A study to explore the impact of working in a social enterprise on employee health and wellbeing in Greater Manchester

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ABSTRACT

Background: Adverse psychosocial work environments, i.e. a lack of 'good' work, are implicated in the aetiology of mental and physical health problems that represent a significant, and in some cases growing, public health burden and cost to the UK economy. The contribution that an increased provision of 'good' work can make to improving population health, and addressing inequalities, is recognised by local and national government. There is some theoretical support, and limited empirical evidence to suggest, that social enterprises – organisations with social aims that use profits for that purpose – may provide 'good' work that positively impacts upon employee health and wellbeing.

Aims: This study aimed to explore the impact of working in a social enterprise on employee health and wellbeing through the lens of 'good' work.

Methods: A mixed-methods approach was used. Stage One involved a 'mapping' exercise of the Greater Manchester (GM) social enterprise sector. This provided a sampling frame for subsequent stages. In Stage Two, social enterprise employees (n = 21) in the region were interviewed. The findings informed the development of a questionnaire, designed to assess employees' health, wellbeing and work quality. The questionnaire was distributed in Stage Three, to all organisations identified by the mapping exercise. Results were compared to data provided by a national survey of UK employees and the general population.

Results: The mapping exercise found 177 active GM social enterprises. The interviews suggested social enterprises provide 'good' work and highlighted potential pathways through which working in a social enterprise might positively impact upon health and wellbeing. The questionnaire results provided support for the interview findings and indicated, in comparison to national data, that GM social enterprise employees (n = 212) have significantly more control over work, support at work, job satisfaction and job-related wellbeing. The findings contributed to the development of a conceptual model and partly evidence how working in a social enterprise may lead to improved health and wellbeing outcomes.

Conclusions: Overall, this study suggests that social enterprises provide 'good' work environments that, in a number of ways, could be conducive to employee health and wellbeing. This is a notable finding given the contribution 'good' work can make to population health and adds to the understanding of how working in a social enterprise might impact on employee health and wellbeing.

CHAPTER ONE — INTRODUCTION

1.1. Introduction

A vast body of literature shows that significant, longitudinal associations exist between the components of 'good' work and a wide range of health and wellbeing outcomes, with plausible causal mechanisms underpinning them (Fransson et al., 2015; Gilbert-Ouimet et al., 2014; Kivimäki & Kawachi, 2015). Specifically, adverse psychosocial work environments, or, a lack of 'good' work, characterised by, amongst other things, unmanageable demands placed on the employee and inadequate control and support provided to them, are associated with a number of socially and economically costly health problems, including mental health problems such as anxiety and depression, and physical health problems like musculoskeletal disorders (MSDs) and cardiovascular diseases (Bugajska et al., 2013; Stansfeld et al., 2013; Theorell et al., 2015).

The importance of 'good' work, and its potential contribution to improving population health and addressing inequalities, has been recognised at local level by Manchester City Council (Osborne, 2014) and Manchester's Health and Wellbeing Board (2013), and at national level by the National Institute for Health and Care Excellence [NICE] (2015), Public Health England [PHE] (Durcan, 2015), and The Marmot Review into health inequalities in England (Marmot et al., 2010). The provision of 'good' work underpins the Review's 'Policy Objective C', which recommends "fair employment and good work for all" (Marmot et al., 2010, p. 110). In particular, it stresses the importance of the "development of 'good' work" and "improving the psychosocial work environment" as a means of addressing inequalities and improving and maintaining health (Marmot et al., 2010, pp. 113-114).

There is some theoretical, and albeit limited, empirical evidence to suggest that social enterprises – businesses with social aims that reinvest profits for that purpose – may provide 'good' work and, therefore, potentially make an important contribution to the above objectives. Firstly, although it is the subject of debate, many consider social enterprises to be participatory in nature (e.g. Defourny & Nyssens, 2010a; Pearce, 2003; Ridley-Duff & Southcombe, 2012), seeking to involve employees in decision-making procedures, and some, e.g. social firms, are set up to provide supportive work environments that benefit workers (Paluch et al., 2012). This is, potentially, significant because allowing employees to exert control through participatory decision-making and providing them with adequate support are two important determinants of 'good' work thought to positively impact upon employee health and wellbeing (Marmot et al., 2010; Siegrist et al., 2010; Waddell & Burton, 2006). In

addition, while limited, empirical evidence, both qualitative and quantitative, from social enterprises in the UK, Italy and Sweden, suggests they may provide 'good' work conducive to employee health and wellbeing by, for example, giving employees manageable demands, flexibility at work, and opportunities for training and development – all components of 'good' work (Borzaga & Depedri, 2009; Pestoff, 2000; Svanberg et al., 2010).

Furthermore, social enterprises are concentrated in areas of greatest deprivation: 38% operate in the 20% most deprived communities in the UK (Villeneuve-Smith & Chung, 2013), such as Manchester, Rochdale and Salford (Department for Communities and Local Government, 2015). They exist to improve the lives of individuals and communities (Roy et al., 2014) and many seek to do this by providing employment (Villeneuve-Smith & Temple, 2015), often actively employing people from the communities they are set up to improve, i.e. deprived communities (Reid & Griffith, 2006) and, in the case of social firms[1] (a particular type of social enterprise), those disadvantaged in the labour market (Davister et al., 2004; Lysaght et al., 2012). With this in mind, social enterprises' social mission may, in some respects, serve as an incentive to provide working conditions conducive to employee health and wellbeing; it could, arguably, be inconsistent with their ethos and aims to 'expose' their staff, who might be members of the communities they are set up to improve, to adverse working conditions. Indeed, Amin's (2009, pp. 46-47) research on social enterprises in Bristol, UK finds that employees "spoke of an ethic of care and social participation" that was "considered to be lacking or secondary in the private and public sectors". In this sense, social enterprises can be said to "*internalise* a social orientation" (Ridley-Duff et al., 2008, p. 7).

It has also been suggested, recently, that involvement in social enterprise activity could act as an 'upstream' health intervention and address social inequalities in health (Donaldson et al., 2011; Roy et al., 2013). Roy et al. (2014) found limited evidence, primarily from social firms and Work Integration Social Enterprises (WISEs), that social enterprise-led activity can improve mental health outcomes and act on social determinants of health (Ferguson & Islam, 2008; Krupa et al., 2003). Although they stress the limitations of the evidence, Roy et al. (2014) propose a model, which recognises the role of 'good' work, showing how participation in social enterprise activity might improve health and wellbeing.

Providing 'good' work in deprived areas such as Manchester, Rochdale and Salford, could have the potential to help address the social gradient seen in psychosocial working conditions documented in the more economically developed countries, such as the UK (Marmot et al., 2010; Siegrist et al., 2010). Indeed: "the workplace, particularly the psychosocial work environment, is increasingly being considered by policy-makers as an

[1] Also referred to as Work Integration Social Enterprises

important intervention point at which health can be improved and health inequalities reduced" (Bambra et al., 2007; p. 1028; see also Bambra et al., 2010). Thus, increasing the availability of 'good' work could help improve population health and, in part, address social gradients in the health outcomes associated with adverse psychosocial work conditions, e.g. depression and anxiety (Donkin, 2014; Friedli, 2009).

Improving psychosocial work conditions is important in light of the significant costs that mental health problems, e.g. stress, depression and anxiety, pose to the UK economy: estimated to be between £70 and £100 billion – equivalent to 4.5% of the country's Gross Domestic Product (Organisation for Economic Co-operation and Development [OECD], 2014). In 2013, more than 40% of Employment and Support Allowance recipients had a 'mental or behavioural disorder' as their primary condition (Department of Health, 2014). Also, stress, depression and anxiety are responsible for a significant proportion of sickness absence from work: accounting for 15.2 million workdays lost in 2013 (Office for National Statistics [ONS], 2014) and, since 2009, the number of sick days lost to stress, depression and anxiety has increased by 24% (ONS, 2014). Findings from the latest Labour Force Survey show that the most common causative factors are excessive demands, a lack of support and control (Health and Safety Executive [HSE], 2015a).

Psychosocial hazards are also implicated in the aetiology of MSDs (Bugajska et al., 2013; Macdonald & Oakman, 2015) and cardiovascular diseases (Kivimäki & Kawachi, 2015), which both represent significant public health problems and costs to the economy (Bhatnagar et al., 2015; HSE, 2015b). MSDs, like stress, depression and anxiety, account for a significant proportion of sickness absence: in 2013 30.6 million workdays were lost to MSDs (ONS, 2014). In addition, the rising age of the workforce, due to demographic trends and increasing statutory retirement age, means that a third of workers will be 50 or over by 2020 (ONS, 2013a). This is, potentially, problematic, because older workers are more susceptible to MSDs (Okunribido & Wynn, 2010). Given that older workers are more likely to develop health problems, and that sickness absence increases with age (ONS, 2014), 'good' work could be of particular importance to this group. Adequate control, and support at, work may help them manage, for example, chronic health conditions better (NICE, 2015).

Both government and business, particularly in the context of recovery from an economic recession and reduced public spending, would welcome a reduction in the costs of sickness absence, which stand at £13 billion in health-related sickness benefits and £9 billion to employers in sick pay (Black & Frost, 2011; von Stolk et al., 2014). Manchester, in particular, has been hit hard by the recent recession and subsequent spending cuts (Greater Manchester Combined Authority, 2013; Manchester City Council, 2015). The city may

benefit from an increased provision of 'good' work, given the prevalence of health problems associated with adverse psychosocial work environments. For example, over half of Incapacity Benefit Claimants cite a mental health condition (Manchester City Council, 2012) and the city has a 'low' level of mental wellbeing relative to the North West (Deacon et al., 2009). Also, cardiovascular mortality rates are significantly higher than the national average (Manchester City Council, 2014b). Indeed, Manchester City Council (2014a) and Salford Health and Wellbeing Board (2014) highlight the contribution that 'good' work could make to these problems.

There is, arguably, scope for social enterprises, in the context of austerity and reduced public spending, to 'step in' and 'fill gaps' where the state and markets have retreated or failed (Sepulveda et al., 2013; Teasdale, 2012a), and, in the wake of a global economic recession, social enterprises have been able to advance their arguments for alternative forms of economic organisation (Amin, 2009; Ridley-Duff & Bull, 2016). They have also attracted increased attention from policymakers in recent years (Doherty et al., 2014; Haugh, 2012; Lyon & Humbert, 2012; Teasdale, 2012b) and recent governments have been keen to promote their involvement in the delivery of public services (Chandler, 2008; Sepulveda, 2014; Somers, 2013). Although it has been suggested that this is merely a cover for reductions in state spending (Roy et al., 2013; The Young Foundation, 2010), some see it as providing space for social enterprises to grow and fill (Doherty et al., 2009; Seanor, 2011). Already, they are involved in delivering public services and play an increasingly important role in providing NHS-funded care (Chew & Lyon, 2012; King's Fund, 2015a). Furthermore, the recent 'Devo Manc' deal between government and Greater Manchester (HM Treasury & Greater Manchester Combined Authority, 2014) has been lauded by some within the social enterprise community as an opportunity to increase their involvement in, and help shape, local policy and the delivery of services (Wild, 2015).

Thus, the importance of 'good' work as means of improving population health and addressing inequalities is recognised at both local and national level and a lack of it is thought to be causally associated with a range of socially and economically costly health problems. Increased provision of 'good' work could, in part, help address these significant costs, particularly in deprived areas like Manchester, Salford and Rochdale. There are reasons to suggest that social enterprises, which tend to operate in these areas, may provide 'good' work that positively impacts on health and wellbeing and, therefore, potentially make an important contribution. They already make up a significant, if small share of the economy, numbering around 70,000 in the UK (Sepulveda, 2015) and could, in the context of reduced state spending, have opportunities to grow. The contribution social enterprises can make through

the delivery of services has already been recognised by policymakers and they could, potentially, also contribute through the provision of 'good' work. However, little is known about the experience of working in a social enterprise (Amin, 2009) and few studies have explored the effect that participation in social enterprise activity might have on employee health and wellbeing (Roy et al., 2014). Thus, there is a need for more empirical research in this regard.

