on her account regarding this practice in comparison to her work. When she talked about looking after her plants, she described it as: 'you don't get any, like, immediate feedback', which may be a reference to deadlines related to academic work:

> *"...so we have a lot of plants that require a lot of care, but I find it to be quite soothing just to feel like I'm nurturing something and, you know, pruning them and repotting them and giving them all the nutrients and misting them and everything. I'm really obsessed, but we've got so many plants and I just think it feels really nice to be able to, like, slowly nurture something and you don't get any, like, immediate feedback, you know, there is no, like, clapping 'well done you've done that', it's kind of just over the case of several years it stays alive, and I find that quite calming, like if you miss a day nothing bad happens, you just water them the next day" (Linda, early career researcher)*

Figure 18. Linda's indoor plants

This section attempted to explore how 'being' away from screen time, office time and extensive face time at work can be detrimental for wellbeing. By disconnecting from work and (re)connecting to nature, individuals can allow themselves to pause and enjoy nature, life. However, these practices of connecting to nature are conceived under a calculative style which individual impose on themselves. Therefore, time precarity and pressure appears as a theme when cementing wellbeing practices within the nature of work. Furthermore, (re)connecting with nature (and their environment) allows individuals to scrutinise their work and put it in 'perspective'. In the case of academics, academic work tends to be an isolating experience where office time or work space time seem endless, where there is an "un healthy nature of academic work" (Bristow, Robinson & Ratle, 2019, p.247).

7.4 Looking for a caring culture: starting with self-care acts

This section draws on how individuals are looking for answers in terms of what wellbeing means for them and what their wellbeing needs are. Research participants provided examples of a variety of practices that impact on their wellbeing for which we can call them self-care

acts as a symbol of kindness to themselves (individuals) as well how the nature of their work shapes the frequency of the practice and the discipline adhered to it.

Finding a new passion that fits into your work

Firstly, an unexpected way to relate and connect with nature happened to Alice, an early career researcher. She became involved in and introduced to foraging trips by a friend of hers. Foraging is one her passions since 2016 and is 'a big pleasure', as she explained:

> *"[…]So, this was me the other weekend on a foraging trip looking for mushrooms, so it's also, you know, being in the woods is also, like, a big pleasure. And I really don't make enough time to do this kind of thing around work which I would like to do more of, but one of the reasons I, kind of, picked this photo is that with this friend actually I've been reading so much about fungi, and we've been doing … during one of the strikes we started doing these walks for foraging as a teacher out. And now we're, like, trying … basically we're so interested in fungi and mushrooms that it's ending up becoming part of our research."*

Figure 19. Alice's mushrooms during foraging

Alice explains that fungi are a 'passion' is now becoming part of her research. This realisation happened symbolically during a strike period. The strikes served as 'spare time' given unexpectedly, which helped her take his passion more seriously. It is interesting how she reconciles her work and pleasurable activity. This way she will have time for both. Alice developed a passion (mushroom foraging) and then made this part of her research project.

Both academic work (research particularly) are things that she enjoys doing and may be labelled as passions. There is also the relational aspect present, as this practice started because of a friend (another academic) and has taken the form of a collaborative research project between them.

Practising what is good for mental health

Similarly, Alice engages in another practice (running) which again relates to nature (See Figure 20). What she added by her account is time and the frequency of the practice (three times a week) and she rationalises this practice as being good for her mental health. She explains:

> "*It (running) has been a really important aspect for my mental health and then also kind of my own sense of wellbeing and like what I enjoy doing so. I run and I used to try and run, you know, several… like three times a week, and this is one of the kind of the routes I do, it's looking so beautiful at the moment. […] and it's really making time for doing running in the morning before I go to work or before I start work at home."*

Figure 20. Alice's woodlands walk

Some research participants have also engaged in this particular practice (of running). Pamela's account regarding running as a practice is interesting as it portrays slightly about her academic identity, which is resisting to give up on doing physical exercise. Her pet

passed away, which was one of the reasons why she would take time to do some walks. Without the company of her pet, it is difficult to find a reason to go out and run. She explains:

> *"Now it's me trying to encourage myself to go for a walk, but I think I kind of summed everything up that I love just putting a podcast on, go and hear different voices in your head that aren't your voice worrying about what you have to do that day and walk about, get some daylight before you feel like okay, I can tackle today, I'm ready to go again."*

Figure 21. Pamela's walking trainers

From her account, feelings of worriedness are presented, but also, simultaneously, a need to push herself in order to cope with work and the next task as she motivates and cheer herself up with an 'I can tackle today, I'm ready to go again'. In her photograph (See Figure 21), a pair of trainers are depicted as a symbol of a routine of walking to the park.

There is also Susan's story, junior doctor, who shared her view on how travelling has become an outlet to 'reset' her brain. For Susan 'sensory overload' is necessary to properly disconnect from work, to 'get perspective' as she explained when asked what activities help her cope with work-related stress:

> *"Actually, I find travelling really good just for resetting, you know, just for like resetting your brain, so you can just get away from it all and then feel a bit more kind of ... I think sometimes when you have that sort of distance, then you get a bit*

> *more perspective on things. And, you know, it is sort of maybe never as bad as you thought it was. […] I think if you choose a physical activity, or you can do an activity that is not work, that is quite like engrossing, I think I find that helps me forget about work. So, like the problems I have, or the dilemmas I have isn't running through my brain because I am focused on doing something else, whether that is like quite strenuous exercise, or because I am just in a different country and there is lots of like sensory overload and I am trying to take it all in."*

Within Susan's account, there is a tension when there are too many 'problems or dilemmas' at work, as she enjoys her work but not all (negative) aspects of it. She explains that for 'getting a bit more perspective' she has to 'distance' from her job, which later will help her to cope and to reflect so she can see it as 'never as bad as you thought it was'. Travelling has become a route to practice escapism and accumulate many sensations for Susan as she can in order to be able to go back to work with a different perspective and keep functioning.

Finally, for women with caring responsibilities like Lisa having a regular commitment for developing a practice it is dependent of partner support. She recognises how important it is to focus on this personal passion which are 'part of life' and serves as outlets of relaxation:

> *"When I was at uni, I was in the chapel choir. It's kind of three times a week commitment. It was really good I think for my mental health to do that, because in that high pressure environment to have something that is like a regular commitment… you have to be there, you have to show up, you have to concentrate on what you're doing, like you can't spend the whole time thinking about work, and it was really good for me. I've always done music that's always been a part of my life like when I was a child, I played instruments and stuff but singing for me became really important when I was an undergraduate. and I still do it. [...]Like I leave the house, everyone stays at home. I go somewhere else, and I do singing and I focus on that. I really just get something out of it, that is just for me. […] specifically singing is my main source of relaxation I guess you would say." (Lisa, early career researcher, mother of three)*

The idea of recharging embedded in wellbeing practices

Another practice that Pamela does (on a regular basis) is going for holidays (See Figure 22) as a way to 'escape' but also to do what she likes 'get through a book'. She describes what happens after the end of her holidays as a good practice towards wellbeing:

> *"… I come back with like best of intentions for how things are going to be different, how I'm going to prioritise taking time for me. That last normally a couple of weeks and then you just get back into the busyness. So, for me, this is escapism, recharging but also being the kind of whole person that I am rather than just the work person that I am the rest of the time."*

Pamela's work protrudes even her good intentions of 'prioritising taking time' for herself. As with the practice of running, she gets 'recharged' to continue her work as an academic. However, this is corrosive in the long term since there is a cyclical pattern of academic work that seems unmanageable and she might need to constantly recharge to get to the next day.

Figure 22. Pamela's holiday destination

This idea of recharging as within Pamela's account is necessary for Ruth and Carol when they describe the need to 'recharge' while doing these activities they like, those become wellbeing practices:

> *"I do like the process of hot drinks like I find them quite like something, I don't always have caffeinated hot drinks, but I find like the loose leaf tea and things like that, and of course there's something sort of like ritualistic and like pleasing about it and it smells nice when you pour it and I like sitting down for a cup of tea in all of its different forms, but I do have coffee in the morning and I do need that energy, like every morning like I'll have a cup of coffee, it's part of my routine." (Ruth, early career researcher)*

> *"I don't have time to go to the library, or I also can't afford to buy constantly new books and I've got a bookcase and that's a kindle case so it's like holding an actual book so it's the closest I can get […] But I spend a lot of time, when I'm not at work, 'not doing much'. So I can I sit and I read a book and that's quite nice always. I sit in my garden or something like that […] I find I do so much activity at work, sometimes I need that energy… I just sit and recharge and like a little robot Hoover or something." (Carol, junior doctor).*

While in Ruth's account there is emphasis on the process and 'ritual' when making tea and 'energy' when having coffee, for Carol the importance is on 'recharge' after work as a constant activity because of the involvement of 'so much activity at work'. On the one hand, Ruth is able to transmit the idea of being present when drinking tea but the need of have a coffee as a routine to start work, to be able to face work. On the other hand, Carol is describing how reading a book (See Figure 23) on his own is a way of recover from work, as with objects she depicts herself as a 'little robot Hoover' as she needs to 'recharge'.

Figure 23. Carol's kindle and her reading spot

Following prescribed ideals of wellbeing

Self-care acts are also related to self-control and discipline. Andrew, early career researcher, describes her wellbeing activity (See Figure 24) as a way of disciplining himself regarding the amount of water he drinks, the time management involved in waking up early to have some physical activity and start his day. Andrew explains:

> *"I took it (photo) in the office this morning, so it's just really my protein shaker because one of the things I'm really finding helping me just manage everything at the moment: my energy levels, stress, just general life, is being able to go to the gym. And then, I use this (shaker) obviously in the gym, I use it to drink water throughout the day, so I'm getting like four or five litres of water. It's just something that I've always had with me so back before the pandemic, but I wasn't in uni that often. I live about an hour and a half drive away so whenever I did come in, I made a point of going to the gym very early in the morning. That way I sort of start my day off bright and awake, I can do some activity which helps me calm down, helps me concentrate."*

Figure 24. Andrew's protein shaker on his office desk

Relationality and the concept of effort and commitment

Diane expresses not only the degree of commitment she puts onto preparing healthy food but also stresses that making chicken soup is also about sharing with people around you, in this case her partner. (Not only) Diane uses her family recipe for the subtle meanings this has on her about making it a special occasion, and putting in effort:

> *"So, it's this hearty chicken soup that I love making. I think I associate this with wellbeing in two ways. One is that I like cooking things for me and my partner. Like, I don't cook every night because I am too lazy, I usually like chop up a salad or something, but once a week I try and make something that takes effort. And so I really enjoy doing that, like I feel a sense of like happiness and proud of myself when I just cook a meal that takes me like at least an hour. So, that is one reason I associate it with wellbeing. Another is that like my family is (religious faith) and I don't know if you know about chicken soup in (religious faith) culture, it is sometimes called (religious) penicillin, because if you get a cough or a cold you were given chicken soup and it was meant to make you feel better."*

Figure 25. Diane's family recipe chicken soup

Furthermore, Steven, ECR, engages with is playing music as it also the relational aspect of wellbeing exists:

> *[…]It's been really fun the past few months we've realised that the baby responds if I play the ukulele. So when I start playing she normally kicks a little bit more so it's been kind of fun, you know no, just fun playing, but fun realizing you have this kind of connection with other people."*

Figure 26. Steven's guitar at home

7.5 The art of giving and receiving: doing something for and with loved ones

Research participants have shared stories related to their families, friends, children, partners who are a significant part of how they feel well, how they experience wellbeing. Firstly, participants made clear that there is a link between what we do for ourselves and how that

also impact on others and more visible when doing something for someone else, ‘the good of others’. Ruth, describes this experience as follows:

> *“For me, I think, (wellbeing) is investing in my physical and mental health and that can be exercise that can be like doing something that I like eating a nice meal or being with friends, but something that, something that is just done for like the good, the good of me and there's not really another agenda to it, uhm, and the good of others. Like, I personally get a lot out of helping other people as well, so, yeah, I guess an investment in yourself for, by physical and mental health is like the best, the best way I can describe it to me” (*Ruth, early career researcher)

From Ruth account, wellbeing is dependent on enhancing your wellbeing and the wellbeing of others. They are both important as there are positive feelings associated. However, it is important to mention that the idea of investment is interesting when it comes to wellbeing practices as Ruth describes (e.g. eating a nice meal, being with friends). Time has to be allocated to these practices in order to find wellbeing physically and mentally. Unlike Ruth, Paul recognises that he has an extroverted personality which feels the urge to socialise, then allowing him to ‘charge up’ and ‘feel more energised’. He explains how socialising is deemed a wellbeing practice:

