

**“LEARNING WELLNESS”:
A CASE STUDY OF A WELLBEING INITIATIVE
THROUGH THE LENS OF ORGANISATIONAL LEARNING**

by

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Abstract

Research and practice on wellbeing programmes have been growing and evolving over the years. Nevertheless, the challenges in designing, implementing and sustaining these initiatives in organisations are also predominant in extant literature, where the Human Resource Management (HRM) practice has taken an important role and responsibility in promoting these initiatives. This study helps bridge HRM and wellness, which have traditionally been separate strands of activity and research. It investigates how a wellbeing initiative is learnt and embedded within an organisation using the lens of organisational learning. It also aims to examine the dynamic relationship between the learning of wellness with a number of factors including general happiness and attitudes towards the wellness dimensions. It is a single case study of a global manufacturing company with a strong presence in the Philippines which spearheaded a wellness programme to its employees. Using a mixed methods research design (QUAL & QUAN), a model of wellness learning in the organisation was developed. This is an integrative model utilising the existing frameworks and models on wellbeing and organisational learning. This study shows the viability of an organisational learning lens to wellbeing programmes as an alternative or a complementary approach to existing frameworks and models on workplace wellbeing. Five factors in the organisational learning of wellbeing emerged. In the end, three dominant themes also surfaced about the wellness programme in the said organisation, namely: a social element to wellness, a work-wellness conflict and a wellness lag. This wellness lag is driven by a structural element built-in within the organisation, which is further compounded by the financial constraints which may come upon certain actors, delimiting their participation in the programme. This study endeavours to contribute to our understanding about wellbeing programmes in the context of a developing country like the Philippines, where these initiatives are already being identified as one of the mechanisms in nation building. This extension of knowledge is especially useful in theory building as well as in practice in effectively implementing these initiatives in organisations. Future researchers on wellness programmes could further look into the learning of wellbeing in other organisational contexts. Focus could also be made specifically on the structural, cultural, financial and institutional elements which may impinge on these wellness programmes, using higher order quantitative analysis methods like confirmatory factor analysis (CFA) or structural equation modelling (SEM).



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This Work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

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Dear Rameses Manalang

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With consideration to your oral examination held on **05/10/2018**, in accordance with the outcomes available to the Examination Board, I confirm that the Research Degrees Committee has approved the Board's recommendation that you be approved for the degree of Doctor of Philosophy subject to the satisfactory completion of such minor corrections and amendments.

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Yours sincerely



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The relevant papers and presentation in symposia and conferences stemming from the writing and development of this thesis include the following:

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DEDICATION

To the Filipino diaspora, still making their presence known and still proving themselves out there in the world stage.

To the Filipinos back home in the Philippines (almost a quarter of them living in poverty), who are still struggling for their wellbeing and in achieving *magandang buhay* (a beautiful life).

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GLOSSARY OF ACRONYMS AND THEIR MEANINGS

Organisations and entities cited:

ASEAN - Association of Southeast Asian Nations

CDC - Centers for Disease Control and Prevention

CIPD - Chartered Institute of Personnel and Development

NHS - National Health Service

NWI - National Wellness Institute

OECD - The Organisation for Economic Co-operation and Development

WELCOA - Wellness Council of America

WHO - World Health Organisation

Terminologies used in the study:

ACT - number of wellness activities attended

CFA - Confirmatory Factor Analysis

CSR - Corporate Social Responsibility

EDU - educational attainment

EFA - Exploratory Factor Analysis

EMP - employment status

ER - employee relations

ESS - employee satisfaction survey

GEN - gender

GDP - Gross Domestic Product

GNH - Gross National Happiness

H&S - Health and Safety

HAP - happiness in work and life score

HIIT - High Intensity Interval Training

HIN - number of wellness hindrances acknowledged

HR - human resources

HRM - Human Resource Management

HRQL - Health-related Quality of Life

IA - Impact Analysis

IR - Industrial Relations

ICT - Information and Communications Technology

IPL - Institutional, Political and Legal

IT - Information Technology

KPI - Key Performance Indicators

L&D - Learning and Development

LMS - Learning Management System

MANCOM - management committee

MAR - marital status

MNCs - multinational companies

MOT - number of wellness motivators acknowledged

NPT - non-productive time

OD - Organisation Development

OL - Organisational Learning

OLC - Organisational Learning Capability

PERMA - positive emotion, engagement, relationships, meaning and accomplishment

POS - position level

ROI - Return on Investment

SMS - short message service

TEN - tenure

VIF - Variance Inflation Factor

VP - vice-president

VUCA - volatile, uncertain, complex and ambiguous

WDS - wellness dimensions score

WLS - wellness learning score

WOR - nature of work

DEFINITION OF TERMS

Learning - the word is used in this study specifically in the context of organisational learning. It can also refer to the individual and group learning of the participants, since these units of analysis are an important consideration in looking at the notion of organisational learning (Argote, 2013; Antonacopoulou, 2006; Friedman, 2001; Easterby-Smith, Crossan and Nicolini, 2000).

Organisational Learning - refers to the process through which organisations obtain knowledge from experience (Argote, 2005). It is a process that involves the creation, retention and transfer of knowledge (Argote, 2013), which could bring about changes in behaviour, cognition and improvements in organisational performance (Spector and Davidsen, 2006; Fiol and Lyles, 1985).

Wellness - a positive state of wellbeing which is a combination of different aspects in life such as the physical, emotional, spiritual, intellectual, occupational, social and environmental dimensions (Anspaugh, Hamrick and Rosatto, 2011) as well as other additional or emerging dimensions (Miller and Foster, 2010).

Wellbeing - a state of “living and faring well” or “flourishing”, associated with being happy and leading a good life (Gough, McGregor and Camfield, 2007:4). In this study, the terms *wellbeing* and *wellness* are used interchangeably to mean the same thing.

Wellness programme - in the workplace context, it refers to an organisational intervention or initiative which aims to improve the employees’ quality of life and personal effectiveness, which also benefits the organisation as a whole (Berry, Mirabito and Baun, 2010).

Wellness knowledge - in this study, it refers to the totality of information, skills and experiences that one gained and possesses as a giver or a receiver of a wellbeing programme. This definition is largely based on the definition of knowledge by Davenport and Prusak (1998), but applied specifically in relation to wellness.

Wellness learning – in this study, it refers to the construct of learning about wellbeing in the organisation.

CHAPTER 1

Introduction

1.1. Research Background

Research on wellbeing has been growing over the years and it is still considered an evolving field of study (Neil, MacFarlane and Smith, 2017; Spence, 2015; Page and Vella-Brodrick, 2013; Hartwell, 2013; Dodge, Daly, Huyton and Sanders, 2012). A need for a multidisciplinary and interdisciplinary approach on the topic had also emerged (Weijers, Jarden and Powdthavee, 2011). Extant literature shows that wellness or wellbeing programmes have been in existence since the middle of the 1970s in the US specifically (Reardon, 1998). These were driven by the occupational health and safety movements during this decade. Initially, these were primarily seen to decrease employees' healthcare costs and absenteeism. There has always been a business case for these organisational initiatives. Although directly measuring the return on investment (ROI) of these initiatives is still a challenge, evidence is building up that these can improve employee performance and organisational performance as a whole (Nielsen, et al., 2017; Donaldson-Feilder and Lewis, 2016; Working Well Report, 2014a; Kumar, McCalla and Lybeck, 2009; Black, 2008). A number of current studies are also focusing on the narrative linking the wellbeing of individuals, organisations and nations (Butler and Kern, 2016; Kowalski, Loretto and Redman, 2015; Huppert and So, 2013; Black, 2008).

Wellness programmes today are viewed as essential because the workplace landscape is continually being affected by the changing social and economic climate in society (Global Wellness Institute, 2016; Kowalski, Loretto and Redman, 2015; Vickerstaff, Phillipson and Wilkie, 2012; Ginn and Henry, 2003; Friedman, Christensen and DeGroot, 1998). Although work, specifically good work, can positively affect one's

wellbeing (Waddell and Burton, 2006), the negative effects of the changing dynamics in the workplace remain strong. For instance, increasing global competition, mergers and acquisitions, downsizing, restructuring (Ginn and Henry, 2003; Friedman, Christensen and DeGroot, 1998) and organisational change (Gibbs, Loretto, Kowalski and Platt, 2012) can impinge on employees' wellbeing. This intensification of global competition has been one of the drivers of the organisational changes being experienced by firms so they can cope and maintain their competitive advantage. This notion of competitive advantage springs from the Resource-Based View of the firm, where a firm's performance depends on the effective use of its available resources, both tangible and intangible (Barney, Ketchen and Wright, 2011; Barney, 1991). Part of the firm's resources are the human resources – employees themselves who could be sources of competitive advantage for the firm (Van Buren, Greenwood and Sheehan, 2011; Wright, Dunford and Snell (2001). However, changing trends in the workplace, such as an ageing workforce (Loretto and Vickerstaff, 2015; Vickerstaff, Phillipson and Wilkie, 2012), the increased female participation in the workplace (Friedman, Christensen and DeGroot, 1998) and growing number of flexible working arrangements to achieve work-life balance (Vickerstaff, Phillipson and Wilkie, 2012) also brings to the fore issues pertaining to employee wellbeing.

As a concept, *wellness* is defined as a positive state of *wellbeing* and it is a combination of physical, emotional, spiritual, intellectual, occupational, social and environmental dimension. The latter dimension was added at a later time in wellness literature (Anspaugh, Hamrick and Rosatto, 2011; Anspaugh, Hunter and Mosley, 1995). Still, additional dimensions (e.g. cultural dimension) were still continually being added (Miller and Foster, 2010). In the workplace context, Berry, Mirabito and Baun (2010) defined workplace wellness programme as an organisational programme which aims to improve employees' quality of life and personal effectiveness, which also benefits the organisation as a whole.

Over time, wellness programmes have become initiatives under the flagship of the human resource departments of organisations as part of their human resource management (HRM) strategies (Moss and Cooper, 2016; Ginn and Henry, 2003), best practices (Kossek, Ozeki and Kosier, 2001), as well as a tool for managers in organisations to improve on employees' job performance, engagement, satisfaction, as well as retention (Guest and Conway, 2004; Friedman, Christensen and DeGroot, 1998). This development has resonance in this study because it links HRM practice and *wellness*, fields which have traditionally been separate strands of activity and research.

Succeeding studies about the impact of HRM practices to employee wellbeing and performance suggest some conflicting outcomes, however. Corporate goals of achieving high performance amongst employees and some HRM practices used to facilitate the achievement of these objectives often negate employee wellbeing, since these goals tend to increase work pressure and stress amongst employees (Clarke and Hill, 2012; Peccei, 2004; Guest, 2002).

Nevertheless, an increasing number of studies show that overall, HRM practices have a positive impact or effect on employee wellbeing and organisational performance than otherwise (Veld and Alfes, 2017; Cooper, Liu and Tarba, 2014; van De Voorde, Paauwe and Van Veldhoven, 2012; Guest 2002). Studies also show that training or learning and development (L&D) is one of the HRM or workplace practices that could positively influence employee wellbeing (Watson et al., 2017; Guest, 2017, 2002; CIPD, 2016; Clarke and Hill, 2012; OECD, 2001; Loretto, Platt and Popham, 2010; Baptiste, 2008; Robertson and Tinline, 2008). This premise has also been explored and investigated by practitioners. For instance, there have been published works which looked into the important role of L&D practitioners in organisations in promoting employee wellbeing and wellness programmes (Girling, 2008), as well as viewing an organisation's wellness programme as an L&D programme (Cable, 2007).

1.2. A Need for Research: The Research Problem

Running employee wellbeing programmes in organisations effectively still presents challenges, however, particularly in addressing the implementation problem (Miller and Suff, 2016; Kowalski and Loretto, 2014; Biron, Karanika-Murray and Cooper, 2012), increasing participation levels (Spence, 2015) and sustaining these initiatives (Kowalski and Loretto, 2017; Kowalski, Loretto and Redman, 2015). Thus, promoting wellbeing in organisations now calls for a different approach to HRM (Guest, 2017, 2016) as well as an eclectic approach in understanding wellbeing in general (Weijers, Jarden and Powdthavee, 2011).

At the backdrop of these challenges is the *mutual gains* versus the *conflicting outcomes* view in HRM practice, where employee wellbeing is at the centre of the debate. The mutual gains perspective views HRM as having a positive impact on employee wellbeing and organisational performance (Kochan and Osterman, 1994; van De Voorde, Paauwe and Van Veldhoven, 2012; Kowalski and Loretto, 2017; Guest, 2017, 2002). On the other hand, the conflicting outcomes view is a critical view which states that HRM has either no effect or a negative effect on employee wellbeing and organisational performance (Peccei, 2004).

Although other studies have already begun looking at the role of HRM practices such as training and L&D in positively affecting employee wellbeing, an interdisciplinary approach in examining the learning and embedding of a wellbeing programme in an organisation through the lens of organisational learning is something which is novel and warrants an empirical investigation.

This interdisciplinary approach is at the crossroad between wellbeing and organisational learning which extends our understanding of workplace wellbeing. It takes the view that understanding how a wellness programme is learnt and embedded in an organisation will also contribute to our understanding as to how these initiatives can be promoted, implemented and sustained effectively. At the backdrop of this

research is the contextual focus on an apparel manufacturing company in the Philippines, providing a rich setting for wellbeing research for two reasons. Firstly, the manufacturing and supply chain is a sector where precarious work is still prevalent especially evident in emerging economies (Wieland and Handfield, 2013), impacting on the wellbeing of employees. Secondly, the Philippines as a developing country offers a rich context into how a wellbeing programme is implemented in an organisation, where an HR team has taken an overall responsibility and accountability in running the said initiative.

Thus, the central research question arises: How can a wellbeing programme be effectively learnt and embedded in an organisation? Additional questions stem from this main research question, which are as follows: What are the key features and components of wellness programmes? How does the organisation's (i.e. the case) wellness programme compare with other programmes? What is the learning mix and the learning management system (LMS) used in disseminating and embedding wellness in the organisation? How do different work groups and position levels in the organisation learn wellness? Finally, what is the relationship between subjective wellbeing in terms of general happiness and the learning of wellbeing in the organisation?

In the workplace context, wellness programmes were also found to differ across organisations (Hartwell, 2013; Ginn and Henry, 2003; Reardon, 1998) and countries or cultural boundaries (Guazzi et al., 2014). Moreover, *wellness* and *wellbeing* are terms often used interchangeably, where there is still an ongoing discourse as to how these two nebulous concepts are defined and conceptualised (Neil, McFarlane and Smith, 2017; Dodge, Daly, Huyton and Sanders, 2012; Hartwell, 2013; Miller and Foster, 2010; CIPD, 2007), although there appears to be more consensus nowadays in measuring wellbeing rather than in defining it (Angner, 2011). Thus, more research into wellbeing at different research contexts, such as in the manufacturing sector in a developing country, is necessary to expand the body of knowledge on the topic.

Wellbeing research in the Philippines has been an ongoing agenda at the national level driven and guided by the Philippine Development Plan of the government, which presents both challenges and opportunities (Virola, 2012). Successive governments since the 1970s have been measuring the wellbeing of the Filipinos in collaboration with the higher education sector and independent research entities (SyCip, Asis and Luna, 2000). This notion of wellbeing has not been apart from the notions of happiness, life satisfaction and quality of life (Virola, 2012; Human Development Network, 2002; SyCip, Asis and Luna, 2000; SyCip, Asis and Luna, 1993; Mangahas, 1980, 1977). Amongst these studies, having work or gainful employment is seen as an essential part of human development and poverty alleviation in the Philippines, and therefore, vital in improving the wellbeing of the citizens (Human Development Network, 2002). This is very much in harmony with the findings of Waddell and Burton (2006) in the UK as an advanced economy. This shows that the workplace can be an effective venue where an individual's wellbeing can be improved, irrespective of the level of economic development of a nation.

In earlier studies, moreover, Mangahas (1980, 1977) identified *learning* as one of the key elements in having an objective measure of wellbeing in the Philippines. This notion of learning, however, does not apply in the workplace context, but rather, it refers to the education and schooling context in general. Meanwhile, more recent studies by Watson et al. (2017) and the OECD (2001) give emphasis on workplace learning and lifelong learning in improving human capital and wellbeing. In these studies, a connection is made between wellbeing, public policy and education or training. This study, on the other hand, is distinct in a way because it takes on an organisational learning approach into the learning of wellbeing in an organisation.

Other studies about wellbeing in the Philippines are part of cross-country research on wellbeing (e.g. Malouf 2011; Kuan and Jiuian 2010; Rothausen, Gonzalez and Griffin, 2009; Semyonov and Gorodzeisky, 2008). Amongst these studies, Malouf's (2011) study is the only one which is specifically about workplace wellness. Thus, it can

be said that workplace wellbeing studies in the Philippines are still scanty and the knowledge repertoire is still insufficient and patchy, calling for more research on this subject.

1.3. Research Context

This research is a single case study of a manufacturing organisation in the Philippines, where wellness programmes are still relatively uncommon business practices. However, worksite wellness programmes are now beginning to emerge in the country, being propelled by multinational companies (MNCs) operating domestically (Euromonitor, 2015). The country's legal system is also trying to catch up with the advent of these programmes through the introduction of bills with the aim of legislating private and public organisations in connection with implementing their own wellness programmes (Senate of the Philippines, 2015). This study becomes even more significant in the manufacturing setting, where occupational health and safety issues pervade the workplace (Wieland and Handfield, 2013), affecting productivity which is seen as the backbone of a country's economic growth and development.

The said organisation operates internationally, but it has a strong presence in the Philippines. In 2008, a corporate wellness programme was launched and implemented in its factory in the country. The wellness advocacy of the company comes under the umbrella of its “employee care initiatives” with the aim of being a healthy employer and an employer of choice. In 2013, the company expanded to other Asian countries, bringing these corporate programmes into these new facilities. Some of the key employees and expatriates in the Philippines were transferred to set-up these new facilities as a shared service.

The data collection phase of this research was conducted in the Philippine factory of the host organisation where access was granted to the researcher. It is one of the business units of the company in the Asian region. This business unit, located in

one of the industrial zones in the largest island called Luzon, has 5,359 employees during the time of data collection which took place from the 29th of June 2015 to the 28th of August 2015.

As a developing country, the Philippines offers an interesting contextual setting into how a wellness programme is learnt and embedded in an organisation operating within it. Since the colonial Philippines under Spain, the "wellbeing" of the inhabitants of the islands had been the focus of the Spanish authorities who took charge of the archipelago through education and religious indoctrination (Francia, 2014:65). This topic about wellbeing and quality of life has been part of the continuous narrative and struggle of what came to be known today as the Filipino people (SyCip, Asis and Luna, 2000), who started from being independent Malay communities or thallasocracies (i.e. maritime states), to being a Spanish colony and eventually a territory of the United States. After gaining its independence as a sovereign state, the Philippines is still a country in adolescence relative to other countries in the world (Francia, 2014). The Philippine experience may not be entirely unique in relation to its Asian neighbours, let alone other developing countries. Nevertheless, it provides a rich setting for a research into how a Western notion of wellness is adopted to local circumstances, compounded by the fact that the country is a developing nation with traditions and values which have evolved and influenced, perhaps equally, by both the East and the West. Although interest in wellness can be traced back to ancient Asian and Greco-Roman civilizations (Global Wellness Institute, 2017), these modern wellness programmes were thought to have originated from the United States (Global Wellness Institute, 2016). Moreover, the precursors of the growth of these initiatives in the 1970s in the Western world were the social and labour movements of the 19th century in the United States and United Kingdom. The development of social insurance systems in Europe also contributed to the emergence of modern wellness programmes (Global Wellness Institute, 2016). In terms of the presence of these programmes in the workplace, countries in the Asian

region are still lagging behind countries in North America and Europe (Global Wellness Institute, 2016; Working Well Report, 2014a).

Research about wellbeing in the Philippines is also proving to be timely. On the notion of happiness, which is an element of subjective wellbeing (Diener et al., 2009, 2000), Filipinos reported high levels of happiness in a most recent national survey in the country (Mangahas, 2017). There also appears to be a trend of improving levels of happiness in the Philippines as shown in the successive findings of the World Happiness Report from 2013 until most recently (Helliwell, Layard and Sachs, 2017, 2015, 2013). In a most recent global survey by Gallup International, the country ranked as one of the happiest in the world, along with other developing nations in Asia and Latin America (Asia Times, 2018). These increasing levels of happiness are being reported in the midst of the ongoing issues about the current presidency which has taken power in a populist vote in 2016. The country's new leader, who launched a violent crackdown on criminality in the country through the alleged police and vigilante killings has received criticisms from the international community due to concerns about human rights violations (Thompson, 2016). Recently, martial law was imposed in parts of southern Philippines to battle an insurgency that have been going on for decades which lately intensified (BBC, 2017; CNN, 2017). This is reminiscent of the military rule of a past regime in the 1970s. This regime, although instrumental in the national research to measure quality of life in the country, suppressed an open debate about the wellbeing findings and issues affecting the Filipinos at that time (SyCip, Asis and Luna, 2000). These recent events in the country may also have negative implications about the wellbeing of the people. Although this thesis is not about the politics of the country or about the impact of this new government to the wellbeing of its citizens, these unfolding events add more context and currency to this study.

1.4. Research Aim and Objectives

In view of the aforementioned research questions in the preceding section, the primary aim of this study is to investigate how a wellbeing programme is learnt and embedded in an organisation and to examine the dynamic relationship between the factors affecting the learning of wellbeing by developing a model of wellness learning.

Specifically, it aims to achieve the following research objectives:

1. To determine the key components and features of wellbeing programmes of organisations.
2. To identify and benchmark the components and features of the organisation's (i.e. the case) corporate wellness initiative with the other wellness programmes in literature.
3. To investigate the learning mix and the presence of a learning management system (LMS) used by the organisation in disseminating and embedding wellness.
4. To compare the learning of wellness at different position levels and work groups within the organisation, along with the other employee groupings based on their demographic and employment-related attributes.
5. To develop a model of wellness learning in the organisation by utilising and combining the existing models and frameworks in the wellbeing and organisational learning literature.

1.5. Chapter Summaries

Apart from the preceding description of the portions of this thesis in relation to the research objectives, the following description gives a more detailed summary of each of the chapters:

Chapter 1. This chapter introduces the study by providing the background, context, significance and scope of the research. More importantly, the research problem, aim and objectives are discussed.

Chapter 2. This chapter presents an extensive review of the two sets of literature on wellbeing and organisational learning. The models, proponents, debates and major topics as well as the common topics where the literature in both fields converge are presented. A literature review about wellbeing studies in the Philippines and the corresponding legal context is also provided. A theoretical framework that binds the two sets of literature together is also discussed in the penultimate section of the chapter.

Chapter 3. This chapter discusses the conceptual framework and the operationalisation of the constructs investigated and measured in this study. It should be noted that this framework is not chronological to the thesis, however. Rather, it represents the abductive logical process adopted in this study in which the framework was developed iteratively through the extant literature as well as the emergent themes and patterns emanating from the research data. These main constructs include the following: wellness learning, subjective wellbeing in terms of general happiness, wellness dimensions, wellness activities, participation, satisfaction, motivators, hindrances and attributes (i.e. demographic and employment-related variables) of the participants. Moreover, the wellness learning construct is represented by subconstructs, namely: learning capability, learning process and learning embeddedness.

Chapter 4. This chapter discusses the research methodology and research design employed in the study. A basis for the single case study research design utilising mixed methods (i.e. qualitative and quantitative techniques) is provided. Firstly, a clarification and justification of the methodology is made with the introductory discussion about the case study, mixed methods and a pragmatist view adopted in this research. This pragmatist philosophy sits well within with the case study which uses mixed methods. This discourse on the chosen methodology and research philosophy leads to the formulation of the research design of the thesis. Moreover, this chapter gives further clarity and contextual background on the choice of sector (i.e. manufacturing) and country (i.e. Philippines as a developing nation) in relation to the wellness study. Finally, details of the qualitative and quantitative methods of data collection and analyses are also provided in this chapter.

Chapter 5. This chapter presents the analysis and findings from the 22 semi-structured interviews with key people involved in the wellness programme using template analysis. Emergent themes based on the interviews are also discussed. These include themes about family and wellness, financial gains and constraints of wellness, wellness as a social and fun activity and the use of new media in learning about wellness.

Chapter 6. This chapter presents the analysis and findings from the 194 respondents who filled-in and returned the completed questionnaires about the wellness programme of the organisation. It also presents the results of the exploratory factor analysis (EFA), standard multiple regression analysis and other relevant statistical tests which are instrumental in developing a model of wellness learning in the organisation.

Chapter 7. This chapter presents a triangulation and discussion of the findings from Chapters 5 and 6. Comparisons about the findings from the interviewees and respondents are made when it comes to their demographic attributes as well as to their

responses with the constructs examined in this research. Part of the discussion also touches on the role of managerial and non-managerial perspectives in the results. Moreover, juxtaposition is made between the wellness programme of the organisation and the relevant literature on organisational learning. Finally, notions about a social element to wellness, a work-wellness conflict and a wellness lag are also discussed as further characterisation of the learning of wellness in the organisation (i.e. the case).

Chapter 8. This chapter presents the summary, conclusions, implications, limitations, recommendations and original contribution of this research. This contribution is about extending our knowledge on workplace wellbeing with an exploration, empirical investigation and development of a model about the construct called the learning of wellbeing which is set in a manufacturing organisation in the Philippines.

1.6. Research Scope

This study only deals with the learning of wellness in the context of a single organisation in the Philippines. Moreover, it is focused on workplace wellness and the factors relating to it. As previously stated, wellbeing is an expansive term and wellness programmes vary greatly across organisations and work contexts (Guazzi et al., 2014; Hartwell, 2013; Ginn and Henry, 2003; Reardon, 1998). Thus, this research adopts a more specific approach in its empirical investigation of a wellness programme in an organisation. A more holistic approach, however, was adopted in examining the literature about wellbeing. Lastly, the overall wellbeing of the participants in the study was not measured, although it looked into their subjective wellbeing in terms of their general happiness. Other studies have already examined the effects of wellbeing programmes on job satisfaction and job performance. This research focuses on the investigation and measurement of the components of the wellness learning construct

using the existing wellbeing and organisational learning models encountered in literature as basis for their formulation and analysis.

CHAPTER 2

Literature Review

2.1. Introduction to the Literature Review

This chapter presents the literature landscape on wellbeing and organisational learning. As this is a marriage of the two sets of literature, a review was conducted on the relevant topics, models and debates in both fields. More importantly, it further delves into the issues in extant literature pertaining to workplace wellbeing brought about in Chapter 1. Firstly, a literature review on wellbeing is presented, which specifically examines studies about employee wellbeing and studies relating to the Philippines. This is followed by the review of the existing literature on organisational learning, including the related field of knowledge management, where the interconnectedness between the two is further discussed in the succeeding subheadings.

Common topics between workplace wellbeing and organisational learning literature are also identified, presented and discussed in this chapter, linking the two together. Lastly, a theoretical framework, that is, the Resource-Based View of the firm is discussed in the last section. This theoretical framework is seen as the figurative glue that binds and unites the two sets of literature.

2.2. Literature on Wellbeing

This section presents the wellness and wellbeing models in literature to understand the nature of these concepts to arrive at their commonalities and convergence. It also outlines how these concepts are measured by presenting the different scales and inventories designed in several countries mostly in the developed world where the advocacy for wellbeing and wellbeing programmes appears strong (Global Wellness Institute, 2016; Working Well Report, 2014a). A holistic approach was

undertaken in considering wellbeing literature in different fields and disciplines which includes psychology and counselling, human geography, actuarial science and insurance, wellness tourism, health management and patient care, occupational health and safety, and development economics where the concepts of wellbeing and wellness are used in different contexts. This is to show that these terms encompass a broad area of different disciplines. Meanwhile, a more specific approach was adopted eventually, focusing on the studies about workplace wellness and employee wellbeing under the domain of Human Resource Management (HRM).

The following subsections discuss wellbeing studies in different countries such as the UK, USA, Canada, Australia, Mexico, South Africa, Singapore, India, China, Malaysia and the Philippines, amongst others. Most studies found about the Philippines were only part of cross-country studies on wellbeing. However, a specific study about the measurement of the Filipino concept of wellbeing was found. It is discussed in the next subheadings. Other studies that focused on the Philippines were about related concepts such as economic wellbeing, biological wellbeing, job satisfaction and work-life balance.

2.2.1. History and Semantics of Wellness and Wellbeing

The term *wellness* is a modern word but it is a concept which has historical roots in ancient civilizations in Greece, Rome, China and India (Global Wellness Institute, 2017). In ancient Greece, the physician Hippocrates theorised that illness is a result of diet, lifestyle and the environment. The early Romans adopted this belief, which had driven them to develop a public health system to keep the population healthy. Meanwhile, the holistic system called Ayurveda in India, which aims to achieve harmony between the body, mind and spirit is also identified as a precursor of modern wellness programmes. The practice of yoga and meditation, which has been part of the Ayurvedic tradition, is now increasing in popularity worldwide. Lastly, traditional Chinese medicine, one of the world's oldest systems of medicine, also operates on a

holistic view of practising harmony in one's life to achieve health and wellbeing. Practices which emanated from this ancient Chinese tradition like acupuncture, herbal medicine and tai chi (a form of Chinese martial art used for self-defence and health benefits) have been adopted in modern wellness practices today even in the Western world (Global Wellness Institute, 2017).

When it comes to the origin of the word *wellness*, the Oxford English Dictionary traced its first usage in 1654 in the diary of Sir Archibald Johnston, a Scottish judge and statesman, when he penned: " '... for my daughter's *wealnesse*.' " The first usage of the modern spelling, meanwhile, was traced in 1655 in the letter of Dorothy Osborne (also known as Lady Temple, wife of Sir William Temple) when she asked her said husband: " ' ... pray what is meant by *wellness* and unwellness?' ". Thus, the term *wellness* came to be defined in the dictionary as the "state of being well or in good health", being the "opposite of illness" (Global Wellness Institute, 2017:n.p.). In current literature, wellness is defined as a positive state of wellbeing and it is a composite of several dimensions or facets of life as stated earlier (Ansbaugh, Hamrick and Rosatto, 2011; Ansbaugh, Hunter and Mosley, 1995).

The term *wellbeing*, on the other hand, can be also defined as "living and faring well" or "flourishing". The concept is associated with human happiness and leading a good life (Gough, McGregor and Camfield, 2007:4). The notion of *flourishing* in connection with the notion of wellbeing is also now being used to characterise high levels of subjective wellbeing in people (Hone, Jarden, Schofield and Duncan, 2014; Huppert and So, 2013; Diener et al., 2009). Seligman (2011), who is one of the proponents of positive psychology, even entitled his book "Flourish". In this book, wellbeing is defined in terms of five domains, namely: positive emotion, engagement, relationships, meaning and accomplishment (Seligman, 2011; Butler and Kern, 2016; Forgeard, Jayawickreme, Kern and Seligman, 2011).

In another study, McGregor and Gough (2008) describe wellbeing as a condition in which the human needs and goals are being met to have a meaningful and a satisfactory quality of life. They also describe that wellbeing can be achieved by being with others (McGregor and Gough, 2008), indicating that there is a social element into it. This conceptualisation of wellbeing is particularly applied in context of developing countries, which finds resonance in this study. Poverty and its alleviation are always made in connection with the conception of wellbeing in these specific societal contexts. In the developing world, wellbeing can be conceived not as an end or outcome in itself, but rather, as both an outcome and a process. It is the result of the dynamic interplay between the social, economic, political, cultural and psychological processes (McGregor, 2007).

Moreover, it is noteworthy that the term wellbeing is also related with the term *welfare*, the latter term being invented in the 14th century England (Gough, McGregor and Camfield, 2007). Welfare originally meant "to journey well" and it signifies both happiness and prosperity (Williams, 1976:281; Gough, McGregor and Camfield, 2007:4).

In doing a critical synthesis of the existing wellness and wellbeing literature, Miller and Foster (2010:20) stated that the terms *health*, *wellness* and *wellbeing* "have been used interchangeably" yet inconsistently. There are those in literature who are supporters of this interchangeability of usage as well as those that still strictly distinguish between the terms. The terms are used collectively in literature to refer to different facets of human condition and development. The usage of the terms depends on the specific context. Furthermore, the justifiability of the interchangeability of their usage may depend on the purpose of the user (McMahon, Williams and Tapsell, 2010; Miller and Foster, 2010). The understanding and measurement of the terms (i.e. wellness and wellbeing) are also in a continuous change as these concepts must reflect the constant societal and environmental changes that affect humans in relation to this aspect of their lives (Foster and Miller, 2010).

The World Health Organisation (WHO) uses the term wellbeing in its definition of health. Health is defined as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity" (McMahon, Williams and Tapsell, 2010:5; Hattie, Myers and Sweeney, 2004:354). This definition further illustrates the interconnectedness of the terms (i.e. health and wellbeing) in everyday usage as well as in formal usage. La Placa, McNaught and Knight (2013), however, propose a caution in using the concept of wellbeing in this definition of health. Their reason is that it tends to downplay the complexity of wellbeing and limits it to just a few facets of life, such as the physical or biomedical dimension. In fact, wellbeing is such a complex and an expansive concept.

Between the terms *wellbeing* and *wellness* alone, McMahon, Williams and Tapsell (2010) illustrate how the concepts are interchangeably used in a variety of disciplines which includes public health and nutrition, complementary and alternative medicine, psychology, economics, sociology, and even marketing. They recommend a holistic approach in tackling the two concepts as well as carefully defining these within the context in which they are used to avoid confusion (McMahon, Williams and Tapsell, 2010).

Indeed, the words *wellness* and *wellbeing* are broadly used in different disciplines. For instance, the word *wellness* is also commonly used nowadays in tourism management and hospitality literature with the concept of *wellness tourism* (Kamenidou et al., 2014). The terms are also used in the fields of human geography (Miller and Foster, 2010; Foster and Keller, 2007), and health management as well as patient care (Guazzi et al., 2014; Hartwell, 2013; Blake, Zhou and Batt, 2013; McMahon, Williams and Tapsell, 2010; Reardon, 1998; Anspaugh, Hunter and Mosley, 1995).

Primarily, studies about wellbeing in general are also very much in the domain of positive psychology and development economics. In positive psychology, studies

mainly focus on the subject of human happiness and ways in achieving it. In development economics, on the other hand, studies mainly focus on welfare-improving choices of governments in affecting the wellbeing of a population (Eger and Maridal, 2015). Wellbeing studies in psychology are illustrated in the studies about the notion of flourishing in positive psychology (Butler and Kern, 2016; Forgeard, Jayawickreme, Kern and Seligman, 2011; Seligman and Csikszentmihalyi, 2000), subjective wellbeing (Diener et al., 2009; Diener, Oishi and Lucas, 2002) and psychological wellbeing (Ryff, 2014). It is also finding its application in the psychology of sporting organisations and in enhancing performance in sports (Neil, McFarlane and Smith, 2017). Meanwhile, the study of Semyonov and Gorodzeisky (2008) which is specifically about the Philippines illustrates how the term wellbeing is used in economics with the concept of economic wellbeing. Here, economic wellbeing is measured in terms of levels of income, standards of living and quality of life. The Organisation for Economic Co-operation and Development (OECD) also identified economic wellbeing as an important component of the overall wellbeing of an individual (OECD, 2013a, 2001). Overall wellbeing is also seen to be interconnected with human capital, social capital and the IPL (referring to the institutional, political and legal arrangements) of societies. Here, human capital is defined as the "individually possessed knowledge and skills" of people (OECD, 2001:17). It can be improved through formal and informal education or training, workplace learning and lifelong learning. Social capital, on the other hand, refers to the "norms and networks facilitating co-operation either within or between groups" (OECD, 2001:12). The OECD (2001) proposes that in order to sustain wellbeing over time, adequate investments in human capital and social capital should be made by societies.

This research does not distinguish between the terms *wellness* and *wellbeing* in connection with their usage in the study. Other peer-reviewed studies like those of Guazzi et al. (2014), Page and Vella-Brodrick (2013), Blake, Zhou and Batt (2013), Kossek, Kalliath and Kalliath (2012), Hattie, Myers and Sweeney (2004), Ginn and

Henry (2003), amongst others, followed the same course. However, it acknowledges the expansive usage of the terms in various disciplines and the possible semantical issues that may arise from this. Nevertheless, it provides a justification on the interchangeability in the usage of the terms in this research, in which there is a contextual focus on workplace wellness and wellbeing programmes of organisations.

2.2.2. Hedonic and Eudaimonic Wellbeing

In psychology and philosophy, wellbeing is seen from two opposing perspectives or approaches, namely *hedonic wellbeing* and *eudaimonic wellbeing* (Neil, McFarlane and Smith, 2017; Henderson and Knight, 2012; Dodge, Daly, Huyton and Sanders, 2012; Huta and Ryan, 2010; Ryan and Deci, 2001). *Hedonic wellbeing* includes the concepts such as happiness, satisfaction with life, and positive emotions (or the absence of negative emotions or feelings such as pain) (Dodge, Daly, Huyton and Sanders, 2012; Huta and Ryan, 2010; Ryan and Deci, 2001). *Hedonia*, based on the Greek philosophical tradition, is the seeking of pleasure and comfort. It is based on the tenet of Aristippus who said that the main goal in life should be the seeking and achievement of pleasure. This was opposed by Aristotle, who said that a pleasure-seeking life is a vulgar way of life. He said that wellbeing is achieved through *eudaimonia*, or developing the best in one's self (Huta and Ryan, 2010). This gave rise to *eudaimonic wellbeing*, which refers to a positive psychological functioning, human development and self-realisation (Dodge, Daly, Huyton and Sanders, 2012; Ryan and Deci, 2001).

Nowadays, however, both hedonic wellbeing and eudaimonic wellbeing are both seen as contributing to the overall wellbeing of the person (Henderson and Knight, 2012; Dodge, Daly, Huyton and Sanders, 2012; Huta and Ryan, 2010). Recent studies on wellbeing are now attempting to integrate both hedonic and eudaimonic wellbeing because of the benefits of using both approaches in understanding and in achieving high levels of wellbeing (Henderson and Knight, 2012). These integrative approaches

have also resulted in the use of the concept of *flourishing* to characterise a state in which there is a presence of both hedonic and eudaimonic wellbeing (Hone, Jarden, Schofield and Duncan, 2014; Henderson and Knight, 2012; Huppert and So, 2009).

2.2.3. Subjective and Objective Wellbeing

A much related concept to hedonic and eudaimonic wellbeing is *subjective wellbeing*. It is a concept that encompasses the ideas of happiness, life satisfaction and positive affect (Diener, 2000; Diener, 1984). Subjective wellbeing is defined as “a person’s cognitive and affective evaluations of his or her life” (Diener, Oishi and Lucas, 2002:63). The cognitive evaluations refer to a person’s thought about his life in general, as well as specific aspects of it, for example, his work or career. The affective evaluations, on the other hand, refer to a person’s emotions, moods and feelings. Thus, a person who is satisfied with his life and experiences positive affect is said to be manifesting subjective wellbeing, or in simpler terms, happiness (Diener, Oishi and Lucas, 2002; Diener, 2000).

In his earlier study, Diener (1984) looked into how demographic factors such as age, gender, employment and income could influence a person’s subjective wellbeing. In later studies, other factors such as health, personality, social activities and culture were also seen to exert influence upon it (Diener et al., 2009; Diener, 2000). Galinha and Pais-Ribeiro (2011) refer to these socio-demographic variables and life events as contextual factors. These factors were also found to be significant in predicting the subjective wellbeing of individuals. Thus, they conceive subjective wellbeing as being affected by the cognitive, affective and contextual factors.

Eger and Maridal (2015) further examined the use of the cognitive and affective facets of wellbeing in scholarly literature. They distinguish between the concept of *evaluative wellbeing* and *affective wellbeing*. *Evaluative wellbeing* is conceived as

falling under cognitive factor, where a person reflects and assesses the quality of his life, as measured by his life satisfaction. *Affective wellbeing*, on the other hand, is more related to the concept of hedonic wellbeing and falls under the affective factor. However, affective wellbeing differs from the latter in that it may not be purely about pleasure but a sense of inner joy in people, as measured by their happiness. Nevertheless, evaluative and affective wellbeing are conceived as being under the umbrella of subjective wellbeing (Eger and Maridal, 2015).

Another related yet distinct concept to subjective wellbeing is *objective wellbeing* (Butler and Kern, 2016; Eger and Maridal, 2015; La Placa, McNaught and Knight, 2013; Forgeard, Jayawickreme, Kern and Seligman, 2011; Gough, McGregor and Camfield, 2007). Whilst subjective wellbeing can be measured by self-report methods about a person's experiences, objective wellbeing can be measured by more quantifiable social or economic indicators to indicate quality of life (Eger and Maridal, 2015). One such measure of objective wellbeing is a person's capability (Sen, 1999). This capability approach refers to a person's ability and social advantage to achieve high levels of functioning as a human being, being affected by the institutions and policies existing in societies (Sen, 1999). Other measures of objective wellbeing can be resource sufficiency, educational opportunities and a clean environment, for instance (Butler and Kern, 2016). However, delineating between subjective and objective wellbeing can still pose difficulties since these concepts are very much intertwined (Gough, McGregor and Camfield, 2007). One of the measures of objective wellbeing, such as a nation's gross domestic product (GDP) or economic growth is proving to be an insufficient yardstick into people's overall wellbeing (La Placa, McNaught and Knight, 2013; Ip, 2010; Forgeard, Jayawickreme, Kern and Seligman, 2011; Diener and Seligman, 2004). This inadequacy of the objective measures (e.g. GDP) in capturing the overall wellbeing of a population has driven for the emergence of the concept of Gross National Happiness (GNH) as an alternative for societies in measuring people's wellbeing (La Placa, McNaught and Knight, 2013). This measure, however, falls under

the domain of the affective factor in subjective wellbeing due to the focus on the notion of happiness or positive feelings in the aggregate level.

This study, on the other hand, is about the subjective wellbeing of actors but focusing on the affective side, i.e. happiness in the workplace and life in general as a result of participating in the wellness programme of an organisation.

2.2.4. Happiness and Wellbeing

Happiness is one of the concepts subsumed under the constructs of hedonic wellbeing (Ryan and Deci, 2001; Huta and Ryan, 2010; Dodge, Daly, Huyton and Sanders, 2012) as well as subjective wellbeing (Diener, 2000; Diener, Oishi and Lucas, 2002). It can be defined as a pleasant emotion which form part of a person's affective evaluation of the quality of his or her life (De Neve and Ward, 2017; Diener, Oishi and Lucas, 2002; Adelman, 1987).

The notion of happiness is also part of the conceptualisation of *welfare*, a term which was historically "commonly used to indicate happiness or prosperity" in society (Williams, 1976:156). Moreover, Travis and Ryan (2004) factored in happiness and health in looking at the overall wellness of an individual. Thus, as a concept, happiness has become a ubiquitous idea in relation to the topic of wellbeing whether this is at the societal level (e.g. Helliwell, Layard and Sachs, 2017, 2015, 2013; Diener and Seligman, 2004; Diener, 2000), individual level (e.g. Ryff, 1989; Seligman, 2002) or in different contexts like the workplace (e.g. De Neve and Ward, 2017).

One again, however, the debate between hedonic and eudaimonic wellbeing emerges and pervades the subject of happiness. Ryff (2013, 1989), for instance, has a view that happiness is not the sole indicator of psychological wellbeing nor that it captures the deeper features of an individual's overall wellbeing. Working on a model which aim to reflect the widely-accepted Aristotelian sense of wellbeing and highest

human good (i.e. *eudaimonia*), she underlines the idea that happiness is not this end. Rather, it is the self-realisation and the achievement of what is the best within each individual. Other works such as those of Seligman's (2011, 2002) also illustrate some issues with the use of the term happiness in connection with wellbeing. These have been reflected in the progression of his work from being about an authentic happiness theory (Seligman, 2002) into a well-being theory which centres around the notion of *flourishing* (Seligman, 2011). This notion is discussed in the next section. For Seligman (2011), happiness has its own limitations in capturing the essence of wellbeing. It is also not the goal of positive psychology.

Michalos (2008), on the other hand, argues that the notion of happiness should be viewed in terms of the Aristotelian tradition of *eudaimonia* or general wellbeing of "living well and doing well" (Michalos, 2008:348). He proposes that happiness should be understood in a more vigorous eudaimonic sense. Whereas, other authors have placed happiness under the hedonic sense of wellbeing (Dodge, Daly, Huyton and Sanders, 2012; Huta and Ryan, 2010; Ryan and Deci, 2001). According to Michalos (2008), viewing happiness in this sense will make it not in opposition with the eudaimonist tradition taught by Socrates, Plato and Aristotle. The Greek word *eudaimonia*, which literally means "favoured by the daimones" (i.e. gods or godly beings), is commonly translated happiness but can actually signify what people refer to as wellbeing (Michalos, 2008:355).

While this study acknowledges that happiness is just one of the components of the subjective and overall wellbeing of an individual based on existing studies, it also recognises the prevalence of happiness in wellbeing literature nevertheless. With the issues and debates surrounding its usage notwithstanding, it does not aim to measure the subjective wellbeing of the participants. Fair enough to say, however, that it aims to measure an aspect of their subjective wellbeing through their feelings of happiness at work and in life generally as a result of the wellness programme.

2.2.5. Positive Psychology, Flourishing and Psychological Wellbeing

Studies on wellbeing have also been reinforced by the rise of the positive psychology movement, which tends to integrate the subjective and objective elements of wellbeing through the notion of *flourishing* (Hone, Jarden, Schofield and Duncan, 2014; McNaught, 2011; La Placa, McNaught and Knight, 2013; Angner, 2011). *Flourishing* can be conceived as "a dynamic optimal state of psychosocial functioning" which results when one functions well across different life domains (Butler and Kern, 2016:2). Thus, this concept represents a high level of wellbeing (Hone, Jarden, Schofield and Duncan, 2014). It is about "doing and living well" rather than merely feeling well (Forgeard, Jayawickreme, Kern and Seligman, 2011:94). Although there are still varied conceptualisations of flourishing in wellbeing literature, its components appear to converge on positive affect, positive relationships, purpose and meaning in life, self-esteem, accomplishment, autonomy and social contribution. Thus, the emotional, social and psychological domains are dominant components of the notion of flourishing (Hone, Jarden, Schofield and Duncan, 2014). It is noteworthy that the aforementioned components of flourishing are about positive states, making it under the domain of positive psychology.

Mostly attributed to Martin Seligman, the positive psychology movement focuses on the positive mental states rather than the negative mental states or psychological pathologies characteristic of traditional psychology (Neil, McFarlane and Smith, 2017; Angner, 2011; Seligman and Csikszentmihalyi, 2000; Seligman, 2002).

The body of literature on *psychological wellbeing* also complements the literature on wellbeing (Forgeard, Jayawickreme, Kern and Seligman, 2011). The concept of psychological wellbeing also focuses on positive psychological functioning as well as personal growth and development, and not merely on life satisfaction and affective factors (Ryff, 1989; Forgeard, Jayawickreme, Kern and Seligman, 2011). This makes psychological wellbeing under the umbrella of positive psychology. Ryff's (2014)

recent work on positive psychology extends its conception by including additional thematic areas such as wellbeing in later life, personality factors, family and community life, amongst others (Ryff, 2014). This also indicates that as a concept in itself, psychological wellbeing is not mutually exclusive with the other domains of wellbeing.

2.2.6. Wellbeing Concepts and Models

So far, this chapter has presented the different conceptualisations of wellbeing as well as the different types of wellbeing in literature. These conceptions of wellbeing, including that of wellness, have led to the operationalisation and modelling of the wellbeing concept.

The succeeding subheadings of this chapter discuss a number of the key wellbeing and wellness models encountered in existing literature. A synthesis that identifies their convergence and commonalities is also reached in the end. The models of wellbeing that were identified include: the PERMA model of wellbeing (Seligman, 2011; Butler and Kern, 2016), seven domains of wellbeing (Williamson and Robinson, 2006); and the six arenas of wellbeing (Halleröd and Seldén, 2013). Wellness models, on the other hand, include: the Wheel of Wellness (Witmer, Sweeney and Myers, 1998; Myers et al., 2004); the Indivisible Self (Myers and Sweeney, 2004); the Six Dimensions of Wellness (Hettler, 1980; National Wellness Institute, 2014a); and the later works about the other wellness dimensions (Miller and Foster 2010; Foster and Keller, 2007; Anspaugh, Hamrick and Rosatto, 2011; Anspaugh, Hunter and Mosley, 1995).

The last set of wellbeing models are specifically about wellbeing in the workplace, which included studied by the CIPD (2016, 2007), Page and Vella-Brodrick (2009) and Warr (2003).

2.2.7. PERMA and the Models on Flourishing

This theory breaks down the notion of wellbeing into five domains, namely: positive emotion, engagement, relationships, meaning and accomplishment which form the acronym PERMA (Seligman, 2011; Butler and Kern, 2016). Also called as the Wellbeing Theory by its proponents, this theory aims to capture the different facets of wellbeing (Forgeard, Jayawickreme, Kern and Seligman, 2011). This theory comes under the notion of flourishing, which is a higher form of wellbeing (Butler and Kern, 2016; Hone, Jarden, Schofield and Duncan, 2014).

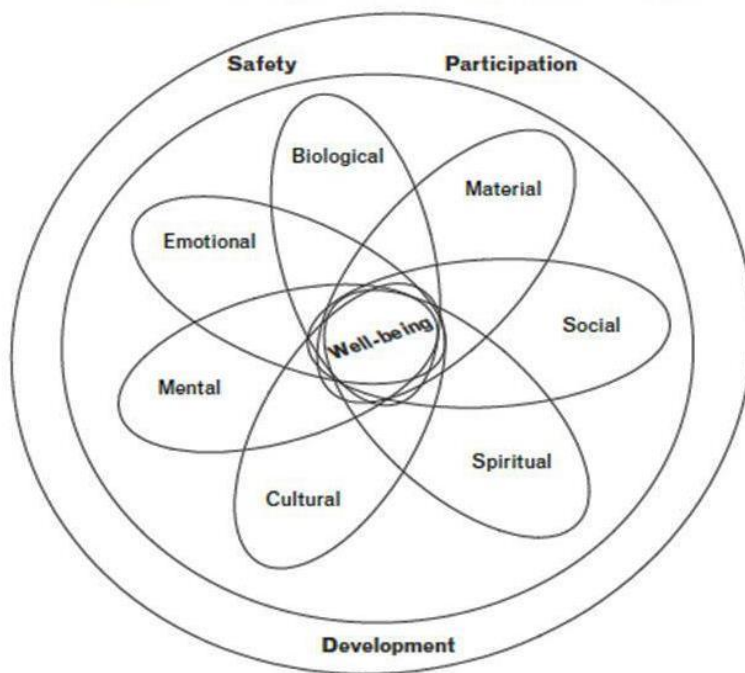
Other similar wellbeing models conceptualised under the notion of flourishing is the one proposed by Huppert and So (2013) and Diener et al. (2009). Huppert and So's (2013) model views that a higher form of wellbeing is made up of 10 components, namely: competence, emotional stability, engagement, meaning, optimism, positive emotion, positive relationships, resilience, self-esteem and vitality. Diener et al. (2009), meanwhile, looks at positive relationships, engagement, purpose and meaning, self-esteem, competence, optimism and social contribution as the factors enabling an individual to flourish.

Although varied in some respects, these models are similar in how these take on positive affect such as happiness in contributing to a higher form of wellbeing called flourishing. Although subject to contention and poses difficulty in its measurement, happiness has been a direct intuitive measurement of subjective wellbeing in literature (Forgeard, Jayawickreme, Kern and Seligman, 2011). It is also noteworthy that the components of flourishing can be thought of as coming under the emotional, psychological and social life of an individual.

2.2.8. Seven Domains of Wellbeing

Another model of wellbeing is proposed by Williamson and Robinson (2006:10) which is comprised of seven domains, namely: biological, material, social, spiritual, cultural, mental and emotional domains, where elements such as safety, participation and development were identified as the contextual issues where these domains should be addressed (see Figure 1). Their model is based on their study of the wellbeing of populations affected by armed conflict. Thus, this model should also be viewed with caution in applying it in the context of workplace wellbeing. Nevertheless, its convergence with the other wellbeing models is evident.

Figure 1. Seven Domains of Wellbeing



Source: Williamson and Robinson (2006:10)

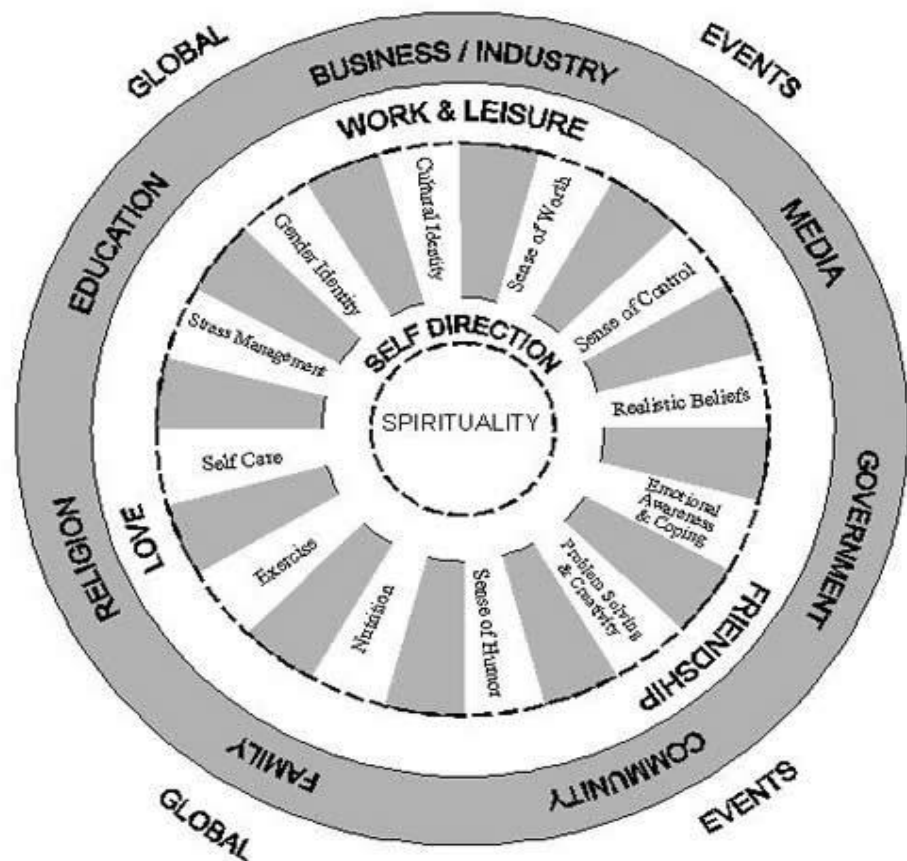
2.2.9. Six Arenas of Wellbeing

Working on the multidimensionality of wellbeing as a concept, Halleröd and Seldén (2013) also conceptualise wellbeing as having multiple factors. They came up with a model of wellbeing consisting of six arenas, namely: health, economic and material resources, functionality and independence, psychosocial factors, lifestyle and social relations. This model is derived from their study of elderly respondents using the instrument called the Panel Survey of Ageing and the Elderly (PSAE). Although this model is based on just one particular segment of the population (i.e. the elderly), it shows similarity with the other models of wellbeing when it comes to their multidimensional quality.

2.2.10. Wheel of Wellness

A multidimensional model of wellness is also proposed by Witmer, Sweeney and Myers (1998) which is called the Wheel of Wellness (see Figure 2). This model aims to be multidisciplinary and holistic in its approach, moving away from the physical health paradigm. It focuses on the quality of life across the life span, based on the Adlerian Psychology, also known as Individual Psychology that was founded by notable and influential psychologist Alfred Adler. Thus, the model is mostly used in the context of counselling psychology. It involves 19 dimensions of healthy functioning, measured by the Wellness Evaluation of Lifestyle (WEL) scale designed by Myers, Witmer and Sweeney (1996). In the model, these wellness components or dimensions were seen as interacting with one another. However, this model has some limitations which led to the development of the Indivisible Self model (Myers, Luecht and Sweeney, 2004; Hattie, Myers and Sweeney, 2004) which is discussed in the following subsection.

Figure 2. The Wheel of Wellness

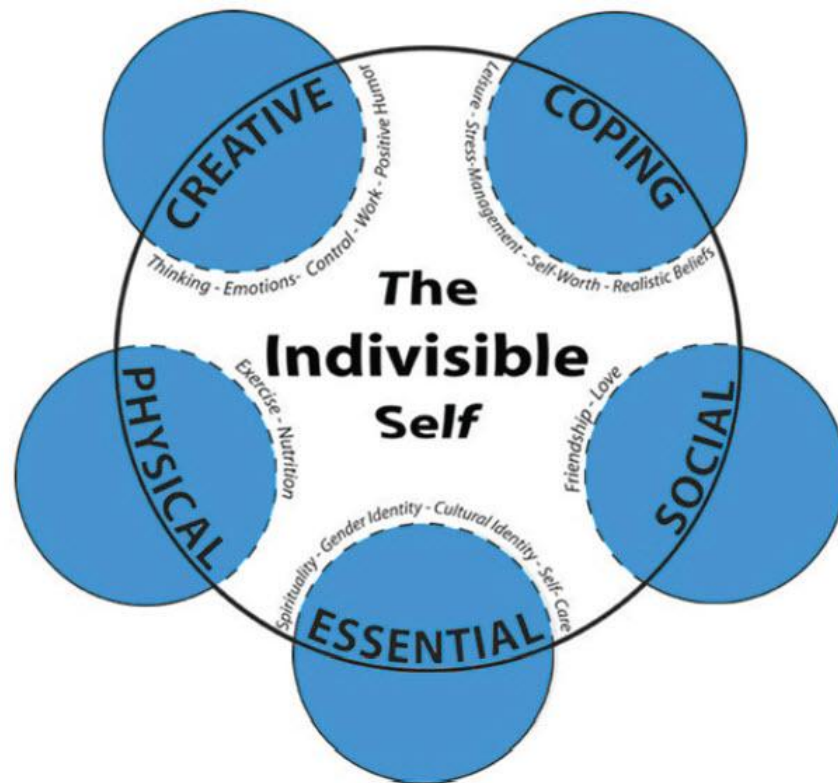


Source: Witmer, Sweeney and Myers (1998)

2.2.11. The Indivisible Self

Empirical research conducted for the Wheel of Wellness cited previously did not support the conceptual model, based on a statistical analysis on the WEL scale as stated earlier. Due to its shortcomings, the Indivisible Self model is proposed by Myers and Sweeney (2004:3) instead. They call it an evidence-based model of wellness based on a factor analysis of the early version of the wellness model, i.e. the Wheel of Wellness. They propose five factors of the Indivisible Self, namely: the essential self, creative self, coping self, social self and physical self (see Figure 3). This dynamic modelling process therefore clearly illustrates the need for an empirical measurement of wellbeing, which can either support existing models or abandon some of these completely.

Figure 3. The Indivisible Self



Source: Myers and Sweeney (2004:3)

2.2.12. The Six Dimensions of Wellness

This model is an earlier model of wellness which was proposed by Hettler (1980). Bill Hettler was a co-founder of the National Wellness Institute (NWI) based in the United States, which until now advocates his model. It is called The Six Dimensions of Wellness, which comprises of the occupational, physical, social, intellectual, spiritual and emotional dimensions (National Wellness Institute, 2014a). The NWI was founded in 1977 and it serves as a resources, services and certification provider for professionals involved in health and wellness. It sponsors the Annual National Wellness Conference, a highly recognised conference when it comes to health and wellness (National Wellness Institute, 2014b).

The Six Dimensions of Wellness proposed by Hettler (1980) forms the basis for the definition of wellness as "an active process through which people become aware of, and make choices toward, a more successful existence" (National Wellness Institute, 2014a: n.p.).

Figure 4. The Six Dimensions of Wellness



Source: National Wellness Institute (2014:n.p.)

2.2.13. Additional Dimensions of Wellness

Anspaugh, Hunter and Mosley (1995) and Anspaugh, Hamrick and Rosatto (2011) also looked into the six dimensions of wellness, but added a seventh dimension, i.e. environmental wellness. They refer to this dimension as the totality of the ability and actions that collectively preserves nature and promotes the standard of living and quality of life in the environment and in the community. A number of authors in wellness have also added this additional dimension, as identified by Foster and Keller (2007) in developing an atlas of wellness by looking into the literature on the topic. Other dimensions were also noted by the study of Miller and Foster (2010) on the existing

wellness and wellbeing literature, adding additional three dimensions, namely: cultural, economic and climate dimensions (see Table 1). It should be noted that only Fritze, Blashki, Burke and Wiseman (2008) propose the concept of climate wellness amongst the authors included in the study.

Table 1. A Matrix Showing the Various Authors and Dimensions of Wellness

Author/Proponent	Dimensions									
	Physical	Emotional or Psychological	Social	Intellectual	Spiritual	Occupational	Environmental	Cutural	Economic	Climate
Adams et. al. 1997	√	√	√	√	√	√				
Anspaugh et. al. 2004	√	√	√	√	√	√	√			
Diener et. al. 2009	√	√	√	√	√	√	√	√	√	
Dolan et. al. 2008	√	√	√	√	√	√	√	√	√	
Durlak 2000	√		√	√						
Hales 2005	√	√	√	√	√	√	√			
Helliwell 2005	√	√	√		√	√	√	√	√	
May 2007	√	√	√	√	√	√	√	√	√	
Myers et. al. 2005	√	√	√	√	√	√	√	√	√	
Ryan & Deci 2001	√	√	√		√		√	√		
Ryff & Singer 2006	√	√	√		√		√	√		
Travis & Ryan 2004	√	√	√	√	√	√	√			
Fritze 2008		√					√			√

Adapted from: Miller and Foster (2010:9)

Currently, there are 9 dimensions of wellness being espoused in the wellness centres based in some universities in the United States, showing that the wellness dimensions are also being actively advocated in the academic life of university students (Auburn.edu, 2016; OSU.edu, 2016).

2.2.14. Wellness Dimensions in Literature

The following subheadings discuss the definition of each of the wellness dimensions encountered in literature. An enormously clear convergence in the manner in which these dimensions are conceptualised and defined is observed, mainly in the works of Miller and Foster (2010), Foster and Keller (2007), Anspaugh, Hamrick and Rosatto (2011) and Anspaugh, Hunter and Mosley (1995).

2.2.14.1. Physical Dimension

The physical dimension has always been connected with the notion of wellness. Wellness was first regarded and studied from the perspective of physical health which includes physical activity, nutrition and self-care (Miller and Foster, 2010). This dimension is later defined as a dimension of wellness which includes exercise, eating well, avoiding harmful habits, getting regular physical and dental check-ups and anything that involves a preventative and a proactive action to look after one's physical body (National Wellness Institute, 2014a; Anspaugh, Hamrick and Rosatto, 2011; Foster and Keller, 2007). Thus, this dimension focuses on the physiological aspects of life, which involves the avoidance of harmful habits or behaviours (Miller and Foster, 2010).

2.2.14.2. Intellectual Dimension

The intellectual dimension is also known as the mental dimension (National Wellness Institute, 2014a; Foster and Keller, 2007; Anspaugh, Hamrick and Rosatto, 2011) or cognitive dimension (Miller and Foster, 2010). Hatfield and Hatfield (1992) refer to this dimension as an aspect in life which includes engagement in intellectually stimulating activities, expanding one's knowledge and developing critical thinking. Hales (2005) also relates lifelong learning with intellectual wellness. Similar definitions of the intellectual dimension are also found in literature. These definitions include the continuous striving for intellectual growth, having an active mind, being open to new ideas, being able to think critically and being motivated to learn new skills (Anspaugh, Hamrick and Rosatto, 2011; Auburn.edu, 2016; OSU.edu, 2016; UNC.edu, 2016).

2.2.14.3. Emotional Dimension

The emotional dimension is defined in literature as involving the awareness and control of one's feelings (Foster and Keller, 2007; National Wellness Institute, 2014a). it

also includes self-esteem, self-confidence, self-control and the ability to handle setbacks and failures (Anspaugh, Hamrick and Rosatto, 2011). Miller and Foster (2010) regarded the emotional dimension and the psychological dimension similarly.

Aside from being conceptualised as the dimension which involves controlling one's feeling and manifesting self-valuation, the emotional dimension also involves dealing with personal conflicts and life circumstances, including stress. Moreover, this dimension involves a continuous process that includes awareness and management of feelings, positive view of the self and social relationships (Adams, Bezner and Steinhardt, 1997).

2.2.14.4. Social Dimension

The social dimension centres around the notion of the individual's interaction with other people, whether in the community or the workplace (Miller and Foster, 2010). This dimension is also thought to involve contributing to one's social environment and community (National Wellness Institute, 2014a). It also includes the ability to maintain intimacy and to develop a support network of friends, colleagues and family members (Anspaugh, Hamrick and Rosatto, 2011; Auburn.edu, 2016; OSU.edu, 2016; UNC.edu, 2016). Overall, it encompasses the degree and quality of interactions with other people and the larger community (Foster and Keller, 2007). This social dimension of wellbeing can also be affected by certain work practices and employment conditions made evident in the effects of these factors on family relationships (Boreham, Povey and Tomaszewski, 2016).

Other similar important elements cited by other studies with regards the social dimension include peer acceptance, attachment with others, and having social skills like communication, assertiveness and the ability to resolve conflicts with other people (May, 2007; Durlak, 2000; Miller and Foster, 2010).

2.2.14.5. Spiritual Dimension

The spiritual dimension is distinct from the notion of religiosity, although the two concepts may overlap at times (Adams et. al, 2000; Westgate 1996). Specifically, the spiritual dimension involves the search for meaning and purpose in life (Renger, 2000; Adams, Bezner and Steinhardt, 1997; Miller and Foster, 2010; National Wellness Institute, 2014a; OSU.edu, 2016; Hettler, 1980).

It is also linked with the creation of a person's personal values and belief system. These beliefs fall around a person's sense of purpose in life, relationships with others, with the community, with the universe and with a higher power (Miller and Foster, 2010).

2.2.14.6. Occupational Dimension

The occupational dimension involves matters relating to one's work or career. This work may refer to paid or unpaid employment such as volunteering (Foster and Keller, 2007; National Wellness Institute, 2014a; Anspaugh, Hamrick and Rosatto, 2011). It also includes pursuing professional goals (Auburn.edu, 2016). Other elements that are subsumed under this dimension include feelings of satisfaction and enrichment of life through work (National Wellness Institute, 2014a; Miller and Foster, 2010; Anspaugh, Hamrick and Rosatto, 2011). Finally, it also refers to one's ability to balance work and leisure (Anspaugh, Hamrick and Rosatto, 2011).

2.2.14.7. Environmental Dimension

The environmental dimension includes caring for one's surrounding and environment, seeking sustainability and leading an environmentally conscious life (Miller and Foster, 2010; Anspaugh, Hamrick and Rosatto, 2011). It refers to a person's connection with nature and the larger community. Engaging in recycling activities, for

instance, is an example of a behaviour that would show one's environmental wellness (Miller and Foster, 2010).

Ryff and Singer (2006) further extend the definition of environmental wellness by linking it not only to the immediate community where a person belongs to, but also to the larger political and governmental entities as well. In this respect, Hales (2005) and Anspaugh, Hamrick and Rosatto (2011) cite other behaviours that can exemplify environmental wellness. These include ensuring the safety of food and water supply, protecting one's self from infectious diseases, stopping violence in society, preventing air and water pollution, controlling second hand smoking, amongst others. Moreover, May (2007) and Hu, Liebens and Rao (2008) note of green spaces in cities as part of environmental wellness. These green spaces can have a positive impact on the health and wellbeing of people by improving the air quality that they breath in by removing pollutants in the surroundings.

2.2.14.8. Climate Dimension

The climate dimension primarily refers to the phenomenon of climate change (Miller and Foster, 2010). Frumkin et al. (2008) include in this dimension concerns about injuries, fatalities and diseases in connection with climate change and worsening air pollution. It also involves concerns about civil conflict and the consequences of these in the community, specifically in the wellbeing and mental health of the people in the affected communities (Fritze, Blashki, Burke and Wiseman, 2008; Miller and Foster, 2010).

2.2.14.9. Cultural Dimension

The cultural dimension of wellness reflects the norms, values and traditions of specific societies, which can vary across nations (Miller and Foster, 2010). For instance, Diener et al. (2009) found that people in various societies valued happiness

or subjective wellbeing differently. Socialisation in different cultures is also viewed to have an influence on one's cultural wellbeing (Miller and Foster, 2010).

A person with cultural wellness is someone who shows an awareness of his own cultural background as well as the diversity and richness that can be found in other cultures apart from his own. This could even include an understanding of diversity when it comes to sexual orientation, religion, race, gender, age and disability (Auburn.edu, 2016).

2.2.14.10. Creative Dimension

The notion of creative wellness is found in new or emerging literature. It is defined as the set of activities where an individual actively participates in various arts and cultural experiences as a way of understanding and appreciating the world (OSU.edu, 2016). Creativity is also mentioned as one of the elements in the Wheel of Wellness (Witmer, Sweeney and Myers, 1998; Myers, Luecht and Sweeney, 2004; Hattie, Myers and Sweeney, 2004). Even though the notion of spirituality is at the very core of this model of wellness, substantial attention is also given to creativity, together with other elements such as humour, sense of worth and emotional responsiveness (Kirkland, 2014).

2.2.14.11. Financial Dimension

The financial dimension is considered as an emerging dimension in wellness literature, being a newly emerging component offered by organisations as part of their wellness programmes (Working Well Report, 2016). Particularly, the notion of financial wellness is now being recognised by businesses with corporate wellness programmes as well as insurance companies alike (Prudential Insurance, 2016). Furthermore, it has come to the recognition of employers that improving the health and wellness of their employees creates financial benefits since it means lesser health insurance costs and

reduced medical expenses (Prudential Insurance, 2016). Thus, many companies today have begun to have an increasing interest in the financial wellness of their employees by offering financial literacy programmes or courses to improve their financial wellness (Working Well Report, 2016).

A person exhibiting financial wellness is someone who manifests an awareness of his current financial state. It mainly refers to the management of finances, budgeting and saving money to reach one's short-term and long-term financial goals (Auburn.edu, 2016; OSU.edu, 2016).

2.2.14.12. Economic Dimension

The economic dimension comes from the other studies encountered in literature. These studies were conducted in the context of developing countries or in settings where life is a struggle (McGregor and Gough, 2008; Semyonov and Gorodzeisky, 2008), such as those affected by armed conflicts (Williamson and Robinson, 2006). It is called material wellbeing by Williamson and Robinson (2006) and the OECD (2013a), whilst Semyonov and Gorodzeisky (2008) refer to it as economic wellbeing. The OECD (2013a) highlights the importance of income, consumption and wealth as part of a conceptual framework for economic or material wellbeing (OECD, 2013a). Economic wellbeing also refers to high levels of meaningful employment and growing income of the population. It encompasses political institutions and public policies that impacts on the economic wellbeing of a particular society (Miller and Foster, 2010).

2.2.15. Models on Workplace Wellbeing

The Chartered Institute of Personnel and Development (CIPD) in the UK views wellbeing in the context of the workplace. In an earlier report they published about the status of wellbeing at work, wellbeing is seen as representing "a broader bio-psycho-social construct that includes physical, mental and social health" (CIPD, 2007:4). Wellbeing at work is seen as more than just managing the physical and cultural environment, but it is achieved when the organisation actively assists the employees to maximise their physical and mental health. A framework of workplace wellbeing comprising of five domains is proposed, which include: the physical domain, values domain, personal development domain, emotional domain and work or organisational domain. Employee wellbeing is seen as a vital factor and influence in performance, both at the individual and organisational level (CIPD, 2007).

A revised version of this workplace wellbeing model was published recently by the CIPD in 2016 (see Figure 5). This model still contains the five domains, although these were renamed as health, work, values or principles, collective or social, and personal growth domains (CIPD, 2016). The health domain corresponds with the physical domain in the earlier model, which still includes physical health and safety. The work domain includes aspects like a healthy working environment and good management in the organisation. The values or principles domain includes ethical standards and diversity in the workplace. The collective or social domain includes employee voice and positive relationships. Lastly, the personal growth domain includes career development, lifelong learning and creativity. The model shows the interdependence between these domains, as illustrated by the overlaps between them. It also underlines the "core symbiotic relationship between the organisation and the individual", where the effectiveness and success of a wellbeing initiative lies (CIPD, 2016:6).

Figure 5. Five Domains of Workplace Wellbeing



Source: CIPD (2016:5)

This active intervention of an organisation to improve its individual members' wellbeing needs to take into account the needs and characteristics of individual actors themselves, however (CIPD, 2016). This dynamics between the organisational and individual factors in looking at wellbeing in the workplace was also investigated by Warr (2003). In this model, job features as well as individual characteristics (i.e. socio-demographic and personality factors) can also affect the wellbeing of individual employees. Warr (2003) proposes a framework that differentiates context-specific aspects (like job satisfaction) and context-free aspects (like life satisfaction) in looking at workplace wellbeing. Nevertheless, the study found that workplace wellbeing is significantly associated with better job performance and reduced absenteeism (Warr, 2003). This model harmonises with the model of employee wellbeing of Page and Vella-Brodrick (2009). In this model, employee wellbeing is found to be linked with

organisational success. Happy employees were found to perform better and have better relationships generally, which includes work relationships. It is noteworthy that this model integrates the notions of subjective wellbeing and workplace wellbeing as indicators of positive functioning as a whole. Page and Vella-Brodrick (2009) also utilised the Workplace Wellbeing Index, which is a measurement of employees' satisfaction with different work factors using an 11-point Likert scale.

Other studies like those of Juniper (2011) propose that the concept of employee wellbeing and any programme arising from it should be based on the employees' perception on what their wellbeing is, to make any intervention successful. For Juniper (2011), moreover, wellbeing programmes can also be viewed as being under the domain of occupational health, which is quite distinct from an HRM perspective, although the two domains can be related.

Between these models on workplace wellbeing, the interaction between the organisational factors and individual factors which impact on employee wellbeing is made evident. The models proposed by the CIPD (2016) and Page and Vella-Brodrick (2009) also show that achieving workplace wellbeing has a social process and an end to it. The notion of subjective wellbeing is also key in the conceptualisation of workplace wellbeing in these models (Page and Vella-Brodrick, 2009; Warr, 2003).

This study recognizes the individual employees as being central in any wellbeing programme in an organisation. Thus, their experiences and attitudes about the wellness programme were investigated in this research as recipients of the said company initiative. Nevertheless, it also examines the organisational factors in the learning and embedding of the wellness programme in the organisation. This was achieved by looking into the perspective of the organisation through the eyes of those who deliver wellness, in this case, the HR team along with the other partners and key players in the programme.

2.2.16. Convergence and Commonalities of the Wellbeing Models

Considering the wellness and wellbeing models cited in this literature review, convergence and commonalities were identified across the models and studies. They have similarities when it comes to the following dimensions, namely: physical or biological health, emotional or psychological, spiritual, mental or intellectual, social, work or occupational, and economic or material dimensions. Moreover, the concepts of environmental, cultural and climate dimensions appear to be new constructs in literature. A critique could be made with respect to the climate dimension, which could actually be subsumed under the environmental dimension when it comes to wellness literature. On the other hand, the cultural dimension could be intrinsically linked with the social and creative dimensions. This is also the case between the economic dimension and the financial dimension found in literature. However, economic wellness can be understood more in the macro context of a larger community or nation, whilst financial wellness could be understood more at the micro or individual level. It is also noteworthy that the dimensional aspects between most of the models in literature were generally similar with each other. This observation further justifies the interchangeability of the usage of the terms *wellbeing* and *wellness* in this study. Furthermore, subjective wellbeing is also central in these models, in which happiness, either in work or life in general is one of the elements being looked at. Lastly, the models on workplace wellbeing underline the relationship between individual factors and organisational factors that can significantly impact on the wellbeing of employees.

2.2.17. Studies on Workplace Wellbeing

Research examined in this literature review spans more than two decades, from the early 1990s to the most recent studies in 2017. Recent studies were seen to be moving away from the more traditional bio-medical and cost reduction focus of wellness studies mentioned by Reardon (1998), to adopt a more expanded view that

considers concepts like organisational behaviour (Kossek, Kalliath and Kalliath, 2012), organisational change (Gibbs, Loretto, Kowalski and Platt, 2012; Loretto, Platt and Popham, 2010; Kossek, Ozeki and Kosier, 2001), leadership (Donaldson-Feilder, Munir and Lewis, 2013), job satisfaction and work-life balance (Hechanova, 2013; Gunavathy, 2011; Rothausen, Gonzalez and Griffin, 2009). Nevertheless, wellbeing initiatives are seen by most studies as a business case, where the benefits accrue not only to the individual but to the organisation as well through the improved performance and productivity of the employees (Nielsen et al., 2017; Veld and Alfes, 2017; Donaldson-Feilder and Lewis, 2016; Working Well Report, 2014a; Black, 2008).

2.2.18. Employee Wellbeing Studies in Developed Countries

Studies of employee wellbeing in the 1990s include those of Erfurt, Foote and Heirich (1992) which view the cost-effectiveness of worksite wellness programmes in four organisations in the USA in terms of hypertension control, weight loss, smoking cessation and exercise amongst employees. Their study revolves around the biomedical paradigm in evaluating the effectiveness of a wellness initiative. Another study conducted by Ho (1997) in Singapore also focuses on smoking cessation, exercise and fitness of employees. Moreover, the challenges of data recording and evaluating the effectiveness of the intervention were pointed out. At the time of the research by Ho (1997), only nine percent of organisations in Singapore had corporate wellness programmes in place, indicating that wellness initiatives were still in their infancy stage in this region of the world in the late 1990s, compared with their Western counterparts.

In the late 2000s, a business case for employee wellness programmes was pursued by Kumar, McCalla and Lybeck (2009), examining the effect of a wellness programme to a single company, the American District Telegraph, a large security company in the US. The effect of the wellness programme was seen in an increase in employee engagement and a decrease in healthcare costs. A survey was carried out to get the employees' perception on the wellness programme as well as their self-

reported health. This presents the dangers of being biased and being inaccurate when it comes to reporting one's health, however. Nonetheless, the company is unique in such a way that it offered financial rewards to its employees who do the online health assessment as part of the programme. This is in accordance with the models of other big companies where they include financial incentives in their wellness programmes that come in the form of cash, gift cards or reduction in health insurance premiums. Kumar, McCalla and Lybeck (2009) recommend that to have positive return on investment (ROI), a reasonable yearly cost for an employee wellness programme should be around 20% of the individual health care plan. Thus, it was seen as a long-term investment, seeing healthy employees as human capital.

The view of employee wellness as human capital, but specifically intellectual capital, was carried out in a study by Roslender et al. (2006) by using an accounting perspective on employee wellness. Here, employee wellness is seen as something that people bring into to the organisation just like their knowledge, experience, expertise and other skills such as leadership. They point to the importance of developing metrics about employee wellness, although they clarify that it is not possible to put a monetary value to it as opposed to Kumar, McCalla and Lybeck (2009). Metrics are seen as vital in providing useful information to various stakeholders in the organisation. Furthermore, the paper is discursive in approach and it calls for further empirical studies. It recommends adopting strategic management models such as the Balanced Scorecard (proposed by Kaplan and Norton, 1996a) as one of the first steps in having an accounting perspective for employee wellness.

In view of the Balanced Scorecard, Berley, Berley and Brewer (2012) measured corporate wellness performance by using a wellness scorecard, borrowing the term from Kaplan and Norton (1996a). The wellness scorecard is a performance measurement system that they propose for measuring the effectiveness of a wellness programme. Here, they factored in reduced healthcare costs as well as leadership (i.e.

senior leaders in how they perceive the wellness programme and make decisions based on these perceptions) into the so-called wellness scorecard.

Moving towards the domain of HRM, Zula, Yarrish and Lee (2013) studied the currency and features of wellness programmes from the perspective of rural organisations in the northeast region of Pennsylvania in the USA. They conducted a survey to members of an HRM association in the said region. Findings indicate that majority of the respondent reported the wellness programmes to be the responsibility of HR managers. Only a very small percentage (3%) of the companies hired professionals or consultants to manage the programme. Reasons identified for implementing wellness initiatives include improving employees' health, reducing healthcare costs, and increasing productivity and employer profits. However, they mentioned that there is still a sizeable room for improvement for rural organisations in how they evaluate their programmes compared to their urban counterparts. They recommend on doing both soft (e.g. employee satisfaction) and hard measures (e.g. using company data like productivity rates) as well as benchmarking with organisations with well-established wellness programmes, most of which could be found in the Fortune 500 list of top companies in the USA (Zula, Yarrish and Lee, 2013). They also observed that the so-called traditional employee wellness programme of smoking cessation and vaccination were a common feature in these rural organisations.

In the UK, Kowalski and Loretto (2014) conducted a research project within a large public sector organisation with a special wellbeing day programme, but its employees indicated low levels of wellbeing. Their study finds that good policy and practice are not necessarily enough to make a wellbeing programme successful. Findings were based on an online survey with 156 respondents, a number of them were selected to take part in the in-depth interviews and diary study which followed. Problems in the programme that were identified were mostly in the implementation side, which included the following: lack of programme visibility, gaps between policy and practice, poor design of interventions and issues with the delivery of interventions.

To address these issues, Kowalski and Loretto (2014) recommend greater involvement amongst implementers and employees in the design of these programmes, as well as having tailor-fit interventions for the employees.

Meanwhile, another study in the UK was conducted by Blake, Zhou and Batt (2013) about a wellness programme in the National Health Service (NHS). They find that the workplace wellness intervention programme is driven by the government's concern about the poor health and wellbeing of NHS staff (Blake, Zhou and Batt, 2013). It is a longitudinal study that involved over 1,000 employees participating in the pre and post intervention periods. Using questionnaires and staff data, they looked into the physical activity, BMI, diet, self-efficacy, social support, perceived general health and mood, smoking behaviours, sickness absences, perceived work performance and job satisfaction of the respondents. Significant differences were noted from the baseline data and post intervention data in factors such as improved physical activities, lower sickness absences, greater job satisfaction and organisational commitment. The study recommends that these wellness programmes should be embedded into the NHS organisational infrastructure (Blake, Zhou and Batt, 2013).

Other longitudinal studies set within the NHS in the UK include the one conducted by Gibbs, Loretto, Kowalski and Platt (2012) and Loretto, Platt and Popham (2010) which looks at how organisational change impacts on employees' health and wellbeing using both qualitative and quantitative methods. The qualitative research findings differentiate between the content issues (e.g. working hours and workload intensification) and process factors (e.g. planning processes and negotiations with staff) experienced by the employees as a result of the workplace changes. It finds that corresponding changes in work demands, level of control and support from others due to organisational change have significant effects on the health and wellbeing of staff. Moreover, employees' families and friends (i.e. their home-life situation) can enable them to take control and to cope with the situation (Gibbs, Loretto, Kowalski and Platt, 2012). This specific finding further shows that the social domain in workplace

wellbeing, which includes other people (i.e. colleagues, friends and family members), can also have an effect on one's overall wellbeing. Meanwhile, the quantitative findings of the research indicate that organisational change does not necessarily result to negative effects on employees' health and wellbeing, as measured by the General Health Questionnaire (GHQ) which was used in the study. Nevertheless, an increase in the workload due to the change can potentially have an adverse effect on wellbeing. A noteworthy finding, moreover, is that promotion and training that comes with organisational change can have a positive effect on employees' health and wellbeing (Loretto, Platt and Popham, 2010).