This thesis presents the findings of a mixed-methods study, comprising a (i) 'mapping' exercise of the Greater Manchester (GM) social enterprise sector, (ii) a series of qualitative, semi-structured interviews with 21 employees from a range of social enterprises in the region that broadly represented the sector as a whole, and (iii) the distribution and analysis of 212 questionnaires, informed by the interview findings, sent to all the organisations identified by the mapping exercise. The study culminates in the development of an empirically informed 'model' that illustrates how working in a social enterprise might impact upon health and wellbeing.

1.2. Research aims, questions, and the structure of the thesis

Overall, the aim of the research was to explore the impact of working in a social enterprise on employee health and wellbeing through the lens of 'good' work. In terms of the practical steps taken to do this, the research was carried out in three interdependent stages. In Stage One, a mapping exercise of social enterprises in the GM region was needed due to the lack of up-to-date information available on the sector, with the most recent survey being conducted in 2006. It was expected that, since this survey was carried out, the sector would have gone through significant changes, in large part due to the economic recession that affected the UK in 2008-2009. Therefore, an updated directory of social enterprises in the region was required. This would also serve as a platform for two subsequent research stages: providing the sampling frame for interviews to be carried out with, and questionnaires distributed to, social enterprise employees. The mapping exercise aimed to identify the different types of social enterprises in the region, collecting data on size, type, origins, and legal status, which was important because employee health-related outcomes have been found to vary according to some of these factors (García-Serrano, 2011). The resultant 'directory' enabled the selection of a reasonably broad cross-section of social enterprises to draw interviewees from in the second stage.

In Stage Two, employees' experience of working in a social enterprise was explored using a qualitative approach. Such an approach was necessary because social enterprise is, in

many respects, an under-researched phenomenon (Henry, 2015; Peattie & Morley, 2008), and, there is a lack of research exploring the experience of social enterprise employees in general; as articulated by Amin (2009, p. 30): "little is known about what it is like to be involved in the social economy". Therefore, an exploratory approach using qualitative, semi-structured interviews was appropriate as it was not possible to develop a structured interview guide, which requires a clear focus and well developed understanding of the topic at hand derived from an extensive body of literature (Cohen & Crabtree, 2006). The interviews focused on employees' experience, how it compared to working in other organisations, their perceived quality of work and its impact on their health and wellbeing. The findings informed the development of a questionnaire, distributed in the third stage.

The third, and final, stage of the research comprised (i) the design of a bespoke questionnaire, based on the interview findings, (ii) its distribution to all of the social enterprises identified by the mapping exercise and, finally, (iii) analysis of its findings. The questionnaire focused on both *a priori* and 'emergent' themes arising from the interviews, which concerned, for example, whether employees perceived that their work was 'good' work and aspects of working in a social enterprise that they perceived impacted on their health and wellbeing. In addition, the questionnaire included components to assess employees' self-rated health and wellbeing. Responses were compared with data from the (i) Workplace Employment Relations Study Survey of Employees (WERS SEQ) 2011, a national survey of 22,000 UK employees, which assesses, amongst other things, employees' quality of work, and (ii) Annual Population Survey (APS), a combined statistical survey of UK households, with a sample size of 163,000, which includes questions on self-rated health and wellbeing. This offered insight into social enterprise employees' quality of work, health and wellbeing in comparison to employees from a broad cross-section of UK small and medium-sized enterprises and the general population. Thus, the research questions this thesis set out to answer are:

1. What existing evidence is there that social enterprises provide 'good' work conducive to employee health and wellbeing?
2. What is the existing evidence for how 'good' work positively impacts upon employee health and wellbeing?
3. What are the other factors that potentially influence the relationship between work and health?
4. How might the provision of 'good' work benefit the UK generally and Greater Manchester in particular?

5. What is the model, arising from the literature review, of how working in a social enterprise might impact upon health and wellbeing?
6. What is the profile of the social enterprise sector in Greater Manchester?
7. What factors do social enterprise employees perceive impact on their health and wellbeing at work?
8. Do social enterprise employees perceive that social enterprises provide 'good' work conducive to their health and wellbeing?
9. How do social enterprise employees describe their experience of working in a social enterprise and how does this compare to their previous work experience?
10. How do social enterprise employees rate their health and wellbeing?
11. How do social enterprise employees rate the psychosocial quality of their work environment?
12. How do social enterprise employees, in the above respects, compare with respondents to a UK survey of (i) employees (the Workplace Employment Relations Study Survey of Employees) and (ii) the population (Annual Population Survey)?

The first five questions are addressed in the following chapter, which comprises the literature review. The chapter begins with an overview of the social enterprise literature. The concept of 'social enterprise' is not uncontroversial, therefore it is important to set out, early on, what constitutes a social enterprise. In addition, debates surrounding their origins, organisational and legal forms and scale in the UK are attended to, with particular attention paid to the characteristics that might have implications for them as employers and whether they provide 'good' work. This is followed by a discussion of the determinants of health and wellbeing and, in particular, the relationship between 'good' work and range of health and wellbeing outcomes, the causal mechanisms underpinning these relationships, and the evidence that suggests social enterprises might provide 'good' work. Then, the ways in which the UK, and GM in particular, might benefit from 'good' work are set out, before discussing the organisational- and individual-level factors thought to influence employee health-related outcomes. Finally, the conceptual model, arising from the literature review, which illustrates the relationship between the determinants of 'good' work and health, the potential role of social enterprise in that relationship, and how working for one might impact on health and wellbeing, is presented.

Chapter Three provides a critical discussion of the mixed-methods study design and gives an overview of the three stages of the research and the research questions each stage

sets out to answer. The chapter concludes with a section on the rationale for using mixed-methods for the present study.

Chapter Four addresses question six and outlines Stage One of the research, which involved a mapping exercise that aimed to develop a directory of social enterprises operating in GM, primarily by compiling and collecting data from existing local and national directories supplemented with a short questionnaire. It revealed a diverse sector in terms of organisational and legal forms, with organisations being mainly active in areas like 'community development' and 'health', with relatively small annual turnovers, and employing, by and large, up to ten people. These findings offered some limited insight into whether these enterprises might provide 'good' work given that, broadly speaking, small organisations and those active in personal service industries tend to offer better quality work, e.g. more job control (García-Serrano, 2011; Tansel & Gazioglu, 2013). Primarily, the directory served as a sampling frame for the second and third stage of the research.

Questions 7–9 are addressed in Chapter Five, which comprises Stage Two of the research and the findings from 21 qualitative, semi-structured interviews. This chapter begins with a discussion of the methods used, the rationale for the interview guide and the characteristics of the sample. Practical information regarding the conduct of the interviews and how the data were managed and handled is also provided. In addition, it pays particular attention to the method of data analysis used: framework analysis, which has, in recent years, become an established and rigorous method of analysing qualitative data (Gale et al., 2013). This is followed by the interview findings, the discussion, and reflection on the limitations of the research, including the role of the researcher in the research process. At the end of the chapter, the findings from this stage of the research are integrated into, and presented in, the conceptual model.

The sample of organisations that interviewees were drawn from was broadly representative of the GM sector, in terms of size, type, purpose, and legal form. Interviewees were predominantly female, aged 25–44 years and worked full-time. The findings, in general, suggested these organisations provided 'good' work that is protective of employee health and wellbeing: interviewees reported sufficient control, support, generally high levels of job satisfaction, and, in particular, opportunities for involvement in decision-making. Furthermore, emergent aspects of working in a social enterprise, not anticipated from the literature review, that employees felt impacted on their health and wellbeing included, for example, the strong emphasis organisations seemed to place on employees' welfare. However, concerns were raised over job security and some organisational- and individual-level factors, e.g. the small size of the organisations interviewees worked for and their

apparent intrinsic work orientation, may have influenced their assessments of their health, wellbeing and work quality. In addition, while interviewees' comparisons with previous work experience in other sectors were largely positive, some circumspection is required given they no longer work in these sectors and possibly left with the intention of finding something 'better' in a social enterprise. Overall, the findings from this stage provided partial evidence for the model arising from the literature review and highlighted a number of ways – potential pathways – that working in a social enterprise might impact on health and wellbeing.

Chapter Six addresses questions 10–12. This chapter details the findings of Stage Three – a survey of 212 social enterprise employees. It begins with an explanation of how the questionnaire was developed; it drew on both *a priori* and emergent themes found during Stage Two, which guided the selection of several components that assessed employees' quality of work, health, wellbeing, and further themes arising from the interviews. In addition, it offers an account of the distribution process and a description of the comparative data (from the 2011 WERS SEQ and 2014 APS) and methods of analysis used. This is followed by the survey results, a discussion of them and limitations relating to the methods used and issues surrounding the comparability of the samples. The conceptual model, integrating the findings from the literature review, interviews, and this stage, is presented at the end of the chapter.

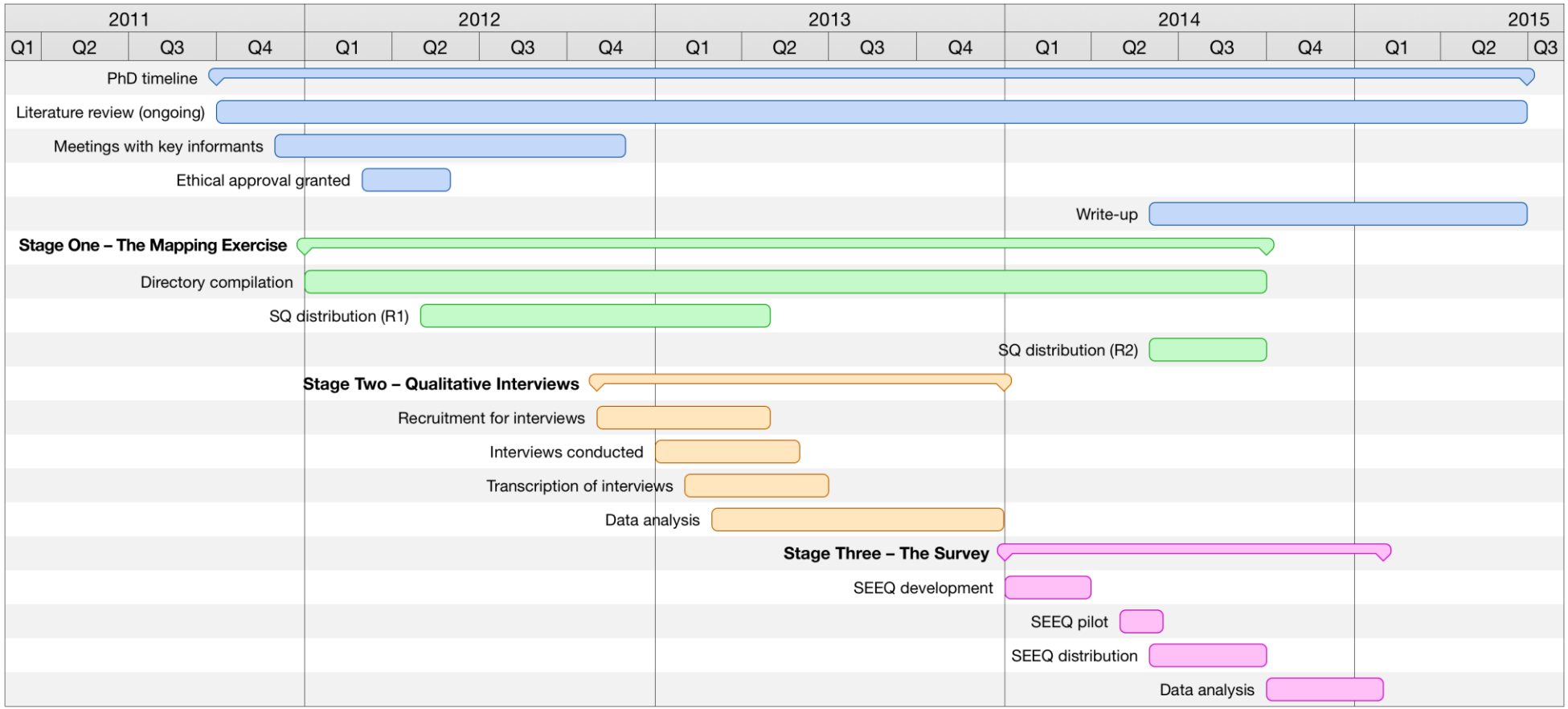
In total, 212 social enterprise employees completed the questionnaire. The response rate was estimated to be 24%. Respondents were, predominantly, female and the most common age was between 30–49 years old. The majority worked full-time and most respondents had a university degree or higher. Although the high proportion of females was not a surprise, the high level of education was, given that social enterprises are thought to operate in deprived areas, recruit locally and, in some cases, specifically employ people disadvantaged in the labour market. Most organisations employed between 10 and 49 people. Generally speaking, social enterprise respondents reported higher levels of control, support, workplace flexibility and involvement in decision-making than WERS SEQ respondents, i.e. better quality work. Also, their wellbeing, as indicated by the measures on happiness, depression-enthusiasm and job satisfaction, was higher than APS and WERS SEQ respondents'. The self-rated health findings, however, were less clear. While this suggests social enterprises, relative to a sample of organisations operating in other sectors, provide 'good' work, a number of limitations owing to the nature of the two samples, the methods used, and the low response rate, apply. The results from this stage further contributed to the model arising from the literature review and interviews and provided some support for the potential pathways, highlighted by the interviews, through which working in a social enterprise might impact upon health and wellbeing.