> *“I guess I’m sort of very energised after I sort of see probably, sounds silly, but socialising so seeing friends, I don’t particularly... with COVID where you couldn’t really hang out with your friends and doing that online thing but it wasn’t the same and I think I’m quite an extroverted person. […] I sort of spend time with people, my social battery sort of charged up and often allows me to do other things. That’s really important, I noticed particularly over COVID that I wasn’t doing it as much for obvious reasons and that I can do it more now and it does make a difference... socialise with my close friends I feel a lot better. If I can do it at the weekend, I then feel more energised the next week, I definitely notice” (Paul, junior doctor)*

In a more touching way, Emily, early career academic, describes her experience of wellbeing through a ‘kind’ act of a friend. She was involved in a serious accident. During her time at home to fully recover from the accident, she had been looking after a ‘gift’, an unprompted

chute that was given to her from a friend who went to visit her as Emily was not feeling ready to be 'by herself' at home. Emily was moved by this gift (See Figure 27) and she explains why:

> *"...you know, wellbeing is about the kind of nurturing over time it's not a one-off act or activity, it is something that needs cultivated in the same way as I needed to keep watering this plant, even when I couldn't see signs of anything grow, hoping [...]"*

Furthermore, Emily reflects on the meaning of wellbeing to her through her experience:

> *"Wellbeing for me is connection to others and connection, as this picture kind of embodies for me, with a friend who will be there when and will drop things when you call and need support and that's absolutely crucial, I think."*

Figure 27. 'Kindness' act of Emily's friend

Companionship and relaxation

Lisa, an early career researcher and mother of three, found the company of her cat (See Figure 28) as a presence that keeps her relaxed, she describes her relationship with her cat:

> *"This is my cat who sadly died. He would always hang out with me. I was quite often just spending a lot of time with him during the day when I was working from home so that's why he is there and, obviously, it looks pretty chilled out in the photo. [...] Having a cat around is really good for you, for relaxation. I think he would just help me relax, I think, even just by being around. And he would come and sit with me when I was working and stuff so yeah, I miss him."*

Figure 28. Lisa's cat in the garden

Lisa's cat played an important role for her wellbeing. During the COVID-19 pandemic and due to the switch to home-working, the presence of Lisa's cat was fundamental to the point of being categorised as a wellbeing practice. It was breaking point for Lisa to mention that her cat passed away as this not only reminded her of her 'relaxing' presence but the cat and Lisa, both received affection, it was a reciprocated, and that connection has not evaporated.

Similarly, Linda, another early career academic, confesses her close relationship with her dog (See Figure 29) and how important he was for making her 'feel a lot better':

> *"And then occasionally if we're going to a big shop we'll leave him (dog) alone for a couple of hours when we go off and do that, but he's with us most of the time. He's been really good for my anxiety. I feel a lot better since … well, like, when he was a puppy he was really annoying as puppies are, but now that he's a little bit older, he's a very calming presence."*

Linda makes it clear that she has 'anxiety' as a condition and that she even think of him as therapeutic. She joked about this by saying '*He's a therapy dog and he doesn't even know it".* As it was explained in the first section (See Section 7.2), dogs have this 'playfulness' and enthusiasm for life'. This degree of affection due to the attribute for dogs described

above, it becomes evident that there is reciprocity of affection and care when Linda expressed that '*he's with us most of the time',* informing us that her dog is an important part of her life and she dedicates him time.

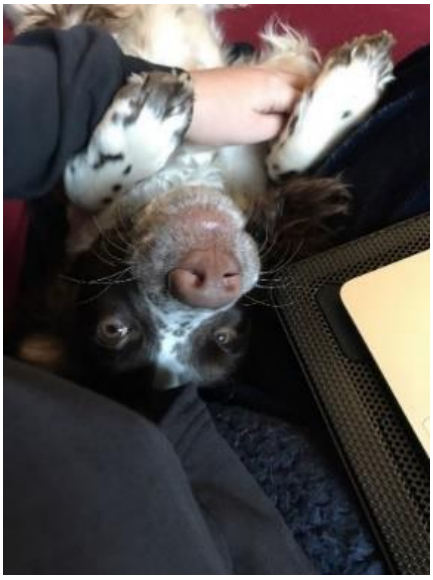


Figure 29. Linda's dog on her lap

Family time with your children and quality time

It was mor evident from research participants with children to share photographs with their children. From the total of 30 participants, eight of them had caring responsibilities and three engaged with photo production exercise. The three research participants, all women, shared photographs (See Figure 30, Figure 31 & Figure 32) of their children having family time in various settings.

Figure 30. Carol's children at the beach

All research participants who have children, talked about their connection with their children and their wellbeing (moments spent with their children). Women with children, in this research, reported sharing moments with their children as a wellbeing practice in itself. They try to engage as a way of going out as well as having a 'nice time'. For example, Olivia, junior doctor mother of two, describes a pleasurable activity that impacts on her wellbeing and 'being conscious' of what makes her happy:

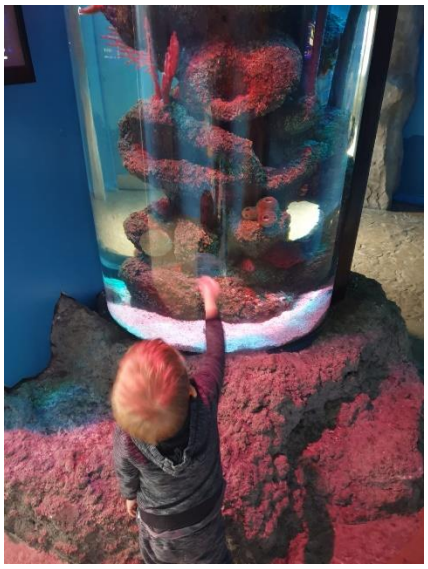


Figure 31. Olivia's son at the aquarium

Furthermore, Lisa, ECR and mother of three, reflects on how her wellbeing is about the wellbeing of their children. It is related to providing them with the same experiences she had as child:

"And so, this picture is the two big ones. […] My parents still live there, so we can see them in the summer, so this is, for me, it's about the sea and I just love being by the sea, I love that feeling of openness and Just kind of freedom and like seeing that you know, surrounded by stuff like I love being by the sea. […] And this is also about home because this is where I grew up and it's about spending time with the kids."

Figure 32. Lisa's children at the beach

Olivia's account highlights how important family support is as well as little gestures:

> *"My little boy bought. Well, he chose them, but my husband bought them for me because my toddler had been quite difficult that week. So him and his dad went out to the shop to buy some flowers to say 'sorry for being a terror'. So we have a lot of plants and a few plants in the garden, but I like some flowers and my little boy love sunflowers, which is why he chose them.*
>
> *[And how do you think this is related to your wellbeing?]*
>
> *And so I think my husband knows that just a little gesture, will make me feel happier and they (sunflowers) are on the dining room table and I spend a lot of time in the kitchen, so just having them there when I'm trying to get the kids fed or clean up the kitchen or anything, just makes me feel a bit happier than if they weren't there."*

Figure 33. Olivia's bunch of sunflowers given by son

The previous photograph was related to reciprocating the affection and the care provided and received, as explained by Olivia. When Olivia describes that she puts the sunflowers in a visible place, particularly the dining room where she spends most of her time when caring (and feeding) her two children. By placing the sunflowers in a visible place in her house, it does not only mean how much she values those sunflowers and the effect they have on her (make her feel happier), but how this caring act is about giving and receiving appreciation and about mutuality.

Overall, the wellbeing of these mothers is associated with the wellbeing of their children and how they take responsibility for this, making 'spending time with (their) children'. However, this is also reciprocated as acting as caring for others impact on how 'you care for yourself' as wellbeing remains relational and processual.

Of partners and their role when experiencing practices of wellbeing

Most of the research participants were involved in partnerships. A total of 26 participants were in a romantic relationship at the time of the interviews, where two of them were expecting parents, seven of them have children with their partners, and eleven of them are married.

Betty expressed deep emotions as she talked about the birthday present that she received from her boyfriend. She does label this act (See Figure 34) as a wellbeing practice and as a 'reminder' her of her relationship with her boyfriend as well as the time and effort they 'spend' for each other. She shared the way she felt when her boyfriend gifted her:

> *"My favourite animal is sharks and so he (Betty's boyfriend) spent several hours drawing that for me as a birthday present. […] I think knowing the time and, the love and care he put into doing that, for me, it's just like really heartwarming to me. It's something I look at and I'm like 'wow that's so …it's the nicest thing anyone's ever given me as a gift'. Because it was a proper surprise as well, I didn't realise he would be spending time drawing this, but yeah it reminds me of our relationship as well. We like to like spend time and effort for each other."*

Figure 34. Pen-drawing gift from Betty's boyfriend

Another important relationship for Betty regarding her wellbeing was her flatmate, as she recounts:

> *"We (Betty and her flatmate) support each other and if one of us is in and sitting in the lounge or whatever is, you know, how's your day been and it might be like 'oh it's crap' and then we sit. And I kept an eye on each other's wellbeing and mood as well […]But like we got bored quite a lot so just like to know, have a drink or whatever in the house, and there was a point he got to, or we both just said to each other, no, this is not right let's keep an eye out for each other and make sure we're not just eating loads of takeaways, drinking loads of rum, so that was important for both of us too."*

Betty's relationship with her flatmate is also one that requires both of them to realises that wellbeing is important. In this case they both regulate each other as she said 'let's keep an eye for each other' when referring to not eating well and having unhealthy habits. This is a dual role that individuals may take for their wellbeing as they see it as a responsibility. As an individual act as a master of self-care and at the same time a master of care to show and guide others (Foucault, 1987).

Similarly, Steven describes his relationship with her partner as one of the single most important ones in his life and related to supporting each other, and one of the reasons why he portrays it in the photograph (See Figure 35) he shared. He reflects how her relationship

work very well because they ‘know each other for years’ and can ‘get through ideas and problems’. Steven and his partner are both academics in the same institution to help them maintain conversations about work and life. She describes his partnership as follows:

> *“…I feel really lucky to have someone in my life that we just understand each other. […] When we met, it was like we've known each other for years, like we genuinely thought. It just felt absolutely natural you know within about an hour it just felt like we've known each other since we were kids and that hasn't changed, like several years later, so why is it there? We talked a bit about relationships, support, you know, being able to support each other and being, having someone that you can work through problems with when things aren't going so well at work or not going well with family, you can talk through some of your ideas and problems.”*

Figure 35. Steven holding hands with his pregnant partner

Finally, Olivia, mother of three, also reflected on making time to visit older relatives (See Figure 36), which is a practice for wellbeing as it involves a relational aspect where it is not only about your nuclear family but also your extended family, your relatives. She shares her reflection below:

> *“I think I like to go out and spend time with like my gran and my elderly relatives, I try and do it once every two weeks at least. I just think it's good for everyone, because I know that they were really lonely during lockdown and it's easy for me to get wrapped up in my own life of working and getting*

the kids to their clubs and trying to do everything that's us that it's easy to forget people on the periphery."

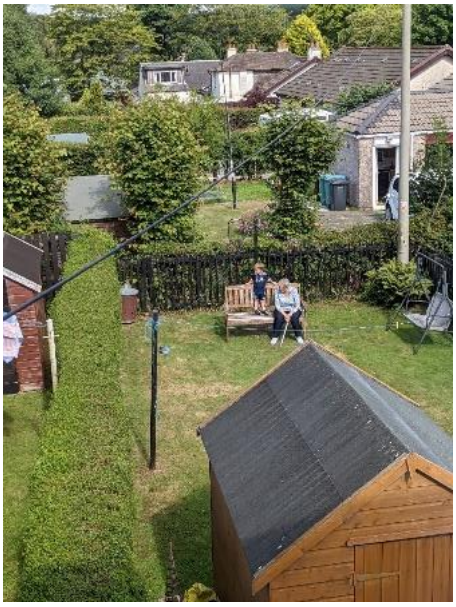


Figure 36. Olivia's grandmother's house

The section demonstrated how wellbeing is relational in many levels, over many kinds of relationships and how this is related to values of mutuality and reciprocity. Wellbeing as relational shows that is not only one way is about the bigger picture, the community. As Kitayama, Shinobu and Markus (2000, p.114) posits, "well-being (then) is a very much collaborative project, one can't experience wellbeing by one's self; it requires engaging a system of consensual understandings and practices and depends on the nature of one's connections and relations to others". In other words, individuals can practice wellbeing and feel well through them as this will affect not only themselves, but also the wellbeing of people around them. Therefore, research participants are the ones who are preoccupied for promoting self-care acts.