Another wellbeing intervention programme was investigated by Page and Vella-Brodrick (2013) in Australia. They evaluated a positive psychology-based employee wellbeing programme that ran for six weeks. They used a mixed methods design that combined a randomized control trial (RCT) design with participant feedbacks on the programme and their own field observations. The participants in the study were 50 government employees in Australia randomly allocated into the control and intervention groups for comparison. The intervention group participated in the six weeks wellbeing programme whilst the control group did not. The two groups were measured in their subjective, psychological, affective and work-related wellbeing employing different standardised wellbeing scales in the pre-intervention, post-intervention and two follow-up studies after three and six months. Demographic variables such as age, marital status, gender, education, work location, employment status and tenure were also included as variables. Research data were triangulated with objective data from company reports and feedback of the participants on the components of the programme to identify common themes. Findings indicate that the wellness programme has more impact on the general wellbeing than work specific wellbeing of the participants. They noted a significant difference in the wellbeing of the intervention group compared to the control group in the areas of subjective wellbeing and psychological wellbeing, but not on work wellbeing. The effects of the programme also

waned through time, indicating a temporal effect in the intervention (Page and Vella-Brodrick, 2013). Overall, the study can be thought of as robust by exhibiting greater control of the variables with the use of an RCT design. It also shows a greater degree of external validity with a longitudinal design.

The success factors of implementing an effective wellness programme were explored and investigated by Berry, Mirabito and Baun (2010). Their research is based on an extensive study of 10 organisations in the USA belonging to various industries that have well-established wellness programmes. They conducted focus groups and interviews with a cross-section of 300 employees with different position levels including the senior executives and key individuals engaged in the wellness programmes. In the end, they were able to come up with the six pillars of an effective wellness programme. They identify and define these six pillars as: (1) multilevel leadership: when there is leadership from all levels in the organisation; (2) alignment: when the wellness programme ties-in with organisational identity, culture and objectives; (3) scope, relevance and quality: when the programme is comprehensive and engaging to employees; (4) accessibility: when the programme is convenient and costless to employees; (5) partnership: when there is collaboration with internal and external partners or vendors to make the essential components of the programme work as well as to provide necessary enhancements; and (6) communications: when there is an efficient and effective means of delivery or diffusion of the wellness message. Furthermore, wellness programmes are seen as one of the strategic tools of organisations in achieving their objectives (Berry, Mirabito and Baun, 2010).

2.2.19. Employee Wellbeing Studies in Developing Countries

Related studies about employee wellbeing were also identified from countries in Asia and Africa. Abg Abdullah and Lee (2012) studied the effects of a wellness programme on stress, job satisfaction and absenteeism in a major telecommunications company in Malaysia. The participating 125 employees comprised of those who participated in the wellness programme and those who did not. Results show that those who took part have higher levels of job satisfaction, lower stress levels, and lower absenteeism. They recommend inculcating the wellness programme into the company culture further to promote positive opinions and perceptions amongst employees.

In South Africa, Sieberhagen, Pienaar and Els (2011) studied the types, foci and perceptions on the success of employee wellness programmes in a cross-sectional study of companies and labour unions in the country. Their findings show that the organisations defined wellness differently and the drivers for implementing the wellness initiatives differed as well. They recommend on the importance of having measurement mechanisms in place to regularly monitor these programmes and to ascertain the effectiveness of these.

In India, Gunavathy (2011) studied the work-life balance interventions prevalent in three sectors in Chennai. A survey was conducted with HR managers from leading companies belonging to the manufacturing, information technology (IT) and service sectors. Findings show that the provisions for work-life balance provided by the organisations include the following initiatives, namely: time-based strategies (e.g. flexible working hours and working from home options), information-based strategies (e.g. employee assistance programs), money-based strategies (employee subsidies and tuition fee reimbursements), direct services (on- site childcare), and culture change services (e.g. organised tours and get-togethers). Findings also indicate that companies with international dealings and connections overseas are the ones that have these work-life balance initiatives.

Two recent studies were also found in China. Shen and Li (2015) surveyed 155 employees and found that organisational commitment and total compensation (including monetary and non-monetary compensation) have a significant positive correlation with work wellbeing. On the other hand, career recognition, family time and family behaviour negatively correlated with it. The topic on the family in relation to wellbeing was also examined by Li and Angerer (2014) when they studied work-family conflicts in two organisations in China. They view the family as an important psycho-social factor at work. Furthermore, they find that there are gender differences in how work-family conflicts are dealt with. Family-to-work conflict was found to be central to men, who are still considered the breadwinners by society. Working women, on the other hand, experience a double burden from work and family since they were found to be affected by both work-to-family and family-to-work conflicts (Li and Angerer, 2014). This study further shows the effect of the family as a social unit in the wellbeing of individuals in the workplace.

2.2.20. Cross-country Studies on Wellbeing

Other studies about workplace wellness programmes were conducted by MetLife in 2010 (Malouf, 2011). MetLife is one of the largest insurance companies in the world headquartered in the UK. The study focused on the best practices when it comes to employee wellness by four multinational companies, namely: American Express, CEMEX, GlaxoSmithKline and PPG Industries, with their operations in the USA, UK, India, China, Mexico and the Philippines. Findings show that wellness programmes are driven by the need to attract and retain talent, not just the need to improve employee health and wellbeing. One of the best practices identified in one of the organisations operating in the Philippines is having redesigned workplaces, allowing specific areas where employees can engage in personal reflection, physical activities and socialisation (Malouf, 2011).

Cross-country regional studies on wellbeing involving several countries in Asia and Europe were also identified. Studies in Asia included those of Tsui (2008), Kuan and Jiuan (2011) and McGregor and Gough (2008). A study about health and wellness interventions in the European Union (EU), on the other hand, was carried out by Guazzi et al. (2014).

Wellness in countries such as China (including Hong Kong and Macao), South Korea, Japan and Singapore were examined in a study by Tsui (2008). The study finds that employee wellness is a price to pay for the economic growth being experienced by these countries. Rising instances of worker fatigue, depression, anxiety, sleeping disorders and chronic diseases were seen amongst the citizens of these countries, indicating that wellness and work-life balance is in decline. The primary factor identified as contributing greatly to this decline is working long hours in an attempt to close the growing wealth gap in the said countries (Tsui, 2008).

Another cross-country study in Asia was conducted by Kuan and Jiuan (2011) which examined the subjective wellbeing of the five founding member countries of the Association of Southeast Asian Nations (ASEAN). These countries include Indonesia, Malaysia, Singapore, Thailand and the Philippines. Subjective wellbeing was measured in terms of three factors - happiness, enjoyment and achievement. Data used in analysis were based from the AsiaBarometer Survey, a regional opinion survey in Asia encompassing East Asia, Central Asia, Southeast Asia and South Asia. In the study, demographic and non-demographic variables were also included as control variables. These demographic variables included gender, age, education, marital status and income. Non-demographic variables, on the other hand, included religiosity, national pride and satisfaction in three spheres of life - personal, interpersonal, and public spheres. Kuan and Jiuan (2011) describe the said countries as generally a contented lot. There were higher happiness levels in Malaysia, followed by Singapore and the Philippines, the latter having the largest increase in happiness scores in a three-year period relative to the other countries. Indonesia, on the other hand, ranked highest in

the accomplishment scores. Across the five countries, satisfaction with the personal sphere of life contributed significantly to happiness, enjoyment and achievement. However, the interpersonal sphere yielded different results for each of the countries, and the Philippines scored the lowest in these spheres. The research proposes the need for policies on the part of the Philippine government to strengthen the leisure facilities, social interaction and engagement in the community (Kuan and Jiuan, 2011).

In the European Union (EU), Guazzi et al. (2014) point that worksite health and wellness programmes are an effective and accepted intervention in reducing cardiovascular diseases. They find that cardiovascular disease is still one of the main causes of deaths in Europe, although its incidence has already declined in recent years. They also find that the concept of employee wellbeing varies across the organisations and member countries of the EU studied. Moreover, they claim that no comprehensive studies about the presence and effectiveness of employee wellbeing programmes in Europe have been made so far (Guazzi et al., 2014).

Finally, Camfield, Crivello and Woodhead (2009) underline the contribution of qualitative methods in exploring the wellbeing of children and adults in various developing countries which included India, Bangladesh, Ethiopia, Peru, Thailand and Vietnam. They illustrate the need for a holistic and contextual approach in understanding the people's perceptions and experiences in connection with their wellbeing. They further propose that qualitative methods can be used alongside quantitative methods to enhance the explanatory power of the research outputs about wellbeing in developing countries.

2.2.21. Wellbeing Studies in the Philippines

Studies found about the Philippines are either part of cross-country studies (Malouf 2011; Kuan and Jiuan 2010) or studies about related concepts on workplace wellbeing, such as job satisfaction (Rothausen, Gonzalez and Griffin, 2009) and work-life balance (Hechanova, 2013). Studies encountered also include topics about the economic wellbeing in the Philippines in connection with overseas labour migration (Semyonov and Gorodzeisky, 2008) and about biological wellbeing during the late 19th century Philippines under Spain (Bassino, Dosis and Komlos, 2015). Notably, a specific study was found about the measurement of the Filipino concept of wellbeing carried-out by SyCip, Asis and Luna (2000, 1993). Nevertheless, precursors of recent wellbeing studies appear to be the government-sponsored researches in the late 1970s about having an objective measure of Philippine development through a set of social indicators (SyCip, Asis and Luna, 1993; Mangahas, 1977, 1980). These indicators include health and nutrition, learning (i.e. education and schooling), income and consumption, employment, non-human productive resources, housing (including utilities and the environment), public safety and justice, political values, and social mobility of the people (Mangahas, 1977, 1980).

Sycip, Asis and Luna (2000), moreover, point to the global interest about human development which emerged in the 1960s that urged the past Philippine governments to measure the wellbeing of the Filipinos in the succeeding years, but these measures were mainly from an economic point of view. There was also a period in the nation's history when an open discussion about wellbeing and other societal issues were suppressed during the height of martial law years (i.e. 1972 to 1981). The restoration of democracy in 1986 paved the way to a more open discussion about wellbeing issues in the country to attain the national development agenda (SyCip, Asis and Luna, 2000).

2.2.22. A Filipino Notion of Wellbeing

In 1997, a nationwide study was conducted about wellbeing in the Philippines in response to gaps in wellbeing research in the country (SyCip, Asis and Luna, 2000). The study is a government-funded research project housed at the Center for Integrative and Development Studies at the University of the Philippines, the leading public research university in the country. Since the 1970's, the Philippines has attempted steps to measure development and the quality of life of its citizens (SyCip, Asis and Luna, 1993). Cross-country studies about wellbeing showed that Filipinos are generally a happy people despite the existence of poverty and insecurity in their society (SyCip, Asis and Luna, 2000; Kuan and Jiuan, 2011). Until now, more than a quarter (26.3%) of the Filipinos lives in poverty (Philippine Statistics Authority, 2016).

This lack of fit between levels of development and happiness gave rise to the debate about whether or not there is an objective way of measuring a Filipino concept of wellbeing. The study of SyCip, Asis and Luna (2000) surveyed 1,200 respondents across the entire geographic regions of the country using a multi-stage sampling method. Prior to the survey, focus group discussions were conducted to explore the equivalent terms of wellbeing in the various Filipino languages and dialects. It emerged that despite some ideas on wellbeing being culture-bound, there is a convergence as to how the different ethnic groups viewed the notion of wellbeing. Terms which emerged were: *magandang buhay* (i.e. beautiful life), *maginhawang buhay* (i.e. comfortable life), *matiwasay na buhay* (tranquil life) and *masaganang buhay* (prosperous life). Amongst these terms, however, the concept of a beautiful life (*magandang buhay*) has been used more frequently by different ethnic groups and it was understood by most of the participants (SyCip, Asis and Luna, 2000). A nationwide survey followed after these focus groups. The 271-item questionnaire used in the study had 11 domains, as shown in Table 2.

Table 2. The 11 Domains Measured in the Filipino Wellbeing Study

Domains	Number of Components
Housing and Quality of Neighbourhood	13 items
Employment and Quality of Working Life	16 items
Savings and Wealth	7 items
Social Relationships	13 items
Leisure and Spare Time Activities	9 items
Physical Health	9 items
Psychological/ Mental Health and Emotional Wellbeing	8 items
Religion and Spiritual Life	4 items
Information and Knowledge	5 items
Political Participation	4 items
Peace and Order and Government Performance	14 items

Source: SyCip, Asis and Luna (2000:11)

Additional items also asked the respondents about their socio-demographic backgrounds, their ratings about the importance of the various components of the 11 domains and their satisfaction in connection with the components of these domains. The results of the study show that *religious faith* is the most important factor amongst the respondents, which is under the religion and spiritual life domain. *Having a long life* is only the third most important factor, which is under the physical health domain. In terms of their level of satisfaction about the components of the domains, the respondents once again are most satisfied when it comes to their *religious faith*, followed by *prayer and reflection*. The components, namely: *love of spouse* and *having children* came third and fourth, respectively, which are items under the *social relationships* domain. The findings of the study indicate that non-material domains such as spiritual life and social relationships, particularly with the immediate family and the desire to do good things to others, are very much central to the respondents' sense of wellbeing (SyCip, Asis and Luna, 2000).

2.2.23. Employment and the Labour Market in the Philippines

The World Bank (2016) report about the current employment and poverty in the Philippines shows that in-work poverty is still the main challenge facing the labour

policies in the country (World Bank, 2016). This poverty is the result of the low earning capacity of the labour force and their limited access to regular full employment. Complicating the problem is the presence of low education amongst the poor in society, narrowing their access to job opportunities. There is still a widespread presence of the informal sector, where people engaged in this sector do not benefit from the minimum wage or from the employment protection legislations by the government (World Bank, 2016).

The report shows that the economic growth experienced by the country in the last several years created enough employment to the growing labour force. However, the decrease in unemployment did not bring about real increases in wages. Thus, the report also states that “people are poor in the Philippines because they earn little, not because they do not work” (World Bank, 2016:13). In another World Bank report in 2013, the service sector was found to be the largest employer in the country, accounting to almost half of total employment, followed by the agriculture sector (about one-third in total employment). The manufacturing or industrial sector, although growing, is still playing a comparatively minor role compared with the other sectors (World Bank, 2013, 2016). The current employment rate in the Philippines, although average by international standards, is still lower compared to most of its Asian neighbours in the ASEAN. Furthermore, the participation of women and youth in the labour force is still relatively low (World Bank, 2016).

2.2.24. Legal Context of Wellness Programmes in the Philippines

Currently, there are proposed legislations or bills promoting wellness and wellness programmes in the Philippines. Three of these bills were found but all are still pending to be signed into law. One of these bills is the Healthy Workforce Act of 2009, which encourages businesses to have wellness programmes for their employees, which is seen as a step in lowering healthcare costs and keeping the population

healthy. The bill seeks to give tax credits to businesses of up to 2,000 pesos (about £ 34) per employee if these companies offer comprehensive wellness programmes to their workforce (Senate of the Philippines, 2015).

Another pending bill to be signed into law is the Uniformed Personnel's Health and Wellness Development Act of 2013. This bill is a support to the government's health and wellness development plan to the military and police forces in the country, making them physically healthy and well so they can do their duties most effectively. The bill seeks to make a legal basis for providing funding to build or improve the basic recreational and health facilities for the military and police personnel (Senate of the Philippines, 2015).

The last bill, which is still being deliberated and pending for approval from the lower legislative chamber (i.e. the House of Representatives or Congress) is about a proposed legislation seeking to provide every *barangay* (similar to a *barrio* or village, the smallest administrative division in the Philippines) a community fitness centre, to improve the wellness of the residents in different communities as well as to promote the importance of physical education and sports in the country (Senate of the Philippines, 2015).

2.2.25. Corporate Wellness Programmes

Nowadays, large companies tend to have their own established wellness programmes (Working Well Report, 2016; Zula, Yarrish and Lee, 2013; Malouf 2011). Specifically, big multinational companies place importance to these programmes in their global operations, making these initiatives more prevalent not only in developed economies like the USA and the UK, but also in emerging economies like China and India (Malouf, 2011).

Until recently, however, only less than 10 percent of the global workforce has access to these company-sponsored wellness programmes (Global Wellness Institute,

2016). This limited access of the majority of the workforce exists despite the growing incidence of workplace illnesses. According to Nuffield Health (2017), a leading provider of corporate wellness programmes in the UK, some of these illnesses stem from stress and lifestyle-related diseases such as cardiovascular disease (Nuffield Health, 2017). A large concentration of these programmes is found in North America and Europe where most advanced economies are situated. The other regions of the world, including Asia, are still trailing behind although these initiatives are growing in these regions (Global Wellness Institute, 2016; Working Well Report, 2014a). Moreover, when it comes to organisational ownership, corporate HR is the one responsible for executing the wellness programmes in most of the countries and regions (Working Well Report, 2014a). Additionally, the top wellness programme components are, namely: specific HR policies on wellness (e.g. flexible schedules), employee assistance programmes, regular communications (i.e. awareness drives), on-site immunisations, flu-shots, biometric health screenings, ergonomic adaptations and awareness, health risk appraisal, on-site lifestyle programmes or coaching, workplace health challenges (e.g. weight management and smoking cessation) and on-site occupational health programmes.

Table 3. Top Components of Wellness Programmes Globally

Programme Components	Ranking in Terms of Prevalence (All Regions Globally)	Ranking in Terms of Prevalence (Asian Region)
HR Policies on Wellness	1st	5th
Employee Assistance Programme	2nd	10th
Regular Communications	3rd	3rd
On-site Immunisation/ Flu shots	4th	14th
Biometric Health Screenings	5th	1st
Ergonomic Adaptations and Awareness	6th	11th
Health Risk Appraisal	7th	4th
On-site Lifestyle Programmes/Coaching	8th	8th
Workplace Health Challenges	9th	6th
On-site Occupational Health Programmes	10th	2nd

Adapted from: Working Well Report (2014b:17). A worldwide survey (n= 1,041 employers) on the “Trends and Best Practices in Workplace Wellness” by Buck Consultants (now Conduent HR Services), a global HR benefits and consulting firm.

Globally, the fastest growing component of wellness programmes is telemedicine services (i.e. distance clinical healthcare using telecommunications and information technology). In Asia, however, it is on-site child care (Working Well Report, 2014b). As a corporate strategy, recent findings indicate that a workplace wellbeing programme is being treated by most organisations as a means of improving employees' performance and engagement at the workplace (Working Well Report, 2016).

Large multinational companies well-known for their implementation of a comprehensive corporate wellness programme are Johnson & Johnson with their "Live for Life" programme (Ho, 1997) and Procter & Gamble with their "Vibrant Living" programme (Corporate Wellness & Health Association, 2014). It is also noteworthy that large insurance companies nowadays have also become strong advocates of wellbeing and offers wellness programmes to organisations as part of their employee benefits banners (Kumar, McCalla and Lybeck, 2009; Aon Hewitt, 2008; Warr, 2009). Aon, one of the biggest insurance brokers in the world, produced a report in 2008 about the trends of wellness programmes in the USA under its HR and employee benefits subsidiary Aon Hewitt. The report shows that these programmes are being provided by companies to reduce the healthcare costs of their employees, as well as to improve employees' health and productivity, thereby improving the competitive advantage of companies (Aon Hewitt, 2008). The report also emphasises the importance of having a wellness infrastructure for a wellness strategy to succeed. The components of a wellness infrastructure include health assessments, incentives, metrics and evaluation, communication and wellness-centred company benefits (Aon Hewitt, 2008). The report shows that insurance companies also operate within the domain of the bio-medical model and healthcare cost reduction of wellness programmes.

In a related study, Warr (2009) wrote an article about the Bupa funded research by the Warwick Medical School and a specialist consulting company Work2Health on

the impact of tailored interventions in the UK. Bupa is a private international healthcare and health insurance company headquartered in the UK. The study is a 30-day intervention programme implemented to different local private and public sector organisations. The article cites that some of the popular features of these programmes include paid time-off visit to doctors and health risk assessments. Consultants involved in the intervention programme recommend 8 steps in achieving a healthier workforce. The first four of these steps are called the foundation steps, which include the following: setting-up a wellness group comprised of a cross-section of the organisation, winning the commitment of senior decision makers, planning and communicating the wellbeing programme. The next four steps, called the implementation steps include: identifying and assessing the approaches and procedures in the intervention, building an action plan on key priorities, putting or implementing the programme and evaluating and reviewing the progress of the programme (Warr, 2009).

Another report about wellbeing initiatives in the UK was published by PricewaterhouseCoopers (PwC) in 2008. The PwC (2008) report was commissioned as a cross-government study which involved 10 UK-based companies belonging to different industries. The PwC (2008) reports that the wellbeing programmes of the organisations included in the study are being driven by corporate social responsibility (CSR), government pressure and competition in the labour market in attracting the best talents.

2.2.26. Frameworks on Corporate Wellness Programmes

The identified frameworks on making wellness programmes successful and effective include the ones proposed by the Wellness Council of America (WELCOA) and the Centers for Disease Control and Prevention (CDC). WELCOA is a not-for-profit organisation for companies and entities that are engaged in health promotion and wellness initiatives in the workplace (WELCOA, 2008). Meanwhile, the CDC is a major

operating arm of the Department of Health and Human Services in the USA (CDC, 2013).

WELCOA proposes seven benchmarks for a results-oriented wellness programme. These include: (1) capturing CEO support; (2) creating wellness teams; (3) collecting data; (4) carefully crafting an operating plan (5) choosing appropriate interventions; (6) creating a supportive environment; and (7) carefully evaluating outcomes (WELCOA, 2008).

On the other hand, the CDC espouses a Workplace Health Model (CDC, 2013; Guazzi et al., 2014:510). It is a framework that is characterised by a systematic process of building health and wellbeing promotion in the workplace. It includes four steps or phases, namely: (1) an assessment phase to identify employee health and safety risks, concerns, capacity, needs and potential barriers to the programme; (2) a planning phase to develop the components of the programme, to select priorities and to build an organisational infrastructure; (3) the programme implementation phase; and (4) an evaluation phase to gauge the merits of the programme.

A central theme encountered in surveying the literature on workplace wellness and employee wellbeing pertains to the business case for these programmes, which branches out into the following themes, namely: the cost containment paradigm, productivity as driver for these types of initiatives, the programmes being the responsibility of HR departments, and programmes being seen as a strategic tool for organisations. Furthermore, convergence in the existing frameworks encountered include: having a strong leadership support, having a wellness team coming from a cross-section of the organisation, having well-directed targets, having tailor-fit programme, having effective communication mechanisms, having data collection methods and measurements, and having an evaluation mechanism to ascertain and monitor the progress of the programme.

2.2.27. Legal Implications and Pitfalls of Wellbeing Programmes

In an expert commentary on the current scholarship on workplace wellbeing, Kossek, Kalliath and Kalliath (2012) emphasise that the constant changes in the workplace environment impacts on the wellbeing of employees. These changes are both negative and positive. Negative changes include precarious work or job insecurity driven by globalisation and job displacements brought by mergers, acquisitions and downsizing.

Legal implications and dangers may also arise in implementing wellness programmes (Plump and Ketchen, 2013). Plump and Ketchen (2013) identify these issues as: the dangers of discriminating against religious, age and disabled groups; issues with voluntary versus forced participation; handling confidential information or data about employees' health and wellbeing; separation of working hours from wellness time, amongst others. However, there is a silver lining. Positive changes are also evident in the workplace. These come in the form of alternative and flexible work schemes, allowing employees to have more control over their jobs that contributes to their wellbeing (Kossek, Kalliath and Kalliath, 2012).

In the US, the WELCOA also reports that existing laws of the land may impact on the wellness programmes of most companies, making most of these corporate wellness programmes not legally compliant (WELCOA, 2015). It notes that very few companies include the aspect of legal compliance in their health promotions programmes or strategies. The WELCOA identifies this problem to be stemming from a lack of clear guidance from the regulating authorities in concerned governments and a wanting of legal resources for the workplace wellness industry. It recommends that legal compliance should not be an afterthought when it comes to these wellness programmes, but should be part of the design process at the onset (WELCOA, 2015).

2.2.28. Employee Wellbeing and Human Resource Management

Most of the literature encountered on employee wellbeing is also linked with HRM practices of organisations. Topics like strategic HRM, work-life balance, organisational performance, engagement and the psychological contract also come into play with these wellbeing studies.

For instance, Ginn and Henry (2003) propose that HR departments can use wellness programmes so that management and employees can come together and form an organisational culture that will support the strategy of the organisation. Wellness programmes are seen as one of the tools of HR in facilitating the achievement of corporate strategies and managing organisational changes affected by mergers, acquisitions and downsizing which adds to the uncertainty, anxiety and stress of employees. Wellness programmes are seen to counteract these negative effects. They also underline that wellness programmes in organisations can vary. These can take the form of simple awareness programmes to more complicated programmes that are aligned with the corporate structure. They propose that well-developed programmes are those with a holistic approach, addressing not only the physical health but the social and emotional wellbeing of employees as well.

The relationship between HRM, employee wellbeing and corporate performance was explored by Guest (2017, 2002), Peccei (2004) and van De Voorde, Paauwe and Van Veldhoven (2012), amongst others. Currently, there are two divergent discourses on the matter, namely the mutual gains view (Kochan and Osterman, 1994) and the conflicting outcomes view (Peccei, 2004). The mutual gains perspective is also known as the optimistic view and it posits that HRM has a positive impact or effect on employee wellbeing and organisational performance (Kochan and Osterman, 1994; van De Voorde, Paauwe and Van Veldhoven, 2012; Kowalski and Loretto, 2017; Guest, 2017, 2002). In view of this perspective, Appelbaum (2002) propose a conceptual model that sees the adoption of HRM practices as improving the

employees' skills, engagement and morale. These practices can increase job satisfaction, commitment and trust of employees whilst reducing their stress levels. Overall, this strategy is seen to have a positive effect on organisational performance (van De Voorde, Paauwe and Van Veldhoven, 2012).

On the other hand, the conflicting outcomes view, also called the sceptical view (Peccei, 2004) is a critical view which states that HRM has either no effect or a negative effect on employee wellbeing and organisational performance (Peccei, 2004; Guest 2017, 2002; van De Voorde, Paauwe and Van Veldhoven, 2012). This stems from the view that employee wellbeing and organisational performance are two different goals that are to be achieved by a different set of HRM practices. There is a trade-off, such as the practices that improve employee wellbeing are not the same as those that might improve organisational performance. Increase in organisational performance comes at the price of decreasing employee wellbeing due to increased work strain.

In addressing the two divergent views, Guest (2017, 2002) showed evidence that employee wellbeing, as manifested in employees' attitude and behaviour comes in the middle of the framework between HRM and corporate performance. He cites that there are specific HRM practices that can contribute to employees' satisfaction on work and life in general. These practices include: job design, employee involvement and provision of information or assistance which are also found to be linked with improving performance. Nevertheless, he also notes that the worker can still be neglected in the practice of HRM at the end of the day. Thus, he recommends that the key to success is that HRM become more sensitive to the needs of employees to fit well with the view of the mutual gains framework (Guest, 2002). New frameworks and a refocusing of HRM research and policy towards promoting employee wellbeing is needed (Guest, 2017).

A further exploration of the triple concept of HRM, wellbeing and organisational performance was done by van De Voorde, Paauwe and Van Veldhoven (2012) by

reviewing 36 quantitative studies about the topic published from the years 1995 to 2010 (covering 15 years). Findings show that majority of these studies found HRM to have a positive effect on employee wellbeing. Their study focuses on three aspects of employee wellbeing, namely: happiness, health and relationships. Majority of the studies they analysed indicate a positive association between HRM, happiness and performance. However, a few data points show a reverse relationship between HRM and performance with employee's health. Nevertheless, they found evidence that existing literature is still leaning towards the mutual gains perspective rather than the conflicting outcomes view. However, evidence suggests that health may be a function of the conflicting outcomes view (van De Voorde, Paauwe and Van Veldhoven, 2012). The study is a systematic review of literature but two of its limitations lie in the fact that it is narrative in nature and not meta-analytical. Furthermore, only quantitative studies were included.

HRM practices were also looked into by Clarke and Hill (2012) in exploring the relationship between employee wellbeing and the quality of service given amongst employees working in the aged care sector in Australia. They particularly note that HRM practices such as learning and development (L&D), employee engagement and health and safety (H&S) play an important role in developing and sustaining the wellbeing of employees. Their framework involves the triad between HRM practices, employee wellbeing and service quality. Employee wellbeing is treated as being both psychological and physical, which mediates between HRM and the quality of service delivery.

Baptiste (2008) also examined the effects of HRM practices on employee wellbeing and performance. It is a study conducted on 100 employees in a single organisation in the UK. In the study, the concept of employee wellbeing is composed of employee commitment, job satisfaction and work-life balance. All these components are seen as improving job performance. The six HRM practices affecting wellbeing and

performance that were looked into were: selection practices and internal promotion; employee voice; employee involvement and information sharing; high compensation contingent on performance; extensive training, learning and development (L&D); and greater involvement in decision-making and work teams. The role of line managers in providing support as well as trust is also found to be vital in promoting employees' wellbeing at work. It is recommended that managers implementing the HRM practices need to foster trust, support and commitment that contributes to employee wellbeing, making the employees predisposed to perform better.

More recent studies about HRM practices and wellbeing were done by Nielsen et al. (2017) and Veld and Alfes (2017). Nielsen et al. (2017) looked at the workplace resources in improving both employee wellbeing and organisational performance. They looked at these resources at 4 levels, namely: the individual, group, leadership and organisational levels in doing a meta-analysis of the existing literature on employee wellbeing and performance. They find that there are no significant differences in employee wellbeing and organisational performance between the four stated levels of workplace resources, which suggest that organisational interventions and initiatives could focus on any of these levels.

Like the previous studies cited, Veld and Alfes (2017) also investigated the linkage between HRM practices and employee wellbeing. They focused on empirically testing whether specific climates (i.e. perceptions in organisations) serve as strong mediating factors between HRM practices and employee wellbeing (measured in terms of work commitment and health). Two work climates were investigated, namely: a climate of efficiency and a climate of wellbeing in an organisation. The HRM practices included were training, performance management and work-life balance arrangements, amongst others. They find, however, that a climate of efficiency only partially mediated between HRM practices and commitment at work. Moreover, contrary to expectations, a climate of efficiency also appears to be positively related to work commitment and yet

insignificantly related to health (i.e. the need for recovery or rest) amongst the employees. Expectedly, a climate of wellbeing is found to be a significant mediator between HRM practices and employee wellbeing, as well as being positively and significantly related to work commitment.

When it comes to the learning and development (L&D) function of HR, Girling (2008) propose that L&D people can also take the role of promoting and administering the wellbeing programmes of organisations. It is recommended that aspects of an employee wellbeing programme can be integrated to an organisation's training needs analysis. In terms of workplace learning, Watson et al. (2017) found a significant association between learning and wellbeing in doing a systematic review of literature on these topics. Workplace learning is viewed as important for developing personal resources and skills to cope with stress and challenges at work. In a related study on the link between learning and wellbeing, Robertson and Tinline (2008) view effective learning and problem-solving behaviours in an organisation as tangible yardsticks of the existence of psychological wellbeing and engagement in an organisation. Other studies specifically focus on the relationship between mentoring and employee wellbeing such as the one by Clutterbuck (2008). Formally structured or supported mentoring in an organisation was seen to positively affect wellbeing and retention because employees feel they are valued and they experience advancement in their careers as a result (Clutterbuck, 2008).

In the area of rewards and benefits, on the other hand, Kossek, Ozeki and Kosier (2001) propose a divergent view from the usual notion that wellness programmes are just part of HR's incentives and cost containment strategy. Rather, they propose that wellness programmes can also be viewed as part of an organisation's change strategy. Their recommendations include the following: rewarding healthy behaviours instead of punishing unhealthy behaviours, having a gain-sharing scheme in the organisation for medical savings, collaborating with the

community by participating in community-based fitness promotions, integrating disability programmes with wellness programmes, encouraging voluntary participation, and moving away from the bio-medical and insurance model of wellness.

Palmer (2005) also looked into employees' perception of the benefits and rewards system in an organisation. He notes of the paradox found in the CIPD's (2005b) study in which more work-related stress was reported by employees even though they perceived HRM practices such as rewards and benefits in a positive way. It was found that for these employees, more benefits and rewards from the organisation means more work. He identified heavy workload as a factor contributing to stress, anxiety and depression of employees. Companies adopting lean management, downsizing and re-engineering strategies are seen to be specifically prone to the problem. Moreover, six dimensions that may affect stress levels were identified, and these include: level of work demands, personal control at work, support from supervisors and colleagues, relationships at work, role clarity, and changes at work. He recommends that HR has the position to make the necessary interventions to address the increasing work-related stress in organisations.

Lastly, Marks (2005) found that HRM practices such as training, appraisal and involvement in decision-making contribute to making jobs more interesting to employees, but these did not reduce their stress levels. This led him to discuss wellbeing in the context of job quality. He proposes that there should be an alignment between the demands of a job and the individual's skills level. He points on crafting good jobs, which are seen as exciting and not stressful. He notes that making jobs exciting is important in creating job satisfaction. He concludes by recommending that systematic assessments are needed so that organisations can monitor and tackle any negative trends in jobs. He states that creating good jobs for employees will also benefit the organisation by ensuring that best practices are more prevalent.

2.2.29. Employee Wellbeing and Work-life Balance

A concept very much related to employee wellbeing is work-life balance, which is also a concern of HRM. Previous studies cited earlier like those of Gunavathy (2011), Lockwood (2003), Friedman, Christensen and DeGroot, (1998), Reynolds (1998, 1999) all looked into this area. Lockwood (2003) states that promoting work-life balance is the domain of HRM. It can be achieved by introducing work-life interventions such as employee assistance programmes, resulting in employee retention, increased motivation and productivity, and decreased absenteeism amongst employees. Similarly, the CIPD (2007) report states that work-life balance is essential in achieving employee wellbeing. Gunavathy (2011) points to the work-life balance initiatives as becoming a necessity for most organisations today, calling the need for HR strategies and policies to accommodate the work-life needs of the workforce.

The issues about work-life balance even extend to people who work in later life as shown by the study of Loretto and Vickerstaff (2015) in the UK. They note of gender differences between older men and women when it comes to flexible working. Men were found to have more autonomy and choice when deciding to work flexibly in later life. They may also do this as a personal choice to spend more time with their family. Women, on the other hand, were found to avoid flexible working in later life to take advantage of better job opportunities. They also tend to work in an informal and paid employment if they work flexibly in later life. An implication of the study shows that achieving work-life balance in later life is not purely resting on a personal domain, but there could be structural issues in society and organisations as well. The study also comments that there are scanty policy debates at the moment to address the issue.

Younger unmarried employees were also found to experience work-life conflicts, as shown by Hechanova (2013) who examined the work-life conflict experienced by call centre agents in the Philippines. Most of the respondents in the study were fresh graduates from college. The study aims to explain the high turnover

rates of workers in one company despite reporting high levels of job satisfaction. The company has sleeping lounges, gym and spa services within the premises. However, work-life conflict was found to impact on one's intention to quit and to one's wellbeing more than job satisfaction. Young people employed in call centres in the Philippines work unsocial hours, resulting in lesser time spent with their families. The study recommends that HR practitioners and managers should understand that there are social and personal costs to call centre work, and that there is need to have programmes or interventions for work-life balance that are tailored to the local culture. For instance, there was a call for these interventions to be more familial, considering that the family is exerting a great influence on the individual.

2.2.30. Employee Wellbeing and Organisational Performance

The alleviation of stress at work through wellbeing initiatives is also linked with improving organisational performance by means of a healthy workforce (Biron, Karanika-Murray and Cooper, 2012) and a resilient workforce (Cooper, Liu and Tarba, 2014; Mowbray, 2008). Organisational factors such as the level of management support, employee participation and perceptions, organisational climate, culture and readiness for change are identified to affect the efficacy and success of wellbeing interventions (Biron, Karanika-Murray and Cooper, 2012).

Aside from stress management, the studies on employee wellbeing and organisational performance encompasses the topics on psychological contract (CIPD, 2005b; Conway, 2004), leadership (Donaldson-Fielder and Lewis, 2016; Donaldson-Fielder, Munir and Lewis, 2013) and employee engagement (Bailey, 2016; Bailey, Madden, Alfes and Fletcher, 2017; MacLeod and Clarke, 2009).

The CIPD (2005b) links the concept of the psychological contract to employee wellbeing. In another report, the CIPD defines the *psychological contract* as the "perception of the employee and employer about their mutual obligations towards each

other" (CIPD, 2005a:2). The CIPD (2005b) presents the trends in the state of the employment relationship between employees and organisations in the context of wellbeing at work. Greater challenges were found in motivating staff to perform than there are challenges in giving financial incentives to them. This is seen as stemming from a previous report by Guest and Conway (2004) who propose a model of managing the psychological contract based on data from 1,000 employees about particular features of their employment. This model posits that the psychological contract must consist of building-up of trust and fairness. Here, fairness is seen as being influenced by individual characteristics, organisational characteristics and HRM practices. Employee wellbeing is affected by all of these dynamics, as manifested through attitudes involving work, job satisfaction, job performance and intention to quit.

The important role of line managers in the dynamics between employment relationship, the psychological contract and wellbeing is also noted by Hutchinson (2005). The challenging work of HRM in supporting this role is pointed out. Line managers are found to be moving away from the traditional supervisory roles and becoming more involved in functions like people development and policy delivery, where more HRM practices are being given to them for implementation, including those that touch on improving employee wellbeing. In relation to this, other studies focus on the important role of leadership amongst managers in organisations in achieving the wellbeing of the organisational members, which can translate to good business and value creation for the employer (Donaldson-Feilder and Lewis, 2016). Leadership and the way people are managed can impact on employee wellbeing in divergent ways, specifically on aspects relating to stress and engagement levels of employees (Donaldson-Feilder, Munir and Lewis, 2013).

Employee engagement is another facet of work that is seen to be linked with employee wellbeing (Bailey, 2016; Bailey, Madden, Alfes and Fletcher, 2017; MacLeod and Clarke, 2009). Bailey et al. (2017) and Bailey (2016) find in their study that high levels of engagement are associated with high levels of wellbeing. The notion of

employee wellbeing is also central to the work of MacLeod and Clarke (2009). In their report to the UK government, they point out that a workplace approach designed to improve employee engagement also ensures organisational commitment whilst enhancing the sense of wellbeing of the employees at the same time. Additionally, Cooper, Liu and Tarba (2014) associate a high engagement culture in an organisation to a work environment that helps build resilient employees with well-developed coping strategies. Moreover, they point to the role of HRM practices as central in fostering a resilient and an engaging culture in an organisation.

2.2.31. Measuring the Concepts of Wellness and Wellbeing

A non-exhaustive compilation of the different scales and inventories in measuring the concepts of wellness and wellbeing is presented in Table 4. These measurement tools were encountered from the works of various authors in conducting this literature review, a number of which were already cited in earlier sections. Although this study does not measure the wellbeing of the participants on its various dimensions, it is useful to be familiar with these instruments in understanding these pertinent components or dimensions of life being measured.

These measurement scales also illustrate the point that different studies converge cross-nationally on the notion that wellbeing is a multidimensional concept and that similar dimensions are being factored in to gain a holistic understanding of wellbeing. Likert scales were utilised for these measurement tools while factor analysis was the common analytical tool employed for these studies.

Majority of these measurement tools originate from countries in the developed world, mainly North America (i.e. United States) and Europe. However, a number of studies using specifically designed measurement tools for a population or sample were also encountered in the Asian region, where most countries are still classified as

Table 4. A Matrix of Cited Wellbeing Measurement Scales by Dimensions, Proponents and Country/Nation or Region Conducted

Measurement Scale or Study and Proponent(s)	Dimensions of Factors Included	Sample or Population	Country/Nation or Region Conducted
Life Assessment Questionnaire (Hettler, 1980)	6 dimensions (i.e. physical, social, intellectual, spiritual, emotional and occupational)	undergraduate students	United States
Wellness Inventory and Wellness Index (Travis, 1981 cited in Travis and Ryan, 2004)	12 key dimensions or processes (i.e. self-responsibility and love, breathing and relaxation, sensing, eating, moving, feeling, thinking, playing and working, communicating, sex and intimacy, finding meaning and transcending)	medical patients	United States
Spiritual Well-Being Scale (Paloutzian and Ellison, 1982)	spiritual wellbeing	undergraduate students	United States
Satisfaction with Life Scale (Diener, Emmons, Larsen and Griffin, 1985)	Life satisfaction as a component of subjective wellbeing	undergraduate students, elderly	United States
Scale of Psychological Well-Being (Ryff, 1989)	psychological wellbeing (i.e. self-acceptance, positive relationships, autonomy, environmental mastery, purpose in life, personal growth)	undergraduate students, middle-age adults and elderly	United States
Positive and Negative Affect Schedule or PANAS (Watson, Clark and Tellegen, 1988)	emotional wellbeing	undergraduate students, general population	United States
Perceived Wellness Survey (Adams, Bezner and Steinhart, 1997)	6 factors (i.e. physical health, psychological wellbeing, cultural, social, environmental and occupational influences or factors)	company employees	United States
TestWell Wellness Inventory (Owen, 1999)	6 dimensions (i.e. physical, social, intellectual, spiritual, emotional and occupational)	graduate students	United States
Optimal Living Profile (Renger et al., 2000)	6 dimensions (i.e. physical, social, intellectual, spiritual, emotional and environmental)	health resort clients	United States
The Affective Well-Being Scale (Daniels, 2000)	5 factors of emotions or affect	social services and university employees	United Kingdom
Filipino Wellbeing Study (SyCip, Asis and Luna, 2000)	11 domains (i.e. housing, employment, savings and wealth, social relationships, leisure, physical health, mental health and emotional wellbeing, spiritual life, information and knowledge, political participation and peace and order)	general population	Philippines
Wellness Evaluation of Lifestyle (Myers et al., 2004)	5 factors (i.e. physical, cognitive, emotional, relational and spiritual)	volunteers	United States
Workplace Well-Being Index (Page, 2005 cited in Page and Vella-Brodrick, 2013)	subjective wellbeing in the workplace (i.e. life satisfaction and job satisfaction)	financial services employees	Australia

Table 4. (cont.)

Measurement Scale or Study and Proponent(s)	Dimensions of Factors Included	Sample or Population	Country/Nation or Region Conducted
Canadian Index of Wellbeing (Ekos Research Associates, 2006)	7 domains (i.e. living standards, physical health, time allocation, education, ecosystem health, community vitality, good governance or civic engagement)	general population	Canada
Psychological Well-Being Scale and Scale of Positive & negative Experience or SPANE (Diener et al., 2009)	psychological wellbeing and subjective wellbeing	undergraduate students	United States
Warwick-Edinburgh Mental Wellbeing Scale (Stewart-Brown et al., 2009)	mental wellbeing	undergraduate students, general population	United Kingdom
Subjective wellbeing in the ASEAN (Kuan and Juana, 2011)	subjective wellbeing in terms of 3 factors (i.e. happiness, enjoyment and achievement)	general population	ASEAN member countries (Indonesia, Malaysia, Philippines Singapore and Thailand)
PERMA-Profiler (Butler and Kern, 2016; Seligman, 2011)	5 psychosocial domains of <i>flourishing</i> (i.e. positive emotion, engagement, relationships, meaning and accomplishment) and additional 2 domains (namely, negative emotion and physical health)	volunteers	different regions of the world
Panel Survey of Ageing and the Elderly (Halleröd, and Seldén, 2013)	6 arenas of wellbeing (i.e. health, economic and material resources, functionality and independency, psychosocial factors, lifestyle and social relations)	elderly	Sweden
European Wellbeing Study or Flourishing Across Europe (Huppert and So, 2009, 2013)	10 components of <i>flourishing</i> (i.e. competence, emotional stability, engagement, meaning, optimism, positive emotion, positive relationships, resilience, self-esteem and vitality)	general population	EU member countries
Australian National Survey of Mental Health and Wellbeing (Australian Government, 2007 cited in Page and Vella-Brodrick, 2013)	mental wellbeing	general population	Australia
Cross-National Comparative Study of Work-Family Stressors, Working Hours and Well-Being (Spector et al., 2004)	work-family pressure, job satisfaction, mental wellbeing and psychological wellbeing	managers	China (PRC), Taiwan (ROC), Hong Kong SAR, Latin America and English-speaking countries
Inner Wellbeing Scale (White, Gaines and Jha, 2014)	inner wellbeing (i.e. subjective and psychosocial wellbeing)	marginalised rural communities	India
Better Life Index (OECD, 2013b; OECD 2017)	3 major pillars wellbeing and progress (i.e. material conditions, quality of life and sustainability)	volunteers	180 countries and territories

developing nations (e.g. Kuan and Jiuan, 2011 on the ASEAN; SyCip, Asis and Luna, 2000 on the Philippines; White, Gaines and Jha, 2014 on India).

Moreover, additional cross-country comparative studies were also encountered, such as those of Spector et al. (2004) on China, Latin America and the English-speaking countries. In this study, managers from the aforementioned countries were surveyed to measure their mental and psychological wellbeing, as well as their job satisfaction and experiences with regards to work-family pressure. In another study focusing on the measurement of happiness and subjective wellbeing in mainland China, Chen and Davey (2008) observed an overall paucity and disproportionate research when it comes to the geographical regions of the said country. They also noted that modified versions of existing Western measurement tools for wellbeing are still being used, although tailor-fit scales specific for the Chinese population have started to emerge. Acknowledging this to be the case, however, a later study by Davey and Rato (2012) about the measurement of subjective wellbeing in China noted that findings are no different from the findings in the Western world. Similarly, studies which aim to measure aspects of wellbeing in South Africa and Nigeria using measurement tools from the West found almost similar results with those from the West (Jackson, Rothmann and van de Vijver, 2006; Adeyemo and Adeleye, 2008).

For a country-by-country measurement of wellbeing, the OECD (2013b) designed the Better Life Index. This index is a measure of wellbeing which aims to capture aspects of life that are important to specific countries shaping the overall quality of life of their populations. However, this index does not represent statistically relevant samples since responses came from volunteers for each country or territory (OECD, 2013b). Nevertheless, results for the Philippines show that *work-life balance* is the most important thing for the respondents (OECD, 2017), which is a contrast from an earlier study of SyCip, Asis and Luna (2000) which show that the religious and spiritual life domain is the most important factor among Filipinos' notion of wellbeing at that time.

There also appears to be an extensive amount of literature about wellbeing yet there is still a relatively limited amount of studies which empirically measures its dimensions or factors relating to it (Renger et al., 2000, Miller and Foster, 2010; Adams et al., 1997). Moreover, as shown in Table 4, there still exists a dearth of studies which designed and utilised standardised measurement tools for a specific population in the developing world, as well as those studies that aim to measure wellbeing and aspects of it in the workplace context. Although a number of the studies cited here already touched on the aspects of knowledge and learning in connection with wellbeing (e.g. Renger et al., 2000; Seligman, 2002, 2011; SyCip, Asis and Luna, 2000; Ekos Research Associates, 2006 to name a few), there is still a wanting of studies which specifically link these aspects of wellbeing into the workplace context (e.g. Watson et al., 2017 on workplace learning and wellbeing). Even more so, studies which relate and measure these through an organisational learning approach in a manufacturing setting are still non-existent or perhaps very rare at best. Cited extant studies which measured wellbeing commonly used undergraduate student samples. Studies which employed employee samples, on the other hand, were from the education, financial and public sectors.

The CIPD (2007) pointed on the challenges of both measuring employee wellbeing as well as evaluating the effectiveness of wellbeing programmes. It suggests that measuring wellbeing at work also entails looking at statistics like absenteeism rates as a way of gauging something about the general health and wellbeing of the employees. Juniper, Bellamy and White (2011) also propose a novel and alternative way of measuring employee wellbeing by employing impact analysis to address the shortcomings of factor analysis which is often the analytical tool used in wellbeing questionnaires or scales. An impact analysis (IA) is a clinical methodology used in designing disease-specific HRQL (i.e. health-related quality of life) questionnaires. This alternative method was tested in a study involving a call centre in the UK (Juniper,

Bellamy and White, 2011). This type of data analysis was not employed in this study because the questionnaire used in this research is not an HRQL type of instrument.

Nevertheless, the importance of evaluating these wellbeing programmes is also emphasised by Juniper (2013) in view of the high cost of implementing these initiatives. Performing an insurance claims analysis as well as looking into health assessments and attendance records of employees is recommended, which will show hard evidence of the effectiveness of the interventions in relation to improving productivity and reducing absenteeism in the workplace (Juniper, 2013).

2.3. Literature on Organisational Learning

Since this research is a marriage of two sets of literature, key studies in organisational learning are discussed in the following subsections. The major topics and issues emanating from the literature in this field as well as the proponents that shaped what it is now are presented. Moreover, the difference and interconnectedness between knowledge management and organisational learning is also tackled.

Organisational learning can be defined as the process through which organisations obtain knowledge from experience (Argote, 2005). It is a process that involves the creation, retention and transfer of knowledge. This knowledge is comprised of both “declarative knowledge” (i.e. facts) and “procedural knowledge” (i.e. skills and routines) (Argote, 2013:31). It is contrasted from knowledge management, where managing the knowledge obtained is the central process (Argote, 2005). Organisational learning is also viewed as a process that could bring about changes in behaviour and improvements in organisational performance (Spector and Davidssen, 2006; Fiol and Lyles, 1985). Although there is no single theory or model of organisational learning (Scott; 2011; Fiol and Lyles, 1985), literature is still growing on

the topic and themes are continually changing and emerging (Argote, 2005; Easterby-Smith, Crossan and Nicolini, 2000).

For instance, the debate in the difference between organisational learning and the learning organisation (Senge, 1990) seemed to have become extinct and it is no longer a conscious debate. Recent literature does not distinguish between the two concepts anymore (Easterby-Smith, Crossan and Nicolini, 2000) as shown by the parity in the usage of the terms in current literature (e.g. Entrekina and Scott-Ladd, 2014). Organisational learning is also now being viewed as one of the means in driving organisational change through HRM practices (Entrekina and Scott-Ladd, 2014) or one of the prominent themes associated with organisational change (Antonacopoulou, 2016; Weick and Westley, 1996). The notion of *reflexivity in practice* and *knowing in practice* are also gaining ground when it comes to the new literature on organisational learning (Cunliffe and Easterby-Smith, 2016; Antonacopoulou, 2016; Gherardi, 2006; Nicolini, Gherardi, Yanow and Elkjaer, 2004). Reflection can be thought of as a process of learning from experience which is largely manifest when it comes to professional and managerial learning in the workplace (Reynolds and Vince, 2016). Thus, organisational learning can also be defined as a process of collectively obtaining knowledge by acting and reflecting collectively (Scott, 2011).

Organisational learning is also at par with knowledge management when it comes to significant developments in literature. Notably, other fields such as information technology, marketing and human resources have all taken interest of research topics pertaining to organisational learning and knowledge management (Easterby-Smith and Lyles, 2011).

2.3.1. Organisational Learning Studies in Asia

In Asia, studies on organisational learning are continually growing and emerging as well. The role of multinational companies (MNCs) in these developments

is placed at a much greater emphasis (Hong, Snell and Rowley, 2017). Similarly, Tsang (2017) points to three factors contributing to the increasing interest about the central role of MNCs in organisational learning in the Asian region. These factors are the economic, cultural and institutional changes happening in these nations currently, where most are still considered developing countries.

Thus, the importance of the social context is pointed by Hong, Snell and Rowley (2017) when looking about the issues and challenges encountered in organisational learning in these countries. However, even the authors admitted that there is still scanty literature on the topic in Asia, specifically in Southeast Asia. More studies appear to be coming from China, Japan, India, Vietnam and Saudi Arabia (Hong, Snell and Rowley, 2017). The absence of literature from the Philippines, as well as from other countries in the Asian region, is quite notable.

2.3.2. Perspectives on Organisational Learning

The main perspectives on organisational learning are the cognitivist, cognitivist-behaviourist and the social constructivist perspectives (Scott, 2011). In earlier literature, the debate between the behaviourist and cognitivist perspectives was even more pronounced (Fiol and Lyles, 1985). Current literature, however, appear to recognize both the cognitive and behavioural nature of organisational learning (Easterby-Smith, Crossan and Nicolini, 2000), paving the way for a broader perspective on the topic (Scott, 2011).

Firstly, the cognitivist perspective on organisational learning focuses on the themes pertaining to the generation of novel insights, perceptions and techniques through one's mental faculties. These cognitive outcomes could be obtained through activities such as formal experimentations, research initiatives and benchmarking activities in the organisation (Huber, 1991) or vicarious learning (i.e. learning by observing) evident in communities of practice (Brown and Duguid, 1991). Roadblocks

to these learning processes could be the lack of cognitive abilities of the organisational members which can deter learning at the organisational level (Scott, 2011; Argyris and Schön, 1996, 1978).

Secondly, the cognitivist-behaviourist perspective emphasises on the dynamics between cognition and behaviour or action when it comes to organisational learning (Scott, 2011). This perspective involves reflective activities such as experiential learning and action research which are seen as useful in managing organisational change as proposed by Kurt Lewin in the 1940s (Scott, 2011).

Fiol and Lyles (1985) tackled the cognitivist and behaviourist debate in the organisational learning literature (see Table 5), building on the earlier works of others. They also point on the four contextual factors affecting the likelihood for learning in the organisation to occur. These are culture, strategy, structure and environment. It should be noted that strategy is seen as the factor that determines the learning capacity of the organisation (Fiol and Lyles, 1985).

To address the said debate between the cognitivist and behaviourist perspectives, Fiol and Lyles (1985) differentiate between the constructs of learning and adaptation. They endeavoured to resolve this dilemma by defining both concepts. *Learning* is defined as “the development of insights, knowledge and associations between past actions and future actions” (Fiol and Lyles, 1985:811). They view it as a cognitive process which entails changes in cognition. Meanwhile, *adaptation* is defined as “the ability to make incremental adjustments as a result of environmental changes, structural changes or other changes” (Fiol and Lyles, 1985:811). They call this behavioural learning, since changes are only manifested in behaviours, whilst changes in cognition do not necessarily take place.

Table 5. A Summary of Organisational Learning Themes and their Proponents

Author	Theme	Domain
Argyris & Schön (1978)	Learning as single-loop and double-loop learning	Cognitive
Cangelosi & Dill (1985)	Learning as interaction between individual and group adaptation	Behavioural and Cognitive
Chakravarthy (1982)	Learning as adaptation	Cognitive
Cyert & March (1983)	Learning as adaptation of goals	Behavioural
Daft & Weick (1984)	Learning as action after interpretation	Behavioural
Duncan & Weiss (1978)	Learning as action-outcome relationships	Behavioural and Cognitive
Hedberg (1981)	Learning as habit-forming discovery	Behavioural and Cognitive
Jelinek (1979)	Learning as belief sharing	Cognitive
March & Olsen (1975)	Learning as rational adaptation and interpretation	Cognitive
Meyer (1982)	Learning as adaptation	Cognitive
Miles (1982)	Learning as diversification of outcomes and planning formalisation	Behavioural and Cognitive
Miles & Rudolph (1980)	Learning as reactive learning and proactive learning	Behavioural and Cognitive
Miller & Friesen (1980)	Learning as adaptation and actions	Behavioural
Shrivastava & Mitroff (1982)	Learning as learning systems, evolutionary and designed	Behavioural and Cognitive

Adapted from: Fiol and Lyles (1985:809)

Lastly, the social constructivist perspective takes into account the cognitivist-behaviourist approach, but also takes into consideration the context that is very specific to learning in practice (Easterby-Smith, Crossan and Nicolini, 2000; Wenger, 1998; Brown and Duguid, 1991). It is a move from the positivist paradigm which posits that knowledge is merely an organisational commodity that can be objectified. Rather, it also recognizes the considerable significance of the social or situational context in organisational learning. This implies that some knowledge cannot be easily codified and these become more transferrable through activities like social interaction or storytelling (Scott, 2011).

2.3.3. Individual, Group and Organisational Learning

The notion of individual learning (i.e. learning at the personal level) in organisational learning is very much essential (Friedman, 2001; Senge, 1990; Argyris and Schön, 1996, 1978). This is because organisational learning takes place through individuals (Spector and Davidsen, 2006; Hedberg, 1981). However, organisational learning is not simply just the total individual learning of an organisation's members. Moreover, what makes it possible for learning at the organisational level to occur are the learning systems (i.e. procedures and structures) in place that are being implemented by the organisation so that individual members' knowledge become part of the organisation's knowledge or memory (Fiol and Lyles, 1985; Hedberg, 1981). Thus, the debate between individual learning and organisational learning when it comes to the unit or levels of analysis about learning in organisations has also diminished through time (Easterby-Smith, Crossan and Nicolini, 2000) although there is strong evidence to support the premise that there is a significant relationship between the two (Antonacopoulou, 2006). For instance, Friedman (2001) sees the individual as an active agent that can contribute to organisational learning. However, studies like those of Antonacopoulou (2006) also show that individuals' learning is also significantly affected by organisational learning practices. In another study, contextual elements such as emotional and political factors in the organisation can also affect the individual learning of managers in the workplace (Antonacopoulou, 2016).

Whilst the debate between individual learning and organisational learning has diminished through time, later studies appear to give more emphasis on group learning in organisations instead (Easterby-Smith, Crossan and Nicolini, 2000). Group learning can be viewed as a "micro-foundation of organisational learning" (Argote 2013:115). This is the case because an organisation is composed of groups. It can also be placed as the process that comes between individual learning and organisational learning (Antonacopoulou, 2006). A group, which is situated within a larger entity such as an

organisation, is characterized by interdependence amongst the members (Argote, 2013) as well as having a subculture specific to that group or community (Antonacopoulou, 2006). Group learning is thus similar to organisational learning in that it is also about changing or acquiring knowledge amongst members, but only within a specific group and at a smaller scale. Nevertheless, evidences of the presence of group learning can be showed in terms of both the cognitive and behavioural changes amongst the group members. Moreover, it also has the potential to affect organisational learning as a whole (Argote, 2013).

2.3.4. Managerial Learning

Another relevant topic in organisational learning is managerial learning (Antonacopoulou, 2016, 2006; Lant, Milliken and Batra, 1992). It happens when managers learn about the linkage between actions and outcomes in the organisation. It is seen as going beyond trial-and-error in learning, but one that is characterized by modifying or making a reorientation of organisational strategies through the managers' interpretations of cause and effect relationships in the organisation (Lant, Milliken and Batra, 1992). Managerial learning can also be highly affected by the environmental context (i.e. social and cultural) and politics within the organisation (Cunliffe and Easterby-Smith, 2016; Antonacopoulou, 2016) as well as personal factors such as the emotions of the managers (Antonacopoulou, 2016).

This construct of managerial learning is also seen as relevant to this research. In the wellbeing literature, the role of managers and their leadership is highlighted by past studies for the success of wellbeing programmes in organisations (Donaldson-Feilder and Lewis, 2016; Donaldson-Feilder, Munir and Lewis, 2013).

2.3.5. The Learning Organisation

The notion of the *learning organisation* is proposed by Senge (1990) through his book called *The Fifth Discipline*. The learning organisation is made up of a group of people working together in a collective way to enhance their capabilities. For Senge (1990), organisations do not organically develop into learning organisations. Rather, they develop to become one as a result of the pressures arising from the external business environment and the need for them to thrive and compete for their survival. Five characteristics were proposed for the learning organisation. These include: *systems thinking*, referring to the information management systems of organisations; *personal mastery*, referring to the commitment of individuals to learn; *mental models*, referring to the organisational memory in preserving certain behaviours, norms and values; *shared vision*, referring to the creation of a common identity which will motivate people in the organisation to use their energies to learn; and *team learning*, referring to the accumulation of individual learning through shared learning by openness, dialogues and discussion (Senge, 1990).

As stated earlier, the debate between the learning organisation and organisational learning is no longer prominent in current literature (Easterby-Smith, Crossan and Nicolini, 2000). However, their inherent difference cannot be ignored. Tsang (1997) delineates organisational learning from the learning organisation by referring to the former as a process, whereas referring to the latter as an entity. The learning organisation is an ideal type of an entity which has the capability to learn (Tsang, 1997).

2.3.6. Embedding Organisational Knowledge

Organisational knowledge is also one of the major themes in the organisational learning literature, along with knowledge management and the learning organisation (Easterby-Smith and Lyles, 2011). Davenport and Prusak (1998) define knowledge as:

“a fluid mix of framed experience, values, contextual information, and expert insight that provides a framework for evaluating and incorporating new experiences and information. It originates and is applied in the minds of the knowers. In organisations, it often becomes embedded not only in documents or repositories but also in organisational routines, process, practices and norms.” (Davenport and Prusak, 1998:5)

This definition by Davenport and Prusak (1998) underlines the significance of the knowledge possessed by individual organisational members, which has implications in their individual learning as well. More importantly, it shows that specific knowledge and expertise (e.g. wellness knowledge) can be embedded in the organisation and can become part of organisational knowledge.

A notion of wellness knowledge has already been empirically studied by Dinger, Watts and Barnes (1998) through the development of an instrument called the Wellness Knowledge, Attitude and Behaviour Instrument or WKABI. This instrument aims to measure changes in knowledge, attitudes and behaviours in wellness interventions. This 64-item instrument was developed in the educational setting using a sample of undergraduate students who were enrolled in a wellness course. However, the usage of the concept in the WKABI is distinct from its usage in this study. Notably, the multiple-choice items in the knowledge part of the WKABI aims to measure the subject knowledge of the students in relation to physical activity and nutrition (e.g. calculating target heart rates, among others). On the other hand, a concept of wellness knowledge in this study is specifically used in the context of organisational learning. It refers to the totality of information, skills and experiences that one gained and possesses as a giver or a receiver of a wellbeing programme. This definition is largely based on the definition of knowledge by Davenport and Prusak (1998), but applied specifically in relation to wellness.

In the organisational learning literature, Easterby-Smith and Lyles (2011) referred to organisational knowledge as the knowledge (i.e. “stuff or content”) that an entity has. It can be distinguished from organisational learning and knowing in the sense that these are processes which involves actions or steps about learning from

experience or one's practice, respectively. On the other hand, organisational knowledge can be thought of as a "possession" of the organisation (Easterby-Smith and Lyles, 2011:4).

Argote (2013) points out that this organisational knowledge can be embedded in organisational repositories by means of technology, structures and routines. Nevertheless, this organisational knowledge can also be embedded within the individual members (Argote, 2013). Additionally, earlier studies also point to other means where organisational knowledge can be embedded. These include: organisational culture and norms (Levitt and March, 1988), procedures and the physical structure of the workplace (Walsh and Ungson, 1991) and physical capital (i.e. machineries, buildings and computers) of the organisation (Starbuck, 1992).

2.3.7. Tacit, Explicit and Other Typologies of Knowledge

There are also varied perspectives on the concept of knowledge itself. For instance, the objectivist perspective regards knowledge as a commodity that people possess, which can also exist independently in a codified form. Thus, documents, diagrams, computer systems, web pages, amongst others, represent a form of knowledge that is called explicit. It is a form of knowledge assumed to be objective, free from individual subjectivity (Hislop, 2013). However, Nonaka (2008, 1994) suggests that greater attention should be given to the role of tacit knowledge, a term that is originally coined by Michael Polanyi in the 1960s (Nonaka, 2008, 1994; Lam, 1997). Tacit knowledge is highly personal, hard to formalise and codify. It also takes time to transfer it, as it is deeply rooted in the actions of individuals in the organisation. On the other hand, explicit knowledge is codified knowledge that is easily transferrable or communicated in formal, systematic language (Nonaka, 2008, 1994; Lam, 2000; Grant, 1996). It should be noted that Nonaka (2008, 1994) also contrasts between the terms *knowledge* and *information*. Knowledge is defined as a stock of information,

whereas information is a flow of messages or meanings which can add to, modify or alter knowledge itself.

Additional work on knowledge typologies was done by Spender (1996) and Blackler (1995). Spender (1996) classifies knowledge by its tacit (i.e. implicit) and explicit qualities as well as by its individual and social character. This classification yielded a model which conceptualises four types of knowledge, namely: conscious (explicit and individual form of knowledge); automatic (implicit and individual knowledge); objectified (explicit and social knowledge); and collective (implicit and social knowledge). Meanwhile, Blackler (1995) conceptualises organisational knowledge into 5 types, namely: embrained knowledge, embodied knowledge, encultured knowledge, embedded knowledge and encoded knowledge. Embrained knowledge resides in the brains of individuals, as observed through their cognitive abilities. Embodied knowledge also resides within individuals, but it specifically refers to their expertise which can be difficult to share because of its tacit nature. Encultured knowledge refers to a type of knowledge that is shared in meaning. Socialisation plays a big role in this collective knowledge. Embedded knowledge resides in the routines and practices of an organisation. Lastly, encoded knowledge is knowledge that is explicit, which is expressed through signs, symbols and manuals (Blackler, 1995).

Knowledge is also viewed as being exogenous and endogenous (Jasimuddin, 2005). Exogenous knowledge refers to knowledge coming from customers, suppliers and competitors. On the other hand, endogenous knowledge is knowledge that resides amongst the employees of an organisation (Jasimuddin, 2005). A further taxonomy of knowledge is proposed by Hasnain (2012), stating that knowledge can be classified according to its safety or security, speed or velocity, expendability, obsolescence, dues in and dues out, and frequency of use. The *safety and security* classification of knowledge is typified as being top classified, classified, confidential and open knowledge. Meanwhile, *speed of knowledge* is categorized into spark knowledge,

immediate knowledge, priority knowledge and normal knowledge. The *expendability of knowledge* is further classified as being expendable and nonexpendable. *Obsolescence in knowledge* is categorised as being obsolete and obsolescence (i.e. in the process of becoming obsolete or outdated). *Dues in knowledge* is classified from the recipients' perspective of dues in (i.e. knowledge which is expected to be received) and dues out (i.e. knowledge that leaves the organisation). Finally, *frequency of knowledge* is classified as fast moving and slow-moving knowledge (Hasnain, 2012).

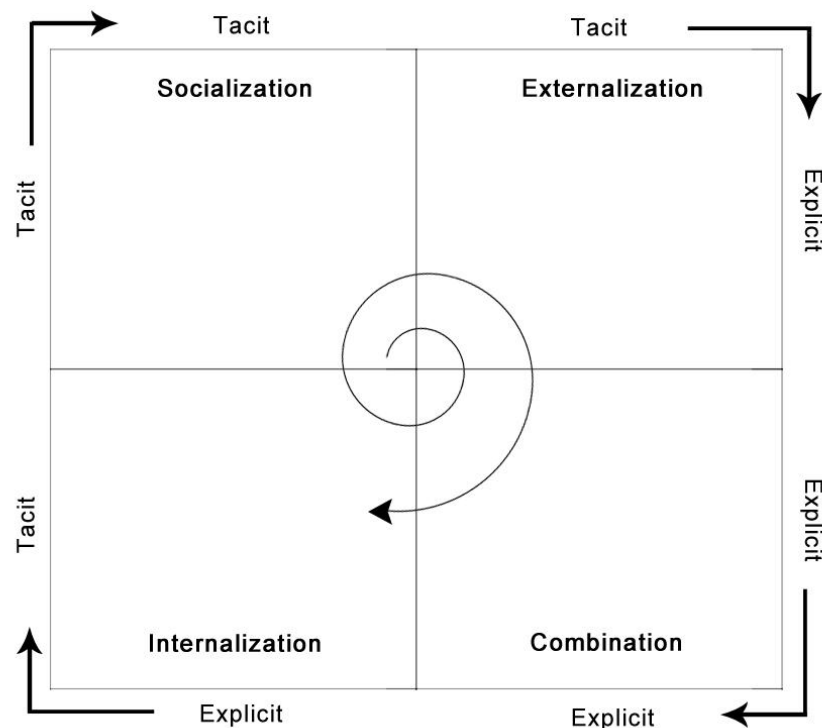
In another study, Hasnain and Jasimuddin (2012) focused specifically on knowledge transfer and the barriers preventing it from fully happening. They view knowledge transfer as an essential part of the knowledge management process. Examining non-governmental organisations in a developing country like Bangladesh, they identify these barriers as socio-political and cultural factors, ambiguity in knowledge, lack of absorptive capacity, lack of education and training, and language barriers.

2.3.8. The Knowledge Spiral or SECI Model

Nonaka and Takeuchi (1995) propose four modes of knowledge conversion based on the typologies of tacit and explicit knowledge. Also known as the SECI Model, it stands for socialisation, externalisation, combination and internalisation. This model has been conceptualised and developed through the case studies of Japanese companies, giving a heavy emphasis on their specific work practice and culture. This also serves as one of the criticisms of the model, however, questioning its universal applicability in other cultures and organisations (Hislop, 2013). Nevertheless, the SECI Model has already been widely applied in different research contexts and finds its relevance in this study in examining a wellness programme using an organisational learning lens.

Socialisation is the tacit to tacit mode of knowledge conversion and transfer. It includes social interaction like meetings, brainstorming and sharing of experiences. Here, knowledge is passed through practice, guidance, imitation and observation. *Externalisation* is the tacit to explicit mode, where knowledge is articulated and codified into concepts, images and written documents, to name a few. This codification process makes it easier for knowledge to be transferred in the organisation. *Combination* is the explicit to explicit conversion of knowledge. It refers to the organisation and integration of explicit knowledge. Examples for this mode include the use of databases, communication networks and prototypes where different codified knowledge is combined. Lastly, *internalisation* refers to the explicit to tacit conversion. It involves the process of reflection that will enable the actors within the organisation to recognise the interconnection between ideas and concepts, enabling them to further build up on the tacit knowledge that they possess.

Figure 6. Knowledge Spiral (SECI) Model



Adapted from: Nonaka and Takeuchi (1995:72)

2.3.9. Loops and Levels of Learning

Argyris (1977) is one of the personages considered to have contributed significantly to the organisational learning literature with his work on double-loop learning in organisations (Argyris and Schön, 1996, 1978; Argyris, 1977). In his work, organisational learning is defined as “a process of detecting and correcting error” (Argyris, 1977:116) and viewed as being informed by the theory of action, a school of thought which sees individuals as agents capable of taking rational and competent actions in relation to a phenomenon, learning from it by reflecting about the actions taken (Argyris and Schön, 1978). Literature have moved on since the work of Argyris, becoming the springboard of other works and constructs in organisational learning, such as strategic learning (Kaplan and Norton, 1996b) and triple-loop learning (Romme and van Witteloostuijn, 1999).

Single-loop learning happens when the organisation engages in mere error detection or programme improvements based on present policies or systems (Argyris, 1977; Argyris and Schön, 1978). Thus, it is a type of learning that is routine-based, short-term, repetitive and temporary – a lower-level form of learning (Fiol and Lyles, 1985). Double-loop learning, on the other hand, happens when errors are detected or programme improvements are made through ways that involve changes to the existing norms, policies and objectives of the organisation for the success of any strategy (Argyris, 1977; Argyris and Schön, 1978). Others refer to it as higher-order learning (Pun and Nathai-Balkissoon, 2011) and higher-level learning (Fiol and Lyles, 1985). Kaplan and Norton (1996b) also call this strategic learning, building on the work of Argyris and Schön (1978). They consider the learning process in the organisation as the most important aspect of the Balanced Scorecard. This is a planning and management system model that they propose in an earlier work, enabling organisations to keep track of their progress in any strategy (Kaplan and Norton, 1996a).

On the other hand, triple-loop learning happens when there are organising activities in the organisation that aims to change the organisational design and structure to link all business units into an overall learning infrastructure (Romme and van Witteloostuijn, 1999). Argyris and Schön (1996, 1978) describe this type of learning as deutero-learning, when individuals learn about organisational learning itself, a higher form of learning. This form of organising borders the domain of the learning organisation by Senge (1990). It happens when executives learn from their own experiences and that of others, moving them to organise in a certain way to further stimulate learning and knowledge. Pun and Nathai-Balkissoon (2011) also refer to this type of learning as transformational learning, when the organisation learns how to learn. It entails changing the overall organisational strategy in response to the existing organisational context (Pun and Nathai-Balkissoon, 2011).

2.3.10. Absorptive Capacity

Absorptive capacity is defined by Cohen and Levinthal (1990) as the organisation's ability to recognise the value of new outside information, assimilate it, and use it to its own benefit. This capacity is seen as critical to an organisation's innovative capabilities. Furthermore, it is viewed to be a function of the organisation's level of prior related knowledge. Thus, organisational absorptive capacity will rest on the individual absorptive capacities of the organisation's members (Cohen and Levinthal, 1990).

Cohen and Levinthal (1990) also point to the ability of a firm to exploit external knowledge as being a crucial component in achieving innovative capabilities. The firm's research and development (R&D) also contribute to its absorptive capacity. This implies that absorptive capacity is also a by-product of an organisation's investment in R&D.

2.3.11. Exploration, Exploitation and Ambidexterity in Organisational Learning

The notions of *exploration* and *exploitation* in organisational learning are also deemed important for organisations to thrive as posited by March (1991), building on the work of Joseph Schumpeter in the 1930s and others about the adaptive processes available to organisations. *Exploration* happens when an organisation searches for external resources, experiments, discovers and innovates. On the other hand, *exploitation* refers to organisational actions and decisions involving the refinement, selection and implementation of options to achieve efficiency. Organisational learning processes that purely consist of exploitative learning can be beneficial to organisations in the short-run. However, this strategy can be detrimental in the long-run, when organisations may need to engage in explorative learning. This calls the need to strike the balance between exploitation and exploration strategies in organisational learning (March, 1991).

On the other hand, organisations which utilise both processes are said to be *ambidextrous* organisations when it comes to organisational learning. This notion of *organisational ambidexterity* refers to the ability of the organisation to both explore and exploit. It allows the organisation to compete both in mature markets and new markets. To thrive in mature markets, organisations are required to manifest efficiency, control and levels of incremental improvements. On the other hand, new markets require organisations to engage in experimentation and show flexibility and autonomy (Tushman and O'Reilly, 1996). Additionally, Raisch and Birkinshaw (2008) define the concept of *ambidexterity* as “an organisation’s ability to be aligned and efficient in its management of today’s business demands whilst simultaneously being adaptive to changes in the environment” (Raisch and Birkinshaw, 2008:375).

2.3.12. Dynamic Capabilities

Another prominent theme in organisational learning is the notion of *dynamic capabilities*. Easterby-Smith and Prieto (2008) explored this notion in proposing an integrative framework between the firm's ability for knowledge management and the role played by dynamic capabilities, the latter concept originally proposed by Teece, Pisano and Shuen (1997).

The notion of *dynamic capabilities* is often seen as branching out from the Resource-Based View of the firm (Barney, Ketchen and Wright, 2011). It refers to the firm's ability to mould or change its unique tangible and intangible resources and capabilities that account for their competitive advantage to survive in an ever-changing business environment (Teece, Pisano and Shuen, 1997). Here, organisational learning is seen as occupying the mediating role between knowledge management and dynamic capabilities. Five emergent themes are pointed out by Easterby-Smith and Prieto (2008) in the literature touching on this topic. These include: the differentiation between dynamic capabilities and operational capabilities (i.e. the current and existing operations); the notion of capability as potential; capabilities residing in the potential to change resources and routines; capabilities residing in routines rather than resources themselves; and the learning process which is at the centre of the creation and renewal of dynamic capabilities (Easterby-Smith and Prieto, 2008). It is good to note that learning is defined by Teece, Pisano and Shuen (1997) as "the process by which repetition and experimentation enable tasks to be performed better and quicker" (Teece, Pisano and Shuen, 1997:520). Thus, they recognize organisational learning and human resources as important sources of management capabilities in developing technological, functional and organisational skills. Organisational learning and knowledge management are viewed as intangible assets (Teece, Pisano and Shuen, 1997).

2.3.13. Organisational Learning Capability

Notable works on the *organisational learning capability* (OLC) of firms were carried out by Chiva, Alegre and Lapiedra (2007), Jerez-Gomez, Cespedes-Lorente and Valle-Cabrera (2005) and Goh and Richards (1997). Similarities are shown by these studies when it comes to the constructs with which the notion of organisational learning capability is operationalised. Goh and Richards (1997) identify five organisational learning dimensions which constitutes an organisation's learning capability. These include: clarity of the organisation's mission and purpose; leadership commitment and empowerment; experimentation and rewards; transfer of knowledge and teamwork; and group problem solving.

Jerez-Gomez, Cespedes-Lorente and Valle-Cabrera (2005) examined similar dimensions of organisational learning capability. They identify and propose four of its dimensions, namely: managerial commitment; systems perspective (i.e. an approach which stresses the interdependence of external and internal factors in an organisation); openness and experimentation; and knowledge transfer and integration. Chiva, Alegre and Lapiedra (2007), on the other hand, looked at five dimensions of the construct, which includes: experimentation, risk taking, interaction with the external environment, dialogue and participative decision-making. These studies on the organisational learning construct converge when it comes to the leadership of management, experimentation or openness and the sharing of knowledge amongst the actors in the organisation.

Empirical studies on OLC encountered were conducted in the context of manufacturing companies in Spain (e.g. Chiva et al., 2007; Jerez-Gomez et al., 2005) where this study finds resonance. However, it also merits an investigation on how the specific concepts in OLC apply in a manufacturing company set in the Philippines, a developing country.

2.3.14. Practice-based Learning and Knowing

Practice-based theorising about learning and knowing in organisations emerged due to the notion that knowledge and learning are social and cultural phenomena (Nicolini, Gherardi, Yanow and Elkjaer, 2004). With this view, organisational knowledge and learning cannot be treated as just mere mental concepts found in individuals' heads, but rather, these must be viewed as forms of expertise that are situated in a particular context. This context can be historical, social and cultural. Thus, this knowledge in action is embodied in a variety of forms and media. The practice-based perspective about learning and knowing is proposed under the four intellectual traditions which include: the interpretive-cultural approach, the communities-of-practice approach, the cultural and historical activity theory and the actor network theory (Nicolini, Gherardi, Yanow and Elkjaer, 2004).

The works of Wenger (1998) and Brown and Duguid (1991) place emphasis on the notion of communities-of-practice as a way in which groups and organisations learn, transcending beyond the process of learning at the individual level. Wenger (1998) views learning as a social process in which individuals participate in and co-construct identities and meaning specific to a certain community or practice. These communities-of-practice where knowledge is shared or transferred are also characterised by informality in set-up and in the learning process, which breeds innovation in the organisation (Brown and Duguid, 1991).

The notion of *knowing in practice*, which is central to the literature on practice-based learning, was further examined by Gherardi (2006). She specifies four elements of the concept. These include: practice as being qualitative and holistic; practice as having a relationship with time; practice as being socially recognised; and practice as a mode or a way of ordering the world. Additionally, the concepts of knowing in practice and organisational learning are differentiated in her work. Organisational learning is seen as being external to the individual, whilst knowing in practice is something that is

embedded and resides within the individual who is situated in a certain context (Gherardi, 2006).

Additionally, Cunliffe and Easterby-Smith (2016) point to *practical reflexivity* as an important factor in improving the experience-based forms of learning encountered by most practitioners and managers in organisations. As a form of meditative thinking, practical reflexivity involves re-constructing experiences to learn from these. Moreover, it is neither a retrospective process (i.e. reflection-on-action) nor an experimental process (i.e. reflection-in-action). Rather, it is achieved with the constant process of questioning and challenging existing realities, such as a one's practice or one's workplace (Cunliffe and Easterby-Smith, 2016).

The difference between the objectivist and practice-based perspectives of knowledge transfer were investigated and compared by Taylor (2010) with the practice of junior doctors in the UK. The objectivist perspective of the knowledge transfer process views knowledge as disembodied that can be transferred from a source to a recipient. Meanwhile, the practice-based perspective takes the view that knowledge is multidimensional, culturally embedded and socially constructed which cannot be transferred (Taylor, 2010). However, it was found that this latter type of knowledge can still be proliferated and shared by individuals, giving rise to the generation of new knowledge and unique ways of knowing and learning. In such cases, the sensemaking process and identity on the part of actors are shown to play a key part. Similarities in the knowing process and sensemaking process also become apparent in the context which involves knowledge transfer and project work in groups (Taylor, 2010).

2.3.15. Organisational Learning and Knowledge Management

Pun and Nathai-Balkissoon (2011) state that the constructs in knowledge management are fundamentally linked with organisational learning, and that both are vital in making a learning organisation based on the model of Senge (1990). Moreover,

Pun and Nathai-Balkissoon (2011) sees organisational learning as based on individual learning that is merged within the group setting.

Knowledge management is defined in different ways by various authors (Hislop, 2013). However, commonalities in constructs can be found by closely understanding their definitions. These common constructs include the processes of *identification*, *generation*, *storage*, *distribution* and *application* of knowledge to the organisation and to its workforce (Hislop, 2013; Mertins, Heisig and Vorbeck, 2003; Dalkir, 2011).

Hislop (2013) points specifically to the methods of managing knowledge in organisations. He classifies these methods as direct and indirect. Direct methods include the use of specific technology or systems (e.g. the information management system of an organisation). Indirect methods, on the other hand, include managing the organisation's social processes, structure, culture and practices. Mertins, Heisig and Vorbeck (2003) further point out on other factors behind a successful knowledge management implementation aside from the corporate culture of openness and autonomy. These other factors include the HRM practice, leadership and control. The authors suggest that HRM practice plays a key role in staff motivation towards encouraging a knowledge-oriented corporate culture. They recommend that emphasis should be given to skills training and feedback. Leadership, meanwhile, is seen as being characterised by an active management style which facilitates autonomous activities, open communication, and coaching amongst employees. Lastly, the control aspect is viewed as comprising the evaluation methods and indicators to measure the success of any knowledge management initiative.

Dalkir (2011) differentiates knowledge management from intellectual capital management. The latter refers to the management of the intellectual assets of the organisation consisting of their experiences and expertise that tend to reside within the head of one or a few employees. In intellectual capital management, the focus shifts from the building of systems to that of learning. In this case, learning can be at the

individual, group and organisational level. In addition, she stresses that a good definition of knowledge management should combine both perspectives of capturing and storing knowledge, as well as valuing the intellectual assets of an organisation.

Thus, knowledge management is defined as:

“... the deliberate and systematic coordination of an organisation’s people, technology, processes, and organisational structure in order to add value through reuse and innovation. This coordination is achieved through creating, sharing, and applying knowledge as well as feeding the valuable lessons learned and best practices into the corporate memory in order to foster continued organisational learning” (Dalkir, 2011:4).

It should be noted, moreover, that Hislop (2013) states that there is another level to organisational learning. This level is that of inter-organisational learning, which is learning at the supra-organisational level occurring within networks or sectors.

2.3.16. Knowledge-Based View of the Firm

Grant (1996) is one of the proponents of the Knowledge-Based View of the firm which adopts the objectivist perspective on knowledge. This view considers knowledge as the most important resource of a firm. It is a development from the Resource-Based View of the firm that treats knowledge as part of the intangible yet valuable resources at the firm’s disposal.

Another objectivist perspective on knowledge is the conduit model, also known as transmitter-receiver model of knowledge sharing (Hislop, 2013; Szulanski, 1996). This model views knowledge as being shared through the transfer of explicit and codified knowledge from an isolated sender to a separate receiver. However, this model has three assumptions which can be subject to debate. Firstly, it assumes that the sender can generate entire explicit knowledge to be transferred to a remote receiver. Secondly, it is assumed that no significant features of this explicit knowledge are lost in the transfer process. Lastly, the receiver is assumed to understand the knowledge and use it without any other form of interaction with the sender (Hislop, 2013). Although, proponents of this model like Szulanski (1996) still acknowledges

though that most organisational knowledge has tacit components and can be embedded in the organisational routines to be shared or exchanged between a source and a recipient.