Finally, Chapter Seven offers general conclusions, aiming to draw out the key findings and contributions arising from the research overall. It begins with an overview of the study, followed by a discussion of the main findings and their significance. It focuses on the main contribution of the thesis: the development of a conceptual model, partly evidenced by the empirical research, that illustrates the ways that working in a social enterprise might impact on employee health and wellbeing. In addition, key limitations of the research are addressed before outlining the implications for practice and further research. Overall, it is argued that social enterprises may provide 'good' work environments that, in a number of ways could positively impact on health and wellbeing outcomes. This is significant, given the considerable costs presented by negative health outcomes associated with adverse psychosocial work environments and national and local recognition of the role that 'good' work can play in addressing these problems. Furthermore, the results of the study are considered to add to the limited understanding of how working in a social enterprise might impact on employee health and wellbeing.

1.3. Thesis timeline

Overleaf, Figure 1.1, is a 'temporal representation' of the thesis, which shows when the various stages of the research detailed above were carried out. While the three stages of the research were carried out in chronological order, there was some overlap between them, as indicated by Figure 1.1. As shown, both the literature review and directory compilation were ongoing throughout the thesis, to ensure the 'currency' and relevance of the research.

Figure 1.1. Thesis timeline



SQ = the 'short questionnaire' that was distributed to organisations to collect data on their size, activity, form, etc.
SEEQ = the 'Social Enterprise Employee Questionnaire' that was distributed in Stage Three to social enterprises across Greater Manchester; R1 & R2 = 'round one' and 'round two' respectively

CHAPTER TWO — LITERATURE REVIEW

2.1. Introduction

This review considers the potential for social enterprises, which are businesses with social aims that reinvest profits for that purpose, to provide 'good' work thought to positively impact upon health and wellbeing. The determinants of 'good' work include adequate demands, control and support, and a vast body of literature shows significant, longitudinal associations between these factors and a range of physical and mental health outcomes, with plausible hypothesised causal mechanisms underpinning them. Specifically, it set out to answer the following research questions outlined in the previous chapter:

1. What existing evidence is there that social enterprises provide 'good' work conducive to employee health and wellbeing?
2. What is the existing evidence for how 'good' work positively impacts upon employee health and wellbeing?
3. What are the other factors that potentially influence the relationship between work and health?
4. How might the provision of 'good' work benefit the UK generally and Greater Manchester in particular?
5. What is the model, arising from the literature review, of how working in a social enterprise might impact upon health and wellbeing?

The review begins with a description of the search strategy. Given the controversial nature of the social enterprise 'construct', an overview of the debates surrounding its definition, origins, organisational and legal forms, and scale, is provided at the outset. In particular, attention is given to the characteristics of social enterprise that have implications for them as employers and, potentially, whether they provide 'good' work conducive to employee health and wellbeing. An overview of the determinants of health and wellbeing follows and how employment, or a lack of it, impacts upon health.

Then, the concept of 'good' work is introduced, followed by a discussion of its importance on the international and national policy landscape and the large body of existing evidence reporting significant, longitudinal associations between its components and various health outcomes. Particular attention is paid to the causal mechanisms underlying these relationships, in addition to the available, if limited, evidence that social enterprises provide 'good' work. How the UK and, in particular, GM, might benefit from social enterprises

providing 'good' work and the recognition, at both national and local level, of its potential contribution to improving population health and inequalities, is then discussed, with a focus on the significant, and, in some cases, rising costs of ill health, e.g. stress, anxiety and depression, thought to be caused by a lack of 'good' work.

In addition, some space is given to various organisational- and individual-level factors, e.g. organisation size and gender, thought to influence the relationship between work characteristics and employee health-related outcomes. Finally, before concluding, the model, arising from the literature review, of how working in a social enterprise might impact upon employee health and wellbeing is presented.

2.2. Search strategy

As indicated by the thesis timeline in Chapter One, the literature review was an ongoing process carried out, and continuously updated, throughout the course of the research to ensure its relevance and 'currency'. Initially, a narrative review of the social enterprise literature was conducted, which provided a general overview of the social enterprise literature and the theoretical justification for the view that social enterprises may provide 'good' work, in addition to some limited evidence. Online records of key social enterprise journals, the Social Enterprise Journal and the Journal of Social Entrepreneurship, were searched[2] and the outputs of the following research centres, which regularly publish articles on social enterprise, were consulted: the Third Sector Research Centre at the University of Birmingham, the Centre for Enterprise and Economic Development Research at Middlesex University, the Social Enterprise Research Group at the University of Northampton, and EMES (*EMergence des Enteprises Sociale en Europe*). Literature published by official social enterprise bodies such as Social Enterprise UK (SEUK) and the School for Social Entrepreneurs, in addition to output from UK government, was also used. Where relevant, papers referenced by these articles were also citation tracked and read.

Then, empirical evidence from studies conducted in social enterprises with social enterprise employees, and whether they provided 'good' work conducive to employee health and wellbeing, was sought. Although it was unavailable when initial searches were conducted, a systematic review was published on a similar topic in 2014. It reviewed evidence on the potential for participation in social enterprise activity to act as an 'upstream' health intervention and address social inequalities in health. It found a small body of (limited) evidence to suggest this may be the case (discussed in Section 2.3.6), and that very few

[2] Hosted by publishers Emerald Insight and Taylor & Francis, respectively.

systematic reviews have been carried out in the social enterprise field in general (Roy et al., 2014).

To determine whether any empirical evidence was available for social enterprises providing 'good' work conducive to health and wellbeing, the following databases, which covered a variety of academic disciplines, were searched via Web of Science, PubMed and ProQuest: MEDLINE, BIOSIS, SciELO, Web of Science, IBSS, ASSIA, SSCI and Sociological Abstracts. Searches used a combination of words related to social enterprise (social enterprise, social business, social firm, community enterprise) in conjunction with terms associated with 'good' work (psychosocial, work quality, quality of work, good work, good job) and its determinants (demands, control, support, job satisfaction, flexibility, decision-making) in addition to health and wellbeing outcomes (health, wellbeing, mental health, impact).

Initial searches were carried out in 2011 and repeated throughout the course of the research (as indicated by the thesis timeline in Chapter One). In total, 416 records were identified. When combined and checked for any duplicates, 91 were removed. Following this, the titles and abstracts of the remaining articles (n = 325) were screened for relevance. This resulted in the exclusion of 286 articles, leaving 39 full-text articles to be assessed for eligibility. For an article to be included in the final review stage it had to be: (i) an empirical study that involved people participating in social enterprise activity; (ii) focused on assessing employees' quality of work, i.e. whether it was 'good', or health- and wellbeing-related outcomes; and (iii) published in English. Eight unique studies complied with these criteria – the details of which are discussed throughout the review. For an illustration of this process, see Appendix A.

Alongside this, the vast body of literature on the relationship between work and health was reviewed. Unlike the area of social enterprise, where few have been conducted (Roy et al., 2014), many systematic reviews and meta-analyses have been published on the relationship between work characteristics and a range of health and wellbeing outcomes (e.g. Backé et al., 2011; Kivimäki et al., 2012; Stansfeld & Candy, 2006). Thus, the review focused on these publication types rather than individual studies given that they offer consolidated reviews of large and often complex bodies of literature allowing researchers to account for a whole range of findings from research on a particular topic (Garg et al., 2008; Haidich, 2010). Specifically, reviews were sought on the health impact of employment and unemployment (e.g. Dodu, 2005; van der Noordt et al., 2014; Waddell & Burton, 2006) and the components of psychosocial work environments, such as demands, control and support, and their relationship with a range of health and wellbeing outcomes (e.g. Belkic et al., 2004; Kivimäki

& Kawachi, 2015; Landsbergis et al., 2013). In addition, evidence outlining the importance of 'good' work and its potential contribution was sought from national reviews conducted on behalf of government (e.g. Black, 2008; Marmot et al., 2010; Mehta et al., 2013) and supplemented with statistics from official bodies including NICE, the ONS, the HSE, the Chartered Institute for Personnel and Development (CIPD), and the Work Foundation.

2.3. Social enterprise

The definition and origins of social enterprise are not uncontroversial. They have been, and still are, the subject of much debate. Thus, this section aims to give an overview of these debates, discussing social enterprises' definition, origins, organisational and legal forms and scale. Throughout, particular attention is paid to the characteristics of social enterprise that could have implications for them as employers, i.e. whether they might provide 'good' work that positively impacts upon employee health and wellbeing.

First, the controversies surrounding their definition and origins, and the various conceptualisations of social enterprise, are discussed, in addition to a section on their (debated) participatory nature and what this might mean for them as employers. This is followed by a discussion of the various types of organisation that the social enterprise 'label' has been applied to, whether they might provide supportive work environments, and the different legal forms they adopt. Then, a section on the debates over the number of social enterprises active in the UK, and their social impact, follows.

2.3.1. What is a social enterprise?

Although much of the early work written about social enterprises, which have been attracting increased attention from policymakers in recent years (Haugh, 2012; Lyon & Humbert, 2012; Wilson & Post, 2013), has focused on definitions and generating theories to explain their recent proliferation (Doherty et al., 2014; Chell, 2007; Teasdale, 2012a), there is no universally agreed definition. In fact, the disagreement over the definition of social enterprise has been widely acknowledged as a distinguishing feature of the literature (Haugh, 2012; Henry, 2015; Lyon & Sepulveda, 2008; Peattie & Morley, 2008; Pestoff & Hulgard, 2016; Price, 2009; Ridley-Duff & Southcombe, 2012). As Price (2009, p. 1) puts it: "a lot of ink, not to say blood, sweat and tears, has been shed in defining what social enterprise actually is". There are many reasons for this. Dees (1998), for example, suggests that, due to the complex structure of social enterprises, generalisations are problematic. Indeed, the label 'social

enterprise' has been applied to a range of organisational forms (Teasdale, 2012a), evolving from forms of non-profit, co-operative, and mainstream business (Defourny & Nyssens, 2010b). Several parties, representing different philosophies, have competed to define social enterprise and as a result it is a contested concept (Ridley-Duff & Bull, 2016). Furthermore, the meaning of social enterprise varies by country (Kerlin, 2010). For example, the nature, roles and traditions informing the development of social enterprise are different in the UK, US and mainland Europe (Peattie & Morley, 2008).