7.6. Chapter summary

This chapter have utilised quotes and photographs produced by research participants to identify how they practice wellbeing. As mentioned in Chapter Four regarding engagement in the photo-production task, the majority of photographs came from early career researchers, thus four junior doctors that did not engage in this task provided accounts of the

ways they practice wellbeing (See Appendix 9 & 10). Wellbeing practices related to re-connecting with nature (looking after plants, gardening) came mainly from accounts of early career researchers, whereas regarding doing exercise and going on holidays or travelling as well as doing activities along with and for partners and family were prevalent in both groups. However, a difference between both professions is how 'being in the present moment' was not mentioned by junior doctors. As explained previously in the chapter (See section 7.2.), "being present" is a practice that cannot entirely relate to the work junior doctors do (as part of the resilience training and culture), thus there is a constant preoccupation on performing different tasks at a time rather than focusing on one. This can be explained by the systemic issues in the medical profession due to understaffing and the issue with doctors' rotas.

Overall, interviews illustrated that the promotion of self-care is important for their wellbeing and individuals feel responsible for managing their wellbeing in a conscious fashion. Therefore, individuals are deciding and making sense of whether they can find wellbeing or not within a specific practice. Research participants are rather optimistic and although their busy lives do not always allow them to have great amount of time dedicated to so-called wellbeing practices, they do practice wellbeing in their 'spare' time or moments where they are not at work (either physically or mentally), or even they just make some time available compromising some work time. The next chapter present the discussion of this research and how the research questions have been answered.

Chapter Eight: Discussion

8.1. Introduction

The purpose of this chapter is to explore the main findings of this research and to provide the main contributions and implications of this thesis. This chapter is organised in a fashion where the main findings are examined under a critical perspective utilising a Foucauldian approach to wellbeing. Firstly, this chapter outlines the main research findings. After that follows a detailed discussion of the theoretical contributions.

8.2. Key research findings

In Chapter Five, Six and Seven the findings of this research were outlined. First, in Chapter Five, the findings referred to the understanding of wellbeing at work for research participants, and how they perceived employer-led wellbeing interventions. In general, these interventions were perceived as 'meaningless', therefore explaining the lack of engagement with them. In addition, Chapter Five explored how research participants saw possibilities to seek (and find) support to counteract the perceived lack of useful wellbeing interventions at work.

In Chapter Six, the nature of work in academia and the medical profession was explored, where research participants' accounts show how they navigate the organisational culture amidst work pressures as well as how precarious their wellbeing is at work. Chapter Six also showed that their relationships at work (with colleagues and the line manager, for example) are important when striving to maintain their wellbeing at work. Relationships outside of work are equally important where time to nurture these relationships is not a constraint. Finally, in Chapter Seven, the findings demonstrated the different wellbeing practices that the participants have developed outside their workplace. These wellbeing practices centre

on the connections with others, those not only being people, but also animals (pets) and plants. This demonstrates the effect that the nature of work and the work environment have on individuals, particularly when their work demands are unmanageable and require significant time and energy.

8.2.1. Employer-led wellbeing interventions at work as "meaning-less and superficial"

In Chapter five, research participants revealed that their knowledge of employer-led wellbeing interventions was very limited. The interventions that were mentioned were related to psychological/counselling services, which included Cognitive Behaviour Therapy (CBT) courses, yoga and meditation sessions, and mental health aid resources. Research participants' understandings are aligned with how wellbeing interventions often are mainly related to mental health. At the same time, in the interviews, research participants mentioned that wellbeing, as they understand it, is not only about mental health or physical health, that the social dimension also plays an important role. In line with O'Brien and Guiney's (2019) research study in UK HE, the participants separated the notion of wellbeing from health, thus understanding wellbeing as a multi-layered concept, rather than unidimensional and easily conflated with (mental) health.

Furthermore, research participants had information mainly regarding secondary level interventions (Johnson, Robertson & Cooper, 2018), which are related to changing behaviours and allocating the responsibility of wellbeing to the employee. This is done by offering activities that requires effort from the employee in terms of managing their own attendance as a requirement for being well and self-managing work-related stress.

However, research participants maintain a sceptical view regarding interventions framed as employee wellbeing since these are not seen as meaningful. Their view is one that identifies these types of interventions as overlooking systemic issues (such as job insecurity, staff

shortage, heavy workloads and administrative burdens) in their professional sectors which negatively affects employee wellbeing. Equally, as seen in a report by the WELLCOME Trust (2020), only 44% of staff who work in academia finds that their employer provided "adequate wellbeing support" and solely 28% perceived that the wellbeing interventions in place were appropriate. In the medical profession, a BMA (2018) survey reported that only 27% of doctors were confident that their employer would have services available to support their wellbeing[8]. This is a setback as being unaware about wellbeing provision hinders access to services.

Moreover, the findings showed that research participants did not engage with nor participate in an employer-led wellbeing intervention. However, research participants felt more inclined to engage with and attend peer-led wellbeing interventions. Local (or departmental/subject related) level interventions are seen as relevant for maintaining their wellbeing as social relationships play a key role as a source of support. For example, in chapter five, there were accounts of research participants relating to the informal networks they have created to sustain themselves in the workplace.

As corroborated by research participants in this thesis, there is a 'take-up' gap when it comes to engaging with interventions framed as wellbeing at work. Kodz, Harper and Dench (2002) study in the UK also found that this was a trend. They demonstrated that work-life balance initiatives in the UK (where most can be categorised as flexible working arrangement, family friendly policies and can even been extended to wellbeing interventions), are not seen as useful for a varied set of reasons. The ones that aligned with what it was found in this thesis are as follows: 1) knowledge about available provision, 2) heavy workloads; and 3) working differently to the organisational norm. These resonated with the research participants in this thesis as they mentioned that structural issues are a barrier when it comes to perceiving the

[8] In this case the survey report considered in their phrasing only services related to physical and mental health, which in this research are considered as only two dimensions of wellbeing.

interventions as beneficial. In other words, importantly, the current offer is inadequate as it does not take into account systemic issues such as a long working hours culture, precariousness and job insecurity (Leigh, 2019), aspects particularly relevant the early career professionals in the sample of this thesis. For example, employer-led wellbeing interventions feel insufficient as there is a lack of physical spaces for junior doctors in the UK (Uys, Carrieri & Mattick, 2023), therefore hindering socialisation in the workplace.

Finally, the findings in this research aligns with recent wellbeing reports in both academia and the medical profession. In the latter, for example, Bajorek and Holmes's (2020) report on UK NHS junior doctors showed that mental health and wellbeing treatment interventions are predominantly concentrated on stress reduction and are deployed as reactive responses of a secondary character (Kinman & Teoh, 2018). Even more, the HSE promotes that the NHS complies with work-related stress management standards (Meacham et al., 2019). This can be seen as positive step as it is necessary to implement innovative wellbeing interventions provision in the medical sector; however, it should be also necessary to change the approach from work-related stress and responsibilisation of junior doctors for their wellbeing to organisational change approach of a primary character (HEE, 2019) where issues such as 'employee voice, job design and work planning and management can be addressed (Bajorek & Holmes, 2020).

The findings relate to trying to impose the responsibility of wellbeing on the individual, as they are exhorted to work on changing their attitudes and behaviours. On top of that, many junior doctors were worried about being perceived as 'weak' by their superiors (BMA, 2019). For instance, one is related to feelings of fear when disclosing a mental health condition and thus be seen as professional weakness. The six junior doctors interviewed for this research mentioned that the situation had changed and there has been some improvement through the release of new policies. However, participants also described that some of their colleagues have experienced mental health issues and have not disclosed this to their

consultant, thus they are coping through the adoption of unhealthy behaviours (e.g. drinking alcohol).

In academia, there are similar accounts regarding a lack of participation in employer-led wellbeing interventions. Morrish (2019), in her HEPI occasional paper described the status of academia in terms of counselling referrals, which have seen an increasing and alarming number of in-house counselling and occupational health services referrals. Due to the nature of academic work, academics are suffering the consequences of what can be deemed as 'extreme work' (Hewlett & Luce, 2006) which then links to the detrimental state of their mental health. Also, in this report it was mentioned that solutions such as resilience and mindfulness are typically rejected by academic staff (Morrish, 2019). Although it seems that for some research participants mindfulness was used as to deal with the impact of their work on their wellbeing; however, in most cases was not a practice that 'work' for them.

8.2.2. The nature of work and the ideal worker: effects on employee wellbeing

Junior doctors and ECRs are both exposed to organisational cultures where long working hours are a characteristic of the type of work they do. Firstly, academic work has been widely researched in terms of the transformation of academia into a neoliberal space characterised by the intensification of work (Ryan-Flood & Gill, 2010) where the notion of 'ideal worker' is widespread (Sang et al., 2015). The long working hours culture seems to be closely related to negative effects on wellbeing (Johnson, Robertson & Cooper, 2018). This situation is exacerbated when it comes to career progression and career development as this act as driver to continuously push them to excel and compete to one another to secure a position (or an article being published on 4* journal, or a grant which can act as a propulsor to career promotion in some cases). ECRs who are willing to undertake more responsibilities (Bozzon, Murgia & Poggio, 2019) are even more affected by this pervasive academic culture. Some

challenges experienced by ECRs include work intensification, audit frameworks, long hours, short contracts, lack of agency, and high levels of competition (Moran & Wild, 2019; Smith & Ulus, 2020). For instance, in my thesis, ECR participants, decided to work long hours to complete research and teaching, which left very limited time to look after their wellbeing at work. In sum, as Vostal (2015) argues, due to what the nature of work in academia has shifted to (academic work acceleration and long working hours) it is becoming even more problematic for academics in the UK to strive for and achieve work-life balance and wellbeing.

Secondly, junior doctors are particularly prone to behaviours such as not taking sick leave when unwell, leading to presenteeism (BMA, 2018) as well as working long hours with consecutive night shifts. Whilst the former might have changed, due to the impact of the COVID-19 pandemic (i.e. fear of getting infected or considering flu-like symptoms as a COVID -19 infection) as junior doctors mentioned in this research, unaddressed systemic issues related to understaffing makes the latter prevalent in the sector. In line with this, Fox's et al. (2011, p. 1255) research on UK junior doctors found that "the pervasive attitudes towards illness within the medical profession were frequently described by the trainees in terms of competency and competitiveness". In other words, the fears of negative consequences when disclosing a mental health issue or condition may lead to negative career consequences or negative perceptions of their work praxis. Also, this can be aggravated when the culture in the medical profession is one where team work is important for doing the job. Junior doctors in this research mentioned that they type of culture they work in means that it is not uncommon to try to accommodate colleague's requests for holidays or shifts whenever possible as they are part of a team supporting each other, a "we are kind of in this together" attitude.

Furthermore, specifically, the long working hours trend experienced by junior doctors can be attributed to the organisational culture of the sector which at the same time have

contributed to work-related stress (Bajorek & Bevan, 2020). Junior doctors job pressures and hectic lifestyle also affect their wellbeing as 'healthy' habits cannot be sustained (i.e. good diet and exercise) (Zhou et al., 2019). Schaufeli et al. (2009) argued in their study on Dutch junior doctors that other reasons for working long hours can be related to peer-group pressure or excessive demands from line managers. The former was found in this research, as the account of junior doctors show that there is a culture where being supportive to one another is important, such as when it comes to taking holidays or to complete a colleague's night shift.

Similarly, as with academics, junior doctors tend to work antisocial hours with the expectation to capitalise on training opportunities (Brown et al., 2010). This situation makes them vulnerable as they encourage themselves to work harder as this is what is expected from them. However, it has become common to take a break from training according to the BMA's (2018) survey report as negative effects of the nature of work affect the health and wellbeing of junior doctors making them unable to cope. For example, as Rich et al. (2016) claim, the absence of work-life balance negatively affects junior doctors' learning and well-being.