Similar with organisational learning cited earlier, however, a contrasting body of theory from that of the objectivist perspective on knowledge and knowledge management is the practice-based perspective. This perspective conceptualises knowledge not as a codified entity, but something that is embedded and inseparable from work activities or practices (Hislop, 2013). This perspective also views both tacit and explicit knowledge as inseparable, and that knowledge is embodied in people, socially constructed, culturally embedded, and contestable or open to dispute (Hislop, 2013). Tsoukas (1996), being one of those who critiqued the transmitter-receiver model, propose that knowledge sharing and acquisition necessitates the processes of taking and making perspectives on the part each individual to develop an understanding of the tacit dimensions of knowledge. Knowledge sharing and acquisition are also achieved in rich social interaction and immersion in practice, or learning by doing. Finally, Tsoukas (1996) emphasise the role of management in managing organisational knowledge by facilitating social interaction. This is necessary since organisational knowledge is always fragmented and difficult, if not impossible, to store in a central repository (Tsoukas, 1996).

2.3.17. Organisational Learning and Human Resource Management

Lopez, Peon and Ordas (2006) empirically explored the relationship between HRM and organisational learning. They worked on the premise that some HRM functions can be adapted to encourage organisational learning in order to achieve specific organisational goals. The results of their study indicate that specific HRM functions like selective hiring, strategic training and participative decision-making positively affects organisational learning (Lopez, Peon and Ordas, 2006). It is quite

notable in this study that the training or the L&D function is one of the key drivers of organisational learning. Entrekin and Scott-Ladd (2014) also recognise the role of HRM practice in general in driving a culture of learning within an organisation, which can help it become a learning organisation.

In an early work about these topics, Probst and Büchel (1997) also identify the important role of HRM in promoting organisational learning, along with a firm's strategy, culture and structure. However, they emphasise more about the subject of human interactions in the workplace more than the training function of HR. They take the view that one of the main tasks HR managers is to develop the interactive and participative skills of the employees, which can be achieved in group-oriented learning (e.g. collaborative project works which aim to break hierarchies and departmental barriers) and learning partnerships (e.g. coaching and mentoring in the workplace).

Focusing on the L&D function, Overton and Dixon (2016) identify particular areas in which organisations can significantly improve their L&D agenda. Factors like increasing the training budget, investing in new L&D skills, using technology in learning, and integrating learning and working are pointed as key elements to make learning strategies successful and to help organisations prepare for the future of learning at work.

Moreover, the CIPD (2014) notes that the L&D function in organisations has now transcended from being mere sources of information and knowledge to being facilitators of these across the organisation. It also points to the nature of the external business environment which significantly pushes organisations to adopt new approaches in addressing new challenges in the practice of L&D. This environment is described as volatile, uncertain, complex and ambiguous or popularly referred to as the VUCA environment (Johansen, 2007; Bennett and Lemoine, 2014; CIPD, 2014). Furthermore, this environment is described as being in a constant change, which calls for organisations to be “adaptive, agile and ambidextrous” when it comes to learning

(CIPD, 2014:3). Changes in the external environment are further described as being economic, social, cultural and technological in nature. An organisation's agility refers to its dynamic capability to change strategies as the need arises and to integrate novel ways of working (CIPD, 2014). This notion of dynamic capability in this CIPD (2014) report harmonises with the studies of Teece, Pisano and Shuen (1997) and Easterby-Smith and Prieto (2008) on dynamic capabilities of organisations cited earlier. On the other hand, the notion of ambidexterity (i.e. an organisation's ability to explore and exploit when it comes to learning) can be said to be adapted from past researches on this topic, like those of Tushman and O'Reilly (1996) and Raisch and Birkinshaw (2008) cited in this literature review.

2.3.18. Human Resource Management, Learning Systems and Social Media

A recent survey of the CIPD (2015) finds that L&D is normally under the umbrella of HR departments of organisations. It is also found to be generally aligned with an organisation's business strategy. This study also identifies major trends in L&D. One of the notable trends is the use of learning technologies by larger organisations compared to their smaller counterparts (CIPD, 2015). In practice, these learning technologies pertain to e-learning and the learning management systems (LMS) utilised by organisations.

Learning management systems are computer-based software technologies specifically designed to support learning (Ellis and Calvo, 2007). These learning technologies are used by business organisations (CIPD, 2015) as well as by educational institutions (Manca and Ranieri, 2016; Wang et al., 2011; Ellis and Calvo, 2007). Thus, e-learning is a type of learning which will be supported by an organisation's LMS. E-learning is a type of learning that utilises information and communication technologies (ICT) in learning (Ellis and Calvo, 2007).

New studies have also been looking at the use of social media such as Facebook as an LMS (Manca and Ranieri, 2016; Wang et al., 2011). Facebook has become a well-known social networking site and its potential for being used as an LMS has been explored due to its social, technological and pedagogical potentials (Wang et al., 2011). It has also shown to have the affordances of mixing learning resources and widening the learning context (Manca and Ranieri, 2016). However, it was found to have its limitations when it comes to accommodating some file formats used in learning. Privacy is also an issue that comes up with the use of Facebook as a form of LMS. Thus, social media platforms such as Facebook can either be viewed as substitutes or supplemental forms of LMS. These sites also appear to appeal more to younger groups rather than the older groups of learners (Wang et al., 2011). Nevertheless, studies on the use of social media like Facebook as a form of LMS are continuously growing (Manca and Ranieri, 2016).

2.4. Common Topics between the Workplace Wellbeing and Organisational Learning Literature

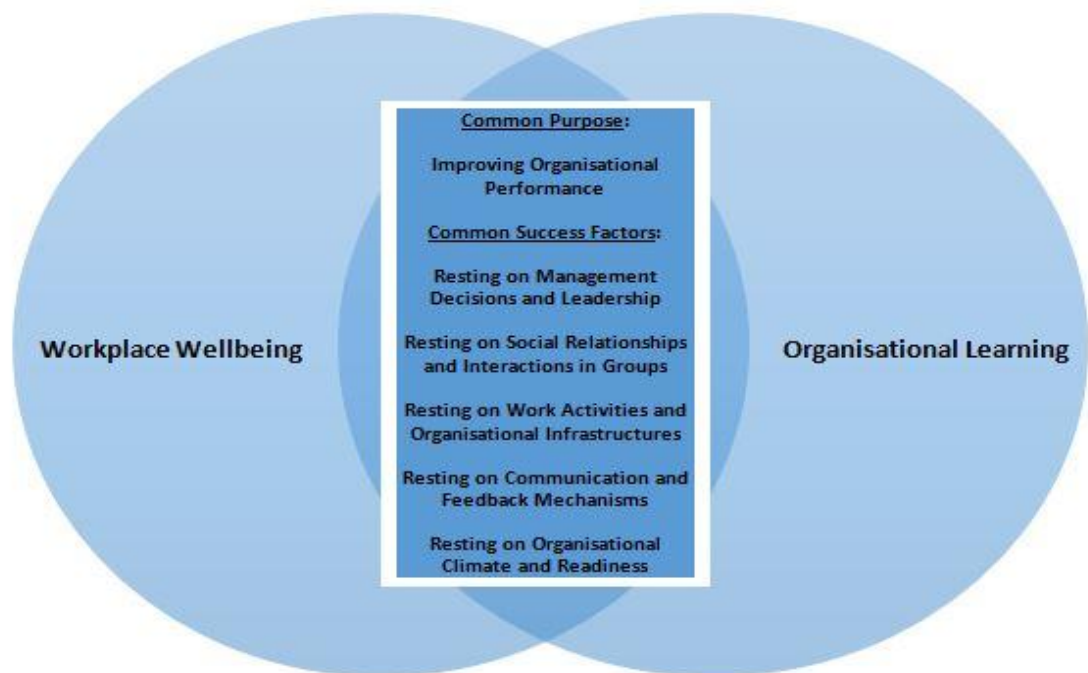
In examining the literature on workplace wellbeing and organisational learning, the topical commonality between the two sets of literature can be summarised in terms of their purpose and success factors. These common topics are illustrated in Figure 7.

Increasing organisational performance is the overarching purpose identified between workplace wellbeing and organisational learning. In relation to worksite wellness programmes, the prevalent theme that these initiatives are part of an organisation's strategy to improve organisational performance and productivity as a whole is evident in existing literature (e.g. Guest, 2002; Peccei, 2004 and van de Voorde, Paauwe and Van Veldhoven, 2012; Donaldson-Feilder and Lewis, 2016; Nielsen et al., 2017; Veld and Alfes, 2017; McCalla and Lybeck, 2009; Zula, Yarrish and Lee, 2013). This illustrates the business case for wellbeing programmes in organisations.

Ginn and Henry (2003) specifically view these programmes as part of an organisation's HR strategy to respond to the ever-increasing competition among firms. The intensification of competition, even at a global level, drives organisational changes so that firms can cope and maintain their competitive advantage. Unfortunately, as studies have shown (e.g. Gibbs, Loretto, Kowalski and Platt, 2012; Loretto, Platt and Popham, 2010), these organisational changes can negatively affect the health and wellbeing of organisational members. Wellbeing programmes offer themselves as solutions to address specific issues such as attracting and retaining talent (Malouf, 2011) as well as improving human capital (Roslender et al., 2006) which benefits the organisation as a whole. For Roslender et al. (2006), wellness is seen as something that people bring into an organisation in the same light as knowledge, experience, expertise and other skills such as leadership. The alleviation of stress at work through these wellbeing initiatives is also linked with improving organisational performance because of having healthy and resilient employees (Biron, Karanika-Murray and Cooper, 2012; Cooper, Liu and Tarba, 2014; Mowbray, 2008).

On a similar note, organisational learning can be viewed as a management tool in responding to the intensifying competitive business environment and a rapidly changing world in which firms must thrive (Burnes, Cooper and West, 2003). It has been viewed as a strategic approach in which managers and the organisation learn as a whole from their decisions and errors (Kaplan and Norton, 1996a; Argyris, 1977; Argyris and Schön, 1978). In what is now considered another seminal work on the topic, Teece, Pisano and Shuen (1997) classify organisational learning, along with knowledge management, as part of the organisation's intangible assets. Furthermore, they recognise organisational learning, combined with human resources, as valuable sources of dynamic capabilities in developing technological, functional and organisational skills.

Figure 7. A Venn Diagram of the Common Topics between Workplace Wellbeing and Organisational Learning Literature



The other identified convergence between the two literature relate to the success factors in implementing these. These topics are grouped into more general themes, namely: management decisions and leadership; social relationships and interactions in groups; organisational routines, practices and infrastructures; communication and feedback mechanisms; and organisational climate and readiness.

Firstly, literature between workplace wellness programmes and organisational learning converge on the topics pertaining management decisions and leadership. For instance, Berley and Brewer (2012) included the decision-making process of the leaders in an organisation in their proposed wellness scorecard, a performance measurement tool in relation to a wellness initiative. Warr (2009) and Biron, Karanika-Murray and Cooper (2012) also factored in the commitments and support of decision makers in the organisation for the success of wellbeing programmes. The topic on leadership and its link with employees' wellbeing is also examined by Skakon, Nielsen, Borg and Guzman (2010) and Donaldson-Feilder, Munir and Lewis (2013).

Frameworks proposed on successful wellness programmes include top management support for these initiatives (e.g. WELCOA, 2008). Having a supportive management is shown to have a positive effect on employee wellbeing through the use of work and non-work support mechanisms (Wood, Daniels and Ogbonnaya, 2018). Baptiste (2008), meanwhile, delves on the role of line managers in connection with improving employees' wellbeing at work and their performance. Still, others like those of Berry, Mirabito and Baun (2010) espouse multi-level leadership support for a wellness programme as one of the pillars of its success.

Similarly, topics about management decisions and leadership are also predominant in organisational learning. In an early ground breaking work, Argyris (1977) and Argyris and Schön (1978) looked into the executive's mind in capturing the notion of double loop learning in organisations. This notion was built upon by others (e.g. Pun and Nathai-Balkissoon, 2011) though the notion of triple loop learning, but still touching on the executive's learning process. Antonacopoulou (2016, 2006) and Lant, Milliken and Batra, (1992) also delve on managerial learning in connection with the organisational learning process. Moreover, the literature on organisational learning capability list managerial commitment and leadership as one of the factors of this construct (Jerez-Gomez, Cespedes-Lorente and Valle-Cabrera, 2005; Goh and Richards, 1997).

Secondly, the topics which centre around social relationships and interactions within groups also emerge as a converging point. Diener and Seligman (2004) underline the importance of having positive social relationships and interactions in connection with wellbeing in the workplace as well as in the wider society as a whole, which are often overlooked when economic yardsticks are used as indicators of wellbeing. They propose that social capital (i.e. the networks of relationships that people create for entities to function properly) is as important in achieving workplace wellbeing and a sense of national wellbeing. The social element of employee wellbeing, along with its processes and dynamics has currency in wellbeing literature and

workplace wellbeing models (CIPD, 2016, 2007; Boreham, Povey and Tomaszewski, 2016; Miller and Foster, 2010). The CIPD (2016, 2007) points to the social health and positive work relationships in the workplace as contributory factors to employees' wellbeing.

The dynamics involve with the social dimension in workplace wellbeing is exemplified with its interconnection with family relationships and other social networks beyond the workplace (Gibbs, Loretto, Kowalski and Platt, 2012; Boreham, Povey and Tomaszewski, 2016; Shen and Li, 2015). The notion of employee engagement, which involves behavioural commitments towards colleagues, can also be viewed in relation to the the social element of workplace wellbeing (Appelbaum et al., 2000, van De Voorde, Paauwe and Van Veldhoven, 2012; Robertson and Tinline, 2008; Working Well Report, 2016; Bailey, 2016; MacLeod and Clarke, 2009). These social relationships and group interactions also relate with the literature on organisational learning. However, these are more within the domain of the workplace or social networks formed through the communities of practice (Wenger, 1998; Brown and Duguid, 1991) where learning occurs. Notably, Nicolini, Gherardi, Yanow and Elkjaer (2004) view organisational learning as a social and a cultural phenomenon in relation to practice-based learning and knowing. Furthermore, a social constructivist view of organisational learning adopted by Easterby-Smith, Crossan and Nicolini (2000) underline that learning happens through the interactions and conversations between people, even more so than the organisational systems and structures. Thus, social interaction is one of the important elements for organisational learning or a learning organisation for that matter, whether it is interaction in the form of storytelling in the workplace (Scott, 2011), team learning or team dynamics (Senge, 1990), learning partnerships and group-oriented learning (Probst and Büchel, 1997) and a socialisation process (Nonaka and Takeuchi, 1995). The notion of teamwork is also a prominent topic subsumed under this theme about social relationships and group interactions. For instance, the proposal for having wellness teams in corporate wellness frameworks

(WELCOA, 2008) as well as the idea of displaying teamwork and group problem solving in the organisational learning capability literature (Chiva, Alegre and Lapiedra, 2007; Goh and Richards, 1997) further illustrate this point.

Thirdly, the two sets of literature have commonalities in relation to the theme involving organisational routines, practices and infrastructures. In workplace wellbeing studies, focus is often made in relation to HRM practices that can positively affect employee wellbeing which includes training, mentoring and L&D (Baptiste, 2008; Clarke and Hill, 2012; Loretto, Platt and Popham, 2010; Girling, 2008; Marks, 2005; Clutterbuck, 2008). The link between HR practice and organisational learning is made explicit in the work of Probst and Büchel (1997). They propose that one approach for firms to promote organisational learning is by developing its human resources through participative and interactive practices which encourages learning. To facilitate learning in the workplace, HR departments today have learning management systems and other learning technologies available for utilisation (CIPD, 2015) forming part of the organisational infrastructure. Routines and practices in the workplace also play a role in encouraging organisational learning (Argote, 2013; Eaterby-Smith and Prieto, 2008). These routines, along with existing organisational infrastructures (e.g. technological infrastructures like IT systems and physical infrastructures like work spaces) are where specific organisational knowledge can be embedded (Argote, 2013; Starbuck, 1992; Walsh and Ungson, 1991). It is also in these organisational routines where the potential dynamic capabilities of organisations could spring from and reside within (Easterby-Smith and Prieto, 2008), giving firms the competitive advantage to prosper in a competitive and complex global business environment.

The topics pertaining to communication and feedback mechanisms are the fourth topical commonality between the two literatures. Existing studies on both sides touch on topics like means of communication and evaluation strategies. Warr (2009) point to the importance of planning and communicating the wellbeing programme to make it successful. Berry, Mirabito and Baun (2010) and Grawitch, Gottschalk and

Munz (2006) also underline the importance of proper communication with the other identified success factors of wellness initiatives. Meanwhile, other works such as those of Kowalski and Loretto (2014) identify problems on the implementation side of a wellbeing programme, which relates to poor design and inadequate communication at the onset. The feedback mechanisms and means in measuring programme efficacy can also be subsumed under this fourth commonality between workplace wellbeing and organisational learning. Evaluating wellness interventions is also a vital part of the process for learning and making continuous improvements on the programme (Sieberhagen, Pienaar and Els, 2011; WELCOA, 2008). Notably, the topics pertaining to communication as well as the importance of clarity, openness to feedbacks and experimentation are also identified as important elements in the organisational learning capability of firms (Goh and Richards, 1997; Jerez-Gomez, Cespedes-Lorente and Valle-Cabrera, 2005; Chiva, Alegre and Lapiedra, 2007).

Lastly, the two sets of literature have common themes when it comes to the topics on organisational climate and readiness for change. Biron, Karanika-Murray and Cooper (2012) identify these two factors, along with organisational culture, employee participation and perceptions in affecting the success of wellbeing interventions. In relation to organisational climate, Veld and Alfes (2017) already show that this aspect is very much linked with perceptions held in the organisation by the organisational members. The themes about organisational climate and readiness in workplace wellbeing initiatives have some areas of consensus with Fiol and Lyles (1985) about the contextual factors that can affect the process of organisational learning taking place, which includes a culture of shared beliefs and norms as well as a structure that facilitates learning. Cohen and Levinthal (1990) refer to this notion of readiness for learning in terms of absorptive capacity, which rests on the firm's ability to recognise the value of new external knowledge (e.g. wellness knowledge) and to use it for the benefit of the organisation. In wellbeing literature, HR departments are often identified

as the initiators to strategically drive an organisational climate and readiness for change, which will help wellness programmes to succeed (Ginn and Henry, 2003).

The foregoing thus shows that there are topical commonalities between workplace wellbeing and organisational learning literature. This supports the view that an organisational learning lens to workplace wellbeing programmes is a viable alternative or complementary approach to existing frameworks and models in making these initiatives to flourish in organisations.

2.5. Learning Wellness and the Resource-Based View

The Resource-Based View of the firm is a theory where the two sets of literature on organisational learning and workplace wellness can converge. Attributed to the work of Edith Penrose in 1959, the Resource-Based View looks at any organisation as having bundles of tangible and intangible resources that forms the basis for its competitive advantage (Wright, Dunford and Snell, 2001). The Resource-Based View is further supported by the works of Barney (1991), Grant (1991, 1996) and Barney, Ketchen and Wright (2011). Barney (1991) proposes the following four conditions for resources to elicit a sustained competitive advantage for an organisation. These necessary conditions for resources include: being valuable, rare, non-imitable and non-substitutable. Although the Resource-Based View of the firm is contested as being a tautology instead of being a theory, its usefulness in management literature and practice is still undeniable (Wright, Dunford and Snell, 2001).

The link between the Resource-Based View and organisational learning is elucidated by Smith, Vasudevan and Tanniru (1996). This connection lies in the objective of both in creating and sustaining competitive advantage, which makes it possible for organisational learning to be recognised as a strategic resource within the Resource-Based View. The authors also point out that unlike the theory, which tends to adopt a static view and focuses on the results rather than on the process of generating

competitive advantage, organisational learning is much of a process as well as an outcome. It is also successfully attained through the interactions and effective use of resources. Thus, organisational learning can reflect the dynamic process of achieving competitive advantage, where the Resource-Based View falls short. Whilst this study recognises the Resource-Based View as a converging point for organisational learning and wellness, it is not a Resource-Based lens to this organisation's wellbeing programme. Rather, it remains true to the phenomenon of interest in this study, which is about the learning of wellness in the organisation, looking at it through an organisational learning lens. This study therefore takes the view that the organisational learning of wellness can also form part of the firm's bundle of strategic resources in achieving a sustainable competitive advantage over time.

Nevertheless, the Resource-Based View has been one of the prominent theoretical frameworks in the field of strategic management (Smith, Vasudevan and Tanniru, 1996). Wright, Dunford and Snell (2001) further cite that this theory has been instrumental to the development of strategic HRM. The field of strategic HRM emphasizes the changing role of HR in supporting an organisation's strategy (Van Buren, Greenwood and Sheehan, 2011; Francis and Keegan, 2006). The Resource-Based View helps shift the focus away from the external factors towards internal factors such as the human resources – people that could be sources of competitive advantage for the firm. In this view, human capital is given due emphasis as providing the leverage in an organisation's competitive advantage. Although, it can still be subject to debate on whether the primary focus of developing this human capital is more for the benefit of the organisation or for the benefit of the employees in terms of their wellbeing (Guest, 2017; Van Buren, Greenwood and Sheehan, 2011). In this conundrum, the wellness of the people, made possible through mechanisms for the organisational learning of wellbeing successfully taking place across the organisation, could be one of the important links in achieving a sustained competitive advantage for an organisation to thrive in a dynamic and competitive global business environment

whilst promoting the wellbeing of the people. It has already been shown that specific HR policies and practices, forming the new analytical frameworks in supporting the mutual gains model in HRM, are likely to promote employee wellbeing in an organisation (Guest, 2017). In this study, the link between the HR practice and organisational learning (Probst and Büchel, 1997) is brought to the fore in making the case for an organisational learning lens towards workplace wellbeing programmes with the view of promoting and sustaining the wellbeing of the human resources in the organisation.

2.6. Summary to the Literature Review

This chapter presents the two sets of literature on wellbeing and organisational learning. In the wellbeing literature, the expansive quality of the concept of wellbeing comes to light as shown by its usage in different disciplines. The interchangeability of the terms *wellbeing* and *wellness* is also justified and made evident in extant literature. Commonalities and convergence are identified on the wellbeing models cited in this chapter. Studies in the developed and developing world, as well cross-country studies on wellbeing are examined. Moreover, the strategic role that HRM plays in promoting wellbeing programmes in organisations is highlighted. Existing frameworks of corporate wellness programmes and the global trends in terms of the components of these initiatives are also presented, along with a focus on the Philippines in terms of their prevalence and the developing legal context regulating their implementation.

The literature on organisational learning, on the other hand, discusses the major debates and perspectives in the existing organisational learning literature. This chapter also briefly touch on the prevalence of existing literature about organisational learning studies in Asia and its notable implication about the Philippines. The notion of organisational knowledge and the mechanisms in which it is embedded are stressed as one of the major topics in organisational learning. Additionally, the various typologies of

knowledge are identified and described. The succeeding portions of the chapter discuss the major themes in organisational learning which are deemed relevant in providing an organisational learning lens for this study which examines a wellness programme of an organisation. The distinction and the relationship between organisational learning and knowledge management are also underlined in this chapter. Similar with the literature on workplace wellbeing, the important role of the HRM practice in driving organisational learning in firms is brought to the fore. The available learning management tools for HR departments of organisations in achieving this are also presented.

Lastly, this chapter presents and discusses the common thematic issues between workplace wellbeing and organisational learning literature, providing the basis for the viability of an organisational learning approach to wellbeing programmes. It then discusses the Resource-Based View of the firm as the converging point between the two sets of literature. Central to this view is the HRM practice as being instrumental in advancing an organisation's strategy and in making its human resources (i.e. a well and a healthy workforce) part and parcel of its success.

CHAPTER 3

Conceptual Framework

3.1. Introduction to the Conceptual Framework

This chapter establishes a conceptual framework of wellness learning in the organisation. This integrative framework is informed by and builds upon the identified relevant concepts and topical overlaps between the literature on workplace wellbeing and organisational learning already identified and discussed in the preceding chapter. Moreover, this framework is not chronological to the thesis. Rather, it represents the pragmatist philosophy and abductive logical process adopted in this study being discussed in detail in the next chapter (Methodology). The framework presented here was developed iteratively through the extant literature as well as the emergent themes and patterns which have risen during the research process.

Primarily, the concepts included in this framework are drawn from the commonalities and convergence of the frameworks, models and findings of previous research that delved into the topics of wellbeing and learning in organisations. The organisational learning of the wellness initiative in this study is postulated to be affected by the other variables, namely: general happiness, attitude towards the wellness dimensions, participation in the programme, programme activities, satisfaction with the programme, motivations, hindrances and the attributes of the actors in terms of their demographic and employment backgrounds. These attributes include the following: age, gender, marital status, educational attainment, nature of work, employment status, position level and tenure. These constructs and their operationalisation in this research are discussed in the following sections of this chapter.

3.2. Wellness Learning

As a construct, *wellness learning* in the organisation is viewed as a link between the workplace wellbeing programme and the organisational learning process that is concurrently taking place. It is also viewed as providing a basis for a viable alternative or a complementary framework in relation to designing, implementing and sustaining an organisation's wellbeing initiative which is mainly promoted under the umbrella of HRM practice. Anchoring on the Resource-Based View of the firm (Barney, 1991; Grant 1991, 1996; Barney, Ketchen and Wright, 2011), it mainly works on the premise that by having human resources who are well and healthy benefits the organisation as a whole due to likely improvements in their performance and productivity, giving an organisation a competitive advantage (Porter, 1998).

The very notion of *learning* in organisational learning can be both viewed as a process as well as an end in itself (Argyris and Schön, 1996). As a process, Argote (2013, 2005) identified specific actions for organisational learning to happen. These processes pertain to the creation, retention and transfer of relevant knowledge (e.g. wellness knowledge), which then becomes part of the organisation's knowledge repertoire. A literature review in the previous chapter has already provided a literature landscape of organisational learning in relation to its dominant topics and debates. Among these, the seminal work of Argyris and Schön (1996, 1978) still resonates today although it was written decades ago. It provided a springboard for other studies to delve into this area. For them, an organisation is said to have learnt when it acquires specific information, understanding, know-how, techniques or practices and uses it to solve a particular problematic situation. This learning process is undertaken by agents (i.e. organisational members) of the firm which acts on its behalf allowing it to learn, in essence, although it is in itself an inanimate entity.

The idea that there is an underlying *process* involved in organisational learning is also illustrated in the SECI model of knowledge conversion by Nonaka and Takeuchi

(1995) with the dynamic interaction between the processes of socialisation, externalisation, combination and internalisation. In this study, then, specific behaviours such as "learning about wellness through company meetings" and "sharing of one's experiences about the wellness programme" become relevant as these are the examples of a socialisation process that is happening. In a similar way, the remaining other processes and the specific behaviours attached with them also become worthy of investigation. For example, "articulating and codifying the wellness knowledge into written documents" is an action that can be subsumed under an externalisation process. "Using databases" and "reflecting on and applying the wellness knowledge" acquired by the actors can be thought of as examples of a combination and an internalisation process, respectively.

Notably, the socialisation process in relation to the learning of wellness in the organisation can possibly extend beyond its boundaries into a wider notion of inter-organisational learning (Hislop, 2013) or into the notion of communities of practice (Wenger, 1998; Brown and Duguid, 1991) when we are looking at practice-based learning (Nicolini, Gherardi, Yanow and Elkjaer, 2004), but referring specifically about the learning of the key people involved in running the wellness programme.

Moreover, the process of adopting a strategy in relation to designing, implementing and sustaining the wellness initiative also become a point of interest. Here, the decisions and actions of management as well as the appointed leaders promoting the programme become pertinent. Forming partnerships or outsourcing and the manner in which available resources are utilised in running the programme all form part of the strategic actions that an organisation makes through its key people. It is with these strategic decisions and actions where the works of March (1991) on exploration and exploitation in organisational learning as well as those of Raisch and Birkinshaw (2008) and Tushman and O'Reilly (1996) on organisational ambidexterity take pertinence. These topics also resonate with the use of resources in relation to the

communication strategies and evaluation mechanisms prominent in wellness literature (e.g. Berry, Mirabito and Baun, 2010).

In organisational learning, the notion of *embedding* knowledge is also a prominent concept. This idea, although it can be considered part of the overall learning process, can also be thought of as capturing the notion of a learning product espoused by Argyris and Schön (1996) as to how a specific organisational knowledge (Argote, 2013; Easterby-Smith and Lyles, 2011) finds its way into the organisational life of a firm. In the context of wellbeing programmes, the act of embedding the wellness knowledge in the organisation is also viewed as relevant in addressing the issue of sustaining these initiatives. In this scenario, organisational activities and infrastructures can serve as the organisational repositories (Argote, 2013; Levitt and March, 1988; Walsh and Ungson, 1991; Starbuck, 1992) to make this happen. Work practices, policies, procedures and even routines in relation to the wellness programme warrant an investigation in this respect, along with the IT and other physical infrastructures which may or may not contribute to the learning of wellness in the organisation.

Another set of literature viewed as distinct from the concepts of process and embeddedness, but nevertheless interconnected with these two, is about the *capability* of a firm when it comes to organisational learning. This notion of capability offers itself as a lens on what is both the prevailing status quo and the potential of an organisation to learn about wellbeing collectively. The works on the topics on dynamic capabilities (Easterby-Smith and Prieto, 2008; Teece, Pisano and Shuen, 1997), absorptive capacity (Cohen and Levinthal, 1990) and organisational learning capability (OLC) are all grouped under this subconstruct of wellness learning in this study. Components or domains which are investigated under the OLC concept include the following: clarity of the programme's purpose; commitment of organisational leaders or management support; experimentation or openness to suggestions and risks; and knowledge transfer, sharing and dialogue amongst the actors (Jerez-Gomez, Céspedes-Lorente and Valle-Cabrera, 2005; Goh and Richards, 1997; Chiva, Alegre and Lapiedra, 2007).

These learning capabilities are seen to facilitate the creation, transfer and maintenance of the organisational knowledge about wellness, the very processes involved in organisational learning (Argote, 2013).

As mentioned earlier, this wellness learning construct is hypothesised as being affected by a number of identified variables, one of these is general happiness. A notion of general happiness, as conceptualised in this integrative framework, is discussed in the next section.

3.3. General Happiness

The term *general happiness* is used by a number of studies to indicate life satisfaction or subjective wellbeing of people (Dolan and Metcalfe, 2012). Even in earlier works about wellbeing in the workplace context, these terms have been used in an attempt to capture a sense of employees' overall wellbeing (e.g. Adelman, 1987). In this study, it has already been ascertained that the notion of happiness can be subsumed under the affective part of subjective wellbeing (Diener, 2000; Diener, Oishi and Lucas, 2002) and it is but just one of the components of the whole notion of overall wellbeing (Ryff, 2013; Dolan and Metcalfe, 2012) or flourishing (Seligman, 2011; Huppert and So, 2013). Nevertheless, one's *happiness in life* in general is considered a significant indicator of wellbeing and an important consideration in public policy in promoting the wellbeing and life satisfaction in society (Kuan and Jiuan, 2011; Helliwell, Layard and Sachs, 2015, 2013; Chen and Davey, 2008).

Happiness at work is also considered by wellbeing studies whenever the focus is within the context of the workplace and the factors affecting employees' wellbeing (e.g. De Neve and Ward, 2017; van de Voorde, 2010; Grant, Christianson and Price, 2007; Diener and Seligman, 2004; Page and Vella-Brodrick, 2009). This notion of happiness at work is relevant, based on the premise that people spend a significant part of their lives in the workplace (De Neve and Ward, 2017). It is also considered an

important component of workplace wellbeing along with physical health and work relationships, factors that the HRM practice can influence to improve organisational performance (van de Voorde, 2010; Grant, Christianson and Price, 2007). This notion further gains relevance when either income or economic wellbeing become less of a predictor of the overall wellbeing of employees, since it has been shown to be affected by non-economic factors such as positive work relationships (Diener and Seligman, 2004; van De Voorde, 2010), which relates with the social domain of wellbeing (Miller and Foster, 2010). It has been found that having work or gainful employment in itself contributes to happiness in life generally (De Neve and Ward, 2017; Adelman, 1987) as well as in having good health and improved wellbeing (Waddell and Burton, 2006; Huppert and Whittington, 2003). There is also a complex and a dynamic relationship between happiness and aspects of employment that is worth examining, where it has been shown to exhibit a bidirectional relationship (De Neve and Ward, 2017). Happy employees are also found to perform better, stay for longer and have better work relationships (Page and Vella-Brodrick, 2013, 2009).

In the organisational learning literature, a related concept to that of happiness at work is job satisfaction. It is also being linked to a number of organisational outcomes. Employees' job satisfaction is found by other studies to be positively affected by the prevalence of organisational learning practices (e.g. Chang and Lee, 2007) or organisational learning capability (e.g. Chiva and Alegre, 2008). Being satisfied at work is also found to be linked in an employee's motivation to share his knowledge which contributes to having a learning culture in an organisation (Egan, Yang and Bartlett, 2004). Although the two concepts can be delineated in that happiness at work is more concerned with one's affective evaluation whereas job satisfaction involves a cognitive evaluation of one's job, an interest in the former as to how it is being affected by a wellness intervention, and vice versa, still merits an investigation.

3.4. Wellness Dimensions

There are nine *wellness dimensions* examined in this study which aims to capture the multidimensionality of the concept as espoused in literature (e.g. Anspaugh, Hamrick and Rosatto, 2011; Miller and Foster, 2010; Foster and Keller, 2007; and Anspaugh, Hunter and Mosley, 1995) as well as to adopt a holistic approach recommended in wellbeing studies so that knowledge and practice in this field will progress (e.g. Malleret, 2018; Kowalski and Loretto, 2017; McMahon, Williams and Tapsell, 2010; Ginn and Henry, 2003). These wellness dimensions are the following: physical, intellectual, emotional, social, spiritual, occupational, environmental, cultural and financial.

The attitudes of the participants about these dimensions in connection with the wellness programme are the ones investigated in this study. The employees' attitudes towards these dimensions serve as a yardstick to what are the existing perceptions which can be indicative of a prevailing organisational climate (Biron, Karanika-Murray and Cooper, 2012; Veld and Alfes, 2017) about the scope of the programme, i.e. whether the programme addresses the various aspects of their lives. The scope and a positive perception of these wellness programmes are considered part of the success factors of the said initiatives by organisations (Berry, Mirabito and Baun, 2010). The succeeding paragraphs briefly recapitulate the nature and definitions of these dimensions from the previous chapter. More importantly, the behavioural components for each dimension are highlighted in this chapter to show how these were operationalised for the purpose of this research.

Physical Dimension. In this study, this dimension is viewed to be expressed in behaviours like having proper sleep, having a balanced diet, doing exercise and avoiding harmful habits (Miller and Foster, 2010; Foster and Keller, 2007; Anspaugh, Hamrick and Rosatto, 2011; National Wellness Institute, 2014a). The physical dimension has always been a predominant component of the notion of wellness, which

basically refers to one's physical health and physiological functioning in life (Miller and Foster, 2010).

Intellectual Dimension. This dimension is operationalised through behaviours like expanding one's knowledge, having critical thinking and learning new skills (Anspaugh, Hamrick and Rosatto, 2011; National Wellness Institute, 2014a). Although this concept is at times used synonymously as the mental or cognitive dimension in other studies (e.g. Miller and Foster, 2010; Foster and Keller, 2007; Hales, 2005; Hatfield and Hatfield, 1992), this study takes the caution of not conflating these concepts altogether, however. Given that the intellectual dimension falls under the cognitive domain (Hatfield and Hatfield, 1992), it is still viewed as distinct from the notion of a mental dimension. While the intellectual dimension is most often used in wellness models and frameworks (e.g. National Wellness Institute in the US), the notion of a mental dimension is most often associated with terms such as mental wellbeing or mental health (e.g. UK's Faculty of Public Health). Mental wellbeing can be defined as a state where an individual is able to realise his or her potential and functioning in society by being able to cope with the normal stresses of life (Faculty of Public Health, 2010). With this definition, a notion of mental wellness will have some overlaps with the emotional and social aspects of life, dimensions which are being treated separately in this study.

Emotional Dimension. This dimension is defined as managing one's feelings, handling problems or setbacks and having self-esteem (Miller and Foster, 2010; Foster and Keller, 2007; Anspaugh, Hamrick and Rosatto, 2011; National Wellness Institute, 2014a). Although the emotional dimension is at times combined with or used synonymously with the notion of a psychological dimension in wellness (e.g. Miller and Foster, 2010), this study focuses on the former rather than the latter. This is because the psychological dimension of wellbeing is far more complex and multifaceted as shown by other studies (e.g. Ryff, 2014; Forgeard, Jayawickreme, Kern and Seligman,

2011). Nevertheless, this dimension offers a glimpse into the overall functioning and total wellbeing of employees in connection with how they deal with life circumstances, including that of stress (Adams, Bezner and Steinhardt, 1997).

Social Dimension. This dimension is defined as having the support network of friends, family and work colleagues. It also means working and interacting with others in groups (Miller and Foster, 2010; Foster and Keller, 2007; Anspaugh, Hamrick and Rosatto, 2011; National Wellness Institute, 2014a; Auburn.edu, 2016; OSU.edu, 2016; UNC.edu, 2016). In this study, the dynamics between family life and working life become relevant. This particular definition of this dimension also captures the interconnection between work life and family life in the social wellbeing of employees. As past studies show (e.g. Boreham, Povey and Tomaszewski, 2016; Li and Angerer, 2014), particular practices and conditions at the workplace can impinge on family relationships, which are part and parcel of the social dimension of wellness.

Spiritual Dimension. The spiritual dimension is defined as searching for meaning and purpose in life. It also refers to the activity of reflection for self-discovery. It is a different construct from that of religiosity (Miller and Foster, 2010; Renger, 2000; Adams, Bezner and Steinhardt, 1997). Nevertheless, there is also a recognition that the two concepts may overlap at times (Adams et al., 2000; Westgate, 1996). While it is possible to conceptualise a notion of spiritual wellbeing in a religious sense (i.e. one's connection with God or a Supreme Being), it can also refer to a sense of existential wellbeing, i.e. one's perception of life's purpose and a sense of life satisfaction that goes along with it (Paloutzian and Ellison, 1982). The latter conceptualisation is distinct from the former in that it does not contain any religious references. In this study, a prior information about the wellness programme of the organisation as being neutral and non-sectarian helped to delineate between the two concepts of spirituality and religiosity.

Occupational Dimension. This dimension is defined as pursuing one's career or professional goals and balancing work and life (Miller and Foster, 2010; Foster and Keller, 2007; Anspaugh, Hamrick and Rosatto, 2011; National Wellness Institute, 2014a). It is used synonymously as the career dimension, which is a new and emerging dimension being espoused in some wellness programmes in the higher education context in the US (e.g. OSU.edu, 2016) and not yet included in the earlier works on wellness (e.g. Miller and Foster, 2010). This dimension even becomes more relevant in the workplace context, where the challenges in achieving work-life balance has become one of the prominent issues in workplace interventions (Gunavathy, 2011; Tsui, 2008) or some HRM practices (Veld and Alfes, 2017; Baptiste, 2008).

Environmental Dimension. This dimension is defined as protecting and improving the environment, which includes the work environment. It also includes actions to mitigate climate change (Miller and Foster, 2010; Anspaugh, Hamrick and Rosatto, 2011; Hales, 2005; May, 2007; Hu et al., 2008). In this study, the climate dimension of wellness (Miller and Foster, 2010; Frumkin et al., 2008) is included under this dimension due to its similarities in definition and operationalisation in existing literature. The developing interest about the notion of green spaces (May, 2007; Hu, Liebens and Rao, 2008) and green wellbeing (Kowalski and Loretto, 2017) come under this dimension, as this aspect can have a positive impact on the overall wellbeing of employees.

Cultural Dimension. This dimension is defined as having awareness of one's culture as well as of other cultures. It also refers to respecting diversity in society or in the workplace specifically (Miller and Foster, 2010; Auburn.edu, 2016). In this study, the new and emerging creative dimension of wellness, which can also mean actively participating in different artistic and cultural activities (OSU.edu, 2016), is subsumed under this dimension due to the large similarity in their definitions in literature. In the higher education context, where there is relatively a higher degree and incidences of

diversity and multiculturalism in student populations, this dimension translates to an understanding and appreciation of diversity when it comes to sexual orientation, religion, race, gender, age and disability (Auburn.edu, 2016). With the workplace becoming more diverse due to societal changes and globalisation (Kossek, Kalliath and Kalliath, 2012), this notion of cultural wellness become even more relevant and deserves an examination.

Financial Dimension. This dimension is defined as budgeting and saving money. It refers to managing one's financial resources to achieve short-term and long-term financial goals (Working Well Report, 2016; Auburn.edu, 2016; OSU.edu, 2016). In this study, the financial dimension is taken to be distinct from that of the economic dimension of wellbeing in existing literature (e.g. Miller and Foster, 2010; McGregor and Gough, 2008; Semyonov and Gorodzeisky, 2008; Williamson and Robinson, 2006), a concept which is broader and more complex in nature (McGregor, 2007). The financial dimension is also a dimension which resonates in the workplace, where there have been a growing interest due to its novelty in research and practice (Kowalski and Loretto, 2017; Working Well Report, 2016).

3.5. Participation

The concept of *participation* in wellness programmes have already been examined by other studies (e.g. Abg Abdullah and Lee, 2012; Page and Vella-Brodrick, 2013) in which significant differences are noted in the job satisfaction and subjective wellbeing between participants and non-participants. In this study, this variable refers to the frequency of the employees' participation in the said initiative. Thus, it is the effect of one's participation in the programme to his wellness learning behaviours which is investigated in this research, among other identified variables. Corollarily, it is also posited as one of the factors in affecting one's general happiness (i.e. happiness at work and in life as a whole) and one's attitudes towards the wellness dimensions.

This notion of participation is also seen as relevant in the domain of organisational learning. Participation (i.e. co-participation) at work is viewed as playing a central role in achieving the workplace affordances which facilitates employees' learning and the quality of this learning for an organisation (Billett, 2001), in this case, wellness learning. The readiness of a firm to provide employees with opportunities to manifest this form of engagement in the workplace is also seen as crucial. In itself, the act of learning can be viewed a form of participation (i.e. peripheral participation) especially in the context of communities of practice (Fuller, Hodkinson, Hodkinson and Unwin, 2005). In this study, this form of participation relates to the key personages (i.e. HR and wellness practitioners) in delivering the wellness programme of the organisation. In past studies, it has been shown that workplace learning that is driven by this type of peripheral participation can also have individual and contextual underpinnings (e.g. Fuller, Hodkinson, Hodkinson and Unwin, 2005).

3.6. Activities

This notion of *activities* is relevant both in workplace wellbeing and organisational learning. In the context of workplace wellbeing, these activities come in the form of workplace interventions (i.e. wellness activities). In the context of organisational learning, on the other hand, these activities pertain to practices and routines which form part of the gamut of work activities which facilitates learning. It stems from the idea of *action*, building on the premise that organisational members (i.e. employees) are agents capable of action (Wang and Ahmed, 2003; Argyris and Schon, 1996, 1978) in addressing problematic situations, as well as in associating past and future collective activities in order to learn at the organisational level (Fiol and Lyles, 1985). This premise specifically finds its applicability with the activities undertaken by the actors (i.e. key people and recipients alike) in the wellness programme which aim to achieve the desired organisational outcomes.

This concept of activities as used in this study specifically refers to the number of different wellness activities attended by the respondents. It is different from the frequency of participation in the programme. Thus, this variable reflects the variety of wellness activities that one participates in. Past studies have already shown that some types of physical activities in workplace wellbeing interventions such as yoga and outdoor walking and running have benefits in improving resilience against stress in the workplace (e.g. Hartfiel et al., 2011) or in improving one's mental and physical wellbeing (e.g. Coon et al., 2011; Coon et al., 2009). Other interventions can even involve pets and music, apart from the more popular stress management activities (Grawitch, Gottschalk and Munz, 2006). However, there is still a degree of variability in existing studies in supporting the view that these specific activities are responsible for the desired workplace outcomes, calling for more research in this area to confirm causal relationships between these factors (Coon et al., 2009). The efficacy of these wellness activities is also viewed to inform the action of the key decision makers in the wellness programme, whose support and leadership are essential for the success of these initiatives (Berley and Brewer, 2012; Biron, Karanika-Murray and Cooper, 2012; Berry, Mirabito and Baun, 2010).

3.7. Satisfaction

The concept of *satisfaction* as it is used in this study refers to the level of satisfaction of the participants with the programme. There is still a dearth of studies which particularly examine programme satisfaction in wellbeing interventions. In the organisational learning literature, meanwhile, only a few studies exist which looks at the effect of training or instructional satisfaction in the learning outcomes of learning programmes (e.g. Joo, Lim and Park, 2011; Lim and Morris, 2006). In wellbeing studies, there is a bias towards using this concept in the notion of job satisfaction which is often posited to affect various positive organisational outcomes, whether it is in the

domain of workplace wellbeing and improving work performance (e.g. Page and Vella-Brodrick, 2013) or organisational learning and improving learning outcomes and learning quality (e.g. Egan, Yang and Bartlett, 2004; Chang and Lee, 2007; Chiva and Alegre, 2008; Pool and Pool, 2007).

This notion of satisfaction from the recipients in organisational programmes or interventions brings to the fore the problem encountered in the area of human resource development as to the issues pertaining to organisational climate and perceived worth of these programmes (Lim and Morris, 2006) as well as the debate between efficiency and efficacy by using the recipients' satisfaction about a programme as one of the yardsticks (Joo, Lim and Park, 2011). These issues also resonate with the wellness programme of this case study (i.e. a manufacturing organisation), where satisfaction becomes a germane factor in examining its wellbeing initiative.

3.8. Motivations and Hindrances

The *motivations* of actors also emerge collectively as an important factor in investigating the wellness programme. Motivation is also a factor considered in wellbeing studies, where it is seen as a pre-requisite to engagement and productivity (Worrall et al., 2016). Corollarily, it is posited as one of the factors in this study which can affect the learning of wellness in the organisation. In this study, this concept refers to the number of motivators acknowledged by the respondents in participating in the programme.

This notion is also shown to be a relevant component in organisational learning studies, where employees' intrinsic motivation or motivation levels are linked with a number of learning outcomes. For instance, it comes into the picture as one of the important considerations in learning or training transfer (e.g. Egan, Yang and Bartlett, 2004; Lim and Morris, 2006), learning performance (LePine, LePine and Jackson,

2004), organisational commitment and organisational learning culture (Pool and Pool, 2007), and attitudes towards organisational learning initiatives (Remedios and Boreham, 2004).

The *hindrances* encountered by the actors in the wellness programme also become worthy of examination. Taken synonymously with the terms *obstacles* or *barriers* used in other studies (e.g. McCoy et al., 2014; Van Rensburg, Surujlal and Dhurup, 2011; Fitch and Slivinske, 1988), these hindrances are viewed to prevent recipients in getting the most out of wellbeing programmes. In this study, this concept refers to the number of hindrances acknowledged by the respondents in preventing them from participating and benefiting from the programme.

Moreover, the scope of these hindrances in preventing the achievement of desired outcomes in organisational interventions can be wide-ranging, stemming from individual, situational and organisational factors. For instance, one of the identified obstacles which results in the inefficacy of wellness programmes is the failure to tailor-fit some activities according to individual needs (Fitch and Slivinske, 1988). One's economic position and perceptions can also be a hindrance in benefitting fully from a programme (Martin, Keswick, Crayton and LeVeck, 2012). Additionally, an individual's poor time management, poor choice of company and even a lack of transport can also become barriers to fully benefit from some wellness practices (Van Rensburg, Surujlal and Dhurup, 2011). Meanwhile, organisational factors like lack of company budget and inability to afford the high cost of these wellness programmes can also serve as obstacles to the success of these initiatives (McCoy et al., 2014).

This notion about hindrances is also an interest in organisational learning. At the individual level, a lack of motivation or morale can be a learning hindrance in itself, a problem which can be compounded by organisational factors such as lack of resources, too much bureaucracy and an organisational culture which is resistant to change (Wahlström, 2011). Contextual factors can also play a part in heightening the

effects of these hindrances. For example, the positioning of stress as a form of hindrance in a learning situation is found to negatively affect one's learning performance as opposed to when it is viewed as a form of challenge (LePine, LePine and Jackson, 2004). Similarly, job demands which are classified as hindrances (i.e. work tasks and conditions which require effort and energy, yet do not yield any growth potential) negatively affects work-related wellbeing (Tadic, Bakker and Oerlemans, 2015).

These two concepts, namely: motivations and hindrances are viewed as polar opposites affecting some organisational phenomena of interest in this study (i.e. wellness learning, general happiness and attitudes towards the wellness dimensions). Moreover, both concepts are viewed to help in understanding the circumstances and opportunities where the participants find themselves in connection with the wellness programme. As concepts, these are seen to capture the context in which the programme is being run and participated in by the actors. Context is taken as an important consideration in studying wellbeing in the workplace (Kowalski and Loretto, 2017; Guazzi et al., 2014; Hartwell, 2013; Warr, 2003; Ginn and Henry, 2003; Grawitch, Gottschalk and Munz, 2006; Reardon, 1998), and equally in the case of studying the topic of wellbeing in a developing country (McGregor and Gough, 2008; McGregor, 2007) to have a fuller grasp of the workings of a workplace wellbeing programme.

3.9. Attributes

An individual's *attributes* are also often factored in as control variables in wellbeing research as well as in organisational learning research. In this study, these attributes are classified into two, namely: *demographic variables* and *employment-related variables*. Age, gender, marital status and education (i.e. educational attainment) are the ones included under the demographic variables. For the

employment-related variables, the nature of work, employment status, position level and work tenure are the ones examined.

Age and gender are oftentimes taken together as control variables in the study of wellbeing (e.g. Taylor, McLoughlin, Meyer and Brooke, 2013; Kuan and Jiuan, 2011; Stewart-Brown et al., 2009; Shmotkin, 1990; Diener, 1984), making these attributes worthy of consideration in examining the wellness programme of the organisation. When it comes to mental wellbeing, for instance, there tends to be gender and age differentials among the subjects. Optimism about the future shows a bias for the age factor while males are more likely to report higher self-confidence scores than females (Stewart-Brown et al., 2009). There are also age and gender differences in how employees deal with specific negative work scenarios which affects one's psychological wellbeing and job satisfaction (Taylor, McLoughlin, Meyer and Brooke, 2013). Looking at gender alone, there are notable differences between men and women in the way they handle work and family conflicts (Li and Angerer, 2014) or the work-life balance issues that they have (Loretto and Vickerstaff, 2015). When it comes to age, meanwhile, it has been shown that there are age differences among people when it comes to some aspects of their psychological wellbeing (Ryff, 1989; Adelman, 1987) and that life satisfaction appears to be significantly and negatively correlated with age (Shmotkin, 1990).

As a control variable, gender has also been explored in a number of organisational learning studies (e.g. Martin, 2001; Mulford and Silins, 2003; Hale, 2000). Particularly, gender differences were found in the communication patterns between men and women who are in the position of running an organisation. These specific communication styles of leaders are seen to have an influence on organisational learning (Martin, 2001). Moreover, there exists an optimistic view which sees demographic factors generally as potential contributors in enhancing learning capability and improving team productivity if these factors increase the diversity of work groups or social networks in organisations (Reagans and Zuckerman, 2001).

One's *marital status* and its link with some aspects of work-related wellbeing such as job satisfaction and social relationships in the workplace have also interested a number of researchers (e.g. Madsen, Miller and John, 2005; Lee and Johnson, 1991). Specific organisational outcomes were found to be influenced by marital status. For example, an association has been found between one's readiness for organisational change and one's marital status and family responsibilities like having children (Madsen, Miller and John, 2005). This notion of organisational readiness (i.e. readiness for the wellness programme) finds its relevance in this respect since it is identified in the previous chapter as one of the common success factors between workplace wellbeing and organisational learning initiatives.

The last of the demographic variables taken as a control variable in this study is *education*. One's level of education has also been considered in examining the subjective wellbeing and psychological wellbeing of people (e.g. Keyes, Shmotkin and Ryff, 2002; Adelman, 1987). Educational attainment is found to be one of the contributory factors of having a higher psychological wellbeing scores among adults (Keyes, Shmotkin and Ryff, 2002). In itself, having an education is viewed as a contributor to people's happiness (Michalos, 2008; Kuan and Jiuan, 2011) and overall wellbeing since it gives them the opportunity for social mobility to improve the quality of their lives (Jongbloed and Pullman, 2016). This premise is especially true in the case of those who are poor and marginalised in society, where having access to education results in better health choices and employment opportunities (Nguyen and Cairney, 2013).

The notion of having gainful employment is also significant in wellbeing studies in that it is seen as an important determinant of wellbeing (Huppert and Whittington, 2003; Waddell and Burton, 2006; Diener, 1984). It has also been shown that across countries, people's employment status, job type and workplace characteristics can influence and shape their levels of overall happiness and subjective wellbeing (De

Neve and Ward, 2017), factors which relates to the employment-related variables in this study.

The concept about *nature of work* (or job type) brings to the fore issues about the working conditions which are specific to particular jobs. For instance, it has been found that globally, there are significant differences in the happiness levels between people in blue-collar and white-collar type jobs across industries, which include the manufacturing sector (De Neve and Ward, 2017). In this study, nature of work is operationalised as being in the support group or in the production groups in the organisation. The effects of certain workplace characteristics and conditions also applies in workplace learning, where specific learning conditions at work can influence the learning mechanisms which are taking place (Skule, 2004).

The other constructs subsumed under the employment-related factors are employment status, position level and tenure. In terms of *employment status*, there have been subtle differences noted in the job satisfaction and organisational commitment between full-time permanent workers and part-time temporary workers (Lee and Johnson, 1991). It is worthwhile to see if the same applies in other organisational contexts and conditions. For the said organisation of this case study, employment status is operationalised by classifying the participants in the wellness programme as being regular (i.e. permanent) and temporary employees (combining the probationary and contractual staff) who are all working on a full-time basis.

The next employment-related variable is *position level*. This control variable is also posited to affect a number of organisational phenomena being examined in this study. One's position level in an organisation is considered in both workplace wellbeing studies (e.g. Berley and Brewer, 2012; Warr, 2009; Skakon, Nielsen, Borg and Guzman, 2010; Berry, Mirabito and Baun, 2010) and organisational learning studies (e.g. Antonacopoulou 2016; Pun and Nathai-Balkissoon, 2011; Lant, Milliken and Batra, 1992) whenever the focus is on managerial actions, decisions and leadership.

This thematic issue has already been identified as one of the commonalities between the two literatures in the previous chapter. However, there also appears to be a bias when it comes to research interest towards high level positions or technical positions in existing studies encountered. This can be justified by the premise that these individuals can exert a significant amount of influence in a number of organisational outcomes. For instance, managers' motivation levels and work-related wellbeing can have a significant influence in an organisation's growth (Worrall et al., 2016) as well as in having an organisational learning culture (Pool and Pool, 2007). The learning of top leaders such as CEOs can also greatly affect firm-level performance (Henderson, Miller and Hambrick, 2006). Additionally, the learning capabilities of technical teams such as those in R&D work can significantly account for improving productivity (Reagans and Zuckerman, 2001). This study, however, looks at the learning, happiness and attitudes of employees at different position levels in the company, operationalised as falling into managerial, supervisory, specialists (including the technical staff) and rank and file posts.

The last of the employment-related variables being considered among the attributes is *tenure*. This factor has also been examined in past studies which can have an influence on employee wellbeing (e.g. Avey, Luthans, Smith and Palmer, 2010; Page and Vella-Brodrick, 2013; Connolly and Myers, 2003; Hill, 2004) as well as on organisational learning, performance and productivity (e.g. Henderson, Miller and Hambrick, 2006; Reagans and Zuckerman, 2001). In this study, it is operationalised by the number of years the participants have been employed by the company.

3.10. An Integrative Framework of Wellness Learning in the Organisation

After laying the necessary groundwork in the preceding section, this study is now able to come up with an integrative framework which aims to capture the workings of the learning of wellness in the organisation. This framework is developed by

identifying and integrating the salient factors common in the literature on workplace wellbeing and organisational learning interventions. In providing an organisational learning lens to a wellness initiative, it also integrates a number of relevant frameworks and models in organisational learning. It should be noted that this framework is not chronological to the thesis. Rather, it represents an abductive process undertaken in which the framework was developed iteratively using the existing literature as well as the themes and patterns in the data which emerged during the research process.

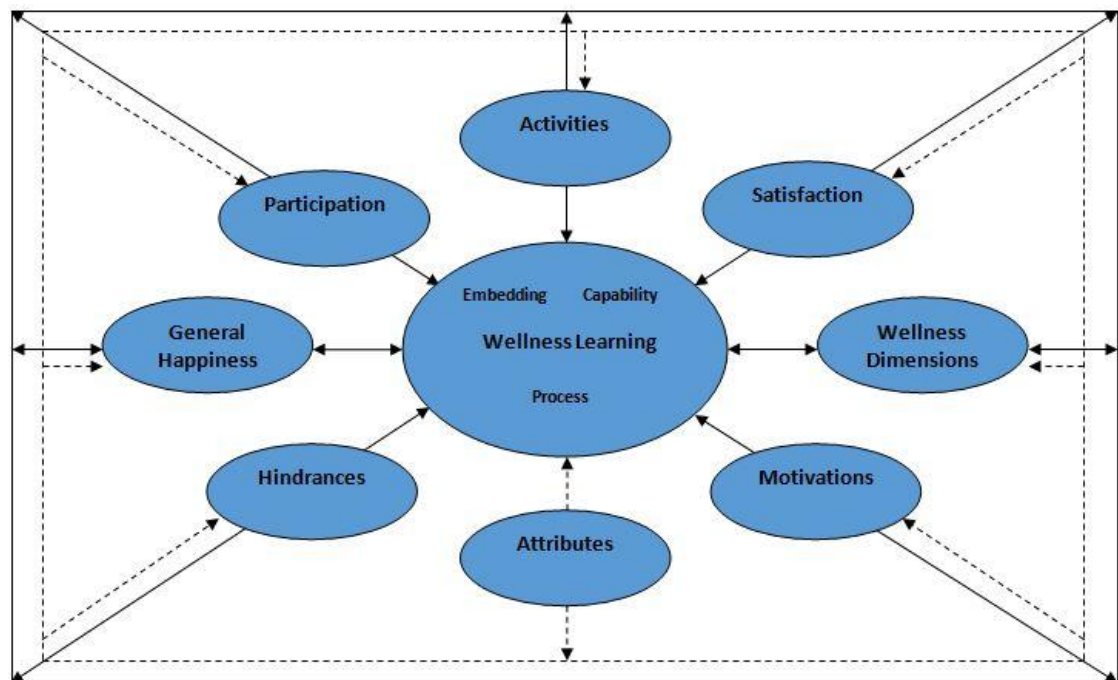
Figure 8 represents the phenomenon of interest in this study and a number of variables postulated to affect it. At the centre of this framework is the construct called *wellness learning* in the organisation which is further conceptualised to be composed of the subconstructs about the *capability*, *process* and *embedding* of the organisational knowledge about wellness.

In terms of learning capability, the component behaviours which are investigated include the following: clarity of the programme's purpose; management support; experimentation or openness to suggestions and risks; and knowledge transfer, sharing and dialogue amongst the actors. These learning capabilities are seen to facilitate the processes of creating, transferring and sustaining the organisational knowledge about wellness, the main processes involved in organisational learning. These organisational learning capabilities also harmonises with the factors identified for designing, implementing and sustaining wellbeing programmes successfully. These factors include multi-level management support, employee involvement, communication and feedback mechanisms and overall organisational readiness for running the wellness programme. On the other hand, the subconstruct about the learning process itself is investigated in terms of the mechanisms about the creation and transfer of knowledge relating to wellness. The behaviours pertaining to the means and ways in which the learning of wellness in the organisation happens are subsumed as components of this subconstruct. These behavioural components are mainly based on the strategies and ways in which resources are used to run the programme,

providing a rich backdrop in which the organisation learns how to implement the said initiative effectively, not just efficiently. Behaviours pertaining to exploring, exploiting and even manifesting ambidexterity come to the fore in this regard. Moreover, the conversion of this wellness knowledge from its tacit to explicit form merits an investigation.

Lastly, the behaviours under the learning embeddedness subconstruct include the behavioural components that relates to organisational routines, policies, practices, procedures and norms. These comprise the gamut of activities which are predominant when it comes to the topical commonalities between workplace wellbeing and organisational learning. In both cases, the HR practice is also expected to be in a strategic position to promote these to achieve positive organisational outcomes like improving employee performance and productivity. These organisational activities, along with the organisational infrastructures, are also seen as the ways and means in which knowledge on wellness is retained in the organisation, helping to sustain it.

Figure 8. A Conceptual Framework of Wellness Learning in the Organisation



In this framework, wellness learning is seen to be affected by the *general happiness* of the employees. Two aspects of happiness are examined in this regard. The first is about the employees' *happiness at work* due to the wellness programme. The other is about their *happiness in life* as a whole because of the programme. The *attitudes* of the participants about the nine *wellness dimensions* as to whether or not these are being addressed in the programme is also factored into this framework as affecting the organisational learning of wellness.

The other variables which are assumed to influence wellness learning in the organisation are the employees' frequency of *participation* in the programme, number or variety of wellness *activities* that they attend, number of *motivations* and *hindrances* that they acknowledge, and their specific *attributes*. These attributes pertain to a number of *demographic variables* and *employment-related* factors which are used as control variables in this study.

The following hypotheses are abductively generated from what is already known in extant literature. The first views wellness learning in the organisation as a dependent variable being affected by the following predictors in the first hypothesis:

H1: Wellness learning in the organisation is affected by employees' general happiness, attitudes towards the wellness dimensions, frequency of participation in the wellness programme, variety of wellness activities attended, level of satisfaction with the programme, number of motivations and hindrances acknowledged, and one's attributes (i.e. age, gender, marital status, educational attainment, nature of work, position level, employment status and tenure).

A dynamic bidirectional relationship between the wellness learning, general happiness and attitudes towards the wellness dimensions is also being postulated. Based on this assumption, the next two hypotheses are also generated below, where the other predictor variables are still factored in:

H2: General happiness is affected by wellness learning, attitudes towards the wellness dimensions, frequency of participation in the wellness programme, variety of wellness activities attended, level of satisfaction with the programme, number of motivations and hindrances acknowledged, and one's attributes (i.e. age, gender,

marital status, educational attainment, nature of work, position level, employment status and tenure).

H3: Employees' attitudes towards the wellness dimensions as to whether these are being addressed by the wellness programme is affected by wellness learning, general happiness, frequency of participation in the programme, variety of wellness activities attended, level of satisfaction with the programme, number of motivations and hindrances acknowledged, and one's attributes (i.e. age, gender, marital status, educational attainment, nature of work, position level, employment status and tenure).

The effects of the employees' attributes as control variables to a number of organisational phenomena of interest related to wellness learning are also being considered in this study. Thus, the last of the hypotheses is postulated as:

H4: The employees' specific attributes (i.e. age, gender, marital status, educational attainment, nature of work, position level, employment status and tenure) can have a significant effect on their wellness learning, general happiness, attitude towards the wellness dimensions, frequency of participation in the programme, variety of wellness activities attended, level of satisfaction with the programme and number of motivations and hindrances acknowledged when it comes to their participation.

The organisational learning and wellbeing frameworks and models used as tools in examining a particular wellbeing initiative of a manufacturing firm in the Philippines aim to extend existing knowledge as to their applicability in other specific contexts. More importantly, a contribution to the growing body of knowledge about workplace wellbeing programmes of organisations is also endeavoured. Here, the idea of context refers to being country-specific, sector-specific and practice-specific contexts. It has already been noted in the previous chapter that existing models on the two sets of literature were mostly developed and tested either in the Western world or in the developed world (e.g. wellness models in the US, SECI model in Japan and OLC models in Spain). Existing relevant studies encountered in organisational learning also show that there tends to be a bias towards managerial and technical jobs generally in investigating this phenomenon due to their significance with the subject matter. This study, on the other hand, examines the key players and a cross-section of the participants in learning about wellness by their work groups and position levels, among

other attributes. The research setting in a manufacturing company with a wellbeing programme located in the Philippines, a developing country, also offers a rich context to work on in developing a model of wellness learning in an organisation.

This context has a backdrop of the mutual gains versus the conflicting outcomes view in HRM practice, where employee wellbeing along with organisational performance is at the centre of the debate. This issue is relevant since HRM has also taken an important role in partnering with management in promoting workplace wellbeing initiatives and even some aspects of organisational learning related to training and L&D. By themselves, the problems encountered about designing, implementing and sustaining these wellbeing programmes are also predominant issues in existing literature as shown in Chapter 2. This integrative framework about wellness learning is designed as an alternative or a complementary framework to address these problems and issues encountered in workplace wellbeing programmes. It provides the basis for offering an organisational learning lens to these initiatives.

3.11. Summary to the Conceptual Framework

This chapter presents and discusses an integrative conceptual framework on the learning of wellness in the organisation. This construct is operationalised through the behaviours which emanate from the subconstructs subsumed under it, namely: learning capability, learning process and learning embeddedness. The framework serves as a prototype of the wellness learning model that is developed and tested in the successive chapters of this thesis. Moreover, individual and organisational aspects which may influence the wellness learning behaviours of actors are factored into this integrative framework. As explained earlier, this framework is not chronological to the thesis because it represents the iterative abductive process undertaken in its development, being informed by the extant literature as well as the themes and patterns which have emerged from the data during the research process. The

predictors hypothesised to affect wellness learning in the organisation include: the employees' general happiness, attitudes towards the wellness dimensions, participation, activities, satisfaction, motivations, hindrances and attributes. These attributes pertain to a number of demographic and employment-related variables. Moreover, wellness learning, general happiness and attitudes towards the wellness dimensions are assumed to have dynamic bidirectional relationships. The purpose of this integrative framework is to provide an overall direction in understanding the participants' learning about wellbeing as individuals and groups, which eventually helps in understanding about the learning of wellness at the organisational level.

CHAPTER 4

Methodology

4.1. Introduction to the Methodology

This chapter discusses the philosophical paradigm, enquiry logics, research design and specific methods adopted in this study. The debates and issues with the major philosophical worldviews guiding research are first presented and discussed. Then, the proceeding sections provide a discussion of pragmatism and mixed methods (i.e. qualitative and quantitative) research as the chosen philosophical orientation and research approach in this study, respectively, along with the justification for their utilisation. It then explains the sequential mixed methods (QUAL – QUAN) research design employed using both the case study and the survey methods in collecting data. This chapter also provides the details of the sampling methods, research instruments, logistics and data analyses techniques employed in achieving the research aim.

4.2. The Four Major Philosophical Paradigms in Research

Various authors (e.g. Teddlie and Tashakkori, 2009; Mertens, 2010; Green, 2007; Lincoln and Guba, 2000) have all discussed and differentiated the major philosophical paradigms employed in research. Mertens (2010) defines a paradigm as a worldview and the corresponding assumptions that come with that particular view. There are four major paradigms, namely: *positivist (or post-positivist)*, *constructivist*, *pragmatist and transformative* (also known as *critical theory*) (Mertens, 2010; Lincoln and Guba, 2000). A brief discussion of these philosophies is first carried out, which provides a basis for the chosen paradigm and research design employed in this study.

The first of these paradigms is *positivism*, which was later gave birth to *post-positivism*. *Positivism* was historically the dominant methodological stance where the

study of the social and behavioural sciences was patterned after the natural sciences. It utilises quantitative methods and analytical techniques in research following a deductive way of logical reasoning (Teddle and Tashakkori, 2009). The deductive logic is the form of reasoning where *a priori* propositions (i.e. propositions knowable independent of experience) which are nevertheless based on existing theory or extensive research findings are tested through quantitative methods like an experiment or a survey (Miles and Huberman, 1994; Teddle and Tashakkori, 2009). It takes on the ontological view that there is a singular reality or truth. In the epistemic sense, meanwhile, knowledge about this reality (or phenomenon) can only be obtained objectively (Mertens, 2010). This means that the researcher and the participants in a study are independent from each other, avoiding the biases or subjectivities of the researcher to influence the results of the research (Lincoln and Guba, 2000).

Later on, however, *post-positivism* emerged as a response to the shortcomings of the positivist paradigm. Christ (2013) distinguishes positivism from post-positivism in that the latter looks at a singular reality as an objective outsider, but this reality is represented by probabilities which may be fallible. Although a primary strength of positivism, and the quantitative approach associated with it, is their objectivity and credibility in examining cause-and-effect relationships, the criticisms against these include the overlooking of specific situations, contextual factors and individual's lived experiences which can provide rich data into the research (Johnson and Onwuegbuzie, 2004). Nevertheless, postpositivism as a modified paradigm is still very much quantitative in orientation. It does, however, now recognise that research cannot be absolutely value-free. Rather, the value systems of the researcher play a role in the conduct of the research and interpretation of the results (Reichardt and Rallis, 1994; Mertens, 2010).

The second paradigm is *constructivism*. Emerging from hermeneutics (i.e. the study of meaning or interpretive understanding), this paradigm takes the worldview that there are multiple socially constructed realities (Mertens, 2010). The constructivists are

also qualitatively and inductively oriented when it comes to their methods and techniques in research (Teddlie and Tashakkori, 2009). The inductive reasoning is the type of logic which involves arguing from the particular (e.g. data) to the general (e.g. theory). This form of reasoning allows the researcher to discover patterns, themes, categories and meanings in the research data. It is a sharp contrast to deductive reasoning where the data are analysed according to an existing framework or theory. Thus, most qualitative research generates emergent themes coming from a study of a specific phenomenon through methods like ethnography, grounded theory or case study (Creswell, 2009; Teddlie and Tashakkori, 2009; Miles and Huberman, 1994). Moreover, there is an explicit and interactive connection between the researcher and the participants taking the view that a reality or phenomenon is co-constructed by the knower and the known (Mertens, 2010). Although the strength of this paradigm lie in the depth of understanding and rich description of a phenomenon in focus, its weaknesses include its shortcomings for making quantifiable predictions and generalisations to other research settings due to commonly low number of participants and non-probabilistic sampling methods being employed (Johnson and Onwuegbuzie, 2004).

The third paradigm is pragmatism. The essence of the word pragmatism comes from the word "pragma", a Greek term for action (Morgan, 2014:7). This philosophical tradition was advocated by classical pragmatists like Charles S. Peirce, William James and John Dewey and advanced by neo-pragmatists like W.V.O. Quine and Richard Rorty (McDermid, 2006). It is a paradigm in which the third methodological movement (i.e. mixed methods) can be utilised in research (Teddlie and Tashakkori, 2009). The mixed methods approach, which combines quantitative and qualitative research methods and analytical techniques has now been commonly associated with the pragmatist philosophical orientation (Biesta and Burbles, 2003; Teddlie and Tashakkori, 2009; Johnson and Onwuegbuzie, 2004). However, this research approach is also associated with the *transformative* paradigm (Creswell, 2003;

Creswell and Plano Clark, 2010; Mertens, 2010), the last of the paradigms described in the following paragraphs. The pragmatist's worldview is that there is a single reality but individuals can have their own unique constructions or interpretations of that reality. It is also an epistemological stance in pragmatism where the relationship between the knower and the one being known is determined by researcher (i.e. knower himself) of what is appropriate based on the objectives of the research (Mertens, 2010). Thus, both objective and subjective points of view are taken during the different stages of the research cycle (Teddlie and Tashakkori, 2009).

Since pragmatism rejects the dualism of the mind and matter debate brought about by positivism and constructivism (Biesta and Burbles, 2003), this paradigm views that knowledge can be obtained by deductive and inductive forms of logic which are both employed in mixed methods research (Teddlie and Tashakkori, 2009). Abduction, also called the third type of logic, can also be used. This is a form of reasoning where the researcher explores the data, identifies patterns and generates plausible hypotheses (Teddlie and Tashakkori, 2009). It involves the process of linking a new research hypothesis to already known and tested similar hypotheses (Dew, 2007). Gold, Walton, Cureton and Anderson (2011) described the process of abduction as using existing known hypotheses to generate something similar, through the development of models. It is the way in which something "unknown" becomes "known" by "its analogy with other things known" (Gold et al., 2011:238). A major proponent of pragmatism, Charles S. Peirce, proposed that a knower "should apply abduction, deduction and induction" altogether in order to attain a comprehensive understanding of a phenomenon (Teddlie and Tashakkori, 2009:89). A more detailed discussion of the mixed methods approach and its juxtaposition with pragmatism as a chosen philosophical paradigm in this study is made in the succeeding sections of this chapter.

The last of the paradigms is the *transformative* philosophical orientation. This paradigm emerged from the societal changes and movements (e.g. demographic changes and the feminist movement) which called for equality and social justice

(Mertens, 2010). The researchers working on this paradigm focus on the experiences of marginalised groups of people (e.g. ethnic minorities, poor and members of LGBT+ community) to analyse asymmetry in power relationships in society. Mertens (2010) further describes the ontological view of this paradigm where different versions of reality exist based on the social positioning of individuals. Similar with pragmatism, the transformative paradigm uses both qualitative and quantitative methods as well as inductive and deductive forms of logic (Lincoln and Guba, 2000; Teddlie and Tashakkori, 2009; Mertens, 2010).

4.3. Pragmatism as a Chosen Philosophical Paradigm

Pragmatism is chosen as a philosophical paradigm this study due to its ontological, epistemological and methodological compatibility with the mixed methods (QUAL – QUAN) research approach adopted by the researcher in examining a wellbeing programme through a novel organisational learning lens. It is a philosophical paradigm which promotes theory development directly from practice or *praxis*. This process entails that theory development is derived from actions, which is applied back to practice in a process that is iterative or repetitive (Christ, 2013; Biesta and Burbles, 2003).

In this philosophy, new knowledge comes from taking action and learning from outcomes or the results themselves. In the research process, current "warranted beliefs" can change as the researcher is faced with novel situations (Morgan, 2014:7). This epistemological premise was espoused by John Dewey in 1920 (Hall, 2013) by means of "intelligent action" (rather than experimentation) which encourages reflection, amongst other things. Furthermore, intelligent action begins with the identification of the problem. This process can be fluid, which gives rise to "creative hypothesising", leading to ideas being either being revised or totally abandoned where new ideas are selected in the process (Hall, 2013:18). Here, the constant interaction between the

mind and the environment are at play, whereby the environment may be in a constant change. Thus, critical reflection is also central in pragmatism, where a researcher reflects on the research process in relation to his role as the instrument in research (Mertens, 2010) as seen in qualitative studies, as well as in the tools employed in the research or the so-called instruments, as seen in quantitative studies (Hall, 2013) in solving a research problem.

This critical reflection on the part of the researcher led Christ (2013) to look into the convergence of pragmatism and critical realism (i.e. the transformative paradigm or critical theory) in research practice. Christ (2013) also underlines the epistemological view in pragmatism that the objectivity and distancing of the researcher from the subjects in the research (as in positivism and post-positivism) and the "co-construction of knowledge" between the researcher and the participants (as in constructivism or interpretism) can "co-exist" in a study (Christ, 2013:112). Thus, in this philosophy, knowledge is viewed as being both constructed and based on the reality of the world that we live in (Johnson and Onwuegbuzie, 2004).

Although criticisms against pragmatism by its critics include its logical weakness (i.e. limitations when it comes to finding solutions to many philosophical disputes) and its promotion of incremental rather than the more fundamental or dramatic discoveries (Johnson and Onwuegbuzie, 2004), its strength lie in the fact that it is in the middle way and a solution for the problematic philosophical dualisms (e.g. positivism vs. constructivism; objectivity vs. subjectivity) (Johnson and Onwuegbuzie, 2004; Biesta and Burbules, 2003; Hall, 2013) by endorsing pluralism and eclecticism in conducting research, which is specifically evident in mixed methods research (Johnson and Onwuegbuzie, 2004). As Reichardt and Rallis (1994) argue, post-positivists and constructivists actually share more compatibility than incompatibility. Thus, pragmatism presents itself as a viable third way or the best alternative course in a choice of research paradigms in this research.

4.4. Mixed Methods Research and Pragmatism

Similarly, mixed method research presents a logical and practical alternative to qualitative and quantitative research approaches, being the third wave in the research movement (Teddlie and Tashakkori, 2009). It uses the pragmatist system of philosophy, which logic of inquiry can include induction (i.e. discovering of patterns and meanings), deduction (i.e. testing of theories or hypotheses) and abduction (i.e. discovering for and depending on the best set of explanations for understanding a phenomenon). It has emerged as a complement to the traditional qualitative research espoused by the constructivists and interpretivists on one side, and to the quantitative research espoused by the positivists and postpositivists on the other (Johnson and Onwuegbuzie, 2004).

Thus, mixed methods research has pragmatism as a "philosophical partner". This paradigm provides the framework for the research design and the manner in which it is carried out (Johnson and Onwuegbuzie, 2004:14). Pragmatism according to John Dewey, who is one of its major proponents, does not delve into justifying a priori propositions, but rather on the discovery of the meanings of ideas by making enquiries about their consequences (Hall, 2013).

Mixed methods researchers find a shared view of how to conduct research in the pragmatist philosophical paradigm. Pragmatism can thus be considered a "paradigm of choices", a description which is appropriate for mixed methods research because of the complexity of the choices involved in integrating qualitative and quantitative methods (Morgan, 2014a:8). The strategy of combining these two different methods becomes the strength of a study in accomplishing more in the research, compared to using just one method (Morgan, 2014a). Moreover, a mix methods approach makes the process of triangulation in research more viable (Greene, 2007). *Triangulation* refers to the process of combining and comparing either multiple data sources, research methods, data collection and analysis procedures, investigators or

inferences in a study of a single phenomenon for more robust findings (Teddlie and Tashakkori, 2009; Greene, 2007).

However, a major criticism of the mixed methods research by its critics is its so-called lack of philosophical foundation and its a-paradigmatic leanings (Hall, 2013; Greene, 2007) as well its focus on practical rather than the philosophical aspects when doing social science research (Morgan, 2014b). Moreover, Denzin (2012) point to the blurring delineation between research philosophy and research paradigm in mixed methods research. He warns not to confuse pragmatism with triangulation, as well as triangulation for mixed methods research (Denzin, 2012).

Nevertheless, the mixed method research approach has proven itself very useful in the study of organisational behaviour. It combines the strengths of qualitative and quantitative methods to answer particular research problems (Morgan, 2014a). As a methodological approach, mix methods research can offer the best way to answer the all important research questions because of its important quality, which is its pluralism or eclecticism which aims to yield stronger research results (Johnson and Onwuegbuzie, 2004).

4.5. Sequential Mixed Methods Research Design

The sequential mixed methods strategy in this study combines a typically considered qualitative method (i.e. case study) and a quantitative method (i.e. survey) in examining the organisational learning of a wellness programme. This QUAL-QUAN research design (Cresswell, 2009; Creswell and Plano Clark, 2010; Teddlie and Tashakkori, 2009) involved two chronological phases in this research. A qualitative data collection method (i.e. semi-structured interviews) is first carried-out prior to conducting a quantitative data collection method (i.e. questionnaires) during the fieldwork. The first phase of data collection aimed to inform the second phase, whilst

the second phase that followed shortly afterwards aimed to build on the results of the qualitative phase. The use of this approach is seen as the best way to answer the study's research questions and research objectives.

The mixed methods (QUAL & QUAN) strategy was also used by past studies on wellbeing included in the literature review chapter, such as those of Camfield, Crivello and Woodhead (2009) on conducting wellbeing research in developing countries and of Page and Vella-Brodrick (2013) about a single case study of a wellbeing programme of an organisation, amongst others. The mixed methods approach is seen as the best approach in addressing the complexity of a research problem by mixing the weight and validity of the subjective experiences of key people with the consistency or reliability of empirical data (Wheeldon, 2010) gathered from the employees of the organisation. This strategy also allows for flexibility in the research cycle, not being bounded by either deductive or inductive reasoning, to have a much broader view of the phenomenon (Teddle and Tashakkori, 2009).

This research design of having a qualitative phase before the quantitative phase is also proposed by Creswell (2009), Johnson and Onwuegbuzie (2004) and Steckler et al. (1992) as being viable when integrating qualitative and quantitative methods in research. One of the rationales of using qualitative methods (such as interviews) beforehand is to help develop the quantitative measures and instruments (such as questionnaires) that follow after (Steckler et al., 1992). A triangulation (Teddle and Tashakkori, 2009; Greene, 2007; Denzin, 2012) of the results of the qualitative and quantitative phases is then carried out to have a holistic understanding about the wellness learning in the organisation.

This approach is characteristic of the pragmatist philosophy of mixed methods research designs (Morgan, 2007; Wheeldon, 2010) as well as of most case studies (Dubois and Gadde, 2002). As opposed to the constraints of inductive and deductive reasoning, the pragmatic worldview adapted in this research is not one-directional,

allowing the researcher to discover new things and answer the research questions in the best way possible, given the limitations of the study.

Six weeks (i.e. 1.5 months) were allotted for the voice-recorded semi-structured interviews, gathering of pertinent documents, observations and initial analysis of the interview notes generated after listening to the recorded interviews. The second phase (i.e. the distribution of questionnaires) that followed thereafter lasted for two weeks, a period which already included the re-design, logistical preparation and the actual distribution and retrieval of the questionnaires. In consideration of the limited duration of the fieldwork, a prototype questionnaire was designed listing items which were informed by the existing literature on wellness and organisational learning, as well as by the initial telephone interviews with the HR director and HR manager of the host organisation early on, prior to the fieldwork. As expected, this prototype questionnaire was still subjected to changes and modifications prior to its distribution to all employees who have already participated in the wellness programme.

Changes and modifications in the questionnaire were based on the emergent themes and initial results of the content analysis of the interview notes using a template which contained the themes or topics being investigated. The recorded interviews were listened to repeatedly after the interview sessions which enabled the researcher to take down notes and to fill-in the template, as well as to reflect on the interviewees' answers and to identify the emergent themes that were reflected in the questionnaires. All the recorded interviews were transcribed after the fieldwork and subjected for further analysis. Only one of the 22 interviews was not recorded since the interviewee did not agree to it. Nevertheless, notes were taken down accordingly during the interview.

4.5.1. The Case Study Method

Yin (2003a) describes the case study as a research method that is used in many situations to understand more about individuals, groups, organisations and other phenomena. The case study method allows the researcher to have a deeper and more holistic research output (Yin, 2003a). Moreover, the case study is defined by Eisenhardt (1989) as a research method employed to understand the dynamics of a phenomenon in a specific setting or context which possesses the potential to build new theories. Yin (2003a) also viewed this method as a research strategy which focuses on a contemporary phenomenon set in a real-life context where numerous variables may be of interest to the researcher. It can involve either single or multiple cases employing a number of analytical techniques. Furthermore, case studies can be explanatory, exploratory, descriptive or a combination of these (Yin, 2003a).

This research is a case study of a single manufacturing organisation (i.e. the case) with an established wellness programme. It collected a mix of primary and secondary data from the said organisation. Primary data which were collected were subjected to the appropriate qualitative and quantitative data analysis techniques. The study of a single organisation has been adopted for a more in-depth enquiry of the phenomena of wellness learning central in this research.

The organisation in the Philippines stands out from other similar manufacturing organisations in the local area as well as in the country as a whole for having an established wellness programme, an initiative which may be considered a step ahead of other manufacturing companies in the country. As a result, it has been recognised for a best management practice in employee development by a national award giving body in the country for two consecutive years.

This study is not a case study of the Philippines, however. It is a case study of an organisation set in the context of the Philippines. Nevertheless, it advocates the

transferability of its findings arising from the inferences made from the data gathered to similar organisational settings with similar wellness programmes in place. This notion of transferability arises from the pragmatic philosophy and abductive logical process informing the mixed methods design (Morgan, 2007; Dubois and Gadde, 2002).