Some have even argued that social enterprise is a type of activity, rather than an organisational form (Birch & Whittam, 2008; Morgan, 2008). Such conceptualisations are problematic, however, because of the frequency with which 'activities' evolve into institutional forms, and, when they do, questions arise regarding governance, liability, power, ownership, control, etc., which have to be resolved both on paper and in practice (Ridley-Duff & Bull, 2016). Although it might be helpful to just accept that social enterprise means different things to different people across different contexts and at different points in time (Teasdale, 2012a), the lack of a universal definition, after more than a decade of academic debate (Pestoff & Hulgard, 2016), has been lamented (Young & Lecy, 2014). While some are seemingly content with the 'blurred' nature of the concept (e.g. Ridley-Duff & Bull, 2016), others have argued that there is a need for a "clear and unambiguous understanding of what social enterprises are" (Pearce, 2003, p. 31). This is necessary to differentiate social enterprises from other types of public or commercial organisations and helps distinguish between different types of social enterprise (Dart et al., 2010; Jones et al., 2007), which is essential for conducting research with social enterprises (Bull & Crompton, 2006; Doherty et al., 2009), particularly mapping exercises (Lyon et al., 2010; Teasdale, 2012a).

To explain the lack of agreement over the definition of a social enterprise, it is helpful to look at their diverse origins. In this regard, there are important differences between the UK, US and mainland Europe that warrant attention. Although there is debate between academics in Europe and the US over who used the language of social enterprise first (Teasdale, 2012a), it seems both began using the terms in the late 1980s (Defourny & Nyssens, 2010b; Ridley-Duff & Bull, 2016). US conceptualisations of social enterprise concern market-based approaches to social issues, which can be undertaken by any organisation in any sector of the economy (Pestoff & Hulgard, 2016). This particular conceptualisation belongs to the 'earned income' school (Defourny & Nyssens, 2010b), where organisations adopt earned income strategies to support their social mission and diversify their funding source (Dees et al., 2002; Roy & Hackett, 2016). Another, the 'social innovation' school (Mair & Martí, 2006), focuses on the role played by entrepreneurs as 'agents' of social change (Dees, 1998), i.e. *individual*

action (Ridley-Duff & Bull, 2016) and how social entrepreneurship creates social value through innovation (Pestoff & Hulgard, 2016).

In contrast to the US conceptualisations of social enterprise, the European (primarily mainland Europe) interpretation focuses on collective, not individual, action to bring about social change (Ridley-Duff & Bull, 2016; Roy & Hackett, 2016). This stems from strong collective traditions present in co-operatives, mutuals and associations found in Europe (Defourny & Nyssens, 2010b; Pestoff & Hulgard, 2016), as indicated by, for example, the strong presence of social co-operatives in the Italian social services sector (Borzaga & Depedri, 2009; Borzaga & Tortia, 2006). Thus, in European conceptualisations, 'social' refers to a collective organisational form, while in the US it refers to its external purpose, i.e. what it does, not how it does it (Teasdale, 2012a). These differences have been attributed to variations in socioeconomic contexts (Kerlin, 2010). They mirror a prevailing private business focus in the US, where most financial support for social enterprises comes from private foundations, whereas in Europe, there is a stronger government and welfare state tradition (Hulgard, 2011). To summarise, social enterprise in Europe is rooted in a history of collective dynamics and puts emphasis on participatory governance (Defourny & Nyssens, 2010b), while in the US, social enterprise is usually regarded as the outcome of the income-generating strategies of non-profits, or the projects of individual entrepreneurs, characterised by hierarchical organisational structures (Pestoff & Hulgard, 2016; Ridley-Duff & Bull, 2016; Teasdale, 2012a).

Given that the present research is focused on UK social enterprise, which is thought to have the most developed institutional support structure in the world for social enterprise (Nicholls, 2010), the review will now consider how the above conceptualisations relate to UK social enterprise and the theories that explain its emergence. Historically, UK social enterprise arguably has more in common with the European conceptualisation. It is often claimed the Rochdale Pioneers laid the foundations for social enterprises in 1844 (Bull, 2006; Mazzei, 2013; Somers, 2013). They envisaged an aspirational form of organisation that combined economic and social responsibility, with an emphasis on democratic governance (Ridley-Duff & Bull, 2016) that is, broadly speaking, present in European, but absent in US conceptualisations of social enterprise (Pestoff & Hulgard, 2016). Indeed, Peattie & Morley (2008) claim that UK social enterprise has more in common with European, rather than US interpretations.

However, more recently, it has been suggested that UK social enterprise shares more similarities with the US earned income school, with its focus on the ability of non-profit organisations to become more commercial being the "model of choice" for welfare-based

governments such as the UK (Roy & Hackett, 2016, p. 13). This has, in part, been brought about by changes in the public sector, where, since the early 1980s, there has been a move away from state provision of welfare services to increased use of agencies and contractors (Chandler, 2008; Seanor, 2011). Thus, there has been a trend towards a 'contracting culture' where grants and state funding are replaced by commercial contracts for service delivery (Ridley-Duff & Bull, 2016). This is exemplified by the then UK government's desire to involve social enterprises in the NHS and delivery of healthcare (Department of Health, 2010).

This represents one of the theories that explain social enterprises' recent emergence. The move away from the provision of grants towards giving contracts via competitive tendering provided space for social enterprises to grow and fill (Doherty et al., 2009), as well as encouraging more traditional voluntary sector organisations to develop earned income strategies (Seanor, 2011; Spear, 2007). In addition, social economy organisations, such as co-operatives and mutuals, have, in the context of global economic recession, been able to advance their arguments for alternative forms of economic organisation (Amin, 2009; Ridley-Duff & Bull, 2016).

In the wake of this economic downturn there have been public spending cuts in many countries across the world, including the UK (Canuto & Giugale, 2010; Vaitilingam, 2009). In this context, theories that point to market and state failure to explain the emergence of social enterprise take on increased relevance (Roy et al., 2014). To some, social enterprise activity is a response to these failures, addressing the needs of vulnerable individuals and communities through the provision of goods and services otherwise denied by the private and public sectors, i.e. 'filling in gaps' where markets and the state have failed (Peattie & Morley, 2008; Sepulveda et al., 2013; Teasdale, 2012a). Indeed, the New Labour government (1997–2010), at least initially, promoted social enterprise as a means of addressing market failure (Blond, 2009). The subsequent coalition government (2010–2015) also envisaged a role for social enterprise, but primarily as a response to the failures of the state to meet social needs and provide public services (Sepulveda, 2015). This is evidenced, in part, by the Conservative Party's 'Big Society' initiative, which sought to create "a climate that empowers local people and communities", promoting the role that voluntary action and social enterprise could play in addressing social problems (O'Halloran, 2012, p. 153). However, some allege this 'initiative' was merely a cover for reductions in public spending (Roy et al., 2013; The Young Foundation, 2010). Furthermore, reduced state spending, in the context of austerity, may drive non-profit organisations towards earned income strategies (Eikenberry, 2009; Teasdale, 2012a).

Up to this point, it has been established that there is a lack of agreement on a definition of social enterprise, and that this, in part, can be attributed to social enterprises' diverse origins. Also, important differences were highlighted between US and European conceptualisations of social enterprise and how they relate to UK manifestations. Finally, theories for their emergence, from a UK perspective, were briefly considered[3]. Having done that, the context in which a definition of social enterprise was constructed can be discussed.

The term 'social enterprise', at least in the UK, has been applied to four distinct groups: (i) charities and voluntary groups embracing the aforementioned contracting culture; (ii) charities and voluntary groups adopting earned income strategies; (iii) co-operatives and social firms that tackle social exclusion and practice democratic governance; and (iv) businesses that invest or share surpluses in a 'public interest' or 'fair trade' enterprise (Ridley-Duff et al., 2008). Each of these parties, and the New Labour government (Somers, 2013), played a part in defining what a social enterprise is (Teasdale, 2012a).

Early attempts to define a social enterprise can be traced back to the 1970s. An initiative to develop a social audit framework for worker co-operatives at Beechwood College (Leeds, West Yorkshire) identified five concepts: worker and/or community ownership of the enterprise; social and commercial aims; co-operative management; social, environmental and financial benefits; and the subordination of capital to the interests of labour (Ridley-Duff & Southcombe, 2012). A similar definition was later adopted at a conference of co-operative and community business activists around 1994 (Spreckley, 2011). Following that, two co-operative development agencies in London created Social Enterprise London (SEL): among the objectives was the practice and principles of common ownership and participative democracy (Teasdale, 2012a). This emphasis on participatory governance has parallels with the early attempts by EMES to define social enterprise in Europe (Ridley-Duff & Southcombe, 2012).

Starting from a base comprising mainly co-operatives, SEL forged links with other organisations also committed to community development and regeneration (Teasdale, 2012a). Thus, 'community enterprises', which work to create wealth in local communities and keep it there (Spear et al., 2007), were incorporated into the social enterprise movement (Bland, 2010). Shortly after, in 2001, the then Department of Trade and Industry (DTI) took government responsibility for social enterprise (Grenier, 2009), which eventually led to in the inclusion of 'social businesses' under the social enterprise 'umbrella' (Seanor, 2011). These

[3] For a more in-depth analysis of the social, political and economic changes that contributed to the emergence of social enterprise in the UK, see Chapters One and Two of Ridley-Duff & Bull (2016).

organisations differed to co-operatives and community enterprises in that they placed little emphasis on democratic ownership (Teasdale, 2012a).

Then, in 2002, the DTI produced a definition of social enterprise:

> "A business with primarily social objectives whose surpluses are principally reinvested for that purpose in the business or in the community, rather than being driven by the need to maximise profit for shareholders and owners" (DTI, 2002a, p. 7)

Although this definition is described, by Price (2009, p. 1), as one of the "least controversial", it has been criticised for being "deliberately loose" (Teasdale, 2012b, p. 517) and vague regarding 'social objectives' and reinvestment of surpluses in the business, allowing a wide variety of organisations to claim to be a social enterprise (Lyon & Sepulveda, 2009). Some argue that this ambiguity allows for 'co-option' of the social enterprise label by private businesses claiming to have social goals (e.g. see Roy & Hackett, 2016). Furthermore, absent from this definition is any mention of participatory governance, which had been a consistent feature of previous iterations. The move away from an insistence on a participatory nature is, in part, evidenced by the Community Interest Company legal form, created especially for social enterprises in 2005, which did not prescribe democratic control (Nicholls, 2010).

Following the publication of this definition, the Office of the Third Sector (OTS) was created in 2006. It defined social enterprises as being part of the 'third sector', which includes "all non-governmental organisations that principally reinvest surpluses in the community or organisation and seek to deliver social or environmental benefits" (OTS, 2006, p. 10). Thus, earned income schools of thought had further diluted the concept of social enterprise (Teasdale, 2012a) to the extent that voluntary organisations delivering public services and charities looking to diversify income streams were re-labelled as social enterprises (Alcock, 2010; Di Domenico et al., 2009). Again, this latest definition included no reference to participatory governance. This lack of emphasis on social enterprises' participatory nature has also been noted in the criteria for the recently launched Social Enterprise Mark, which was designed to communicate the value of social enterprise to consumers and wider society (Finlay, 2011). Specifically, Ridley-Duff & Southcombe (2012, p. 194) argue it should include criteria on participatory democracy in order to "retain legitimacy amongst all groups contributing to the social economy".