Research participants from the medical profession also reported taking a year out of training as a common trend among colleagues. Junior doctors mentioned that the reason to stop their training was mainly related to do further studies (i.e. on doing a masters in their specialty) and sometimes switching to a part-time position to fulfil their training (at hospitals and trusts) which can ensure them an income, keeping them 'practising medicine' and at the same time give them 'spare' time to manage their wellbeing. It is important to mention that when junior doctors decide to take a year out of training, they shared that this has involved renouncing the benefits of being on track within their training. When junior doctors are in mandatory training, they can access some services (e.g. free psychological services) as well as having an educational supervisor who can provide advice.

Overall, it is a toxic cycle as leaving unaddressed organisational constraints have negative effects on the wellbeing of junior doctors and ECRs. For example, understaffing and under resourcing issues force junior doctors to work long and consecutive shifts to provide care for patients to the detriment to their own health and wellbeing. Whereas for ECRs, the increasing job pressures and workload lead them to work unsocial hours and during their weekends. Furthermore, as Sabattini and Crosby (2016) argued, organisational culture can prevent individuals to engage with employer-led wellbeing interventions aimed to achieve work-life balance.

In both professions, the ideal worker notion (Acker, 1990) can help understand why long hours work is so ingrained and related to working practices. To conform to dominant models, individuals separate work and life domains (Callan, 2007) and commit to work as a priority in their lives (Gascoigne, Parry & Buchanan, 2015). In academia, Sang et al.'s (2015, p. 235) study in UK academia found that when navigating the organisational culture, academics cultivate "the perception of the 'ideal worker'".

In the medical profession, as it has been categorised as an extreme job (Hewlett & Luce, 2006), it is more straightforward to consider that working long hours are a rule of thumb. Research participants in the medical profession recognised that as a (junior) doctor you are expected to be "resilient", to be "hard working", "thoughtful about others", "perfectionist" in nature and "caring for others but not necessarily themselves". This portrayal of doctors perpetuates the notion of the ideal worker in the sector, further adding to pressures to perform at work.

8.2.3. Wellbeing interventions and wellbeing practices outside work

Wellbeing interventions outside of work consisted of peer-led wellbeing interventions. These ones were related to being part of networks, for example. In this research, some of the networks were informal (e.g. WhatsApp groups) and others more formal and endorsed by

the institution such as those related to career development and support. However, in both types of networks participation is voluntary. This becomes problematic for research participants as they utilise their spare time to participate in these support networks. The ones who lead these initiatives have to decide if they can continue helping others in their own career project whilst focusing on their own career goals.

In the medical profession, research has confirmed that informal networks are utilised to share experiences with colleagues (Gordon et al., 2022). Research participants from academia particularly engaged and created informal support networks with colleagues. This is very similar to what Jones et al. (2023) called concealment tactics in their study as ECRs looked for like-minded colleagues who are also keen to share their experiences and act as a supportive buffer. In this research, ECRs mentioned that these networks made them feel more at ease when sharing concerns about their job and responsibilities, and it enabled them to better navigate their work environment. Conversely, in the medical profession, there was a perception of having very limited time to nurture and maintain relationships outside the workplace as these were seen as 'fragmented'. Long shifts affect junior doctors as when outside the workplace they rest and undertake some personal activities yet these activities may clash with colleagues' schedule preventing further socialisation.

Furthermore, when looking at the wellbeing practices of the research participants, wellbeing seems to 'fluctuate'. Research participants referred to moments of stress and although they know that usually happens when at work, then they try to ameliorate this by practising wellbeing at work only when this fits their work schedule (e.g. lunch break outside workplace, going for a walk, going to the gym, among others). Outside of work there is more effort put on maintain their wellbeing as with wellbeing practices. These practices are related to connecting with others (people as well as animals and plants). Contact with nature and animals has been a necessity, as maintaining a connection to the world was something very important for research participants. Thus, this fits to what a relational perspective on

wellbeing can offer when examining wellbeing at work. Traditionally, a relational perspective on wellbeing has focused on social relationships (Grant, Christianson & Price, 2007), however, as this research shows, key relationships for maintaining wellbeing to a large extent include non-human others.

Another consideration mentioned by research participants is that wellbeing practices are performed in a "messy way". Life circumstances can change which means individuals have to adapt their wellbeing practices. For example, the case of female research participants with caring responsibilities was very similar in both professions. In this research, while fathers and mothers have indicated that they both have support from their respective partners, mothers struggled more when balancing work and life. After taking maternity leave, they acknowledged that it was harder to get back to work and to progress in their career as they are not as 'productive' and committed as expected following the neoliberal 'ideal worker' (Acker, 1990) model. Research participants who are mothers discussed managing their career and not having high aspirations for career promotion but instead they were looking to work and manage their career at their own pace (and terms to an extent) which is far from a linear and steady career journey.

Research participants who are mothers are those who have prioritised their family during maternity leave but when going back to work they shift their priority to work and seek support from family and other sources to have time available to work. However, it is important to consider that treating both, academia and the medical profession, it is the case that the long work hours can be distributed over weekends as well when it comes to examining the experiences of parents, yet women are mainly affected. In Hewlett & Luce's (2006) study, female research participants who are mothers also faced the dilemma of having to choose when to work long hours or event just not be able to choose. Research participants who are mothers in this research where accommodating of their partners' work commitments

and also mindful when their partners needed some time off work and to take care of themselves.

8.2.4. Wellbeing as relational and nurturing

Due to the multidimensional nature of wellbeing, a plethora of characteristics can be attributed to it. As with positive psychology perspective, positives attributes (and measures) defined wellbeing at work, particularly positive feelings and attitudes (Keeman et al., 2017). This thesis, considers both positive and negative feelings as being part of wellbeing. On the one hand, through the examination of research participants' wellbeing practices in this thesis, it was found that pleasurable and short-term gratifying activities such as singing class in a choir group or drawing classes or even climbing group sessions, deals with hedonic notions of wellbeing (Leigh, 2019). These are deemed as practices that contribute to the wellbeing of individuals, although this can be transitory and works as escapism from the pressures of work. These are also a way to counteract the type of work they do in the workplace (and even when working from home, in the case of academics) and strive to achieve work-life balance. On the other hand, negative feelings were also found in the accounts of research participants which were linked to poor wellbeing: stress, anxiety, depression, and burnout.

However, through the development of key relationships, research participants are constantly attempting to achieve work-life balance. In this thesis, research participants' accounts point out that collegiality and a sense of community is very important towards the enhancement of wellbeing which relates to the relational dimension of wellbeing. It is fundamental for research participants to find support in the workplace as that can be reified through belonging to an informal network inside and outwith work. Particularly, in workplace settings, colleagues and line managers are those who play a key role for enhancing wellbeing of individuals as it was found in this research. For the case of line managers, this is corroborated in Bajorek's (2021, p.10) research, yet she also suggested that more work is needed when it comes to deploying policies and practices which sustain "a culture of positive wellbeing".

Another aspect that was demonstrated in this research is that of gendered wellbeing. Overall, wellbeing practices were described are nurturing, caring and supportive, rather than performative and competitive. Wellbeing as gendered can be understood as a phenomenon that occurs mainly beyond the workplace. The dominant discourse in both professions is that wellbeing is responsibility of the individuals through the management of their own practices and to fit those around their work. As such, it makes more sense for individuals to recreate new possibilities of looking after themselves outside of work where there is more flexibility in terms of time and sources of support (i.e. family and friends).

Nurturing practices can be re-connecting with the nature, plants and animals through going for walks and gardening, but also with self-care acts such as eating healthy, doing physical activity to feel energised. This can be linked to relational wellbeing as well as through our relationships with the environment and with other beings, as one is in continuous exchange of positive and negative feelings which can affect our wellbeing and the wellbeing of others. Thus, there is a constant process where reflection on to what extent our wellbeing is related to the wellbeing of others is important and how wellbeing practices can enhance our wellbeing and the wellbeing of others when trying to build a community of support.

8.3. Theoretical contribution of the thesis

The theoretical contribution of this thesis leads from the utilisation of a Foucauldian perspective to analyse wellbeing, in combination with an approach to wellbeing as relational (White, 2010, 2017). In particular, Foucault's notion of governmentality enables an analysis of how contemporary ideas and practices related to wellbeing are intimately tied to the neoliberal workplace which is characterised by individual responsibilisation. Meanwhile, a relational perspective on wellbeing views the effects of contemporary neoliberal work practices in terms of shaping relations inside and outside the workplace. The focus here is specifically on those relations deemed meaningful and important for wellbeing.

First, when wellbeing is seen as relational, it allows us to understand how deeply connected we are with our environment (i.e. world: people, plants, animals). By becoming aware about their world, individuals can take care of themselves and how others can do the same. In following Foucault and the notion of technologies of the self where "one must become the doctor of oneself" (Foucault et al., 1988) and be able to identify what can be improved, and what attitudes one has to embrace to enhance one's wellbeing.

Second, by looking at wellbeing as a process rather than an outcome. It offers the opportunity to be flexible when it comes to wellbeing interventions and practices, how these are utilised, and how irregular and 'messy' this process can be. In this way, it allows the individual to be agentic, when choosing what works for them and how it can be better adapted to their life circumstances.

Third and finally, the care of the self (Foucault et al., 1988) involves an active participation of the individual towards their wellbeing, but once one practises the care of the self, then one can become a master of the self and continue to predicate on by example via supporting others in this endeavour and becoming a role model for wellbeing practices. However, this is without mentioning the potential negative effects on their wellbeing when situated into a 'extreme work' setting. The theoretical contribution will be teased out by addressing the research questions of the thesis.

8.3.1. How can employee wellbeing practices be situated in relation to the conditions of the contemporary workplace?

This section would be returning to the conditions that surface in the Findings Chapters, such as surveillance, performance criteria, expectations, lack of time, workloads and so on. What the section shows is that although there are lots of wellbeing initiatives to potentially make use of, they follow the same neoliberal pattern of aiming to improve the productive individual, efficiently over a lunch hour for example, thus just reinforcing the ideal worker

model. In other words, wellbeing is impossible to situate ‘within work’. It is not incidental that contemporary academia and medical profession cause lessened wellbeing – the very system is built in a fashion that it can only cause lessened wellbeing; however, the responsibility is put on the individual.

The current situation in academia and the medical profession is one where job insecurity is very low due to precarious contracts. Similarly, a long-hour work culture is interlinked to a lack of work-life balance and hindering positives experiences of wellbeing. In the medical profession, junior doctors are working in a sector which is under-resourced, with concerning rota gaps, and increasing pressure and accountability (BMA, 2019). Both professionals, junior doctor and ECRs are in a vulnerable position as they transition and navigate their workplaces.

In this thesis, it was found that wellbeing is interconnected to the work culture. In academia, it has been widely researched on the culture of universities which is characterised by auditing measures (e.g. REF, TEF, rankings, competitive grants applications, 4* publications) and long work hours (Knights & Clarke, 2014; Gill & Donaghue, 2016), where individuals ought to comply with and simultaneously assess and monitor their own work. In the medical profession, there are similar structural issues such as an increase in responsibility and accountability, understaffing, less time to spend on patient care, increased pressure on primary care, and 10-minute consultations (BMA, 2019). Also, the targets and administrative requirements and tasks junior doctors face on a daily basis (GMC, 2018) lead to burnout and mental health conditions in the profession. Therefore, this work culture can hinder junior doctors of their wellbeing and work-life balance, where the effects of the systemic issues can materialise in the concerning rate of junior doctors’ suicide (Clarke & McKee, 2017), for example.

8.3.2. How do ECRs and junior doctors perceive employer-led wellbeing practices?

Current research on wellbeing has dedicated less attention to understanding the perspectives of employees (Elraz, & McCabe, 2023). This research question therefore sought to address this lacuna. In the course of the research, the question regarding how ECRs and junior doctors perceive employer-led wellbeing interventions became accompanied by the additional question 'Why do ECRs and junior doctors *not* engage with employer-led wellbeing interventions?', as it became clear that the research participants perceived employer-led wellbeing interventions as useless. The overriding perception was therefore a negative one of rejection, and a refusal to engage with the interventions. It is worth considering the reasons for this rejection and refusal.

This rejection of a wellbeing discourse that imposes the responsibility to the individual is one that is contested through the accounts of research participants in their respective workplaces. This research has expanded knowledge on the perception and experiences of wellbeing at work of ECRs and junior doctors.