The benefits and value of doing a single case study lie in the potential of the research in building new theories, conceptual models, or simply contributing to existing theories and models. It is also a research strategy that focuses on the investigation of the dynamics of any social phenomenon taking place within a single setting. This strategy aims to enrich our knowledge and understanding of that phenomenon, especially if it is a new or a growing area of research (Eisenhardt, 1989). Thus, a single case study fits in very well with the objectives of this research in investigating the learning and embedding of wellness in an organisation, and the development of a model about the learning of wellness in the manufacturing context and that of the Philippines as a developing country.

4.5.2. The Case Study Method and Mixed Methods Research

Both Eisenhardt (1989) and Yin (2003a) view the case study method as typically combining and using multiple methods. This is driven by the characteristics of the case study in relying on multiple sources of evidence (Yin, 2003a).

Eisenhardt (1989) enumerates these data collection methods to include archives, interviews, questionnaires and observations which can come in the form of either qualitative or quantitative data. This research strategy is useful in doing organisational research in understanding a rather novel phenomenon, which starts with a research question and likely some a priori constructs. Apart from having multiple data collection methods, the case study is also characterised by possible overlaps and

flexibility in the various methods used in the study to grasp the workings of a specific phenomenon of interest (Eisenhardt, 1989) as exemplified in this study.

Another method, which is typically a quantitative one, is the survey method (Teddle and Tashakkori, 2009; Mertens, 2010). This is also employed in this research along with the interviews conducted commonly carried out in a case study.

4.5.3. The Survey Method

Surveys can be considered as a type of data collection methods used alongside other methods or research strategies (Mertens, 2010). In this research, it is the case study method. A typical quantitative survey research refers to a systematic method of data collection with the aim of predicting the attributes or behaviours of a population through a representative sample using questions that are pre-designed in advance (Teddle and Tashakkori, 2009).

In this study, the company survey carried out after the interviews with key individuals in the wellness programme aims to measure the wellness learning behaviours of the employees of the organisation at a larger scale. Moreover, the data collected from the survey were subjected to the relevant statistical tests and analyses to build on a model of wellness learning in the organisation.

4.5.4. The Sample

A total of 22 interviews were conducted in this study. Half of them belong to the management team (i.e. middle, senior and top management). Most of the members of this management team have been the recipients of the executive programme of the wellness initiative since it was spearheaded by the company in 2008. The other half is a combination of staff, supervisors and outsourced third party providers of the programme. Those on the supervisory and staff roles avail of the initiative's wellness

programme for the staff. The differences and similarities about these two programmes are further discussed in Chapter 5.

Specifically, this group of interviewees are comprised of one coming from top management (i.e. VP for Corporate HR), 6 senior managers (i.e. division or department directors), 4 middle managers, 5 supervisors and officers, 2 staff and 4 third party providers. These third-party providers, all of whom work part-time on a contractual basis, include the wellness coach, the 2 Zumba instructors and one of the company doctors. The company doctor is a specialist occupational health physician who is employed by the company on a retainer status. Table 6 presents a profile of the interviewees with regards to their position titles and position levels in the organisation.

Table 6. A Profile Matrix of the Interviewees

Code	Position Title	Position Level
Interviewee 01	Manager - Office of VP for Operations	Middle Management
Interviewee 02	Manager - Human Resources	Middle Management
Interviewee 03	Director - Human Resources	Senior Management
Interviewee 04	Wellness and Fitness Coach	Third Party Provider
Interviewee 05	Zumba Instructor 1	Third Party Provider
Interviewee 06	Zumba Instructor 2	Third Party Provider
Interviewee 07	H&S Section Head	Supervisory
Interviewee 08	Company Nurse	Staff
Interviewee 09	HR Officer	Supervisory
Interviewee 10	Company Doctor	Third Party Provider
Interviewee 11	Associate Director - Business Development	Senior Management
Interviewee 12	Assistant Manager - Office of the President	Middle Management
Interviewee 13	VP - Corporate HR	Top Management
Interviewee 14	HR Supervisor	Supervisory
Interviewee 15	Director - Corporate Finance and Shipping	Senior Management
Interviewee 16	Merchandising Officer	Supervisory
Interviewee 17	Assistant Manager - Purchasing	Middle Management
Interviewee 18	Director - Office of the President	Senior Management
Interviewee 19	Director - Operations	Senior Management
Interviewee 20	Pattern Making Section Head	Supervisory
Interviewee 21	Finishing Assistant	Staff
Interviewee 22	Associate Director - Finance	Senior Management

Meanwhile, a total of 532 individuals were initially identified as having already participated in the wellness programme of the company based on the attendance

records gathered from the different wellness activities. The researcher was given access to these records by the host organisation from the period starting the 15th of January 2014 up to the time of the fieldwork. The researcher, however, made the 31st of July 2015 as the cut-off period and generated a wellness attendance master list. Eventually, a final sample population of 381 employees who participated in the wellness programme was identified. This number is lower than the 532 originally targeted, due to resigned employees and non-employees (such as family members of employees) who are included in the registration list for the company runs.

The questionnaires were distributed to all the 381 active employees of the organisation who have already participated in the wellness programme at least once. Thus, all employees who joined the programme for the specified period (i.e. from the 15th of January 2014 to the 31st of July 2015) were given the questionnaires. Of these, 206 questionnaires were returned to the researcher, yielding a 54% response rate. In the data analysis, however, 12 returned questionnaires are not considered due to very few items answered. In the end, 194 questionnaires were considered and subjected to the relevant quantitative analyses and statistical tests.

4.5.4.1. Selecting the Interviewees

A non-probabilistic purposive sampling was applied for the selection of the interviewees. The interviewees are either the key recipients (i.e. the management team) or key people (i.e. members of HR and administration departments) involved in the running of the wellness programme of the company. Some were also snowballed employees who heavily supported the programme through their regular participation. Snowballing is a non-probabilistic sampling technique which involves identifying participants for inclusion in the sample by referral from other participants. This sampling technique is specifically useful in studying social groups, whose members are not readily known to the researcher (Corbetta, 2003).

Thus, the non-probabilistic selection of the interviewees is based on their experiences, role and knowledge in connection with the wellness programme. Experience refers to first-hand relevant experience of the interviewees on the programme, which made them the key individuals to be interviewed. Knowledge, on the other hand, was ascertained by doing a brief preliminary research prior to data collection as to who is knowledgeable (Rubin and Rubin, 2005) and also by referrals from other key interviewees through the aforementioned snowballing technique.

Half of the interviewees belong to the management team, since they have been the recipients of the executive programme of the wellness initiative of the company early on, before the company implemented the wellness programme for the rank and file. They are also in an advantageous position and role in promoting the wellness initiative to their respective departments. Thus, they were targeted for the interviews with the other key people involved in running the programme.

4.5.4.2. Sampling for the Respondents

The sampling for the distribution of questionnaires was also purposive instead of probabilistic. The researcher was not allowed to do a random sampling of employees as originally planned. Instead, he was given access to the attendance records of the different wellness activities mentioned earlier. These were then consolidated to generate a wellness attendance masterlist used specifically for the purpose of the study. It was then decided to give the questionnaires to all employees included in this masterlist, representing a whole population of employees who participated in the wellness programme in a given period of time.

4.5.5. Data Collection Methods

The primary data collection methods employed in this study are semi-structured interviews and questionnaires distributed to a population of employees who already

participated in the wellness programme. Gathered data were also corroborated by the field notes containing the researcher's observations about the running of the programme, gathering of existing reports and looking at available website material and other wellness artefacts (such as posters and equipment) found in the company in connection with the programme.

4.5.5.1. Semi-structured Interviews

The 22 semi-structured interviews allowed the researcher to get a deeper understanding of the learning and embedding of wellness in the organisation as experienced and interpreted by the recipients of this initiative. The responses made by the interviewees are significant in informing the modification and addition of items in the questionnaire that was distributed afterwards for the second phase of data collection.

Moreover, these interviews aim to establish the components and features of the programme, the involvement and participation of the interviewees, attitude about the wellness dimensions, feedback mechanisms in the programme (including the suggestions to further improve the programme), support of management, effects of the programme to the interviewees and their level of satisfaction with the programme. Existing literature on both wellbeing and organisational learning also informed the questions and topics investigated in the interview guide. Themes that were explored in the interviews included those in the conceptual framework about the wellness dimensions, learning capability, learning process, learning embeddedness and general happiness. Moreover, these themes generated in the semi-structured interviews served as templates and guided the researcher in coding the responses for data analysis purposes.

In particular, nine wellness dimensions espoused in wellbeing literature are examined in this study. The interviewees were asked whether or not these dimensions are being addressed or being affected by the wellness programme according to their

experiences and observations. They were also asked probing questions about their reasons for saying so. The wellness dimensions that were investigated are the following: physical, intellectual, emotional, social, spiritual, occupational, environmental, cultural and financial dimensions. An operational definition of each dimension was shown to the interviewees during the interview sessions. These definitions are based on extant literature in describing the nature and scope of these dimensions. Appendix 4 presents a copy of these definitions as a supplement to the interview guide. It was designed in an A4 sized paper but shown to the interviewees using a tablet computer.

Thus, the interview guide is eventually divided into 7 main parts, namely: (a.) questions about the history, purpose, nature, features and components of the programme; (b.) the interviewee's role and participation; (c.) wellness dimensions addressed by the programme; (d.) questions about the learning of wellness in the company; (e.) questions about the embedding of the wellness programme; (f.) final comments about the programme; and (g.) questions about demographics such as the interviewee's age, marital status, tenure in the company and educational attainment, amongst others. Moreover, Part F also asked the interviewees questions about the effects of the programme to them, their happiness at work and life in general, and their overall satisfaction about the programme. It should be noted that Part C of the interview guide also asked the interviewees for any critical incident that they may recall in connection with the programme. Questions about demographics were asked towards the end of the interview session. The interview guide is presented in Appendix 3.

The early part of the interview process involved handing out a folder to the participants containing the participant information and consent forms. These forms were discussed and filled-in prior to the interview. This time also became an opportunity for rapport building and allowing the interviewees to ask questions to the researcher. Probing questions were also made available in the interview guide with the aim of having a deeper understanding of the responses or in maintaining focus during the interview.

A total of 958 minutes (15.97 hours) of interview time was spent in the research. On average, 43.54 minutes was spent on each interviewee. The longest interview lasted for 1 hour and 27 minutes. The shortest interview lasted for only 16 minutes.

4.5.5.2. The Questionnaire

The final questionnaire that was distributed for the second phase of the fieldwork is a five-page instrument printed on three sheets of legal-size paper. It is a bilingual instrument, using both the English and Filipino languages. The first page contains the introduction to the research that mirrors the contents of the participant information sheet used for the interviews. This page, however, also includes the instructions for sending the questionnaire back to the researcher as well as the researcher's mobile number that respondents can call or text for any issues, concerns or query which may have risen along the way.

The items in a prototype questionnaire designed beforehand were initially informed by the existing literature on wellbeing and organisational learning. Eventually, the emergent themes from the interviews formed the basis for the deletion and addition of other items in the questionnaire. For instance, the different wellness activities were added into the questionnaire after these were ascertained from interviewing the key personages in the programme. The motivators and hindrances in participating on the programme as well as some ways of learning about the programme (e.g. through the paging system of the company) were also later added based on the interviewees' responses. The wellness dimensions were also defined so that each respondent will understand these in the same manner like the rest. On the other hand, items such as rewards and incentives in connection with the programme were removed since these are not applicable in the current programme.

In the end, a total of 54 items comprise the final questionnaire which was distributed to a population of employees. It is divided into 4 sections. The first section

(Part A) has 2 items, which asked the respondents about which of the different wellness activities they have already participated in and their overall participation into the programme. The second section (Part B) is comprised of 39 items, subdivided into questions asking about the dimensions of wellness (items 3 to 11); the learning of wellness, i.e., capability (items 12 to 19), process (items 20 to 35) and the embedding of wellness (items 36 to 39); and happiness in work and life due to the wellness programme (items 40 and 41). A five-point Likert scale is used specifically to these 39 items. The third section (Part C) asked respondents about their motivations, hindrances, suggestions and satisfaction in connection with the programme (4 items). The last section (Part D) asked for personal information about the respondents (9 items). This includes their department, position level, tenure in the company, age, gender, marital status, employment status, educational attainment and nationality. A copy of the cover letter and the questionnaire are provided in Appendix 5 and 6, respectively.

4.5.5.3. Archives

Existing company reports on wellness, which are mainly about attendance and registration list of employees who participate in the wellness activities were gathered from three individual sources and were consolidated by the researcher thereafter. The employee satisfaction survey reports for two consecutive years (i.e. 2013 and 2014) were also looked at, when the survey instrument used for it began including questions about employees' attitude about the wellness programme of the company.

4.5.5.4. Field Notes

These notes contain the reflections and observations of the researcher about the wellness programme of the organisation. The observations that were included in these field notes are the type of observations which are naturally built-in with the

primary data collection methods (i.e. interviews and survey) which were carried out during the two-month duration of the fieldwork. For instance, interviewees' non-verbal behaviours and other information not written down during the interview process are in these field notes. General observation about the reactions and behaviours of employees who participate in the programme is also included. Photos of posters, reports and other wellness artefacts were also taken and described as part of these observations. These field notes aimed to corroborate the findings from the interviews and questionnaires. These also aimed to document important thoughts generated whenever the researcher engaged in a reflective process about his research experience after each day of data collection.

4.6. Language

English and Filipino are both used as the medium for the interviews. Prior to each interview, the interviewees were requested to communicate in the language that they feel they are most comfortable with and able to express themselves more effectively.

The same applied for the bi-lingual questionnaire. An English and a Filipino version of the questions and instructions aims to increase the understanding and the validity of the instrument in measuring the learning and embedding of wellness in the company. The translation was done by the researcher himself, who is a native speaker of Filipino.

4.7. Data Analyses

Since this study both employs qualitative and quantitative methods, data analysis mainly consists of 4 analytical techniques, namely: a template analysis for the interview data, and relevant statistical tests, exploratory factor analysis and standard

multiple regression analysis for the survey data. These are separately explained in the succeeding subheadings.

4.7.1. Template Analysis

Template analysis is a specific type of content analysis, a typical qualitative analytical technique (de Hoyos and Barnes, 2012). In general, content analysis given its many forms is a structured and formal technique of analysing interview data (Jankowicz, 1995). Specifically, a template analysis is a form of thematic analysis (King, 2012) which is used to analyse the themes investigated in a study as well as to identify the emergent themes from the interviews.

In this study, template analysis is seen as the appropriate technique to thematically analyse the interview data since the procedure for doing it combines both a deductive and an inductive approach (Saunders, Lewis and Thornhill, 2009). This fits well with the mixed methods research strategy adopted in this study. The analysis of the interview data started with a priori themes which are still subject to changes as analysis progresses, one of the distinct features of template analysis (King, 2012). In this study, themes were developed as the interview transcripts were being further analysed. In the process, relevant new themes were also added.

Seven major topics or categories have been coded and analysed in this study. These topics are the following: programme components and features, involvement of the interviewees in the programme, attitudes about the wellness dimensions, wellness learning behaviours and processes, effects of the programme, suggestions to further improve the programme and level of satisfaction with the programme.

4.7.2. Coding

The generation of sub-categories and further coding were carried out with each of the major category. For instance, the attitudes about the wellness dimensions were further coded under the physical, intellectual, emotional, social, spiritual, occupational, environmental, cultural and financial dimensions. The responses under each dimension were then further grouped and coded into the following: no effect, positive effect, negative effect and mixed effects (i.e. both positive and negative responses).

NVivo version 11 was used for the coding and management of the interview data. A sample of one of these codes from the interviews is provided in Appendix 7. Bazeley and Jackson (2013) were also consulted as a manual to guide in the operational side of the software. Descriptive and pattern codes (Miles and Huberman, 1994) were both used in coding the interview transcripts. Descriptive codes were primarily the topical codes that corresponded to the themes and sub-themes that are investigated. Pattern codes, on the other hand, were used to code for the observed interconnectedness or commonalities in the responses of the interviewees, which allowed the researcher to identify the emergent themes in the study. These codes were also used to identify salient responses or attributes of the respondents that were used in writing brief narratives of their individual experiences in support of the topical themes. The theme about wellness learning produced the most number of codes. Responses about wellness learning were further coded under the descriptive codes or sub-categories, namely: learning process, learning embeddedness and learning capability.

4.7.3. Quantitative Analyses

The quantitative data analysis is the culmination of the second phase of the data collection stage in this study. Various statistical and quantitative techniques were employed in analysing the data obtained from the questionnaires. These include a

number relevant statistical tests, an exploratory factor analysis (EFA) and a standard multiple regression analysis.

The variables that were generated from the questionnaires comprise of categorical, ordinal and numerical data. Microsoft Excel was used as the initial data matrix for the inputting of the coded variables before these were eventually transformed and loaded into SPSS version 21 for various analyses and statistical tests.

Furthermore, eight scores for each respondent were further generated from the raw data which became part of the numerical variables in this study. These are, namely: the number of wellness activities attended (ACT), a wellness learning score (WLS), a wellness dimensions score (WDS), a happiness in work and life score (HAP), total number of motivators acknowledged in participating in the programme (MOT), total number of hindrances acknowledged in not participating in the programme (HIN), participation score (PAR) and satisfaction score (SAT).

The wellness learning score (WLS) was computed by adding the responses for all the 28 items about the learning and embedding of wellness (items coded L1 to L28) for each respondent or case (where 1=strongly disagree; 5= strongly agree). Meanwhile, the wellness dimensions score (WDS) was generated by adding the items coded D1 to D9 for each respondent. Lastly, the happiness in work and life score (HAP) was generated by adding the responses for happiness at work due to the wellness programme (HW) and happiness in life due to the wellness programme (HL). The other remaining numerical variables (i.e. ACT, MOT and HIN) are the actual counts or frequencies for each respondent.

The generated scores were further transformed and recoded in SPSS to give them their corresponding qualitative meanings. Thus, the wellness learning score (WLS) for each respondent has a corresponding qualitative interpretation (WLS_I). This was applied to all the continuous variables generated (i.e. ACT, WLS, WDS, HAP, MOT and HIN). A range of scores are used to determine the corresponding

interpretation or meaning. For instance, scores in the WLS falling within the range of 113 to 140 score points were assigned the qualitative interpretation of “very high”.

4.7.3.1. Statistical Tests

To identify whether relationships and differences between variables are present, a set of non-parametric and parametric statistical tests were performed. Non-parametric tests are used with categorical data. Meanwhile, parametric tests are used with numerical data (Saunders, Lewis and Thornhill, 2009). In this study, categorical data includes position, gender and employment status, amongst others. Ordinal data, like the level of satisfaction about the wellness programme (i.e. not satisfied or extremely satisfied) are also treated as categorical data. Numerical data, on the other hand, includes all the generated scores and frequency counts for each respondent (i.e. WLS, WDS, MOT, amongst others).

A non-parametric test used in this study is the Chi-square test for independence. This test is used to examine the relationship between two categorical variables, which in turn, have two or more categories within them. The Chi-square test is done by crosstabulating the categories with each other (Pallant, 2013). In this study, a number of relevant crosstabulations were conducted to test for any associations between variables. For instance, nature of work (i.e. production or support) was crosstabulated with frequency of participation in the wellness programme (i.e. once, rarely, sometimes, etc.).

Meanwhile, parametric tests used in this study include the t-test for independent samples. This type of t-test is used to compare the mean scores of two different groups or categories (Pallant, 2013). Relevant t-tests were conducted for gender (GEN), nature of work (WOR) and employment status (EMP) for each of the numerical variables or generated scores (i.e. ACT, WDS, WLS, HAP, MOT, HIN, PAR and SAT).

The PAR and SAT are ordinal variables originally, but were assigned numerical values or scores for the t-test, ANOVA and regression analysis. For instance, the satisfaction (SAT) scores in connection with the programme were determined by assigning a score of 1 to “not satisfied” and a score of 5 to “extremely satisfied”.

For the categorical variables containing more than two categories, a one-way analysis of variance or ANOVA was performed to test the differences between the means. An ANOVA is done to test whether three or more groups are different by comparing several means (Saunders, Lewis and Thornhill, 2009; Field, 2013). In this study, one-way ANOVA tests were carried-out for the different position levels (POS), age groups (AGE), tenure (TEN), marital status (MAR) and educational attainment (EDU) in connection with their scores (i.e. ACT, WDS, WLS, HAP, MOT, HIN, PAR and SAT).

An ANOVA allows analysis for groups with unequal sample sizes (Cardinal and Aitken, 2006). However, a transformation with some of the categories was still performed in relation to the ANOVAs carried out to eliminate instances where there are very few observations for specific groupings (e.g. $n=1$ or $n=3$). In such cases, a robust test for the equality of means cannot be performed in the initial SPSS runs which were brought about by the smaller sample sizes in some groups. In educational attainment (EDU), for instance, there is only one observation for the “master’s degree” category. Accordingly, a new category was created combining the bachelor’s and master’s degree holders into one category called “degree holders”. The same applied to age groups (AGE), employment status (EMP) and marital status (MAR). The AGE variable was transformed into four categories, namely: “younger adults”, “young adults”, “younger middle-aged” and “older middle-aged” categories. Meanwhile, the EMP variable was transformed into “regular employees” (i.e. permanent) and “non-regular employees” categories, combining the “probationary” and “temporary employees” into one category. These categories are actually based on how the company classifies its

employees in terms of their employment status. Lastly, the MAR variable was transformed from four into two categories instead, namely: “married” and “non-married” employees (combining the “single”, “widow/widower” and “separated” categories). Nevertheless, a corresponding normality test called the Levene’s test (Cardinal and Aitken, 2006; Pallant, 2013) was conducted for each of the ANOVA runs in the SPSS as well as for the other relevant tests like the t-test.

Moreover, this study also carried-out a two-way, between groups analysis of variance by conducting a two-way ANOVA. A two-way ANOVA is a quantitative technique that tests differences between groups, but this time, there are two independent variables. This technique also shows the independent and joint effect of two independent variables on one dependent variable (Pallant, 2013). For instance, the effect of gender and position level was tested on the differences when it comes to the wellness learning scores (WLS) of respondents. A two-way ANOVA was carried-out on all the eight numerical variables in this study. Post-hoc tests of the group means and effects analysis (Cardinal and Aitken, 2006) were also carried-out for significant group differences and interaction effects observed in the ANOVA outputs.

The other quantitative techniques employed in this study include an exploratory factor analysis (EFA), a series of reliability tests using Cronbach’s alpha and a standard multiple regression analysis.

4.7.3.2. Exploratory Factor Analysis

A factor analysis of the wellness learning construct was carried out in this research. Factor analysis is seen as appropriate as it enabled the researcher to see which behaviours correlate and contribute to the main construct called “wellness learning”. Factor analysis is a technique for measuring a latent construct, a concept that cannot be measured directly. It allows for the identification of a group of variables or explanatory constructs, known as factors, in measuring and understanding a certain

concept (Field, 2013). Furthermore, exploratory factor analysis is not intended to test a hypothesis, unlike the other quantitative techniques used in this study. Instead, it is a data reduction technique that takes a large set of variables and reduces them into smaller set of factors or components (Pallant, 2013). As the name suggests, it is used to explore the interrelationships amongst a group of variables in understanding a particular concept, in this case, the learning of wellness. In this study, 28 items (i.e. L1 to L8) were subjected to factor analysis using SPSS.

There are two types of factor analysis, namely: exploratory and confirmatory. The use of one type over another will depend on the objectives of the research and on the results of the data (DeCoster, 1998). An exploratory factor analysis (EFA) was used in this study since it aims to develop a model of wellness learning as one of its research objectives. Although there already exist strong theories and models underlying the constructs of organisational learning and wellbeing as individual topics in themselves, this study does not aim to test these extant models or theories, as it could have been the case in a confirmatory factor analysis (CFA).

Furthermore, an exploratory factor analysis was not carried out for the 2 happiness items (HW and HL items) and the 9 wellness dimensions items (D1 to D9) because these are not considered latent constructs like wellness learning. The items about happiness in work and life are straightforward items which asked about the respondents' general happiness. Meanwhile, questions about the wellness dimensions pertains to the attitudes of the respondents towards these dimensions on whether or not these are being addressed in the programme. These items are not intended to measure the said dimensions as latent constructs.

4.7.3.3. Standard Multiple Regression Analysis

A regression analysis is a quantitative technique that is used to assess the strength of a cause-and-effect relationship between a dependent variable and one or

more independent variables (Saunders, Lewis and Thornhill, 2009). There are three main types of multiple regression, namely: standard or simultaneous, hierarchical or sequential and stepwise regression (Pallant, 2013). This study carried-out a standard multiple regression in addressing the research aim at hand. This type of regression enters all the independent variables all at the same time to see their effect on the dependent variable (Pallant, 2013). This study has three dependent variables, namely: an adjusted wellness learning score (adjusted WLS), a wellness dimensions score (WDS) and a happiness in work and life score (HAP). The adjusted WLS reflects the results of the exploratory factor analysis, in which 11 items were removed from the original total wellness learning score (WLS) for each respondent because these either loaded into more than one factor or loaded negatively.

The first two regression models are model versions on wellness learning (i.e. adjusted WLS as a dependent variable). However, four other standard multiple regression models were also generated and analysed to further examine the dynamic relationship between the learning of wellness, general happiness and attitude towards the wellness dimensions with a number of independent variables or predictors. Thus, the other four models have the HAP and WDS as dependent variables. There were a total of 15 predictors in the models that were generated. Eight of these predictors are dummy variables. Given the 15 predictors, this study's sample size of 194 for the survey is still statistically acceptable. The formula in determining the minimum acceptable sample size in connection with the number of predictors or independent variables is: " $N > 50 + 8m$ (where m = number of independent variables)" (Tabachnick and Fidell, 2013:123; Pallant, 2013:156). Thus, the sample is more than enough from the required minimum sample size (i.e. 170) for the 15 predictors used in modelling.

The first versions of the regression models investigate the effects of the numerical predictors to the dependent variable in consideration. The second versions, on the other hand, include the dummy variables to see their effects on the dependent variable with the numerical predictors. The variables which served as numerical

predictors in the models are the following: an adjusted wellness learning score (adjusted WLS), a wellness dimension score (WDS), a happiness in work and life score (HAP), number of wellness activities attended (ACT), number of motivators acknowledged (MOT), number of hindrances acknowledged (HIN), a programme participation score (PAR) and a programme satisfaction score (SAT) for each respondent. Meanwhile, the dummy variables include the following: nature of work (WOR) where 1=support and 0=production; position level (POS) where 1=managerial or supervisory position and 0=non-managerial or non-supervisory position; tenure (TEN) where 1=5 years or more and 0=less than 5 years; age (AGE) where 1=middle-aged adult and 0=young adult; gender (GEN) where 1=male and 0=female; marital status (MAR) where 1=married and 0=non-married; employment status (EMP) where 1=regular employee and 0=non-regular employee; and educational attainment (EDU) where 1=degree and 0=non-degree. It should be noted that the dummy for TEN was set at 5 years to see its effect when it reaches or exceeds the estimated mean tenure of the respondents at 5.17 years. For the AGE dummy, the middle-aged category was set to start at 38 years old and not at 40 years old. This age bracket coincides with the initial groupings made for the age variable in the questionnaire. It also more or less reflects the average life expectancy in the Philippines which is at 68.5 years (World Health Organisation, 2016).

Sensitivity analysis was also conducted for the regression models on wellness learning. This type of analysis involves changing methods, assumptions, or varying the values of the variables in a model to see changes in the overall results or to see if it leads to a different conclusion in the study (Thabane et al., 2013; Hosman, Hansen and Holland, 2010; Pannell, 1997; Chatterjee and Hadi, 1988). One of the main purposes of performing sensitivity analysis is to test the robustness of a model or to further develop a model through calibration, among other things (Pannell, 1997; Hosman, Hansen and Holland, 2010).

In this study, sensitivity analysis was performed on the regression models by using an alternative method and by changing one of the assumptions in the model. Results are illustrated had there been a univariate quantitative method employed instead of a regression analysis. This alternative method is the correlation of the numerical variables using Pearson r . Results are also shown when non-normality in the data was assumed by performing a Log10 transformation in one of the variables. A logarithmic transformation is usually performed if the quantitative data manifest skewness or non-normality (Leydesdorff and Bensman, 2006). This non-normality was observed in the data for the wellness learning scores (WLS) through a normality test using the Shapiro-Wilk. Thus, two regression models using Log transformed values for the adjusted WLS were also ran in SPSS to see its effect on the overall results of the study. These results are presented in Appendix 11.

It should be noted that the other quantitative data such as HAP, WDS, MOT, HIN, PAR and SAT also showed skewness in the distribution of the respondents' scores. However, a log transformation on these scores was no longer performed since regression, along with the other statistical tests like the t-test and ANOVA are robust tests when it comes to the issues of non-normality (Santiago, 2015).

4.8. Validity

The notion of validity in this study both considered the quantitative and qualitative traditions of defining the concept. In quantitative terms, validity means that the instrument measures what it is supposed to measure (Long and Johnson, 2000). This is quite different in the qualitative perspective. In qualitative research, validity refers to the truthfulness of an account whether or not it represents accurately the features of any phenomenon. Thus, in the qualitative sense, as in the case of the interviews, validity is ensured by the rigour, trustworthiness, relevance and credibility of the methods employed in the study (Winter, 2000).

In the quantitative sense, on the other hand, the face validity for the research instrument used in the survey was achieved by checking with a panel of experts (i.e. the supervisory team). This ensured that the items were informed by the relevant literature. It should also be noted that apart from keyword searching, the other strategies adopted in the identification of the relevant literature in this study were the ancestry approach and personal networks approach (Mertens, 2010). This was done to ensure a comprehensive understanding of the topics in focus, thereby informing the relevant items to include in the questionnaire. The ancestry approach, also known as forward citation searching, was carried out by looking for the earlier references cited by the current sources identified. Personal networking in academic conferences and symposia was also accomplished by speaking to individuals working in similar research areas. This enabled the researcher to be familiar with other relevant literature to the study he may be unaware at first. Field tests were also carried out accordingly to check for sensibility in the instruments that were used. Sensibility tests were conducted on both the interview guide and questionnaire prior to their administration.

For these instruments, two academic-practitioners were requested to look at the translation of the words from English to Filipino during the fieldwork in the Philippines. One of these individuals is a registered psychologist working in a local university. The other is a registered guidance counsellor working in another university who also used to work part-time at a wellness centre in a university hospital. This wellness centre provides health assessments for company executives. These external experts, who are also native speakers of Filipino, were particularly requested to look at whether the correct terminologies regarding wellness are being used in the research instruments. The scope of their contribution is only limited to this aspect, however. They did not change the objectives or the direction of the research.

Meanwhile, to further ensure the face validity and sensibility of the questionnaire, the HR director, HR manager and a senior HR supervisor of the host organisation were also requested to make sense of the translation and terminologies

used in the questionnaire. It was specifically checked if these suit the local jargons used in the company.

A field test was also conducted to another three members of the HR team (i.e. HR officers who deal mostly with people in the production lines) prior to the mass reproduction and distribution of the questionnaires to the employees for any comments about the number of items, language and terminologies used and the length of time in answering the questionnaire. On average, it took about 10 to 15 minutes to answer the questionnaire in the field test. These people were no longer included in the actual survey.

4.9. Reliability

Reliability is defined as the consistency of the measuring instrument for the study to be viable for replication (Long and Johnson, 2000). With this in mind, the reliability for the questionnaire was checked for internal consistency using the Cronbach's alpha.

A Cronbach's alpha coefficient was generated for each of the sub-constructs in the questionnaire, namely: wellness dimensions (items D1 to D9), wellness learning (items L1 to L28) and happiness in work and life due to the wellness programme (items HW and HL). Furthermore, a Cronbach's alpha coefficient was generated for all these 39 items combined (W1 to HL) that used the scale (i.e. 1= strongly disagree; 5= strongly agree). This particular reliability test is used to address whether the scale used has internal consistency (Pallant, 2013).

On the other hand, the reliability for the interviews was ensured by establishing stability, consistency and equivalence in the manner of conducting them and in asking the questions. This aimed at increasing the dependability of the interview technique employed in this study. This notion of dependability ensures reliability in the context of qualitative research and methods (Long and Johnson, 2000).

Nevertheless, an intercoder agreement for the interview data was also ascertained in this study using the formula of Miles and Huberman (1994) for intercoder reliability. This formula calculates for the percentage (%) agreement between coders as: “reliability = total agreement ÷ total agreement + total disagreement” (Miles and Huberman, 1994:64). Although one main weakness of using percentage agreement as a measure of reliability is the non-removal of the effects of chance on the results, it is still used as a common measure of reliability when it comes to qualitative data (Hallgren, 2012; Jankowicz, 1995).

In a coding process, quality checks such as intercoder reliability can be performed at any stage in the research process (King, 2012). The verification of an intercoder reliability happened at a later stage in this research, when a coding framework was already established by the researcher with the help of NVivo. In this case, the researcher served as the “codebook editor” in preparing the coding list or coding framework (Saldaña, 2013:34). Two coders were requested to independently code all the 22 interview transcripts. The first coder is a post-graduate student. The second coder works as a personal tutor. The coders were briefed about the research beforehand. A coding sheet and a list of codes with instructions and definitions were also given along with the interview transcripts. These transcripts only contained the interviewee number. Names and other identifying information about individuals and the host organisation were already replaced with an asterisk (*) in transcribing the recorded interviews early on. The interview texts were also segmented (Hruschka et al., 2004) based on the major topics or categories (Saldaña, 2013; Jankowicz, 1995) being investigated through the use of headings and subheadings. Phone calls and clarifications on the coding process were also made without giving away the earlier coding results of the researcher. A single round of coding and tabulating was carried-out in several days. The results of this exercise are presented in Appendix 8. A copy of the coding framework (i.e. instructions and code definitions) is also provided in Appendix 9.

4.10. Research Ethics

Cardiff Metropolitan University's thrust for conducting ethical research was strongly adhered to in this study. It largely mitigated the potential risks by having transparency and promoting trust between the host organisation and the researcher. This was mainly achieved by conducting the research with professionalism. An information pack containing the participant information sheet and the consent forms were handed out to the participants prior to the interview. They were also given the time to ask questions to the researcher.

Topics about confidentiality, anonymity, voluntary participation and freedom to withdraw at any time were also explained during the introduction prior to the interview. The same were included in print when it came to the distribution of the questionnaires. Lastly, the participants were ensured that the study will adhere to the University's data management policies and procedures. A copy of the participant information sheet and participant consent form can be seen in Appendices 1 and 2, respectively.

4.11. Data Management

The researcher assigned alpha numeric codes to the identity of the interviewees and to the filenames of the recorded interviews, instead of using the real names or initials of the participants. These are kept in a separate folder in a laptop. Back-up copies were also made. An interviewees' database containing information about the interviewees' name, date of the interview, venue of the interview, interview duration, position title, position level, department, gender, tenure in the company, employment status, age, marital status and nationality was generated in a separate Excel file. It is protected by a two-tier password for reading and editing. A similar password-protected database was also generated for the respondents who filled-in the

questionnaires. Their responses were first assigned codes and then coded. Finally, these coded responses were entered in an Excel file.

The transcribed interviews also identify the interviewee by an alpha numeric code. Names of colleagues mentioned during the interviews were also replaced with asterisks to avoid the possibility of identification and to uphold the anonymity of the participants. Similarly, back-up copies of the transcribed interviews were made, containing only the code number to identify each interviewee.

4.12. Summary Section to the Methodology

This chapter discusses the researcher's choice of a philosophical paradigm and the research design adopted in doing the study. A justification of the sequential mixed methods (QUAL – QUAN) research design using the case study and survey method is provided, which harmonises with the pragmatist philosophical stance underlying and supporting this research approach. Details of the qualitative and quantitative methods used in the study are also explained. The semi-structured interview was the qualitative data collection method used for the first phase of data collection, supported by the available archives from the company and field notes containing the observations and reflexive thoughts of the researcher. Questionnaires were then used for the quantitative data collection method for the second phase of the fieldwork which followed shortly afterwards. A total of 22 interviews were conducted and 381 questionnaires were distributed. Of these, 206 were returned (a response rate of 54%). The interview data was analysed using template analysis while the survey data was subjected to a number of relevant statistical tests, an exploratory factor analysis (EFA) and multiple regression analyses.

The importance of having a research plan in place and communicating this to the host organisation prior to conducting the fieldwork is of foremost importance.

Changes in plans happened along the way due to the exigencies of the business. Nevertheless, having a plan proved valuable as it gave the researcher a point of reference to work around with, given the changes in the research environment. In such circumstances, the researcher of any study should exercise professionalism and flexibility, whilst not compromising the achievement of the research aim and objectives.

CHAPTER 5

Qualitative Findings

5.1. Introduction to the Qualitative Chapter

This chapter presents the results of the 22 semi-structured interviews conducted during the first phase of data collection. Seven major themes have been analysed and these are presented in this qualitative chapter. These themes are, namely: programme, involvement, wellness dimensions, wellness learning, effects, suggestions and satisfaction. These themes and their sub-themes are discussed in the succeeding subheadings of this chapter. Individual cases are also presented to support the discussion of these topical themes. These brief narratives feature the individual experiences, salient responses and attributes of the respondents in connection with the wellness programme.

5.2. The Wellness Programme

The subtopics under this major theme are purpose, history, content, features and accountability in the programme as reported by the interviewees. All of them were asked about what they think the purpose of the programme is. However, only the organisers and third-party providers in the programme were deliberately asked about the history, content, features and accountability in the wellness programme. Nevertheless, some inputs from the other interviewees were also gathered that contributed to the understanding of the aforementioned sub-themes.

5.2.1. Purpose of the Programme

The purpose of the programme, as explained by the interviewees, centres around the notion of employee care. It was said that in caring for its employees, the

company benefits in return. The labour-intensive, manufacturing nature of the organisation also came up as one of the reasons why there is a need for a wellness programme for employees. There is a convergence in their notion of the programme's purpose, which links with the company advocacy of being a healthy employer through its employee care initiatives. Specifically, themes like promoting work-life balance, reducing stress and absences, improving productivity, creating an opportunity for social interaction and introducing fun in the workplace emerged. Stress reduction and improvement in productivity are very much central to the responses of the third-party providers who were interviewed. Nevertheless, a few of the interviewees also see it as a strategy of the company for employee retention and change management brought by the new leadership in the company. The launching of the programme happened at the height of the global financial crisis in 2008 which also largely affected the company. A significant number of employees were made redundant at that time. Partly acknowledging this to be the case, Interviewee 03 (HR Director) also sees the change in the leadership of the company as one the drivers of the programme. A new company president was appointed in 2008. In that same year, the wellness programme was launched. He said:

"If it's a change management programme, it is. A new management, new message, a message about discipline, a message about taking care of yourself, a message about being sharp and not being sick, being able to take care of yourself, that's a message. It's something that was not given much attention in the past, maybe because there were other priorities, but came the new leadership, we started with the very core of the business which are the people." (Interviewee 03)

5.2.2. History of the Programme

The wellness programme was launched in the Philippine factory by the said organisation in 2008. It was launched shortly after a new company president was appointed to oversee the Philippine operations. Prior to being assigned in the new role, he was the vice-president for corporate HR based in the headquarters overseas. The corporate wellness programme of the company had already been launched at an

earlier time at the corporate headquarters. The top management has seen the good effects of the programme to the employees in general. Soon, they implemented the programme to the unit in the Philippines, but localising the approach to cater to the needs of the employees domestically.

Textbox 1. Interviewee 03: On being an HR person and a wellness advocate

Interviewee 03 is the director of the HR division of the company. He used to be employed in the corporate headquarters overseas under the corporate HR before being re-assigned to the Philippine operations as HR director in 2011, the year when the wellness programme was re-launched after undergoing a dormant phase. Under his tenure, HR was also given the oversight of the compliance and CSR functions of the company.

During the interview, he said of “being lucky that I found a match” by being employed by a company with a wellness programme. He has been with the company for 15 years. He likes playing tennis in his spare time and he goes to the gym regularly. At 40, he juggles HR work and family responsibilities, being the breadwinner to his wife and 2 school-age daughters.

He oftentimes spoke of “selling”, “modelling” and “being creative” in imparting the purpose and benefits of the wellness programme to the people. Being at its forefront, however, he acknowledged that HR can still do more in terms of increasing the voluntary participation of the employees in the programme as well as sustaining partnerships from external providers to widen the reach of the programme across the organisation.

The local HR division was the one that was put in charge in launching and running the programme. The tagline used for the launch was “work for wellness”. It formed part of the employee care initiatives of the company. The programme officially started with a wellness talk by the corporate wellness coach and the new company president to the management team. The corporate wellness coach, who himself is a Filipino, was temporarily assigned to the Philippine factory to collaborate with HR in spearheading the programme in the unit. However, it was not long before he returned to the headquarters. Nevertheless, he comes back time and again to support the wellness programme in the Philippine factory.

Nine of the interviewees have already been working for the company when the programme was launched. They were able to relate the significant events that unfolded

in connection with the wellness programme as they remembered it. For most part, inputs on the programme's history came from Interviewee 01 (Manager, Office of the Vice-President for Operations).

The aforementioned wellness talk during the launch was followed by a list of wellness activities that were carried out in a span of a whole month. A voluntary company-wide run was organised for all employees. Other talks and trainings were also given about corporate etiquette, stress management, balance dieting, healthy cooking, amongst others. Local training suppliers and other third-party providers were outsourced to give these sessions. The corporate wellness coach also assessed the fitness levels of most members of the management team who were willing to participate.

Textbox 2. Interviewee 01: On managing the wellness of the management team and office staff

Interviewee 01 is one of the managers from the office of the vice-president for operations. This office also oversees the business development side of the company with some special projects and liaising with the government under its wing.

Having been employed in the company for 16 years, Interviewee 01 has assumed the roles of being an HR manager and an administration manager in the past, prior to being transferred in her current post. She was the administration manager when the wellness programme was first launched in 2008. At that time, the administration department was the one coordinating the use of the outsourced gym for the programme. Nevertheless, part of her responsibilities for her new role entailed that she still works collaboratively with the HR division and administration department, especially in connection with delivering the wellness programme to the management team and office staff. She is the one tasked to manage the delivery of the yoga, Tabata and Zumba classes, working closely with the partner gym and the outsourced wellness coach and two Zumba instructors. She carries-out these responsibilities along with her other special projects in the company. She has an industrial engineering background.

Like the other interviewees, she often made references to her family and how the wellness knowledge she gains from the company is shared with her husband and children. She is a keen Zumba goer and one of the regular participants in the company runs.

In 2011, the wellness programme was enlivened after undergoing a dormant phase. This happened after the appointment of Interviewee 03 as HR Director for the Philippine operations. Then, in 2013, a local wellness coach was finally hired to cater to

the management team. It was also in this period when aerobics classes were started for the office personnel, but delivered by different individuals. These classes will later become the current Zumba sessions of the wellness programme. Other activities were then added to the programme. Five months prior to data collection, a new wellness coach was hired to replace the former wellness coach. The new wellness coach still caters to the management team exclusively, having a more tailor-fit approach to their fitness goals. However, there have been plans of trickling this down to the rank and file, although it still appears to be a daunting endeavour given the constraints in resources and set-up of the business.

5.2.3. Components of the Programme

One of the reasons why the semi-structured interviews were carried-out prior to the distribution of the questionnaire is to first establish what are the specific activities associated with the wellness programme. The first seven interviews are the key interviews with regards to this, since there were no documents found that enumerates precisely the components of the programme. Separate reports on attendance, as well as registration list where applicable, were found for each activity however. The attendance lists were later consolidated for the purpose of getting respondents for the survey that was conducted subsequent to the interviews.

After the aforementioned seven key interviews, it was ascertained that the wellness programme consists of eight distinct activities, namely: Zumba classes, company runs, yoga classes, gym visits, monthly health sessions, health assessments, sporting activities and Tabata classes. These activities were later reflected in the questionnaire for the second phase of data collection (i.e. survey).

5.2.3.1. Zumba Classes

The most well-known wellness activity within the company is the Zumba. Zumba is a dance workout that was created in the late 1990s by Colombian dancer and choreographer Alberto "Beto" Perez. It was born out from an earlier version of a dance workout called aerobics (ZUMBA Kataval, 2016). It combines Latin-inspired dance movements such as merengue, salsa and flamenco. It even combines some aspects of belly dancing. There are now Zumba classes offered in 125 countries around the world (USA Today, 2013).

In the Philippines, Zumba has become very much accessible to the people. During fieldwork, the researcher observed that Zumba sessions were being held for free even at shopping malls for the public to join in. Certifications to become a qualified Zumba instructor are also available in the country, as stated by the two Zumba instructors interviewed in the study who are certified themselves.

Textbox 3. Interviewees 05 and 06: On the business of Zumba

Interviewee 05 and Interviewee 06 are the two outsourced instructors that deliver the Zumba classes in the factory premises twice a week. Interviewee 06 runs it for an hour every Mondays, whilst Interviewee 05 does so every Wednesdays. Both instructors are employed by the company on a freelance basis. Upon checking, it was found that they have not met each other, but only heard about each other from the employees attending the sessions.

Both instructors are business graduates but chose the career of being self-employed in the health and fitness industry. Both had themselves certified as Zumba instructors. Interviewee 05 is the more senior in terms of his age, experience and tenure in the company. He has been running his Zumba classes in the company for a year and a half. Meanwhile, Interviewee 06 has been employed for just a month at the time of data collection. She replaced the other Zumba instructor who runs the classes every Mondays.

Being a family man, Interviewee 05 also holds Zumba classes with other corporate clients to support his growing family. He also conducts classes sponsored by some *barangays* (a Filipino term referring to the smallest administrative division in the Philippine government, similar to the concept of a village or district). Here, he doesn't get paid but accepts donations for his classes. What was noticeable, however, was how often he referred to these classes as being "fun" and "enjoyable".

Meanwhile, Interviewee 06 is relatively new to the business of Zumba. As a single woman in her late 20s, she aims of excelling in her chosen career of running Zumba classes and doing personal training as well. She reported of having individual clients in personal training at a few gyms in the city.

Zumba classes are held every Mondays and Wednesday inside the company. Sessions run for an hour, which includes the warm-up and cool-down activities. These are also delivered by two outsourced instructors, working independently from each other. The movements for the Zumba classes run are a combination of *Tae Bo* (a type of workout employing some martial arts techniques), aerobics, exercise kickboxing and other dance movements like that of hip hop.

The researcher observed that in the company, the word *wellness* is often associated with *Zumba* amongst the employees that he met, even though they also showed awareness of the other wellness activities such as the company runs. However, Zumba is a less popular wellness activity in spite of being well-known amongst the employees. Very few of the interviewees have tried it. Nevertheless, they were very much aware of it. Only a handful of employees go to the evening sessions being held every Mondays and Wednesdays each week. Moreover, the audience have always been all female. These findings are supported by the logbook that is used for monitoring attendance and for reporting purposes that is under the keeping of Interviewee 01 (Manager, Office of the VP for Operations)

5.2.3.2. Company Runs

These runs are either company-sponsored or company-supported runs. These are popularly known in the company as *fun runs*. These runs also appear to have a stronger pull factor compared to the other wellness activities, based on the sheer number of participants observed in the registration list for these activities. The company sponsors a big run for its employees and their family members each year called the *anniversary run*. Nevertheless, employees still perceive and call it as one of the *fun runs* of the company, which is rightfully so. It coincides with the anniversary celebrations of the founding of the company held every November.

Aside from the company-sponsored runs, there have been several other runs conducted each year since 2013 that were supported by the company nevertheless. These runs are not organised by the company directly. Rather, these are organised by a local government department that oversees all the companies located within the industrial zone. Some in the private and not-for-profit sector also collaborate as co-sponsors in these runs. The company gives its support by encouraging the employees and even their family members to participate. There is, however, a registration fee to be able to partake in these runs. Proceeds are used for various charitable and environmental causes in the country. For example, one of these runs uses its proceeds to buy shoes for the homeless kids in the country, according to one interviewee. During data collection, one run was scheduled but it was postponed and held a few weeks after due to inclement weather. All of the interviewees have already participated in these company-sponsored and company-supported runs at least once. Interviewee 14 (HR Supervisor), however, has been participating in all these runs. He has been keeping a record of these as well. He, as well as a few interviewees, recalled that in one of the previous runs, the company won an award for the biggest number of participants.

Textbox 4. Interviewee 14: On being a keen runner

Interviewee 14 is the HR supervisor. He supervises the timekeeping and salary administration in HR, as well as doing some special projects in OD including being the lead in the running of the annual employee satisfaction survey (ESS). Unlike the HR officers who deal with ER and IR matters individually, he supervises a team of three staff looking after the remuneration of the employees.

As a keen runner, he has been a regular partaker in the company runs and he has been keeping his own record of these activities in an Excel file since they were re-introduced and held regularly since 2013. He has been with the company for 4 years, previously working in production as a support staff. He was transferred to HR when it needed someone who is good with numbers and in reporting these. He has a degree in financial management. He reported to have played Taekwondo when he was younger.

The main reason identified why the runs have a stronger pull compared to other wellness activities, despite having registration fees to participate in these, is that these

are fun and not competitive runs. These are seen by the employees as social activities to mingle with other employees and also to spend time with their families. Some interviewees also pointed out to the more noble purposes of these runs mentioned earlier as motivating factors. Most of these runs are also held during the weekend when most employees are off work. Thus, these are the most popular of the wellness activities.

5.2.3.3. Yoga Classes

Yoga, in this case, refers primarily to the form of exercise that is gaining popularity nowadays, and not to the spiritual practice or discipline that originated in India. The yoga sessions conducted in the company are a combination of exercise, stretching, breathing and Pilates techniques. Thus, the activity is more of Yogilates in orientation (a combination of yoga and Pilates) although the activity is known in the company simply as yoga. Nevertheless, some of the interviewees suggested a spiritual and a therapeutic experience resulting from participating in this wellness activity.

The yoga sessions are facilitated by the wellness coach of the company (Interviewee 04) to the management team. Classes are organised into small groups each week and can be delivered by demand as well, but prior booking should be made through the administration department. Moreover, yoga sessions have always been carried out inside the factory, either in the founder's office or in the training auditorium of the company. The training auditorium has always served a venue for different events in the company. It has also served as a venue for the wellness activities, particularly the Zumba, yoga and monthly health sessions. In an interview with the wellness coach, he suggested flexibility in his approach when it comes to the difficulty level of the movements, depending on the fitness levels of the audience at hand. At the time of data collection, some members of the management team had experimented of having their yoga sessions during lunch break, instead of having the usual evening sessions

after office hours. This called for longer lunch breaks, but time is being offset by working later in the evenings for those who prefer it. Few members of the management team interviewed even reported going back to work after the yoga sessions in the evenings to do some overtime work.

Textbox 5. Interviewee 04: On coaching about wellness

Interviewee 04 is the current wellness coach of the company. A licensed physical therapist, he ventured into becoming a personal trainer after working in Libya, when his employment ended during the Arab Spring. His work as a personal trainer led him to eventually become the wellness coach of the company, replacing the previous coach. During data collection, he has been with the company for barely 5 months, providing wellness coaching exclusively to members of the management team. Unlike the former coach who was employed on a full-time basis by the company, he chose to be employed on a part-time, freelance basis. For him, this arrangement between him and the host organisation allowed him to make the school runs and share some domestic responsibilities with his wife whilst still being the breadwinner of the family. Aside from coaching in the company, he also does personal training with private individuals.

He described his programme with the management team as being tailor-fit to each individual as possible. His approach is also flexible, considering the current need of the individual or the group for a specific day. He runs the yoga classes, which are mainly for stress relief and the Tabata classes, which are mainly for weight management. As practised by the previous coach, he conducts a fitness test (or health assessment) for each member of the management team beforehand, prior to doing their personal plan. Managers enrol in the programme voluntarily. A diet programme is still not in the agenda, according to him. At the moment, he reported being happy with the results and feedback by management so far, although he also acknowledged that there is still much work to be done in reaching the other employees of the company with the programme.

5.2.3.4. Gym Visits

There is a partner gym outsourced by the company that caters to the needs of the employees. It is a relatively new partner, since the contract with another gym has ended and it was no longer renewed. Access to this new gym is free, as it was in the previous one, but advance booking with the administration department should be made prior to turning up to monitor the usage of the gym. It takes a few minutes of travel time either by car or public transport in going to this gym, as it is outside the vicinity of the industrial zone where the company is located. Moreover, access to the gym is limited to the support groups (i.e office staff), supervisors and the management team.

There is another exclusive gym, called the "home gym" that was recently installed within the company's housing accommodation for expats and travelling executives from the corporate headquarters. The company president also uses this gym. This gym has fewer equipment than a regular gym but it serves the purpose of providing the exercise needs of the expats and top executives during their stay in the Philippine facility. The lone person in charge of the home gym is Interviewee 12 (Assistant Manager, Office of the President). She used to work in the administration department and dealt with some aspects of the wellness programme prior to being transferred to her new role. She also had salient interview inputs in connection with the history of the wellness programme of the company.

Textbox 6. Interviewee 12: On providing the wellness programme to top management and executives

Interviewee 12 is the assistant manager from the office of the president of the company. This office oversees the whole operations in the country. Having an engineering background, Interviewee 12 manages special projects and administrative work related to the office of the president. She used to be heavily involved in the wellness programme when she was employed by the company as an administration officer in 2011, coordinating the use of the partner gym. In her current role, she led the project in forming the new "home gym" for the visiting top executives.

She related that the wellness programme introduced and encouraged her to do recreational running. Now, she runs with her husband every weekend. She admitted, though, that she is not a sporty person herself when asked about her participation in the sporting activities of the organisation. Instead, she made references to the football programme of the company where her son is enrolled. Although not part of wellness, the football programme is both an ER and a community programme that teaches football to the children of employees and of indigent communities in the province. The lessons are provided freely every weekend by two coaches hired by the company. It is during her son's football lesson when she and her husband find the opportunity to run nearby.

5.2.3.5. Health Sessions

These health sessions are conducted on a monthly basis and these are open for all employees to partake in. Larger classes of up to 50 individuals can be accommodated for this wellness activity that is often housed in the training auditorium

of the company. Sessions are ideally kept short at a maximum of 1 hour due to the exigencies of the manufacturing business. These are also often conducted during lunch time. Nevertheless, the difficulty in getting people to attend these sessions was still reported during the interviews.

The Health and Safety (H&S) section, which is under the HR Division, is the key team for these monthly health sessions. Interviewee 07 (H&S Section Head) is the one that has the oversight of this team. Two other interviewees, namely: Interviewee 08 (Company Nurse) and Interviewee 10 (Company Doctor) are both reporting under the H&S section. There are four company doctors during the time of data collection, all of whom are in a retainer status with the company. They also have their different specialisms. Interviewee 10 was referred to the researcher by the H&S section since she specialises as an occupational health physician. She has been working with the company in delivering new health programmes to the employees in accordance with recent labour legislations in the country. Most of the time, the company doctors are also the resource speakers in the monthly health sessions. Nurses, especially Interviewee 08, assist during the talks. Aside from the company doctors, the company also has two retainer dentists. However, they spend far lesser time in the company compared with the doctors. No dental treatments are also being made on site. Only dental checks and consultations are made.

There are rolling topics on a monthly basis. Thus, there are 12 topical sessions carried out in a year. Topics vary and these are usually kept attune with the most likely health concerns for a specific month or season. For example, the rainy season from June to September also gives rise to the incidence of *Dengue fever* (a debilitating disease occurring in the tropics, being transmitted by mosquitoes causing severe fever and acute pain in the joints). Thus, dealing and preventing this disease in the context of the workplace and home life will be part of the health sessions for those specific months. Other topics include eye care, dental care, hypertension, pulmonary diseases, balanced dieting, smoking cessation, venereal diseases, amongst others.

Topics laid out on yearly basis touches more on the health side rather than on a holistic approach to wellness. This is expected since the H&S section has to deal with compliance issues as well. It reports to the compliance manager of the company. This compliance department is also under HR. The team is more identified in this respect, rather than being part of the wellness programme. Nevertheless, the monthly health sessions are considered part of the wellness activities of the company.

Textbox 7. Interviewees 07, 08 and 10: On being the key people in H&S

Interviewees 07, 08 and 10 are the three women who are at the forefront of the health and safety (H&S) section of the company. This section is under the compliance department of the HR division. Interviewee 07 is the H&S section head. Reporting under her are the four company nurses and two H&S specialists. Interviewee 08 is one of the company nurses. She is also the one who frequently assists the speaker for the monthly health sessions. Together, Interviewees 07 and 08 work closely with Interviewee 10, one of the retainer doctors of the company.

A licensed mechanical engineer, Interviewee 07 was first employed in the engineering department of the company before being transferred to the H&S section, a team that she'll eventually lead. She admitted developing hypertension after delivering her first child and has taken medication ever since. Nevertheless, she still reported of participating in the wellness activities, though selectively and carefully.

Meanwhile, Interviewee 08 is the youngest among the interviewees at 24. She has been with the company for almost three years, employed fresh from university and training. However, she hinted of her plans to resign during the interview to shift to another specialism from being an occupational health nurse. She plays chess during the *annual sports fest* of the company and is on standby with the other nurses for their team sports during this event to give first aid in emergency situations.

Interviewee 10, on the other hand, reported of participating in the company runs since being hired by the company as an occupational health physician. She is on a retainer status with the company and she also practices elsewhere. Being on a retainer contract means that she has to spend at least six hours a week in the company. She has been with the company for a year and a half. Furthermore, she reported of being the speaker for at least 10 of the monthly health sessions already.

5.2.3.6. Health Assessments

These health assessments are different from the mandatory annual medical examination given to all employees sponsored by the company. The latter is not considered part of the wellness programme, but rather, part of employee benefits and

welfare. The health assessments are surgeries carried-out at the company clinic by the company doctor or dentist on duty. During data collection, there was one patient bed in the clinic. There was no dental chair though. The health assessments require prior booking with the company nurse to be seen, except during emergencies where immediate attention must be made to the concerned. Fitness level assessments carried out by the wellness coach are also included as part of the health assessment. However, these are only available to the management team. The wellness coach does an assessment every time a new member enrolls in the programme. Moreover, these are carried-out at the partner gym or in the training auditorium of the company.

The members of the senior management team (i.e. associate directors and directors) and top management can also avail of the executive medical examination done with the partner hospitals of the company, whilst also being eligible for the fitness level assessments done by the wellness coach.

5.2.3.7. Sporting Activities

These sporting activities are carried out during the annual sporting event in the company that they call the "sports fest". The time period in which it is held slightly varies per year depending on the exigencies of the business. These activities are also reported as part of the wellness programme by the key interviewees. Like the company runs and health sessions, it is open to all employees to join in.

The HR officers play a significant role when it comes to the running of this annual event. The sports fest is particularly recognised as one of the many HR programmes run throughout the year. In the company, HR officers are usually identified with their roles in employee welfare, engagement and employee relations (ER). However, when it comes to the sports fest, they are also the people to go to for anyone intending to participate in the sporting activities. The HR officers may at times also assume an active role in recruiting and selecting participants when numbers become

low. The two popular events being played are the team sports of basketball and volleyball for both men and women. The factory has a basketball court within its vicinity which can also accommodate a volleyball game. There are also other events like chess and table tennis. During this time, HR officers coordinate the schedules for try-outs, training and the actual games, whilst recognising the need to minimize the effect on production (i.e. minimizing non-productive time or NPT). Interviewee 09 (HR Officer), who also performs the role of a Salaries and Benefits Officer, related the challenges of getting this balance right.

Textbox 8. Interviewee 09: On having pride and fulfilment in the sporting activities

Interviewee 09 is one of the seven HR officers in the company. HR officers are involved in the employee relations (ER) matters of the company. One of them is especially involved in industrial relations (IR) matters. Interviewee 09 also performs some work relating to employee benefits such as sickness and maternity benefits. He is a qualified nurse and he was first employed as a company nurse before being promoted in his current role. Each of the HR officers in the company is assigned a specific building and departments to look after.

One of the functions of the HR officers is engaging employees in the various programmes of the company, including that of the wellness programme. They are the key people in getting participants for the monthly health sessions and the annual sports fest, for instance. Interviewee 09 mentioned of having pride and fulfilment in the sports fest specifically, when the people under his care are able to show their talents and win in the activities and competitions. Although he does not play any sport in the sports fest, he reported of being a regular partaker in the company runs, notably motivated by the charitable causes of some of these runs. He also goes frequently to the partner gym with some of his colleagues in HR.

5.2.3.8. Tabata Classes

The Tabata is the latest activity that was added to the existing wellness programme. It was introduced only recently by the new wellness coach. Like the yoga, it is only available to the management team. This activity specifically targets those who want to lose weight and strengthen their cardiovascular capacity.

The Tabata method is a form of circuit training, otherwise known as high intensity interval training (HIIT) that is also gaining popularity nowadays. It was named after its inventor, Izumi Tabata of Japan (Tabata Training, 2016). This kind of workout is well-known for being very brief yet very effective in getting the desired results. A typical workout can last for only 4 minutes, but done with a regime of 8 sets. These sets are comprised of 20 seconds of high intensity exercise followed by 10 seconds of rest or low intensity exercise between each set (Tabata Training, 2016). This type of workout is seen as appealing to members of the management team generally, since it doesn't require too much time. Unlike the yoga and Zumba sessions, which are carried out inside the factory, the Tabata workouts have always been done at the partner gym due to the availability of exercise equipment there.

5.2.3. Features of the Programme

The wellness programme of the company is voluntary for the employees. Interviewee 02 (HR Manager) puts it as being a cafeteria-style programme. The approach is also notably top-down and he acknowledged this to be the case. There is an executive version and a staff version to the programme.

The executive programme is more tailor-fit to its recipients (i.e. the members of the management team, including the directors). As stated earlier, the wellness coach exclusively caters to this group. Meanwhile, the staff programme is more generic in its approach and it is still limited in reach in some respects. The primary reasons why this is the case is because of the greater number of the rank and file compared to the management team. This also brings to the fore the whole issues of resource availability and business exigencies, given that it is a manufacturing company keen in minimizing its so-called non-productive time (NPT).

In summary, the executive programme consists of the yoga classes, Tabata classes, fitness test (considered under the health assessments) and the rest of the

wellness activities that are available to employees. On the other hand, the company runs, sporting activities, monthly health sessions, gym visits and Zumba classes are the activities which comprise the staff programme. Still, however, the Zumba sessions and gym visits are only available to the supervisors and office personnel. Currently, only the company runs, monthly health sessions, health assessments and the annual sports fest are the activities which are open to all employees.

5.2.4. Programme Ownership and Accountability

The programme is under the accountability and ownership of the HR division, although this appeared to be contestable at the onset of data collection. The reason for this is because there are predominantly two departments involved in the programme, namely: the HR division and administration department. It should be noted, however, that the wellness programme's budget comes under HR. Moreover, it is tagged under a wider employee relations (ER) programme of HR, as confirmed by the HR director himself.

The oversight of the HR director of the this organisation uniquely encompasses HR, learning and development (L&D), compliance which includes H&S, and corporate social responsibility (CSR). There are two managers reporting under him, one of them is the HR manager (Interviewee 02). There is no special or specific section for wellness as such. There are separate teams responsible for specific wellness activities, who at times may work collaboratively. The team members are not officially recognised as members of an exclusive wellness team however, since they are more identified with their main roles within the company.

Traditionally, the administration department had been under the HR Division, but recently came under the office of the vice-president of the company. This office oversees operations and business development. For most part, the coordination and

delivery of the wellness programme is done through the administration department. The only exemptions to this are the monthly health sessions, which are run solely by the H&S section and the sports fest, which is directly organised by HR. The office of the president is also somehow involved in the wellness programme with the creation of the “home gym” for travelling executives and expats as stated earlier.

The HR Manager (Interviewee 02) clearly puts this existing relationship when he said the HR deals with the planning side of the programme, whilst the administration deals with the implementation side.

"What we did was to split the task. Meaning, *yung* [the] planning, programming side is HR. The implementation would be with the admin. *Ganon namin siya ginawa* [That is how we did it]. HR would plan for the year, will do follow-ups, say for example, when the numbers in terms of the attendance start to dwindle, then we will trigger some refreshers, like some communication and advertisement." (Interviewee 02)

Textbox 9. Interviewee 02: On planning the wellness programme

Interviewee 02 is the HR manager of the company. He manages the ER, IR, recruitment and the L&D functions of HR. He started with the company as a training officer. During this time, he was also tapped in communications and some special projects in OD. It was not long before he was promoted as an HR assistant manager. Eventually, he fully led the team as its manager.

Interviewee 02 made references to the importance of a well-developed communication and implementation plan in making the ER activities successful, including that of the wellness programme. He is the point person when it comes to the formulation of the plans and programmes of HR for the year.

He was a newly-hired training officer when the programme was launched in 2008 and he has seen the programme took-off and developed to what it is now. He is a familiar face in the company runs and the sessions at the partner gym by being a regular participant. At 32, he admitted of having a brief period of hypertension previously. According to him, aside from walking the talk about wellness in the company, improving his health is the primary reason why he supports the programme.

5.3. Involvement in the Programme by the Interviewees

This major theme was investigated during the interviews by establishing and asking about any key role that the interviewees may be involved with in delivering the

programme. Furthermore, they were also asked about the overall frequency of their participation, as well as their motivations and hindrances in participating. Amongst the interviewees, 12 were considered to have had varying degrees of responsibilities in delivering the programme. The rest of the interviewees, on the other hand, were considered entirely as recipients of the programme. Since this was the case, the latter group was just asked about the frequency of their participation and their motivations and hindrances in participating.

5.3.1. Key Roles in the Programme

As already stated in the previous subheadings, the HR division and the administration department are the primary teams that deliver the programme, whilst both the offices of the president and vice-president have auxiliary roles to play as well. Under the HR division, the HR department and compliance departments are involved. Since the wellness programme is considered an employee relations (ER) programme of HR, the HR manager, HR supervisor and the HR officers are normally engaged in the programme planning and kick-off. The H&S section, which is under the compliance department, rolls-out the monthly health sessions. The key personages in these activities are the H&S section head, the company nurses and the company doctors.

Meanwhile, the administration department, which is under the office of the vice-president, is the key department in the coordination and delivery of the wellness activities of the management team which includes the Tabata and yoga sessions as well as the usage of the partner gym and the running of Zumba sessions. One key individual who oversees these activities is the liaising and special projects manager. This manager also works with the wellness coach and the Zumba instructors in delivering the programme.

Lastly, the assistant manager from the office of the president deals with some aspects of the wellness needs of company president and that of the other top

executives who may be visiting or temporarily assigned to the business unit in the Philippines.

5.3.2. Frequency of Participation of the Interviewees

The interviewees were asked to choose from a choice of five for this question specifically. The choices are: once, rarely, sometimes, often and always. These same choices were used in the questionnaire which was distributed after the interviews.

The wellness coach and the Zumba instructors were not asked this question, however. The reason for this is because they spend relatively little time in the company and they are also considered providers of the programme (i.e. third-party providers). The company doctor, on the other hand, is relatively more involved with the company, although she is on a retainer status. She also participates in the company runs and other wellness activities. Thus, she was asked this question about participation.

Overall, most (i.e. 11) of the interviewees often participated in the programme. Meanwhile, several (i.e. 6) always participated in it. A very few (i.e. 2) rarely and sometimes joined in the activities. The corresponding reasons for these responses were further presented in the next two subheadings.

5.3.3. Motivations in Participation

There are five sub-themes which emerged in the exploration of this topic. Reasons or motivators reported by the interviewees were eventually grouped into work-related reasons, aesthetic reasons, health-related reasons, psycho-social reasons and satisfaction with the company resources in connection with wellness.

5.3.3.1. Work-related Reasons in Participating

It is noteworthy that these motivators were reported by only three interviewees and they happen to be members of the H&S team. Their responses primarily centred around the idea that imparting health and wellness is part of their work deliverables. Specifically, the responses were: to help people, to educate them, to promote good health and to prevent diseases. For them, the reasons are in themselves the motivators in participating in the programme. In this case, the responses were more about delivering the programme. However, it can be said that these responses do not necessarily apply to all participants in the wellness programme (for instance, to the recipients of the programme).

5.3.3.2. Aesthetic Reasons

Answers surrounding this sub-theme were all about the following, namely: looking good, looking young and being fit. It is good to note that the average age for the interviewees is 38 years old, which is still relatively young. The age range of the group is between 27 and 59 years old. Moreover, those who have given these reasons as their motivators or reasons for participating were the female interviewees.

5.3.3.3. Health-related Reasons

This answer is the most popular amongst the interviewees. It is also the primary reason that was often reported as their motivator in participating. The idea centred around gaining the health benefits by joining the programme. The interviewees showed varying levels of fitness, as attested by the wellness coach himself during the interview. Three of the interviewees admitted that they have already have existing conditions (i.e. diabetes and hypertension) but reported experiencing the positive effects of joining the programme. These positive effects included reported improvement to their physical

health and counteracting the effects of their condition. One such example is Interviewee 20 (Pattern Making Section Head), who shared the health benefits of participating in the programme.

Textbox 10. Interviewee 20: On the health benefits of the programme

Interviewee 20 is the pattern making section head in production. He has been with the company for four years. Originally from India, he used to be employed in China by another company before joining the Philippine operations. He believes that the wellness programme not only addresses stress among employees, it also keeps them mentally alert and physically healthy.

He disclosed of being diagnosed with type 2 diabetes even long before being employed by the host organisation. Upon joining, he readily availed of the wellness programme and frequented the visits to the partner gym, using the treadmill most of the time. According to him, he took the advice of the company doctor and the previous wellness coach of doing physical exercise at least 30 minutes a day. Eagerly, he reported that he now stopped his medication for two years running, keeping the condition at bay.

It is also noteworthy that a number of the married interviewees connected the health benefits that they gain as somehow accruing to their family members as well. They said that being healthy is important if one is to support one's family financially by being the breadwinner in the family.

5.3.3.4. Psycho-social Reasons

The specific responses to this theme that emerged are the following: to gain more friends, to bond with colleagues, to break work monotony, to have fun, to manage stress and to gain self-confidence. The latter response also connects with the aesthetic reasons given earlier, as reported by two interviewees, namely: Interviewee 16 (Merchandising Officer) and Interviewee 21 (Finishing Assistant). For them, looking fit contributes to their self-confidence. The self-confidence that they developed also enabled them to have the confidence in interacting with others at work. Meanwhile, managing stress was also reported by the interviewees in general as being helpful

when it comes to performing one's work effectively and in dealing with colleagues in a happier disposition.

Textbox 11. Interviewees 16 and 21: On building self-confidence and friendships in the programme

Interviewee 16 is a merchandising officer in the company. As people at the front-end process of the business, the merchandisers are the first point of contact when it comes to securing product orders from the buyers. Meanwhile, Interviewee 21 works at the back-end process of production as a finishing assistant. She provides administrative support to the finishing manager in the day-to-day operations of the finishing department.

Interviewee 16 considered the interview session as a chance to take a break from work and to blow-off some steam. She related that her job can be so stressful, and that the wellness programme helps her in relieving stress. She emphasised, though, that the “programme doesn't actually unload her of the workload”, but it makes the work more “agreeable”. On reflection, moreover, she said that she gained self-confidence by being fit as a result of regularly going to the Zumba classes and to the partner gym. The programme also prodded her to join other activities outside the company. Being single and with more time to spare, she also proudly said that she does occasional mountaineering and recreational pole dancing during her spare time.

Similarly, Interviewee 21 zealously supports the Zumba classes. She said she only missed a few classes since these were started. She also recalled that attending Zumba has boosted her self-confidence by being fit and reported that it also improved her stamina at work. She also reported of attending additional Zumba classes outside the company. At 42, she already has grown-up children with careers of their own and she can afford extra classes with her free time. She is one of those who suggested for an additional Zumba class in the factory on top of the existing two classes per week.

Interviewees 16 and 21 are two of the five interviewees with the longest employment with the host organisation, at 15 and 19 years, respectively. Both also reported of forming friendships in the Zumba classes. During the interview with Interviewee 21 at the outdoor benches located in the factory, Interviewee 16 dropped by to say hello and to have a quick chat.

Thus, the wellness programme is also perceived by the interviewees as a platform to socialise with others within the organisation. Thus, in these scenarios, we can see an interaction between the psychological factors and the social environment when it comes to shaping the overall wellness of the interviewees. This was exemplified by the experience of Interviewee 13 (VP for Corporate HR) as a recipient of the executive version of the programme.

Textbox 12. Interviewee 13: On life balance vs. work-life balance

Interviewee 13 is the vice-president for corporate HR. As a member of top management, she is mainly based in the corporate headquarters overseas. She does a lot of travelling, overseeing HR in a number of expanding business units in the Asian region. During data collection, she was in the Philippines working alongside the local HR about increasing the organisation's manpower in view of a planned expansion domestically.

In commenting about the wellness programme of the company, she observed that it has also become an avenue for social interaction among employees and expatriates like herself. She noted that a bulk of Filipino employees who worked in the flagship facility overseas went into the wellness activities to catch up among themselves and to deal with homesickness as well.

With fondness, she recalled of participating in the Great Wall Marathon in China when she turned 50 to mark the milestone. Proud at being 59 years old, she sees herself far from retiring. What stood out during the interview was when she said that "work-life balance" should be called "life balance" instead, saying that work is a natural part of life and it should not be seen as separate from it. Aside from going to the gym, she cycles regularly to keep fit.

5.3.3.5. Provision of Company Resources

This theme refers to the satisfaction of the interviewees in connection with the resources used in the programme. Specifically, they referred to the approach of the wellness coach, the kind gesture of the company in providing the programme for free, and the physical space allocated to successfully carry-out the activities.

Comparisons often emerged between the former wellness coach and the current one. There were more positive comments and greater preference about the tailor-fit approach of the current wellness coach. Particularly, the yoga sessions were positively received as being more effective, relaxing and therapeutic by the members of the management team. They also reported that this activity, which is done in brief sessions, allowed them to carry-on with a few more office work after the classes. It is common for the members of the management team to work overtime.

Still, some of the interviewees highlighted the fact that the wellness programme is like a bonus to them, being provided free of charge. They see it as a waste of a good

opportunity if they did not partake. Joining in is also seen as a gesture of their gratitude in return to the company's generosity in providing the programme. The actions of top management in allocating physical space for the wellness activities were also pointed out. For instance, the founder's office, which is a relatively larger office but always vacant, is often used for the yoga sessions. Additionally, there has always been space at the company's training auditorium devoted to the wellness activities.

5.3.4. Hindrances in Participation

The interviewees were also asked about the hindrances that prevent them from participating in the programme. These responses were grouped into five themes as well, namely: work-related reasons, family-related reasons, personal reasons, lack of companions and lack of financial resources.

5.3.4.1. Work-related Hindrances

The responses that were grouped under this theme are the following: lack of time to participate, other work responsibilities, conflicts with the work schedule and the need to work overtime. The wellness activities are oftentimes held after office hours, during weekends or during lunch break. However, few of the interviewees still find the wellness activities as sometimes conflicting with their work priorities. Collectively, these work-related hindrances are the most reported reasons for not being able to participate in the wellness activities. It is good to note that the "lack of time" response, when probed further, either referred to lack of time due to work or due to family responsibilities. Thus, reasons which pertained to the family were separated and grouped as a distinct theme in the next subheading.

5.3.4.2. Family-related Reasons

Specific responses are grouped under this theme whenever references were made to the family. Specifically, these responses refer to: "lack of time due to family responsibilities" or "time will be spent with my family instead". Expectedly, married interviewees are the ones that made frequent references to the family. Interestingly, two single interviewees also pointed out to these family-related reasons. It is not the case for them personally, however. Rather, they acknowledged to understand the challenges in participating for employees with family responsibilities. It is good to note that more of the interviewees are married with children. Moreover, family-related reasons are the second most reported hindrances, in which six of the interviewees specifically made references to these. Interviewee 15 (Director for Corporate Finance) and Interviewee 19 (Director for Operations) clearly exemplify the narrative about the family.

Textbox 13. Interviewees 15 and 19: On being senior executives and homemakers at the same time

Interviewees 15 and 19 belong to the senior management team of the company who are now mostly based in the Philippines. Interviewee 15 is the director for corporate finance whilst Interviewee 19 is the director for operations. Both of them travel frequently, often being assigned to work in other business units for several months.

Although most of the married interviewees made references to their families during the interview, these senior executives specifically cited the family as a reason that could limit the frequency of their participation in the wellness programme. As working mothers, both said that they will rather choose to spend their free time with their family than to attend the wellness activities when they are back in the country from an overseas assignment.

Nevertheless, both have been attending the yoga classes whenever they can and reported good results. The yoga was described by Interviewee 15 as particularly relaxing. She also reported of doing yoga when she is at home, where she is also able to share wellness with her husband. Acknowledging that she is "not a gym person", she said that she tries to do quick exercises in the hotel room whenever on business trips or tries to swim whenever she is assigned to one of the business units overseas to keep fit.

Meanwhile, Interviewee 19 recounted that the yoga sessions help to address her sleeping difficulty. Admittedly, she said that she has more time to spare in the wellness activities when she is assigned in the other business units since her family is not with her. She reported of attending the Zumba sessions regularly whenever she is on assignment. However, she prefers the yoga sessions better. She finds that the calming effects of the yoga are more suited to her needs after a stressful day at work.

5.3.4.3. Personal Reasons

These responses centre around the personal struggles of the interviewees generally. Specifically, these responses refer to mere laziness or even tiredness, as reported by four interviewees. These responses were grouped under this theme when there were no references made to work or family, only solely due to personal reasons or personal choice.

It is noteworthy that one interviewee mentioned that her hypertension somehow limits the amount of her participation, particularly in the company runs. However, she also clarified that is not a total hindrance at all. Despite of her condition, she is still able to participate in the other wellness activities. Thus, given the programme's cafeteria approach, it appears that employees with different fitness levels and health conditions can participate in a specific wellness activity that suits them. Interviewee 02 (HR Manager) highlighted this when he said:

"It's a matter of finding time [for the wellness programme], but there are avenues or options for people to take." (Interviewee 02).

5.3.4.4. Lack of Companions

This reason was given by few of the interviewees. Specifically, it was reported with reference to the gym visits and Zumba classes. Two interviewees directly pointed to this reason when they said the following:

"Walang kasama na ano ... yung mapu-push at mage-encourage talaga." [There is no companion to like ... push you and really encourage you.] (Interviewee 09)

"I'm motivated but I think if I have a gym buddy, I will be more motivated." (Interviewee 12)

These responses further support the finding that the wellness programme is perceived by the participants as a social activity. Moreover, it also appears that

participation in the programme may oftentimes be a collective action rather than an individualist one.

5.3.4.5. Lack of Financial Resources

Few interviewees also made references to a lack of financial resources as a potential hindrance in participating. It centres around the idea of shelving-out money to be able to travel to the partner gym, to buy a gym gear, and to participate in the company runs. Clearly, a lack of money was given as a hindrance specifically in connection with the gym visits and company-supported runs. As already stated, the partner gym is not within the vicinity of the factory. It takes a few minutes to reach it by private or public transport. Thus, employees needed to spend extra money for the fare or for petrol. The proximity of the gym to the company was clearly pointed out as an issue in this regard and it was reported as a hindrance in itself.

The company-supported runs, moreover, entail a registration fee. It is only the company-sponsored runs which do not require a fee. Once again, this was reported as a potential hindrance by the interviewees. Interestingly, interviewees who made references to this response admitted that it does not really matter to them personally, but indicated that it may matter hugely to majority of the employees, particularly to the rank and file.

5.4. The Wellness Dimensions According to the Interviewees

Although it was found during data collection that the wellness programme does not state formally and explicitly that these wellness dimensions are being addressed, most interviewees reported that these are actually being addressed in one way or another, based on their experiences and interpretations as recipients of this initiative.

The wellness dimensions espoused in wellbeing literature that were examined are the following: physical, intellectual, emotional, social, spiritual, occupational, environmental, cultural and financial dimensions.

5.4.1. Physical Dimension

The responses for this dimension were all affirmative and positive. There were no negative and neutral references made at all. Thus, it shows a unanimous convergence of attitudes amongst the interviewees. It also shows that the interviewees clearly experience and perceive the wellness programme as addressing the physical health of the employees. Anecdotal evidences from the interviewees about this dimension oftentimes point to balanced dieting, losing weight, avoiding vices, improving one's stamina and sleeping well.

On balanced dieting, Interviewee 01 (Manager, Office of the VP for Operations) admitted that the wellness programme paved the way for her to lose weight in a healthier way. She said:

"Yes, I lost weight, but I still feel good. If I may mention, I did crash diet because I want to lose weight before. And it was difficult and it affected my health because crash dieting is not really good. But when wellness was introduced to the company, I learned a lot of things like you don't just lose weight. So I learned that it is not only losing weight but feeling good as well. And you can lose weight by doing these things, the sessions, but not doing crash dieting anymore." (Interviewee 01)

Interviewee 12 (Assistant Manager, Office of the President), meanwhile, highlighted on the positive physical effects of the programme in improving one's energy levels and sleep pattern. She said:

"Physical ... in a positive way, because when you exercise and you have the right diet, you'll have more energy, contrary to what they think, that when you exercise, you lose energy. It's not that. Actually you'll get more sleep if you exercise, because it kinda regulates your body, your body clock." (Interviewee 12)

Interviewee 21 (Finishing Assistant) who has been regular in attending the Zumba classes in the company also said:

"Yung number one effect ko don... lumalakas yung resistensiya ng katawan ko. Tsaka dati kase, nung hindi pa ako uma-attend, konting lakad lang hinihinal na ako. Lagi lang akong naka-upo. Pero ngayon, pakiramdam ko lumakas yung immune system ko. Tsaka hinahanap ng katawan ko pag hindi ako nakakapag-attend." [The number one effect for me... improving my body's stamina. Before, when I wasn't attending, I catch my breath even for walking short distances. I always sat. But now, I feel that my immune system has improved. And my body longs for it when I don't attend.] (Interviewee 21)

Finally, Interviewee 14 (HR Supervisor) who is a keen runner himself, sees the physical benefits of the programme especially when it becomes a deterrent against vices that could pose dangers to one's physical wellbeing.

"It will give you more strength and instead of focusing or going into vices and going to the bar drinking or somewhere else, some people run or go to wellness." (Interviewee 14)

5.4.2. Intellectual Dimension

Affirmative responses were also given to this dimension, except for one interviewee. For him, the programme does not address nor affect this dimension. This dimension is defined as being able to think critically and having expanded world views by being open to new ideas and learning opportunities.

For those who gave the affirmative responses, their answers specifically centre around having more knowledge about wellbeing, being well-informed, improving one's mental alertness and being motivated to research more about wellness. Moreover, a connection was made between the intellectual and physical dimension. A number of interviewees explained that joining the classes (for example, Zumba and Tabata) not only contributes to their physical wellbeing, but also helps to enhance their intellectual prowess and mental alertness by purging the mind of stressors that clutter it. Interviewee 12 (Assistant Manager, Office of the President) stated it in this way:

"It [exercise] gives you like that clarity in your mind. You know, it's like whatever clutter you have in your brain, it will be cleared out." (Interviewee 12)

Furthermore, Interviewee 11 (Associate Director for Business Development) meanwhile said:

"It's a given fact that if you exercise, your blood flows in the right way. So you tend to think well. You'll have more perspective of things." (Interviewee 11)

5.4.3. Emotional Dimension

Similarly, all but one interviewee also gave affirmative responses about this dimension. The sole dissenter is a different person from the one who gave a negative response in the intellectual dimension, though. This dimension is defined as the awareness and ability to manage one's feelings, stresses and failures. It includes self-esteem, self-confidence and self-control.