Thus, although early conceptions of social enterprise placed importance on their participatory nature, due, in part, to the nature of the organisations involved, it has, over time, been broadened, with New Labour playing an instrumental part, to include social businesses,

which put little emphasis on democratic governance, and, later, voluntary organisations and charities embracing a contracting culture and earned income strategies[4]. The 2002 DTI definition, much cited in the literature (e.g. Buckingham et al., 2010; Chell, 2007; Doherty et al., 2009; Martin & Thompson, 2010; Ridley-Duff & Bull, 2016; Somers, 2013), reflects this. For some, this definition is inadequate because a participatory nature, involving employees in decision-making processes, is considered a defining characteristic of social enterprise (e.g. Defourny & Nyssens, 2010a; Martin & Thompson, 2010; Pearce, 2003; Pestoff & Hulgard, 2016; Ridley-Duff & Southcombe, 2012). For example, Ridley-Duff et al. (2008, p. 7) argue social enterprises "*internalise* a social orientation" through democratic governance. This is significant, given the nature of the present research, because allowing employees to 'exert some control through participatory decision-making' is considered a component of 'good' work thought to be conducive to employee health and wellbeing (Marmot et al., 2010). This issue is explored in more detail in the following section.

While there has been – clearly – profound disagreement regarding the definition of social enterprise, there is evidence of an emerging consensus that social enterprises, primarily, are organisations that aim to meet social or environmental goals through trading (Doherty et al., 2014; Haugh, 2012; Lyon et al., 2010; Teasdale, 2012a). This is due, in part, to the findings of a wide-ranging review of the social enterprise literature that found two defining characteristics of social enterprise: (i) the primacy of social aims, and (ii) that the primary activity involves trading goods and services (Peattie & Morley, 2008). The DTI definition, despite its limitations, does, at least, include these two defining characteristics. In addition, it is, as outlined above, much cited in the literature. Thus, this definition, although not ideal, is probably the closest one can get to a consensual definition of social enterprise. Having said that, it puts no emphasis on participatory governance, which, to some, is – or rather should be – a defining characteristic of social enterprise.

2.3.2. Are social enterprises participatory in nature?

In the previous section, it was established that social enterprise is a contested concept. One particular aspect that has been the subject of debate is the extent to which they are participatory in nature and involve employees in decision-making. Typically, US conceptualisations of social enterprise put little to no emphasis on this, while European conceptions, on the other hand, do. Whether the UK interpretation borrows more from the US or European conceptualisation has been debated. Teasdale (2012a) suggests it is a bit of both,

[4] See Teasdale (2012a) and Sepulveda (2015) for a more detailed overview.

while Peattie & Morley (2008) claim it is closer to the UK and Roy & Hackett (2016) argue it is closer to the US. Generalisations are, however, difficult, because, as outlined in the previous section, there is a great deal of diversity *within* UK social enterprise. As such, it is hard to say whether a 'typical' UK social enterprise has more in common with a US or European one, because it is hard to say what a 'typical' UK social enterprise is. Furthermore, there is variation within US social enterprises too (Alter, 2007; Borzaga & Defourny, 2001).

The origins of UK social enterprise are instructive in this regard. The social enterprise construct has, over time, gradually been diluted. This reflects the varying influence of organisations involved in defining it. Early conceptualisations, influenced by co-operatives, have more in common with the European interpretation, and put emphasis on social enterprises' participatory nature. More recent conceptualisations, influenced by social businesses and voluntary sector organisations, and arguably more similar to the US interpretation, did not. Thus, it could be said that, broadly speaking, to the extent UK social enterprises derive from co-operatives and the European tradition, they should be participatory, however, to the extent they derive from social businesses, voluntary sector organisations and the US school, they may not be. Despite this, many argue that a participatory nature is a defining characteristic of social enterprise (e.g. Defourny & Nyssens, 2010a; Martin & Thompson, 2010; Pearce, 2003; Pestoff & Hulgard, 2016; Ridley-Duff & Southcombe, 2012). Pearce (2003, p. 39), in particular, argues that "it should be unthinkable that a genuine social enterprise can claim that democracy is unimportant or that encouraging democracy is "not one of our objectives"". Also, Defourny (2001, p. 10) has claimed that "the social economy has at its heart the requirement of a democratic decision-making process" and recent Social Enterprise Mark criteria have been criticised for not accurately representing social enterprise by omitting any reference to participatory governance (Ridley-Duff & Southcombe, 2012).

Should social enterprises 'internalise' their social orientation (Ridley-Duff et al., 2008; Teasdale, 2012a) and involve staff in decision-making processes, this could have implications for their employees' health and wellbeing. Allowing employees to exert control through participatory decision-making is a key determinant of 'good' work (Marmot et al., 2010; Waddell & Burton, 2006) and the components of 'good' work are significantly, longitudinally associated, and thought to be causally linked, with a range of physical and mental health outcomes (Kivimäki & Kawachi, 2015). The concept of 'good' work, and its relationship with health and wellbeing, will be elaborated on in Section 2.6, as it is too vast and complex to be discussed in sufficient detail here.

There is some limited empirical evidence available that supports the view that social enterprises involve staff in decision-making. Evidence from a case study of a social

enterprises operating in commercial markets reports that one organisation had "heavily invested in organisational structures", meaning "even quite new and junior recruits could gain access to the organisational decision making" (Aiken, 2006, p. 21). Similarly, qualitative evidence from a representative cross-section of 15 social enterprises operating in GM reports that the majority of organisations engaged in participative decision-making and "a culture of staff inclusion was observed across most organisations, where people were encouraged to have a say and feel valued" (Bull & Crompton, 2006, p. 50). Overall, they concluded that, in general, "inclusive decision-making was highly regarded" by these organisations (Bull & Crompton, 2006, p. 57). Also, Amin (2009, p. 46) finds, from his qualitative research on social economy organisations in Bristol, that employees spoke of an ethic of "social participation" that underpinned their working experience perceived as absent in private and public sectors. Further qualitative findings from two studies, one exploring employees' experience of working in a particular type of social enterprise, a social firm[5] (Svanberg et al., 2010), and another exploring the benefits of becoming a health care social enterprise (Addicott, 2011), both report management readily involving staff in decision-making procedures.

The findings from Addicott (2011), in particular, are interesting given that the social enterprises she studied were 'spun out' of the NHS under the 'Right to Request' programme, which gave staff providing community health services in Primary Care Trusts (PCT) the right to put forward a social enterprise proposal to their PCT board, which was obliged to consider it and, if approved, award a contract (Addicott, 2011). This is noteworthy because the origins of these social enterprises are, clearly, not from co-operative organisations embracing participatory governance but rather a large public sector organisation with a 'top-down' hierarchical structure. Therefore, they have more in common with the social enterprise organisations embracing the contracting culture discussed earlier. In this context, the fact Addicott (2011, pp. 12-13) found involving staff in decision-making was "considered one of the most significant benefits of the social enterprise model", which gave directors the "flexibility to flatten the decision-making structure and involve all staff in the operations of the organisation" is significant because it suggests that, potentially, social enterprises of different origins may have a participatory nature. However, it should be pointed out that the findings came from interviews with 13 directors, not employees, of these social enterprises – whether employees would say the same is uncertain.

[5] These organisations, also referred to as Work Integration Social Enterprises, provide employment for those disadvantaged in the labour market (Davister et al., 2004).

While these studies provide tentative evidence of social enterprises' participatory nature, they are qualitative, typically involving small samples, therefore it is not possible to say whether they are generalisable, i.e. would apply to social enterprises and employees in other settings (although Bull & Crompton, 2006, p. 56, claim their findings are "arguably representative of the position of many social enterprises in the North West, particularly Greater Manchester and Lancashire"). However, some quantitative evidence, which may be more representative of social enterprises generally, is available. Findings from the most recent SEUK survey[6] (Villeneuve-Smith & Temple, 2015) reports that over 90% of UK social enterprises actively aim to involve to their staff in decision-making procedures to either a large, or to some, extent. Also, evidence from an Italian dataset, comprising public bodies, for profit and non-profit organisations, social co-operatives – and over 2,000 employees – finds staff in social co-operatives report significantly more satisfaction with 'decision-making autonomy' than those employed in other organisations (Borzaga & Tortia, 2006). Of course, this might be expected due to these organisations' co-operative nature and the fact European conceptualisations place emphasis on participatory decision-making. Furthermore, research involving 244 women working in 57 Swedish day care centres finds that, relative to their counterparts employed in municipal day care centres, social enterprise day care centre employees report more involvement in decision-making processes, which enabled "greater staff control over their own working conditions and work life" (Pestoff, 2000, p. 57).

Taken together, this evidence, notwithstanding its limitations, suggests there is qualified empirical support for the view that social enterprises are participatory in nature, which is not necessarily confined to organisations with co-operative origins. However, it should be noted that some have argued "participation in decision-making is far from pervasive in social enterprises" (Ohana et al., 2012, p. 1093) and that "a democratic decision making process should not be taken for granted in all social economy organisations" (Defourny, 2001, p. 11). Also, the empirical evidence cited above is not necessarily indicative of all social enterprises. Nevertheless, these findings are significant as they provide an indication that social enterprises may provide 'good' work to the extent they allow employees to exert control via participatory decision-making. In addition, in a more general sense, enhancing control is thought to be a significant social determinant of improved health and wellbeing (World Health Organization [WHO], 2008) and is a fundamental component of health promotion practice, i.e. people who feel in control of their lives are able to limit their exposure to perceived stressors and adapt their environment to suit their needs (Cooke et al.,

[6] Comprising 1,159 UK social enterprises

2011). Pestoff's (2000) findings, in particular, suggest social enterprise employees may be well placed to benefit in this way.

2.3.3. Types of social enterprises

So far, it has been established that 'social enterprise' is a broad term with diverse origins that has been applied to a number of different organisational forms. As discussed, some of these organisational forms, co-operatives, community enterprises, and social businesses, played an important part in forming a definition of UK social enterprise. The social enterprise 'label', however, has been applied to a number of organisations in addition to these. This section will provide a brief overview of these organisational forms [7] and, where applicable, the implications for employee health and wellbeing.

The following organisations are all, broadly speaking, committed to the pursuit of social goals through trading, thereby satisfying the two criteria set out by Peattie & Morley's (2008) wide-ranging review. They will, however, likely place a varying amount of emphasis on each aspect and adopt a range of different legal forms (Doherty et al., 2009; Martin & Thompson, 2010; Price, 2009):

- Social firms and WISEs
- Development trusts
- Community enterprises/businesses
- Co-operatives
- Credit unions
- Mutuals
- Social businesses
- Social and worker co-operatives

It is beyond the scope of this review to describe the nature and characteristics of these organisational forms (for a comprehensive typology see Alter, 2007). However, this list is useful as it provides an indication of the range of organisations that the social enterprise label can be applied to, which, in part, helps explain why the development of a consensual, universal definition of social enterprise has been so problematic.

[7] For a more comprehensive account, see Alter (2007).