In fact, by examining wellbeing at work from a Foucauldian perspective, it becomes evident that the business case for employee wellbeing demands that a neoliberal system is in place. One that surveils and monitors employee wellbeing through attendance to workshops that appear to help the individual to deal with stress effectively, manage their time and be resilient to a changing work environment. Individuals are left to feel isolated when the onus relies on them to fix what the employer is not. Thus, more labour is required from the individual, not only to identify what is necessary to be fixed within their behaviour to 'achieve' wellbeing. In this thesis, by combining White's (2010, 2017) postulate on relationality and wellbeing, it becomes clear that, by accepting this notion, wellbeing can be better understood and how the wellbeing of oneself and the wellbeing of others can be affected simultaneously.

Unbecoming the neoliberal subject: forms of resistance to the neoliberal workplace

The assumption that wellbeing at work is a goal in itself seems stems from the organisational discourse on wellbeing as related to better performance. Neoliberal organisations promote the design and planning of wellbeing interventions at work. Thus, individuals are encouraged to work on their 'project of the self' in the work environment (McGillivray, 2005) while taking into account what is displayed and communicated as wellbeing at work. As this is far from clear, as demonstrated in this research, individuals create their own wellbeing practices as they cannot engage in "shallow" and "superficial" wellbeing interventions. Individuals then refuse to become neoliberal subjects and resist the institutionally prescribed way of doing wellbeing.

Therefore, it can be said that ECRs and junior doctors refuse to be neoliberal subjects as the actual interventions are conceived under a neoliberal logic. However, as Foucault points out, it is subtle. Thus, these early career professionals refuse to use these wellbeing interventions because they know it does not make any change to what they experience as 'greedy institutions' (Sullivan, 2014).

Furthermore, a Foucauldian approach to employee wellbeing and employer-led wellbeing interventions showed that the responsibility is on individuals to care for their wellbeing in both professional contexts. This is more salient when it comes to examining current employer-led wellbeing interventions. ECRs and junior doctors are both exposed to 'subtle' interventions that are concerned with changing behaviours, ones that they need to partake to be considered as being looking after themselves. This thesis considers that mastering the 'care of the self' and adopting the current wellbeing interventions not only make individuals seem 'well', but able to work and face the pressures of what is termed as 'extreme work'. Examples of these interventions are resilience training, time and stress management, mindfulness workshops and yoga sessions, to mention a few. These are the so-called secondary level interventions (Johnson, Robertson & Cooper, 2018) which can be seen as 'fixes' where the focus is on coaching the individual to overcome the challenges that they

may face at work via acquisition of skills such as resilience. At the same time, these interventions can be associated with the notion of what Foucault call governmentality. Individuals may not only become amenable, but they also work on their own 'project', regarding their wellbeing, thus governing themselves via adoption of practices to monitor and assess themselves.

Overall, the usability of Foucauldian perspective for exploring wellbeing poses a fertile ground to understanding wellbeing at work and to examining the (lack of) engagement with employee wellbeing interventions. The way to understand the current phenomenon of wellbeing inside and outwith the workplace relies on the concept of the neoliberal subject, one who is governed via techniques of the self, being those related to but not limited to interventions on mindfulness, yoga, resilience and stress management. Simultaneously, other techniques can also be self-promoted by the subject regarding how to look after themselves, similar to the "Five ways to wellbeing" framework developed by NEF (Aked et al., 2008) which promotes five actions to take on board to improve individual's wellbeing. This creates a re-creates a pattern of constant anxiety and preoccupation for one's wellbeing, which such responsibility ironically may cause more harm than good. This idea of governmentality can provide a way to understand how employer-led wellbeing interventions are subtle as indirectly attribute the responsibility to the individual by asking them to 'fix' their behaviour to work better, more effectively and compliantly.

Forms of resistance in neoliberal contexts

When analysing the forms of resistance of junior doctors and ECRs, it was found that this is primarily done in a subtle and covert fashion. There are five forms of resistance that can be identified in this research: 1) refusing to be the 'well' employee that your employer wants you to be; 2) practising strategic avoidance and compliance; 3) creating wellbeing practices

inside and outwith the workplace; 4) resisting to follow a linear career path; and 5) resenting, ignoring and avoiding employer-led wellbeing interventions; these are now discussed below.

First, refusing to be the 'well' employee that your employer wants you to be means that research participants disdain how wellbeing is displayed and enacted through neoliberal practices. This form of resistance is similar to Alvesson & Spicer's (2016, p.42) findings of academic resistance framed as a refusal to be identified as a "game player" (neoliberal subject) and the rejection of being the "ultimate docile body" who complies with the system (Sparkes, 2007, p.532).

Second, practising strategic avoidance and compliance (Anderson, 2008) to audit practices and a culture of performativity (e.g. performance appraisals). For example, this form of resistance relates to publishing what one considers 'good' research and not only necessarily in four-star publications, thus keep betting for this and not changing to another research orientation only because that is expected from the neoliberal organisation. However, for ECRs it is risky to engage in avoidance to comply within the audit culture as they are in vulnerable positions (Bone, Jack & Mayson, 2018).

Third, creating parallel outside of work wellbeing practices referred to the creation of supporting networks (Archer, 2008) and building community, which also alludes to resistance to individualistic practices, competitiveness and responsibilisation of the employee for their own wellbeing. Research participants told of their investment in leading and/or engaging with informal support networks. This is a complicated situation for individuals as they recognise that they are 'sacrificing' their time to maintain a culture of care and support for others, yet also being positively affected by the work they do whilst supporting fellows.

Fourth, resisting to follow a linear career path was found in the accounts of ECRs and junior doctors. For the former, there are several organisational pressures to meet the criteria

necessary to progress. ECRs in this research, are conscious that their profession is one where they have to comply with the new managerial practices, yet also try strive for balance, in the form of a complex tension between compliance and subtle resistance where they will not aim to be the ultimate 'ideal' academic. For the latter, it was evident as the normalisation of taking a break in their training. For junior doctors in this research, it was important to recover and to have an opportunity to enhance their wellbeing. Also, considering that this break will not impact on their progression, although might take longer in terms of years for completion of their medical training.

Finally, ignoring and avoiding employer-led wellbeing interventions is an interesting one as it requires less effort to conduct. This form of resistance can be confused with being passive. However, it has the potential to be done collectively, which may have successful outcomes (i.e. the implementation of wellbeing interventions focused on job design, for example).

Overall, these four forms of resistance are more salient for ECRs rather than junior doctors, as more examples were found in academia. However, junior doctors also resist through ignoring wellbeing interventions and view them as tokenistic, in particular those related to changing behaviours (i.e. resilience, yoga and mindfulness) (Kinman & Teoh, 2018).

The forms of resistance above mentioned can also be understood as subtle activism, as Kjærgaard et al. (2023) explain, "to engage in subtle activism is to make the regime that one wishes to change legible, complying with it, while simultaneously challenging its norms and opening up spaces for dialog and for imagining ways to do things differently". In other words, this form of activism means to be strategic about the actions one engages with in order to change a wider regime. Subtle-activism provides a different outlook of what resistance can mean. Also, it is important to bear in mind that within the career stage of the participants of this research, as they are early career professionals and in precarious

contracts, who fear of being seen as not suitable or not fitting the job may have negative consequence on future career prospect in both sectors (Cureton et al., 2024; BMA, 2019).

These forms of resistance can be aimed to what we can call ‘the wellbeing regime’ in neoliberal organisations. Clarke and Knights’ (2015, p.1880) research on academic resistance found that “academics tend to comply with, rather than resist”. In contrast to this view, in this research, there is a more optimistic view on small acts of resistance and also how academics and junior doctors are finding ‘creative’ ways to resist.

8.3.3. What roles do relationships play within and outside the workplace play for maintaining employee wellbeing?

Wellbeing as relational and context-specific (White, 2017) makes it relevant to study in the medical profession and academia, as both professions are contexts where a duty of care should be prioritised. Particularly, when looking at the wellbeing practices of research participants there is more effort invested in practising wellbeing outside of work, as with practices related to connecting with others, whether it be people, animals or plants. Life circumstances can change which means individuals have to adapt these wellbeing practices and sometimes compromising others as there is a process of adjusting to life and work circumstances. In this research, this is why these wellbeing practices tend to be flexible in nature and not related to rigid patterns or short-term goal oriented, thus posing less pressure on individuals.

Under a Foucauldian perspective on the neoliberal subject, ECRs and junior doctors are not solely ‘docile bodies’, but ones closer to the notion of the “entrepreneurial/enterprising selves”. The ideal workers and the ultimate neoliberal subjects have to be agentic when caring for themselves. It is important to make connections to develop your network, to know well colleagues at work as well as being proactive and asking for help when feeling unable to cope, and, ultimately, to be resilient even under poor working conditions.

Furthermore, examining relationships with others help us better understand wellbeing as relational (White, 2017). A relational approach to wellbeing not only includes the wellbeing of the individual but various other beings as well, thus is a 'collaborative project' (Kitayama & Markus, 2000). However, understanding wellbeing as an individual experience not only fall short to examine the complexity of wellbeing at work, but hinder communal practices (e.g. informal support networks).

8.4. Empirical contribution to employee wellbeing research

The research revealed that the empirical contribution points to the sample of junior doctors and ECRs in the UK.

8.4.1. Identifying parallels and divergences between junior doctors and ECRs

Drawing on parallels between the medical profession and academia have been done throughout the findings of this thesis. In both professions, the nature of work is similar to an extent, as the organisational culture is one of increasing implementation of performance management criteria, often with precarious conditions. For neoliberal organisations it is necessary to maintain the provision on wellbeing interventions, so as subtlety offering a wellbeing 'solution' to their employees, while in practice employees are the ones investing in the maintenance of their wellbeing. Due to the culture in both sectors, junior doctors and ECRs suffer the negative effects on their wellbeing as there are cases of stress, burnout, anxiety and depression, fatigue (O'Brien & Guiney, 2019; Rich et al., 2016).

One striking finding relates to the most sensitive consequence of the neoliberal organisation on individuals, in the case when individuals are not able to 'cope' with the strains and pressure in the workplace. In both contexts, cases of suicide have become significant when referring to highlight the culture of performativity in academia and the poor working conditions of already burnout junior doctors. Unfortunately, many lives have been lost in the

medical profession in the UK that new policies are now in place, although there is still much to be done to remediate short-staffing and increasing administrative burden for junior doctors. ECRs also face the same situation, as there are increasing number of students in HEIs which affect workload (marking time) on top of tighter deadlines to meet teaching and research targets.

The need for change has taken ECRs and junior doctors to go on strike not only once. This can be seen as an act of resistance as a collective and public demonstration of non-conformity with the current organisational culture, corporate and audit mentality, as well as also those (op)pressing systemic issues (heavy workloads, increasing administrative burden, working conditions, for example) are taking a toll on individuals' wellbeing.

On the other hand, there are three differences between both professions: pattern of work, sense of community and sense of achievement. The first one refers to the work pattern. In academia flexibility is seen as an advantage as there is no rigid schedule or following average office hours. However, "being an academic is not a 9-5 job" (Sang et al., 2015, p.241), and due to that flexibility, work intensification is a reality and one that is detrimental to academic's wellbeing. When comparing academic's job with the one of junior doctors, long shifts are a feature where long hours and successive night shifts are characteristic of junior doctors' job (Brown et al., 2010). Thus, ECRs are able to take breaks or pauses during their working day; however, that is not possible for junior doctors as they are on a shift and cannot leave their workplace as they have to see their patients. Although the difference on taking breaks can allow space for ECRs to practice wellbeing at work, it was found in this research that it is the case regarding awareness on taking breaks as academic work is quite sedentary. Therefore, physical activity is done before starting work or during office hours if there are not tight deadlines approaching (i.e. for marking, publishing or grant bids).

The second one relates to community building as the perception of this differs between the professions. Whilst the perception of team cohesion and community are absent related to the accounts of research participants, for junior doctors this is in fact an element that keep them doing their job as they feel supported by colleagues. Based on the GMC's (2021) national training survey, the perception of belonging and the working environment is supportive in the medical profession. Conversely, in academia, the lack of community and collegial spaces may cause feelings of isolation (Moran & Wild, 2019). As Maisuria and Helmes (2019, p.56) argue, "academics often feel vulnerable because of intense competition to perform and get favourable metrics, this is a climate of fear of solidarity and collegiality". This is particularly important when reflecting on the wellbeing interventions that can be designed in academia as a culture of individualised work and competitiveness for metrics and rankings (Gill & Donaghue, 2016) is prevalent, and where ECRs can feel undervalued and relegated (Monk & McKay, 2017) due to its status as newcomers. Furthermore, the competitive culture in academia can 'wear and tear' relationships at work, therefore perpetuating feelings of isolation and impacting on individuals' wellbeing.