The monthly health sessions were specifically given as examples by Interviewee 02 (HR Manager) in addressing some aspects of the emotional dimension. He said:

"I think the health sessions that we have, depending on the topic, would also touch on managing the emotional aspect... how to manage *yung* [the] condition [i.e. sickness or any health condition], and of course, being able to manage emotionally. Part of the doctors' talks is how to cope up with such conditions." (Interviewee 02)

Additionally, Interviewee 03 (HR Director) said when referring to the emotional dimension:

"I'm no exemption. When I feel down and stuff, I workout ... that's the science of wellness, you know... (Interviewee 03)

These responses were further supported by Interviewee 06 (Zumba Instructor 2) on her observations about the effects of the Zumba classes to the participants:

"They go out and turn their anger to exercise. But at the same time, they are able to enjoy, because of the Zumba, because of the rhythm, the sound and the people around them." (Interviewee 06)

In commenting about the emotional dimension, Interviewee 14 (HR Supervisor) made the connection between running and self-esteem, when he said:

"Actually when you run, your self-esteem is affected. When there are certain roadblocks in your life, when you run, these definitely disappear for the time being." (Interviewee 14)

Lastly, Interviewee 22 (Associate Director for Finance), who often jogs with the other executives as a warm-up to the gym workouts, jokingly commented about the emotional dimension by saying:

"Pag minsan pag nagjo-jogging kami, lagi kaming pares eh, nakakapagkuwento-kuwento kayo sa buhay, oo. Pero kapag hardcore na mga exercise, hindi pumapasok yung emotional!" (laughs). [Sometimes when we jog, we always do it in pairs, we chat about life, yes. But when it comes to hardcore exercises, the emotional dimension doesn't come in! (laughs)] (Interviewee 22)

Clearly, Interviewee 22 distinguished that certain activities in the wellness programme were more conducive in addressing the emotional dimension. It also emerged that the emotional dimension has some connection with the social dimension. This other dimension is discussed in the next subheading.

5.4.4. Social Dimension

All the interviewees acknowledged that the wellness programme addresses and affects the social dimension in many respects. This dimension is defined as the ability to maintain intimacy and to develop a support network of friends, family and workmates. However, there is one interviewee who pointed about the potential negative social effects of the programme, particularly to the family. Interestingly, he is Interviewee 09 (HR Officer), who is one of the single interviewees and has no family responsibilities. He said:

"Siyempre, kung social dimension, makakaapekto siya sa negative side. Yung time na puwede mo nalang sanang i-allot sa kanila, sa family, kukunin pa sa time na yon, di ba? Makakakuha 'yon ng time na puwede mo na sanang ibigay sa family." [Of course, when it comes to the social dimension, it (i.e. the wellness programme) can have an effect on the negative side. The time that you could have allotted for them, your family, is being taken right? It's being taken away, that time that you can spend with your family.] (Interviewee 09)

Nevertheless, the rest of the narratives about the social dimension are all positive. There are two common expressions and responses that emerged, namely: "bonding time" with colleagues and "making friends". Interviewee 04 (Wellness Coach) observed:

"Magkakasama sila pag nag-workout yan. So we've done group exercises para sa bonding nila. Hindi lang puro work. They get a chance to enjoy din." [They are together when they workout. So we've done the group exercises for their bonding with each other. It's not all work. They get a chance to enjoy as well.] (Interviewee 04)

Another of the third-party providers for the programme, Interviewee 06 (Zumba Instructor 2) commented:

"In the end, they always make friends. You probably see this person as a quiet type, sitting in the corner. But in Zumba, they are going to gain a lot of friends. It's also for socialising." (Interviewee 06)

Indeed, there was a clear convergence on the perception of the interviewees when it comes to the social dimension. In making references about making friends and bonding with colleagues through the wellness activities, Interviewee 11 (Associate Director for Business Development) and Interviewee 19 (Director for Operations) said:

"If you do the wellness programme with other people in the company, you tend to make friends, *di ba?* [right?] You'll have a closer relationship with your colleagues. (Interviewee 11)

"Oh yes! Social in a way kase yun yung time na nagkaron kami ng bonding." [Oh yes! Social in a way because that's the time when we have this bonding (referring to the other senior executives.)] (Interviewee 19)

5.4.5. Spiritual Dimension

This dimension is defined as involving one's search for meaning, appreciation for life and self-discovery. It is not the same as religiosity. Most of the interviewees also gave affirmative responses to this dimension in connection with the programme. The yoga was reported as the activity that tends to touch on the spiritual wellbeing of the participants. Nonetheless, four of the interviewees did not see the programme addressing or affecting this aspect in their lives. Still, one interviewee gave a mixed response about her take on the spiritual dimension.

It is good to note that a peaceful environment and working-out alone are seen as conducive scenarios by the interviewees in successfully addressing the spiritual side of wellbeing. Comments such as the ones below by Interviewee 03 (HR Director), Interviewee 13 (VP for Corporate HR) and Interviewee 22 (Associate Director for Finance) clearly illustrate this point:

"Yes of course, because you have that peace that we talked about. It touches you, it gives you that uhm.... appreciation of so many things... this grateful perspective in life. I think wellness definitely helps." (Interviewee 03)

"In terms of spiritual, maybe it's more of... because when you are working out, especially if you are alone, you tend to think inward. That's part of spirituality." (Interviewee 13)

"*Kase tahimik eh* [Because it is quiet]. And *sabi nga dun sa yoga* [And they say during yoga]: "free your mind." So yeah I think so. You could touch on the spiritual." (Interviewee 22)

5.4.6. Occupational Dimension

This dimension is defined as having work-life balance and professional engagement. It also includes one's feeling of satisfaction and life enrichment through work. Only three interviewees gave non-affirmative responses on this dimension. They did not agree that this aspect is being addressed or affected by the programme.

Those who gave affirmative answers, on the other hand, saw the wellness programme as possibly affecting one's career in a positive way as well. Links between

wellbeing, productivity and career progression were made. For example, Interviewee 10 (Company Doctor) and Interviewee 11 (Associate Director for Business Development) both stated this relationship when they said:

"With regards to that [referring to the occupational dimension], yes because they [the employees] become more productive." (Interviewee 10).

"If you can do your job better because you are well, you have a balanced work-life, then you have the higher tendency to grow in your career." (Interviewee 11)

In the responses of the interviewees, the interconnectedness between the physical, intellectual and occupational dimensions also came to light. This link was illustrated by Interviewee 16 (Merchandising Officer) when she said:

"Like on career, for example, if I'm being fit, I can focus in my work. I can concentrate. I can even make complex decisions." (Interviewee 16)

5.4.7. Environmental Dimension

This dimension is defined as caring for one's surroundings and environment. It also involves the protection and improvement of the environment. This dimension is one of the three dimensions where the interviewees showed divergence when it came to their responses. The other two are the cultural and financial dimensions which are discussed in the succeeding subheadings.

Those who gave affirmative responses for this dimension made frequent references to the notions of self-discipline and self-awareness brought about by the wellness programme. These behaviours, which are very much central to their responses, accrue into the care and concern for the environment according to them. For instance, Interviewee 03 (HR Director) said:

"So it's discipline, that level of discipline which would make you more ... more prone ... more attracted to taking care of the environment." (Interviewee 03)

This link about discipline and concern for the environment was also illustrated in the context of the workplace and care of the company facilities. Interviewee 01 (Manager, Office of the VP for Operations) illustrated this when she said:

"During runs, when you have these lots of pet bottles, we are aware that we are not there just to throw them anywhere. We also have the talks about wellness that if you are taking care of yourself, you also have to take care of the facilities of the company." (Interviewee 01)

Even the third-party providers of the programme (i.e. wellness coach and Zumba instructors) made similar affirmative responses about the environmental dimension. They said that this awareness about the environment is somehow unleashed by an awareness of one's wellbeing. Interviewee 06 (Zumba Instructor 2) shared her own experience in this regard. She said:

"Before I got interested in doing wellness, the fitness thing, the things around me, people around me, I don't really find time to think about them. I have my own life. But when I started doing this (i.e. teaching Zumba), I became more and more conscious about the things around me like pollution, people, the bad lifestyle." (Interviewee 06)

Moreover, a few interviewees who made affirmative responses pointed out to the wellness activities that they do on their own which makes them appreciate the environment more. This increased appreciation moves them to care for it. For example, Interviewee 13 (VP for Corporate HR) cycles whenever she is in the Philippine factory. She said:

"When I cycle, I guess that's when I appreciate the environment... the awareness of the surroundings. I also become conscious about the use cars and how these emit fumes." (Interviewee 13)

Similarly, Interviewee 15 (Director for Corporate Finance) recalled that when doing an exercise or yoga on her own, she often does it in her garden. She said that this makes her appreciate her surroundings more, and that her surroundings should be clean and conducive to the activity. This kind of response also shows evidence that the interviewees are already doing a personal application of what they learn in the wellness programme. However, it also underlines the point that when activities are made

outdoors, there are more chances that participants will see the link between their personal wellbeing and the environment. Some interviewees mentioned the company runs as opportunities where they can also appreciate the environment. These company runs are held within the park inside the industrial zone. This park is surrounded by trees and gardens, distant from the factories and buildings within the zone.

Furthermore, a few interviewees who made affirmative responses made references to the tree planting activities sponsored by the company. These activities mostly entail a bit of hiking and walking for the volunteers. Furthermore, these activities were mentioned by some as ways to inculcate and practice environmental wellness amongst the employees. As already stated, the wellness programme has been under the umbrella of the employee relations (ER) programme of the organisation, where the HR division has an overall oversight. Other initiatives come under this umbrella, including the community service programme and the green initiative. It was found that a few of the interviewees do not distinguish between the components of the wellness programme and these other programmes. Nonetheless, the responses highlight the potential of the ER programme in general in encouraging environmental wellness. In the long-run, the company benefits as well by having employees who are environmentally responsible individuals.

5.4.8. Cultural Dimension

The cultural dimension shows more divergence and variance in terms of the responses. Some of the respondents also gave mixed and neutral answers when asked about this aspect. This dimension is defined as involving an active participation in creative self-expression through the arts, appreciation of one's cultural background as well as other cultures. It also involves an understanding and appreciation of diversity in society.

A number of the interviewees gave non-affirmative answers when it came to this dimension. Nonetheless, most of them gave affirmative and positive answers. Still, a few gave neutral or mixed responses.

Those who gave affirmative answers alluded to the Zumba classes and the sporting activities (i.e. sports fest) as tapping the cultural wellness of the employees. The notion of inclusion in these activities was also highlighted by Interviewee 03 (HR Director).

"Being able to be in one place with another race facilitates that. So being inclusive in that sense touches the cultural side." (Interviewee 03)

Additionally, Interviewee 01 (Manager, Office of the VP for Operations) said of the Zumba classes:

"In the Zumba sessions, we can have different nationalities. So I think we also learn from them about their own culture." (Interviewee 01)

The management team in the Philippine operations of the company tends to be more varied in terms of the nationality of the members compared to the rank and file. In the interviews, for example, there is a Chinese and an Indian national, although the rest of the interviewees are Filipinos. In the survey that followed, one of the respondents is a Canadian manager. Some British nationals have also held senior level positions in the Philippine operations. The company president, who holds office in the Philippine factory a few days a week, is Mexican. The top management based in the corporate headquarters abroad is a mix of Chinese and American nationalities. They too participate in the wellness activities of the factory whenever they visit locally. Since the company has an executive version to the programme, the activities also become avenues for learning about each other's cultures. The activities for this team are also held in smaller groups, bringing more chances for deeper interaction amongst the participants.

This diversity occurring within the management team is not significantly pronounced for the rank and file, however. Even so, it may be true on another level. The Philippines is also varied ethnically from within. People in the rank and file come from different nearby provinces with different languages, dialects and subcultures. This local diversity was also mentioned by some interviewees.

Another salient response when it comes to the creative side of the cultural wellness was made in connection with the sports fest. The annual sports fest has an opening ceremony where there is dancing and pageantry amongst the employees who volunteer to participate. Interviewees also see this event as a way of self-expression and an opportunity for cultural appreciation.

5.4.9. Financial Dimension

This dimension contains the most divergence and variance in the responses. It is defined as one's awareness of his monetary state. It involves budgeting, saving and managing one's financial resources.

Like the environmental and cultural dimensions, the financial dimension has neutral or mixed responses. However, more non-affirmative answers were given compared to the affirmative ones. Thus, more interviewees simply see no connection between the existing wellness programme and the financial dimension.

Those who had given mixed or neutral responses pointed to the potential positive and negative effects of the programme. On the negative side, they said that some wellness activities like the gym visits and company-supported runs entail certain amount of costs to the participants. They said, on the other hand, that there can also be long-term positive effects financially if one participates in the programme. For them, being fit makes one avoid the unexpected financial costs related to getting illnesses. One can also avoid the risk of not being able to work and earn because of the situation.

Thus, financial costs may arise in the short-term by participating in the programme, but financial gains could also be made in the long-term according to them.

Those who gave affirmative responses for this dimension also have the same reasoning. However, they only have the positive answers in mind. Interviewee 08 (Company Nurse) expressed this line of reasoning with conviction when she said:

"Oo naman, oo. Kase pag physically fit, mentally fit and everything, siyempre maiiwasan din yung pagkakasakit mo n'on. In that case, makakatipid ka ng malaking pera kase mahal magkasakit, 'di ba?" [Yes of course, yes. Because if you are physically fit, mentally fit and everything, you will also avoid getting ill. In that case, you'll save huge amounts of money because it's expensive to get ill, right?] (Interviewee 08)

Being a developing country, the Philippines is still a long way off when it comes to healthcare provided by the government to its citizens compared to the welfare states of the Western world. Expensive private health insurances are still the more popular options for individuals who can afford these.

Still, a few made references to the fact that the wellness programme is offered for free, and therefore, the financial effect can be positive. For example, Interviewee 05 (Zumba Instructor 1) commented:

"Company ang nagbabayad eh. Sa iba kase, minsan, like sa labas, siyempre mahihirapan sila kung ibu-budget mo at ganun kamahal. [The company pays for it. Sometimes, for others outside (referring to his other clientele), of course it can be difficult if you're on a budget and it (i.e. Zumba) is that expensive.] (Interviewee 05)

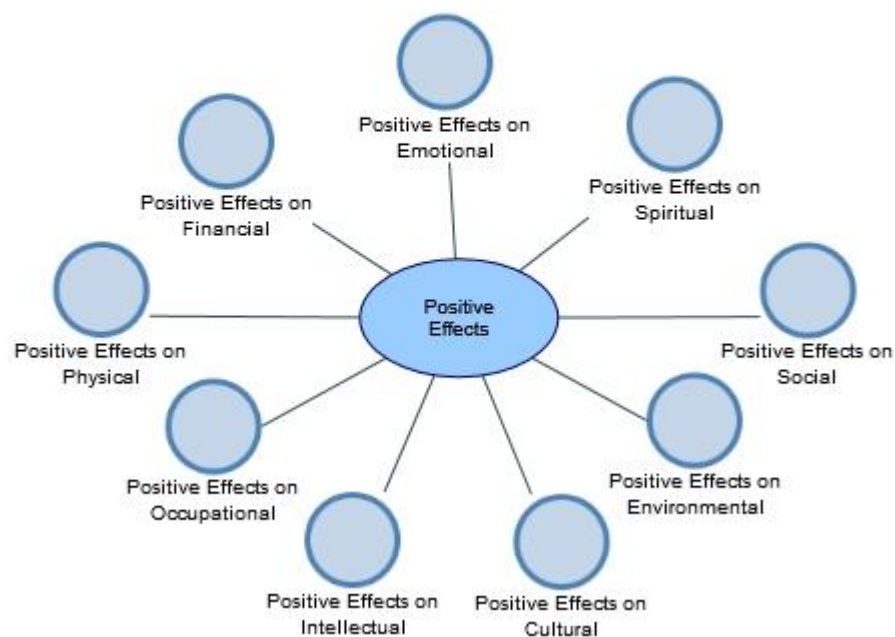
5.4.10. Overall Attitudes about the Dimensions

Clearly, there were interconnections made by the interviewees between the dimensions. However, it is the physical dimension which is seen as the central driver for the other dimensions to be unleashed. This emerged when the links were made between the physical dimension and the other dimensions, namely: intellectual, emotional, occupational and financial dimensions. There also emerged a strong social

element to the wellness programme, as pointed by many of the interviewees when asked about the social dimension. This dimension is also somehow linked with the cultural dimension.

Overall, more convergence in terms of positive responses were made with the physical, social, intellectual, emotional and occupational dimensions. Nevertheless, all of the nine dimensions received positive responses from the interviewees as shown in Figure 9, although some dimensions received fewer of these types of responses than the others. Thus, the interviewees generally see these dimensions as being affected or addressed positively by the programme. None of the interviewees reported pure negative effects to any of these dimensions.

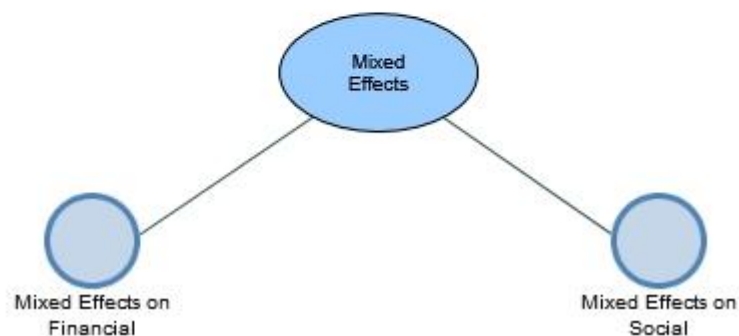
Figure 9. Conceptual Map of the Wellness Dimensions with Reported Positive Effects



However, there are respondents who commented some mixed effects of the programme to the social and financial dimensions. On the positive effects, the wellness programme is seen as encouraging social interaction amongst employees. On the

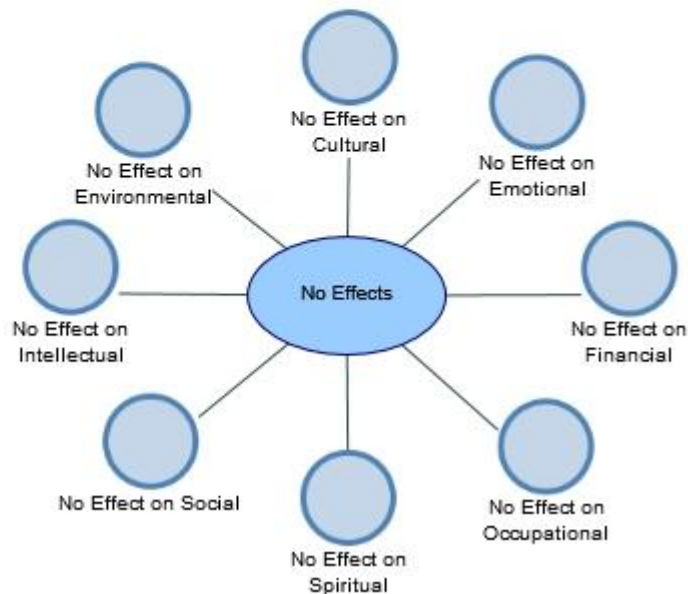
negative effects, however, some comments are about the decreased amount of time spent with the family if one participated in the wellness programme. On the financial dimension, meanwhile, there are interviewees who see the financial gains of being healthy as a result of participating in the programme. However, they also commented on the personal financial costs that participating in some activities may entail. Figure 10 shows that only two of these wellness dimensions received mixed responses (i.e. both positive and negative effects) from the interviewees.

Figure 10. Conceptual Map of the Wellness Dimensions with Reported Mixed Effects



Furthermore, more divergent responses were especially made when it came to the spiritual, environmental, cultural and financial dimensions. These dimensions received more of the “mixed effect” and “no effect” comments from the interviewees. Still, there are interviewees who simply do not see a connection between the dimensions and the existing programme. There are eight of these wellness dimensions where a number of interviewees reported no effect, as shown in Figure 11.

Figure 11. Conceptual Map of the Wellness Dimensions with No Effects Reported



5.5. Learning of Wellness

This major theme is subdivided into three sub-themes, namely: learning process, learning embeddedness and learning capability. Comparisons are also made about the responses between the third-party providers, key movers and recipients of the programme. The third-party providers are the non-employees contracted to deliver some aspects of the programme. The key movers, on the other hand, are primarily some team members of the HR division and the offices of the VP for operations and the president's office.

5.5.1. Learning Process

The learning process in connection with wellness took its shape in terms of learning from internal sources and learning from external sources, which emerged based on the responses of the interviewees. Learning from internal sources primarily refers to learning from colleagues and the third-party providers of the programme, whether or not this happened inside the premises of the company. Learning from

external sources, meanwhile, mainly refers to one's personal and independent effort to learn about wellness from other sources. These varied sources of wellness knowledge and the context to which these were gained were ascertained from the interviewees. The following subheadings further explain the corresponding sub-themes.

5.5.1.1. Learning from Internal Sources

Eight ways have emerged from the interviewees as to how wellness is disseminated and learnt from internal sources within the company. These are the following:

5.5.1.1.1. Bulletin Boards of the Company

The bulletin boards are an important means in disseminating information to the employees of the host organisation. Interviewee 02 (HR Manager) referred to these as part of the "communication collaterals" of the company. The monthly health bulletin of the H&S team, which often mirrors the topics in the monthly health sessions, is posted on these boards. The health bulletin is a one to two-paged material containing specific health and wellness topics. It also includes reminders about prevention of diseases which may be attributed to specific months in a year, for instance, dengue fever during the rainy season.

The health bulletin is also sent electronically to employees through the company intranet. The company intranet is discussed in the next subheading. Not all of the rank and file employees have access to computers though. This is the case especially for employees in production who can read the health bulletin during lunch break. There are nine buildings in the factory and at least one bulletin board is installed for each. Thus, it is important to have electronic and printed versions of the health bulletin to maximise its reach to the employees. This also applies to announcements relating to any ER activities, including the wellness activities, where printed versions of

the invites are posted on these boards as well. The company nurses and HR officers are the ones in charge in maintaining these boards.

5.5.1.1.2. Company Intranet

The company intranet is the most reported means in disseminating information about the wellness programme and wellness knowledge amongst the interviewees. A number of them also commented that it is the most effective means for them personally. Wellness activities like the company runs, Zumba, yoga, Tabata and the monthly health sessions are announced through the company intranet. This information technology (IT) infrastructure within the company delivers the email services as well as an internal messaging system to expedite communication and the transfer of information between employees, team groups and departments.

5.5.1.1.3. Company Induction

This is known more in the organisation as the *company orientation*. Very few of the interviewees made reference to it though. However, documentary evidence points to it as one of the means in introducing new employees to the wellness programme of the company.

The company induction is delivered by one of the training officers of the company who deals with the soft or behavioural training needs of the employees. During data collection, the company has two training officers housed under the HR division. The other training officer deals with the technical training needs of the organisation. He also serves as the custodian for all the training documentation in the company, including that of the monthly health sessions. When the wellness programme was launched in the Philippine factory in 2008, the training department was tapped in spearheading the initiative. At the moment, however, the new training team is no longer

involved in delivering the wellness activities. It is now the H&S team and the HR officers who are involved in the programme.

5.5.1.1.4. Conversations with Colleagues and Wellness Coach or Instructors

Conversations refer to face-to-face or telephone chats with work colleagues done inside or even outside the company. In these conversations, wellness may or may not be part of the original agenda of the conversations. Nevertheless, these forms of interaction provide an opportunity for employees to share their experiences and knowledge about wellness to their work colleagues. Aside from the offices and the production floor, the company cafeterias and the transport terminal in the industrial zone are the other places cited by the interviewees where these conversations happen.

Naturally, conversations with the third-party providers of the wellness programme during the pre and post workout sessions were also cited by some interviewees as opportunities in gaining more knowledge about wellness from the experts.

5.5.1.1.5. Company Meetings

These formal meetings include the general assemblies and the MANCOM (which stands for management committee) meetings. General assemblies are large meetings per building involving the rank and file and members of the management team. On the other hand, the MANCOM's are meetings which are comprised by the members of the management team only. Moreover, these meetings always involve the VP for operations. The interviewees also pointed to these meetings where topics about health, safety and wellness come up.

5.5.1.1.6. Paging System of the Company

The paging system was also cited by a few of the interviewees as one of the means where wellness is imparted, but it mostly relates to just one of the components of the programme - the monthly health sessions. The paging system of the company serves as a means in inviting, reminding and echoing the health sessions conducted, especially to the employees in the production floor. The system also serves as means to call attention to any occupational hazard or safety concern. The paging systems are installed in each of the buildings in the factory. The building assistants are the usual operators of this system.

5.5.1.1.7. Company Posters

These means of communication also includes the banners or any larger materials other than the bulletin boards. These also serve as constant reminders about the wellness programme since these are posted in the corridors and prominent places in the factory for people to see.

5.5.1.1.8. Texting with Colleagues and Wellness Coach or Instructors

Texting became a separate topic altogether when it emerged that it is oftentimes the means in which the wellness coach and the Zumba instructors are reached and communicated to. As third-party providers of the programme, they do not have the company emails. Thus, texting is made in more frequency when coordinating their classes with their students than it is on phone calls. For a number of interviewees, texting was also reported as one of the ways to share wellness messages and encouragement to others.

Textbox 14. Interviewee 18: On programme availability and texting

Interviewee 18 is the director from the office of the company president. She oversees the projects, partnerships and most of the government liaising activities of the company. Under her is a team predominantly comprised of engineers, including Interviewee 11, an assistant manager from the same department.

She is the newest member of the senior management team who was hired for the newly created position in 2013. Her thought about the programme availability to the senior executives is what stood out during the brief interview session with her. Without hesitation, she said that “the wellness coach is just a text away”. Aside from the group sessions, the wellness coach also provides one-to-one personal training with members of the management team if needed. She often goes to the gym for the workouts and Tabata sessions. She said that she now manages her time at work to be able to attend the wellness activities. At 48, she said working-out at the gym makes her feel healthier and younger.

5.5.1.2. Learning from External Sources

As stated earlier, learning from external sources refers to one's personal and independent effort to learn about wellness from other sources. These other sources emerged to be one's friends and acquaintances outside the company, mass media, social media and various websites.

5.5.1.2.1. Friends and Acquaintances Outside the Company

Those who reported learning from their friends and acquaintances outside of work also happen to have other activities related to wellness other than that being offered by the company. They have expanded their networks outside of the premises of the company to include individuals who are also interested in wellness.

5.5.1.2.2. Mass Media

A number of interviewees also referred to mass media as one of the means in which they learn about wellness. Television is the most cited form of mass media. One interviewee specifically pointed out to regularly watching two TV shows about wellness.

One of these is a TV show of a well-known celebrity in the Philippines who advocates health and wellness. The other one is called "Salamat po, Doc" [meaning Thank you, Doc or Doctor]. It is a TV programme in the Philippines that tackles health and wellness issues shown every weekend. Still, a few interviewees cited reading books and magazines to expand their wellness knowledge.

5.5.1.2.3. Social Media

Facebook is the only reported form of social media in which the interviewees also learn about wellness. It is subsumed under learning from outside sources since the use of this form of media is often recommended outside of work, although it may be used with work colleagues and with friends and acquaintances outside one's work circle.

5.5.1.2.4. Websites about Fitness and Wellbeing

The internet was cited as the common source of wellness knowledge when it comes to outside sources. Specific websites like YouTube, Sharecare.com, Pinoy Fitness and Takbo.ph were cited by the interviewees who referred to the internet as another means of learning about wellness. The two latter websites mentioned are websites about running. All these cited websites complement the wellness knowledge that the interviewees are gaining from the company. This process is exemplified by Interviewee 11 (Associate Director for Business Development) who said that she uses YouTube in recalling the wellness exercises imparted by the wellness coach when doing her own exercises at home.

Textbox 15. Interviewee 11: On the use of websites in expanding knowledge about wellness

Interviewee 11 is the associate director for business development. She reports under the office of the vice-president for operations, an office which has an oversight of the reports and business development of the organisation. She has been with the company for 11 years, most of which were spent working under the compliance department before being promoted to her current role. Right after her promotion, she was assigned to another business unit overseas for a couple of years.

She recalled of occasional running in keeping herself fit in previous years. She recently came back to deal with business development work in the Philippine operations during data collection. She is one of the interviewees who made references to the use of various websites about wellbeing in expanding their wellness knowledge. For instance, she uses YouTube in viewing videos to remind herself of the exercise techniques taught to her by the current wellness coach, especially when doing these at home. She also attends the Tabata sessions of the company whilst also doing these activities at home on her own.

5.5.1.3. The Wellness Message Imparted

There is a convergence amongst the interviewees in terms of the content of the wellness message that they share when asked about it. Notions about the purpose and the benefits of participating in the programme were mentioned most frequently. A number of them also made references to the ideas of "fun" and the "feel good factor afterwards" when inviting or encouraging colleagues to join the wellness activities.

Additionally, Interviewee 03 (HR Director) and Interviewee 02 (HR Manager) also pointed to the need of being creative and finding new ways of presenting wellness to the employees to encourage them to participate. Meanwhile, Interviewee 09 (HR Officer) emphasised the importance of choosing the right words whenever he invites employees to partake via email communication.

Still, specific topics were mentioned by a few interviewees when referring to the contents of their conversations regarding wellness. For instance, Interviewee 13 (VP for Corporate HR) and Interviewee 15 (Director for Corporate Finance) spoke of topics like having a balanced diet, having regular blood tests and ageing well.

5.5.1.4. Comparing the Internal and External Sources of Learning

Slightly more of the interviewees said that they learn wellness more from internal sources than those who said that they learn more from external sources. Still, a few acknowledged learning equally from both internal and external sources.

When it came to learning from internal sources, the interviewees gave more references to the company intranet as an important means in disseminating wellness across the organisation. This shows the important role played by the IT infrastructure of the company in achieving this aim. The company intranet is followed by the references made to conversations, company posters, texting and bulletin boards. The company induction, paging system and company meetings are the least cited amongst the means in communicating wellness throughout the organisation.

Meanwhile, in learning wellness from external sources, internet websites are the most prevalent of the responses, followed by mass media, social media and social networks (i.e. friends and acquaintances) outside the company. Moreover, the television is the common form of mass media that was mentioned.

5.5.2. Learning Embeddedness

This sub-theme under the learning of wellness was further examined by investigating whether or not the wellness programme had any impact on work routines, work practices and work relationships. The personal application of wellness is also subsumed under this sub-theme together with responses about how the company culture has changed in some respects.

5.5.2.1. Impact on Work Routines

Most of the interviewees agreed that their work routines changed in some respects to be able to participate in the wellness activities. Some managers reported

going to the partner gym in the morning prior to reporting for work. The members of the management team have been allowed by the top management to come in for work at 9 am instead of 8 am for this reason. Nonetheless, they almost always offset this by working overtime. Few also cited the new arrangement of having wellness sessions during lunchtime.

This flexibility in time is not available to the supervisors and members of the rank and file interviewed, however. Nevertheless, the non-managers also acknowledged that they now manage their time at work to be able to squeeze-in the wellness activities to their schedules. Only three interviewees said that the wellness programme had no effect on their work routines. The primary reason given is that the wellness sessions are usually done after office hours.

5.5.2.2. Impact on Work Practices

Documentary evidences show that getting the employees' attitude about the wellness programme has now been included into the annual employee satisfaction survey (ESS) since 2013. A new item was added in the questionnaire specifically asking about employees' satisfaction about the wellness programme. Moreover, the programme has now been mentioned during the company induction for newly-hired employees as stated earlier. A couple of interviewees also hinted on the top management's plan of including wellness in the key performance indicators (KPI) of the management team. However, how and when this will be accomplished is still unclear though.

Moreover, there are yet to be documented policies and procedures relating to wellness to be put into place. The approach of the company in delivering the programme appeared to be rather more fluid. The programme is continually evolving, being subjected to minor changes and improvements.

Nevertheless, references were also made by a number of interviewees about the company culture or ways of doing which are being affected by the programme in some respects. Broadly, responses could be grouped into two topics when it comes this aspect, namely: changes in the management style of the company and changes in the attitudes of employees.

Those who made references to a change in management style gave responses pertaining to the company becoming a more caring employer. Another long-time employee recalled and said that "it wasn't like this before", referring to the wellness activities and the effort of the company in instilling wellness in the organisation.

On the other hand, responses about changes in the attitude of employees were made in connection with attitude towards management and towards one's personal wellness. Specifically, references were made about being more appreciative of management on its efforts and being more responsible on their personal health and wellbeing.

5.5.2.3. Impact on Work Relationships

Most of the interviewees reported positively about this topic. Their answers centre around the notion that the wellness sessions are also social events giving rise to opportunities in bonding with colleagues to achieve camaraderie. Others even mentioned about extending their social network within the company to other departments and other buildings. Moreover, a number of interviewees also made the link between participating in the programme and having a positive interaction with colleagues due to decreased stress. For instance, Interviewee 16 (Merchandising Officer) clarified that the programme doesn't actually unload her of the work at hand, but it makes working with others more pleasant.

5.5.2.4. Impact Personally

This was also seen from the anecdotal evidences from the interviewees. A number of them already have their own wellness activities apart from the activities done in connection with the company's own programme. A few of the senior executives, for instance, mentioned that they try to exercise whilst away on business trips. Two of the interviewees have also joined other Zumba classes elsewhere apart from having classes at the company. Some interviewees also indicated that they also share what they learn about wellness to their family members, particularly to their spouses.

5.5.3. Learning Capability

Topics subsumed under the learning capability included answers about the general awareness of the programme, management support, feedback mechanisms including the changes and improvements to the programme, and the sharing of wellness knowledge and experiences amongst employees.

5.5.3.1. Level of Awareness about the Programme

In this sub-theme, the interviewees were asked about the general awareness level of the employees about the programme. The choices given to them are: no awareness, slightly aware, moderately aware, very aware and extremely aware.

Most of the interviewees are in accordance in saying that the employees are very aware of the programme, but they do not join due to personal choice or just the lack of time for it. As already stated, the participation in the wellness programme is voluntary. Interviewee 19 (Director for Operations) illustrated this when she said:

"Probably they (referring to the employees) are very aware, but not necessarily doing it. *Parang ako, I'm very aware but kulang na kulang (laughs)*. [Like me, I'm very aware but very much lacking [in participation] (laughs).] (Interviewee 19)

Nonetheless, only two interviewees observed that there is only a slight awareness of the programme generally. Their reason for saying so is due to a few numbers of participants attending in some of the wellness activities. On the other hand, those who answered that the employees are very aware of the programme pointed to the company runs as proof of that level of awareness amongst the employees. Interestingly, none of the interviewees answered the extreme choices (i.e. no awareness at all or extreme awareness). Still, a number of them reported that there exists a moderate awareness level amongst employees in general. Those who gave this answer mostly attributed it to the limited number of wellness activities available to the rank and file in comparison with the management team. Only two of the interviewees refused to make comments about this sub-theme. They were employees of the company, but stated that they would not want to make inferences about other people's level of awareness about the programme. Lastly, the interviewees gave more similar answers in this sub-theme generally, irrespective of their employment status and position level.

5.5.3.2. Prior Wellness Knowledge

Most of the interviewees reported that they already have prior wellness knowledge before being introduced to the wellness programme of the company. For the purpose of this study, wellness knowledge refers to the totality of information, skills and experiences that one gained and possesses as a giver or a receiver of a wellbeing programme. This individual wellness knowledge has the potential to become part of the wellness knowledge of the organisation. Expectedly, interviewed members of the H&S team said this to be the case. The reason given was that they come from medical and health-related backgrounds, which made them possess this prior knowledge about wellness. Interviewee 09 (HR Officer) also gave the same reasoning. He has a nursing background and had worked as a company nurse before becoming an HR officer.

Other interviewees, meanwhile, reported that they gained their wellness knowledge from school, mass media, friends or acquaintances outside of work and previous companies they worked for. Only four of the interviewees expressed that the concept of wellness was entirely new to them and that they were only introduced to it when they joined the company. Amongst the four, three of them belonged to the management team and one was from the rank and file.

Textbox 16. Interviewees 17 and 22: On prior wellness knowledge

Interviewees 17 and 22 are among the interviewees who said that they already have prior wellness knowledge or backgrounds even before joining the company. Both interviewees are regular participants of the Zumba sessions in the factory. Interviewee 22 said that wellness programmes are "just fashionable" and recalled that her previous employer, a multinational company, had a similar programme. Interviewee 17, on the other hand, said that wellness is "common sense" and that she learnt about it in school.

Having been with the company for 4 years, Interviewee 22 has participated in the wellness programme for the executives since she joined. As the associate director for finance, she reports under Interviewee 15 (the director for corporate finance). She deals with the financial matters in the Philippine operations of the business. Meanwhile, Interviewee 17 has been with the company for almost 3 years. Originally from China, she was hired as the purchasing assistant manager of the company. She supports the purchasing department manager in looking after the procurement of raw materials needed in production.

5.5.3.3. Management Support

The topic on management support yielded responses that centre around the following, namely: leadership of the company president in bringing about the wellness programme, having a planned programme by management, the allocation of a budget and provision of resources for the programme, and modelling by members of the top management themselves in connection with wellness.

A few of the interviewees made references to the leadership of the company president which paved the way for the introduction of the wellness programme to the Philippine facility. He was also referred to as being a person who is very much into wellness himself. At the onset, he targeted the local management team with the

wellness programme. Eventually, the programme trickled down to the supervisory employees and to the rank and file. However, it was still acknowledged by the interviewees that activities available to the rank and file are still limited compared to the management and supervisory teams.

On the other hand, the planning aspect in connection with management support was highlighted by the key movers and providers of the wellness programme, namely: Interviewee 02 (HR Manager), Interviewee 03 (HR Director) and Interviewee 04 (Wellness Coach). Management's planning in connection with communicating the programme effectively was specifically pointed out by the HR Manager and HR Director, since HR is usually in charge of disseminating information about company activities and programmes.

Nevertheless, there were two prominent and recurring responses amongst the interviewees when asked about the support of management. Firstly, the allocation of a budget and provision of resources were pointed out. Secondly, the modelling and encouragement by members of the management team were also cited. Here, interviewees made references to the management at the top, senior and middle levels.

5.5.3.3.1. Resource Provision and Budget Allocation by Management

The interviewees cited specific actions by management when probed on the topic of management's support on the programme. These specific actions included: outsourcing of the instructors for the wellness classes, giving time to employees to attend the programme and having venues and facilities for the activities, including the provision of an outsourced gym facility. A number of them, mostly those who are providers of the programme, strongly cited that there is a budget specifically allocated for the wellness programme which for them was a clear indication of management support. A few interviewees also mentioned the use of the founder's office for the yoga

classes to indicate this. Meanwhile, as an outsourced third-party provider, Interviewee 04 (Wellness Coach) also stated:

“Pag may kailangan akong bagay na bilhin, ora mismo naman bibilhin nila [When I need something (referring to equipments), right away they (referring to management) will buy these.]” (Interviewee 04)

Moreover, a few interviewees who are keen in attending the Zumba classes also mentioned the consistency of delivering the sessions every Mondays and Wednesdays, even with the dwindling number of attendees.

5.5.3.3.2. Modelling and Encouragement by Management

A number of references were made by the interviewees to members of the management team in having lifestyles that are geared towards wellness. A couple of interviewees cited a member of the top management based in the corporate headquarters overseas who runs marathons. A number of references were also made about the company president and the VP for operations, who themselves are regular at coming to the partner gym and in participating in the company runs. In these company runs, the VP for operations gets an opportunity to address the employees directly to encourage them to participate continually in the wellness programme. Interviewee 09 (HR Officer) said the following in connection with these events:

“Nandun sila. Alam mo na into it rin sila. Nandun yung message. [They (referring to top management) are there. You’ll know that they are also into it. The message is there.]” (Interviewee 09)

Meanwhile, members of the senior and middle management who partake in the wellness activities were also reported to display a wellness modelling behaviour and sharing of experiences to encourage the other employees at large to be involved in the programme as well. Interviewee 07 (H&S Section Head), one of the interviewees in a supervisory role, had this to say about her superiors:

“Umi-effort naman talaga sila sa pag-push, minsan pumapasok sa email na support natin ito ganyan. May personal touch. [They really put forth the effort in pushing for it (the

wellness programme), sometimes they include it in their emails. There is a personal touch.] (Interviewee 07)

5.5.3.4. Openness to Suggestions

This is another subtopic that was asked during the interviews. It emerged that feedback mechanisms employed by the company about the wellness programme come in both verbal and written forms. These can also be both in the formal and informal contexts.

Focus groups were mentioned by two members of the HR team interviewed, where feedbacks and suggestions about the wellness programme sometimes surface. Focus groups were used to be carried-out on a monthly basis by the HR officers to draw out employees about work issues that concern them. These were also meant to follow-up on the issues that surfaced during the formal company meetings (i.e. general assemblies per building and MANCOM meetings) where suggestions and feedbacks about the wellness programme were also reported to come up according to a number of interviewees. During data collection, however, these focus groups were recently replaced by a new ER programme of the company called "Talk to Us". On the company posters informing employees about this programme, it is quite notable that there are two mobile numbers listed whereby employees can call or send a text message to for any concerns or work issues in the production floor and offices. These mobile numbers belong to the HR director and HR manager. Furthermore, the annual employee satisfaction survey (ESS) was also cited by a few interviewees in getting written feedback about the wellness programme in the formal context.

Nevertheless, almost half of the interviewees also said that feedbacks and suggestions were also given directly to HR and concerned people in the informal contexts, using emails or verbal feedbacks during face-to-face conversations and telephone conversations. Moreover, the members of the management team interviewed were mostly the ones who reported these forms of giving feedback and

suggestions about the wellness programme. Lastly, it is also noteworthy that all of the interviewees gave affirmative answers when asked whether employees in general can make suggestions to improve the programme.

5.5.3.4.1. Wellness Data

Six interviewees made references to the availability of wellness data. Expectedly, these responses mostly came from the key movers of the programme. This was corroborated by the attendance registers and other wellness artefacts like the company posters and health bulletin observed during data collection. However, data pertained more to attendance as well as gathered feedbacks from those who partake in the programme. As mentioned earlier, it is already included as an item in the annual ESS of the company. Nevertheless, the company is still yet to have a targeted wellness programme being driven by hard data (e.g. sickness and absenteeism figures of employees). Members of the HR and H&S teams interviewed admitted that this is still an obvious limitation to the programme. Its efficacy in deterring illnesses and absenteeism, as well as making the return on investment (ROI) to the costs, is not yet ascertained.

5.5.3.4.2. Challenges and Critical Incidents

No critical incidents whatsoever were reported by the interviewees when asked to recall any such event during the interviews. In the interviews, a critical incident was defined to include accidents, incidents or any significant events or situations relevant to the running of the wellness program. Nevertheless, the interviewees were able to report the current challenges that they observe in the running of the wellness programme. These reported challenges include: low number of participants, limited activities for the rank and file, the need for more variety in the activities which includes

the need to have a dental programme, and potential scheduling clashes between work-time and the wellness activities.

5.5.3.4.3. Changes and Improvements to the Programme

In the interviews, an exploration of whether or not changes to the programme already took place was also carried-out by asking the interviewees about their experiences. In this subtopic, changes were differentiated from improvements. Changes to the programme were acknowledged by most interviewees as being possible. Changes reported were changes in the wellness coach, Zumba instructors and partner gym. However, these refer more to improvements rather than radical changes to the programme. In connection with any planned changes to the programme, Interviewee 01 (Manager, Office of the VP for Operations) said:

“No plans for changes, not yet. It’s doing well right now with the programmes that we have.” (Interviewee 01)

It appears that there are no major or radical changes in the way of doing things since the programme was started, which could have been driven by critical incidents or suggestions coming from the participants in the programme. What transpired so far are more on improvements to the programme, for instance, by adding more wellness activities and expanding its employee reach through the years since it was launched in 2008. There are, however, noteworthy evidences of experimentation in the delivery of the programme, particularly with it comes to the outsourcing of the wellness coach and with the scheduling of some of the wellness sessions for the executives. The company now only employs the current wellness coach on a freelance basis, as opposed to having someone as a full-time employee previously. During data collection, some wellness sessions for the executives were also tried to be carried-out during midday and lunch breaks instead of evenings.

5.5.3.5. Sharing of Wellness Knowledge and Experiences

Frequent references about sharing one's stories or experiences about wellness were made by the interviewees when asked about the dissemination of the wellness programme in the company. Moreover, these behaviours were reported to have come in different forms, occurred in different contexts and happened at different intensities. The sharing of experiences with colleagues was reported to have happened inside and outside the factory, but most of these sharing occurred in the offices. Sharing also came in written forms like in company emails or even in texting. Invites and adverts about the wellness activities are usually forwarded to one's team or colleagues through emails. Texting is also used by some interviewees to invite others to the activities to and share their own experiences.

Verbal forms of sharing, on the other hand, came in the form of telephone or face-to-face sharing, although very few references were made on phone calls when it came to sharing. Sharing with colleagues using social media, specifically Facebook, was also reported. This was corroborated by the observed Facebook postings by three of the interviewees about specific wellness activities done during the time of data collection.

5.6. The Effects of the Programme

Responses under this theme could be summed up as being a composite of physical, psycho-social and occupational effects. The physical effects primarily refer to improvements in the physical health of the interviewees. Specifically, they reported on losing weight, controlling their hypertension for those who already have the condition, improving their immunity to illnesses, and increasing their energy levels and overall physical wellbeing.

The psycho-social effects reported, on the other hand, included increasing one's confidence, gaining more friends within the company, and decreasing one's stress levels. The latter was also reported by a number of interviewees to have contributed to an improvement in their dealings with their family members and work colleagues due to having a happier disposition and outlook in life as a result of participating in the wellness programme.

Lastly, a number of interviewees reported that partaking in the wellness programme enabled them to perform their work better, which relates to an occupational effect. Similarly, this effect was primarily attributed to having more energy levels in doing their job and improving their work relationships.

The effects of the wellness programme also deal with one's subjective wellbeing in terms of happiness, however. The interviewees were asked specifically whether the programme affected their happiness at work and life in general. Their responses are presented in the next two subheadings.

5.6.1. Happiness at Work

Majority of the interviewees reported that they are happier at work because of the wellness programme. It gives them satisfaction to see that the company is taking care of them by means of this initiative. Nevertheless, five interviewees said otherwise. They do not see the wellness programme as contributing to their happiness at work, although they participate in the activities. Two of these five interviewees related that they have always been satisfied and happy in doing their respective jobs, and that the wellness programme did not change or improve their happiness levels in any way.

5.6.2. Happiness in Life

Similarly, majority of the interviewees also reported being happier in life in general because of participating in the wellness programme of the company. A few who gave reasons for saying so pointed out to the totality of their wellbeing that is being addressed that gives them this happiness. Still, however, four interviewees reported no changes to their general happiness in life as a result of participating in the programme.

5.7. Suggestions to the Programme

This penultimate theme was explored by soliciting suggestions from the interviewees as well as from the respondents who answered the only open-ended item of the questionnaire asking for any comments or suggestions about the programme. There is a clear convergence in the responses of the two groups when it came to suggestions. The topics that emerged and showed similarities between the groups were about the following: giving more time to employees to participate in the programme, making the other wellness activities available to all employees, adding more components into the programme, increasing the level of awareness of the employees and providing more facilities for the programme.

5.7.1. Suggestions from the Interviewees

Seven topics emerged from the interviewees in giving their suggestions to improve the wellness programme. These suggestions were the following: creating a core wellness team, improving the level of awareness of the employees about the programme, showing self-discipline and self-improvement amongst participants, providing more facilities for the programme, adding-on and improving of the activities of the programme, addressing the time constraints in participating and increasing the

level of participation of the employees. However, four interviewees did not give any suggestion when asked during the interviews.

5.7.1.1. Creating a Core Wellness Team

This was suggested by one of the interviewees who also gave critical responses about the programme when it came to the wellness dimensions, employees' awareness about the programme and overall satisfaction compared to the rest of the interviewees. He suggested that this is the only way to have a more targeted and concrete approach to the wellness programme in becoming more effective in achieving its aims. It was also hinted that this core group may come from the members of the H&S team, since they have the background knowledge and capability in implementing a wellness programme in the company. At the moment, there are at least four departments involved in delivering the wellness activities, although HR has claimed an overall ownership and accountability with the programme.

5.7.1.2. Improving the Level of Awareness of the Employees Further

This suggestion only came from one of the interviewees as well, however. Nevertheless, it found convergence with similar responses made by a number of respondents in the company survey that followed. As stated previously, there were two interviewees who reported that there is only a slight awareness of the programme amongst employees generally. Some of the interviewees also said that there only exists a moderate awareness level amongst employees about the programme. However, it is noteworthy that this particular interviewee was one of those who reported that employees are already very much aware of the programme. Nonetheless, further awareness amongst employees was still suggested.

5.7.1.3. Showing Self-discipline and Self-improvement amongst Participants

This topic emerged from two interviewees whose responses centred around improving personally, rather than having improvements to the programme itself. They acknowledged that the programme is doing well and it is available to them. However, one admitted that she still needs to put in more time in attending the programme and maximise its use. The other interviewee, meanwhile, pointed out on applying more what is being learnt in the wellness sessions, such as having more self-discipline and eating healthy foods.

5.7.1.4. Providing More Facilities for the Programme

The suggestions that are grouped under this sub-theme are the following: covering the existing open-air basketball court to serve as an alternative venue to the training auditorium for the wellness sessions like the Zumba classes, having instructional videos about wellness installed throughout the factory, having a gym facility within the factory and having shower and changing rooms in addition to the existing toilets.

5.7.1.5. Adding-on and Improving of the Activities of the Programme

Six of the interviewees gave responses that are grouped under this topic. These suggestions include the following: having a dental programme in the current wellness programme, having more wellness activities outside the factory or the partner gym such as cycling, adding more sports activities in the programme, making the movements in the Zumba classes simpler and adding another day for the said Zumba classes.

5.7.1.6. Addressing the Time Constraints in Participating

Suggestions that pointed out to giving more time for the employees to attend the sessions and having the activities at different times of the day are grouped under this subtopic. Four of the interviewees suggested that management could give a bit of a leeway in the working time so that employees can participate in the programme. Nevertheless, they also acknowledged the conflict that this may pose in minimising the non-productive time (NPT) of employees, especially those in production. Meanwhile, suggestions were also made about having the sessions in the morning or at midday. At the time of data collection, however, having the sessions in the morning and midday, apart from the evenings, is already being done on an experimental basis.

5.7.1.7. Increasing the Level of Participation of the Employees

Suggestions that are grouped under this subtopic include the following: having more managers voluntarily participate in the programme to encourage others and having more participants in the programme generally by making the other wellness activities available to all employees. Due to cost and organisational considerations, wellness activities are still limited in reaching the rank and file. For instance, the yoga and Tabata classes are only available to the management team.

5.7.2. Suggestions from the Respondents

A more detailed quantitative presentation of this sub-theme is presented in Chapter 6. Nevertheless, the suggestions of the respondents are grouped into the following six subtopics, namely: making the other wellness activities available to all employees, adding more activities to the programme, providing more facilities for the wellness programme, promoting the benefits of the programme further, giving more time for workers to attend the activities and making the programme more fun and interesting. In these suggestions, there were significantly more references given about

time constraints and the need to have flexibility in the working time so that more employees could avail of the activities, even those in production. It also clearly emerged that the suggestions coming from the respondents in the survey, in which majority belonged to the rank and file, mirrored the suggestions made by the interviewees, where half of which belonged to the management team.

Nevertheless, 17 comments or suggestions from the respondents were disregarded as either being irrelevant or just mere compliments to the company in connection with the programme. These too are presented in detail in Chapter 6. Irrelevant comments include topics which pertained to pay, payslips, toilets, uniforms, amongst others.

5.8. Level of Satisfaction with the Programme of the Interviewees

For this last theme, it emerged that the interviewees were predominantly very satisfied with the wellness programme of the company. Those who gave this answer also acknowledged that there is still room for improvements, however. Still, three of the interviewees reported to be extremely satisfied and grateful to the company for initiating this programme for the employees. The other bulk of the interviewees were only moderately satisfied with the programme. Interestingly, a number of them gave the same reasons for saying so as those who were very satisfied with the programme – that there is still room for improvement in the running of the programme. Only one of the interviewees reported to be dissatisfied with the programme. He said that he is yet to see concrete and convincing positive effects of the programme to the company as a whole.

5.9. Overall Emergent Themes from the Interviewees

In analysing the responses of the interviewees in connection with the seven major themes in this study, other themes emerged as well. These include the references about the following: family life in connection with the wellness programme, financial constraints or cost considerations about the programme, the wellness programme as a social activity or a social platform, the notion of the wellness programme as being fun, and the use of new media (i.e. social media and texting) in learning about wellness. These emergent themes from the interviewees were reflected in the questionnaire that was distributed to the respondents through the items about the learning process, motivators and hindrances in programme participation.

5.9.1. References about the Family and Wellness

The topic about the family came up with the interviewees' responses about the programme content, involvement or participation, wellness dimensions, wellness learning and effects of the programme. When it comes to the wellness dimensions, the social and financial dimensions are the ones in which references about the family emerged. For a few, participating in the wellness programme could potentially lessen one's time spent with the family, negatively affecting the social dimension when it comes to family life. This is also one of the hindrances reported by a number of interviewees for not being able to participate in the programme fully. On the other hand, the programme is seen to have positive effects to the financial dimension if one is fit and healthy. This, in turn, benefits one's family in the long run by avoiding unexpected costs brought about by being ill and unwell.

In terms of the learning of wellness, the sub-themes about learning embeddedness and personal impact or application are the topics in which references about the family also emerged. There are anecdotal evidences to suggest that the

knowledge gained by the employees about wellness is also being shared to their spouses and other family members. This is also somehow related with the reported effects of the programme. Some interviewees related that they somehow improved their family relationship by being less stressed at work due to the wellness programme. Furthermore, a number of interviewees cited the company runs, which can include the family members, making these events as family days for the employees as well.

5.9.2. References about the Financial Gains and Constraints of Wellness

References about the financial gains as well as the constraints and costs came up in the three main themes, namely: wellness dimensions, involvement (i.e. participation) and suggestions to the programme. The financial dimension was specifically pointed out as connected with avoiding financial costs of being ill when one is physically fit. Most of the interviewees are breadwinners to their family. They see their physical wellbeing as benefiting their families as well by being able to work and continue to be good providers. Amongst the third-party providers, the wellness programme also proved to be a good source of livelihood for them to support themselves and their families.

However, financial constraints also emerged as one of the hindrances where employees tend to forego participating in some of the wellness activities, such as gym visits or the company runs. Some related that these activities may entail costs like transport fare, since they are conducted outside the factory premises. Some also reported to shelve out money to buy some gym kits, affecting their budgets for a period of time. Hence, these cost considerations can limit others from partaking, most especially the rank and file. Suggestions to improve the programme, therefore, touched on the cost considerations as well and how to address these. For example, a gym facility inside the factory premises was suggested by a number of interviewees and respondents in the survey. Cost considerations were also pointed out by the key

people who deliver the programme as one of the reasons why some of the wellness activities are still limited in terms of their availability to all employees, such as the yoga and Tabata classes.

5.9.3. References about the Wellness Programme as a Social Activity

The interviewees see the wellness programme as a social opportunity or a social platform to bond with their colleagues or subordinates, gain friends inside the factory and learn about other cultures as well. This shows that the programme is seen as a collective social activity, rather than a mere physical individualistic one. One interviewee even reported that a lack of companions is one of the reasons that hinder her from attending the wellness activities.

There are also anecdotal evidences to suggest that little groups are being formed within work groups which are made up of people who are keen participants of the programme. During data collection, this was observed especially with the group which attends the Zumba classes.

5.9.4. References about the Wellness Programme Being Fun

The fun element in the wellness programme became evident with the responses made about the programme content, wellness message and suggestions to further improve the programme.

For instance, the notion of being fun is exemplified in the “fun runs” – or what the company runs are popularly called in the company. Suggestions were also made by a few participants about making the activities more fun. The Zumba was reported by a number of interviewees as well as the instructors as a fun activity. The idea of being fun was also part of the wellness message that employees impart in sharing their wellness experiences and in encouraging others to attend the programme, together with the health benefits that it can bring.

5.9.4. References about the Use of New Media in Learning about Wellness

This last of the emergent themes came up in the theme about the learning of wellness, particularly in the learning process and learning capability sub-themes. New media specifically refers to texting and social media in learning about wellness. It emerged that texting is one of the ways that supplements the learning and sharing of wellness in the organisation by the actors that are involved in it. Social media also emerged as one of the external sources of wellness knowledge amongst the interviewees, along with traditional mass media and various websites about wellbeing.

Finally, texting also became evident in the feedback mechanism that was recently put in place by management with the “Talk to Us” programme, an ER programme that aims to have an open-door policy for employees in giving feedback to management about issues that concern them in the workplace, including that of the wellness programme. Here, employees are instructed to either text or call HR for their concerns. This mean of soliciting feedback and suggestions from employees replaced the previous practice of getting information from suggestion boxes and monthly focus groups organised by HR.

5.10. Summary to the Qualitative Chapter

This qualitative chapter presents the results in the investigation of the seven major themes in this study, namely: programme components, involvement of the interviewees, attitudes towards the wellness dimensions, wellness learning behaviours, effects of the programme, suggestions to improve the programme and the level of satisfaction with the programme. Wellness learning is further examined in terms of the learning process, learning embeddedness and learning capability. In addition to the major themes, an additional five themes emerge from the interviewees. These are narratives that pertain to family life, financial issues, social dimension of wellness,

notion of fun in wellness and the use of new media (i.e. social media and texting) in disseminating and learning about wellness amongst employees.

It was found that the overall delivery of the eight components of the programme is collaborative, where there are four departments in the company involved. However, the HR team has taken an overall ownership and accountability for the programme. A number of motivators and hindrances in participating were reported by the interviewees. All of the nine dimensions were reported to have positive effects by most of the interviewees, wherein the physical dimension appear to occupy a central role in influencing the other dimensions.

In terms of the learning of wellness, both internal and external sources of wellness knowledge emerged. Moreover, indications of the embedding of wellness in the organisation are seen in some respects from anecdotal and documentary evidences about work routines, work practices and work relationships. When it comes to learning capability, four sub-themes became visible, namely: a reported high awareness level of employees about the programme, management support in terms of modelling and resource provision, openness to suggestions (i.e. verbal and written feedbacks in both formal and informal contexts), and sharing behaviours about one's wellness knowledge and experiences.

The responses about the effects of the programme show that these effects fall under the psycho-social, occupational and physical aspects of one's life. These responses also link strongly about the positive attitudes made in connection with the wellness dimensions. In addition, majority of the interviewees reported being happier at work and life in general because of participating in the wellness programme. The current limitations of the programme were still acknowledged by most of the interviewees, however. This was reflected when it come to their suggestions and overall satisfaction with the programme.

CHAPTER 6

Quantitative Findings

6.1. Introduction to the Quantitative Chapter

The proceeding sections of this chapter present a profile of the respondents. Moreover, other categorical variables such as the frequency of their participation in the programme, wellness activities participated in, attitudes towards the wellness dimensions, level of wellness learning, suggestions to the programme and overall satisfaction with the programme are presented to paint an overall picture of the respondents in connection with the wellness initiative.

The other sections present the results for the exploratory factor analysis, reliability test of internal consistency, Chi-square tests for independence, t-tests for independent samples, ANOVA tests (one-way and two-way) and the standard multiple regression analysis.

6.2. Profile of the Respondents

This section presents a profile of the respondents based on a number of demographic and employment-related variables. These include the following: nature of work (i.e. production and support), position, age, tenure, gender, employment status, marital status, educational attainment and nationality. Furthermore, the respondents' level of happiness in work and life due to the wellness programme, motivations in participating and hindrances in participating are also presented.

6.2.1. A Demographic and Employment Profile of the Respondents

A majority (52.5 %) of the respondents work under the support group of the company. This support group provides the production group the necessary administrative, technical and specialist work necessary. The merchandising, HR, administration, finance, IT, technical and shipping departments, amongst others, are classified collectively as belonging to this support group. Nevertheless, the main bulk of the business is the production group. Collectively, this is comprised of the cutting, sewing, washing and finishing departments. The results below show that a majority of the participants in the wellness programme belong to the support group. These individuals are mostly office workers. However, there are also a number of employees who are categorised as production workers in the manpower list by the company but they belong to the support group (e.g. technical and shipping departments). During data collection, only three (i.e. 3.4%) of the respondents in the support group are in this category. In the same manner, there are a few individuals in the production group that are doing the administrative work such as the production assistants. There are also three respondents (i.e. 3.8% of those in the production group) who belong to this category.

Table 7. Nature of Work of the Respondents

Nature of Work	Frequency	Percent
Production	85	47.5
Support	94	52.5
Total	179	100

n= 194. There are 15 missing cases.

To differentiate the groups further, the respondents are also grouped in terms of position levels (see Table 8). The findings show that quite a large bulk of the respondents is classified as production workers at 44%, followed by the specialists and assistants at 38.6%. These specialists and assistants can usually belong to similar

salary grades. Similarly, these position levels are also grouped together in the annual employee satisfaction survey (ESS) carried-out by this organisation. Respondents on the managerial and supervisory levels only comprised a combined 17.5% of the respondents.

Table 8. Position Levels of the Respondents

Position	Frequency	Percent
Manager / Senior Manager	4	2.4
Section Head / Supervisor	25	15.1
Specialist / Assistant	64	38.6
Production Operator	73	44
Total	166	100

n= 194. There are 28 missing cases.

When it comes to respondents' tenure in the company, the modal response is 1 year to less than 3 years at 28.6%. Looking further, majority (56.6%) of the respondents' tenure in the company is less than 5 years. Still, however, 23 respondents (12.6%) have tenures of 11 years or more. Those with longer tenure caused an increase in the estimated mean tenure, which is 5.17 years.

Table 9. Tenure in the Company of the Respondents

Tenure	Frequency	Percent
Less than 1 year	17	9.3
1 year to less than 3 years	52	28.6
3 years to less than 5 years	34	18.7
5 years to less than 7 years	15	8.2
7 years to less than 9 years	21	11.5
9 years to less than 11 years	20	11
11 years or more	23	12.6
Total	182	100

n= 194. There are 12 missing cases.

The estimated group mean age of the respondents is 32.62 years (see Table 10). Meanwhile, the modal age is the 23 to 27 age group (at 22.7%), closely followed by the 28 to 32 age group (at 21%). The minimum age is 18 years old. This is the

minimum age requirement to be employed by the company. Meanwhile, majority (64.4%) of the respondents are females (see Table 11).

Table 10. Age Groups of the Respondents

Age Group	Frequency	Percent
18 to 22 years old	15	8.3
23 to 27 years old	41	22.7
28 to 32 years old	38	21
33 to 37 years old	39	21.5
38 to 42 years old	29	16
43 to 47 years old	8	4.4
48 to 52 years old	10	5.5
53 to 57 years old	1	0.6
Total	181	100

n= 194. There are 13 missing cases.

Table 11. Gender of the Respondents

Gender	Frequency	Percent
Male	63	35.6
Female	114	64.4
Total	177	100

n= 194. There are 17 missing cases.

Majority (53.6%) of the respondents are married although quite a large bulk (43.6%) is single. Only 2.8% are either separated or widowed. When it comes to the respondents' employment status, a considerable chunk of the respondents (95%) are regular or permanent employees already. Only one respondent is a temporary employee (see Table 13).

Table 12. Marital Status of the Respondents

Marital Status	Frequency	Percent
Single	79	43.6
Married	97	53.6
Separated	3	1.7
Widow/Widower	2	1.1
Total	181	100

n= 194. There are 13 missing cases.

Table 13. Employment Status of the Respondents

Employment Status	Frequency	Percent
Regular	171	95
Probationary	8	4.4
Temporary	1	0.6
Total	180	100

n= 194. There are 14 missing cases.

In terms of their educational attainment, most of the respondents have a degree (45.9%) followed by those whose highest educational attainment is in high school (29.1%) followed by those whose highest educational attainment is in high school (29.1%). Furthermore, 74 respondents (i.e. 81.1%) who have degrees work in the offices belonging to the support groups. On the other hand, 43 respondents (51.8%) who are high school graduates are working in the production lines as operators. Finally, all except for one respondent are Filipinos. The lone non-Filipino is a Canadian national who holds a senior managerial position in the company (see Table 15).

Table 14. Educational Attainment of the Respondents

Educational Attainment	Frequency	Percent
High School	52	29.1
Technical School	17	9.5
College Undergraduate	28	15.6
Bachelor's	81	45.3
Master's / Postgraduate	1	0.6
Total	179	100

n= 194. There are 15 missing cases.

Table 15. Nationality of the Respondents

Nationality	Frequency	Percent
Filipino	163	99.4
Canadian	1	0.6
Total	164	100

n= 194. There are 30 missing cases.

6.2.2. Participation of the Respondents in the Wellness Programme

The most popular wellness activities for the respondents are the company runs, where 68.6% had already participated. It is followed by the sporting activities in the annual sports fest, participated in by 33.5% of the respondents. The yoga and Tabata classes are the least participated of the wellness activities, where only 4.9% and 2.1% of the respondents joined, respectively. This is due to the fact that these activities are only available to the members of the management team of the company.

Table 16. Wellness Activities Attended by the Respondents

Wellness Activity	Yes		No		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Zumba classes	58	31.4	127	68.6	185	100
Company runs	127	68.6	58	31.4	185	100
Yoga classes	9	4.9	176	95.1	185	100
Gym visits	35	18.9	150	81.1	185	100
Health sessions	33	17.8	152	82.2	185	100
Health assessments	34	18.4	151	81.6	185	100
Sporting activities	62	33.5	123	66.5	185	100
Tabata classes	4	2.1	181	97.8	185	100

n= 194. Row totals were computed since multiple responses exist. There are also 9 missing cases.

Moreover, when it comes to the variety of wellness activities attended (see Table 17), most respondents (48.6%) showed a low variety, followed by a fair variety (40.5%) when it comes to joining the different wellness activities available to them. Low variety was assigned to respondents who reported only one wellness activity in the survey. Fair variety was assigned to those who reported 2 to 3 wellness activities. Only two respondents (1.1%) reported joining 6 to 7 different types of wellness activities. None reported joining all of the 8 wellness activities.

Table 17. Variety of Wellness Activities Attended by the Respondents

Variety of Activities	Frequency	Percent
Low (only 1 activity)	90	48.6
Fair (2 to 3 activities)	75	40.5
Moderate (4 to 5 activities)	18	9.7
High (6 to 7 activities)	2	1.1
Total	185	100

n= 194. There are 9 missing cases.

When it comes to the respondents' overall participation in the programme, mostly (42.1%) reported of participating only "sometimes". Just 16.4% participates "often" and "always" (8.2 % for each category).

Table 18. Frequency of Participation to the Programme by the Respondents

Frequency of Participation	Frequency	Percent
Once	29	17
Rarely	42	24.6
Sometimes	72	42.1
Often	14	8.2
Always	14	8.2
Total	171	100

n= 194. There are 23 missing cases.

6.2.3. The Wellness Dimensions According to the Respondents

This section presents how the respondents scored on the nine wellness dimensions. They were particularly asked whether the wellness programme positively affected these dimensions of their lives, namely: physical, intellectual, emotional, social, spiritual, occupational, environmental, cultural and financial dimensions (where 1= strongly disagree; 5= strongly agree).

The modal response for all of the 9 dimensions is "agree" (i.e. 4= agree). Thus, a pattern emerged which shows that most of the respondents see the wellness

programme as positively affecting all of the nine wellness dimensions in their lives. The responses to each of these dimensions are presented in the following sub-headings.

6.2.3.1. Physical Dimension

A vast majority of the respondents (86.6%) either agreed or strongly agreed that the wellness programme positively affects or addresses the physical dimension of their lives. Only 7.8% disagreed or disagreed strongly. Still, however, 5.7% of the respondents gave neutral responses when it comes to this aspect.

Table 19. Respondents' Attitudes towards the Physical Dimension

Responses	Frequency	Percent
Strongly Disagree	10	5.2
Disagree	5	2.6
Neither Agree nor Disagree	11	5.7
Agree	108	56
Strongly Agree	59	30.6
Total	193	100

n= 194. There is 1 missing case.

6.2.3.2. Intellectual Dimension

For this dimension, 82.7% of the respondents either agreed or strongly agreed that it is being affected by the programme positively. However, few respondents (7.3%) either disagreed or strongly disagreed that this is the case.

Table 20. Respondents' Attitudes towards the Intellectual Dimension

Responses	Frequency	Percent
Strongly Disagree	4	2.1
Disagree	10	5.2
Neither Agree nor Disagree	19	9.9
Agree	119	62.3
Strongly Agree	39	20.4
Total	191	100

n= 194. There are 3 missing cases.

6.2.3.3. Emotional Dimension

Under the emotional dimension, 79.8% of the respondents gave affirmative responses, as opposed to 7% who expressed disagreement.

Table 21. Respondents' Attitudes towards the Emotional Dimension

Responses	Frequency	Percent
Strongly Disagree	5	2.7
Disagree	8	4.3
Neither Agree nor Disagree	25	13.3
Agree	115	61.2
Strongly Agree	35	18.6
Total	188	100

n= 194. There are 6 missing cases.

6.2.3.4. Social Dimension

Majority (89.5%) respondents see the programme as positively affecting them socially. It is quite noteworthy that this is more than the positive or affirmative responses given in the physical dimension. Also, only 3.7% gave opposing responses.

Table 22. Respondents' Attitudes towards the Social Dimension

Responses	Frequency	Percent
Strongly Disagree	3	1.6
Disagree	4	2.1
Neither Agree nor Disagree	13	6.8
Agree	130	68.4
Strongly Agree	40	21.1
Total	190	100

n= 194. There are 4 missing cases.

6.2.3.5. Spiritual Dimension

The spiritual aspect is also seen by most (77%) as being positively affected. However, this is relatively lower compared with the other dimensions. Moreover, 16.2% of the respondents gave neutral responses under this dimension.

Table 23. Respondents' Attitudes towards the Spiritual Dimension

Responses	Frequency	Percent
Strongly Disagree	3	1.6
Disagree	10	5.2
Neither Agree nor Disagree	31	16.2
Agree	115	60.2
Strongly Agree	32	16.8
Total	191	100

n= 194. There are 3 missing cases.

6.2.3.6. Occupational Dimension

The affirmative responses for the occupational dimension are at 78.7%. Only 5.2% of the respondents either disagreed or strongly disagreed that this dimension is being positively affected by the programme.

Table 24. Respondents' Attitudes towards the Occupational Dimension

Responses	Frequency	Percent
Strongly Disagree	5	2.6
Disagree	5	2.6
Neither Agree nor Disagree	31	16.1
Agree	119	62
Strongly Agree	32	16.7
Total	192	100

n= 194. There are 2 missing cases.

6.2.3.7. Environmental Dimension

As for the environmental dimension, 79.5% reported that it is being positively affected by the wellness programme as opposed to 3.1% who reported otherwise. Nevertheless, 17.4% of the respondents gave neutral responses for this dimension.

Table 25. Respondents' Attitudes towards the Environmental Dimension

Responses	Frequency	Percent
Strongly Disagree	5	2.6
Disagree	1	0.5
Neither Agree nor Disagree	33	17.4
Agree	120	63.2
Strongly Agree	31	16.3
Total	190	100

n= 194. There are 4 missing cases.

6.2.3.8. Cultural Dimension

The programme is also seen by 79.4% of the respondents as positively affecting the cultural aspect of life, whilst 3.7% reported otherwise. For this dimension, 16.8% of the respondents gave neutral responses (i.e. neither agree nor disagree).

Table 26. Respondents' Attitudes towards the Cultural Dimension

Responses	Frequency	Percent
Strongly Disagree	3	1.6
Disagree	4	2.1
Neither Agree nor Disagree	32	16.8
Agree	123	64.7
Strongly Agree	28	14.7
Total	190	100

n= 194. There are 4 missing cases.

6.2.3.9. Financial Dimension

Amongst the nine dimensions, the financial dimension has the lowest affirmative responses from the respondents at 69.5%. Still, majority of the respondents perceive it as being positively affected by the programme, compared to a group of 10.4% who perceives otherwise. It is also the dimension which received the most number of neutral responses at 20.2%.

Table 27. Respondents' Attitudes towards the Financial Dimension

Responses	Frequency	Percent
Strongly Disagree	5	2.6
Disagree	15	7.8
Neither Agree nor Disagree	39	20.2
Agree	109	56.5
Strongly Agree	25	13
Total	193	100

n= 194. There is 1 missing case.

6.2.3.10. The Wellness Dimensions Scores of the Respondents

Additionally, a wellness dimensions score (WDS) was generated for each respondent by adding their responses for each of the dimensions. These scores were given a corresponding qualitative interpretation (e.g. scores between 37 to 45 were re-coded and transformed as 5=very high). Table 28 below shows that a vast majority (90.2%) has high to very high wellness dimensions scores, indicating a positive attitude towards the scope of the programme in addressing these different aspects of life.

Table 28. Interpretation of the Wellness Dimensions Scores (WDS)

Levels of Positive Attitude	Frequency	Percent
Low (1 to 9)	2	1
Fair (10 to 18)	2	1
Moderate (19 to 27)	15	7.7
High (28 to 36)	117	60.3
Very High (37 to 45)	58	29.9
Total	194	100

n= 194.

6.2.4. Level of Wellness Learning of the Respondents

As stated in the previous sections, a wellness learning score (WLS) was also generated for each respondent. These scores were computed by adding the responses to the items pertaining to the learning and embedding of the wellness programme per

respondent (items coded L1 to L28). Similar to the wellness dimensions score (WDS), a qualitative interpretation was given to each range of scores. Table 29 presents the results of the scoring method adopted. A large majority (73.2%) of the respondents scored high in wellness learning whilst a number of them (12.4%) even scored higher, indicating that they may be highly engaging in behaviours which enable them to learn and embed wellness in their work and personal lives.

Table 29. Interpretation of the Wellness Learning Scores (WLS)

Levels of Learning	Frequency	Percent
Low (1 to 28)	6	3.1
Fair (29 to 56)	1	0.5
Moderate (55 to 84)	21	10.8
High (85 to 112)	142	73.2
Very High (113 to 140)	24	12.4
Total	194	100

n= 194.

6.2.5. Happiness in Work and Life of the Respondents

A happiness in work and life score (HAP) was also generated for each of the respondents in this study. This was computed by adding their responses about their general happiness at work and happiness in life due to the wellness programme. Table 30 presents the results for this score. Again, an ample majority (64.1%) of the respondents scored high in this area, showing that they are generally happy at work and in life because of the wellness programme.

Table 30. Interpretation of the Happiness in Work and Life Scores (HAP)

Levels of Happiness	Frequency	Percent
Low (1 to 2)	4	2.1
Fair (3 to 4)	4	2.1
Moderate (5 to 6)	38	19.8
High (7 to 8)	123	64.1
Very High (9 to 10)	23	12
Total	192	100

n= 194. There are 2 missing cases.

Moreover, Table 31 and Table 32 below present specifically how the respondents view their happiness at work and happiness in life in due to the programme, respectively.

Table 31. Happiness at Work of the Respondents Due to the Programme

Responses	Frequency	Percent
Strongly Disagree	5	2.6
Disagree	3	1.6
Neither Agree nor Disagree	45	23.4
Agree	121	63
Strongly Agree	18	9.4
Total	192	100

n= 194. There are 2 missing cases.

A large majority (72.4%) feel that they are happier at work because of the wellness programme as opposed to a few (4.2%) who feel otherwise. Meanwhile, 23.4% of the respondents gave neutral responses for this item.

The same picture emerged when it comes to the respondents' general happiness in life, where 75% feel happier because of the wellness programme. Twenty respondents (10.4%) even strongly agreed that this was the case, compared with seven respondents (3.7%) who either disagreed or strongly disagreed with the statement.

Table 32. Happiness in Life of the Respondents Due to the Programme

Responses	Frequency	Percent
Strongly Disagree	4	2.1
Disagree	3	1.6
Neither Agree nor Disagree	41	21.4
Agree	124	64.6
Strongly Agree	20	10.4
Total	192	100

n= 194. There are 2 missing cases.

6.2.6. Motivators in Participating in the Programme

This section looks at the motivators that encourage the respondents to participate in the wellness programme. Table 33 below shows that “gaining the health benefits” is the top motivator amongst respondents, as acknowledged by 94.3%. On the other hand, “availing of the programme because it is given for free” is the least motivating amongst the respondents, reported by a relatively lower number at 61.3%.

Table 33. Motivators Acknowledged by the Respondents

Motivators	Yes		No		Total	
	F	%	F	%	F	%
Gaining the health benefits	182	94.3	11	5.7	193	100
Looking younger and fit	147	76.2	46	23.8	193	100
Availing of it because it is free	119	61.3	74	38.3	193	100
Gaining more friends	132	68.4	61	31.6	193	100
Bonding with colleagues	143	74.1	50	25.9	193	100
Breaking work monotony	139	72	54	28	193	100
Managing work stress	169	87.6	24	12.4	193	100
Enjoying or having fun	162	83.9	31	16.1	193	100

n= 194. Row totals were computed since multiple responses existed. There is also 1 missing case.

Table 34. Motivation Levels of the Respondents in Participating

Motivation Levels	Frequency	Percent
Low (only 1 motivator)	6	3.2
Fair (2 to 3 motivators)	12	6.4
Moderate (4 to 5 motivators)	38	20.3
High (6 to 7 motivators)	41	21.9
Very High (8 motivators)	90	48.1
Total	187	100

n= 194. There are 7 missing cases.

In adding all the motivators acknowledged by each respondent, a new ordinal variable was generated for the level of motivators to participate in the wellness programme. Table 34 shows that most of them (48.1%) have very high levels of motivators by reporting or acknowledging all of the eight motivators listed in the questionnaire.

6.2.7. Hindrances in Participating in the Programme

In this study, hindrances were also investigated which can prevent the respondents from participating in the wellness programme. Table 35 shows that the top hindrance is the “lack of time” acknowledged by 67.4% of the respondents. Meanwhile, the “lack of personal motivation or laziness” is the relatively least reported hindrance by the respondents at 20.2%.

Table 35. Hindrances Acknowledged by the Respondents

Hindrances	Yes		No		Total	
	F	%	F	%	F	%
Lack of time at work	130	67.4	63	32.6	193	100
Time will be used for family instead	98	50.8	95	49.2	193	100
Lack of personal motivation or laziness	39	20.2	154	79.8	193	100
Lack of companions	45	23.2	148	76.7	193	100
Lack of financial resources	45	23.2	148	76.7	193	100
Gym is too far	74	38.3	119	61.7	193	100

n= 194. Row totals were computed since multiple responses exist. There was also 1 missing case.

When it comes to the level of hindrances preventing one from participating in the programme, Table 36 shows that most (33.1%) of the respondents have these number of hindrances on moderate levels. It means that only three to four hindrances were acknowledged by these respondents.

Table 36. Hindrance Levels Preventing Respondents in Participating

Hindrance Levels	Frequency	Percent
Low (only 1 hindrance)	44	26
Fair (2 hindrances)	51	30.2
Moderate (3 to 4 hindrances)	56	33.1
High (5 hindrances)	5	3
Very High (6 hindrances)	13	7.7
Total	169	100

n= 194. There are 25 missing cases.

6.2.8. A Quantitative Presentation of the Suggestions from the Respondents

The lone open-ended item in the questionnaire asked the respondents for their suggestions to improve the programme. Out of the 194 respondents, 54 (i.e. 27.83%) gave their suggestions. In total, there are 66 suggestions made, since some individuals gave more than one suggestion.

Table 37. Frequency Distribution of the Suggestions from the Respondents

Suggestions	F	%	Valid %
Making the other wellness activities available to all employees	8	12.12	16.32
Adding more activities to the programme	9	13.64	18.37
Providing more facilities for the wellness programme	9	13.64	18.37
Promoting the benefits of the programme further	4	6.06	8.16
Giving more time for workers to attend the activities	17	25.76	34.69
Making the programme more fun and interesting	2	3.02	4.08
Total	49	74.24	100
Disregarded Suggestions	17	25.76	
Grand Total	66	100	

n= 54. Multiple responses exist.

However, 17 (25.76%) of these suggestions were disregarded because these are considered to be just mere compliments about the programme or irrelevant comments in connection with the wellness programme. These irrelevant suggestions include issues about pay and payslips, toilets and uniforms, amongst others. These comments may indeed reflect some of the genuine sentiments of the employees in the workplace. However, these were not included amongst the suggestions in connection with the wellness programme.

Overall, these individual suggestions were grouped into six types of suggestions (see Table 37) using NVivo. Out of these, the highest recurring suggestion is about “giving more time for workers to attend the activities” at 34.69% of the total valid suggestions. Subsumed under this topic are suggestions about “having flexible working schedules” to give more time for employees to participate in the programme.

On the other hand, the suggestion about “providing more facilities for the wellness programme” (18.37%) include the suggestions, namely: enclosing the existing open-air basketball court and having a gym inside the factory. The suggestions grouped under “adding more activities to the programme” also had 18.37% of the suggestions. These suggestions include: adding an additional session for the Zumba classes, adding more sporting activities, adding a dental programme in the existing programme, adding more variety to the Zumba movements and adding jogging to the programme apart from running.

6.2.9. Level of Satisfaction of the Respondents with the Programme

Table 38 shows that most (48.5%) of the respondents are only moderately satisfied about the wellness programme of the company. Still, four respondents (i.e. 2.4%) reported of not being satisfied at all. In contrast, 10 respondents (6.1%) reported being extremely satisfied about the programme.

Table 38. Satisfaction Levels of the Respondents with the Programme

Satisfaction Levels	Frequency	Percent
Not Satisfied	4	2.4
Slightly Satisfied	24	14.5
Moderately Satisfied	80	48.5
Very Satisfied	47	28.5
Extremely Satisfied	10	6.1
Total	165	100

n= 194. There are 29 missing cases.

6.3. Introduction to the Exploratory Factor Analysis

Several factor loadings were carried-out in the exploratory factor analysis (EFA). Eventually, the one using a specific factor rotation (i.e. oblique rotation) was selected. The succeeding subheadings discuss the results of the Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO) test, Bartlett's test and the results of the EFA.

6.3.1. The Oblique Factor Rotation

The chosen factor rotation in this study is the oblique rotation using the direct oblimin method in extracting the factors. An oblique rotation assumes that the factors are correlated. Another rotation is an orthogonal rotation. This, on the other hand, assumes that factors are uncorrelated (Pallant, 2013). To check whether this is the case with the data, the factor correlation matrix generated was checked for the presence of correlations above .30. Correlations were indeed found which are above .30. This warranted an oblique rotation for the factor extraction. In practice, moreover, an oblique rotation is used for data involving humans and any psychological construct. For an oblique rotation, the direct oblimin method is always recommended (Pallant, 2013; Field, 2013). The other factor rotation methods include the promax and the varimax. These rotation methods were also carried-out using SPSS. However, it was the oblimin method which produced the clearest loadings amongst the factors.

6.3.2. Results of the KMO and Bartlett's Test

A verification of the suitability of the dataset for factor analysis was also conducted by using the Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO). An acceptable value for a KMO is 0.60 or above, whilst the Bartlett's test should yield a significant value of $p=.05$ or smaller (Pallant, 2013). In this study, as shown in Table 6.21, the KMO yielded a value of 0.892, whilst the Bartlett's Test is significant at

$p=.000$. These values confirm that a factor analysis is appropriate to be performed on the dataset.

Table 39. KMO and Bartlett's Test Results Summary

Statistic		Significant Values
Kaiser-Meyer-Olkin Measure of Sampling Adequacy		0.892**
Bartlett's Test of Sphericity	Approx. Chi-Square	3496.168**
	df	378

NOTE: Statistically significant ** ($p < 0.01$)

6.3.3. Results of the Exploratory Factor Analysis

Six factors or components were extracted by using the SPSS in connection with the wellness learning construct in this study. These six components have eigenvalues of above 1 (i.e. 11.6333, 2.517, 1.665, 1.480, 1.190 and 1.009). Moreover, these components or factors explain a total of 69.62% of the variance in wellness learning (see Table 40 over the next page).