Arguably, of the organisational forms listed above, the most interesting, for the purposes of the present research, are social firms and WISEs. These organisations are set up to provide "supportive work environments that benefit workers" (Paluch et al., 2012, p. 63), specifically those disadvantaged in the labour market (Davister et al., 2004; Defourny & Nyssens, 2010a). This should have implications for the quality of the work these organisations provide, i.e. whether they provide 'good' work conducive to employee health and wellbeing. Providing employees with adequate support is considered a determinant of 'good' work (Marmot et al., 2010; Waddell & Burton, 2006), which, as mentioned previously, is longitudinally associated, and thought to be causally linked, with a number of physical and mental health outcomes (Kivimäki & Kawachi, 2015). The concept of 'good' work, and its relationship with health and wellbeing, will be elaborated on in Section 2.6.

There is some empirical evidence from social firms and WISEs that suggests they do provide employees with adequate support. Qualitative evidence from a number of these organisations shows that staff perceived managers as "very supportive at a practical and personal level" and that "supervisors were helpful" and "co-workers were friendly and cooperative" (Williams et al., 2012, p. 59); also, "mutually respectful and beneficial relationships were a key factor in creating a supportive work environment" (Paluch et al., 2012, p. 70). In addition, these organisations "demonstrated a strong commitment to each individual's ongoing needs" (Morrow et al., 2009, p. 667), and provided a "sense of belonging" and a "highly supportive atmosphere" (Svanberg et al., 2010, p. 490). These findings should be treated with some caution, however, given they are derived from qualitative studies, using small samples, typically ranging from 7 to 14 people, and study employees, often experiencing mental illness, working in either one or two organisations. As such, it is uncertain whether they would be applicable to other populations and different forms of social enterprises, i.e. non-social firms or WISEs that are *not* set up to provide supportive employment. Nevertheless, they suggest there is potential that, at least in this respect, social enterprises could provide work environments conducive to employee health and wellbeing.

2.3.4. Legal forms of social enterprises

Social enterprises, perhaps unsurprisingly due to their diverse nature, come in a variety of legal forms. Attention will now turn to these various forms and briefly consider the specific

characteristics of the most common forms[8]. They include the following (Doherty et al., 2009; Lyon & Humbert, 2012; Martin & Thompson, 2010):

- Unincorporated association
- Charitable trust
- Company Limited by Guarantee (CLG)
- Company Limited by Shares (CLS)
- Industrial and Provident Society (IPS)
- Community Interest Company (CIC)

The diversity in legal forms is reflected in the findings of a recent national UK social enterprise survey: almost half (45%) are CLGs, one fifth (20%) are CICs, while 16% and 9% identify as a CLS and IPS, respectively (Villeneuve-Smith & Temple, 2015).

Addicott (2011) suggests that CLG is the most common form because it is the most flexible. Indeed, the ease of establishing a CLG is one of its benefits (Hazenberg et al., 2013; Smith & Teasdale, 2012). Others include the transparency offered by the requirement to publish accounts and register with Companies House, the UK registrar of companies (TPP Law, 2010; UnLtd, 2011). This helps gain credibility with funders (UnLtd, 2011). Also, in a CLG there are no shareholders and most have non-profit distribution clauses preventing members from sharing in dividends or surpluses (Bates Wells Braithwaite, 2003), which suits social enterprises' commitment to reinvesting profits rather than enriching shareholders. Due to the emphasis on non-profit distribution, the CLG form has been traditionally associated with and often adopted by non-profit organisations and charities (Bates Wells Braithwaite, 2003; Godfrey Wilson, 2011). Arguably, this indicates a significant proportion of UK social enterprises have their origins in non-profit organisations and charities embracing aforementioned earned income strategies and a contracting culture. While the CLG form has its advantages, the lack of an 'asset lock', which ensures assets go to the community or 'cause' the enterprise is serving if it fails (UnLtd, 2011), could deter social investors (Hazenberg et al., 2013) – however a clause can be inserted into the 'Memorandum and Articles of Association' to achieve this effect (Price, 2009).

The CIC form, introduced in late 2005 by New Labour specifically for social enterprises (Price, 2009), requires organisations to have (i) provisions in their articles of association to enshrine their social purpose, (ii) an asset lock to ensure they are used for

[8] For a more comprehensive overview see Bates Wells Braithwaite (2003) and Smith & Teasdale (2012).

community benefit, and (iii) a cap on what can be paid in dividends to investors (Doherty et al., 2009; Jones, 2015; UnLtd, 2011). The provision of an asset lock offers credibility with funders, which can be advantageous (Hazenberg et al., 2013). However, while meant for social enterprises, CICs have no requirement for participatory governance (Teasdale, 2012a), This has been criticised by Ridley-Duff (2007) who alleges that the only fundamental difference between a CIC and a 'normal' company is that directors must convince the regulator their trading activities support a genuine social venture, monitored by an annual report. He also questions whether the asset lock is inconsistent with social enterprise values, given that members, who cannot be paid dividends, may be members of the community the enterprise serves. Furthermore, Somers (2013) argues that CIC social enterprises, which are legally not permitted to engage in political activities, are therefore not independent of state influence, which conflicts with social enterprises' principle of being autonomous and governed by the people running it (Roy et al., 2013). Regarding the type of social enterprises that have embraced the CIC status, it is interesting to note that over 90% of NHS 'spin-outs' established under 'Right to Request' took this form (Hazenberg et al., 2013).

Unlike the CIC form, the IPS form (which comprises both 'bona-fide co-operatives' and 'societies for the benefit of the community'; Smith & Teasdale, 2012) puts strong emphasis on participatory governance (Doherty et al., 2009). As such, it is usually used by co-operatives (Addicott, 2011; Godfrey Wilson, 2011). Although they do not have an asset lock, unless stated in the Memorandum, their participatory nature provides flexibility for members to pursue policies through democratic decision-making processes (Hazenberg et al., 2013) – all members, regardless of shareholding etc., have equal voting rights. This can, however, become problematic as organisations grow in size and procedures for collective decision-making become denser and more complicated (Ohana et al., 2012).

It is interesting that the CLS form is more common than IPS, given that the latter is arguably more consistent with the concept of social enterprise: surpluses made are reinvested into the organisation and they put emphasis on participatory governance (UnLtd, 2011). The CLS form, on the other hand, while it is particularly flexible with few inherent characteristics (Smith & Teasdale, 2012), is set up by shareholders and puts no restriction on the distribution of profits (Godfrey Wilson, 2011), which seems inconsistent with, particularly European, conceptualisations of social enterprise. The 2002 DTI definition, for example, states surpluses should be 'principally reinvested' in the business or community. Clearly, the CLS form does not ensure that. This may reflect the 'encroachment' of social business into social enterprise territory, who, in their attempts to influence the UK social enterprise construct, argued against non-distribution of profits (Teasdale, 2012a).

Thus, social enterprises use a variety of legal forms. What legal form an enterprise takes is, arguably, determined by their origins. For example, voluntary organisations are likely to be CLGs while co-operatives will often take the form of an IPS.

2.3.5. The scale of social enterprise in the UK

Having discussed the varying definitions, origins and forms of social enterprise, the discussion now turns to the current state of the UK social enterprise sector, i.e. the number of social enterprises thought to be active across the country. Given the lack of agreement over *what* a social enterprise is, it is, perhaps, to be expected that there is also disagreement over how many there are.

The most commonly cited figures for the number of UK social enterprises range from 55,000 to 70,000 (e.g. Addicott, 2011; Buckingham et al., 2010; Lyon et al., 2010; Sepulveda, 2015; Somers, 2013; Teasdale et al., 2013). These figures come from national business surveys commissioned by government. The most recent estimate provided by government claims there are 70,000 social enterprises in the UK (Cabinet Office, 2013). This is based on the findings of the 2012 Small Business Survey (Department for Business, Innovation & Skills [BIS], 2013b), which is a large-scale telephone survey of business owners and managers, commissioned by the BIS, with a sample size of 5,723. By grossing up the proportions classified as social enterprises to the 'business population estimates' (BIS, 2012), it was estimated that the total number of small and medium-sized[9] (SME) social enterprise employers[10] in the UK is 70,000, which amounts to 5.7% of all SME employers (Cabinet Office, 2013).

The definition used was almost identical[11] to the one used in the Annual Small Business Surveys 2005 and 2007, which reported 55,000 and 62,000 social enterprises respectively (Buckingham et al., 2010):

1. The enterprise must consider itself to be a social enterprise

[9] As defined in EU law, a small enterprise is defined as an enterprise that employs fewer than 50 people with an annual turnover and/or annual balance sheet that does not exceed EUR 10 million. A medium-sized enterprise is defined as an enterprise that employs between 51 and 250 people with an annual turnover that does not exceed EUR 50 million and a balance sheet that does not exceed EUR 43 million (European Commission, 2003a).

[10] The total number of social enterprises (including organisations with no employees) is estimated to be 283,500.

[11] Previous surveys stipulated that organisations should earn no more than 25% of income from grants and donations (Cabinet Office, 2013).

2. It should not pay more than 50% of profit or surplus to owners or shareholders
3. It should not generate more than 75% of income from grants and donations
4. Therefore, it should not generate less than 25% of income from trading
5. It should think itself 'a very good' fit with the following statement: 'a business with primarily social/environmental objectives, whose surpluses are principally reinvested for that purpose in the business or community rather than mainly being paid to shareholders and owners'(Cabinet Office, 2013)

Thus, to be classified as a social enterprise, organisations had to, first of all, self-define as one, comply with criteria related to the distribution of profits and sources of income, and consider themselves a 'very good' fit with the much-cited, and arguably controversial, DTI definition of social enterprise.

Despite being described as the "best government data" (SEUK, 2011, para. 12) on the website of the umbrella body for UK social enterprise, the methods used to compile it, particularly regarding the interpretation of the DTI definition, have been criticised (Floyd, 2013; Lyon et al., 2010; Teasdale et al., 2013). This stems, in part, from the fact that as recently as 2003, official government-commissioned estimates suggested there were around 5,000 social enterprises in the UK (ECOTEC, 2003). This number grew to 15,000 in 2005 following a report published by IFF Research (2005), again on behalf of government, most likely due to the fact it included organisations with at least 25% of income earned through trading, unlike the ECOTEC (2003) survey that required more than 50% (Teasdale et al., 2013). This number is, however, still significantly smaller than the more recent estimates. The reason for these apparently high growth rates (Chell et al., 2010) is, according to Teasdale et al. (2013) and Floyd (2013), due to the varying methods used in collecting and reporting the data. Although all of these surveys used the DTI definition, the ECOTEC (2003) and IFF Research (2005) surveys only included CLG and IPS organisations, whereas the significantly larger estimates were based on organisations with any legal form (Buckingham et al., 2010). Teasdale et al. (2013) argue this was a deliberate attempt by UK governments (both New Labour and the subsequent coalition government) to artificially 'inflate' the amount of the social enterprises in the UK for political purposes.

However, there is no single legal or regulatory form for social enterprise (Price, 2009) and the CLG and IPS forms clearly "do not account for all forms of social enterprises" in the UK (Doherty et al., 2009, p. 41). Thus, distinguishing between social enterprises and non-social enterprises on the basis of legal form is problematic, particularly because some organisational forms, such as social firms and fair trade organisations, which are commonly

considered to be social enterprises, would be excluded (Lyon & Sepulveda, 2009). Despite this, the fact that the criteria regarding proportion of income from trading has been relaxed in more recent surveys does provide support for the argument put forward by Teasdale et al. (2013). Also, analysis of the 62,000 figure suggests that the vast majority (almost 90%) are organisational forms that have no restrictions on the distribution of profits, e.g. CLS (Floyd, 2013; Lyon et al., 2010). Of course, this does not necessarily mean that these organisations will distribute profits to shareholders but it does leave it entirely to their discretion.