Third, similar to the previous consideration, in academia and the medical profession there are expectations regarding how the job has to be done, portraying a culture that endures and perpetuates heavy workloads and individualised objectives. However, in the medical profession, doctors also recognise that there is a culture of collegiality and peer support which counteract at some extent the effects of the nature of work, yet this support does not come from the higher echelons of the institution they work for. In academia, the notion of collegiality has been challenged since its neoliberalisation, globalisation and marketisation (Bozzon, Murgia & Poggio, 2019), where collegiality equals to following an "strategic agenda of the neoliberal university" (Lipton, 2019, p. 20) when relates to academics who are engaging in employer-led initiatives and put on extensive face time, for example. Furthermore, as the current system has a preoccupation with quantifying research outputs,

rankings, teaching outcomes, and is characterised by promoting the acceleration of work, ECRs are affected by the lack of sense of achievement as it was found in this research. Therefore, when creating their own wellbeing practices, they engage with activities that can provide them with a sense of achievement in a way that is not quantitative, but giving them the feeling of gaining a non-academic 'skill' and overcoming perfectionism.

Overall, since professionals from both sectors struggle to come into terms with employer-led wellbeing interventions, this can be explained by the way the current nature of work and working conditions are not adequate to nurture a culture of care and perceive as a path for the maintenance of wellbeing. This thesis has researched how ECRs, for example, can be seen as 'self-entrepreneurs', yet not the case for doctors. They are not doing what they should as interviews say. Some are recognising this in colleagues, and some know what they should be doing, but it has been done intermittently or sometimes doing one thing at a time. However, it is not just about having a series of wellbeing practices, but to understand how they affect one positively.

Within ECRs there are more practices that can be listed and also more activities that are recognised to help them keep going, surviving the culture and the competition. The difference then is that because the culture of support has been periodically lost, meaning of collegiality changing to a more neoliberal discourse then the isolated work makes one think more like "you can do this" attitude, and take on more. Whereas in the medical profession, junior doctors perceive they do have this more collegial and supportive structure and it is not only colleagues during work, but outside of work it is just the contrary they are all by themselves. There is also the feeling of achievement, then it is all about constantly achieving and completing things for doctors. Conversely, academics may perceive their work as a slow process and it will take time, where there is no immediate sense of achievement.

For doctors, there is deception when a patient dies and there is failure and negative thoughts. Whereas for academics, it is the culture that one knows that a paper or a grant application might be rejected, it is normalised that this is going to be the case and can be an isolated and individualised work. Both sectors normalise the fact that their job is hard, which is a condition they know in advance. Therefore, for junior doctors acknowledge there might be challenges and difficult situations at work, mentally and emotionally draining them which becomes more problematic as the work they do involve human interaction reiteratively.

Conversely, for academics, the work they do may also involve people when it comes to provide feedback on a paper, for example. However, in terms of publication and the REF and TEF exercises, those are the ones that makes them prove how much they have done and enabled them to be evaluated and assessed, becoming a long cycle which again can be normalised due to the nature of work.

8.5. Chapter summary

This chapter has discussed the main findings of this thesis while answering the research questions concerning wellbeing at work and wellbeing practices of ECRs and junior doctors. The study has also demonstrated that ECRs and junior doctors' wellbeing practices predominantly take place outside their workspace. The accounts of research participants pointed that they are keen to do it and in this fashion since the nature of the work they do is hindering a proper space and without the pressure of time. The tension between time and wellbeing practices is interesting as it recalls a systemic issue in academia and the medical profession regarding workload and a neoliberal focus.

Chapter Nine: Conclusion

9.1 Introduction

This chapter focuses on how this thesis has fulfilled its aim through the exploration of junior doctors' and early career academics' accounts of wellbeing at work to expand knowledge on perceptions of wellbeing interventions and experiences of wellbeing practices. First, this chapter provides an overview regarding the value of conducting this study. Second, it addresses some of the limitations of this research. Third, it outlines an agenda of proposed future research regarding employee wellbeing and future research on wellbeing at work and related interventions. Finally, the fifth section revisits the motivations for doing this research, and closes the thesis.

9.2. The value of this research

Previous critical research on wellbeing at work has scrutinised organisational wellness (McGillivray, 2005; Dale & Burrell, 2014) through Foucauldian notions of the subject, governmentality, bio-power and self-discipline. Building on this critical strand of research, this thesis has particularly focused on perceptions of employee wellbeing interventions and individuals' subjective experiences of wellbeing at work. By utilising a Foucauldian perspective on the neoliberal subject, techniques of the self and governmentality, this research contributed to situating wellbeing in relation to contemporary conditions of work, in academia and the medical profession. While working conditions have worsened in terms of workloads, intensification, and casualisation, there has also been a concomitant increase in wellbeing offerings, which aim to allow individuals to work better and produce more. Yet, little research has so far explored how employers' wellbeing interventions are perceived and experienced by those who are their intended users.

Employing a theoretical lens which considers how discourses of wellbeing shape the world of work, the thesis offered an opportunity to understand what meaning individuals attribute to wellbeing interventions. A clear finding of the thesis is that there is an overall refusal to engage and take part in wellbeing interventions regarded as "meaningless". In light of current debates that underscore the value of investing in employees' wellbeing at work this is a crucial finding, as it points to a gap between what is on offer and what employees' experienced needs are.

This thesis thus responds to the call for research on "the ways in which work and organisations shape experiences of wellbeing" (Watson et al., 2023, p.448). More broadly, the examination of employees' views on employer-led wellbeing interventions in this thesis echoes current research into individuals' perceptions related to a range of HR practices (Wang et al., 2020).

By following a Foucauldian perspective, this thesis contributed to examining wellbeing in terms of how wellbeing discourses in the workplace encourage individuals to adopt their own wellbeing practices. Further, this thesis unveiled the fact that such wellbeing practices mainly take place outside the workplace. This is due to the lack of resources (e.g. 'meaningful' wellbeing interventions and wellbeing support) and infrastructure to pursue wellbeing at work in the researched professions.

A Foucauldian perspective also allows for drawing attention to the effects of heightened performance management. By looking at the chosen professions in terms of extreme work (Hewlett & Luce, 2006), this thesis points to the issues with normalising new managerialism practices (i.e. quality assurance, performance and accountability; Lynch, 2015). While wellbeing discourses frame wellbeing in terms of an individualised 'care for the self', current systemic work pressures make it difficult to practice such care. Hence, as this thesis has shown, ECRs and junior doctors use resistance in various ways to retain a sense of control

over work, and a sense of meaningfulness when it comes to practising wellbeing. The thesis sheds important light on wellbeing resistance strategies, which have so far not been extensively addressed in organisational research (Palpacuer, 2021). What some of those resistance strategies point towards is how collective action matters. Therefore, an important message of the thesis is the imperative of moving away from views on wellbeing as an individualised responsibility, towards an understanding of (the lack of) wellbeing as rooted in systemic conditions which demand systemic, collective responses.

Finally, in this thesis, wellbeing is seen as processual and relational (White, 2015), which shows the heterogenous and dynamic character of the path to wellbeing in both professions, and how wellbeing emerges through relations to others. Significantly, these 'others' are human as well as non-human, including animals and nature. This expands the understanding of relational wellbeing into encompassing a broader range of relations than hitherto commonly included. This finding was facilitated by the use of research participant photo-production, which enabled a creative and reflective approach to 'picturing' wellbeing. In combination with interviews this offered a productive approach, one that not only provides a more complete understanding of wellbeing at work, but also acknowledges how the intersection with wellbeing in life (or general wellbeing) is also relevant.

9.3. Limitations of this research

This thesis is not exempt from limitations. During the research, I encountered some challenges related to the recruitment of research participants and representability, and photo-elicitation interviewing process. First, this thesis aimed to include a balanced sample of junior doctors and academics. However, the sample of 24 early career professionals from academia is significantly larger than the six junior doctors representing the medical profession. This may be related to the context of the COVID-19 pandemic and how redeployment affected junior doctors' working patterns and dynamics, but also due to the nature of work.

Furthermore, I aimed for a diverse UK sample, in terms of gender, employment type (full time/part time), geographical location of HEIs and hospital trusts and academic discipline/medical specialty. However, of the total sample, there were 22 female and eight male research participants. The imbalance was not deliberate and may be related to a gendered response to the research topic. 20 ECRs who participated in the research worked at Russell Group universities (representing 11 of its members) whereas four academics worked at Non-Russell Group universities. Regarding geographical location, both junior doctors and ECRs were based in England and Scotland. These characteristics of the criteria for a diverse sample (gender, geographical location of institutions, proportion of professionals from both sectors) have been partially fulfilled. Importantly, with the present sample, there was sufficient scope for exploring similarities and differences between the sectors.

To ensure a more diverse data collection, in a COVID-19 free context, I could have been more successful in the recruitment of junior doctors as well as through a gatekeeper, perhaps through a data base from the BMA or a call for participants through their platform since the BMA has advocated for the wellbeing of junior doctors in the last couple of years. Also, recruitment of junior doctors through NHS would have been another alternative to recruit junior doctors, although this means the involvement of the NHS's Research Ethics Committee and how potential participants as NHS workers may feel regarding speaking about their employer in a research project.

Also, although online interviewing is a useful method of data collection (and convenient due to the context of COVID-19) as research participants engaged with the topic of wellbeing at work and valuable data was collected, it is also important to consider the necessity to follow a sensitive interviewing framework (Melville, 2014) such as research participants shared accounts regarding colleagues' suicide in the medical profession as well as disclosing ill health conditions in academia and the medical profession.

Additionally, as Ravitch and Carl (2021) posit, 'the loss of being together' can occur when researcher and research participants cannot share the same physical space. Therefore, regarding the data collection in this research, I tried to emulate sharing the same physical space and also shared my screen with the photographs the research participant sent me so we can both saw the photographs in real time. Thus, what I learned from this research project is that face to face interviews would have facilitated the engagement with photo-production and photo-elicitation interviewing. I recognise that online interviewing helped me collecting data. However, due to the topic of data when researching wellbeing, I do believe that building rapport and communicating with the research participants in the same physical location and with the photographs being printed for the day the interviews took place would have eased the task of building trust with research participants and perhaps evoked more abundant and recent memories and stories about wellbeing at work as well as wellbeing practices.

Finally, photo-production was an optional task for this research and the main reason given by research participants for not taking part in this task were not only due to COVID-19 circumstances and restrictions, but also the nature of work in both professions. As mentioned in Chapter Four, particularly sections 4.6 and 4.9, there was significant engagement with the optional task, although photo-elicitation does not always meet researchers' expectations in terms of making people talk (Tinkler, 2013). For example, during the photo-elicitation interviewing, each research participant engaged in a particular way with the photographs they sent and follow-up questions were necessary in all photographs. Similarly, for those research participants who did not send their photographs, follow-up questions were an important part of the process for data collection. However, I do recognise that there will always be a need for further clarification and provision of guidance as a part of the process (of photo-elicitation interviewing) to ensure engagement of research participants with the task of photo-production. By ensuring a large data base of photographs, it would have added a more balanced usage of photographs across the three Findings Chapters.

9.4. Recommendations for future research

There are three proposed avenues for future research based on the contribution that this thesis has made. First, further empirical research comparing academia and the medical profession would be beneficial as some similarities (i.e. relationship with line manager, lack of physical spaces, engagement with peer-led interventions) were established through this research. Therefore, more research should be undertaken to inform ways on how wellbeing interventions can be designed and what needs they should take into account. For example, by considering systemic issues (e.g. accessibility, lack of breaks and flexibility) and perceptual and personal factors (e.g. fear of judgment) that hinder engagement to wellbeing interventions.

Equally, empirical research can advance knowledge on the role line managers play for the wellbeing of individuals, which they may affect either positively (i.e. when undertaking a supportive role related to career progression and development) or negatively (i.e. when enacting neoliberal values). While this research has focused on the perceptions of employees, examination of the perceptions of line managers would contribute to better understanding of how employees engage with wellbeing interventions. As Nielsen (2013) claims, line managers play a key role when actively 'crafting' organisational interventions which can in turn contribute to employee wellbeing. Thus, further qualitative research on the role of line managers as potential enablers to the promotion of peer-led wellbeing interventions is recommended.