Table 40. Eigenvalues and Total Variance of the Exploratory Factor Analysis

Component or Item	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total
1	11.633	41.545	41.545	11.633	41.545	41.545	7.049
2	2.517	8.988	50.533	2.517	8.988	50.533	6.782
3	1.665	5.945	56.478	1.665	5.945	56.478	5.653
4	1.48	5.287	61.765	1.48	5.287	61.765	5.419
5	1.19	4.25	66.015	1.19	4.25	66.015	4.047
6	1.009	3.604	69.619	1.009	3.604	69.619	6.251
7	0.923	3.296	72.915				
8	0.841	3.004	75.919				
9	0.741	2.648	78.567				
10	0.631	2.254	80.821				
11	0.58	2.072	82.892				
12	0.496	1.773	84.665				
13	0.488	1.744	86.409				
14	0.44	1.572	87.981				
15	0.412	1.472	89.453				
16	0.386	1.38	90.833				
17	0.348	1.243	92.075				
18	0.327	1.168	93.244				
19	0.293	1.046	94.29				
20	0.257	0.92	95.209				
21	0.244	0.872	96.082				
22	0.217	0.776	96.857				
23	0.203	0.725	97.582				
24	0.188	0.67	98.252				
25	0.153	0.546	98.798				
26	0.126	0.448	99.246				
27	0.109	0.389	99.635				
28	0.102	0.365	100				

NOTE: Extraction Method is Principal Component Analysis

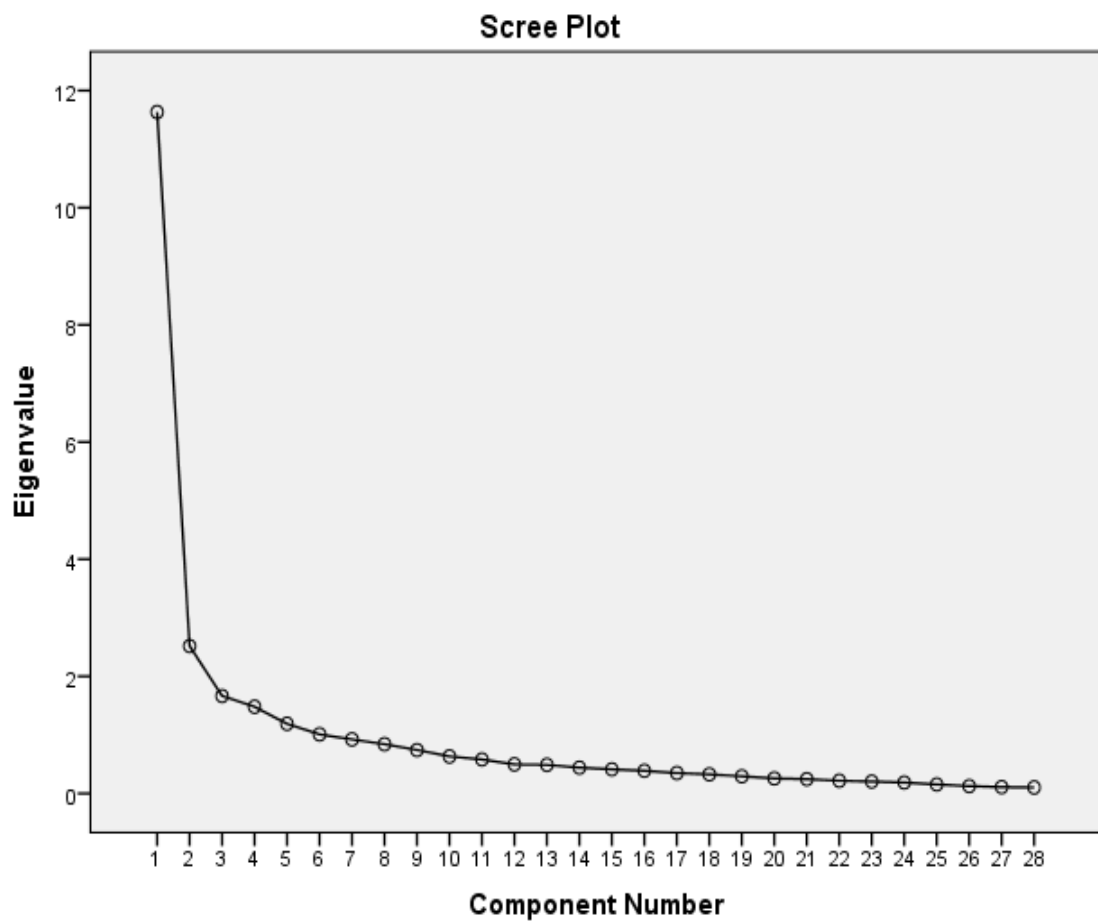
Table 41. Pattern Matrix of the Exploratory Factor Analysis

Item	Component					
	1	2	3	4	5	6
L27	0.848					
L28	0.807					
L26	0.787					
L25	0.614					
L23	0.524					
L24	0.405	-0.397				
L21		-0.829				
L19		-0.768				
L22		-0.759				
L18		-0.731				
L17		-0.632				
L16		-0.527		0.308		
L1			0.86			
L2			0.827			
L3			0.669			
L4			0.456			
L8		-0.307	0.349			
L12				0.803		
L13				0.792		
L14				0.567		0.386
L20				0.434		
L6					0.791	
L5					0.76	
L7			0.485		0.491	
L10						0.888
L11						0.707
L9						0.672
L15	0.322					0.465

NOTES: Extraction Method is Principal Component Analysis. Rotation Method used is Oblimin with Kaiser Normalization. Rotation converged in 13 iterations.

All of the six components generated show strong loadings (see Table 41 above) and this is confirmed by the scree plot (see Figure 12). However, the items which loaded in the second component show a moderate to strong negative correlation between the other factors. Thus, this means that wellness learning in the organisation may be explained and measured by five rather than six components or factors.

Figure 12. Scree Plot of the Components of the Exploratory Factor Analysis



In the end, 11 items were disregarded. There are two reasons for doing so. Firstly, these items loaded to more than one factor, with very little difference between their coefficients (i.e. difference lesser than 0.20). Items with this amount of difference between them can be disregarded in an EFA (Pallant, 2013). Secondly, these items loaded negatively as well. These items were not considered too. These disregarded items are discussed under the subheading: Items under Factor 2 and Double Loading Items.

In the final analysis, 17 items were considered under the five factors or components of wellness learning in the organisation. It should be noted that Factor 2 is the factor which was disregarded altogether due to the negative coefficients of all the items under it. Nevertheless, it is still explained in the following subheading. These next subheadings discuss the items or behaviours that loaded together in relation to the

learning and embedding of wellness in the company. These items are listed per factor, in descending order of strength:

6.3.3.1. Items under Factor 1 (Embedding of Wellness)

Factor 1 is called the “embedding of wellness” since most of the items which loaded under it are the original items under learning embeddedness. These items include the effects of the programme, availability of the programme and embedding of the programme to one’s work. Specific aspects of one’s work also include work relationships, work performance and work routines. This factor as a whole ties-in with existing literature about the importance of routines in practice-based learning and knowing (Nicolini et al., 2004; Gherardi, 2006), in absorptive capacity, (Cohen and Levinthal, 1990) and in the dynamic capabilities of organisations (Easterby-Smith and Prieto, 2008). This factor also reflects the organisational repositories and means in which specific knowledge in an organisation can be embedded (Argote, 2013; Davenport and Prusak, 1998; Levitt and March, 1988; Starbuck, 1992; Walsh and Ungson, 1991). It should be noted that the item about work relationships loaded the strongest under this factor. The following are the items under Factor 1:

Items

- L27 Improvement of work relationships due to the programme
- L28 Improvement of work performance due to the programme
- L26 Changing of work routines to participate in the programme
- L25 Availability of the wellness programme at work when needed
- L23 Application of wellness knowledge to one's work

6.3.3.2. Items under Factor 2 and Double Loading Items (Disregarded Items)

Items under Factor 2 are the disregarded items. These items are from the original subconstructs of learning embeddedness and learning process. Quite notably, most of these items can be subsumed under the emergent themes during the interviews, namely: learning from external sources of wellness knowledge, learning from traditional forms of mass media and new media (i.e. social media and websites

about wellness) and having previous wellness knowledge before joining the company. It was found that these behaviours are not characteristic of wellness learning in the organisation. Thus, the respondents paint a different picture from the interviewees, in which mass media and social media emerged as ways in which they learn about wellness. This may be explained by the fact that most of the respondents are operators in the production floor. Unlike the management team and office personnel, they do not have access to computers. Item L21 (learning wellness from outside sources) is the item which loaded the strongest negatively. The following are the items under Factor 2:

Items

- L21 Learning wellness more from outside sources than from the company
- L19 Learning about wellness through mass media (e.g. TV, radio, newspapers, books)
- L22 Previous knowledge about wellness prior to joining the company
- L18 Learning about wellness through social media (e.g. Facebook, Twitter)
- L17 Learning about wellness through friends and acquaintances outside the company
- L16 Learning about wellness through the internet (e.g. yahoo, Google, YouTube)
- L24 Application of wellness knowledge to one's life in general
- L8 Learning about wellness through conversations with colleagues

These additional items below are not under Factor 2 but were eliminated just the same because they loaded into more than one factor. These items are further discussed in detail in Chapter 7 (Triangulation and Discussion) under the subheading: The Learning of Wellness between the Groups.

- L7 Sharing of experiences about the programme to work colleagues
- L14 Learning about wellness through the bulletin boards
- L15 Learning about wellness through the company orientation

6.3.3.3. Items under Factor 3 (Management Support)

Items under Factor 3 are the items under the learning capability construct based on the works of Jerez-Gomez, Cespedes-Lorente and Valle-Cabrera (2005), Goh and Richards (1997), and Chiva, Alegre and Lapiedra (2007). Learning capability was ascertained using items that aimed to measure the level of awareness to the

programme, management support, openness to suggestions and sharing of wellness experiences. However, the items about openness to suggestions and sharing of experiences rather loaded into other factors. Items about awareness and management support loaded together, nevertheless. Since “awareness and understanding about the programme” can also be attributed to the dissemination mechanisms supported by management to make it possible, Factor 3 is called “management support”. This construct also originally includes the item about providing sufficient facilities for the programme by management. Under this factor, the item about understanding the purpose of the programme loaded the strongest amongst the other items below:

Items

- L1 Understanding of the purpose of the programme
- L2 Awareness of the benefits of participation
- L3 Support of management to the programme
- L4 Sufficient facilities used for the programme

6.3.3.4. Items under Factor 4 (Formal Codification)

Factor 4 is called “formal codification” based on the work of Nonaka and Takeuchi (1995) about externalisation in the SECI model. Externalisation is the tacit to explicit conversion of knowledge by publishing or articulating (Nonaka and Takeuchi, 1995). Written documents and images, either in print or in electronic form exemplify this. Items which loaded under this factor include the items originally under the learning process construct. The item which loaded the strongest is “learning from company posters” followed by “learning through the company intranet” where regular emails are being sent out about health and wellbeing, as well as invites in connection with the wellness activities in the company. These behaviours were also subsumed originally under the theme “learning from internal sources” from the analysed interviews.

Items

- L12 Learning about wellness through the company posters
- L13 Learning about wellness through the company email or intranet
- L20 Learning wellness more from inside the company

6.3.3.5. Items under Factor 5 (Openness to Suggestions)

There were only two items which loaded under Factor 5. These items are under the learning capability subconstruct. The item about “bringing new ideas to the programme” loaded strongly than the item about “making suggestions to improve the programme”. Both of these items specifically pertain to the feedback mechanisms in the company available to the respondents. Thus, Factor 5 is called “openness to suggestions” based on the works of Jerez-Gomez, Cespedes-Lorente and Valle-Cabrera (2005), Goh and Richards (1997), and Chiva, Alegre and Lapiedra (2007) on organisational learning capability.

Items

- L6 Bringing new ideas and changes to the programme
- L5 Making suggestions to improve the programme

6.3.3.6. Items under Factor 6 (Social Interaction)

Items under Factor 6 depict the social element in the learning of wellness in the company. This factor is called “social interaction”, which is mainly about socialisation in the SECI model (Nonaka and Takeuchi, 1995). Socialisation is the tacit to tacit transfer of knowledge. Learning wellness through the paging system is the one which loaded the strongest under this factor. Brief health and wellness messages are disseminated in the buildings through the paging system. It also serves as a verbal way of inviting and communicating about the monthly health sessions and contents of the health bulletin. Interestingly, texting with colleagues and wellness coaches also loaded under Factor 6. It loaded strongly than the formal meetings and general assemblies where topics and concerns about wellness are also being shared and discussed. Thus, texting is also used as a way of socialising with colleagues, the wellness coach and the Zumba instructors. Nevertheless, this form of socialisation is in the informal context, compared with the items under Factor 4 (formal codification).

Texting is cheaper in the Philippines and production operators have easy access to their mobile phones during breaks, rather than to computers or high-end smart phones.

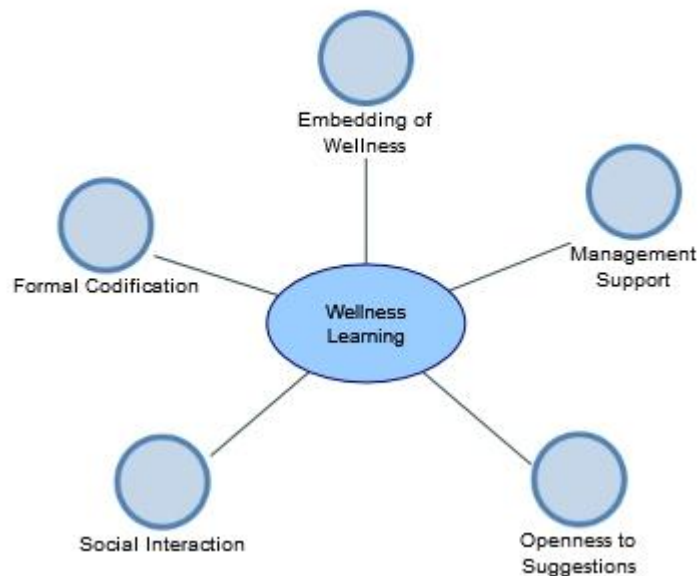
The following are the items under Factor 6:

Items

- L10 Learning about wellness through the paging system
- L11 Learning about wellness through texting with colleagues and wellness coaches
- L9 Learning about wellness during meetings and general assemblies

Thus, based on the results of the EFA, the wellness learning construct can be explained by five factors in the context of the organisation in focus. Figure 13 illustrates this with a conceptual map of the five factors, namely: embedding of wellness, management support, openness to suggestions and social interaction.

Figure 13. Conceptual Map of Wellness Learning Based on the EFA Results



6.4. Results of the Reliability Tests

The reliability tests carried-out in this study allowed for a test of internal consistency of the scale used. Moreover, four Cronbach's alpha coefficients were generated. Three of these are for each of the constructs measured (i.e. wellness dimensions, wellness learning and general happiness due to the programme). Lastly, an overall Cronbach's alpha was generated for all the 39 items in the questionnaire that used the 5-point Likert scale (i.e. 1=strongly disagree; 5=strongly agree). An acceptable Cronbach's alpha for a scale should be above 0.70 (Pallant, 2013). In this regard, all the four Cronbach's alpha coefficients generated are acceptable (above 0.70), showing good internal consistency between the items in connection with the scale used in the questionnaire.

Table 42. Cronbach's Alpha Results for the Items in the Questionnaire

Reliability Statistics			
Cronbach's Alpha	Cronbach's Alpha Based on Standardised Items	Items	Number of Items
0.950	0.951	Wellness Learning Items	28
0.888	0.890	Wellness Dimensions Items	9
0.938	0.938	General Happiness Items	2
0.958	0.960	Total Combined Items	39

It should be noted that an intercoder reliability was also computed between three coders (i.e. the researcher and two other coders) to ascertain the quality and consistency in coding the qualitative data in this study. Here, a substantial percentage agreement of 81.74 % was reached. The result of the intercoder reliability computation is presented in Appendix 8.

6.5. Results of the Chi-square Tests for Independence

The categorical variables that were subjected to the Chi-square test for independence were first checked for the condition that their expected frequency in any crosstabulation cell is at least 5 or that at least 80% of the cells do so (Pallant, 2013:225). In this regard, not all of the generated crosstabulations merited a Chi-square test since these did not fulfill the said condition in the first place. Only the relevant categorical variables that were subjected to the test are presented here (see Table 43).

Table 43. Summary of the Chi-square Test Results for the Relevant Variables

Categorical Variables	χ^2	df	Results
Nature of Work and Frequency of Participation	25.358**	4	significant association
Nature of Work and Level of Hindrances	6.683	4	no association
Nature of Work and Financial Dimension	12.523*	4	significant association
Gender and Frequency of Participation	6.763	4	no association

NOTE: Statistically significant ** ($p < 0.01$) and * ($p < 0.05$) rejecting the null hypothesis of no association.

From the results above, there is a significant association between one's nature of work (i.e. production or support) and one's frequency of participation to the wellness programme. There is also a significant association between the nature of work and one's attitude towards the financial dimension of wellness. However, there are no significant association between gender and frequency of participation, as well as the nature of work and the level of hindrances in participating in the programme.

6.6. Results of the t-test for Independent Samples

The t-test for independent samples was conducted for the four categorical variables with two groups, namely: gender (GEN), marital status (MAR), nature of work (WOR) and employment status (EMP) with all of the eight numerical variables generated (i.e. ACT, WDS, WLS, HAP, MOT, HIN, PAR and SAT).

Table 44. Summary of the t-test for Gender and Respondents' Scores

Variables	t (two-tailed)	df	Results
Gender (GEN) and Wellness Activities Attended (ACT)	1.622	168	no significant difference
Gender (GEN) and Wellness Dimensions Score (WDS)	-2.502*	175	significant difference
Gender (GEN) and Wellness Learning Score (WLS)	-1.309	175	no significant difference
Gender (GEN) and Happiness in Work and Life (HAP)*	-2.091*	94	significant difference
Gender (GEN) and Motivators in Participating (MOT)	-0.283	174	no significant difference
Gender (GEN) and Hindrances in Participating (HIN)	-0.025	174	no significant difference
Gender (GEN) and Participation Score (PAR)	1.464	155	no significant difference
Gender (GEN) and Satisfaction Score (SAT)	-1.648	158	no significant difference

NOTES: Statistically significant * ($p < 0.05$) rejecting the null hypothesis of no significant difference; +Levene's test showed unequal variances between the groups in the HAP scores. Thus, an alternative t-value for unequal variances is used accordingly (Pallant, 2013:250); males $n=63$ and females $n=114$.

Table 44 summarises the t-test results for gender. It shows that there is a significant difference in the wellness dimensions scores (WDS) between the male and female respondents. There are also gender differentials when it comes to their happiness in work and life scores (HAP). Comparing the means of the two groups, the difference shows that female respondents are happier than the male respondents. Furthermore, the female respondents have a more positive attitude towards the different wellness dimensions in that these are being addressed by the company through the wellness programme.

Table 45. Summary of the t-test for Marital Status and Respondents' Scores

Variables	t (two-tailed)	df	Results
Marital Status (MAR) and Wellness Activities Attended (ACT)+	-2.541*	151	significant difference
Marital Status (MAR) and Wellness Dimensions Score (WDS)	-1.643	177	no significant difference
Marital Status (MAR) and Wellness Learning Score (WLS)	-1.715	177	no significant difference
Marital Status (MAR) and Happiness in Work and Life (HAP)	-0.621	175	no significant difference
Marital Status (MAR) and Motivators in Participating (MOT)+	-0.669	166	no significant difference
Marital Status (MAR) and Hindrances in Participating (HIN)+	0.588	176	no significant difference
Marital Status (MAR) and Participation Score (PAR)+	-0.292	152	no significant difference
Marital Status (MAR) and Satisfaction Score (SAT)+	-0.622	139	no significant difference

NOTES: Statistically significant * ($p < 0.05$) rejecting the null hypothesis of no significant difference; +Levene's test showed unequal variances between the groups (i.e. married employees at $n=97$ and non-married employees at $n=84$) in the ACT, MOT, HIN, PAR and SAT scores. Thus, alternative t-values for unequal variances are used accordingly (Pallant, 2013:250).

A significant difference is noted between married and non-married employees (i.e. single, widow/widower, separated) when it comes to the number of wellness activities (ACT) that they partake in. A high number indicates more variety in terms of their participation to the different activities available to them. The mean scores also indicate that it is the non-married employees who show more variety in their choice of wellness activities.

When it comes to nature of work, there is also a significant difference in the ACT between the production and support groups, as shown in Table 46. Their group means show that those in the support group exhibit more variety when it comes to the wellness activities that they participate in compared to those in the production group. Regardless, those in the production group are still significantly happier than those in the support group, as shown by their higher mean score for HAP.

Table 46. Summary of t-test for Nature of Work and Respondents' Scores

Variables	t (two-tailed)	df	Results
Nature of Work (WOR) and Wellness Activities Attended (ACT)	-2.913**	170	significant difference
Nature of Work (WOR) and Wellness Dimensions Score (WDS) ⁺	-0.952	138	no significant difference
Nature of Work (WOR) and Wellness Learning Score (WLS)	-0.383	177	no significant difference
Nature of Work (WOR) and Happiness in Work and Life (HAP)	2.056*	175	significant difference
Nature of Work (WOR) and Motivators in Participating (MOT)	1.392	176	no significant difference
Nature of Work (WOR) and Hindrances in Participating (HIN) ⁺	1.125	152	no significant difference
Nature of Work (WOR) and Participation Score (PAR) ⁺	-0.816	112	no significant difference
Nature of Work (WOR) and Satisfaction Score (SAT) ⁺	1.103	126	no significant difference

NOTES: Statistically significant ** ($p < 0.01$) and * ($p < 0.05$) rejecting the null hypothesis of no difference; +Levene's test showed unequal variances between work groups (i.e. production group at $n=85$ and support group at $n=94$) in the WDS, HIN, PAR and SAT scores. Thus, alternative t-values are used accordingly (Pallant, 2013:250).

Meanwhile, a different picture emerges for employment status (EMP) as a control variable. Here, there are no significant differences between the regular (i.e. permanent) and non-regular (i.e. probationary and temporary) employees when it comes to their scores.

Table 47. Summary of t-test for Employment Status and Respondents' Scores

Variables	t (two-tailed)	df	Results
Employment Status (EMP) and Wellness Activities Attended (ACT)	-0.075	170	no significant difference
Employment Status (EMP) and Wellness Dimensions Score (WDS)	-0.431	178	no significant difference
Employment Status (EMP) and Wellness Learning Score (WLS)	-0.995	178	no significant difference
Employment Status (EMP) and Happiness in Work and Life (HAP)	0.643	177	no significant difference
Employment Status (EMP) and Motivators in Participating (MOT)	-0.115	177	no significant difference
Employment Status (EMP) and Hindrances in Participating (HIN)	0.726	177	no significant difference
Employment Status (EMP) and Participation Score (PAR)	-1.444	157	no significant difference
Employment Status (EMP) and Satisfaction Score (SAT)	1.556	161	no significant difference

NOTES: Failed to reject the null hypotheses of no significant difference for all the numerical variables; Nevertheless, Levene's test showed equal variances between the groups (i.e. regular employees n=171 and non-regular employees n=9) in all of their scores.

6.7. Results of the One-way ANOVA

A one-way ANOVA was carried out for the four categorical variables that contained three or more categories (i.e position levels, tenure, age groups and educational attainment) with the eight numerical variables.

Table 48 shows that a one-way ANOVA for position levels (POS) indicate that there is a significant difference between groups when it comes to their ACT and HIN scores. A higher mean score of the managers for the ACT indicate that they participate more in the different wellness activities available to them compared to the other position levels. Meanwhile, it is the production workers who reported higher number of hindrances relative to the position groups.

When it comes to age, there are significant differences between the groups in relation to their HIN scores (see Table 49). It is the older middle-aged adults (48 to 57 years old) who reported more hindrances in participating compared with the other age groups. On the other hand, there were no significant differences between the groups when it comes to tenure (see Table 50).

Table 48. One-way ANOVA for Position Level and Respondents' Scores

Variables	F	df [^]	Results
Position (POS) and Wellness Activities Attended (ACT)	7.846**	3	significant difference
Position (POS) and Wellness Dimensions Score (WDS)	1.869	3	no significant difference
Position (POS) and Wellness Learning Score (WLS)	0.080	3	no significant difference
Position (POS) and Happiness in Work and Life (HAP)	1.594	3	no significant difference
Position (POS) and Motivators in Participating (MOT)	0.993	3	no significant difference
Position (POS) and Hindrances in Participating (HIN) ⁺	10.066**	3	significant difference
Position (POS) and Participation Score (PAR) ⁺	0.659	3	no significant difference
Position (POS) and Satisfaction Score (SAT) ⁺	0.410	3	no significant difference

NOTES: Statistically significant ** ($p < 0.01$) rejecting the null hypothesis of no difference; +Levene's test showed that data for the HIN, PAR and SAT scores did not pass the homogeneity of variance test. Thus, the Welch statistic is used instead (Pallant, 2013:262). [^]between groups degrees of freedom (managers $n=4$; supervisors $n=25$; specialists/assistants $n=64$; and production operators $n=73$).

Table 49. One-way ANOVA for Age and Respondents' Scores

Variables	F	df [^]	Results
Age (AGE) and Wellness Activities Attended (ACT)	0.304	3	no significant difference
Age (AGE) and Wellness Dimensions Score (WDS) ⁺	1.545	3	no significant difference
Age (AGE) and Wellness Learning Score (WLS)	0.266	3	no significant difference
Age (AGE) and Happiness in Work and Life (HAP)	0.590	3	no significant difference
Age (AGE) and Motivators in Participating (MOT)	1.064	3	no significant difference
Age (AGE) and Hindrances in Participating (HIN) ⁺	4.309*	3	significant difference
Age (AGE) and Participation Score (PAR) ⁺	0.475	3	no significant difference
Age (AGE) and Satisfaction Score (SAT) ⁺	0.967	3	no significant difference

NOTES: Statistically significant * ($p < 0.05$) rejecting the null hypothesis of no difference; +The Welch statistic is used for WDS, HIN, PAR and SAT scores. [^]between groups degrees of freedom (for younger adults or 18-22 at $n=15$; young adults or 23-37 at $n=118$; younger middle-aged adults or 38-47 at $n=37$; and older middle-aged adults or 48-57 at $n=11$).

Table 50. One-way ANOVA for Tenure and Respondents' Scores

Variables	F	df [^]	Results
Tenure (TEN) and Wellness Activities Attended (ACT)	1.715	6	no significant difference
Tenure (TEN) and Wellness Dimensions Score (WDS)	0.349	6	no significant difference
Tenure (TEN) and Wellness Learning Score (WLS)	0.772	6	no significant difference
Tenure (TEN) and Happiness in Work and Life (HAP)	1.325	6	no significant difference
Tenure (TEN) and Motivators in Participating (MOT)	0.670	6	no significant difference
Tenure (TEN) and Hindrances in Participating (HIN) ⁺	1.287	6	no significant difference
Tenure (TEN) and Participation Score (PAR) ⁺	0.617	6	no significant difference
Tenure (TEN) and Satisfaction Score (SAT)	0.848	6	no significant difference

NOTES: Failed to reject the null hypothesis of no significant difference for TEN and each of the numerical variables; +The Welch statistic is used for HIN and PAR scores. [^]between groups degrees of freedom (for 7 tenure groups ranging from less than 1 year to 11 years or more; total $n=182$).

Unlike tenure, there are significant differences between the groups when it comes to their educational attainment and their ACT and PAR scores. Those with higher education (i.e. bachelor's and master's degrees) exhibit more variety in the wellness activities that they partake in relative to the other groupings under this attribute (see Table 51). Meanwhile, it is the college undergraduates who scored higher when it comes to PAR, indicating a higher frequency of participation in the programme compared with the other groups.

Table 51. One-way ANOVA for Educational Attainment and Respondents' Scores

Variables	F	df [^]	Results
Education (EDU) and Wellness Activities Attended (ACT)	16.761**	3	significant difference
Education (EDU) and Wellness Dimensions Score (WDS)	1.933	3	no significant difference
Education (EDU) and Wellness Learning Score (WLS)	1.170	3	no significant difference
Education (EDU) and Happiness in Work and Life (HAP)	1.317	3	no significant difference
Education (EDU) and Motivators in Participating (MOT)	1.840	3	no significant difference
Education (EDU) and Hindrances in Participating (HIN)	0.370	3	no significant difference
Education (EDU) and Participation Score (PAR)	3.793*	3	significant difference
Education (EDU) and Satisfaction Score (SAT)	1.259	3	no significant difference

NOTE: Statistically significant ** ($p < 0.01$) and * ($p < 0.05$) rejecting the null hypothesis of no significant difference; The Welch statistic is used for all the scores except for MOT. [^]between groups degrees of freedom (for high school graduates $n=52$; vocational/ technical school graduates $n=17$; college undergraduates $n=28$; and degree holders $n=82$).

6.8. Results of the Two-way ANOVA

To further examine the impact of the categorical variables upon the numerical variables when these variables interact with each other, a two-way ANOVA was also conducted. In this case, the attributes which showed significant influence on the respondents' scores were examined for the presence of an interaction or main effect. For instance, gender (GEN) was further tested with nature of work (WOR) on the HAP scores.

Table 52 provides a summary of the results of the two-way ANOVA carried out between the relevant variables. There are no significant interaction effects found

between the attributes. However, main effects are found for position level (POS) and educational attainment (EDU) when it comes to the ACT scores of the respondents. This indicates that one's position level and educational attainment exerts more influence on one's participation as to the different types of wellness activities available to them. The sizes of these effects are also moderate for both POS and EDU as shown by their respective Eta values. Moderate or medium effects range from $0.06 \leq \text{Eta squared value} < 0.138$ (Pallant, 2013:218). Moreover, post-hoc tests conducted on the mean scores for POS and EDU show significant differences between the groupings for each attribute.

Table 52. Two-way ANOVA for the Relevant Attributes and Respondents' Scores

Variables	F	Results	Eta Squared (Effect Size)
GEN and WOR on HAP scores [^]	1.044 (GEN-WOR) 5.771 (GEN) 2.249 (WOR)	No significant interaction effect nor main effect	n/a
WOR and POS on ACT scores	2.172 (WOR-POS) 1.401 (WOR) 4.742 (POS)**	Main effect for POS; no interaction effect	0.085
WOR and EDU on ACT scores [^]	0.258 (WOR-EDU) 0.091 (WOR) 5.716 (EDU)**	Main effect for EDU; no interaction effect	0.098
WOR and MAR on ACT scores [^]	1.801 (WOR-MAR) 4.551 (WOR) 1.858 (MAR)	No significant interaction effect nor main effect	n/a
POS and EDU on ACT scores [^]	0.672 (POS-EDU) 0.279 (POS) 4.852 (EDU)**	Main effect for EDU; no interaction effect	0.092
POS and AGE on HIN scores [^]	0.734 (POS-AGE) 0.620 (POS) 2.444 (AGE)	No significant interaction effect nor main effect	n/a

NOTES: Statistically significant ** ($p < 0.01$) rejecting the null hypothesis of no effect. [^]Levene's test showed unequal variances between the groups in the HAP and ACT scores on a number of attributes shown above. Thus, a more stringent significance level (i.e. $p=0.01$) was used (Pallant, 2013:279) to ascertain interaction or main effects.

6.9. Results of the Standard Multiple Regression Analysis

Six regression models were generated in this study to investigate the relationships between the predicted independent variables with the three dependent variables, namely: adjusted wellness learning score (adjusted WLS), happiness in work and life score (HAP) and wellness dimensions score (WDS). The adjusted WLS was computed by adding the responses for all the items about the learning of wellness

(items coded L1 to L28) for each respondent, but removing the 11 items which loaded negatively or loaded into more than one component in the exploratory factor analysis (EFA).

6.9.1. Regression Models with adjusted Wellness Learning Score (adjusted WLS) as Dependent Variable

These two models represent the effects of the 15 predictors to the adjusted wellness learning score (adjusted WLS) as the dependent variable. These two models, labelled Model 1.a. and 1.b. are explained in the following subheadings.

6.9.1.1. Regression Model 1.a. (adjusted WLS as Dependent Variable with numerical predictors)

Model 1.a. looks into the effect of the seven numerical independent variables to the adjusted WLS. These independent variables included the following: happiness in work and life score (HAP), wellness dimensions score (WDS), number of wellness activities attended (ACT), number of motivators acknowledged in participating (MOT) and number of hindrances acknowledged in not participating (HIN), programme participation score (PAR) and programme satisfaction score (SAT).

Textbox 17. Regression Model 1.a.

$$WLS_{Adjusted} = \beta_0 + \beta_1 ACT + \beta_2 WDS + \beta_3 HAP + \beta_4 MOT + \beta_5 HIN + \beta_6 PAR + \beta_7 SAT + \mu$$

Where:

$WLS_{Adjusted}$ – adjusted wellness learning score

ACT – number of wellness activities attended

WDS – wellness dimensions score

HAP – happiness in work and life score

MOT – number of motivators acknowledged in participating

HIN – number of hindrances acknowledged in not participating

PAR – programme participation score

SAT – programme satisfaction score

β_0 – constant

μ – error term

6.9.1.1.1. Tests of Regression Assumptions for Model 1.a.

A regression diagnostic was carried-out for Model 1.a. to test whether it meets the assumptions of linear regression. Four assumptions and an additional two issues in regression were checked and addressed. These assumptions include normality, linearity, homoscedasticity and independence of residuals. Meanwhile, issues about the presence of outliers and multicollinearity in the model were also checked.

6.9.1.1.1.1. Normality Test for Regression Model 1.a.

A normality test was conducted for Model 1.a. using a normality plot (see Figure 14). This figure shows significant deviations from the diagonal line to indicate skewness in the distribution of the adjusted wellness learning scores (adjusted WLS). Because of this, the presence of outliers was checked. The scatterplot diagram on Figure 16 confirms the presence of unusual and influential data. The outliers were then identified using SPSS and were re-coded into missing cases. In the upper limit, scores of 83 and above were disregarded. Meanwhile, scores of 20 and below were also disregarded for the lower limit. An improved version of the normality plot can be seen in Figure 15.

Figure 14. Normality Plot of Regression Model 1.a. (with the outliers)

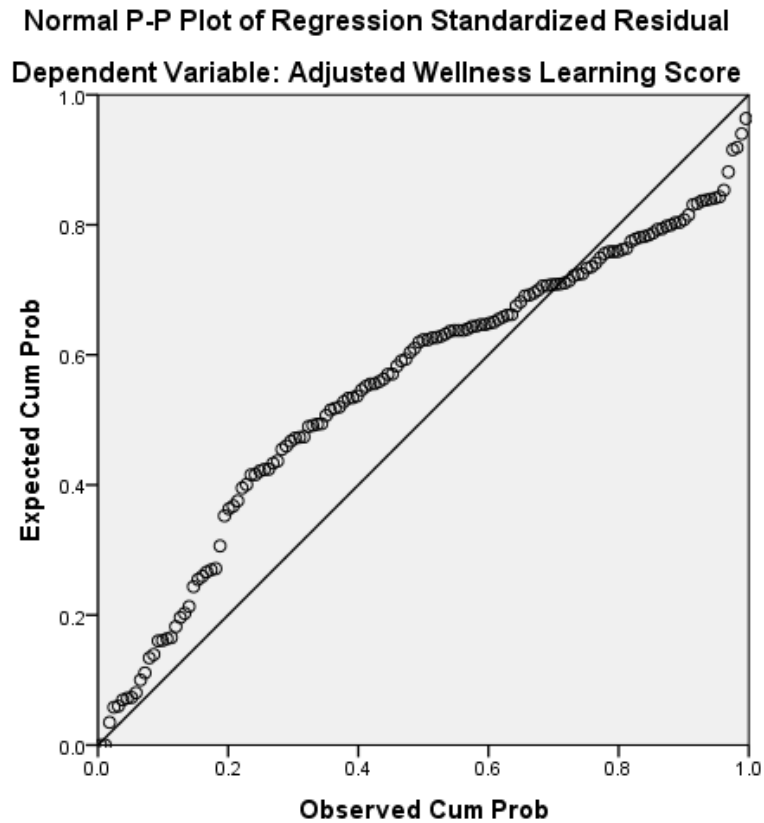
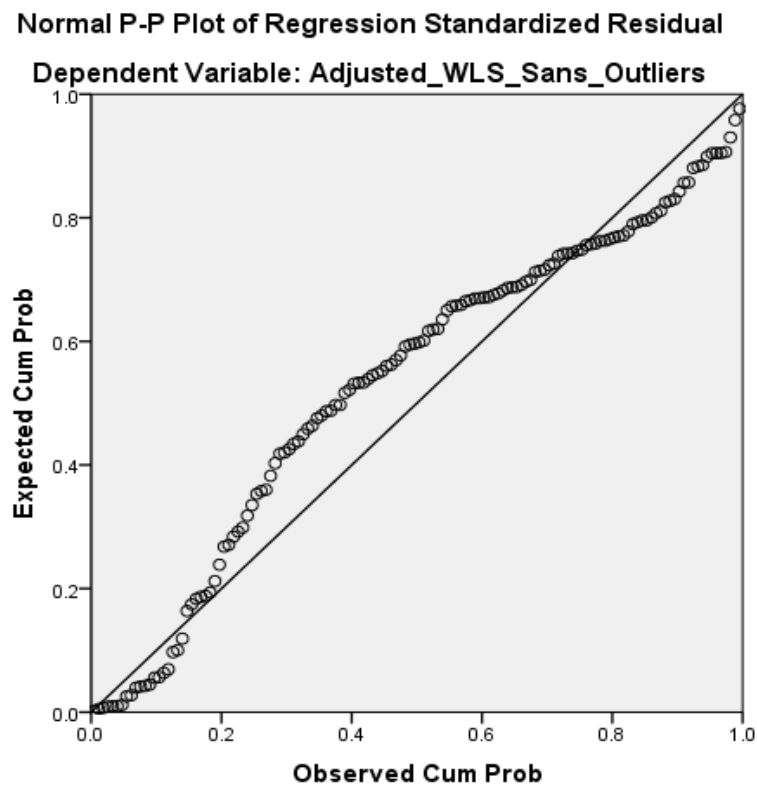


Figure 15. Normality Plot of Regression Model 1.a. (without the outliers)



6.9.1.1.1.2. Linearity Test for Regression Model 1.a.

Another assumption which was checked is whether the relationship between the predictors and the dependent variable is a linear function (Curwin and Slater, 2008). This was checked with a scatterplot of the residuals and the predicted values (see Figures 16 and 17). Both figures clear the model of any violation in the linearity assumption. An improved version (Figure 17) shows the elimination of the outliers which improved the regression models, even when the dummy variables were introduced in Model 1.b.

6.9.1.1.1.3. Homoscedasticity Test for Regression Model 1.a.

Homoscedasticity was also checked for Model 1.a. It is the assumption of a constant variance in the model (Curwin and Slater, 2008). The scatterplots generated also clear the model of any violations in this assumption to indicate the absence of a heteroskedasticity problem.

6.9.1.1.1.4. Independence of Residuals Test for Regression Model 1.a.

This assumption was also tested on Model 1.a. with the use of the scatterplots. It assumes that the errors or disturbance terms are not correlated (Curwin and Slater, 2008). Even with the presence of outliers, the residuals for the data mainly concentrated along the zero (0) point showing no clear or systematic pattern, to indicate the absence of an autocorrelation problem. Since the data is a non-time series data, a Durbin-Watson test may not be performed (Curwin and Slater, 2008). A scatterplot may be enough to identify any deviations from the centralised rectangle. These deviations may indicate a violation in one of the assumptions (Pallant, 2013), in other words, the presence of an autocorrelation problem. Nevertheless, a Durbin-Watson statistic was still generated in the SPSS output to ascertain that there is no

autocorrelation in the data. This statistic can generate a number between zero (0) to four (4), where 0 or values near 0 indicate positive autocorrelation while 4 or values near it indicate negative autocorrelation (Montgomery, Peck and Vining, 2001). Thus, a Durbin-Watson value of two (2) or values approximating it will clear the data of an autocorrelation problem. For model 1.a., the Durbin-Watson statistic generated is 1.821 as shown in the model summary (see Table 54), indicating the absence of autocorrelation.

Figure 16. Scatterplot of Regression Model 1.a. (with the outliers)

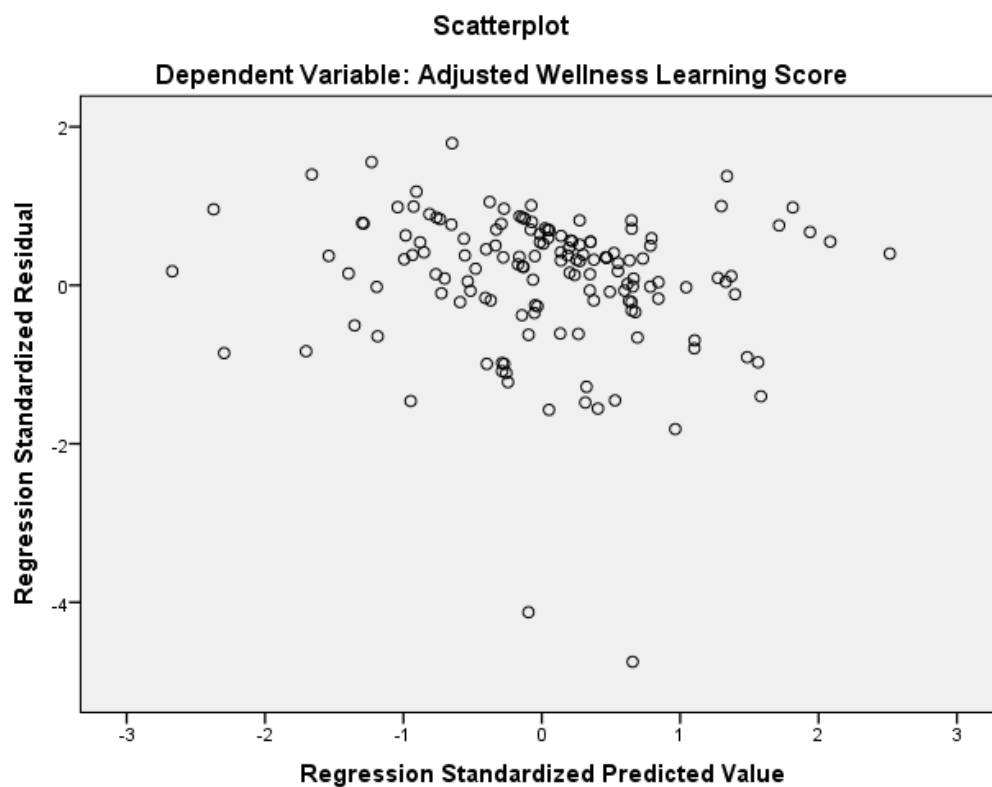
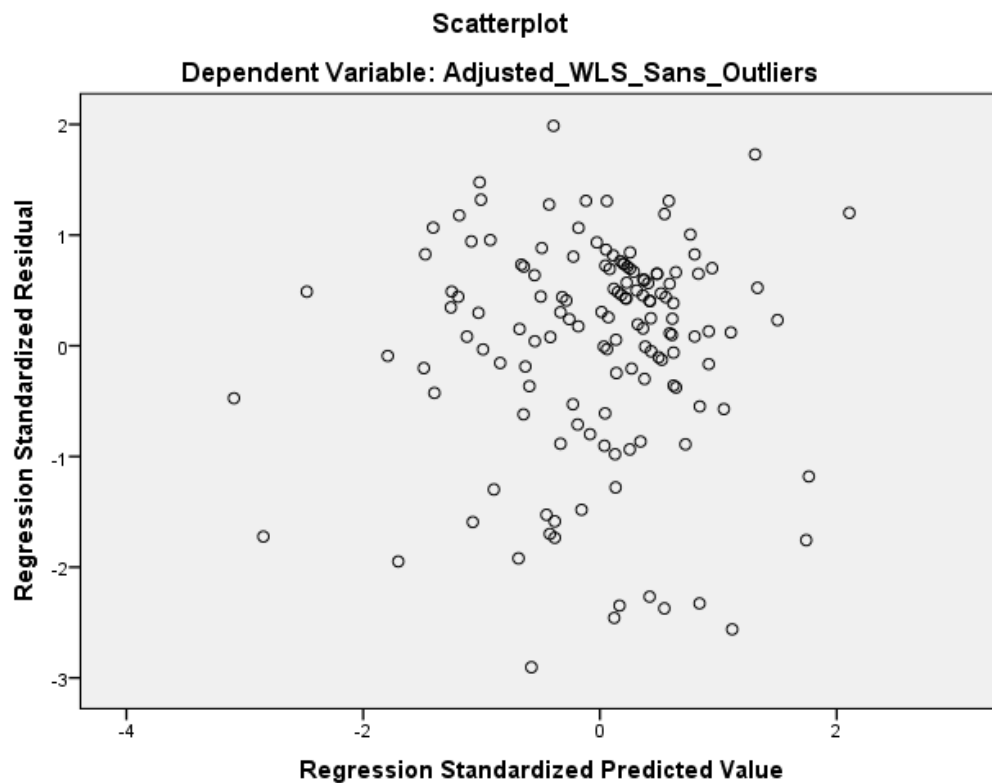


Figure 17. Scatterplot of Regression Model 1.a. (without the outliers)



6.9.1.1.1.5. Outliers on Regression Model 1.a.

As already stated, a number of outliers in the adjusted wellness learning scores (adjusted WLS) were identified in the dataset. These were found to influence the data, especially in connection with the normality assumption. Because of this, they were dropped from the dataset to improve the model.

6.9.1.1.1.6. Multicollinearity Test on Regression Model 1.a.

Multicollinearity is an issue where the predictors are highly collinear, causing problems in estimating the regression coefficients (Curwin and Slater, 2008). In this respect, Model 1.a. passed the multicollinearity test. Tolerance values are more than 0.10, suggesting the absence of multicollinearity (Pallant, 2013). Moreover, no variance inflation factor (VIF) values are above 10, which could indicate a multicollinearity problem (Pallant, 2013). In the model generated, VIF values never even reached 2.0.

Table 53. Collinearity Statistics of Regression Model 1.a.

Model 1.a.	Correlations			Collinearity Statistics	
	Zero-order	Partial	Part	Tolerance	VIF
ACT	0.168	0.019	0.014	0.777	1.286
WDS	0.501	0.325	0.26	0.723	1.383
HAP	0.582	0.352	0.283	0.628	1.593
MOT	0.279	0.135	0.102	0.835	1.198
HIN	-0.035	-0.029	-0.022	0.898	1.113
PAR	0.062	0.036	0.027	0.819	1.222
SAT	0.264	0.149	0.114	0.827	1.210

Dependent Variable: Adjusted WLS (without the outliers)

6.9.1.1.2. Evaluation of Regression Model 1.a.

Model 1.a. was evaluated in terms of the R Square and the adjusted R Square. The adjusted R Square is a statistic used when a small sample is involved to provide a better estimate of the true population (Pallant, 2013). Each of the independent variables was also evaluated by looking at their standardised beta coefficients and their statistical significance.

Table 54. R Square Summary of Regression Model 1.a.

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1.a.	.656	.431	.403	6.73423	1.821

Model 1.a. can explain 40.30% of the variance in the wellness learning of employees in the organisation. Looking at the standardised coefficients or the beta values of the independent variables (see Table 55), the happiness in work and life score (HAP) has the biggest beta coefficient at 0.358, which is significant at $p=0.01$. This means that this independent variable makes the strongest effect or contribution towards wellness learning. The only other significant predictor in Model 1.a. is the wellness dimensions score (WDS) of the respondents, also at $p=0.01$. This means that

their positive attitudes on whether or not the wellness programme affects the nine dimensions in their lives also play a significant contribution to their wellness learning. The other independent variables, namely: number of wellness activities attended (ACT), number of motivators acknowledged (MOT), number of hindrances acknowledged (HIN), programme participation score (PAR) and programme satisfaction score (SAT) do not significantly affect the wellness learning scores (WLS) in Model 1.a.

Table 55. Beta Coefficients of Regression Model 1.a.

Variables for Model 1.a.	Unstandardised Coefficients		Standardised Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	22.479	4.336		5.184	0.000
ACT	0.122	0.532	0.016	0.229	0.819
WDS	0.452	0.110	0.305**	4.099	0.000
HAP	2.172	0.485	0.358**	4.477	0.000
MOT	0.436	0.269	0.112	1.618	0.108
HIN	-0.125	0.368	-0.023	-0.341	0.734
PAR	0.238	0.551	0.030	0.432	0.667
SAT	1.276	0.711	0.125	1.796	0.075

Dependent Variable: Adjusted WLS (without the outliers)

NOTE: Statistically significant ** ($p < 0.01$) rejecting the null hypothesis of no significant effect on the dependent variable.

6.9.1.2. Regression Model 1.b. (adjusted WLS as Dependent Variable with Numerical Predictors and Dummy Variables)

In an attempt to improve Model 1.a., Model 1.b. further investigates into the effects of the seven numerical independent variables with the addition of eight dummy variables. These dummy variables include the following: nature of work (WOR), position level (POS), tenure (TEN), age (AGE), gender (GEN), marital status (MAR), employment status (EMP) and educational attainment (EDU). A summary of this model is presented in Textbox 18.

Textbox 18. Regression Model 1.b.

$$WLS_{Adjusted} = \beta_0 + \beta_1 ACT + \beta_2 WDS + \beta_3 HAP + \beta_4 MOT + \beta_5 HIN + \beta_6 PAR + \beta_7 SAT + \beta_8 WOR + \beta_9 POS + \beta_{10} TEN + \beta_{11} AGE + \beta_{12} GEN + \beta_{13} MAR + \beta_{14} EMP + \beta_{15} EDU + \mu$$

Where:

$WLS_{Adjusted}$ – adjusted wellness learning score

ACT – number of wellness activities attended

WDS – wellness dimensions score

HAP – happiness in work and life score

MOT – number of motivators acknowledged in participating

HIN – number of hindrances acknowledged in not participating

PAR – programme participation score

SAT – programme satisfaction score

WOR – nature of work (where 1- support; 0- production)

POS – position (1- managerial/supervisory; 0- non-managerial/non-supervisory)

TEN – tenure (1- tenure of 5 years or more; 0- tenure of less than 5 years)

AGE – age (where 1- middle-aged adult; 0- young adult)

GEN – gender (1- male; 0- female)

MAR – marital status (1- married; 0- non-married)

EMP – employment status (1- regular employee; 0- non-regular employee)

EDU – educational attainment (1- degree; 0- non-degree)

β_0 – constant

μ – error term

6.9.1.2.1. Tests of Regression Assumptions for Model 1.b.

Assumptions on normality, linearity, homoscedasticity and independence of residuals were also conducted for Model 1.b. Furthermore, issues with outliers and multicollinearity were checked on the model.

6.9.1.2.1.1. Normality Test for Model 1.b.

Similar violation in the normality assumption was encountered on Model 1.b. even with the addition of dummy variables (see Figure 18). This was addressed in a similar fashion by removing the outliers. Figure 19 shows the difference when the outliers in the data were removed.

Figure 18. Normality Plot of Regression Model 1.b. (with the outliers)

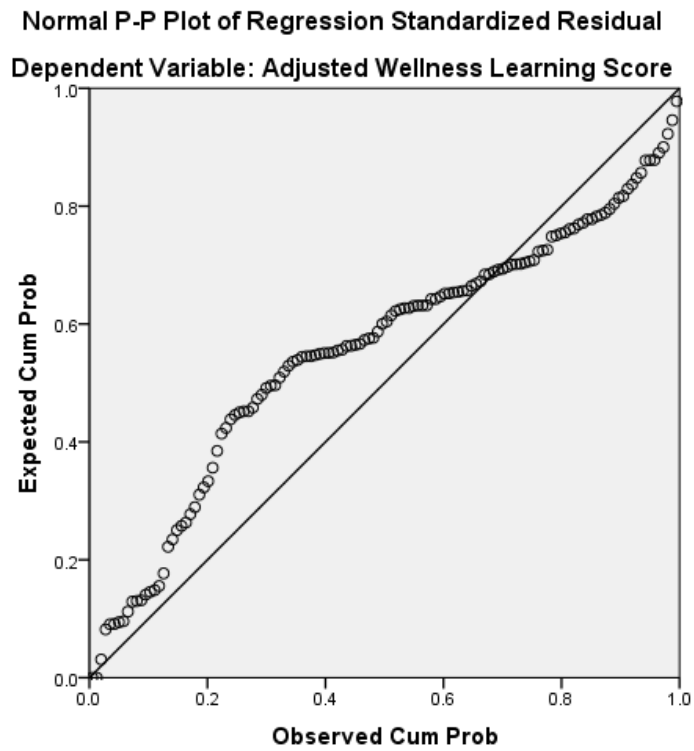
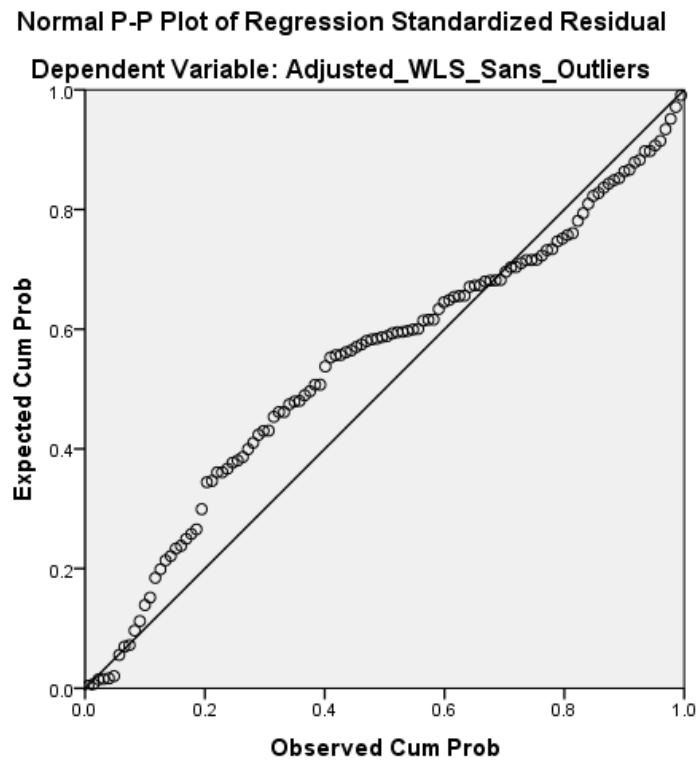


Figure 19. Normality Plot of Regression Model 1.b. (without the outliers)



6.9.1.2.1.2. Linearity Test for Model 1.b.

No violation in the linearity assumption is observed in Model 1.b. The generated scatterplots of the residuals and the predicted values are reasonably plotted in the rectangle with no systematic piling up in one area or any curvatures (see Figure 20).

6.9.1.2.1.3. Homoscedasticity Test for Model 1.b.

Model 1.b. also passed the homoscedasticity assumption with the use of the scatterplot. The residuals and the predicted values are reasonably placed around the zero (0) value showing no major deviations from the centralised rectangle as shown in Figure 20.

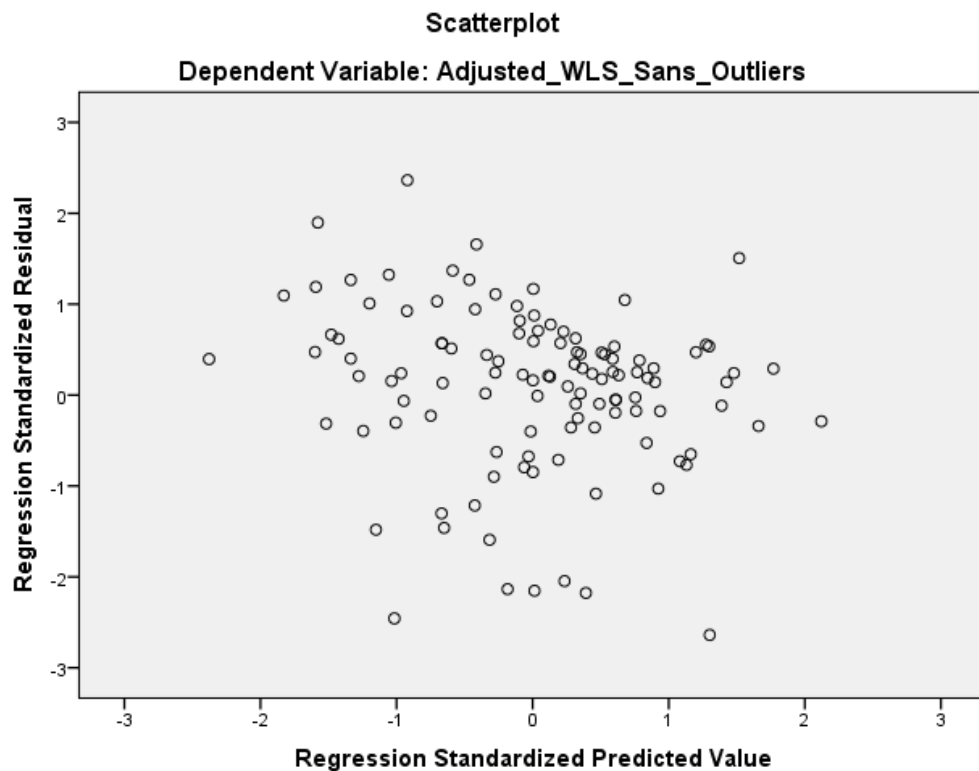
6.9.1.2.1.4. Independence of Residuals Test for Model 1.b.

The problem of autocorrelation was not detected for Model 1.b. based on the results of the scatterplot generated in Figure 20, where no systematic pattern was observed between the residuals and the predicted values in the data. Moreover, the generated Durbin-Watson value of 1.999 in Table 57 confirms this.

6.9.1.2.1.5. Outliers on Model 1.b.

Outliers were also removed in the data for Model 1.b. after these were found to influence the model. The scatterplot on Figure 20 shows the absence of these outliers, where no values greater than 3 or lesser than -3 are observed, indicating the non-existence of any influencing data in the regression model (Pallant, 2013).

Figure 20. Scatterplot of Regression Model 1.b. (without the outliers)



6.9.1.2.1.6. Multicollinearity Test on Regression Model 1.b.

Table 56 presents the collinearity statistics for Model 1.b. Based on the generated Tolerance and VIF values, a multicollinearity problem is not detected amongst the independent variables in the model (i.e. numerical and dummy variables). Educational attainment (i.e. degree or non-degree holders) is one of the dummy variables that registered the highest VIF value at 3.059 but it is still way below 10. Meanwhile, the Tolerance values for all the independent variables are far greater than 0.10 which means that there is an absence of a multicollinearity problem.

Table 56. Collinearity Statistics of Regression Model 1.b.

Model 1.b.	Correlations			Collinearity Statistics	
	Zero-order	Partial	Part	Tolerance	VIF
ACT	0.168	0.007	0.005	0.632	1.583
WDS	0.501	0.333	0.259	0.642	1.559
HAP	0.582	0.359	0.282	0.590	1.695
MOT	0.279	0.129	0.095	0.766	1.305
HIN	-0.035	0.001	0.001	0.822	1.216
PAR	0.062	0.004	0.003	0.784	1.275
SAT	0.264	0.192	0.144	0.768	1.302
WOR	0.071	0.107	0.079	0.415	2.408
POS	0.009	-0.091	-0.067	0.716	1.396
TEN	-0.039	-0.014	-0.010	0.648	1.544
AGE	-0.033	0.079	0.058	0.677	1.478
GEN	-0.092	0.081	0.060	0.828	1.207
MAR	-0.098	0.020	0.015	0.642	1.557
EMP	-0.086	-0.141	-0.104	0.858	1.165
EDU	0.073	0.022	0.016	0.327	3.059

Dependent Variable: Adjusted Wellness Learning Score (without the outliers)

6.9.1.2.2. Evaluation of Regression Model 1.b.

Table 57 shows that Model 1.b. can explain 40% of the variation in the adjusted wellness learning score (adjusted WLS). The highest standardised beta value is for the happiness in life and work score (HAP) at 0.368. This is followed by the wellness dimension score (WDS) and programme satisfaction score (SAT) at 0.324 and 0.164, respectively. This shows that these three independent variables are the significant contributors to wellness learning, positively affecting it. However, the rest of the predictor variables including the dummy variables proved insignificant, showing that they do not affect the dependent variable. Thus, attributes such as the respondents' age, gender and work group, amongst others do not significantly affect their wellness learning behaviours. Table 58 presents the beta coefficients and significance of the rest of the predictors for Model 1.b.

Table 57. R Square Summary of Regression Model 1.b.

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1.b.	.679	.461	.400	6.74753	1.999

Table 58. Beta Coefficients of Regression Model 1.b.

Variables for Model 1.b.	Unstandardised Coefficients		Standardised Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	22.781	5.662		4.023	0.000
ACT	0.045	0.591	0.006	0.076	0.940
WDS	0.479	0.117	0.324**	4.087	0.000
HAP	2.231	0.501	0.368**	4.449	0.000
MOT	0.423	0.282	0.109	1.500	0.136
HIN	0.007	0.385	0.001	0.017	0.986
PAR	0.027	0.564	0.003	0.048	0.962
SAT	1.671	0.739	0.164*	2.262	0.025
WOR	2.124	1.712	0.122	1.240	0.217
POS	-1.818	1.715	-0.079	-1.060	0.291
TEN	-0.218	1.382	-0.012	-0.158	0.875
AGE	1.397	1.518	0.071	0.920	0.359
GEN	1.193	1.265	0.066	0.943	0.347
MAR	0.326	1.379	0.019	0.237	0.813
EMP	-4.497	2.730	-0.113	-1.647	0.102
EDU	0.491	1.935	0.028	0.254	0.800

Dependent Variable: Adjusted Wellness Learning Score (without the outliers)
 NOTE: Statistically significant * ($p < 0.05$) and ** ($p < 0.01$) rejecting the null hypothesis of no significant effect on the dependent variable.

6.9.1.3. Comparing Regression Model 1.a and Model 1.b.

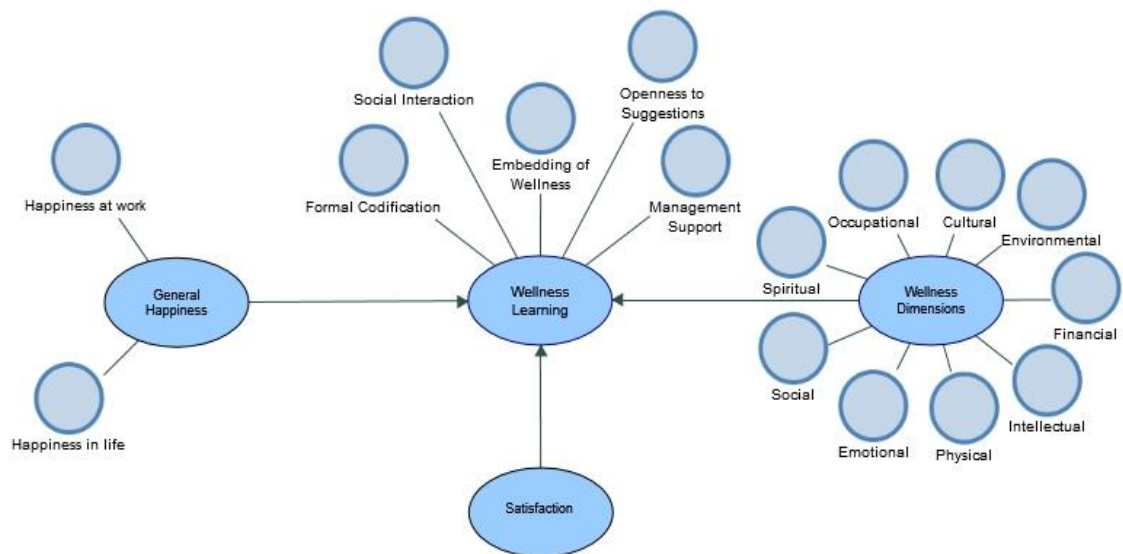
In comparison, Model 1.a. has a marginally better goodness-of-fit statistic in explaining the variation in the wellness learning scores (WLS) of the respondents than Model 1.b., even though the latter model added dummy variables which could have increased the value for the R Square. However, Model 1.b. produced more significant predictors for the dependent variable than Model 1.a. Both models showed non-normality in the distribution of the scores.

Nevertheless, the other assumptions of the linear regression model were not violated, showing that the error terms are independently distributed. For the estimates of the beta coefficients to be considered acceptable and valid, only the other assumptions (i.e. linearity, homoscedasticity and independence of residuals) should be fulfilled, despite the presence of non-normality in the model (Institute for Digital Research and Education, 2016).

Moreover, a regression is one of the quantitative analysis methods that are robust and can still be performed even when data shows skewness or non-normality (Santiago, 2015). Nevertheless, a sensitivity analysis performed on these two models using a Log10 transformation in the adjusted WLS data is shown in Appendix 11 to illustrate whether there are significant or only marginal changes in the models when a change in the assumption was made. Most importantly, it is illustrated which models can explain more in terms of the variation in the dependent variable by comparing the values of the R Square generated between them.

Figure 21 presents a model of wellness learning in the organisation with the significant predictors based on the results of the regression analysis. These significant predictors include the happiness in work and life (HAP), attitudes towards the wellness dimensions in connection with the wellness programme (WDS) and satisfaction with the programme (SAT).

Figure 21. Model of Wellness Learning with the Significant Predictors



6.9.2. Regression Models with Happiness in Work and Life Score (HAP) as Dependent Variable

To further investigate the dynamic relationship between wellness learning and general happiness, two regression models were also ran making the happiness in work and life (HAP) as the dependent variable. In the same manner of analysis as with the previous models on adjusted WLS, the variations in the dependent variable (i.e. HAP) were examined using seven and 15 predictors (i.e. predictors including the eight dummy variables).

6.9.2.1. Regression Model 2.a. (HAP as Dependent Variable with Numerical Predictors)

Regression Model 2.a. uses the seven numerical predictors, this time making the adjusted wellness learning score (adjusted WLS) as one of the independent variables.

Textbox 19. Regression Model 2.a.

$$\text{HAP} = \beta_0 + \beta_1\text{ACT} + \beta_2\text{WDS} + \beta_3\text{WLS}_{\text{Adjusted}} + \beta_4\text{MOT} + \beta_5\text{HIN} + \beta_6\text{PAR} + \beta_7\text{SAT} + \mu$$

Where:

HAP – happiness in work and life score

ACT – number of wellness activities attended

WDS – wellness dimensions score

WLS_{Adjusted} – adjusted wellness learning score

MOT – number of motivators acknowledged in participating

HIN – number of hindrances acknowledged in not participating

PAR – programme participation score

SAT – programme satisfaction score

β_0 – constant

μ – error term

6.9.2.1.1. Tests of Regression Assumptions for Model 2.a.

The assumptions of normality, linearity, homoscedasticity and independence of the residuals were not violated in Model 2.a. As can be seen from Figure 22, the points lie within a reasonable distance from the diagonal straight line, indicating no major deviations from normality.

Figure 23 shows the generated scatterplot of the residuals and the expected values for this model. No deviations or outliers were detected within the centralised rectangle of this scatterplot. This indicates that there is no violation of any of the regression assumptions. At first glance, the scatterplot may appear to form a pattern. However, what will be an indication of a problem is when there is a curvilinear pattern or patches which are higher in some parts of the rectangle than in other parts, away from the zero (0) value (Pallant, 2013). Much of the residuals plotted near the centre, clearing away any violation in the assumptions. Moreover, the Durbin-Watson value of 1.936 in Table 60 clears the model of an autocorrelation problem.

Figure 22. Normality Plot of Regression Model 2.a.

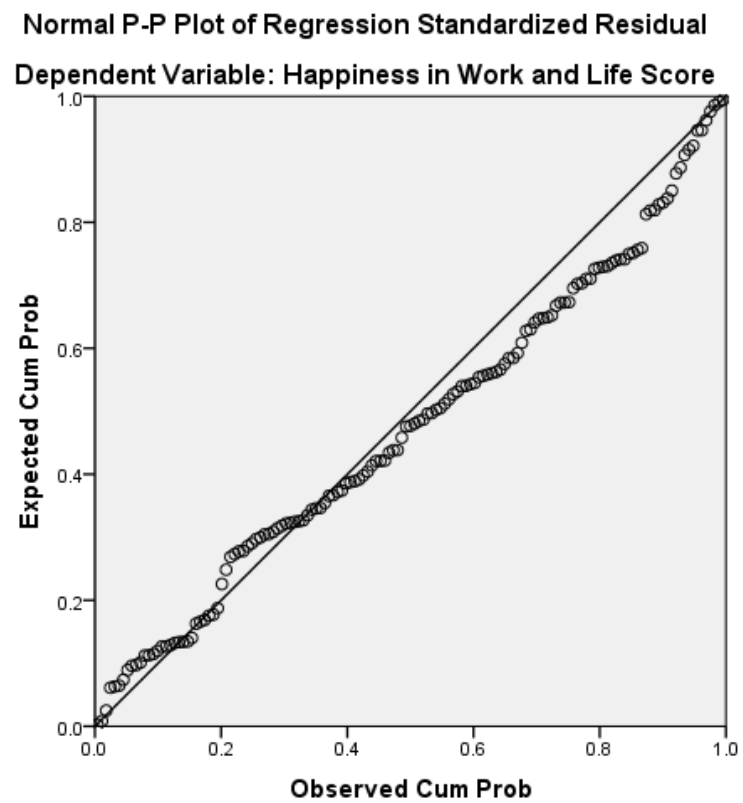


Figure 23. Scatterplot of Regression Model 2.a.



Model 2.a. also passed the multicollinearity test, where Tolerance and VIF values are at the acceptable levels (i.e. Tolerance value > 0.10 and VIF value < 10).

Table 59. Collinearity Statistics of Regression Model 2.a.

Variables for Model 2.a.	Correlations			Collinearity Statistics	
	Zero-order	Partial	Part	Tolerance	VIF
ACT	0.151	0.026	0.020	0.778	1.286
Adjusted WLS	0.550	0.318	0.252	0.645	1.55
WDS	0.477	0.298	0.234	0.682	1.466
MOT	0.287	0.193	0.148	0.867	1.153
HIN	-0.025	0.029	0.022	0.89	1.123
PAR	0.013	-0.023	-0.017	0.818	1.222
SAT	0.339	0.280	0.219	0.869	1.150

Dependent Variable: Happiness in Work and Life Score

6.9.2.1.2. Evaluation of Regression Model 2.a.

Model 2.a. can explain 40.8% of the variance in the general happiness of employees due to the wellness programme. Looking at the standardised coefficients or the beta values of the independent variables, the adjusted wellness learning score (adjusted WLS) has the biggest beta coefficient at 0.314, which is significant at $p=0.01$. This means that this independent variable makes the strongest positive effect towards general happiness.

Table 60. R Square Summary of Regression Model 2.a.

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
2.a.	.660	.436	.408	1.104	1.936

The other significant predictors are the wellness dimensions score (WDS), the number of motivators acknowledged (MOT) and programme satisfaction score (SAT). The beta coefficients for the rest of the independent variables are insignificant, showing that these three variables do not significantly affect the employees' general happiness in work and life due to the wellness programme. Moreover, general happiness appears to have a negative relationship with participation in the programme, although the beta coefficient for PAR is insignificant. Ironically, this shows that general happiness increases as participation level decreases. Looking at the data, however, it can be explained that even those who rarely participated in the programme still reported high levels of happiness.

Table 61. Beta Coefficients of Regression Model 2.a.

Variables for Model 2.a.	Unstandardised Coefficients		Standardised Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.024	0.710		1.442	0.152
ACT	0.027	0.087	0.022	0.314	0.754
Adjusted WLS	0.036	0.009	0.314**	3.996	0.000
WDS	0.069	0.019	0.283**	3.714	0.000
MOT	0.102	0.043	0.159*	2.346	0.020
HIN	0.021	0.061	0.023	0.348	0.728
PAR	-0.025	0.090	-0.019	-0.273	0.786
SAT	0.396	0.114	0.235**	3.482	0.001

Dependent Variable: Happiness in Work and Life Score

NOTE: Statistically significant ** ($p < 0.01$) and * ($p < 0.05$) rejecting the null hypothesis of no significant effect on the dependent variable.

6.9.2.2. Regression Model 2.b. (HAP as Dependent Variable with Numerical Predictors and Dummy Variables)

Regression Model 2.b. include the eight dummy variables in the model to see their effect on the happiness in work and life scores (HAP) of the respondents. This model is illustrated in Textbox 20.

Textbox 20. Regression Model 2.b.

$$\text{HAP} = \beta_0 + \beta_1\text{ACT} + \beta_2\text{WDS} + \beta_3\text{WLS}_{\text{Adjusted}} + \beta_4\text{MOT} + \beta_5\text{HIN} + \beta_6\text{PAR} + \beta_7\text{SAT} + \beta_8\text{WOR} + \beta_9\text{POS} + \beta_{10}\text{TEN} + \beta_{11}\text{AGE} + \beta_{12}\text{GEN} + \beta_{13}\text{MAR} + \beta_{14}\text{EMP} + \beta_{15}\text{EDU} + \mu$$

Where:

HAP – happiness in work and life score

ACT – number of wellness activities attended

WDS – wellness dimensions score

WLS_{Adjusted} – adjusted wellness learning score

MOT – number of motivators acknowledged in participating

HIN – number of hindrances acknowledged in not participating

PAR – programme participation score

SAT – programme satisfaction score

WOR – nature of work (where 1- support; 0- production)

POS – position (1- managerial/supervisory; 0- non-managerial/non-supervisory)

TEN – tenure (1- tenure of 5 years or more; 0- tenure of less than 5 years)

AGE – age (where 1- middle-aged adult; 0- young adult)

GEN – gender (1- male; 0- female)

MAR – marital status (1- married; 0- non-married)

EMP – employment status (1- regular employee; 0- non-regular employee)

EDU – educational attainment (1- degree; 0- non-degree)

β_0 – constant

μ – error term

6.9.2.2.1. Tests of Regression Assumptions for Model 2.b.

Like Model 2.a., Model 2.b. passed the linear regression assumptions of normality, linearity, homoscedasticity and independence of the residuals as shown by the normality plot and scatterplot generated (see Figures 24 and 25). As shown in Figure 24, the points lie within a reasonable distance from the diagonal straight line, indicating no major deviations from normality. Meanwhile, Figure 25 shows no major deviations within the centralised rectangle to indicate outliers. There are also no curvilinear patterns or patches within the rectangle that is away from the zero (0) value. Furthermore, the Durbin-Watson value of 2.043 in Table 63 is well within the acceptable range to indicate the absence of an autocorrelation problem.

Figure 24. Normality Plot of Regression Model 2.b.

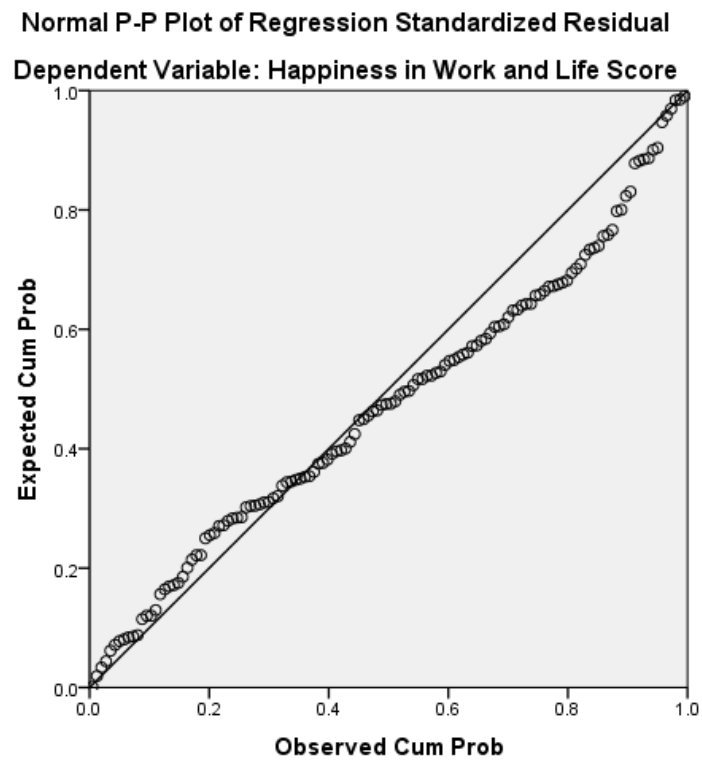


Figure 25. Scatterplot of Regression Model 2.b.



In terms of multicollinearity, the Tolerance and VIF values both indicate that the model is cleared of this problem (see Table 62 below). No VIF values are above 10 while the tolerance values are all above 0.10.

Table 62. Collinearity Statistics of Regression Model 2.b.

Model 2.b.	Correlations			Collinearity Statistics	
	Zero-order	Partial	Part	Tolerance	VIF
ACT	0.151	0.096	0.070	0.638	1.569
Adj WLS	0.55	0.331	0.254	0.625	1.599
WDS	0.477	0.297	0.225	0.607	1.648
MOT	0.287	0.178	0.131	0.791	1.264
HIN	-0.025	-0.01	-0.007	0.857	1.168
PAR	0.013	-0.028	-0.020	0.783	1.277
SAT	0.339	0.232	0.173	0.776	1.289
WOR	-0.119	-0.138	-0.101	0.418	2.392
POS	-0.077	-0.159	-0.117	0.734	1.363
TEN	0.029	0.041	0.030	0.648	1.544
AGE	-0.001	0.010	0.007	0.674	1.484
GEN	-0.174	-0.079	-0.057	0.828	1.208
MAR	-0.042	-0.005	-0.004	0.642	1.557
EMP	0.048	0.018	0.013	0.847	1.180
EDU	-0.053	0.061	0.044	0.328	3.052

Dependent Variable: Happiness in Work and Life Score

6.9.2.2.2. Evaluation of Regression Model 2.b.

Table 63. R Square Summary of Regression Model 2.b.

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
2.b.	.689	.475	.416	1.097	2.043

Model 2.b. can explain 41.6% of the variance in the happiness in work and life (HAP) of the employees, given that dummy variables were added in the model. The number of significant predictors for HAP remained the same, however. These still include the adjusted WLS, WDS, MOT and SAT variables. The adjusted WLS has the

strongest effect on HAP given its standardised coefficient of 0.321, which is significant at $p=0.01$.

Table 64. Beta Coefficients of Regression Model 2.b.

Variables for Model 2.b.	Unstandardised Coefficients		Standardised Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.235	0.918		1.345	0.181
ACT	0.107	0.096	0.087	1.113	0.268
Adj WLS	0.037	0.009	0.321**	4.056	0.000
WDS	0.071	0.02	0.289**	3.599	0.000
MOT	0.094	0.045	0.147*	2.095	0.038
HIN	-0.006	0.063	-0.006	-0.092	0.927
PAR	-0.029	0.092	-0.023	-0.32	0.749
SAT	0.330	0.119	0.196**	2.759	0.007
WOR	-0.449	0.277	-0.157	-1.619	0.108
POS	-0.513	0.275	-0.136	-1.861	0.065
TEN	0.107	0.225	0.037	0.475	0.636
AGE	0.028	0.247	0.009	0.114	0.909
GEN	-0.188	0.206	-0.063	-0.912	0.363
MAR	-0.013	0.224	-0.004	-0.057	0.955
EMP	0.091	0.447	0.014	0.204	0.839
EDU	0.221	0.314	0.077	0.703	0.483

Dependent Variable: Happiness in Work and Life Score

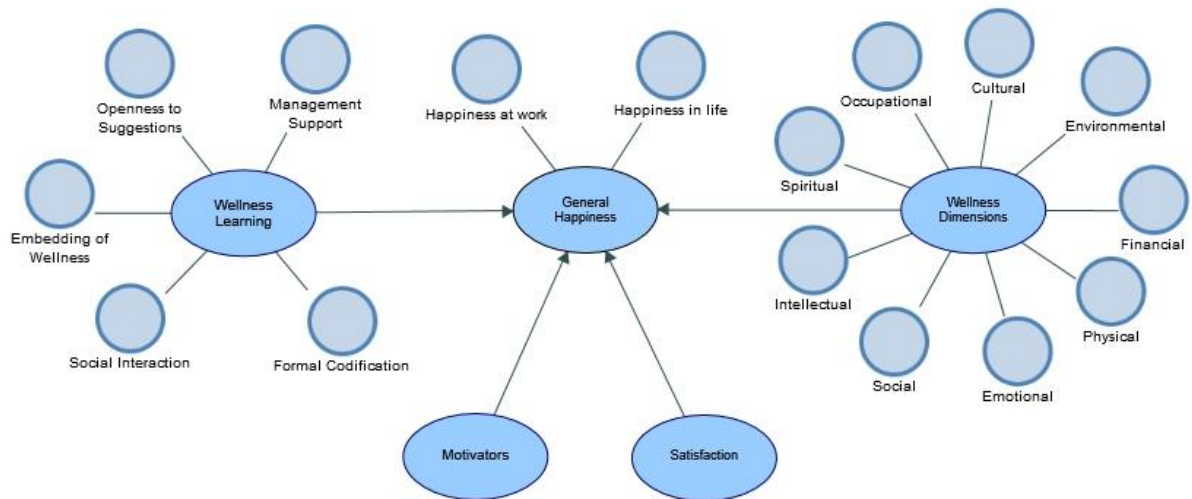
NOTE: Statistically significant ** ($p < 0.01$) and * ($p < 0.05$) rejecting the null hypothesis of no significant effect on the dependent variable.

6.9.2.3. Comparing Regression Model 2.a and Model 2.b.

Figure 26 shows the four significant predictors for the happiness in work and life score (HAP) of the respondents. Model 2.b. has a better goodness-of-fit statistic due to the higher value of its Adjusted R Square compared to Model 2.a. This could be explained by the addition of dummy variables in the model. However, this addition did not increase the number of significant predictors in the model. This shows that demographic and employment-related attributes do not significantly affect the general happiness of the employees who participate in the wellness programme. Rather, it is their wellness learning behaviours, attitudes towards the wellness dimensions in

connection with the programme, motivators and satisfaction with the programme which positively affect their general happiness.

Figure 26. Model of General Happiness with the Significant Predictors



6.9.3. Regression Models with Wellness Dimensions Score (WDS) as Dependent Variable

The relationship between the employees' attitudes towards the wellness dimensions and wellness learning together with the other variables was also further examined by running two regression models for the WDS as a dependent variable.

6.9.3.1. Regression Model 3.a. (WDS as Dependent Variable with Numerical Predictors)

Model 3.a. examines the effects of the numerical variables to the wellness dimensions scores (WDS) of the respondents. The WDS represents the attitudes of the respondents towards the nine wellness dimensions as to whether these are being addressed by the wellness programme.

Textbox 21. Regression Model 3.a.

$$WDS = \beta_0 + \beta_1 ACT + \beta_2 WLS_{Adjusted} + \beta_3 HAP + \beta_4 MOT + \beta_5 HIN + \beta_6 PAR + \beta_7 SAT + \mu$$

Where:

WDS – wellness dimensions score

ACT – number of wellness activities attended

$WLS_{Adjusted}$ – adjusted wellness learning score

HAP – happiness in work and life score

MOT – number of motivators acknowledged in participating

HIN – number of hindrances acknowledged in not participating

PAR – programme participation score

SAT – programme satisfaction score

β_0 – constant

μ – error term

6.9.3.1.1. Tests of Regression Assumptions for Model 3.a.

The generated P-Plot for Model 3.a. indicates normality in the distribution of the scores, even better than the plots for the previous models on wellness learning and general happiness. Meanwhile, the scatterplot in Figure 28 indicate linearity, homoscedasticity and independence of the residuals. Moreover, no outliers were detected. The problem of autocorrelation is non-existent, as shown by the Durbin-Watson statistic of 2.332 in Table 66.