The criteria used by these surveys can also be considered problematic because it requires a lot of interpretation on the part of the enterprise itself regarding: (i) distribution of profits, (ii) sources of income and (iii) whether it is a 'very good' fit with the DTI definition (Lyon & Sepulveda, 2009). However, using arbitrary 'cut offs' such as 25% or 50% of income through trading can exclude emerging or transitioning social enterprises that have aspirations to reach those figures but are currently unable to (Doherty et al., 2009). Although, as Teasdale et al. (2013) point out, not including cut offs allows organisations that do not have intentions of increasing their income through trading, but self-define as social enterprises for other reasons, e.g. due the 'social desirability' of being a social enterprise, to be included.

Another survey that estimated the scale of UK social enterprise, commissioned by the OTS and carried out by Ipsos MORI (2009), reported just over 8,000 active social enterprises across the country. Although the DTI definition was used, criteria included over 50% of income from trading (rather than the 25% required by other recent surveys) and the sample was restricted to charities, CLGs, IPSs and CICs, i.e. organisations legally obliged to have primarily social aims and restrictions on profit distribution (Teasdale et al., 2013). Although the rationale for this is clear, Lyon et al. (2010) point out that the sample frame excluded many CLGs and some CICs by filtering based on Standard Industrial Classification codes, which resulted in organisations providing environment, recycling and transport services being excluded – no explanation for this was given. This likely could have excluded genuine social enterprises, given that many have explicit environmental aims (Doherty et al., 2009).

Within Greater Manchester (GM), comparatively few surveys have been conducted. This may be due to the fact that the difficulties associated with national mapping exercises also apply to those conducted at regional level (Buckingham et al., 2010). Nevertheless, an early attempt was made by the North West Regional Development Agency in 2003 and was followed-up, three years later, by the Centre for Local Economic Strategies [CLES] (2006). CLES identified 141 social enterprises coming in a variety of organisational and legal

forms[12]. While these data provide valuable insight into the GM social enterprise sector, whether they still provide an accurate picture of it is questionable given they were collected 10 years ago and are, therefore, likely to be ount of date given the significant changes the UK economy has seen during that period (e.g. the economic recession of 2007-2008).

Evidently, there is, as Lyon & Sepulveda (2009) point out, considerable confusion and a lack of clarity regarding the process of mapping social enterprise. Thus, the true scale of social enterprise in the UK is a matter of debate. It is apparent that more recent surveys (except Ipsos Mori, 2009) have less stringent criteria and do not insist on particular legal forms – possibly for reasons of political expediency. This could allow organisations that, despite not meeting these criteria, self-define as social enterprises. While this might be considered problematic, it is clear that social enterprise 'status' cannot be reduced to legal structure and the use of arbitrary cut offs could plausibly exclude many genuine social enterprises. As such, notwithstanding its limitations, the 70,000 estimate is, perhaps, the best available as it does not exclude organisations on the basis of legal status, and uses the DTI definition that comprises the two core characteristics of social enterprise (social aims through trade) identified by Peattie & Morley (2008). However, while its less stringent criteria have advantages, they do, arguably, leave room for 'co-option' of the social enterprise label by private enterprises (Roy & Hackett, 2016; Teasdale et al., 2013). Therefore, it is far from perfect.

2.3.6. Social enterprises' social impact

The contribution that social enterprises make to the UK economy can be gauged, partly, by looking at (i) how many people they employ, and (ii) the total turnover they generate. Despite the limitations, outlined above, associated with these data, the most recent Cabinet Office (2013) report indicates that the 70,000 social enterprises thought to be operating in the UK employ 973,700 people, which represents 6.8% of all individuals employed by SMEs (BIS, 2013a). Regarding turnover, the Cabinet Office (2013) estimates that the total turnover generated by social enterprises is around £120 billion, which represents 7.5% of turnover for all UK SMEs (BIS, 2013a). These figures, if true, suggest social enterprises make a significant, if small, contribution to the UK economy.

In terms of their wider contribution, i.e. not just financial, several methodologies for measuring their social impact have been developed (Peattie & Morley, 2008). Frequently

[12] For further details of these attempts to map the GM social enterprise sector see Chapter Four.

mentioned impact tools include the social return on investment (SROI), the practical quality assurance system for small organisations (PQASSO), 'prove and improve', and the balanced scorecard performance measurement method (Arvidson et al., 2013; McLoughlin et al., 2009). Indeed, there has been perceived increased pressure to do so due, in part, to (i) social economy organisations' increased involvement in delivering public services (Chew & Lyon, 2012), which brings more government scrutiny (Dacombe, 2011; Wimbush, 2011), (ii) the passing of the Public Services (Social Value) Act 2012, which requires commissioners to consider the wider social impact that organisations can provide (Teasdale et al., 2012; Wilson & Bull, 2013), and (iii) a more competitive funding environment in the context of austerity, requiring organisations delivering public services to demonstrate, more so than usual, value for money (Arvidson & Lyon, 2014).

However, academic research in this field is at an early stage and there is a lack of robust, comprehensive studies on social impact measurement (Harlock, 2013). This could be due to the difficulties associated with operationalising 'impact', which is ambiguous, in addition to the abundance of approaches available to measure it (Hall, 2014). Indeed, quantifying social outcomes that cannot be easily monetised is no easy task (Bielefield, 2009; Nicholls, 2005; Ruebottom, 2011). Furthermore, more generally, conceptual confusion over the definition of social enterprise, recently lamented by Young & Lecy (2014), can hinder attempts to study their activities (Lyon & Sepulveda, 2009).

One of two exceptions to the general lack of research in this area is a recent study on the use of SROI in a small, GM-based social enterprise: the Wooden Canal Boat Society (Wilson & Bull, 2013). SROI is designed to measure value that may not otherwise be taken into account, i.e. social value, and monetise it (Arvidson et al., 2013). The study serves to highlight complexities involved in operationalising SROI, with the authors commenting that although its application provided a "rich learning experience for all those involved", the process was "challenging and exhausting" and that the "accuracy of the [SROI] ratio is compromised and implicated by the time and resources that are available" and who to include and exclude from the forecast, i.e. a significant degree of interpretation is left to those conducting the analysis (Wilson & Bull, 2013, p. 315). The scope for judgment and discretion has similarly been noted by the authors of a review on the application of SROI (Arvidson et al., 2013).

Another exception is a report produced on behalf of the Department of Health (2010), which sought to measure the SROI generated by five social enterprises in health and social care. Each organisation undertook an SROI analysis on one or more of their services. It identified that, for every £1 of investment, there was a social return of between £2.52 and

£5.67 – the return was calculated from different sources ranging from quality of outcomes to outcomes not usually associated with the service, e.g. getting a patient back to work sooner or children attending school more regularly (Department of Health 2010). New Labour's Social Enterprise Unit produced this report. As such, its findings, although positive, must be seen in the context of a government that had an interest in promoting the role of social enterprises in delivering health and social care (Teasdale, 2012a), particularly, as highlighted above, because of the scope for interpretation and discretion in conducting the analysis (Arvidson et al., 2013; Wilson & Bull, 2013). Nevertheless, it provides a small indication of social enterprises' wider contribution.

By looking at where social enterprises operate, and what services they provide, it is possible to get an idea of their social impact. Data from the most recent SEUK survey (Villeneuve-Smith & Temple, 2015) show that, for the majority of UK social enterprises, their area of operation is confined to (i) the local neighbourhood, (ii) one local authority, (iii) several local authorities, or (iv) a single region, as opposed to multiple regions or across England, Scotland, Wales and Northern Ireland. This suggests most organisations have a local community focus, which is consistent with the literature (e.g. Defourny, 2001; Lyon, 2009; Reid & Griffith, 2006). They also seem to be most active in areas of greatest deprivation, with 38% of social enterprises working in the most deprived UK communities (Villeneuve-Smith & Chung, 2013), such as Manchester, Rochdale and Salford, which comprise three of the ten local authorities in GM and are ranked in the top 10% most deprived nationally by the Index of Multiple Deprivation (Department for Communities and Local Government, 2015). On this basis, social enterprises may be well placed to tackle social inequalities (Donaldson et al., 2011; Roy et al., 2013).

In this regard, Roy et al. (2014) reviewed existing evidence on the potential for participation in social enterprise activity to act as an 'upstream' (Williams et al., 2008) health intervention and address social inequalities in health. They find (limited) evidence, primarily from social firms and WISEs, that participation in social enterprise activity can improve mental health outcomes, enhancing self-confidence or self-esteem (Ferguson & Islam, 2008; Ho & Chan, 2010; Williams et al., 2012) and act on social determinants of health, providing, for example, training to improve chances of future employment (Krupa et al., 2003). Also, three of the five studies they found (Ferguson, 2012; Ho & Chan, 2010; Tedmanson & Guerin, 2011) showed the potential for social enterprise to address inequalities, acting as a mechanism for building social capital by providing opportunities for disadvantaged and marginalised groups to develop social networks and improve career prospects (Roy et al., 2014). Based on this evidence, they propose a model showing how participation in social

enterprise activity might improve health and wellbeing, which recognises the role of 'good' work. However, they caution that heterogeneity of the study designs, involving small samples and specific populations "makes generalisable claims difficult" (Roy et al., 2014, p. 190). Nevertheless, the review offers insight into the wider contribution social enterprises can make through participation in social enterprise activity, which is valuable as little is known about what it is like to be involved in the social economy (Amin, 2009).

Evidence of social enterprises' social impact can also be inferred from *how* they pursue their social mission. Data from SEUK show that a majority (60%) of UK social enterprises seek to 'create employment opportunities' (Villeneuve-Smith & Temple, 2015). In addition, almost two thirds (63%) draw their entire workforce (100%) from their locality, and a quarter (25%) draw between 50-99% of it locally. Assuming these data are correct, the vast majority (88%) of social enterprises draw, at least, half of their workforce from the local communities they are set up to improve. These data are consistent with the view that social enterprises tend to recruit staff locally (Social Enterprise Scotland, 2012; The Young Foundation, 2011; New Economy, 2014; Social Enterprise and Entrepreneurship Taskforce, 2012). Reid & Griffith (2006, p. 3), for example, state that the local community encompasses almost everything a social enterprise does, including where it draws its staff from:

> "Not only do local communities serve as the context for social enterprise, from which social entrepreneurs emerge, but they comprise also the major beneficiaries, for whom many social enterprises are created, as well as the consumers and employees of these businesses and organisations."

This view is also consistent with qualitative findings from a study exploring business practices in social enterprises across GM and Lancashire, where it was found that "organisations spoke about how they chose to employ people within the community" (Bull & Crompton, 2006, p. 50).

Therefore, given that (i) many social enterprises pursue their social mission through the provision of employment, (ii) there is theory, and evidence, to suggest they employ local people, and (iii) "their raison d'être is to improve the lives of individuals and communities" (Roy et al., 2013, p. 61), it would, arguably, be inconsistent with their ethos, and, possibly, even counterproductive to their aims, to expose their staff, who could be members of the communities they are set up to improve, to poor quality working conditions that might adversely affect their health. In this sense, the social mission, which "lies at the heart of every social enterprise" (Roy et al., 2013, p. 61), could serve as an incentive to provide working

conditions that are conducive to employee health and wellbeing. Support for this view comes from Amin (2009, p. 47) who found that employees working in social economy organisations in Bristol "spoke of an ethic of care and social participation that underpinned the ventures they were involved in" that they perceived as lacking in private and public sectors.