A further recommendation regarding the relationship of employee and line manager relates to the tensions when line managers have the duty to care for the wellbeing of their employees and also their own wellbeing. This is a theme for further research that has not been the focus of this thesis, yet an important part for understanding the wellbeing at work "puzzle". Thus, the role of line managers could also be researched in terms of the autonomy and agency they have to connect with their employees, to understand their wellbeing needs and to utilise

creative ways to recreate a local wellbeing community within their departments. What research participants valued the most was the genuine interest of line managers on the career progression of their employees and the forms line managers perform this, which was different from what (the ways) the employer (organisations) would do for the wellbeing of employees.

Second, in this thesis Foucault's notion of the 'care of the self' was utilised, yet Foucault did not pay attention to gender which is a limitation that can be overcome in future research when studying wellbeing at work. This thesis has explored the wellbeing practices of research participants whereby findings have pointed to feminine attributes such as being nurturing, caring, supportive and empathetic as well as being present as those that enhance wellbeing. For example, in this research 'feminine' wellbeing practices (e.g. yoga) can be undervalued in the workplace due to the ideal worker notion; however, as found in this research, outwith the workplace individuals can practice wellbeing in 'feminine' forms (e.g. meditation, yoga, gardening). Feminine attributes are linked to notions of relationality and collectivity which values mutuality and reciprocity. Therefore, exploring wellbeing through a gender lens would also contribute to the body of literature on employee wellbeing by adding how employee wellbeing interventions are experienced by women and men in work settings and how individuals may do gender and construct their wellbeing practices.

Similarly, embodiment (as a process and how is produced) can also be researched along with wellbeing. In this thesis, what women or men have as wellbeing practices, but to understand how wellbeing at work may be shaping wellbeing practices of individuals. This is particularly significant when researching so-called gendered organisations and the notion of the ideal worker as the latter is informed by the employee wellbeing interventions at work and Western idea(l)s of wellbeing. Also, considering a 'extreme jobs' framework, women have seen to sometimes take a particular 'form of embodiment' in order to fit in a position

hiding their "femininenеss" (Haynes, 2012) when navigating a gendered structure, which could be the case when practising wellbeing at work.

Third, employee wellbeing may be understood via wellbeing practices by utilising a conceptual framework that defines wellbeing as an amalgam of hedonic and eudaimonic elements of wellbeing (Aked et al., 2008). As White (2010) argues, the conceptualisation of wellbeing in the UK has been dominated by a Western perspective where individualistic forms of wellbeing prevail and could be simplified as "feeling good, doing well", as echoed by the ONS (2013) when defining wellbeing. Further research should adopt a different approach when looking at wellbeing at work in Western context, which comes from a so-called Global South perspective of wellbeing. The latter perspective could be read as "doing good, feeling well". Following this conceptualisation, collective wellbeing enhances individual wellbeing. As White (2017, p.128) claims, under a relational perspective of wellbeing, "wellbeing is understood as arising from the common life, the shared enterprise of living in community – in whatever sense – with others". The emphasis should also be on the 'others' (people, animals, nature), as relationships are important for our wellbeing and the wellbeing of our community.

Furthermore, what might be gained from researching these themes of this research in different national contexts is related to contrasting wellbeing perspectives, but more interestingly the fact that the Western perspective on wellbeing that is being communicated in the UK is rejected by research participants as data collected showed that the take on wellbeing at work is leaning towards a less individualistic and more collective way of practising wellbeing. As Kimmerer (2013) argues the wellbeing of an individual is interconnected with the wellbeing of all beings. Also, it is important to be aware of the context of research as wellbeing tends to be universal (e.g. due to globalisation process), but we need to take context into consideration when researching wellbeing at work as organisational culture play a key role.

9.5. Practical implications for employers and policy-makers

There is great scope for improving wellbeing in organisations as well as in public policy framings. By critically assessing the current provision of employee wellbeing interventions and the nature of work in academia and the medical profession, changes to the current working conditions and job demands of ECRs and junior doctors are made possible.

The current provision of wellbeing interventions in the researched professional sectors fall short to address issues regarding the lack of communal spaces for socialising at work or promotion of an environment that embraces engagement with peer-led wellbeing interventions. Therefore, this research has identified three areas of developing wellbeing at work in both professions. First, the role of the line manager seems to be one of an intermediary when it comes to maintaining the wellbeing of employees at a more local level. Second, the provision of wellbeing interventions needs to consider the physical spaces available for individuals when it comes to practising wellbeing at work. Third, employers need to re-consider what are the provision of support and resources for improving employee wellbeing. Organisations should support employees' wellbeing initiatives, yet this does not only mean to provide resources and a platform to communicate the initiatives, but to acknowledge that wellbeing at work is a shared responsibility, linked to organisational culture.

Another implication relates to the photo-elicitation exercise and with the replicability of it to other contexts when researching on wellbeing at work. Photo-elicitation can be used to study a complex topic such as wellbeing at work and therefore fruitful for investigating wellbeing in other (professional) contexts as well as in other cultures since perspectives of the Global South and Global North are contrasting ones as analysed in this thesis. Photographs related to wellbeing are an excellent illustration of what wellbeing is as this is a complex and multidimensional notion. Photographs approach wellbeing from a unique

angle, the individuals' perspective, and serve to better understand stories of wellbeing, particularly the practices of wellbeing as highlighted in this research. Photo-production is a means to a concrete visualisation of how wellbeing can take different forms, which should be a task to consider for the design of employee wellbeing interventions. Photographs enable to discuss the effects of wellbeing interventions and to understand what an activity does for individuals' wellbeing, thus to examine the quality of the experience. Also, this research highlights how wellbeing needs to be understood not as compartmentalised its different components but as a whole, where there are no clear boundaries between how wellbeing in life and wellbeing at work can be experienced as well as how (experiences of) wellbeing in life affects (positively or negatively) wellbeing at work and vice versa.

Finally, a further implication relates to employee voice and the offer on employee wellbeing interventions. The recommendation is for organisations to not only focus on measuring employee wellbeing through financial indicators (e.g. ROI), yet at the value and quality of the interventions being deployed. It is worth that organisations can look at how employee wellbeing interventions fit and align with the perspective on wellbeing in the workplace and the organisational culture to avoid interventions to be perceived as 'inauthentic' or 'meaningless' as this thesis shows that individuals practise wellbeing outside the workplace. A joint creation of a 'wellbeing at work' manifesto by employers and employees could be a starting point for organisations in order to build a culture of care. This manifesto can function as a 'best practice' guidance document related to wellbeing intervention design and deployment. The manifesto should highlight not only examples of practice, but to share how creative wellbeing practices in the workplaces can influence cultural change and provide employees with a voice to enact their perspectives on wellbeing. The aims of this manifesto should be threefold: 1) to share and communicate; 2) to involve people and enhance employee voice; 3) to provide practical tools for benchmarking.

9.6. Concluding remarks

At the start of this thesis, I outlined the complexity of the notion of wellbeing. One not only to be enacted and embraced, but to be defined and communicated in a particular context. Academia and the medical profession are two professions where the ethics of care should be at the forefront of employee wellbeing interventions. Therefore, it is necessary to think about wellbeing as a collective project, and ways to support employees in this profession to enhance their wellbeing and the wellbeing of those who surround them.

Doing my thesis has been a very important part of my life as I navigated academic life as a doctoral student but also undertook an introspective journey regarding what wellbeing means for me as an individual. The pursuit of wellbeing has been a personal experience, one which considers that wellbeing is a process throughout different stages of life and roles as a student, a partner, and a mother, for example. As I researched wellbeing to get a grasp of its different facets, I started to learn that the responsibility to look after myself should not become a burden but rather a process of self-discovery where I had to remain open to different alternatives to 'being' well. This thinking has guided my research as I was listening to the experiences of my research participants.

While carrying out interviews for my research, I learned valuable insights from every interview and reflected on this afterwards. I realised how much I learnt from each participant as I became more aware when potential sensitive topics would arise either when disclosing mental and physical health conditions or when recalling particular emotional and stressful situations (e.g. death of colleagues and/or loved ones). Without the involvement and engagement of research participants in the topic of wellbeing through photo elicitation, this thesis would have not explored the relational and processual aspects of wellbeing.

I have also learnt about the importance of keeping connected and to maintain healthy relationships and building your own community, especially as I conducted my research just

before the outbreak of the COVID-19 pandemic. I embraced the importance (and necessity) of reaching out for help when needed (i.e. either when experiencing some somatic responses due to stress and identifying some mental health concerns such as anxiety) and confiding in family and friends as mechanisms to cope with working from home during half of my studies. Key relationships in life have been explored in my research interviews and proved to be necessary when delving into the wellbeing practices of individuals.

I believe the study of wellbeing at work has an insurmountable value when approached from a holistic perspective that not only assumes the responsibility of the individual about their wellbeing, but that of the employer and organisations to address the root causes of ill-being at work. It is necessary to take an approach to wellbeing at work that embraces wellbeing practices of individuals outwith their workplace and translates these into employer-led interventions that are authentic and meaningful to individuals.

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Appendices

Appendix 1. Participant Information Sheet

University of Glasgow

College of Social Sciences

Participant Information Sheet

Title of Project: Working well, living well? Views and use of employer-led wellbeing initiatives amongst early career medical and academic professionals in the UK

Name of Researcher: Claudia Yanez Ospina

Supervisors: Dr Marjana Johansson *(marjana.johansson@glasgow.ac.uk)*

Prof. Sarah Robinson *(sarah.robinson.2@glasgow.ac.uk)*

This is an invitation to take part in a research study into the issue of employee wellbeing and employer-led wellbeing initiatives in higher education and in the medical profession. Before you decide it is important for you to understand why the research is being done and what it will involve. Please read and think about the information that follows and feel free to request further clarification if anything is not clear to you. This can be done by contacting me using the details provided at the end of this information sheet. Take time to decide whether or not you wish to take part.

Thank you for reading this.

About the research

My name is Claudia Yanez Ospina and I am a PhD student at the University of Glasgow. I am currently carrying out research to develop a deeper understanding of the perceptions and use of employer-led wellbeing initiatives in two professional job settings: academia and the medical profession. This research will also include a gender component whereby possible gender differences regarding how individuals use employer-led wellbeing initiatives will be explored. The proposed research is to be carried out between January 2021 and July 2022 and aims to include 30 research participants. I hope to interview you online (e.g. Zoom, Skype). I would like to take notes during the interview and also audio record it.

Taking part in the research

Taking part in the research is voluntary. If you choose to participate, I can contact you to discuss any queries you have about the research prior to the interview. I will provide a consent form, which must be signed, once we have discussed the research. Prior to the interview, I will ask you to take up to 5 photographs (guidelines will be provided) of examples of what wellbeing means to you, and send them to me. You will have two weeks to take photographs and you can use your mobile phone to do so. If you are not able to take photographs, the interview can still go ahead. I will in that case contact you to arrange a date and a time. This interview is estimated to last 45 minutes to one hour and will focus on what wellbeing means to you, and in what ways, if any, you maintain wellbeing.

Please remember that you have the right to withdraw your participation without providing a reason at any time.

Confidentiality

All information which is collected about you during the interview will be kept strictly confidential. You will be referred to by a pseudonym and any publication or report will have your personal data (e.g. name, age, job tenure, current position) removed so that you cannot be recognised from it. **Please note that assurances on confidentiality will be strictly adhered to unless evidence of wrong-doing or potential harm is uncovered. In such cases the University may be obliged to contact relevant statutory bodies/agencies.**

Data of the research study

The research data (not personal data) will be kept up to ten years after completion of the research in Enlighten, the research repository of the University of Glasgow. During the research, the electronic files of the interviews' transcriptions will be password protected. These electronic documents will be stored in the institutional One Drive provided by the University of Glasgow which comply with the requirements of the General Data Protection Regulation (GDPR).

The personal data contained in electronic files will be completely deleted and documents (e.g. digital consent forms) will be shredded after a year of the completion of the research. During the research, when there are hard-copies of the consent forms of participants and documents containing the research data, these will be kept under lock and key in a filing cabinet, to which only the researcher will have access.

Funding

The research is supported by a College of Social Sciences PhD Scholarship (2019-2022) from the University of Glasgow.

This project has been considered and approved by the College Research Ethics Committee.