Model 3.a. is also clear of the multicollinearity problem as shown in Table 65. Here, none of the Tolerance values are less than 0.10. On the other hand, none of the generated VIF values are greater than 10.

Figure 27. Normality Plot of Regression Model 3.a.

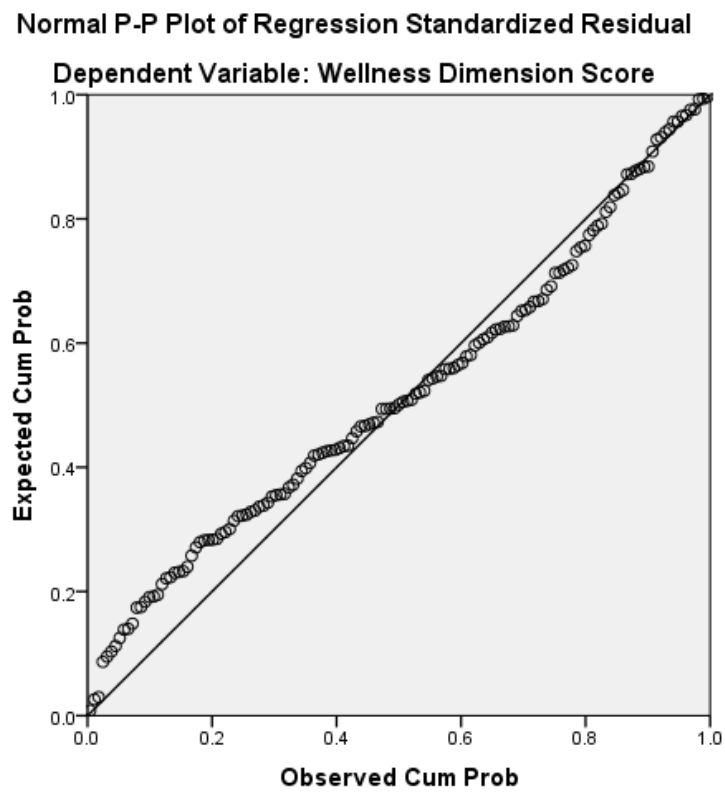


Figure 28. Scatterplot of Regression Model 3.a.

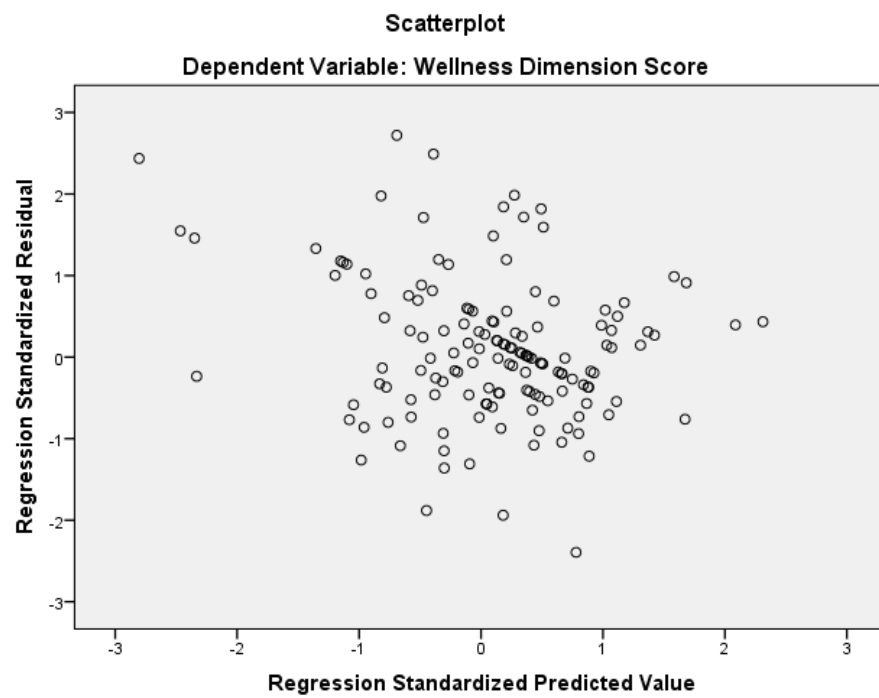


Table 65. Collinearity Statistics of Regression Model 3.a.

Model 3.a.	Correlations			Collinearity Statistics	
	Zero-order	Partial	Part	Tolerance	VIF
ACT	0.202	0.124	0.099	0.789	1.267
HAP	0.477	0.298	0.246	0.619	1.616
Adjusted WLS	0.522	0.374	0.318	0.674	1.483
MOT	0.166	0.037	0.029	0.836	1.196
HIN	-0.040	-0.024	-0.019	0.89	1.124
PAR	0.045	-0.016	-0.013	0.818	1.222
SAT	0.004	-0.250	-0.204	0.854	1.171

Dependent Variable: Wellness Dimension Score

6.9.3.1.2. Evaluation of Regression Model 3.a.**Table 66. R Square Summary of Regression Model 3.a.**

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
3.a.	.615	.378	.348	4.757	2.332

Model 3.a. can explain 34.8% of the variance in the wellness dimensions score (WDS) of the respondents. As already stated, this score reflects their attitudes towards the nine wellness dimensions into whether or not these are being addressed or affected by the wellness programme. Looking at the standardised coefficients of the independent variables in Table 67, the adjusted wellness learning score (adjusted WLS) has the biggest beta coefficient at 0.387, which is significant at $p=0.01$. This means that this predictor makes the strongest positive effect towards the dependent variable (i.e. WDS). The only other two significant predictors are the happiness in work and life score (HAP) and programme satisfaction score (SAT). However, the SAT variable has a negative coefficient, indicating an inverse relationship with WDS. It indicates that respondents may be less satisfied with the programme but still view the wellness dimensions as being positively being affected by it. On the other hand, the

employees' general happiness positively affects their attitudes towards the wellness dimensions as expected.

Table 67. Beta Coefficients of Regression Model 3.a.

Variables for Model 3.a.	Unstandardised Coefficients		Standardised Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	17.396	2.712		6.415	0.000
ACT	0.556	0.373	0.111	1.49	0.138
HAP	1.281	0.345	0.312**	3.714	0.000
Adjusted WLS	0.183	0.038	0.387**	4.808	0.000
MOT	0.083	0.19	0.032	0.439	0.661
HIN	-0.076	0.261	-0.020	-0.292	0.771
PAR	-0.075	0.389	-0.014	-0.193	0.847
SAT	-1.519	0.494	-0.220**	-3.077	0.003

Dependent Variable: Wellness Dimension Score

NOTE: Statistically significant ** ($p < 0.01$) rejecting the null hypothesis of no significant effect on the dependent variable.

6.9.3.2. Regression Model 3.b. (WDS as Dependent Variable with Numerical Predictors and Dummy Variables)

Finally, Model 3.b. was generated and analysed to see the effects of the dummy variables (i.e. demographic attributes of the respondents) to the wellness dimensions score (WDS). Textbox 22 illustrates this model.

Textbox 22. Regression Model 3.b.

$$WDS = \beta_0 + \beta_1 ACT + \beta_2 WLS_{Adjusted} + \beta_3 HAP + \beta_4 MOT + \beta_5 HIN + \beta_6 PAR + \beta_7 SAT + \beta_8 WOR + \beta_9 POS + \beta_{10} TEN + \beta_{11} AGE + \beta_{12} GEN + \beta_{13} MAR + \beta_{14} EMP + \beta_{15} EDU + \mu$$

Where:

WDS – wellness dimensions score

ACT – number of wellness activities attended

WLS_{Adjusted} – adjusted wellness learning score

HAP – happiness in work and life score

MOT – number of motivators acknowledged in participating

HIN – number of hindrances acknowledged in not participating

PAR – programme participation score

SAT – programme satisfaction score

WOR – nature of work (where 1- support; 0- production)

POS – position (1- managerial/supervisory; 0- non-managerial/non-supervisory)

TEN – tenure (1- tenure of 5 years or more; 0- tenure of less than 5 years)

AGE – age (where 1- middle-aged adult; 0- young adult)

GEN – gender (1- male; 0- female)

MAR – marital status (1- married; 0- non-married)

EMP – employment status (1- regular employee; 0- non-regular employee)

EDU – educational attainment (1- degree; 0- non-degree)

β_0 – constant

μ – error term

6.9.3.2.1. Tests of Regression Assumptions for Model 3.b.

Similar with the previous model, Model 3.b. which contains dummy variables passed the normality, linearity, homoscedasticity and independence of residuals tests (see Figures 29 and 30). As shown in Figure 29, the points lie within a reasonable distance from the diagonal straight line which indicates normality. On the other hand, Figure 30 shows no curvilinear patterns or patches within the rectangle that is away from the zero (0) value. No outliers were also detected, with values in the scatterplot lying reasonably between 3.0 and -3.0. The Durbin-Watson value of 2.061 in Table 69 also clears the model of an autocorrelation problem.

Figure 29. Normality Plot of Regression Model 3.b.

Normal P-P Plot of Regression Standardized Residual

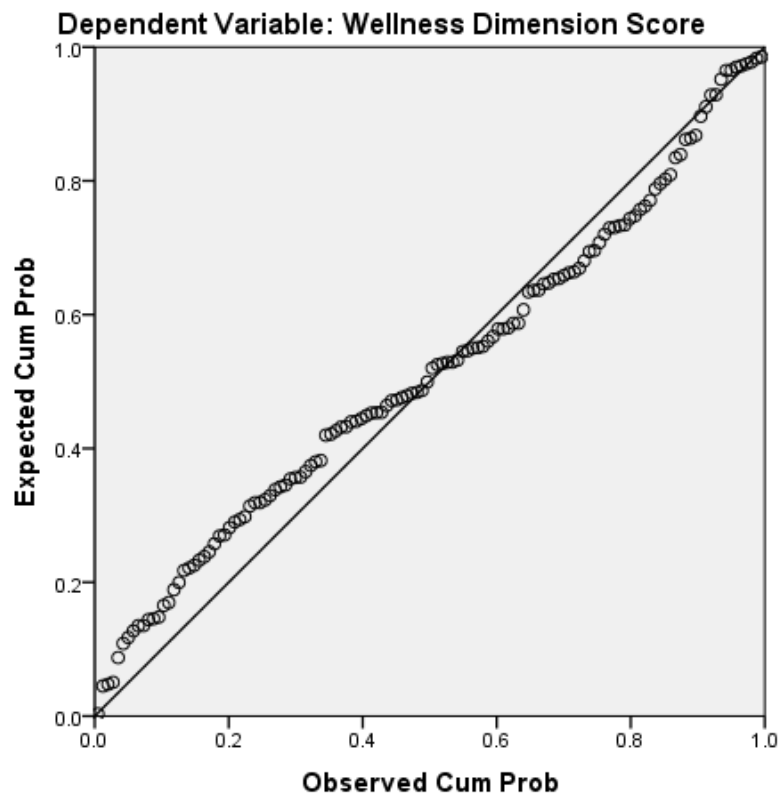
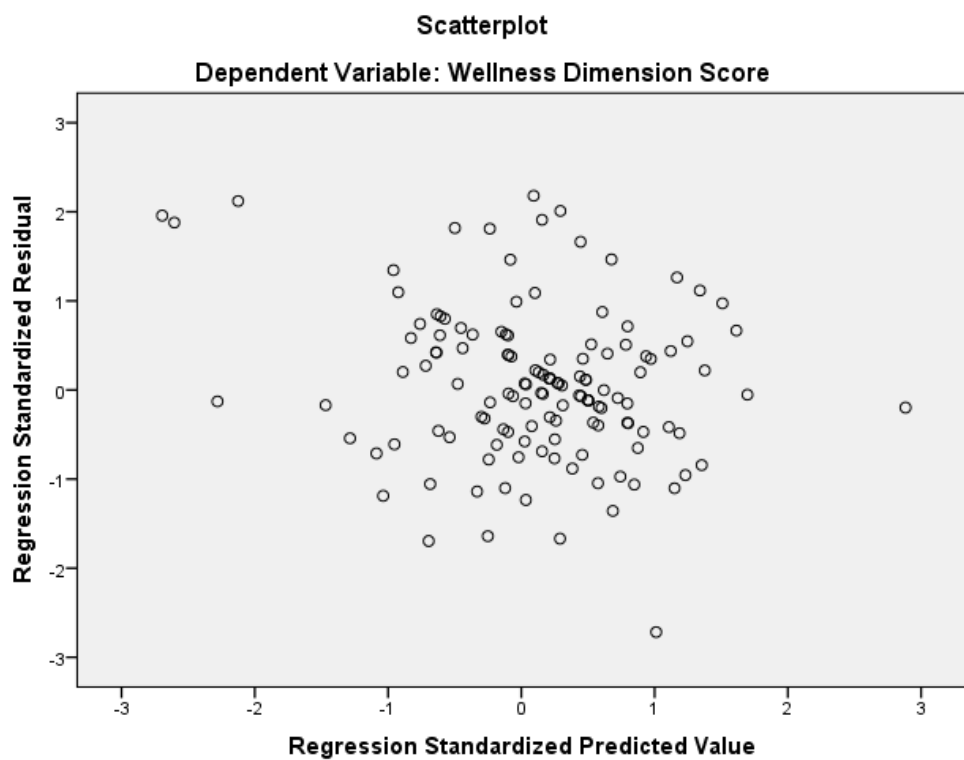


Figure 30. Scatterplot of Regression Model 3.b.



The collinearity diagnostics also clear Model 3.b. of the multicollinearity problem, as shown in Table 68 below. Here, all Tolerance values are greater than 0.10. Moreover, all the VIF values are less than 10 to indicate the absence of this problem.

Table 68. Collinearity Statistics of Regression Model 3.b.

Model 3.b.	Correlations			Collinearity Statistics	
	Zero-order	Partial	Part	Tolerance	VIF
ACT	0.202	0.071	0.053	0.635	1.575
HAP	0.477	0.297	0.231	0.576	1.735
Adj WLS	0.522	0.371	0.297	0.646	1.548
MOT	0.166	0.065	0.049	0.769	1.300
HIN	-0.040	-0.046	-0.034	0.821	1.219
PAR	0.045	0.029	0.022	0.783	1.277
SAT	0.004	-0.288	-0.223	0.801	1.249
WOR	0.100	-0.01	-0.008	0.41	2.439
POS	0.182	0.193	0.146	0.743	1.346
TEN	-0.061	0.048	0.036	0.648	1.543
AGE	-0.137	-0.205	-0.156	0.703	1.422
GEN	-0.186	-0.207	-0.157	0.86	1.163
MAR	-0.124	-0.06	-0.045	0.644	1.552
EMP	-0.032	0.062	0.046	0.85	1.176
EDU	0.132	-0.030	-0.022	0.327	3.060

Dependent Variable: Wellness Dimension Score

6.9.3.2.2. Evaluation of Regression Model 3.b.

Table 69. R Square Summary of Regression Model 3.b.

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
3.b.	.668	.447	.385	4.619	2.061

Model 3.b. can explain 38.5% of the variation in the dependent variable, in this case, the wellness dimensions score (WDS). Table 70 shows that the highest beta value is for the adjusted wellness learning score (adjusted WLS) at 0.370, which is significant at $p=0.01$. This shows that wellness learning is the strongest positive

contributor to the attitudes towards the wellness dimensions amongst the other independent variables.

Table 70. Beta Coefficients of Regression Model 3.b.

Variables for Model 3.b.	Unstandardised Coefficients		Standardised Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	18.496	3.548		5.213	0.000
ACT	0.330	0.404	0.066	0.818	0.415
HAP	1.250	0.347	0.305**	3.599	0.000
Adj WLS	0.175	0.038	0.370**	4.627	0.000
MOT	0.146	0.192	0.055	0.757	0.450
HIN	-0.141	0.264	-0.038	-0.535	0.593
PAR	0.131	0.386	0.025	0.340	0.734
SAT	-1.722	0.495	-0.250**	-3.477	0.001
WOR	-0.142	1.179	-0.012	-0.121	0.904
POS	2.624	1.153	0.170*	2.277	0.024
TEN	0.523	0.946	0.044	0.553	0.581
AGE	-2.476	1.019	-0.186*	-2.429	0.016
GEN	-2.081	0.85	-0.170*	-2.448	0.016
MAR	-0.658	0.943	-0.056	-0.698	0.486
EMP	1.356	1.878	0.050	0.722	0.471
EDU	-0.457	1.325	-0.039	-0.345	0.731

Dependent Variable: Wellness Dimension Score

NOTE: Statistically significant ** ($p < 0.01$) and * ($p < 0.05$) rejecting the null hypothesis of no significant effect on the dependent variable.

The happiness in work and life score (HAP) and programme satisfaction score (SAT) are the other significant numerical predictors in this model. However, similar to the previous model, SAT has an inverse relationship with WDS, indicating that there are strong positive attitudes towards the wellness dimensions despite the presence of lesser satisfaction levels on the programme. When it comes to the attributes, position (POS), gender (GEN) and age (AGE) emerged as significant predictors to one's attitude towards the wellness dimensions at $p=0.05$. This may indicate that participants to the programme who have relatively high positions (i.e. managers or supervisors) tend to view the programme as positively affecting or addressing the nine wellness

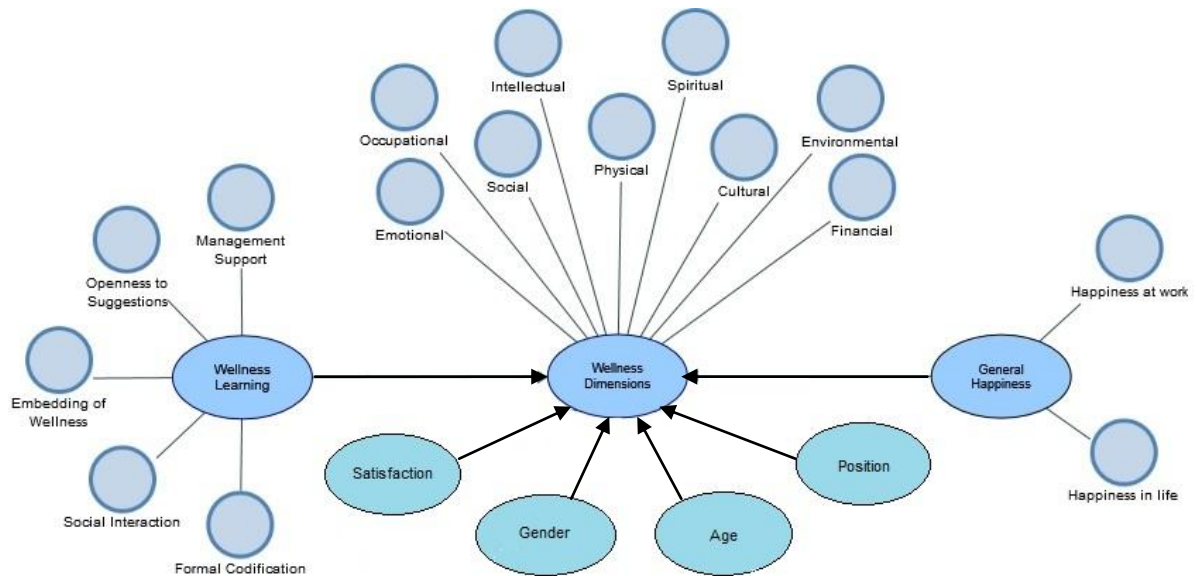
dimensions in their lives. Meanwhile, male and middle-aged respondents tend to have a lesser positive view about the wellness dimensions compared to their counterparts who participate in the programme, as shown by the negative coefficients for GEN and AGE.

6.9.3.3. Comparing Regression Model 3.a and Model 3.b.

Model 3.b. is a better model than Model 3.a. due to its higher R Square and Adjusted R Square values in explaining the total variability in the wellness dimensions score (WDS). This model also generated the most number of significant predictors including three dummy variables (i.e. POS, GEN and AGE).

Figure 31 represents a model of WDS being affected by the significant predictors, namely: the adjusted WLS, HAP, SAT, POS, GEN and AGE. From the regression analyses performed, it appears that wellness learning, general happiness and one's position level in the company (i.e. managerial or supervisory) positively affect one's attitude towards the wellness dimensions. On the other hand, one's satisfaction on the programme, gender and age also have an effect on one's attitude about the dimensions. Specifically, male and middle-aged participants in the programme tend to have a lesser positive attitude compared to the female and younger participants. The findings also show that a lesser satisfaction level with the programme may not necessarily decrease one's positive attitude towards the dimensions.

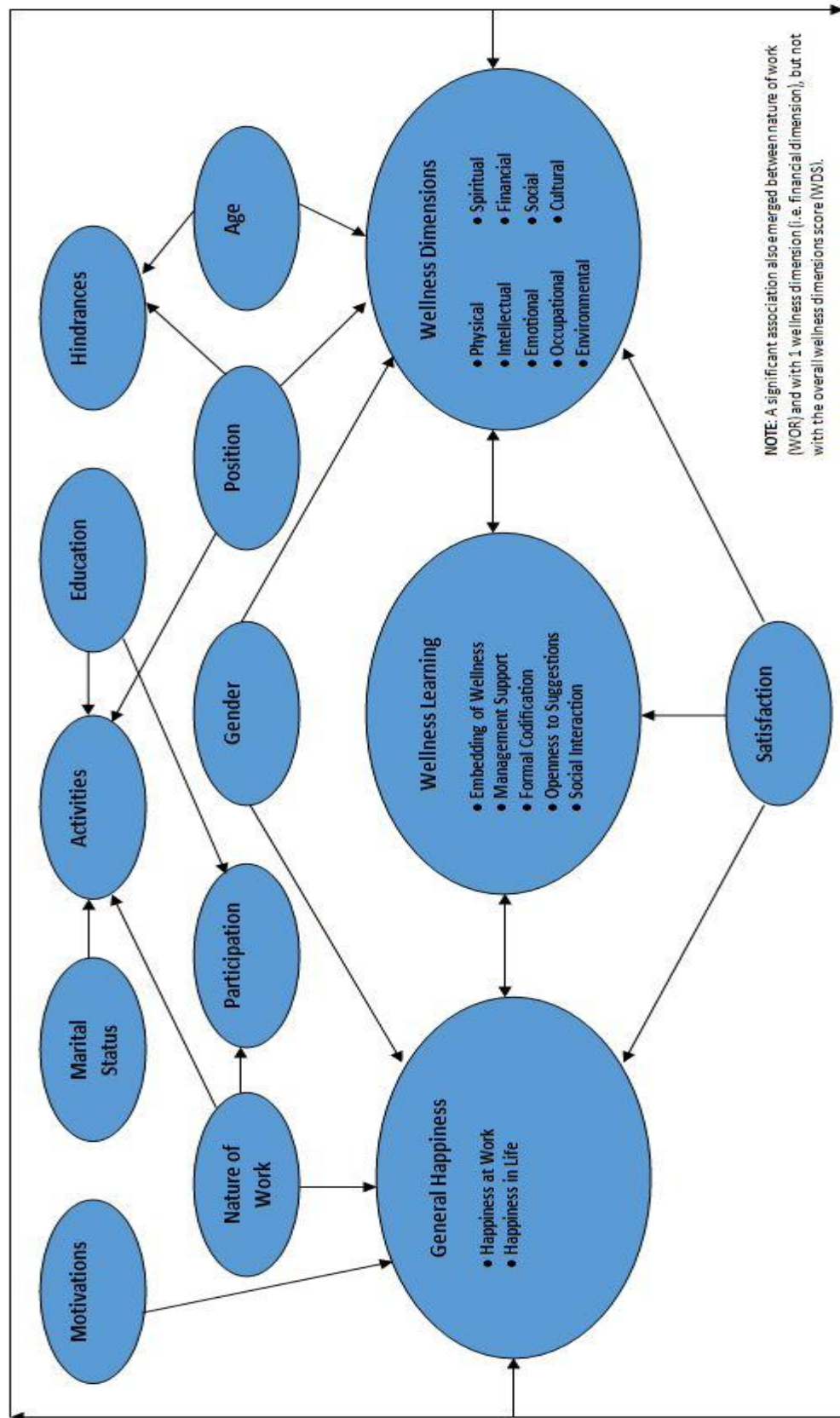
Figure 31. Model of the Wellness Dimensions with the Significant Predictors



6.10. A Dynamic Model of Wellness Learning in the Organisation

Figure 32 illustrates the significant factors affecting the learning of wellness in the organisation, namely: employees' *general happiness*, *attitude towards the wellness dimensions* and *satisfaction* with the wellness programme. In itself, the construct of *wellness learning* emerged to have five components for this organisation based on the EFA results. In this study, these are called: *embedding of wellness*, *management support*, *formal codification*, *openness to suggestions* and *social interaction*. The dynamic relationship between wellness learning, general happiness (i.e. *happiness at work and life*) and attitudes towards the 9 *wellness dimensions* is also illustrated in this model. This dynamic bidirectional relationship between these organisational phenomena is confirmed by the regression models.

Figure 32. A Dynamic Model of Wellness Learning in the Organisation



This model also reflects the findings in the other quantitative analyses carried out in this study. There is a significant association between *nature of work* (i.e. production or support groups) and frequency of *participation* to the wellness programme as shown by the Chi-square test results. There is also a significant association between the nature of work and one's attitude towards the *financial dimension* of wellness.

Moreover, this model shows the demographic and employment-related attributes which significantly affect a few more organisational phenomena of interest surrounding the learning of wellness. The t-test results show *gender* differences when it comes to their attitudes towards the *wellness dimensions* and *general happiness*. Regression model 3.2. (WDS with dummy variables) confirms these gender differentials in attitudes. Moreover, female respondents were found to be happier than the male respondents. Although significant differences in happiness emerged when gender was in isolation in the t-test, it did not have any significant effect when it was factored in along with the other predictors in the regression models on general happiness (HAP). Similarly, a significant difference was also identified between the production and support groups when it comes to the number of wellness *activities* that they have attended and their *general happiness*. Those in the support group attended the wellness activities more, but ironically, they are less happy than those in the production group. These differences in general happiness between the work groups were noted in the t-test. However, the effect of this employment-related attribute (i.e. *nature of work*) did not surface significantly in the regression models for general happiness (HAP).

The ANOVA test results are also demonstrated in this model. There are significant differences for *position* levels when it comes to the number of wellness *activities* that they have attended and the number of *hindrances* acknowledged for not participating in the programme. Notably, one's position level also affects one's attitudes towards the wellness dimensions as shown in the regression model for WDS. No

interaction effects with the other attributes were noted for position as an employment-related attribute, however. On a similar note, only main effects were found for *education* in influencing the number of wellness activities attended. As a demographic attribute, it is also shown to influence the frequency of *participation* in the programme.

The other demographic attributes which significantly affected the number of wellness *activities* and *hindrances* reported are *age* and *marital status*. The different age groups showed significant differences when it comes to the number of hindrances reported which prevents one from participating in the programme. Lastly, one's marital status has an effect on the number of wellness activities that one participates in.

6.11. Summary Section to the Quantitative Chapter

In summary, this chapter presents the results of the relevant quantitative analyses performed on the categorical, ordinal and numerical data using both non-parametric and parametric techniques. A Chi-square test for independence was performed as a non-parametric test for the categorical variables. Parametric tests, on the other hand, include the t-test for independent samples and the one-way and two-way ANOVA. In these tests, significant differences on five areas were found between the groups which are influenced by demographic and employment-related attributes, namely: age, gender, marital status, education, position level and nature of work.

The exploratory factor analysis (EFA) carried out yielded 5 components of wellness learning for this organisation. The KMO and Bartlett's Test also confirm the suitability of the dataset for a factor analysis. Successive reliability tests yielded acceptable Cronbach's alpha values, showing internal consistency of the items in connection with the scale used in this study. Finally, the 6 regression models generated confirm the dynamic relationship between wellness learning, general happiness and attitudes towards the wellness dimensions.

CHAPTER 7

Triangulation of Findings and Discussion

7.1. Introduction to the Triangulation and Discussion Chapter

This chapter draws together the findings from Chapters 5 and 6 about the learning of wellness in the organisation. It begins by comparing the demographic attributes between the interviewees in Chapter 5 and the respondents in Chapter 6. Half of the interviewees belong to the management team and therefore provides a managerial perspective to the results of the research. All of the remaining interviewees (except for three individuals who are regular partakers in the programme) are managers themselves, key players in the wellness programme, or both. They too provide a viewpoint in managing and delivering the said initiative. Meanwhile, a vast majority of the respondents in the survey are non-managers (i.e. production workers, specialists and assistants), providing a non-managerial perspective. The discussion progresses with the convergence and divergence of the two groups (i.e. interviewees and respondents) when it comes to the following, namely: the wellness activities attended, frequency of participation, motivators, hindrances, satisfaction with the programme, suggestions, general happiness and wellness learning behaviours. Nevertheless, both the managerial and non-managerial perspectives on the wellness programme are taken into account in this chapter. A separate discussion is made about the wellness learning of the different work groups in the company. Work groups refer to the nature or work variable (WOR) and position in the company (POS).

Additionally, the succeeding subheadings discuss the findings about the previous chapters within the context of the literature on organisational learning. These include the themes relating to the SECI model, loops of learning, absorptive capacity, organisational ambidexterity, dynamic capabilities, organisational learning capability and practice-based learning and knowing. In linking wellness, HRM and organisational learning in this pluralist interdisciplinary manner, this chapter is able to infer a salient

feature in the management of the wellness programme in this organisation, which takes on a collaborative and 'ambidextrous' approach in its use of available scarce resources (i.e. tangible and intangible resources as outlined in the Resource-Based View). The effective use of these resources allows for the organisational learning of wellness to take place, thus, forming a part of this organisation's bundle of strategic resources in achieving a sustainable competitive advantage in the industry. This chapter also underlines the potential of wellness programmes to form part of the strategic tools of HRM in addressing other areas in HR such as L&D, employee engagement, recruitment, retention and even managing organisational change. Finally, a comparison of the wellness programme of this organisation is made with the existing programmes encountered in literature.

7.2. Comparing the Demographic Attributes of the Interviewees and Respondents

As stated, half of the interviewees belong to the management team (i.e. a mix of middle, senior and top management) whilst the respondents in the survey are mainly comprised by the production workers in operations and by specialists or assistants in the offices. Overall, a vast majority (82.6%) of the respondents come from non-managerial and non-supervisory positions, yielding a strong voice for the rank and file employees who are recipients of the programme. Meanwhile, the managers and key players in the programme who were interviewed render a perspective in greater depth in relation to the management of the initiative.

The average tenure for the interviewees is 7.46 years, which is two years more than the estimated mean tenure of the respondents at 5.17 years. This could be explained by the fact that attrition rate in the company may be higher for assistants and production operators, whilst managers and supervisors tend to stay with the company much longer.

When it comes to age, the interviewees are more mature in composition, being the managers, supervisors or officers in the organisation. They have an average age of 37.95 years, which is over 5 years older than the estimated average age of the respondents at 32.62 years. This was expected since the large bulk of the respondents are production operators and office assistants or specialists as already stated. Most assistants are hired as fresh graduates from college or university, whilst the production operators may have just received their diplomas in high school when they start to work for the company. Amongst the respondents, the one-way ANOVA result shows that one's age group tend to have a significant effect on the number of hindrances one has, preventing a person from fully participating in the programme. Looking back at the data, three age groups registered high to very high hindrance levels when it comes to participating. These age groups are the 23 to 27, 33 to 37 and the 38 to 42 age groups. These are the age groups in which people tend to marry, have children and build on their careers. These decisions in life also entail more family and work responsibilities. Expectedly, the youngest age group (i.e. 18 to 22) reported the lowest number of hindrances when it comes to participating. This is the age group where people are likely single, with less or no family responsibilities at all. Moreover, it is around this age range when individuals are just embarking on their careers.

There are more female than there are male respondents, which is the same case for the interviewees, where 15 out of the 22 interviewees are females. Moreover, when it comes to marital status, a majority of the interviewees and the respondents are married individuals. When it comes to gender, however, there is a significant difference between the respondents when it comes to their attitude towards the wellness dimensions and general happiness. The female respondents showed a more positive attitude towards the wellness dimensions and reported higher levels of happiness compared to their male counterparts.

Moreover, an immense majority of the interviewees and respondents are full-time regular employees of the company. Very few who participated in the interviews

and the survey have a probationary or a temporary employment status with the company. For instance, four of the interviewees are not full-time employees of the company. They are on a retainer status with the company, being the providers of some of the components of the wellness programme.

Education wise, almost all (95%) of the interviewees have at least a bachelor's degree, whilst it is only less than half (45.9%) for the respondents. This clearly shows how the organisation values education amongst its employees who belong to the managerial and supervisory positions, where a large bulk of the interviewees fall under. Three of the interviewed managers even have a master's degree. Most of the interviewees have an educational background in business or accountancy, followed by engineering, medicine and health professions. A few of them also have a background in the social sciences and education. In the one-way ANOVA conducted, education was found to significantly influence the number of wellness activities that one participates in. Again, this demonstrates a contrast between the managerial and non-managerial groups. It can be explained by the fact that managers, who tend to have high education, also have more wellness activities available to them due to the executive version of the wellness programme. Whereas, the non-managerial group, who tend to have a relatively low educational attainment compared to the managers, have a limited number of wellness activities available to them.

Finally, a vast majority of the respondents are Filipinos, but there were very few other nationalities, namely: Chinese, Indian and Canadian nationals who participated in the interviews and the company survey. Due to the very low number of other nationalities (i.e. only three individuals), this demographic attribute was not made into a control variable like the rest. Therefore, this study also mainly presents a perspective predominantly coming from one nationality only, i.e., those of Filipino nationals employed by this international manufacturing organisation.

7.3. The Wellness Activities Attended by the Interviewees and Respondents

The interviewees, being composed of managers, supervisors and key movers in the programme, showed more variety in the wellness activities that they partake in. As already stated, this is partly because members of the management team avail of the executive wellness programme of the company, where there are more activities available to them like the yoga and Tabata classes. The results of the one-way ANOVA support this, where a significant difference was found between position level and the number of different wellness activities that one partakes in. Expectedly, the post-hoc tests yielded a significant difference between the managerial and the non-managerial positions when it comes to this aspect.

A large majority of the interviewees also reported that they have already participated in all of the different wellness activities offered by the company. Only a few reported on not attending the Zumba classes. Those who reported of not participating in this wellness activity are five of the seven male interviewees and a couple of female interviewees as well. This further supports the finding that Zumba classes tend to appeal more to the female audiences in the company.

For the respondents, meanwhile, the most popular wellness activities are the company runs. These are followed by the sporting activities. It should be noted that the company runs and sporting activities are the programme components which are open to all employees to partake in, irrespective of one's position in the company. The other activities are the monthly health sessions, but these are also the least popular amongst the interviewees.

7.4. Frequency of Participation by the Interviewees and Respondents

Majority of the interviewees reported that they “often” participate in the programme, whereas it is only a trifling 8.2% of the respondents who reported the same. As shown in Chapter 6, the modal response of the respondents for this item is “sometimes”. This popular response is followed by “rarely”. The results of the Chi-square tests shed light into this, which showed that one’s nature of work (i.e. production or support) is significantly associated with how frequently one participates in the programme. Participation levels for managers are also higher compared to the non-managers in general. This can be explained by the privileges being offered by the organisation to the former, like a certain degree of flexibility in work schedule and access to some facilities such as the partner gym. Whereas, the latter group has to grapple with the elimination of the so-called non-productive time (NPT) by strictly adhering to the work schedule, limiting the group’s participation.

Interviewee 02 (HR Manager) and Interviewee 03 (HR Director), for instance, reported about managers, including themselves, of “going to the partner gym to exercise” before coming to work, because they are allowed to report an hour later than the normal reporting time. Moreover, Interviewee 11 (Associate Director – Business Development) mentioned of “having yoga sessions during lunch break”. In contrast, Interviewee 21 (Finishing Assistant) mentioned of “having to finish work on time” and “doing a bit of work during lunch time” so she can participate in the wellness activities “after office hours”. This sentiment is echoed in the responses coming from the non-managerial groups in the survey, where themes relating to their ‘suggestions’ to improve the programme and ‘hindrances’ in participating centred around “the lack of time” demonstrating the need to have more flexibility in the work schedule as well as “widening the reach of the programme across position levels” in the organisation. Nevertheless, the managers who were interviewed also raised these concerns about the programme, indicating that they are aware of its current limitations. The themes about ‘suggestions’ and ‘hindrances’ are further discussed in the succeeding

subheadings. But first, the reported 'motivators' for participating are considered in the next section.

7.5. Reported Motivators of the Interviewees and Respondents

The motivators for participating in the programme were ascertained from the interviewees and tested on the respondents. The two groups show similarities in this area. Interviewees made heavy references primarily about "gaining health benefits" and "managing stress", followed by "bonding with colleagues". These motivators were also specifically conveyed by the managers in the interviews. All of them acknowledged the health benefits of participating. However, there are specific individuals like Interviewee 19 (Director for Operations) who pointed that the programme paves the way for a "bonding time" with colleagues and other executives. And then there is Interviewee 16 (Merchandising Officer) who views the programme as "a means of stress relief". As non-employees and partners for the said initiative, Interviewee 04 (Wellness Coach) and Interviewee 06 (Zumba Instructor 2) also had the same comments and observations for the managers who serve as their clients in a way. Responses such as "relieving them (i.e. the managers) of their stress" and observing them "making friends" in the company came up. These answers also emerged from the respondents who are mainly non-managers, where "gaining the health benefits" ranked first among the responses, followed by "managing stress" and "bonding with colleagues".

7.6. Reported Hindrances of the Interviewees and Respondents

"Lack of time during work" and "lack of family time" are the predominant hindrances that emerged amongst the interviewees as presented in Chapter 5. The results of the survey indicate a parallel to these themes, where a majority (67.4%) of the respondents attributed the "lack of time" in preventing them from participating in the wellness programme, followed by "time will be used for family instead", reported by just

over half (50.8%) of the respondents. What is notable in this scenario is that the need to have “family time” emerged for both the managers in the interviews and the non-managers in the survey, indicating the pervasiveness of this concern irrespective of position level. Although, position level has been shown to significantly affect the number of hindrances one has in participating. The higher the position, the higher is the tendency to report more hindrances. It also indicates a strong need to address this social element to the wellness programme if the aim is to improve the participation levels of employees. In some respect, this organisation already involves the family members of its employees in one of its wellness activities (i.e. the company runs). In these runs, family members of employees can also participate in the said activity.

7.7. The Wellness Dimensions According to the Interviewees and Respondents

The physical dimension is mostly seen by both the interviewees and the respondents as the dimension that positively affected or addressed by the wellness programme. The two groups show close similarities with the other dimensions as well. Both of the groups also made affirmative responses towards the social, intellectual and occupational dimensions. More divergent responses were made when it comes to the spiritual, environmental, cultural and financial dimensions. These dimensions received more “mixed effect” and “no effect” comments from the interviewees.

Similarly, these aforementioned dimensions are perceived by the respondents to be the ones that are less affected positively by the programme. The dimension which is least perceived to be positively affected is the financial dimension, followed by the spiritual, cultural and environmental dimensions. The financial dimension is also the dimension with the most neutral responses in the survey. It should also be noted that the Chi-square test showed a significant association between nature of work (i.e. production or support) and the financial dimension of wellness, showing that people employed in production thought of this dimension as being less positively addressed or affected by the wellness programme of the company. This could be explained by the

remuneration differentials that exist between the two groups, where the rank and file fall under a lower pay grade compared to the supervisory and managerial positions. Interestingly, the ANOVA conducted in Chapter 6 on 'position levels' and 'attitude towards the wellness dimensions' show no significant difference between the employee groupings based on this employment-related attribute. However, when a dichotomous category (i.e. "managerial/supervisory position" and "non-managerial/ non-supervisory position") was made in the regression analysis, then the 'position level' becomes a significant explanatory factor in the differences in attitudes. Here, those in managerial and supervisory roles appear to have a more positive attitude towards the dimensions in life being affected by the programme. This could be explained by the fact that they can avail more of the wellness activities compared to the rank and file employees.

7.8. General Happiness of the Interviewees, Respondents and Work Groups

The two groups (i.e. interviewees and respondents) also show similarities when it comes to their happiness at work and happiness in life. Majority of the interviewees as well as the respondents reported being happier due to the wellness programme. Amongst the interviewees, the reasons that they have given for this increased happiness is their satisfaction in seeing that the company is taking care of them by means of this initiative. The narratives about the social element and "funness" in the wellness activities were also mentioned when asked about questions relating to their happiness at work and life in general. However, it should be noted in the interviews that whenever a neutral or a negative response was given about 'happiness' in relation to the programme, it mostly came from the managers. This indicates that the source of their happiness at work and in life transcends that of the wellness programme, even though they have more privileges in the said initiative compared to the non-managers who, interestingly, mostly reported being happier at work and life in general because of it.

Furthermore, the results of the t-test showed that those in the production group are happier than those in the support group although the former group attends less of the wellness activities compared to the latter. This may imply that other factors may be influencing the support group's lower happiness levels such as increased stress. This may also likely to be true especially for the managers in this study who tend to work longer hours in the offices and experience the pressure of hitting the targets for their respective departments. Stress at work can have a negative effect on employees' wellbeing (Biron, Karanika-Murray and Cooper, 2012). Quite notably, however, the t-test for the reported number of hindrances in participating does not show a significant difference between the production and support groups. Nevertheless, employees in the support group may be experiencing higher stress levels compared to the production employees. During the interviews, there were references made about the managers and office staff working overtime. Given that some degree of flexibility in work schedule is allowed for managers and office staff to participate in the wellness programme, they somehow have to offset the time by working extra hours or by lessening their break times. Whereas, the work schedule in the production lines is quite rigid. Production employees stop working once the production floor shuts down. Thereafter, they go home straightaway or engage in other activities such as the wellness sessions in the company.

As already stated in Chapter 6, very few (3.4%) of the respondents belonging to the support group are categorised as production operators by the company. This is the case because they work under a department which is considered part of the support group. For instance, the technical department has a significant number of production operators (e.g. cutters and sewers) working alongside the office staff and other departments such as merchandising. The technical department is the department responsible for making prototype products prior to mass producing these in the production floor. Thus, these respondents can be categorically classified as working in an office environment, although they do not necessarily work on a desk with a

computer. Oftentimes, they work with machines where applicable. Nevertheless, these machines are installed in what can be considered an office environment, adjacent to cubicles, desks and computers.

The same can be said of the office staff in the production floor. They are classified as belonging to the production group although they perform administrative work in production. Production offices are housed within the production lines per building. Very few (3.8%) of the respondents belong to this category. Still, their work environment can be typified as something characteristic of a production environment, together with the hustle and bustle that comes with it. These office staff, as well as the managers and supervisors in production, also often interact and mingle with the production operators in the production lines.

Thus, the score differentials between the support and production groups in terms of their general happiness may be attributed to the differences in the work environment and work demands that each environment entails. Firstly, respondents belonging to the production group may be more susceptible to physical stress. On the other hand, those in the support groups may be more exposed to mental stress. Secondly, those in the support group tend to work in slightly flexible yet extended hours. Meanwhile, those in the production group work in definite work schedules.

7.9. Suggestions from the Interviewees and Respondents

There are clear similarities between the respondents and the interviewees when asked for their suggestions to further improve the programme. The topics that emerged pertain to issues about “giving more time to employees to participate” in the programme, “adding more components into the programme”, “providing more facilities for the programme” and “making the other wellness activities available to more, if not to all, employees”. The last suggestion basically means having a similar wellness

programme for all employees in terms of the type of activities being offered. Moreover, both the managers and non-managers in this study showed convergence when it came to these suggestions to improve the programme. The interviewed managers as well as the key people involved in the initiative were even candid about the programme's limitations. A number of them also conveyed an apologetic tone in acknowledging that there is still much room for improvement in terms of the reach of the programme. Nevertheless, the managers were able to provide a perspective about the causes of the current criticisms against the programme. Their views mostly centred around budgetary and logistical issues in delivering the programme to a wider audience. In the end, the limitations can be attributed to top management's decision as to how it prioritises the use of resources and works around the financial constraints facing the organisation.

7.10. Satisfaction Levels of the Interviewees and Respondents with the Programme

The two groups differ slightly when it comes to their satisfaction levels in connection with the programme. The interviewees, who are mostly managers, supervisors and specialists working in the support group, predominantly reported being "very satisfied" with the programme during the interviews. Most of the respondents, on the other hand, were only "moderately satisfied" with the programme. This divergence in satisfaction levels can be explained by the view that the response is coming from the standpoint of someone as a recipient of the programme. It has already been mentioned that managers, supervisors and office staff can avail of the programme with a number of perquisites that comes with it compared to the rank and file in the production lines who avail of the general programme for employees. In the interviews, although there was an acknowledgement of "management support" as being the top reason in driving the satisfaction levels up, this is offset by the criticism about the programme's limited reach across the organisation. Notably, "management support" is a theme which

emerged from the interviews in Chapter 5 and it is also a significant component in the exploratory factor analysis (EFA) conducted in Chapter 6. In fact, a further examination of the managers' responses for this question will show that they are more in common with the non-managerial respondents in the survey when it comes to their satisfaction levels. There was an acknowledgement from the managers that the current constraints of the programme are the main reason why they are not reporting high satisfaction levels as they would have wanted to. Moreover, the fact that the "limited reach" of the programme is expounded during the interviews by both managers and non-managers alike is a reason that may explain this difference in satisfaction levels between the interviewees and respondents. Thus, although there is presence of management support (i.e. manifested through the allocation of a budget and provision of company resources, reinforced by modelling behaviour and good example by top management on healthy living), it appears that the utilisation of financial, human and physical resources for the programme are still not enough in delivering the said initiative to affect all employees.

7.11. The Learning of Wellness between the Different Groups

It should be noted that the wellness learning behaviours in this study were explored from the interviewees, informing the items in the questionnaire used for the company survey which followed afterwards. In the interviews, the use of traditional mass media (i.e. TV, radio, newspapers and books) and new media (i.e. social media and various websites about wellness) emerged as ways of learning about wellness. However, it is a different picture for the respondents as shown by the results of the exploratory factor analysis (EFA). The items relating to learning from external sources (i.e. mass media, social media, and learning from external sources generally) loaded negatively in relation to the other wellness learning behaviours. This shows that these behaviours are not characteristic of wellness learning in the organisation for the

participants in the programme. It is a contrast with the interviewees, where a majority reported an equal learning from internal and external sources. It is noteworthy, however, that texting emerged to be one of the ways in which wellness is learnt and shared, both for the interviewees and the respondents.

Even so, the regression analysis about the wellness learning scores (WLS) as well as the ANOVA results (i.e. one-way and two-way) all indicate that the different work groups (i.e. in terms of nature of work and position levels) do not differ significantly in their wellness learning behaviours and levels of wellness learning. This is also true when it comes to their other demographic attributes (e.g. age, gender, amongst others), showing that none of these control variables significantly affects wellness learning.

Nevertheless, further differences between the emergent themes from the interviewees and the EFA results from the respondents appeared. These differences pertain to specific uses and sources of wellness knowledge. These findings provide useful information for the HR staff in this organisation in effectively disseminating and embedding the wellness programme into the organisational life. These practical points are discussed in more detail in the following sections.

7.11.1. Different Forms of Media versus Texting

Traditional forms of mass media (e.g. TV and books) as well as new media (i.e. social media and various websites) were found to be uncharacteristic of the wellness learning behaviours of the respondents. These behaviours loaded negatively in the EFA results and these were disregarded accordingly. It is a contrast from what emerged during the interviews. The interviewees, who are either members of the management team, key personages in the wellness programme or office workers, reported these aforementioned different forms of media in learning about wellness. However, testing these with the population of employees (i.e. the respondents) who

already participated in the programme shows otherwise. Rather, it is texting which emerged to be the significant means for them, loading under Factor 6 (Social Interaction). Texting here refers to sending text messages or SMS with work colleagues, wellness coach and Zumba instructors alike.

Texting is a relatively cheaper way of communicating in the Philippines compared to making calls. It is also possible with any mobile phone. On the other hand, only a smart phone with mobile internet can access websites and social media platforms. Another factor in the divergent result between the interviewees and the respondents is the lack of access to computers by some groups of employees during work, such as the production workers, where most of the respondents come from. On the other hand, the management team and office personnel, where most of the interviewees come from, all have access to computers and mobile devices whilst at work.

7.11.2. Casual Conversations versus Formal Forms of Interaction

Casual conversations with work colleagues, whether face-to-face encounters or telephone conversations emerged as one of the ways in which wellness is learnt and shared amongst the interviewees. However, these forms of social interaction turned out to be insignificant in the EFA results from the respondents. This may be due to the possibility that employees in general tend to converse about different matters other than wellness when they are in these situations. Additionally, the item about sharing of experiences about the wellness programme to one's colleagues (i.e. item L7) is only moderately correlated with the other items in the EFA, showing that it is not a significant component of wellness learning in the organisation although it is being done to some extent by the respondents. It also loaded into more than one factor causing it to be eliminated in the process. This also indicates that participating employees in the programme behave more like passive receivers than active givers of the wellness knowledge that they acquire.

Notably, it is the formal forms of social interaction like company meetings, general assemblies and the paging system at the production floor which correlate significantly with the overall learning of wellness in the organisation, loading under Factor 6 (Social Interaction) together with texting behaviour. As confirmed during the interviews, some issues and information about the wellness programme of the company are being discussed and disseminated during the meetings and announcements using the paging system. Although the company induction was mentioned by the interviewees as one of the ways in which new employees can learn about wellness, the item asking about this practice (i.e. L15) only moderately correlated and double loaded with the other items in the EFA, showing that it is less significant when it comes to wellness learning in the company.

7.11.3. Bulletin Boards versus Company Posters

The bulletin boards, where a copy of the health bulletin and other related materials like announcements are regularly posted also appear to have less effectiveness for the respondents compared to the company posters. This is supported by the item's (i.e. L14) weaker correlation with respect to the other items in the wellness learning construct. The health bulletin posted in the bulletin boards is a form of documentation about the contents of the monthly health sessions conducted by either one of the company doctors or an invited speaker. It is usually a two-page document which is also sent electronically through the company intranet. Meanwhile, the company posters, which are strategically located within the factory premises, are larger in size. These also contain eye-catching photos and short taglines about wellness (meaning lesser words), which appear to appeal more to the employees in general.

7.11.4. Application of Wellness at Work versus Application in Life Generally

References about applying the wellness knowledge acquired from the company and from external sources (like websites and friends outside the company) emerged from the interviewees. It also emerged that this knowledge is applied specifically at work and in life generally (e.g. family life). However, the results from the respondents through the EFA show that employees who participate in the programme tend to apply the things that they learn about wellness at work specifically, and not to their life outside of work. The item about applying the acquired wellness knowledge to one's work loaded under Factor 1 (Embedding of Wellness). On the other hand, the item about "applying this wellness knowledge to one's life in general" loaded under Factor 2, which is one of the disregarded items in the EFA. This shows that participating employees do not see the application of the wellness knowledge that they gain to their life in general. This may be due to the content and positioning of the wellness activities. For example, it is quite notable that the contents of the monthly health sessions are mostly anchored on the health and safety issues in the production floor.

7.11.5. Internal versus External Sources of Wellness Knowledge

The internal sources of wellness knowledge such as the company meetings, paging system and texting with colleagues or with the wellness coach support the view that employees tend to learn more about wellness from the company than from external sources. These external sources include the traditional mass media, new media, friends and acquaintances outside the company. As already stated in the preceding sections, items pertaining to these sources of wellness knowledge loaded negatively in the EFA.

Thus, the respondents differ from the interviewees in this respect, since majority of the interviewees acknowledged that they learn about wellness equally from both the company and from external sources.

7.12. Convergence and Divergence between the Interviewees and Respondents

In the end, similarities and differences between the two groups can be identified. On a positive note, they showed convergence when it came to their positive attitudes about the wellness dimensions. As already stated in the previous sections, however, managers tend to have a more positive attitude towards these dimensions compared to the non-managers. The respondents and interviewees also showed similarities in terms of their general happiness. In the ANOVA conducted, groupings based on 'position levels' showed no significant differences in the happiness scores of the respondents. Even in the interviews, the predominant theme is that they are happier at work and life in general because of the programme. Here, even the managers and non-managers in the said interviews show a convergence. Finally, parallel responses with regards to the reported 'motivators', 'hindrances', and 'suggestions' exist across employee groupings, even when it comes to the distinction between managers and non-managers in both the interviews and survey. This illustrates that despite the programme having two different versions (i.e. an executive programme and a general programme for employees) which makes it manifest an elitist quality into it, favouring those with positions in the company as well as the office workers over the production workers, a state of general happiness and a sense of awareness prevails across position levels about the effects and shortcomings of the programme in catering to all the groups of employees in the organisation.

In terms of divergence, the interviewees and respondents show differences when it comes to areas such as the 'variety of wellness activities' they partake in, 'satisfaction with the programme' and 'frequency of participation'. In the previous sections, these differentials were already identified for position levels, educational attainment, and nature of work. Here, the managers and non-managerial positions also showed a divergence. Again, this can be explained by the limited reach of the programme to cut across all employees in the company. Moreover, some aspects about the wellness learning behaviours of the two groups show some divergence, as

already discussed in the previous subheadings. For instance, it is the use of mass media, social media, casual conversations with colleagues, and the bulletin boards and health bulletin that characterises the interviewees, specifically the managers. Meanwhile, it is the use of texting, company meetings, general assemblies, paging system and company posters that characterises the respondents in the survey, who are vastly the non-managerial rank and file employees in the company. The interviewees and respondents also differed when it comes to the sources of their wellness knowledge and the application of this knowledge. The former group reported both internal sources (i.e. coming from within the company) and external sources (i.e. coming from outside the company), whereas it is predominantly internal sources for the latter. It also emerged for the interviewees that the application of this knowledge is on their working life and personal life outside of work. In contrast, the respondents for the most part, tend to apply this wellness knowledge that they gain from the company only to their working life specifically. As already stated, these differentials between the groups can be attributed to the two versions of the wellness programme, as well as the content and positioning of these programmes to their target audiences. However, the regression analysis and ANOVA tests did not support this premise that 'position level' affects the wellness learning scores when it came to testing it statistically to a wider population of employees who have already participated in the programme. It should be noted as well that in the regression analyses carried out, the managers and supervisors were grouped together, to distinguish those in a leadership position from those who are in the rank and file positions (i.e. assistants or specialists and production workers). Nevertheless, a close examination of the responses of the four managers in the survey about their wellness learning behaviours show a degree of convergence with the managers who were interviewed. This reconciles the seeming incompatibility with the findings. This also supports the view that managers tend to have a wider source and application of their wellness knowledge due to the affordances offered to

them by the company in connection with their position level to be able to participate in the programme.

7.13. The Overall Learning of Wellness in the Organisation

Statistically speaking, only a very few individuals are currently participating in the voluntary wellness programme of the company. It appears to be even lesser than a ratio of 10 in about 100 employees. This is based on the total number employees in the company during data collection and the number of employees identified to have already participated in the programme for a specific time period (i.e. 15th of January 2014 to 31st of July 2015). The total manpower of the company is 5,359 employees during the time of data collection. Of this number, only 532 employees were identified to have participated in the programme based on the attendance registers collated. This number was further trimmed down to 381 due to resigned employees. Understandably, the other wellness activities are limited to members of the management team and those in the support group. However, even the activities which are open to all employees, such as the company runs, sporting activities and health sessions still registered low participation numbers relative to the total number of employees in the organisation.

However, traces of organisational learning and embeddedness were found when it comes to the wellness learning behaviours of the participants, as well as in the administration and management of the wellness programme of the company. In the conceptual framework illustrated by Figure 8 in Chapter 3, the wellness learning in this organisation was conceptualised as being composed of the subconstructs relating to the 'learning capability', 'learning process' and 'embedding of the organisational knowledge' about wellness. Not chronological to the thesis, this framework was rather developed abductively using the extant literature as well as the emergent themes and patterns in the data during the research process. A further development of this

framework into a wellness learning model illustrated by Figure 32 in Chapter 6 shows that wellness learning is significantly affected by the employees' general happiness, attitude towards the wellness dimensions and satisfaction with the wellness programme. The regression models performed also confirm that there is a dynamic bidirectional relationship between these organisational phenomena. A number of demographic attributes (i.e. education, age and marital status) and employment-related attributes (i.e. nature of work and position level) also significantly influence certain aspects of the programme, namely: the variety of wellness activities attended, frequency of participation in the programme and number of reported hindrances in participating. The details of these aspects are already discussed in the previous sections of this chapter in comparing the different groupings of employees made in this study. Moreover, compared to the framework in Figure 8 where only three factors were conceptualised to compose the learning of wellness in this organisation, the model in Figure 32 already shows the five factors which resulted in the exploratory factor analysis conducted as comprising the wellness learning in this organisation, namely: 'embedding of wellness', 'management support', 'formal codification', 'openness to suggestions' and 'social interaction'. These factors are further considered in the following subheadings which examine the programme in relation to the existing organisational learning literature.

In linking wellness, HRM and organisational learning in this pluralist interdisciplinary manner, an approach adopted by this manufacturing organisation in managing and running its wellness programme emerges. This approach can be characterised by 'ambidexterity' by working collaboratively in the use of limited resources in delivering the initiative. In organisational learning parlance, 'ambidexterity' is the firm's ability to both explore and exploit the use of resources (Tushman and O'Reilly, 1996). These resources are the tangible (i.e. people, buildings, equipment and finances) and intangible resources (i.e. wellness knowledge and networks or partnerships) as outlined in the Resource-Based View of the firm, giving it the

competitive advantage. As past studies have shown (e.g. Barney, Ketchen and Wright, 2011; Smith, Vasudevan and Tanniru, 1996; Barney, 1991), firms acquire this competitive advantage from resources which can include new knowledge (i.e. wellness knowledge for this organisation) and capabilities (i.e. capability of this organisation to enable its members to learn about wellness). The competitive advantage acquired from such resources can be sustained over time by this organisation if other firms in the industry which attempt to match these do not have the same organisational knowledge and learning capability. The ways in which these resources are utilised and combined using an organisational learning lens are discussed in the following subheadings.

7.13.1. The Wellness Programme and the SECI Model

The wellness learning behaviours and the way in which wellness knowledge in the organisation is shared point to the existence of social interaction amongst the actors in the organisation. It also underlines the importance of formal codification of the existing wellness knowledge residing within the key people and outsourced parties in delivering the programme like the company doctors, the wellness coach and Zumba instructors. These are two of the five factors which emerged in the exploratory factor analysis (EFA). Social interaction (i.e. Factor 6 in the EFA) links with the socialisation process in the SECI model of Nonaka and Takeuchi (1995). Socialisation is the tacit to tacit mode of knowledge conversion and transfer. It includes social interaction like meetings, brainstorming and sharing of experiences (Nonaka and Takeuchi, 1995). The importance of social interaction in the wellness activities of the organisation such as the yoga, Zumba and gym visitations were highlighted during the interviews. It is also reflected in the questionnaires when 23.2% of the respondents reported the lack of companions as one of the hindrances in non-participating. This further illustrates the recurring theme which puts the wellness programme as a social activity where participants learn about wellness from each other.

Meanwhile, formal codification (i.e. Factor 4 in the EFA) ties-in with the externalisation process in the SECI model. Externalisation is the tacit to explicit mode of knowledge conversion, where it is articulated and codified into concepts, images and written documents. This codification process makes it easier for knowledge to be transferred within the organisation (Nonaka and Takeuchi, 1995). This formal codification is made evident to some respects by the monthly health bulletin and company posters about wellness.

7.13.2. The Wellness Programme and the Loops of Learning

Incremental improvements were observed in the running and management of the programme, characteristic of single loop learning (Argyris and Schön, 1996, 1978; Fiol and Lyles, 1985). Behaviours such as error detection and improvement in the current system are evident. However, changes to the current programme in terms of strategy, policies and existing norms were not detected, which are characteristic of double loop learning (Argyris and Schön, 1996, 1978; Argyris, 1977). Circular organising and changes to the organisational infrastructure to accommodate wellness, as suggested by triple loop learning (Romme and van Witteloostuijn, 1999) were also not observed.

Critical incidents were not reported during the interviews. However, changes to the programme were acknowledged by both interviewees and respondents as being possible. Nevertheless, no major changes were implemented on the programme so far, apart from changing the partner gym, wellness coach and a few experimentations on the wellness programme schedules. Being a manufacturing company with the need to minimize non-productive time (NPT) as much as possible, the previous norms on working time and organising still prevail, and the wellness programme adjusts to these norms instead of the other way around. The view in which wellness activities are indeed productive activities contributing to the overall efficiency and productivity of the

organisation is still yet to be proven and supported by hard wellness data and measurement about the return of investment (ROI) of the programme.

7.13.3. The Wellness Programme and Absorptive Capacity

Prior wellness knowledge indicated by most of the interviewees show traces and potential for absorptive capacity in the organisation in connection with the wellness programme. Absorptive capacity is defined by Cohen and Levinthal (1990) as the organisation's ability to recognise the value of new outside information, assimilate it, and use it to its own benefit. This capacity is seen as critical to an organisation's innovative capabilities and it is pointed to be a function of the organisation's level of prior related knowledge. The absorptive capacity of the organisation is also seen as resting on the individual members' absorptive capacities.

Majority (62.4%) of the respondents in the survey also reported that they have prior wellness knowledge before joining the company. This presents an opportunity for the organisation to easily assimilate and continuously improve the wellness knowledge that it receives from the outsourced third-party providers with a view to having its competitive advantage with similar companies in the industry without a wellness programme.

7.13.4. The Wellness Programme and Organisational Ambidexterity

In terms of the organisation's resource provision and allocation in connection with the wellness programme, signs of organisational ambidexterity emerged. The works of Tushman and O'Reilly (1996) and Raisch and Birkinshaw (2008) about organisational ambidexterity are primarily based on exploration and exploitation in organisational learning by March (1991). Exploration happens when an organisation searches for external resources, experiments, discovers and innovates. On the other

hand, exploitation refers to organisational actions and decisions involving the refinement, selection and implementation of options to achieve efficiency. There is a need to strike the balance between exploitation and exploration in organisational learning (March, 1991). Thus, the notion of organisational ambidexterity comes to light, which refers to the ability of the organisation to both explore and exploit (Tushman and O'Reilly, 1996).

Exploitation in the organisation is evident when it comes to the use of the different departments in the company to deliver the wellness programme collaboratively. The actors involved in the delivery have other responsibilities within the organisation. For instance, the members of the H&S team in the company, whose main function is to ensure the occupational health and safety of the employees, are being tapped in some components of the wellness programme. Other personages like the key people in the offices of the company president and vice-president also contribute to the delivery of the wellness programme. However, the company also outsources the delivery of some of the programme's components. For instance, the employment of a wellness coach and two Zumba instructors indicates an exploration strategy of the organisation. It is a strategy which involves getting external resources and trying to look for innovative ways to deliver the programme by seeking the help of experts. This strategy is also observed when it comes to the physical structures which are aimed to support the programme. A partner gym is outsourced whilst some unused offices in the factory serve as venue to some wellness activities like the yoga sessions. The training auditorium, which serves as a venue for a variety of events in the company, is also being used for the Zumba classes.

7.13.5. The Wellness Programme and Dynamic Capabilities

The available human resource and physical facilities that are being tapped and utilised in the wellness programme give indications to the dynamic capabilities of the organisation in connection with the wellness programme. As stated earlier, the company uses different departments with the HR team to deliver the programme collaboratively. Tangible resources like the offices and venues are transformed in their usage to deliver some of the wellness activities.

The notion of dynamic capabilities is often seen as branching out from the Resource-Based View of the firm (Barney, 1991; Barney, Ketchen and Wright, 2011). It refers to the firm's ability to mould or change its unique tangible and intangible resources and capabilities that account for their competitive advantage to survive in an ever-changing business environment (Teece, Pisano and Shuen, 1997). Easterby-Smith and Prieto (2008) also propose that these capabilities are residing in routines rather than resources themselves.

In view of this, routines were also examined to see whether these reflect the dynamic capabilities espoused in literature (Easterby-Smith and Prieto, 2008). Most of the interviewees reported to have changed their routines, but only to some respects, to be able to participate in the wellness activities. This is also true to the majority (54.5%) of respondents who participate in the programme. In terms of the organisational routines as a whole, traces of the wellness programme being included in these routines were observed (e.g. the annual ESS and the company induction), but still in a limited way. It should be noted, however, that the "learning wellness through the company induction" is one of the disregarded items in the EFA since it loaded under two factors, in spite loading positively on both.

7.13.6. The Wellness Programme and Organisational Learning Capability

The results of the exploratory factor analysis (EFA) in this study also point to the existence of the organisational learning capability components in the wellness learning construct. Management support (i.e. Factor 3 in the EFA) and openness to suggestions (i.e. Factor 5 in the EFA) emerged as the factors in the learning of wellness in the organisation. These two factors tie-in with the literature on organisational learning capability by Chiva, Alegre and Lapiedra (2007), Jerez-Gomez, Cespedes-Lorente and Valle-Cabrera (2005) and Goh and Richards (1997).

Goh and Richards (1997) identified five organisational learning dimensions which constitutes an organisation's learning capability. These include: clarity of the organisation's mission and purpose, leadership commitment and empowerment, experimentation and rewards, transfer of knowledge and teamwork, and group problem solving. On the other hand, Jerez-Gomez, Cespedes-Lorente and Valle-Cabrera (2005) identified four of these, namely: managerial commitment, systems perspective, openness and experimentation, and knowledge transfer and integration. Lastly, Chiva, Alegre and Lapiedra (2007) identified five dimensions of the construct, which includes: experimentation, risk taking, interaction with the external environment, dialogue and participative decision making. The findings of this study converge with these existing models when it comes to leadership or managerial commitment and openness to risk or experimentation.

Behaviours that are grouped together under the factor "management support" include the management's action of encouraging employees to participate in the programme and providing adequate facilities in delivering the programme. On the other hand, the factor "openness to suggestions" includes behaviours such as making suggestions and bringing in new ideas or changes to the programme.

7.13.7. The Wellness Programme and Practice-based Learning and Knowing

The notion of knowing in practice, which is central to the literature on practice-based learning and knowing (Nicolini, Gherardi, Yanow and Elkjaer, 2004; Gherardi, 2006) is made evident when it comes to the outsourced third-party providers of the programme. One of the intellectual traditions of this practiced-based perspective is the communities of practice approach (Nicolini, Gherardi, Yanow and Elkjaer, 2004). Much of the notion of practice-based learning and knowing is found for the company doctors, wellness coach and Zumba instructors in delivering some key aspects of the wellness programme. Their attendance in seminars, conferences, interaction with colleagues in the same field, certifications and training all point out to learning and knowing in practice. The notion of the communities of practice (Wenger, 1998; Brown and Duguid, 1991) as a way in which the actors learn about wellness and share it with others becomes evident in these scenarios which were reported.

Reflection on the part of the actors regarding their practice, including that of the HRM practice, is not an emergent theme in the learning of wellness in the organisation however. This is probably due to absence of critical incidents and major problems in the running of the wellness programme as stated earlier. Problems such as these could have provided opportunities for practical reflexivity and learning from experience as suggested in the work of Cunliffe and Easterby-Smith (2016) on the part of the management team and other key players in the programme.

7.14. The Embedding of Wellness in the Organisation

In relation to the previous subheading, indications of the embedding of wellness in the organisation are seen from anecdotal and documentary evidences about work routines and practices. In existing literature, these are part of the organisational repositories (Argote, 2013) where organisational knowledge can be embedded. Physical structures in the workplace as well as technological and cultural aspects

(Argote, 2013; Levitt and March, 1988; Walsh and Ungson, 1991; and Starbuck, 1992) can also become means where an organisation embeds its knowledge. The embedding of wellness was found to some extent on the technological life of the organisation such as in information technology (IT).

The company intranet plays a key role in disseminating the health bulletin released by the H&S team of the company to all employees with computer access. This health bulletin often shadows the topics discussed in the monthly health sessions, which are one of the components of the wellness programme. The company intranet was also identified by most interviewees as one of the sources of their wellness knowledge and one of the ways in which they are kept apprised of the activities. Physical structures to support the organisational wellbeing agenda and ergonomic aspects, which are seen as part of most wellness programmes today (Global Wellness Institute, 2016), were not observed nor reported during data collection, however. For instance, the lack of a gym within the company premises was a recurrent response during the interviews. Nevertheless, posters about the wellness programme around the facility abound and these are noticeable. Moreover, references about changes in the participants' attitude towards work, including improvements in work relationships, were reported.

Thus, these evidences show that the embedding of wellness in the organisation is still limited in some respects, although the EFA results indicate that Factor 1 (Embedding of Wellness) loads the strongest of the five factors. The echoes of this embeddedness are also limited to a few groups of people who regularly participate in the programme. Few adjustments to the work schedules were also seen to accommodate the wellness activities, but these are only applicable to the office staff and members of the management team. This is not the case amongst the rank and file in the production floor who are still under a rigid timekeeping regimen. However, certain

degree of flexibility in the working time was reported to have been given to the production operators when it comes to sporting activities and the monthly health sessions. Lastly, at the organisational level, employee voice about the wellness programme is now being solicited through the annual employee satisfaction survey (ESS) for two years running.

7.15. The Wellness Knowledge of the Organisation

In this study, wellness knowledge is defined as referring to the totality of information, skills and experiences that one gained and possesses as a giver or a receiver of a wellbeing programme. This individual wellness knowledge has the potential to become part of the wellness knowledge of the organisation. This definition is largely derived from how Davenport and Prusak (1998) defined the concept of knowledge, but it is specifically applied in the context of wellness.

This wellness knowledge can be placed and juxtaposed with the existing typologies of knowledge in literature. It can be thought of exhibiting both tacit and explicit (Lam, 1997; Nonaka, 1994) characteristics. The tacitness of this knowledge is observed with outsourced third-party providers as one of the key players in delivering the components of the programme. Their working knowledge and expertise (Davenport and Prusak, 1998) in connection with wellness also have significance in the development of the programme. Similarly, the wellness knowledge that they possess can be thought of as embodied knowledge (Blackler, 1995) since it is an expertise that resides within them, which may be challenging to share due to some of its tacit qualities. Meanwhile, this knowledge can readily become explicit or encoded knowledge (Blackler, 1995) once it has undergone a process of formal codification through the health bulletin and posters pertaining to the programme, for instance.

It also has the potential to become a form of collective knowledge (Spender, 1996) if taken as an aggregate of the organisation's knowledge of wellness. Collective

knowledge can be thought of as an implicit (i.e. tacit) and a social form of knowledge (Spender, 1996). One of the emergent and recurring themes in this study is the social element to the wellness programme, where it is seen as a social activity by the participants. It is through the process of social interaction where the employees learn about wellbeing from each other. This further relates to the potential of the wellness knowledge of the company to become encultured knowledge and embedded knowledge (Blackler, 1995). Encultured knowledge is a type of collective knowledge which is shared in meaning through socialisation (Blackler, 1995). On the other hand, embedded knowledge resides in the routines and practices of an organisation (Blackler, 1995). In a limited way, the wellness knowledge of the organisation manifests itself as an embedded form of knowledge as it has already been embedded in few organisational routines and practices in some respects.

The concept of exogenous knowledge (Jasimuddin, 2005) has also become apparent from the outsourced third-party providers who supply the company with some of its wellness needs. Jasimuddin (2005) refer to exogenous knowledge as a type of knowledge provided by competitors, suppliers and customers of an organisation. Lastly, the wellness knowledge of the organisation can be thought of as a form of non-expendable knowledge (Hasnain, 2012) since it is knowledge that can be recurring and inherent to life in general. This non-expendable quality of the wellness knowledge of the organisation can give it the competitive advantage in the industry by having a well and healthy workforce.

7.16. The Wellness Programme and the Organisation's Learning System

The learning system in connection with the wellness programme of the organisation can be classified as blended learning. Blended learning is a type of learning that is characterised by a systematic mix of e-learning and face-to-face learning (Ellis and Calvo, 2007). However, a learning management system (LMS) is currently not being used for the wellness programme. An LMS is a computer software

which aids in learning (Ellis and Calvo, 2007). Nevertheless, the company intranet is being used for communications about the wellness activities. It is also central in disseminating an electronic copy of the monthly health bulletin of the company. Moreover, a copy of this bulletin is posted on the bulletin boards situated around the factory. The reason for doing so is to target employees who do not have access to computers whilst at work such as the production operators.

The IT department of the organisation has no direct involvement in delivering the wellness programme. Nevertheless, it oversees and maintains the company intranet which was identified by the interviewees as one of the ways in which employees learn about wellness. It is also one of the significant items in the EFA under the factor named "formal codification".

Notably, only one of the two training officers of the company has a rather indirect and very limited involvement in the wellness programme by serving as the custodian for the monthly health session attendance. This is in contrast when the programme was launched in 2008. At that time, the training team was tapped in spearheading the said initiative.

Lastly, social media (i.e Facebook) and various websites about wellness (including YouTube) were identified by the interviewees as means in which they build up on their wellness knowledge. Facebook was also pointed by the interviewees as one of the ways in which they share this knowledge with their colleagues. However, Facebook or any form of social media is not currently being used as a form of LMS by the organisation. This finding diverges with the entities studied by Manca and Ranieri (2016) and Wang et al. (2011) which use Facebook as an alternative form of LMS. Furthermore, the EFA findings discussed previously show that the use of social media and other websites are not significant items contributing to the learning of wellness in the organisation as a whole. This can be explained by the fact that some groups of employees like the production workers do not have access to computers and other

mobile devices whilst in the production floor. They rely on the printed materials such as the company posters and face-to-face encounters during the wellness activities and company meetings in learning about wellbeing.

7.17. Benchmarking the Wellness Programme of the Organisation

The wellness programme of the organisation is still resting on the bio-medical approach that is similar to the other wellness programmes encountered in literature, whether these are programmes from developed or developing countries. The physical health of employees is still at the centre of these programmes (Working Well Report, 2016). The organisation is at par with other programmes in offering health assessments, health awareness and on-site lifestyle coaching to its employees, which are one of the top components of these initiatives worldwide (Working Well Report, 2014b). The reach of the wellness coach hired by the company is still limited to the members of the management team, however. The Zumba, Tabata and yoga classes in the company also appear to be specialised offerings in comparison with other programmes encountered in literature. The company runs, where family members of employees can partake in, is a popular component of the organisation's programme. It is evidence of the recognition by the management that the family is also an important psycho-social aspect of work (Boreham, Povey and Tomaszewski, 2016; Li and Angerer, 2014).

Table 71 below summarises the top 10 components of wellness programmes offered by companies globally according to the Working Well Report (2014b) and compares these with the own wellness programme of this organisation.

Table 71. Comparison between Global Trends and the Organisation's Programme

Top Components of Wellness Programmes Globally	Provided by the Organisation?
HR Policies (e.g. flexible working)	✓ <i>yes (to some extent)</i>
Employee Assistance Programme	<i>no</i>
Regular Communications (e.g. awareness drives)	✓ <i>yes</i>
On-site Immunisation/ Flu shots*	✓ <i>yes (but part of another programme)</i>
Biometric Health Screenings	✓ <i>yes</i>
Ergonomic Adaptations and Awareness	<i>no</i>
Health Risk Appraisal*	✓ <i>yes (but part of another programme)</i>
On-site Lifestyle Programmes/Coaching	✓ <i>yes</i>
Workplace Health Challenges (e.g. weight management)	✓ <i>yes</i>
On-site Occupational Health Programmes	✓ <i>yes (to some extent)</i>

Note: The components are based from the Working Well Report (2014b:17), a worldwide survey of 1,041 employers about the trends and best practices in workplace wellness.

*These two components are provided through the Annual Medical Exam (AME) for employees. However, the AME is not considered a part of the wellness programme, but comes under welfare and benefits.

This organisation differs when it comes to specific programme components compared with the other cited programmes in literature. Telemedicine services (i.e. distant clinical healthcare using telecommunications and ICT) and financial literacy programmes for employees are not part of the organisation's wellness programme. These financial literacy programmes are identified as growing a component of most global wellness programmes today (Working Well Report, 2016, 2014b). On-site childcare, which is an increasing trend in the Asian region when it comes to these initiatives (Working Well Report, 2014b) is also found to be absent in the programme components of this organisation.

Additionally, other workplace wellness programmes found in existing literature contain smoking cessation and diet programmes for employees (e.g. Blake, Zhou and Batt, 2013; Berry, Mirabito and Baun, 2010; Kumar, McCalla and Lybeck, 2009). Some companies also have their rewards and benefit systems anchored with their wellness programmes (Zula, Yarrish and Lee, 2013). Finally, other companies have a core wellness team specifically focused to deliver their programmes (Berry, Mirabito and Baun, 2010; WELCOA, 2008). By comparison, this organisation does not have the smoking cessation programme for the participants. Nevertheless, weight management

is part of the executive programme for the members of the management team. Furthermore, participation in the wellness programme of the company is voluntary. No rewards or incentives in employee benefits are given to the participants by partaking in the wellness activities. Finally, although the company hired a wellness coach and two Zumba instructors, the approach and strategy that it takes is still about tapping on the available HR and administration staff to deliver the programme collaboratively. It is not by means of an exclusive wellness team. This decision was taken by the top management of this organisation, which is faced with other priorities in production as well as constraints in resources in delivering the programme to all employees. The HR team of this organisation has also taken an overall oversight and ownership of the programme, which is in line with the global trend where most HR departments of companies implement these types of initiatives (Working Well Report, 2014b).

For this organisation, the potential of the wellness programme in becoming a part of the strategic tools of its HR department in addressing other HRM areas such as L&D, employee relations, recruitment, retention and even managing organisational change has been evident. This is much in line with the existing literature which shows that these organisational initiatives have really taken a strategic role in helping to achieve some organisational objectives (Moss and Cooper, 2016; Ginn and Henry, 2003; Kossek, Ozeki and Kosier, 2001; Guest and Conway, 2004; Friedman, Christensen and DeGroot, 1998).

Although there is a very limited involvement of the training department of this organisation with the current programme, the training team was tapped in spearheading the programme when it was launched in 2008. Back then, some components of the programme were also part of the annual L&D calendar in providing soft and behavioural training to employees, addressing their developmental needs. This brings to the fore what the extant literature is saying about the important role of L&D practitioners in organisations in promoting employee wellbeing and wellness programmes (Girling, 2008), as well as viewing an organisation's wellness programme

as an L&D programme (Cable, 2007). At the moment, however, it is the H&S team and HR officers who are heavily involved in the wellness activities. Nevertheless, the monthly health sessions of the programme which are delivered by the H&S team are still part of this organisation's L&D calendar. Again, this illustrates the role of some HRM practices such as L&D and H&S in developing and sustaining the wellbeing of employees (Clarke and Hill, 2012).

As for this organisation's HR officers who are identified with their duty in employee welfare and employee relations, the wellness programme also helps in improving employee engagement through the annual sporting activities and company runs. In these activities, employees are made to feel being cared for by the organisation. As a result, they feel happier at work as the findings of this study show. In return, they are encouraged to contribute and participate whilst being wary of minimising their non-productive time, ensuring that they hit the production targets before partaking in the said activities. However, this doesn't ignore the fact that when conflict between their work in production and the wellness activities occur, it is the work in production that takes prominence. Nevertheless, the fact that this organisation's wellness initiative is considered under the umbrella of its wider employee relations (ER) programme supports the recent findings of other studies indicating that as a corporate strategy, workplace wellbeing programmes are being treated by most organisations as means of improving employees' performance and engagement at the workplace (Working Well Report, 2016). As already shown by past studies, employee engagement is another facet of work that is seen to be linked with employee wellbeing (Bailey, 2016; Bailey, Madden, Alfes and Fletcher, 2017; MacLeod and Clarke, 2009). What is notable with this organisation's programme is the capacity of one of its wellness activities (i.e. company runs) in encouraging engagement of the employees in the wider community as well. A number of these annual runs supported by the company are for noble purposes, such as fundraising for particular indigent communities or for projects dealing with environmental protection. This also illustrates

the important role that wellness initiatives can play in the process of nation building by having citizens who are productive and engaged members of society as a whole, not just in the workplace.

The other HRM functions of recruitment and retention were also suggested to be aided by the wellness programme, specifically by the anecdotal evidences coming from the interviewed managers and HR staff. These findings support the view that wellbeing programmes can offer themselves as solutions to address specific issues such as attracting and retaining talent (e.g. Malouf, 2011). However, it is the retention aspect which emerged stronger than the recruitment aspect in the anecdotal evidences. A number of interviewees acknowledged that the programme is one of the reasons that make them stay in the company. Nevertheless, the company posters which are used for the job fairs contain the wellness programme as one of the selling points of the company.

The last of the HRM area that is linked with the wellness programme is about managing organisational change. A couple of the interviewees see it not just part of the company's employee care initiative, but also as a change management strategy. The launching of the programme happened at the height of the global financial crisis in 2008 which also largely affected the company. A significant number of employees were made redundant at that time. A new company president was also appointed to oversee this business unit. He is known to be a fan of wellness. With this new leadership also came a new message about employee care through the wellness initiative. Interestingly, it is Interviewee 03 (HR Director) and Interviewee 12 (Assistant Manager - Office of the President) who reported about this aspect as one of the purposes why the programme was launched. Interviewee 12 deals with the company president to a great extent. She was also involved in delivering some aspects of the wellness programme when she was still part of the administration department. Meanwhile, Interviewee 03 used to report under the company president when both were doing different roles in the corporate headquarters of the company. Expectedly, then, a close interaction between

these two members of the management team and the top post in the company has provided them with a different perspective about the programme, which is nevertheless, a valid one. It has been shown that organisational change can have significant impacts on employees' health and wellbeing (e.g. Gibbs, Loretto, Kowalski and Platt, 2012; Loretto, Platt and Popham, 2010). For this organisation, however, the programme was used as a tool in managing organisational change. This strategy underpins the view that wellness programmes can be one of the tools of HR in facilitating the achievement of corporate strategies and managing organisational changes affected by mergers, acquisitions and downsizing which adds to the uncertainty, anxiety and stress of employees (Ginn and Henry, 2003). The intensification of competition, even at a global level, drives organisational changes so that firms can cope and maintain their competitive advantage. In this scenario, these initiatives can form part of an organisation's change strategy (Kossek, Ozeki and Kosier, 2001). Wellness programmes are seen to counteract the negative effects of organisational change, which is true for this organisation.

7.18. Dominant Themes that Emerged about the Programme

A further characterisation of the wellness programme of the organisation yielded three dominant themes. These themes are, namely: a social element to wellness, a work-wellness conflict and a wellness lag. These are being explained in the following subheadings.

7.18.1. A Social Element to Wellness

A social element to the wellness programme was found in most of the responses of the interviewees. It is one of the recurring themes, together with the theme about the family, which can also be subsumed under this theme. This notion

about the social element to the programme is distinct from the social dimension of wellness. It appears to encompass the wellness programme in focus. It shows a tendency for collective action rather than an individualist one on the part of the actors who participate in the programme. Wellness activities are treated as social platforms or opportunities to interact with others. This ubiquitous social quality of the wellness programme makes the social interaction as an effective means to impart wellness knowledge to others. As defined previously, wellness knowledge refers to the totality of information, skills and experiences that one gained and possesses as a giver or a receiver of a wellbeing programme. This individual wellness knowledge has the potential to become part of the wellness knowledge of the organisation. It also has the potential to be shared with one's family members and the larger community. Activities which integrate the family life and community life into the wellness programme (e.g. fun runs) possess the potential of maximum appeal and impact to the actors in the organisation. By having family days and community collaboration when it comes to the wellness activities, these further illustrate this social element to the programme.