To pursue any complaint about the conduct of the research: contact the College of Social Sciences Ethics Officer, Dr Muir Houston, email: Muir.Houston@glasgow.ac.uk

_____End of Participant Information Sheet_____

Appendix 2. Consent form

University of Glasgow

College of Social Sciences

Consent Form

Title of Project*: Working well, living well? Views and use of employer-led wellbeing initiatives amongst early career medical and academic professionals in the UK*

Name of Researcher: Claudia Yanez Ospina

Supervisor: Dr Marjana Johansson
Prof. Sarah Robinson

- I confirm that I have read and understood the Participant Information Sheet for the above study and have had the opportunity to ask questions.
- I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
- All names and other material likely to identify individuals will be anonymised.
- I acknowledge that participants will be referred by a pseudonym.
- The material will be treated as confidential and kept in secure storage at all times.
- The material may be used in future publications, both print and online.
- I understand that other authenticated researchers may use my words in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.
- I acknowledge the provision of a Privacy Notice in relation to this research project.
- I consent to the material (i.e. photographs and interview recordings) being retained in secure storage for use in future academic research.
- I consent to the interview being audio-recorded.

- I agree to waive my copyright to any data collected as part of this project (i.e. photographs).

I agree to take part in this research being carried out by Claudia Yanez Ospina. ☐

I do not agree to take part in this research being carried out by Claudia Yanez Ospina. ☐

Name of Participant: …… **Signature** ……

Date: ……

Name of Researcher: …… **Signature** ……

Date: ……

Appendix 3. Privacy Notice

PRIVACY NOTICE

Privacy Notice for Participation in Research Project: *Working well, living well? Views and use of employer-led wellbeing initiatives amongst early career medical and academic professionals in the UK*

Your Personal Data

The University of Glasgow will be what's known as the 'Data Controller' of your personal data processed in relation to your participation in the research project "*Working well, living well? Views and use of employer-led wellbeing initiatives amongst early career medical and academic professionals in the UK".* This privacy notice will explain how The University of Glasgow will process your personal data.

Why we need it

We are collecting basic personal data such as your name and contact details in order to conduct our research. We need your name and contact details to arrange interviews or potentially follow up on the data you have provided.

We only collect data that we need for the research project and your personal information will be anonymised and you will be identified by a code and any publication or report will have your personal data (e.g. name, age, job tenure, current position) removed so that you cannot be recognised from it.

Please note that assurances on confidentiality will be strictly adhered to unless evidence of wrong-doing or potential harm is uncovered. In such cases the University may be obliged to contact relevant statutory bodies/agencies. Please see accompanying **Participant Information Sheet**,

Legal basis for processing your data

We must have a legal basis for processing all personal data. As this processing is for Academic Research we will be relying upon **consent of the data subject** in order to process the basic personal data that you provide. For any special categories data collected we will be processing this on the basis that it is **explicit consent of the data subject, unless reliance on consent is prohibited by EU or Member State law.**

Alongside this, in order to fulfil our ethical obligations, we will ask for your **Consent** to take part in the study. Please see accompanying **Consent Form**.

What we do with it and who we share it with

All the personal data you submit is processed by Claudia Yanez Ospina. In addition, security measures are in place to ensure that your personal data remains safe: (anonymisation, secure

storage, and encryption of files and devices. Please consult the **Consent form** and **Participant Information Sheet** which accompanies this notice.

We will provide participants with a research summary of the findings on request.

What are your rights?*
GDPR provides that individuals have certain rights including: to request access to, copies of and rectification or erasure of personal data and to object to processing. In addition, data subjects may also have the right to restrict the processing of the personal data and to data portability. You can request access to the information we process about you at any time.

If at any point you believe that the information we process relating to you is incorrect, you can request to see this information and may in some instances request to have it restricted, corrected, or erased. You may also have the right to object to the processing of data and the right to data portability.

Please note that as we are processing your personal data for research purposes, the ability to exercise these rights may vary as there are potentially applicable research exemptions under the GDPR and the Data Protection Act 2018. For more information on these exemptions, please see UofG Research with personal and special categories of data.

If you wish to exercise any of these rights, please submit your request via the webform or contact dp@gla.ac.uk

Complaints
If you wish to raise a complaint on how we have handled your personal data, you can contact the University Data Protection Officer who will investigate the matter.
Our Data Protection Officer can be contacted at dataprotectionofficer@glasgow.ac.uk

If you are not satisfied with our response or believe we are not processing your personal data in accordance with the law, you can complain to the Information Commissioner's Office (ICO) https://ico.org.uk/

Who has ethically reviewed the project?

This project has been ethically approved via the College of Social Sciences Research Ethics Committee or relevant School Ethics Forum in the College.

How long do we keep it for?

Your **personal** data will be retained by the University only for as long as is necessary for the research project. After this time, personal data will be securely deleted.

Your **research** data will be retained for a period of ten years in line with the University of Glasgow Guidelines. Specific details in relation to research data storage are provided on the Participant Information Sheet and Consent Form which accompany this notice.

_____End of Privacy Notice _____

Appendix 4. Email for research participant recruitment (Template)

Dear [name of ECR or junior doctor],

My name is Claudia Yanez Ospina and I am a second year PhD student at the Adam Smith Business School – at the University of Glasgow. Currently, I am recruiting participants for my research on employee wellbeing. My research aims to explore employee perceptions when utilising employer-led wellbeing initiatives in two professional contexts: academia and the medical profession, particularly early career researchers (ECR) and junior doctors.

I was wondering if you would be interested in taking part in my research and/or if you know anyone who would be interested? Participation on my research will include an activity (photo production) and then an interview. I'm attaching the Participant Information Sheet so you can have more information about my doctoral research.

Looking forward to hearing from you.

Thanks in advance!

[Email signature]

Appendix 5. Photo-elicitation semi-structured interview (proposed guide)

Job role and research participant information

What is your current role?

Are you currently working full time/part time or have another arrangement?

What is your academic discipline/medical speciality?

Do you have any caring responsibilities?

A. Employee Wellbeing understanding

What does wellbeing mean to you? How do you understand it?

B. Photo-elicitation

Why did you take this photograph?

What is the story behind this photograph?

How does this photograph relate to wellbeing?

How does this photograph make you feel when you are working?

What type of employer-led wellbeing initiatives have you captured in this photograph?

C. Knowledge of current employer-led wellbeing initiatives

What do you know about current employer-led wellbeing initiatives in your workplace?

How have employer-led wellbeing initiatives worked for you? If so, please specify what effects these initiatives had on your wellbeing.

How does employer-led wellbeing initiatives contribute with your career?

Reflection: how did you find the activity of photo-production? And would you do it again?

Referral question

Are you able to refer a colleague from your organisation or friend who is in your profession and at the same stage in their career as you?

Appendix 6. Semi-structured interview (proposed guide)

Job role and research participant information

What is your current role?

Are you currently working full time/part time or have another arrangement?

What is your academic discipline/medical speciality?

Do you have any caring responsibilities?

A. Employee Wellbeing understanding

What does wellbeing mean to you? How do you understand it?

How do you see wellbeing at the workplace? Is it the same for you 'wellbeing in life' as in your workplace?

What do you think about wellbeing in terms of initiatives and interventions?

How do you think wellbeing is displayed in your workplace?

B. Knowledge of current employer-led wellbeing initiatives

What do you know about current employer-led wellbeing initiatives in your workplace?

How have employer-led wellbeing initiatives worked for you? If so, please specify what effects these initiatives had on your wellbeing.

How does employer-led wellbeing initiatives contribute with your career?

Reflection: What would you have liked to photograph related to wellbeing but couldn't?

Referral question

Are you able to refer a colleague from your organisation or friend who is in your profession and at the same stage in their career as you?

Appendix 7. Photo-production guidelines

Photo-production guidelines	
1)	Photos can be of places, items, activities, etc. However, locations such as workplaces should not be identifiable.
2)	The use of filters or photo editing is up to the research participant.
3)	When possible, avoid taking photos with faces of individuals, if no consent is given from the individual then the individual's face will be blurred to protect his or her privacy.
4)	When the photograph includes logos and brands these will be blurred due to copyright issues.
5)	At no time should you put yourselves in danger in taking the photographs.
6)	No depictions of nudity or vulgar photographs should be taken.
7)	Photographs should not show anything illegal.
8)	The quality of the photographs does not need to have High Resolution but an average resolution, so the image is clear for the viewer. Thus, photographs can be taken with a mobile device (i.e. smartphone) where the picture resolution can be 5 Megapixels (MP) or above.

Adapted from: Benjamin et al. (2017) and Ray and Smith (2012)

Appendix 8. Example of coding

Data	***Code***
"So, you know my senior colleagues, my bosses, they all had to go through the same experience, you know of medical training, and they would argue they had it more difficult because, you know, when I started working, we had a European Working Time Directive, so probably a few years before that we didn't really have that in the UK and the hours they were working, you know, probably were longer. So, they would argue that we probably had it easier, and there is that attitude of you know, this is hard, and this is an apprenticeship, but you sort of have to fit your time in" *(Susan, junior doctor)*	→ Normalisation of long working hours → Nature of the job to be hard work → Generational difference on working pattern → Junior doctors are still trainees (hierarchy) to justify hard work → Time management as individual responsibility

Appendix 9. Table of codes for junior doctors

Junior doctors (n=6) coding	**Examples**
Employee wellbeing understanding	Mental health Feeling content Sense of accomplishment Balance
Take on employee wellbeing	Some improvement Informal Physical health Mental health Local Ignoring
Knowledge on employee wellbeing interventions	Rest area (doctor's mess) Occupational health Psychological support Coffee machine Yoga
Employee wellbeing and career progression	Line manager support In training Become a consultant
Wellbeing practices	Holiday Travel Walk Beach Flowers Time with family and/or partner/children Pets (chicken, bees) Break (career) Socialising Gardening Music Gym Nature Cooking

Nature of work	Hard work Burn out Fatigue Suicide Exhaustion Training Sacrifice Firefight Sinking ship Fragmented relationships Collegiality

Appendix 10. Table of codes for Early career researchers

Early Career Researchers (n=24) coding	**Examples**
Employee wellbeing understanding	Content Feeling/being happy/content Energy Finding balance Physical and mental health
Take on employee wellbeing	Sticking plaster idea Superficial Shallow
Knowledge on employee wellbeing interventions	Yoga Mental wellbeing Counselling Staff newsletter (email) Courses Psychological services Chaplaincy
Employee wellbeing and career progression	Line manager support Promotion Supervisor
Wellbeing practices	Cooking Walks Gardening Gym/ exercise Making lunch/meals Flowers Drawing Singing Climbing Running Meditation Pets (dog, cat) Pause

	Holidays Planning ahead Being at nature
Nature of work	Firefight Long hours Work on weekends Lack of time Pockets of time Stress Work pressures Responsibilities Competitive environment No common spaces

Appendix 11. Collegiality between junior doctors and early career researchers regarding Findings Chapter Five

Collegiality	Junior doctor	Early career researcher
	"It's all this kind of a silent agreement that if you help each other all out, you get help out in return." (Carol, junior doctor)	*"I think something that I have missed that I've had, I think, maybe in other settings is that sort of sense of collegiality of knowing that I can open my door, go for coffee […]" (James, ECR)*
	"So, I guess I have been quite lucky, but I have always worked in teams where I have felt really supported. Actually, when you are working as a doctor like on the ward, you do very much feel like you are in a team." (Susan, junior doctor)	
	"And that's part of the reason I chose (specialty) is it is well supported and you've always got someone to ask that's how we learn in (specialty) we literally just learn on the job." (Olivia, junior doctor)	

Appendix 12. Key differences between research participants engaging in photo-production and those who did not engaged

Topic	**Research participants Non-photo production**	**Research participants Photo-production**
Family	Little detail, mentioned that family is an important relationship in life.	Rich detail regarding family members and/or partners, what they do, how important the relationship is for their wellbeing
Nature	Little detail on the activity and how important is to being at nature.	Rich detail of how the activity is related to wellbeing and articulated answers on the importance of re-connecting with nature
Pets	Non rich detail about relationship, only described activity of looking after pets.	Rich detail regarding the pet, how important the relationship is and the key role played on wellbeing of research participants.
Flowers/plants	No detailed account about the activity but that it can help with improving wellbeing.	Rich detail of the plants, how they got it, where it is the displayed, the ritual of looking after the plants/flowers and the importance to the wellbeing of research participants.
Holidays	Very little detail on the activity and the effect of it for their wellbeing.	Rich detail regarding the holiday, how travelling helps with 'taking a break', disconnect from work and a different space to enjoy time with family members or partners.

Making meals	Mention of some details regarding ingredients and who the research participants shared the meal with.	Rich detail of the preparation of the meal, participation of family members and/or partners, ingredients used, motivation to prepare food and cooking.