7.18.2. A Work-Wellness Conflict

There also exists a figurative tug-of-war between wellness and work. This notion of work-wellness conflict refers to the clash between one's wellbeing and work commitments. On one hand, the wellness programme is available and offered by the organisation. On the other hand, the demands and pressures created by the business exigencies of the manufacturing set-up result into a serious incompatibility between work and the wellness programme on offer. The minimisation of the so-called non-productive time (NPT) in this manufacturing organisation brings forth challenges in implementing and sustaining the wellness programme.

7.18.3. A Wellness Lag

A lag exists between the production workers and those in the support group when it comes to their frequency of participation in the wellness programme and the types of wellness activities that they participate in. Position level and educational attainment are also significant factors in the number of wellness activities one partakes in. The production workers or rank and file employees in the lower echelons of the organisation tend to lag behind when it comes to the wellness programme. This wellness lag is driven by a structural element built-in within the organisation, which is further compounded by the financial constraints which may come upon certain actors, delimiting their participation into the programme.

7.19. Summary to the Triangulation and Discussion Chapter

This chapter discusses the convergence and divergence in the demographic attributes and responses of the interviewees and respondents in the various areas examined in connection with the wellness programme. The role of managerial and non-managerial perspectives in the findings is also highlighted. More dominant differences are seen in the frequency of participation in the programme, number of wellness activities attended and satisfaction with the programme between the interviewees and respondents. On the other hand, convergence is observed for general happiness, attitudes towards the wellness dimensions, suggestions and the motivators and hindrances acknowledged in connection with the programme.

The results of the multiple regression analyses and ANOVA tests show that wellness learning does not differ between work groups (i.e. nature of work and position levels) when tested on a larger population of employees who already participate in the programme. At the organisational level, wellness learning can only be observed and measured to a few groups of people relative to the entire population of employees. Traces of organisational learning capability are observed in view of the results of the

EFA (i.e. factors named “management support” and “openness to suggestions”). The SECI model is also seen as relevant in explaining the other resulting factors in the EFA named “social interaction” and “formal codification”. The remaining factor in the EFA about the “embedding of wellness” hints on the potential of the company when it comes to its dynamic capabilities and organisational repositories in sustaining wellness. Absorptive capacity and organisational ambidexterity are also evident with some of the actors’ prior wellness knowledge and the exploration and exploitation strategy of management, through its HR division, in the implementation of the programme.

Moreover, the learning system of the organisation with regards to the programme is that of blended learning. This system is a mix of e-learning through the company intranet and face-to-face interaction during the wellness sessions and company meetings. An LMS specifically catering for the wellness programme is still missing. A contrast is also noted between the interviewees and respondents when it comes to the use of traditional mass media and new media (i.e. social media like Facebook and other websites) in learning about wellbeing. Generally, employees tend to rely on the company as the main source of their wellness knowledge rather than external sources.

Finally, there are three dominant themes which emerged about the wellness programme of the organisation, namely: a social element to wellness, a work-wellness conflict and a wellness lag. Specifically, this wellness lag was observed to be influenced by structural factors in the organisation. It is also found to be affected by the financial constraints encountered by some participants in the programme.

CHAPTER 8

Conclusion

8.1. Introduction to the Concluding Chapter

This final chapter summarises the findings and discussions from the previous chapters. It also presents the conclusions which mirrors the research aim and objectives embarked upon from the onset. Finally, the succeeding sections elaborate the research implications, limitations, recommendations and original contribution to knowledge of this study.

8.2. Summary of Findings

Table 72 below presents a summary of the findings in this case study of a manufacturing organisation which investigated a construct called wellness learning to show the viability of an organisational learning lens towards workplace wellbeing programmes:

Table 72. Summary of the Overall Findings

Research Objective	Findings
Objective 1: to determine the key components and features of wellbeing programmes of organisations.	<ul style="list-style-type: none">• Based on existing literature, the top components are: HR policies supporting work-life balance, employee assistance programmes, health awareness programmes, on-site health interventions, biometric health screenings, ergonomic adaptations and awareness, and on-site lifestyle programmes and coaching.• There is still a prevalence of the bio-medical approach which centres on the cost-containment paradigm evident in corporate wellness programmes. Nevertheless, a business case for these initiatives is predominant in literature, which is seen to improve organisational performance and productivity by having well and healthy employees.• New views are also emerging, such as using these programmes to increase employee engagement and retention and to manage organisational change.
Objective 2: to identify and benchmark the components and features of the organisation's (i.e. the case) corporate wellness	<ul style="list-style-type: none">• The case (i.e. manufacturing organisation) is at par with other wellness programmes encountered in literature in terms of a number of components. However, some of these components are still either limited in making these available to all employees or

initiative with the other wellness programmes in literature.	<p>offered under the employee welfare banner under compensation and benefits and not part of the wellness programme.</p> <ul style="list-style-type: none"> • On a global comparison, emergent components like telemedicine services, financial literacy programmes and on-site childcare are not found in the organisation. Features like integrating the rewards and benefits system into the wellness programme and creating a core wellness team are also still non-existent in the said organisation. Nevertheless, the prominent feature of these programmes being in the responsibility of HR teams in organisations is true for this organisation.
Objective 3: to investigate the learning mix and the learning management system used by the organisation in disseminating and embedding wellness.	<ul style="list-style-type: none"> • The learning system in connection with the wellness programme of the organisation can be classified as blended learning. • A learning management system (LMS) is currently not in place for the wellness programme. Nevertheless, the company intranet is identified as one of the important means of communications, but this is only true for employees belonging to the support groups. The IT department of the organisation has no direct involvement in delivering any of the components of the programme.
Objective 4: to compare the learning of wellness at different position levels and work groups within the organisation, along with the other employee groupings based on their demographic and employment-related attributes.	<ul style="list-style-type: none"> • No significant differences were found on the wellness learning behaviours between the different employee groupings in this study based on their wellness learning scores. • However, some demographic and employment-related attributes exhibited significant effect on employees' general happiness, attitudes towards the wellness dimensions, number or variety of different wellness activities attended, frequency of participation in the programme and number of hindrances acknowledged preventing one from participating in and benefiting from the programme.
Objective 5: to develop a model of wellness learning in the organisation by utilising and combining the existing models and frameworks in the wellbeing and organisational learning literature.	<ul style="list-style-type: none"> • The construct of wellness learning in the organisation is made up of five component or factors based on the results of the exploratory factor analysis (EFA) conducted. In this study, these factors are called the following: embedding of wellness, management support, formal codification, openness to suggestions and social interaction. • Multiple regression analyses performed indicate that employees' general happiness, attitudes towards the wellness dimensions and satisfaction on the programme are significant predictors of the learning of wellness. • Moreover, a dynamic bidirectional relationship between wellness learning, general happiness and attitudes towards the wellness dimensions is confirmed through a number of regression models generated.

8.3. Conclusions

Based on the findings of this study, the following conclusions are drawn with the wellness programme of a manufacturing organisation in the Philippines which can be inferred to similar organisational programmes with the same contextual elements in general.

8.3.1. Prevalence of the Bio-medical Approach

The bio-medical approach is still the prevalent approach by most organisations when it comes to their wellbeing programmes. The primary aim of this approach is to improve the physical health of their employees. The case study (i.e. the manufacturing organisation in the Philippines) is not an exemption to this. Existing literature and global reports by institutions studying workplace wellbeing practices show that the physical wellbeing of employees is still the primary objectives of these initiatives. Moreover, this appears to be the case across the world, both in the developed and developing nations.

8.3.2. Importance of Tailor-fit Programmes

The need to tailor-fit the programme according to the individual needs of the employees and the organisation as a whole can never be over emphasised. Thus, an organisation's wellbeing programme can have a unique signature of its own. It can differ in some ways, whether little or small, with other wellness programmes. This is the case with this organisation's programme compared with the other corporate programmes in literature. It differed with some of its programme's components and strategies in implementing it. Trying to be similar with well-known programmes could defy the purpose of implementing these initiatives. As with any organisation with a wellness programme, this purpose centres on the idea about strategically addressing

some unique and complex organisational concerns where employee wellbeing is thought to be part of the solution.

8.3.3. Pragmatic Use of Learning Systems

A learning management system (LMS) for an organisational initiative such as a wellness programme may not always be necessary and cost-effective. A blended learning system may be more appropriate and effective, as implemented by this organisation. This is especially true when an organisation is limited with financial and technological resources in running the programme. This can also apply in cases where a form of LMS, even that of alternative forms like social media and other platforms, are inaccessible for most of employees such as in the manufacturing sector. In these work settings, production workers usually do not have access to computers or mobile devices whilst at work.

8.3.4. Subtlety and Significance of Group Learning and Group Attributes

Group learning and group attributes can be important factors in organisational learning as a whole. Groups within organisations can have different ways of learning based on their different characteristics. This is true with the host organisation, where there are slight variations detected between the interviewees (who all appear to have access to work computers and half of them belong to the management team) and the respondents to the questionnaires (whom most are production workers). These differences in their wellness learning behaviours refer specifically to their usage of external sources of wellness knowledge and the application of this knowledge outside of work. The interviewees reported learning about wellbeing both from internal sources (i.e. from within the company) and from external sources. These external sources of wellness knowledge refer to traditional mass media (e.g. TV, books and newspapers),

social media platforms (including other websites about wellness) and friends or acquaintances outside the company.

The EFA results coming from the respondents show a contrasting picture, however. The acquisition of wellness knowledge rests primarily on internal sources from the company. Formal social interactions during company meetings also appear to be more effective compared to casual conversations or encounters in the workplace in learning about wellbeing. Additionally, the company posters which contain eye-catching photos and succinct taglines about wellness also prove to be contributing more to the wellness knowledge of the employees compared to the relatively wordy monthly health bulletin. Although the succeeding statistical tests carried-out do not show any significant differences between the work groups (i.e. production/support groups and position levels) when it comes to their learning of wellbeing (i.e. through their wellness learning scores), these subtle differences cannot be fully ignored in implementing these kinds of initiatives.

Furthermore, there are significant differences between the production group and support group (i.e. office staff) when it comes to the number of wellness activities they participate in and their general happiness. Although those in the support group attend more of the wellness activities available to them, those in the production group are found to be happier due to the programme. This shows that other factors such as differences in the types of stress (i.e. physical versus mental) and stress levels between the two groups may be at play. It can also imply that stress can also go beyond the mere physical dimension to include other dimensions such as the social and emotional dimensions of the workforce. Managers and office staff are allowed some degree of flexibility in their work schedules to be able to participate in the programme. However, they also reported about working over-time in their own accord to offset for the hours spent in the wellness activities. Meanwhile, production workers follow the rigid work schedule in the production floor. They end their work when the machines in the production floor are turned off. These differentials in participation and

general happiness show that a desk job or a position title in a manufacturing setting does not necessarily make one happier at work than the rank and file employee working at the production floor.

8.3.5. Context and Challenges in the Organisational Learning of Wellbeing

The organisational learning of wellbeing is positively influenced by the participants' general happiness, positive attitude towards the wellness dimensions and satisfaction with the programme. This is demonstrated by the standard multiple regression models performed on this manufacturing organisation. Furthermore, factors like management support, codification of the wellness knowledge (e.g. documentation and publication), social interaction during activities, openness to suggestions and feedback and embedding of the wellness knowledge (e.g. in routines and practices) are significant components of the learning of wellbeing at the organisational level. This was shown by the EFA results about the wellness learning behaviours of the participants yielding these five factors.

In making a further contextual characterisation of the wellness programme, it emerges that there is a social element to it, a conflict between work and wellness in the manufacturing setting and a wellness lag between the existing groups in the organisation when it comes to opportunities in participating. This wellness lag is a result of the structural factors within the organisation and financial constraints of some participants. These factors may comprise the unique characteristics and challenges of wellness programmes set in a developing country like the Philippines. Nevertheless, this context also presents an opportunity for the practice of HRM in the country in driving and fostering a culture of wellbeing in the organisation by being adaptable and ambidextrous in its approach given the challenges in implementing these initiatives.

8.4. Implications

The implications of this study are seen on two aspects, namely: the role of HR and employee relations (ER) programmes and the potential of wellness programmes for nation building. These are discussed in the following subheadings.

8.4.1. Role of HR and ER Programmes in Practice

The role of HR in helping organisations achieve their strategies through the use of ER programmes, including that of wellness programmes, can be valuable in organisations. Globally, HR departments have now been taking the responsibility of managing and delivering these wellness initiatives. The potential utility of these programmes in becoming a part of the strategic tools of HR departments in addressing other HRM areas such as learning and development, recruitment, retention and employee engagement also emerges. This is much in line with the existing literature which shows that these organisational initiatives have really taken a strategic role in helping to achieve some organisational objectives like improving employees' engagement, performance and productivity. However, this potential utility comes with potential challenges. One challenge is finding the right fit between the employees or target audience and the type of wellness programme that will work best for them. Wellness programmes can also be instruments for organisational change or for managing change in organisations, which is one of the narratives given by a number of key interviewees in this study. This finding harmonises with the view that wellness programmes can form part of an organisation's change strategy (Kossek, Ozeki and Kosier, 2001).

8.4.2. Role of Wellness Programmes in Nation-Building

Wellness amongst the people of a particular country can also contribute to its process of nation building by having productive members in its society. People can be

productive because they are healthy and well. Wellness initiatives in the workplace can also have an element of community collaboration in their design, thereby encouraging engagement of the employees in the wider community as well, not just within the workplace. In view of this emerging role of wellness programmes, policies or laws to support their existence should be in place. These should also keep up with the fast-changing pace of the business environment adopting these programmes. Welfare and wellness benefits in organisations, as they exist in the Philippines, should also be clarified so that these can be provided fairly to employees. These legalities are valuable in providing a legal basis for creating and sustaining these programmes for the benefit not just of the citizens, but of the entire nation as well. This further reinforces the narrative in literature linking the wellbeing of individuals, organisations and nations as a whole (Butler and Kern, 2016; Kowalski, Loretto and Redman, 2015; Huppert and So, 2013; Black, 2008).

8.5. Limitations

The limitations of this research can be summarised into three topics, namely: research on participants and non-participants, external validity and generalisations and higher order quantitative analysis. These are discussed in the following subheadings.

8.5.1. Research on Participants and Non-participants

Only the participants to the wellness programme were studied due to limits on organisational access. Valuable findings could also have been derived from the non-participants to the programme. The manufacturing set-up also limited the access to the employees coming from the production floor to participate in the interviews. All of the interviewees were office workers and people with positions in the company. They may have been biased towards the wellness programme.

8.5.2. External Validity and Generalisations

This study was conducted on a single organisation in the Philippines with a wellness programme. The wellness learning behaviours of the actors as well as the other findings in this study may only be true in their specific context and may yield different results in other contexts with distinct structural, cultural, financial and institutional characteristics.

8.5.3. Higher Order Quantitative Analysis

This study conducted an exploratory factor analysis (EFA) and standard multiple regression analysis to come up with a model of wellness learning in an organisation. However, a confirmatory factor analysis (CFA) as well as a structural equation modelling (SEM) is also possible to perform between the constructs of wellness learning in the organisation, general happiness and wellness dimensions investigated in this study.

8.6. Recommendations

Three recommendations are made in connection with this study. These recommendations pertain to practice, policies and future research.

8.6.1. Recommendations for Practitioners

A generalised template for wellness programmes may not work in any organisation. There is also a need to tailor-fit the programmes based on the attributes of the target population. This may call for a need to modify or localise the existing Western models of wellness programmes to suit the local culture. In the study, gender, age, position, nature of work and educational attainment all have an impact on the various aspects of programme participation. Gender, in particular, is a significant factor

in how participants view the wellness dimensions and rates their general happiness due to the wellness programme.

A need to ascertain the needs of the target audience is vital so that programmes can be designed and delivered more effectively and in a targeted way. For instance, a specific wellness programme or any of its components could be designed especially for the female or male audiences, young and older audiences, or support and production groups. However, caution should always be considered so that these programmes are always non-discriminatory, voluntary, equitable and legally compliant (Plump and Ketchen, 2013).

Furthermore, embedding a wellness programme more into the organisational life may be the key in addressing the work and wellness conflict which tend to exist in manufacturing settings. Wellness can be made available in the production floor without the actors leaving their workstations. A paging system of the company could be utilised to the full. It could prove to be a more cost-effective and efficient way of disseminating the wellness message across the organisation. Moreover, brief group exercises, stretching or breathing techniques could be introduced in the production floor or offices. In this way, wellness comes to the employees directly and the learning of wellness is also put into practice immediately.

Finally, wellness programmes could also be mechanisms to encourage engagement not just within the organisation but to the larger community and social life of employees. This can be achieved by anchoring the programme with community collaborations as well as by integrating family life into these programmes through the availability of family days for employees.

8.6.2. Recommendations for Policy Makers

A few legislations have already been proposed and pending to be signed into law that touches on the subject of wellness in the Philippines. Although this has taken time to materialise, future debate on wellbeing programmes looks promising for the country. Consultations by the policy makers with various stakeholders in society are important for the formulation and advocacy for these laws that will have long lasting effect on the wellbeing of the people and of the nation as a whole.

8.6.3. Recommendations for Future Researchers

Future research on wellness programmes could further examine into the learning of wellbeing in other organisational contexts. Focus could also be made specifically on the structural, cultural, financial and institutional elements which may impinge on these wellness programmes. The dynamic relationship between the learning of wellbeing, general happiness and the wellness dimensions can also be further investigated and measured using higher order quantitative analysis methods like confirmatory factor analysis (CFA) or structural equation modelling (SEM), taking into account the contextual elements affecting an organisation.

8.7. Original Contribution

This study about the learning and embedding of a wellness initiative in an organisation shows the viability of an organisational learning lens towards addressing the issues encountered in workplace wellbeing programmes. Its findings aim to further contribute to our understanding of wellbeing programmes on how these can be learnt and embedded more effectively within organisations. In presenting an alternative or a complementary approach to existing workplace wellbeing models, this study is seen to contribute to the following areas, namely: the existing literature on workplace wellbeing, methodological approach on the study of wellbeing and the theories relating to it, and

HRM practice which has taken on an important role in promoting wellbeing in the workplace. Thus, this study also contributes in bridging HRM and wellness, fields which have traditionally been separate strands of activity and research.

8.7.1. Contribution to Existing Literature

This study extends the existing knowledge about workplace wellbeing programmes in the context of a developing country like the Philippines. Studies such as this are still very limited in the country. Furthermore, investigating a wellbeing programme through the lens of organisational learning is a novel area of research. On the organisational learning side, components such as management support, formal codification, openness to suggestions and social interaction were found to be significant factors in making wellbeing programmes to be learnt effectively at the organisational level. The embedding of wellbeing in an organisation also appear to be composed of components such as improvements in employees' work relationships and work performance, changes in their work routines, application of the wellbeing programme to their work and programme availability whenever and where ever it is needed by the employees. The significant positive relationship between the learning of wellbeing, general happiness and attitudes towards the nine wellness dimensions investigated in this study could also provide a springboard for future researchers to further look into, considering the contextual aspects impinging on an organisation.

8.7.2. Contribution to Research and Theory

This study also contributes to the methodological tradition in studying workplace wellbeing programmes by undertaking a pluralist interdisciplinary approach in its investigation. The concept of wellbeing is a complex one. New and innovative approaches in research methodology are essential in understanding it. This specific

research approach undertaken contributes to these new and innovative approaches, extending our understanding of some organisational phenomena of interest. By linking wellness, HRM and organisational learning, this research is able to show the viability of an organisational learning approach to wellbeing programmes. Specifically, it also contributes to the bodies of knowledge governing the said disciplines.

For the models on wellbeing espousing that the construct has several domains that make up the facets of an individual's overall wellbeing or flourishing (e.g. Witmer, Sweeney and Myers 1998; Hettler, 1980; Seligman, 2011; Forgeard, Jayawickreme, Kern and Seligman, 2011; Huppert and So, 2013), this study is able to reinforce this view by empirically examining and putting emphasis to this quality of multidimensionality of wellbeing, doing it in the workplace context. It is also able to highlight the quality of complementarity between these wellbeing dimensions, namely: physical, intellectual, emotional, social, spiritual, occupational, environmental, cultural and financial. A notion of wellness knowledge conceptualised in this study and the importance of embedding this into the organisational life of a firm also contributes to the current body of knowledge about ways of sustaining employee wellbeing. Moreover, a dynamic model generated about the learning of wellness in an organisation is able to show and support the supposition that the notion of general happiness as an affective part of subjective wellbeing (Diener, 2000; Diener, Oishi and Lucas, 2002; Ryff, 2013; Seligman, 2011) can have a significant effect to aspects of a person's overall wellbeing.

For organisational learning (Argyris and Schön, 1996, 1978; Argyris, 1977), this study contributes by extending it to a subject area such as wellness, accentuating its usefulness for organisations both as a dynamic process and an outcome in itself, helping organisations achieve their dynamic capabilities and competitive advantage (Smith, Vasudevan and Tanniru, 1996). This study is able to carry-out an empirical examination of the organisational learning processes involved in a wellness programme, namely: that of embedding the wellness knowledge, the process of social

interaction and process of codifying the organisational knowledge about wellness. The organisational learning capabilities relating to having management support and being open to suggestions and experimentation are also highlighted as important factors for organisational learning of a company's programme to successfully take place.

Moreover, by having an organisational learning lens to wellbeing programmes, the mutual gains view in HRM (Kochan and Osterman, 1994) is being supported and strengthened. This 'mutual gains perspective' posits an optimistic view that the HRM practice has a positive impact or effect on employee wellbeing and organisational performance (Kochan and Osterman, 1994; Guest, 2017, 2002). This study is able to place HRM, which has now included wellness as one of its responsibilities, in a good stead in strategically improving a firm's organisational performance whilst promoting the wellbeing of employees.

Lastly, an organisational learning approach to wellbeing programmes contributes to the Resource-Based View of the firm (Barney, Ketchen and Wright, 2011; Wright, Dunford and Snell, 2001; Grant 1991, 1996; and Barney, 1991). This approach, as illustrated by the model developed on the wellness learning of an organisation, reflects a dynamic process of generating a strategic resource for a firm in achieving competitive advantage by having well, healthy, happy and productive workforce. This competitive advantage, as espoused by Porter (1998) can be achieved when well and productive employees thrive in a business environment that is VUCA, characterised by volatility, uncertainty, complexity and ambiguity (Johansen, 2007; Bennett and Lemoine, 2014). This study is able to point out the importance of 'ambidexterity' (Tushman and O'Reilly, 1996; Raisch and Birkinshaw, 2008) in a firm's use of its limited resources (i.e. tangible and intangible resources) in managing these initiatives, specifically those in developing countries where having scanty resources can be a constant challenge. When these resources are used effectively for the organisational learning of wellness to take place, and making this inherent to the firm

such that it is difficult to match, it can form part of a firm's bundle of strategic resources in achieving a sustainable competitive advantage in the industry.

8.7.3. Contribution to Practice

The findings in this study are especially useful for HRM practitioners and managers who are given the locus of responsibility in implementing these initiatives in organisations. The results of the exploratory factor analysis (EFA) conducted in this study which point to the five factors comprising the organisational learning of wellness, can provide guidance in practical terms to the importance of embedding the wellness knowledge in the organisational life, having a supportive management, making the wellness knowledge explicit and clear for all, being open to feedbacks and suggestions, and encouraging social interaction in these programmes. These factors can help address the issues encountered in designing, implementing and sustaining these initiatives. In considering ways of embedding the programme in the organisational life, this study is able to weigh in on the importance of integrating the initiative into the work routines and practices of an organisation to make it effective, as well as sending a clear message about the usefulness of applying this to one's work and personal life. In terms of having a supportive management, the seriousness of having an allocated budget and sufficient resources to run the programme effectively cannot be overemphasised. This factor can be further enhanced by having managers who also provide good example to their subordinates in terms of their own wellness. The mechanisms in making the wellness knowledge which benefits the organisation explicit for all is also highlighted for practitioners, calling to mind the practical use of available technology and different forms of media that will work best for the diverse organisational members to understand the wellness message. Meanwhile, the factor relating to openness to suggestions can be achieved by having an open-door policy which can solicit new ideas to improve, or if needed, make changes to a wellness programme to make it fit

for purpose. Lastly, the social interaction factor, which supports a dominant theme about the social element to a wellness programme, can be put into practice by encouraging group interactions during and after the wellness activities, and including 'wellness' as part of the agenda in company meetings to give an opportunity for employees to impart their wellness knowledge and experiences to each other. This social element further extends to the community and family life of the employees. This can be further tapped and addressed by involving the family members and community members into these programmes.

The collaborative and 'ambidextrous' approach in the use of resources can also offer practitioners a strategy in managing and delivering these initiatives where having limited resources is one of the problems encountered in their implementation. Moreover, this study helps practitioners to recognise the varying needs and characteristics of the different work groups in an organisation in relation to a wellness programme. It calls for more tailor-fit programmes which should also be inclusive and non-discriminatory, factoring-in the demographic and employment-related attributes of the organisational members such as nature of work, position level, age, education, gender, marital status, among others. The importance of considering the satisfaction level of employees about the programme, their happiness at work and life in general, and their attitudes about the positive effects of the programme to their work and personal lives can also provide insight for practitioners and managers in implementing these programmes successfully.

In a much broader picture in society, wellbeing programmes which are carried-out by practitioners and managers in collaboration with the wider community projects can also be mechanisms in which developing countries could achieve their national wellbeing by having a well and healthy labour force who are the backbone to a developing country's economic growth and development.

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Appendix 1 – Participant Information Sheet



CMET ID Number: XXXXXXXX

Project Title:

Learning wellness, a case study of a well-being initiative in the Philippines

Background:

This research project is about a wellness initiative in an organization in the Philippines. It is an independent research project undertaken between the London School of Commerce Research Centre and Cardiff Metropolitan University in Wales, United Kingdom.

Briefly, this study will look into the following:

- a. the features of the wellness program
- b. the overall running of the wellness program in the company

Why you were chosen as a participant and what are the benefits?

You are being requested to participate in this interview because of your participation in the wellness program of the company. As this is an independent research project, it has no bearing whatsoever on your performance or standing as an employee. Your participation in the study is voluntary and you can withdraw at any time. All information gathered will be kept in strict confidentiality and anonymity. As a benefit, this study will identify trends and areas for improvement in the wellness program so that employees can fully benefit from it. A report will be produced at the end of the study, but it will not include the personal information of the participants.

What will happen in this interview?

In this interview, you will be asked questions about the wellness program and your experiences on the program. This interview may last up to an hour. It could also be carried-out into more than one session depending on your preference, circumstance or as the need may arise. It will also be recorded for the purpose of transcribing the responses. These will be deleted eventually at the end of the study.

What will be asked?

In the interview, you will be asked questions relating to your experiences on program. This covers areas such as:

- Aspects of life being addressed by the program
- Role and participation in the program
- Mechanisms for disseminating the wellness message
- Benefits of participating in the program

Are there any risks in taking part?

There are no risks to you in taking part in this study. If you are feeling unwell or unable to do the interview for various reasons, we can reschedule it at another convenient time. In any case, you are free to withdraw from the study at any time.

How is your privacy protected?

You will be completely anonymous and the information and responses received from you will be kept in strict confidentiality. A coding system will be used instead of using your name to ensure anonymity and confidentiality.

For further information or questions:

Feel free to contact us for any issues, concerns, query or if you feel you need further information.

Appendix 2 – Participant Consent Form



PARTICIPANT CONSENT FORM

CMET ID Number: XXXXXXXX

Title of Project: Learning wellness, a case study of a well-being initiative in the Philippines

Name of Researcher: Rameses Manalang

Participant to complete this section:

Please initial each box:

1. I confirm that I have read and I understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have these answered satisfactorily.	
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.	
3. I agree to take part in the above study.	
4. I also agree to the interview being audio recorded.	
5. Finally, I agree to my quotes being attributed to me anonymously in publications.	

.....

Signature of Participant

.....

Date

.....

Name of Participant

.....

Date

Appendix 3 – The Interview Guide

Date:

Location:

Time Started:

Time Ended:

Respondent's Code No:

A. Wellness programme's history, purpose, nature, features and content

A.1. Why do you think the wellness programme was launched by the company? **(Sa tingin mo, bakit inilunsad ng kumpanya ang wellness programme?)**

A.2. *What are the features and contents/components of the programme? **(Anu-ano ang mga tampok at nilalaman/kasali sa wellness programme?)**

B. Role and participation in the wellness programme

*B.1. What is your role in connection with the wellness programme? **(Ano ang iyong posisyon na ginagampanan may kinalaman sa wellness programme?)**

* B.2. What is entailed in performing this role? **(Ano ang kaakibat ng papel na ito?)**

B.3. Which of the wellness activities or sessions have you already participated in? **(Alin sa mga wellness activities or sessions ang sinalihan mo na?)**

B.4. Overall, how frequently do you participate in the programme? Why is this so? **(Sa kabuuan, gaano kadalas ang pagsali mo sa wellness programme ng kumpanya? Bakit?)**

- Once?
- Rarely?
- Sometimes?
- Often?
- Always?
- Minsan lang?
- Madalang?
- Paminsan-minsan?
- Madalas?
- Palagi?

B.5. What motivates you to participate? **(Ano ang nakaka-motivate sa iyo para sumali?)**

B.6. What do you think hinders you in participating? **(Ano sa tingin mo ang nakakapigil sa iyo sa pagsali?)**

NOTE: (*) means questions only asked either for specific people with special roles in the programme or senior people in the company

C. Aspects or dimensions of life being addressed by the programme

[SHOW THE CHART WITH DEFINITIONS]. Do you think these aspects of your life have been affected by the programme: Physical? Emotional? Social? Occupational? Intellectual? Spiritual? Environmental? Cultural? Financial? Would you say the effect is positive or negative? Why did you say so? In what ways?

(IPAKITA AND TSART NA MAY MGA DEPENISYON. Aling mga aspeto ng iyong buhay ang sa palagay mo ay naapektuhan ng programme? Pangkatawan? Pang-damdamin? Pangrelasyon? Pang-propesyon? Pangkaisipan? Pang-diwa? Pang-kapaligiran? Pang-kultura? Pananalapi? Masasabi mo bang positibo o negatibo ang epekto sa iyo? Bakit mo nasabi ito? Sa anu-anong paraan?)

D. Learning of wellness in the company

D.1. How is the wellness programme disseminated throughout the company? **(Paano nadi-disseminate ang wellness program sa kumpanya?)**

D.2. How do you learn about wellness in the company in general? Where do you get your wellness knowledge? **(Paano ka natututo tungkol sa wellness mula sa kumpanya sa pangkalahatan? Saan nanggagaling ang iyong kaalaman tungkol sa wellness?)**

D.3. Do you learn wellness more from inside the company or from outside the company? Why did you say so? **(Mas natututo kaba tungkol sa wellness mula sa kumpanya o labas ng kumpanya? Bakit?)**

D.4. Do you already know about wellness before joining the company? Why? **(May nalalaman ka na ba tungkol sa wellness bago pa man sumali ka sa kumpanya? Bakit?)**

D.5. Do you share what you know about wellness to your section /department or colleagues? How? **(Ibinabahagi mo ba ang kaalaman mo sa wellness sa iyong section/ department o mga kasamahan sa trabaho? Paano?)**

D.6. What is included in the company message? What is included in your message? **(Ano ang kasama o nilalaman ng mensahe ng kumpanya? Ano ang kasama o nilalaman ng iyong mensahe?)**

D.7. In your view, what is the level of awareness of the employees about the wellness programme of the company? Why did you say so? **(Sa tingin mo, ano ang level of awareness o kaalaman ng mga empleyado tungkol sa wellness programme ng kumpanya? Bakit mo nasabi ito?)**

- No awareness
- Slightly aware
- Moderately aware
- Very aware
- Extremely aware
- **Walang kaalaman**
- **Kaunting kaalaman**
- **Katamtamang kaalaman**
- **Napakaalam**
- **Labis na kaalaman**

D.8. In your view, does management support and sustain the programme? How? **(Sa tingin no, sinusupportahan at sinu-sustain ba ng management ang programa? Paano?)**

D.9. Can you or the employees in general make suggestions on how to improve the programme? Why did you say so? How? **(Puwede ka ba o ang mga empleyado na magmungkahi para sa ikabubuti ng programa? Bakit mo nasabi ito? Paano?)**

D.10. Can you or the employees in general bring in new ideas or changes to the programme? Why did you say so? How? **(Puwede ka ba o ang mga empleyado na magdala ng mga bagong ideya o pagbabago sa programa? Bakit mo nasabi ito? Paano?)**

*D.11. How do you monitor the programme? **(Paano mino-monitor ang programa?)**

D.12. Were there any problems and challenges encountered so far in the wellness programme? Any critical incident/s that you can think of (e.g. accidents, incidents or any significant events or situations relevant to the wellness program)? How did you and/or the team solve these? What was the result? **(May mga problema at challenges ba na na-encounter mo sa wellness programme? Mga critical incidents na naiisip mo [hal. mga ksidente, insidente o anumang importanteng pangyayari o sitwasyon may kaugnayan sa wellness program]? Paano ito naresolba? Ano ang resulta?)**

E. Embedding of wellness in the company

E.1. What has been the effect of the wellness programme to the work practices, policies and procedures of the company? Work routines? Work relationships? **(Ano ang naging epekto ng wellness programme sa work practices, policies at procedures ng kumpanya? Routines sa trabaho? Relasyon ng mga tao sa trabaho?)**

E.2. Do you feel that the wellness programme is readily available to you at work when you need it? Why did you say so? **(Nararamdaman mo ba na laging available ang wellness programme sa iyo sa trabaho kung kailangan mo ito? Bakit mo nasabi ito?)**

F. Effects of the programme

F.1. What has been the effect of the wellness programme to your work? Why did you say so? In what ways? **(Ano ang naging epekto ng wellness programme sa iyong trabaho? Bakit mo nasabi ito? Sa anu-anong mga paraan?)**

F.2. What has been the effect of the programme to your life in general? Why did you say so? In what ways? **(Ano ang naging epekto ng wellness programme sa iyong buhay sa pangkalahatan? Bakit mo nasabi ito? Sa anu-anong mga paraan?)**

F.3. Do you think the programme affected your work colleagues? Why did you say so? In what ways? **(Sa tingin mo, naapektuhan ba ng wellness programme ang iyong mga kasamahan sa trabaho? Bakit mo nasabi ito? Sa anu-anong mga paraan?)**

G. Final comments about personal wellness and the programme

G.1. Do you feel that you can perform your work better because of the wellness programme? Why did you say so? **(Naramramdaman mo bang bumuti ang performance mo sa trabaho dahil sa wellness programme? Bakit mo nasabi ito?)**

G.2. Are you happier at work now because of the wellness programme? Why did you say so? **(Mas masaya ka ba sa trabaho mo ngayon dahil sa wellness programme? Bakit mo nasabi ito?)**

G.3 Are you happier in life now because of the wellness programme? Why did you say so? **(Mas masaya at mas kuntento ka ba sa buhay mo ngayon dahil sa wellness programme? Bakit mo nasabi ito?)**

G.4. Is there anything that you want to say or any suggestion/s to improve the programme? **(Meron ka bang gusting sabihin o mga mungkahi para sa ikabubuti ng programme?)**

G.5. How would you rate your satisfaction about the wellness programme? Why did you say so? **(Paano mo ira-rate ang iyong satisfaction sa wellness programme? Bakit mo nasabi ito?)**

- Not satisfied
- Slightly satisfied
- Moderately satisfied
- Very satisfied
- Extremely satisfied
- **Walang kasiyahan**
- **Kaunting kasiyahan**
- **Katamtamang kasiyahan**
- **Napakasaya**
- **Labis na kasiyahan**

.....

- Position:
- Department:
- Sex:
- Tenure:
- Employment Status:
- Age:
- Marital/Civil Status:
- Educational Attainment:
- Nationality:

END. Thank you very much!

Appendix 4 – Supplement to the Interview Guide

(Definitions of the Wellness Dimensions)

Which aspects or dimensions of your life do you think have been affected by the programme?

Physical *Pangkatawan*

(having proper sleep, balanced diet, exercise and avoiding harmful habits)

Intellectual *Pangkaisipan*

(expanding knowledge, critical thinking, learning new skills)

Emotional *Pang-damdamin*

(managing feelings, handling problems, having self-esteem)

Social *Pangrelasyon*

(having a support network of friends, family, workmates, working in groups)

Spiritual *Pang-diwa*

(searching for meaning and purpose in life, reflecting for self-discovery)

Occupational *Pang-propesyon*

(pursuing career or professional goals, balancing work and life)

Environmental *Pang- kapaligiran*

(protecting and improving the environment, stopping climate change)

Cultural *Pang-kultura*

(awareness of one's culture and other cultures, respecting diversity, showing creativity)

Financial *Pananalapi*

(budgeting and saving money, managing of financial resources)

Appendix 5 – Cover Letter to the Questionnaire

Wellness Program Questionnaire

Dear Respondent,

This research project is about a wellness initiative in an organization in the Philippines. It is an independent research project undertaken at **Cardiff Metropolitan University** in Wales, United Kingdom. Briefly, this study will look into: **a) the features and overall running of the company's wellness program** and **b) the general attitude of employees about the wellness program**.

You are being requested to participate in this survey to get your feedback about the wellness program of the company. As this is an independent research project, it has no bearing whatsoever on your performance or standing as an employee. Your participation in the study is completely voluntary. All information gathered will be kept in strict confidentiality and anonymity. As a benefit, this study will identify trends and areas for improvement in the wellness program so that you as an employee can fully benefit from it.

Filipino Translation: *Ang proyektong ito ay tungkol sa isang wellness initiative isang isang organisasyon sa Pilipinas. Ito ay independiyenteng pananaliksik mula sa **Cardiff Metropolitan University** sa Wales, United Kingdom. Ang pag-aaral na ito ay titingin sa : **a) mga katangian at pagpapatakbo sa wellness program ng kumpanya at b) ang pangkalahatang saloobin tungkol sa wellness program.***

Ikaw ay hinihiling na sumali sa survey na ito upang makuha ang iyong saloobin tungkol sa wellness program ng kumpanya. Dahil sa ito ay isang independiyenteng pananaliksik, ito ay walang epekto nang kahit ano pa man sa iyong performance o katayuan bilang isang empleyado. Ang iyong pakikilahok sa pag-aaral ay ganap na kusang-loob. Lahat ng impormasyon na makukuha ay mahigpit na itatrato bilang kompidensiyal at anonymous. Bilang benepisyo, ang pag-aaral na ito ay naglalayon na maintindihan at lalong mapabuti pa ang wellness program upang ikaw ay lubos na makinabang rin mula dito bilang empleyado.

Kapag tapos na, pakisuyong: a) Tiklupin ito nang minsan at b) Ibigay ito sa inyong department o section assistant para sa pag-kolekta sa petsang i-aassign sa inyong department.

*Para sa mga karagdagang katanungan, huwag mag-atubiling **mag-TEXT** sa numerong **+63 XXX XXX XXXX** o makipag-ugnay sa amin para sa anumang mga isyu, alalahanin, tanong o kung sa palagay mo ay kailangan mo pa ng karagdagang impormasyon.*

Once done, kindly: **a) Fold it once** and **b) Give it to your respective department or section assistant for collection at a specific date assigned to your department.**

For further questions, feel free to **TEXT** this number at **+63 XXX XXX XXXX** or contact us below for any issues, concerns, query or if you feel you need further information.

Appendix 6 - The Questionnaire

Wellness Program Questionnaire

PART A. You are being invited to answer this questionnaire because you have already participated in the wellness program of the company. Ikaw ay iniimbitahan na sagutin ang questionnaire na ito dahil sumali ka na sa wellness program ng kumpanya.

A.1. Which of the following wellness activities have you already participated in? Please check (✓) all that applies. Alin sa mga wellness activities ang sinalihan mo na? Paki-tsek (✓) ang lahat ng nasalihan mo na.

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Zumba | <input type="checkbox"/> Monthly Health Sessions |
| <input type="checkbox"/> Fun Runs | <input type="checkbox"/> Health Assessments |
| <input type="checkbox"/> Yoga | <input type="checkbox"/> Sports activities or sports fest |
| <input type="checkbox"/> Gym visits | <input type="checkbox"/> Tabata |

A.2. Overall, how frequently do you participate in the wellness program? Sa kabuuan, gaano kadalas ang pagsali mo sa wellness program?

- ☐ Once (*Minsan lang*)
 ☐ Rarely (*Madalang*)
 ☐ Sometimes (*Paminsan-minsan*)
☐ Often (*Madalas*)
 ☐ Always (*Palagi*)

PART B. Please check (✓) the box that corresponds to your answer for the following statements. Paki-tsek (✓) ang kahon na tumutugma sa iyong sagot tungkol sa sumusunod na mga pangungusap.

Guide (*Gabay*):

SD - Strongly Disagree (Lubos na hindi sumasang-ayon)

D - Disagree (Hindi sumasang-ayon)

N - Neither Agree nor Disagree (Hindi Agree at Hindi rin Disagree)

A - Agree (Sumasang-ayon)

SA - Strongly Agree (Lubos na sumasang-ayon)

The wellness program positively affected the following aspects of my life. Ang wellness program ay may positibong epekto sa mga sumusunod na aspeto ng aking buhay.					
	SD	D	N	A	SA
Physical <i>Pangkatawan (proper sleep, balanced diet, exercise and avoids harmful habits)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual <i>Pangkaisipan (expanding knowledge, critical thinking, learning new skills)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional <i>Pang-damdamin (managing feelings, handling problems, having self-esteem)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social <i>Pangrelasyon (support network of friends, family, workmates, working in groups)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Spiritual <i>Pang-diwa (searching for meaning, purpose in life, reflecting for self-discovery)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational <i>Pang-propesyon (pursuing career or professional goals, balancing work-life)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental <i>Pang- kapaligiran (protecting and improving of the environment/ climate)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural <i>Pang-kultura (awareness of one's culture and other cultures, diversity, creativity)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial <i>Pananalapi (budgeting and saving money, managing of financial resources)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMINDER: This can be answered within 10 to 15 minutes. This is an independent research from Cardiff Metropolitan University in the UK about the company's wellness program. Whatever you say or answer has no bearing whatsoever on your performance or standing as an employee. For any issues, concerns, query or if you feel you need further information, feel free to **TEXT** this number at **+63 XXX XXX XXXX**.

Once done, kindly: a) Fold it once and b) Give it to your respective department or section assistant for collection at a specific date assigned to your department.

PAALALA: Maaring sagutin ito sa loob ng 10 hanggang 15 minuto. Ito ay independiyenteng pag-aaral mula sa Cardiff Metropolitan University sa UK tungkol sa wellness program ng kumpanya. Ang iyong mga sinabi o sagot ay walang epekto nang kahit ano pa man sa iyong performance o katayuan bilang isang empleyado. Para sa anumang mga isyu, alalahanin, tanong o kung sa palagay mo ay kailangan mo pa ng dagdag na impormasyon, huwag mag-atubiling **mag-TEXT** sa numerong **+63 XXX XXX XXXX**.

Kapag tapos na, pakisuyong: a) Tiklupin ito nang minsan at b) Ibigay ito sa inyong department o section assistant para sa pag-kolekta sa petsang i-aassign sa inyong department.

Turn to the next page (page 1 of 4)

PART B (CONTINUATION). Please check (✓) the box that corresponds to your answer for the following statements. Paki-tsek (✓) ang kahon na tumutugma sa iyong sagot tungkol sa sumusunod na mga pangungusap.

D - Disagree (Hindi sumasang-ayon)

N - Neither Agree nor Disagree (Hindi Agree at Hindi rin Disagree)

A - Agree (Sumasang-ayon)

SA - Strongly Agree (Lubos na sumasang-ayon)

SD D N A SA

I understand the purpose of the wellness program. <i>Naiintindihan ko ang layunin ng wellness program.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm aware about the benefits of participating in the program. <i>Alam ko ang mga benepisyo ng pagsali sa programa.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The management encourages employees to participate in the program. <i>Hinihikayat ng top management ang mga empleyado na sumali sa programa.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>There are enough facilities being used for the program.</p> <p><i>May sapat na mga facilities na ginagamit para sa programa.</i></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>I can make suggestions on how to improve the wellness program.</p> <p><i>Ako ay maaaring mag-mungkahi para mapabuti ang wellness program.</i></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>I can bring new ideas and changes to the wellness program.</p> <p><i>Ako ay maaaring magdala ng mga bagong ideya at mga pagbabago sa wellness program.</i></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>I share my experiences about participating in the program to my work colleagues.</p> <p><i>Kinukuwento ko ang aking mga karanasan sa pagsali sa programa sa aking mga katrabaho.</i></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>I learn about wellness through conversations with work colleagues.</p> <p><i>Natututo ako tungkol sa wellness mula sa pakikipag-usap sa aking mga katrabaho.</i></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>I learn about wellness during meetings and general assemblies.</p> <p><i>Natututo ako tungkol sa wellness mula sa mga meetings at general assemblies.</i></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>I learn about wellness through the paging system of the company.</p> <p><i>Natututo ako tungkol sa wellness sa pamamagitan ng paging system ng kumpanya.</i></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>I learn about wellness through texting from workmates or wellness instructors.</p> <p><i>Natututo ako tungkol sa wellness sa pamamagitan ng texting mula sa mga katrabaho o wellness instructors.</i></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>I learn about wellness from the posters around the company.</p> <p><i>Natututo ako tungkol sa wellness mula sa mga posters sa paligid ng kumpanya.</i></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>I learn about wellness through the company emails (company intranet).</p> <p><i>Natututo ako tungkol sa wellness sa pamamagitan ng company email (company intranet).</i></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>I learn about wellness through the bulletin boards of the company.</p> <p><i>Natututo ako tungkol sa wellness sa pamamagitan ng mga bulletin boards ng kumpanya.</i></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>I learned about wellness from the company orientation.</p> <p><i>Natuto ako tungkol sa wellness mula sa company orientation.</i></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>I learn about wellness through the internet (e.g. Yahoo, Google, YouTube, etc.).</p> <p><i>Natututo ako tungkol sa wellness mula sa internet (hal. Yahoo, Google, YouTube, atbp.).</i></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>I learn about wellness from friends and acquaintances outside the company.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Natututo ako tungkol sa wellness mula sa mga kaibigan at kakilala sa labas ng kumpanya.					
I learn about wellness from social media (e.g. Facebook, Twitter, etc.) <i>Natututo ako tungkol sa wellness mula sa social media (hal. Facebook, Twitter, atbp.).</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learn about wellness from the mass media (e.g. TV, books, magazines, etc.). <i>Natututo ako tungkol sa wellness mula sa mass media (hal. TV, libro, magasin, atbp.).</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learn more about wellness from inside the company. <i>Mas natututo ako tungkol sa wellness mula sa loob ng kumpanya.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learn more about wellness from outside sources than from the company. <i>Mas natututo ako tungkol sa wellness mula sa labas kumpara sa loob ng kumpanya.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I already know about wellness before joining the company. <i>May alam na ako tungkol sa wellness bago pa man sumali sa kumpanya.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turn to the next page (page 2 of 4)					
Continuation	SD	D	N	A	SA
I apply what I learn about wellness to my work. <i>Inaaply ko ang aking natututuhan tungkol sa wellness sa aking trabaho.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I apply what I learn about wellness to my life outside of the company. <i>Inaaply ko ang aking natututuhan sa wellness sa aking buhay sa labas ng kumpanya.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The wellness program is readily available to me at work when I need it. <i>Ang wellness program ay laging available sa akin sa trabaho kung kailangan ko ito.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I changed my work routines to be able to participate in the wellness program. <i>Binago ko ang aking mga rutina sa trabaho para makasali sa wellness program.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My work relationships with my colleagues have improved because of the program. <i>Nag-improve ang aking work relationships sa mga katrabaho dahil sa wellness program.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm able to perform my work better because of the wellness program. <i>Nagagawa ko nang mas mahusay ang aking trabaho dahil sa wellness program.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I'm happier at work because of the wellness program. <i>Nararamdaman kong mas masaya ako sa trabaho dahil sa wellness program.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I'm happier in life because of the wellness program. <i>Nararamdaman kong mas masaya ako sa buhay dahil sa</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

wellness program.

PART C. Additional comments, suggestions and satisfaction about the program. *Mga dagdag na komento, mungkahi at kasiyahan tungkol sa programa.*

C.1. What motivates you to participate in the program? Please check (✓) all that applies. *Ano ang nakaka-motivate sa iyo sa pagsali sa programa? Paki-tsek (✓) ang lahat na nag-aaply sa iyo.*

- ☐ To gain the health benefits (upang makinabang para sa aking kalusugan)
- ☐ To look young and fit (upang makmukhang bata at fit)
- ☐ To avail of it because it is provided for free (dahil ibinibigay nang libre)
- ☐ To gain more friends (upang dumami ang kaibigan)
- ☐ To bond more with colleagues (upang mag-bonding sa mga katrabaho)
- ☐ To break monotony from work (upang ma-iba naman hindi lang puro trabaho)
- ☐ To manage stress / de-stress (upang maalis ang stress)
- ☐ To enjoy or have fun (upang mag-enjoy o magsaya)
- ☐ Others, please specify

C.2. What hinders you from participating? Please check (✓) all that applies. *Ano ang nakakapigil sa iyo sa pagsali? Paki-tsek (✓) ang lahat na nag-aaply sa iyo.*

- ☐ Lack of time for it (walang oras para dito)
- ☐ Time will be used for family instead (gagamitin nalang ang oras para sa pamilya)
- ☐ Lack of personal motivation or laziness (kulang sa motivation o tinatamad)
- ☐ Lack of companions (walang makakasama)
- ☐ Lack of financial resources (kulang sa pera)
- ☐ Gym is too far (masyadong malayo ang gym)
- ☐ Others, please specify

C.3. Is there anything that you want to say or any suggestions to further improve the program? *Meron ka bang gustong sabihin o anumang mungkahi para mapabuti pa ang programa?*

Turn to the next page (page 3 of 4)

C.4. How satisfied are you with the wellness program of the company? Gaano ang kasiyahan mo sa wellness program ng kumpanya?

- ☐ Not satisfied (*Walang kasiyahan*)
- ☐ Slightly satisfied (*Kaunting kasiyahan*)
- ☐ Moderately satisfied (*Katamtamang kasiyahan*)
- ☐ Very satisfied (*Napakasaya*)
- ☐ Extremely satisfied (*Labis na kasiyahan*)

PART D. About you. These additional information about you are needed for the study. Please **DO NOT** write your name.

Tungkol sa iyo. Ang dagdag na mga impormasyon tungkol sa iyo ay kailangan sa pag-aaral na ito.
HUWAG isulat ang iyong pangalan.

D.1. Department (Departamento): _____

- ☐ Operations/Production
- ☐ Support/Office

D.2. Position (Posisyon):

- ☐ Manager / Senior Manager
- ☐ Staff (Specialist, Assistant)
- ☐ Section Head/ Supervisor/ Officer
- ☐ Production Operator

D.3. Years in the Company (Taon sa kumpanya):

- ☐ Less than 1 year
- ☐ 7 years to less than 9 years
- ☐ 1 year to less than 3 years
- ☐ 9 years to less than 11 years
- ☐ 3 years to less than 5 years
- ☐ 11 years and more
- ☐ 5 years to less than 7 years

D.4. Age (Edad):

- ☐ 18 to 22 years old
- ☐ 23 to 27 years old
- ☐ 28 to 32 years old
- ☐ 33 to 37 years old
- ☐ 38 to 42 years old
- ☐ 43 to 47 years old
- ☐ 48 to 52 years old
- ☐ 53 to 57 years old
- ☐ 58 years old and above

D.5. Gender (Kasarian):

☐ Male

☐ Female

D.6. Civil Status/ Marital Status (Katayuang Sibil):

☐ Single

☐ Married

☐ Separated

☐ Annuled

☐ Widow/Widower

☐ Others _____

D.7. Employment Status (Katayuan sa Trabaho):

☐ Regular

☐ Probationary

☐ Contractual/Temporary /Reliever

D.8. Educational Attainment (Natapos/Antas na napag-aralan):

☐ High School

☐ Technical/Trade School

☐ College Undergraduate

☐ Bachelor's Degree/ University

☐ Master's/ Postgraduate Degree

☐ PhD

D.9. Nationality (Nasyonalidad): _____

END. TAPOS NA.

Appendix 7 – Sample NVivo Code

Name: Work Relationships

<Internals\Interviews\Interviewee 06> - § 1 reference coded [0.68% Coverage]

Reference 1 - 0.68% Coverage

¶1202: Researcher: I see. Their work relationships, do you think it was affected?

¶1203: Interviewee 06: [Thinks]. For them joining here, no. I don't think so.

<Internals\Interviews\Interviewee 10> - § 3 references coded [6.07% Coverage]

Reference 2 - 2.12% Coverage

¶1182: Researcher: What about the work relationships? Do you think the wellness programme affected these?

¶1183: Interviewee 10: Yes.

¶1184: Researcher: In what way?

¶1185: Interviewee 10: They get to know people that they've not known before. If you don't have these programmes, you're just confined to your building, you're just confined to your division. So the people that you know will just be the people around you. When you go to these sessions, when you go to these programmes, you tend to meet people from other buildings, other sections, and then you establish relationships.

¶1183:

<Internals\Interviews\Interviewee 12> - § 1 reference coded [1.74% Coverage]

Reference 1 - 1.74% Coverage

¶1216: Researcher: I see. What about work relationships?

¶1217: Interviewee 12: It's affected in a positive way.

¶1218: Researcher: Why did you say so?

¶1219: Interviewee 12: I interact with them. During... when I was still in admin, *nakilala ko sila* [I got to know them] because of this programme. When you're in admin, it's like... it's like you have your own kingdom. You only deal with these people, with this department. You don't really deal with the production people. But because of the programme, *nakilala ko sila* [I got to know them], because they have to go through me when they want to join. I was able to meet a lot of people.

¶1220:

<Internals\Interviews\Interviewee 13> - § 1 reference coded [0.58% Coverage]

Reference 1 - 0.58% Coverage

¶1224: Researcher: What about your relationships at work?

¶1225: Interviewee 13: Yeah yeah, it's positive especially when you share the same stories.

Appendix 8 – List of Codes and Intercoder Reliability (Interviews)

Categories and Codes	Researcher	Coder 1	Coder 2	% Agreement
Category: Programme	69	48	57	60%
Accountability	11	11	11	Agreement
History	5	5	5	Agreement
Components	13	6	11	Disagreement
Features	18	4	8	Disagreement
Purpose	22	22	22	Agreement
Category: Involvement	30	30	30	100%
Key Role	11	11	11	Agreement
Subcategory: Participation	19	19	19	100%
Once	0	0	0	Agreement
Rarely	1	1	1	Agreement
Sometimes	1	1	1	Agreement
Always	6	6	6	Agreement
Often	11	11	11	Agreement
Category: Motivations	33	33	36	75%
Work	3	3	3	Agreement
Health	10	10	11	Disagreement
Beauty	4	4	6	Disagreement
Friendships	2	2	2	Agreement
Colleagues	2	2	2	Agreement
Fun	3	3	3	Agreement
Facilities	6	6	6	Agreement
De-stress	3	3	3	Agreement
Category: Hindrances	22	22	20	83.33%
No time at work	9	9	7	Disagreement
No time for family	6	6	6	Agreement
Laziness	2	2	2	Agreement
No companion	2	2	2	Agreement
Money issues	2	2	2	Agreement
Gym far	1	1	1	Agreement
Category: Wellness Dimensions	198	198	198	95.96%
Subcategory: Physical	22	22	22	100%
Negative Effects on Physical	0	0	0	Agreement
Mixed Effects on Physical	0	0	0	Agreement
No Effect on Physical	0	0	0	Agreement
Positive Effects on Physical	22	22	22	Agreement
Subcategory: Emotional	22	22	22	100%
Negative Effects on Emotional	0	0	0	Agreement
Mixed Effects on Emotional	0	0	0	Agreement
No Effect on Emotional	1	1	1	Agreement
Positive Effects on Emotional	21	21	21	Agreement
Subcategory: Social	22	22	22	100%

Negative Effects on Social	0	0	0	Agreement
Mixed Effects on Social	1	1	1	Agreement
No Effect on Social	2	2	2	Agreement
Positive Effects on Social	19	19	19	Agreement
Subcategory: Occupational	22	22	22	50%
Negative Effects on Occupational	0	0	0	Agreement
Mixed Effects on Occupational	0	0	0	Agreement
No Effect on Occupational	3	4	3	Disagreement
Positive Effects on Occupational	19	18	19	Disagreement
Subcategory: Intellectual	22	22	22	50%
Negative Effects on Intellectual	0	0	0	Agreement
Mixed Effect on Intellectual	0	0	0	Agreement
No Effect on Intellectual	1	2	3	Disagreement
Positive Effects on Intellectual	21	20	19	Disagreement
Subcategory: Spiritual	22	22	22	50%
Negative Effects on Spiritual	0	0	0	Agreement
Mixed Effects on Spiritual	0	0	0	Agreement
No Effect on Spiritual	5	6	5	Disagreement
Positive Effects on Spiritual	17	16	17	Disagreement
Subcategory: Environmental	22	22	22	100%
Negative Effects on Environmental	0	0	0	Agreement
Mixed Effects on Environmental	0	0	0	Agreement
No Effect on Environmental	9	9	9	Agreement
Positive Effects on Environmental	13	13	13	Agreement
Subcategory: Cultural	22	22	22	50%
Negative Effects on Cultural	0	0	0	Agreement
Mixed Effects on Cultural	0	0	0	Agreement
No Effect on Cultural	6	6	7	Disagreement
Positive Effects on Cultural	16	16	15	Disagreement
Subcategory: Financial	22	22	22	100%
Negative Effects on Financial	0	0	0	Agreement
Mixed Effects on Financial	4	4	4	Agreement
No Effect on Financial	10	10	10	Agreement
Positive Effects on Financial	8	8	8	Agreement
Category: Wellness Learning	336	346	317	78.79%
Subcategory: Learning Process	110	120	111	83.33%
Bulletin boards	6	6	6	Agreement
Company intranet	15	15	15	Agreement
Company induction	2	2	2	Agreement
Conversations	9	20	12	Disagreement
Meetings	3	3	3	Agreement
Paging system	2	2	2	Agreement
Posters	9	9	9	Agreement
Texting	7	7	7	Agreement
Outside friends or acquaintances	4	4	4	Agreement
Mass media	5	4	5	Disagreement

Social media	8	8	6	Disagreement
Websites	13	13	13	Agreement
Equal learning inside and outside	3	3	3	Agreement
Learning more from inside	9	9	9	Agreement
Learning more from outside	7	7	7	Agreement
Personal research	4	4	4	Agreement
Certifications	2	2	2	Agreement
Professional networks	2	2	2	Agreement
Subcategory: Learning Embeddedness	75	76	68	60%
Availability	19	19	19	Agreement
Application	15	15	13	Disagreement
Work routines	19	19	19	Agreement
Work practices	6	6	6	Agreement
Work relationships	16	17	11	Disagreement
Subcategory: Learning Capability	151	150	138	80%
Sharing	18	18	18	Agreement
Awareness	22	22	22	Agreement
Wellness knowledge	17	17	17	Agreement
Management support	22	22	22	Agreement
Employee feedback	22	22	22	Agreement
Critical incidents	0	0	0	Agreement
Challenges	10	10	10	Agreement
Improvements	16	16	16	Agreement
Wellness data	6	2	1	Disagreement
Wellness message	18	21	10	Disagreement
Category: Effects	62	62	64	83.33%
Effect on work performance	20	20	20	Agreement
Effect on self-confidence	3	3	3	Agreement
Effect on family	6	6	6	Agreement
Effect on friendships	7	7	7	Agreement
Effect on physical health	10	10	10	Agreement
Effect on colleagues	16	16	18	Disagreement
Category: Happiness	44	44	44	100%
Not happier in life	4	4	4	Agreement
Not happier at work	5	5	5	Agreement
Happier in life	11	11	11	Agreement
Happier at work	16	16	16	Agreement
Vague/ no answer - life happiness	7	7	7	Agreement
Vague/ no answer - work happiness	1	1	1	Agreement
Category: Suggestion	22	22	22	100%
No suggestion	4	4	4	Agreement
Given suggestion	18	18	18	Agreement
Category: Satisfaction	22	22	22	100%
Slightly satisfied	0	0	0	Agreement
Not satisfied	1	1	1	Agreement
Very to extremely satisfied	2	2	2	Agreement

Extremely satisfied	3	3	3	Agreement
Moderately satisfied	4	4	4	Agreement
Moderate to very satisfied	4	4	4	Agreement
Very satisfied	8	8	8	Agreement
INTERCODER RELIABILITY FOR THE 3 CODERS				81.74%

Notes: n = 22 semi-structured interview transcripts

Total Number of Agreements between Coders = 94; Total Number of Disagreements between Coders = 21

* Intercoder reliability was computed using Miles and Huberman (1994: 64):

"reliability = number of agreements ÷ (total number of agreements + total number of disagreements)"

** A % agreement is also presented for each of the major category and subcategory above

Appendix 9 – Coding Instructions and Definitions (Interviews)

INSTRUCTIONS TO THE CODER: Please read and understand the interview transcripts carefully. Then, put an X mark to the appropriate box IF the specific topic or response was replied by or discussed by the interviewee. Otherwise, please just leave the box blank. Kindly use a pencil.

NOTES ABOUT THE CODES:

Under the Heading: Programme

Accountability - if the interviewee mentions something about his or her answerability or liability to management as one of the key mover or provider in the programme.

History - if the interviewee provides a background as to the origins or development of the wellness programme in the company.

Components - if the interviewee mentions any one of the 8 components of the programme, namely: Zumba, fun runs, yoga, gym visits, monthly health sessions, health assessments, sporting activities and Tabata under this heading.

Features - if the interviewee mentions specific qualities or characteristics of the programme like scheduling, who can join, being a voluntary programme, among others.

Purpose - if the interviewee replies about the aims or goals of the programme under this heading.

Under the Heading: Involvement

Key Role - if the interviewee mentions or discusses about his or her duties and responsibilities in relation to the programme.

Overall Participation – choose from the list: once, rarely, sometimes, always, often (NOTE: Must choose only one from the coding sheet).

Under the Heading: Motivators

Motivators - any reference as to what encourages the interviewee in joining the programme (NOTE: Choose all that apply in the coding sheet).

Work – references made about job duty or breaking away from usual job duty

Health – references made about keeping healthy or looking after one's health

Beauty – references made about looking good

Friendships – references made about gaining friends in other departments/ within the company

Colleagues – references made about improving camaraderie with work colleagues

Fun – references made about enjoyment in the wellness activities

Facilities – references made about company resources used in the programme

De-stress – references made about relieving work stress

Under the Heading: Hindrances

Hindrances - any reference as to what prevents the interviewee from joining the programme (NOTE: Choose all that apply in the coding sheet).

No time at work - references made about lack of time due to workload or work schedule

No time for family - references made about using time for one's family instead

Laziness - references made about personal lack of energy or idleness

No companion - references made about lack of associates or partners in the wellness activities

Money issues - references made about lack of monetary resources to participate

Gym far - references made about the proximity of the partner gym

Under the Heading: Wellness Dimensions

Subheading: Physical - whenever this question referring to the physical aspect of life is answered and/or discussed by the interviewee under this subheading. (Needs to choose ONLY ONE from the list in the coding sheet):

Positive Effects on Physical – references made about any good physical effect(s) of the programme

Negative Effects on Physical – references made about any bad physical effect(s) of the programme

Mixed Effects on Physical – references made about any good and bad physical effect(s) of the programme

No Effect on Physical – references made about the absence of any physical effect of the programme

Subheading: Emotional - whenever this question referring to the emotional aspect of life is answered and/or discussed by the interviewee under this subheading. (Needs to choose ONLY ONE from the list in the coding sheet):

Positive Effects on Emotional – references made about any good emotional effect(s) of the programme

Negative Effects on Emotional – references made about any bad emotional effect(s) of the programme

Mixed Effects on Emotional – references made about any good and bad emotional effect(s) of the programme

No Effect on Emotional – references made about the absence of any emotional effect of the programme

Subheading: Social - whenever this question referring to the social aspect of life is answered and/or discussed by the interviewee under this subheading. (Needs to choose ONLY ONE from the list in the coding sheet):

Positive Effects on Social – references made about any good social effect(s) of the programme

Negative Effects on Social – references made about any bad social effect(s) of the programme

Mixed Effects on Social – references made about any good and bad social effect(s) of the programme

No Effect on Social – references made about the absence of any social effect of the programme

Subheading: Occupational - whenever this question referring to the occupational aspect of life is answered and/or discussed by the interviewee under this subheading. (Needs to choose ONLY ONE from the list in the coding sheet):

Positive Effects on Occupational – references made about any good occupational effect(s) of the programme

Negative Effects on Occupational – references made about any bad occupational effect(s) of the programme

Mixed Effects on Occupational – references made about any good and bad occupational effect(s) of the programme

No Effect on Occupational – references made about the absence of any occupational effect of the programme

Subheading: Intellectual - whenever this question referring to the intellectual aspect of life is answered and/or discussed by the interviewee under this subheading. (Needs to choose ONLY ONE from the list in the coding sheet):

Positive Effects on Intellectual – references made about any good intellectual effect(s) of the programme

Negative Effects on Intellectual – references made about any bad intellectual effect(s) of the programme

Mixed Effects on Intellectual – references made about any good and bad intellectual effect(s) of the programme

No Effect on Intellectual – references made about the absence of any intellectual effect of the programme

Subheading: Spiritual - whenever this question referring to the spiritual aspect of life is answered and/or discussed by the interviewee under this subheading. (Needs to choose ONLY ONE from the list in the coding sheet):

Positive Effects on Spiritual – references made about any good spiritual effect(s) of the programme

Negative Effects on Spiritual – references made about any bad spiritual effect(s) of the programme

Mixed Effects on Spiritual – references made about any good and bad spiritual effect(s) of the programme

No Effect on Spiritual – references made about the absence of any spiritual effect of the programme

Subheading: Environmental - whenever this question referring to the environmental aspect of life is answered and/or discussed by the interviewee under subheading. (Needs to choose ONLY ONE from the list in the coding sheet):

Positive Effects on Environmental – references made about any good environmental effect(s) of the programme

Negative Effects on Environmental – references made about any bad environmental effect(s) of the programme

Mixed Effects on Environmental – references made about any good and bad environmental effect(s) of the programme

No Effect on Environmental – references made about the absence of any environmental effect of the programme

Subheading: Cultural - whenever this question referring to the cultural aspect of life is answered and/or discussed by the interviewee under this subheading. (Needs to choose ONLY ONE from the list in the coding sheet):

Positive Effects on Cultural – references made about any good cultural effect(s) of the programme

Negative Effects on Cultural – references made about any bad cultural effect(s) of the programme

Mixed Effects on Cultural – references made about any good and bad cultural effect(s) of the programme

No Effect on Cultural – references made about the absence of any cultural effect of the programme

Subheading: Financial - whenever this question referring to the financial aspect of life is answered and/or discussed by the interviewee under this subheading. (Needs to choose ONLY ONE from the list in the coding sheet):

Positive Effects on Financial – references made about any good financial effect(s) of the programme

Negative Effects on Financial – references made about any bad financial effect(s) of the programme

Mixed Effects on Financial – references made about any good and bad financial effect(s) of the programme

No Effect on Financial – references made about the absence of any financial effect of the programme

Under the Heading: Wellness Learning

Subheading: Learning Process - refers to the ways and means in which the programme is learned by individuals or how the interviewees/employees know about it. (Choose all that apply in the coding sheet):

Bulletin boards - references made about bulletin boards in the company. Include references made about the health bulletin here.

Company intranet - references made about emails or company emails

Company induction - references made about company orientation

Conversations - references made about speaking or being spoken to about wellness

Meetings - references made about company meetings, including references to the Mancom

Paging system - references made about the paging system in the production floor

Posters - references made about company posters on wellness, including banners (Note: bulletin boards are different from this code)

Texting - references made about texting or SMS (receiving or giving)

Outside friends or acquaintances - references made about friends or acquaintances outside the company (Note: They should not be work colleagues)

Mass media - references made about TV programmes, books, newspapers and magazines

Social media - references made about social media like Facebook

Websites - references made about the internet or internet sites like www.takbo.ph

Equal learning inside and outside - references made about equal learning or 50-50

Learning more from inside - references made about learning more from within the company (include learning from the wellness coach and Zumba instructors)

Learning more from outside - references made about learning more from outside the company

Personal research - references made about learning from personal research or own effort

Certifications - references made about trainings or being qualified in one's field

Professional networks – references made about seminars, conferences, and other professionals in the same field

Subheading: Learning Capability - refers to the capacity of the organisation as a whole to learn about the wellness programme. (Choose all that apply in the coding sheet):

Sharing - references made about sharing of experiences about wellness or the wellness programme to work colleagues under this subheading (whether outside the company, inside the company, face-to-face, phone calls, or emails).

Awareness - references made about the level of awareness of employees about the programme overall (answers can be: no awareness, slightly aware, moderately aware, very aware, extremely aware)

Wellness knowledge - references made about the interviewee's prior wellness knowledge before joining the company

Management support - references made about the manifestations of the assistance, resources, and facilities provided and/or approval or encouragement of management or managers about the wellness programme

Employee feedback - references made about employees or the interviewee being able to make suggestions to the programme under this subheading

Critical incidents - references made about any accidents or significant incidents which may have affected or changed the current programme

Challenges - references made about problems or difficulties encountered in the wellness programme

Improvements - references made about actual improvements or changes or new ideas implemented to the current programme

Wellness message – if the interviewee made references about what is his or her message to others all about when it comes to sharing experiences about the programme

Wellness data - references made about generated reports on the wellness programme

Subheading: Learning Embeddedness - refers to mechanisms in which the programme is included/engrained in the organisational life. (Choose all that apply in the coding sheet):

Availability - references made about the accessibility of the programme to the interviewee

Application - references made about using the things learned in the wellness programme personally or other areas of personal life like family being affected by the programme under this subheading

Work routines - references made about work regimen like work schedules or reporting time being affected by the programme under this subheading

Work practices - references made about work procedures, including policies being affected by the programme under this subheading

Work relationships - references made about interactions at work or in the company and/or interactions with colleagues being affected by the programme under this subheading

Under the Heading: Effects - refers to the results in participating in the programme, which can vary. (Choose all that apply in the coding sheet):

Effect on work performance - references made about the effects of the programme towards one's job performance or productivity

Effect on self-confidence - references made about the effects of the programme towards one's self-composure or self-assurance

Effect on family - references made about the effects of the programme towards one's family or home life

Effect on friendships - references made about the effects of the programme towards one's gaining friends in the company or developing friendships among colleagues

Effect on physical health - references made about the effects of the programme towards one's physical fitness or physical condition

Effect on colleagues - references made about the effects of the programme towards one's colleagues

Under the Heading: Happiness – refers to the subjective state, looking at two aspects: work and life in general. (Needs to choose ONLY ONE from the list in the coding sheet):

Not happier in life - if the interviewee says no or no change regarding happiness in life

Not happier at work - if the interviewee says no or no change regarding happiness at work

Happier in life - if the interviewee says yes or gives an affirmative answer regarding happiness in life

Happier at work - if the interviewee says yes or gives an affirmative answer regarding happiness at work

Vague/ no answer in life happiness - if the interviewee gives an unclear answer or doesn't give an answer regarding happiness in life

Vague/ no answer in work happiness - if the interviewee gives an unclear answer or doesn't give an answer regarding happiness at work

Under the Heading: Suggestion – refers to the ideas, propositions or recommendations of the interviewee to improve the programme under this heading

No suggestion - if the interviewee abstains from giving a comment or suggestion

Given suggestion - if the interviewee gives an answer or suggestion to further improve the programme

Under the Heading: Satisfaction - refers to the interviewee's overall level of satisfaction on the programme. (Needs to choose ONLY ONE from the list in the coding sheet): **not satisfied, slightly satisfied, moderately satisfied, moderate to very satisfied, very satisfied, very to extremely satisfied and extremely satisfied.**

Appendix 10 – Coding Directory (Questionnaire)

Variable Labels	Coding Summary
Respondent Number	n/a
Participation in the Zumba	1= yes; 0= no
Participation in the Fun Runs	1= yes; 0= no
Participation in the Yoga	1= yes; 0= no
Participation in the Gym Visits	1= yes; 0= no
Participation in the Monthly Health Sessions	1= yes; 0= no
Participation in the Health Assessments	1= yes; 0= no
Participation in the Sports Activities	1= yes; 0= no
Participation in the Tabata	1= yes; 0= no
Number of Wellness Activities Attended (ACT)	n/a
Variety of Wellness Activities Attended	1= Low; 5= Vey High
Participation in the Wellness Programme	1= Once; 5= Always
Physical Dimension	1= Strongly Disagree; 5=Strongly Agree
Intellectual Dimension	1= Strongly Disagree; 5=Strongly Agree
Emotional Dimension	1= Strongly Disagree; 5=Strongly Agree
Social Dimension	1= Strongly Disagree; 5=Strongly Agree
Spiritual Dimension	1= Strongly Disagree; 5=Strongly Agree
Occupational Dimension	1= Strongly Disagree; 5=Strongly Agree
Environmental Dimension	1= Strongly Disagree; 5=Strongly Agree
Cultural Dimension	1= Strongly Disagree; 5=Strongly Agree
Financial Dimension	1= Strongly Disagree; 5=Strongly Agree
Wellness Dimensions Score (WDS)	n/a
Wellness Dimensions Score Interpretation	1= Low; 5= Vey High
Understanding of the purpose of the programme	1= Strongly Disagree; 5=Strongly Agree
Awareness of the benefits of participation	1= Strongly Disagree; 5=Strongly Agree
Support of top management to the programme	1= Strongly Disagree; 5=Strongly Agree
Sufficient facilities used for the programme	1= Strongly Disagree; 5=Strongly Agree
Making suggestions to improve the programme	1= Strongly Disagree; 5=Strongly Agree
Bringing new ideas and changes to the programme	1= Strongly Disagree; 5=Strongly Agree
Sharing of experiences about the programme to work colleagues	1= Strongly Disagree; 5=Strongly Agree
Learning about wellness through conversations with colleagues	1= Strongly Disagree; 5=Strongly Agree
Learning about wellness during meetings and general assemblies	1= Strongly Disagree; 5=Strongly Agree
Learning about wellness through the paging system	1= Strongly Disagree; 5=Strongly Agree
Learning about wellness through texting or SMS	1= Strongly Disagree; 5=Strongly Agree
Learning about wellness through the posters	1= Strongly Disagree; 5=Strongly Agree
Learning about wellness through the company intranet	1= Strongly Disagree; 5=Strongly Agree
Learning about wellness through the bulletin boards	1= Strongly Disagree; 5=Strongly Agree
Learning about wellness through the company orientation	1= Strongly Disagree; 5=Strongly Agree
Learning about wellness through the internet	1= Strongly Disagree; 5=Strongly Agree
Learning about wellness through friends and acquaintances outside	1= Strongly Disagree; 5=Strongly Agree
Learning about wellness through social media	1= Strongly Disagree; 5=Strongly Agree
Learning about wellness through mass media	1= Strongly Disagree; 5=Strongly Agree
Learning wellness more from inside the company	1= Strongly Disagree; 5=Strongly Agree
Learning wellness more from outside sources	1= Strongly Disagree; 5=Strongly Agree

Previous knowledge about wellness prior to joining the company	1= Strongly Disagree; 5=Strongly Agree
Application of wellness knowledge to one's work	1= Strongly Disagree; 5=Strongly Agree
Application of wellness knowledge to one's life in general	1= Strongly Disagree; 5=Strongly Agree
Availability of the wellness programme at work when needed	1= Strongly Disagree; 5=Strongly Agree
Changing of work routines to participate in the programme	1= Strongly Disagree; 5=Strongly Agree
Improvement of work relationships due to the programme	1= Strongly Disagree; 5=Strongly Agree
Improvement of work performance due to the programme	1= Strongly Disagree; 5=Strongly Agree
Wellness Learning Score (WLS)	n/a
Wellness Learning Score Interpretation	1= Low; 5= Vey High
Happiness at work due to the wellness programme	1= Strongly Disagree; 5=Strongly Agree
Happiness in life due to the wellness programme	1= Strongly Disagree; 5=Strongly Agree
Happiness in Work and Life Score (HAP)	n/a
Happiness in Work and Life Score Interpretation	1= Low; 5= Vey High
Adjusted Wellness Learning Score (Adjusted WLS)	n/a
To gain the health benefits	1= yes; 0= no
To look young and fit	1= yes; 0= no
To avail of it because it is free	1= yes; 0= no
To gain more friends	1= yes; 0= no
To bond with colleagues	1= yes; 0= no
To break work monotony	1= yes; 0= no
To manage stress or de-stress	1= yes; 0= no
To enjoy or have fun	1= yes; 0= no
Total Number of Motivators Acknowledged (MOT)	n/a
Level of Motivators to Participate in the Programme	1= Low; 5= Vey High
Lack of time	1= yes; 0= no
Time will be used for family instead	1= yes; 0= no
Lack of personal motivation or laziness	1= yes; 0= no
Lack of companions	1= yes; 0= no
Lack of financial resources	1= yes; 0= no
Proximity of the gym or it is too far	1= yes; 0= no
Total Number of Hindrances Acknowledged (HIN)	n/a
Level of Hindrances Preventing Participation	1= Low; 5= Vey High
Satisfaction on the Wellness Programme	1=Not Satisfied; 5= Extremely Satisfied
Department	n/a
Nature of Work (WOR)	1= Operations; 2= Support
Position (POS)	1= Manager/Senior Manager ...
Tenure in the Company (TEN)	1= Less than 1 year ...
Age (AGE)	1= 18 to 22 years old ...
Gender (GEN)	1= Male; 2= Female
Marital Status (MAR)	1= Single; 2=Married ...
Employment Status (EMP)	1= Regular; 2= Probationary ...
Educational Attainment (EDU)	1= High School ...
Nationality (NAT)	1= Filipino; 2= Canadian
Work Group (WOR Dummy)	1= Support; 0= Production
Position Level (POS Dummy)	1= manager/supv; 0= non-mgr/supv
Tenure (TEN Dummy)	1= 5 years or more; 0= Less than 5 years
Age (AGE Dummy)	1= middle-aged; 0= young adult

Gender (GEN Dummy)	1= Male; 0= Female
Marital Status (MAR Dummy)	1= Married; 0= Non-married
Employment Status (EMP Dummy)	1= Regular; 0= Non-regular
Educational Attainment (EDU Dummy)	1= Degree holder; 0= Non-degree holder

Appendix 11 – Sensitivity Analysis on the Wellness Learning Regression Models

A. Correlation between the Numerical Variables (Alternative Method)

Numerical Variables		ACT	WDS	HAP	MOT	HIN	Adjusted WLS	SAT	PAR
ACT	Pearson	1	.202**	.151*	.150*	-.035	.142	.048	.420**
	Sig. (2-tailed)		.006	.042	.042	.642	.054	.545	.000
	N	185	185	183	184	184	185	160	169
WDS	Pearson	.202**	1	.477**	.166*	-.040	.522**	.004	.045
	Sig. (2-tailed)	.006		.000	.021	.578	.000	.959	.562
	N	185	194	192	193	193	194	165	171
HAP	Pearson	.151*	.477**	1	.287**	-.025	.550**	.339**	.013
	Sig. (2-tailed)	.042	.000		.000	.733	.000	.000	.866
	N	183	192	192	192	192	192	163	169
MOT	Pearson	.150*	.166*	.287**	1	.245**	.152*	.113	.084
	Sig. (2-tailed)	.042	.021	.000		.001	.035	.149	.276
	N	184	193	192	193	193	193	164	170
HIN	Pearson	-.035	-.040	-.025	.245**	1	-.126	-.149	.009
	Sig. (2-tailed)	.642	.578	.733	.001		.081	.057	.905
	N	184	193	192	193	193	193	164	170
Adjusted WLS	Pearson	.142	.522**	.550**	.152*	-.126	1	.274**	.003
	Sig. (2-tailed)	.054	.000	.000	.035	.081		.000	.964
	N	185	194	192	193	193	194	165	171
SAT	Pearson	.048	.004	.339**	.113	-.149	.274**	1	-.020
	Sig. (2-tailed)	.545	.959	.000	.149	.057	.000		.810
	N	160	165	163	164	164	165	165	150
PAR	Pearson	.420**	.045	.013	.084	.009	.003	-.020	1
	Sig. (2-tailed)	.000	.562	.866	.276	.905	.964	.810	
	N	169	171	169	170	170	171	150	171

NOTES: ** Correlation is significant at the 0.01 level (2-tailed)

* Correlation is significant at the 0.05 level (2-tailed)

B. Log10 Transformation in the Regression Models (Change in Assumption)

Model 1.a. Log10 Transformation in Adjusted WLS

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1.a. log	.576	.332	.299	.10533	1.899

Predictors: (Constant), Satisfaction on the Wellness Programme, Wellness Dimension Score, Participation in the Wellness Programme, Number of Hindrances Acknowledged in Not Participating in the Programme, Number of Motivators Acknowledged in Participating in the Programme, Number of Wellness Activities Attended, Happiness in Work and Life Score
Dependent Variable: logAdjWLS

Coefficients

Model 1.a. log	Unstandardised Coefficients		Standardised Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.304	.068		19.230	.000
ACT	.001	.008	.007	.090	.929
WDS	.008	.002	.354	4.394	.000**
HAP	.024	.008	.272	3.143	.002**
MOT	-.002	.004	-.041	-.543	.588
HIN	-.007	.006	-.082	-1.137	.258
PAR	-.001	.009	-.009	-.122	.903
SAT	.017	.011	.115	1.523	.130

NOTE: Statistically significant ** (p< 0.01)

OBSERVATION: There is a lower R^2 value using the log transformation model compared to the model with untransformed values for Adjusted WLS. However, there are still the same amount of significant predictors in this model.

CONCLUSION: The model using untransformed values for the Adjusted WLS is still a better model which assumes normality in the data.

Model 1.b. Log10 Transformation in Adjusted WLS

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1.b. log	.595 ^a	.354	.281	.10665	1.940

Predictors: (Constant), Satisfaction on the Wellness Programme, Wellness Dimension Score, Participation in the Wellness Programme, Number of Hindrances Acknowledged in Not Participating in the Programme, Number of Motivators Acknowledged in Participating in the Programme, Number of Wellness Activities Attended, Happiness in Work and Life Score, support group, tenure of 5 years or more, male, managerial/supervisory position, middle-aged adult, regular employee, degree holder

Dependent Variable: logAdjWLS

Coefficients

Model 1.b. log	Unstandardised Coefficients		Standardised Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.312	.089		14.654	.000
ACT	-.002	.009	-.021	-.235	.815
WDS	.008	.002	.351	4.051	.000**
HAP	.026	.008	.298	3.293	.001**
MOT	-.002	.004	-.042	-.525	.600
HIN	-.005	.006	-.060	-.783	.435
PAR	-.002	.009	-.019	-.237	.813
SAT	.020	.012	.139	1.752	.082
WOR	.030	.027	.120	1.116	.266
POS	-.001	.027	-.003	-.039	.969
TEN	-.015	.022	-.059	-.688	.492
AGE	.009	.024	.030	.357	.722
GEN	.015	.020	.059	.768	.444
MAR	-.002	.022	-.007	-.079	.937
EMP	-.041	.043	-.070	-.940	.349
EDU	-.010	.031	-.039	-.320	.750

NOTE: Statistically significant ** (p< 0.01)

OBSERVATION: There is a lower R² value using the log transformation model and lesser number of significant predictors compared to the model with untransformed values for Adjusted WLS.

CONCLUSION: The model using untransformed values for the Adjusted WLS is still a better model which assumes normality in the data.