There are reasons to suggest that social enterprises do provide working environments conducive to employee health and wellbeing. Two indicators, discussed earlier in Sections 2.3.2 and 2.3.3, respectively, are that they (i) involve staff in the decision-making process, and (ii) provide employees with adequate support. Further indications that social enterprises provide 'good' work thought to positively impact upon health and wellbeing come from qualitative research on social firms and WISEs. The research suggests these organisations provide "on-site job coaching", "personal and life skills counselling" (Morrow et al., 2009, p. 667), "opportunities for skill development" (Paluch et al., 2012, p. 70), opportunities to "participate in certificated training courses" and "take on responsibilities such as supporting newer employees or working with minimal supervision" (Williams et al., 2012, p. 57), and "on-the-job training" (Ho & Chan, 2010, p. 38). There is also qualitative evidence from 15 social enterprises located in GM and Lancashire that finds they provide both training opportunities "along traditional lines; human resource, finance, marketing, healthy and safety, etc." and opportunities "that were not directly related to their work or the organisation", i.e. "individual learning and personal development" (Bull & Crompton, 2006, p. 50). Again, these findings are from small samples and, for those derived from studies on social firms and WISEs, involve specific populations, therefore generalisable claims are difficult. Nevertheless, they at least provide an indication that working for a social enterprise, potentially, provides opportunities for skill training, learning, personal fulfilment and development, which are considered determinants of 'good' work (Marmot et al., 2010; Waddell & Burton, 2006).

Although there is a lack of it, the available quantitative evidence presents a similar picture. A recent SEUK survey (Villeneuve-Smith, 2011) reports that 82% of respondents felt, either to a large, or to some, extent, that their social enterprise 'invests well in staff training and development'. While not directly comparable, data on SMEs show only 59% say that they have provided any professional development for their staff at all in the last 12 months, including on the job training (BIS, 2011). Also, evidence from an Italian dataset, comprising public bodies, for profit and non-profit organisations, social co-operatives – and over 2,000 employees – finds staff in social co-operatives report significantly more satisfaction with 'professional development' than those employed in other organisations (Borzaga & Depedri, 2009; Borzaga & Tortia, 2006). Furthermore, research involving 244

women working in 57 Swedish day care centres finds that, relative to their counterparts employed in municipal day care centres, social enterprise day care centre employees report "improved possibilities for personal development" (Pestoff, 2000, p. 58). Again, these findings are subject to certain limitations. For example, the data from Sweden and Italy may not be applicable to UK social enterprises, especially so given the alleged differences in UK and European conceptualisations of social enterprise. Also, in Pestoff's (2000) study, the research was confined to women working in a specific type of organisation, a day care centre; therefore, they may not be applicable to both men and women working in other organisation types.

Taken together, these qualitative and quantitative findings, notwithstanding their limitations, provide an indication that social enterprises may place particular emphasis on providing opportunities for skill training, learning, personal fulfilment and development, which are considered determinants of 'good' work thought to positively impact upon health and wellbeing (elaborated on in Section 2.6).

2.3.7. Summary of the social enterprise literature

This section has established that the social enterprise construct is complex, contested, has diverse origins and comes in a range of organisational and legal forms. Although it is disputed, they are thought to number around 70,000 in the UK and could, in the context of austerity and public spending cuts, 'fill in' where markets and the state have failed. To the extent social enterprises borrow from European conceptualisations and co-operative traditions and 'internalise' their social orientation (Ridley-Duff et al., 2008), they may provide 'good' work' by enabling employees to exert control via participatory decision-making. There is qualified, empirical, support for this, and (limited) evidence that they offer supportive work environments and opportunities for personal and professional development – also determinants of 'good' work. Furthermore, their social mission could act as an incentive to provide work environments conducive to employee health and wellbeing, given that (i) many pursue their social mission through the provision of work, (ii) they seem to employ local people, and (iii) they exist to improve the lives of individuals and communities.

2.4. Health, wellbeing and their determinants

The previous section highlighted some of the reasons why social enterprises might provide 'good' work, thought to positively impact upon health and wellbeing. This section provides a

brief discussion of factors that determine health and wellbeing, i.e. the social determinants of health, with particular attention paid to the role of work.

2.4.1. Health and wellbeing

'Health' is a contested concept that has wide range of different meanings and is, therefore, difficult to define. Historically, it has been defined from a medical perspective, i.e. an absence of illness or disease (Blair et al., 2010). However, this approach to health has limitations because it does not accommodate mental or social problems well and de-emphasises prevention (Naidoo & Wills, 2016; Scriven & Ewles, 2010).

The WHO (1948) has defined health as "a state of complete physical mental and social well-being and not merely the absence of disease or infirmity" (cited in Nutbeam, 1998, p. 351). While this definition has attracted some criticism (see Jadad & O'Grady, 2008; Larson, 1999; Smith, 2008), for example, concerning the use of the word 'complete' (Huber et al., 2011), it recognises that health can be experienced from a range of interdependent and interrelated dimensions, including physical, mental, social, emotional, and spiritual (Scriven & Ewles, 2010; Sharma 2016).

Although health is a contested concept, there is a large body of literature that supports the WHO (1948) definition as it considers the important role played by environmental conditions in determining an individual's health (Black, 2012; 2008; Dahlgren & Whitehead, 1991; Marmot et al., 2010; Wilkinson & Marmot, 2003). This holistic approach to health is useful for the purposes of this research because it places significant emphasis on the social determinants of health.

Despite also being difficult to define (Dolan & Metcalfe, 2012), interest in 'wellbeing' from policymakers and researchers has grown in recent years (Helliwell et al., 2012; New Economics Foundation [NEF], 2014). For example, in 2008, the then UK government published the final report of the Foresight Mental Capital and Wellbeing Project, which sought to identify opportunities and challenges facing the UK and the implications for individuals' mental wellbeing.

More recently, the UK Prime Minister gave a speech (November, 2010), announcing that the ONS would start a Measuring National Wellbeing programme to create a trusted set of national statistics that will help people monitor and understand wellbeing. As a result, since April 2011, the UK's largest survey, the Annual Population Survey (APS), has included four questions on subjective wellbeing. The data from the survey are intended to enable

researchers inside and outside government better understand the determinants of wellbeing (NEF, 2012).

Like health, wellbeing is multidimensional and there is agreement, particularly between NEF, the ONS and the OECD, that well-being should be interpreted from three different philosophical perspectives – hedonic, eudaimonic and evaluative – to get a comprehensive understanding of it (Dolan et al., 2011; Henderson & Madan, 2013; NEF, 2011; OECD, 2013). The hedonic school stresses the importance of infrequent negative emotion (e.g. anxiety) and frequent positive emotion (e.g. happiness); the eudaimonic school argues that an understanding of wellbeing involves what is required to 'live well' such as a sense of meaning, self-worth, autonomy, relatedness, and engagement (NEF, 2012); and the evaluative aspect pertains to individuals' appraisals of how their own life is going, i.e. life satisfaction (NEF, 2014).

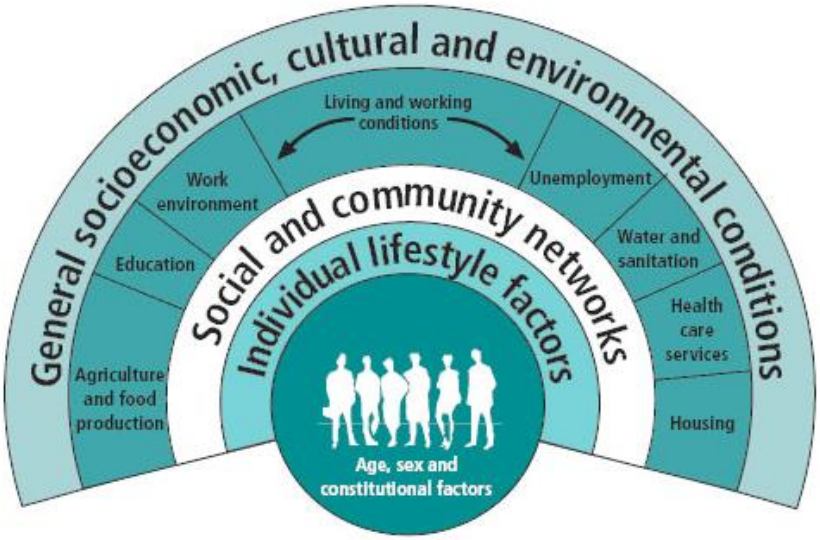
Thus, the concept of wellbeing is broad and all encompassing: it offers an account of how people experience and evaluate their life as a whole. It is also an area of growing interest, attracting attention from researchers and policymakers alike. Conceptually, it has much in common with the WHO's (1948) holistic interpretation of health.

2.4.1.1. The determinants of health and wellbeing

Many factors combine to affect an individual's health; to a large extent, whether a person is healthy or not is shaped by their circumstances and their environment (Caron, 2015; WHO, 2013; Wilensky & Satcher, 2009). Influential factors include personal behaviours and lifestyles, the level of support and influence one has within their community, living and working conditions and access to facilities and services, and, more generally, economic, cultural and environmental conditions (Dahlgren & Whitehead, 1991).

Recent decades have seen an increase in the recognition and understanding of the social determinants of health and there is now general agreement that these factors have a profound effect on an individual's health (Black, 1980; Braveman & Gottlieb, 2014; Davis & Chapa, 2015; Marmot et al., 2010; Wilkinson & Marmot, 2003). As indicated in Dahlgren & Whitehead's (1991) model (see Figure 2.1 overleaf), the 'work environment' is a key determinant of an individual's health and there is a vast body of literature, discussed in Section 2.6, that supports this (Kivimäki & Kawachi, 2015; Marmot et al., 2010; Siegrist et al., 2010; Waddell & Burton, 2006).

Figure 2.1. The social determinants of health (Dahlgren & Whitehead, 1991)



There is a significant degree of overlap between the determinants of health and wellbeing. Indeed, these terms have been used in tandem since the mid-2000s in the UK (Coffey & Dugdill, 2013). In 2011, a public consultation was launched by the ONS with the aim of identifying the most important domains and sub-domains for measuring national wellbeing (ONS, 2012; Self & Randall, 2013). These were:

- Individual wellbeing (including four measures of life-satisfaction)
- Our relationships (including satisfaction with partner)
- Health (including life expectancy at birth)
- What we do (including satisfaction with your job)
- Where we live (including crime rate per capita)
- Personal finance (including household wealth)
- Education and skills (including human capital)
- The economy (including percentage of registered voters who voted)
- The natural environment (including total green house gas emissions)

Evidently, there is overlap between the determinants of health and the determinants of wellbeing. In particular, the domain 'what we do' and the sub-domain 'satisfaction with your job' overlaps with the health determinant 'living and working conditions' – a component of Dahlgren & Whitehead's (1991) model.

These determinants of health and wellbeing are not evenly distributed throughout society and therefore are responsible for creating and maintaining social inequalities in health (WHO, 2013). Using the example of work, it has been observed that individuals of lower socioeconomic status are more likely to be unemployed (Clougherty et al., 2010) and when they do find work, they are, disproportionately, exposed to lower quality jobs (Marmot et al., 2010).

Thus, 'health' and 'wellbeing', conceptually, have much in common and share similar, and, in some cases, even the same, determinants. As such, it would be difficult to disentangle them. Using the terms health and wellbeing in tandem, then, is not only convenient, but also desirable: together they provide a broad, holistic account of how people are doing in their lives.

2.5. Health, wellbeing and work

Having established that an individual's health and wellbeing are determined by a number of factors, including work, this section will consider the evidence that suggests being in work is, generally, good for health and wellbeing, while being out of work has the opposite effect.

2.5.1. Employment and health

The findings of a literature review on the beneficial effects of employment for wellbeing concluded that work, generally, had a positive influence, primarily because employed individuals benefited from financial security, opportunities to use skills, and interaction with others, although some negative effects were also reported (Dodu, 2005). Waddell and Burton (2006), commissioned by the Department for Work and Pensions, built on this work, conducting an independent review into whether work is good for an individual's health and wellbeing. They found a strong evidence base showing that work is generally good for physical and mental health and wellbeing, because:

- Employment is generally the most important means of obtaining adequate economic resources, which are essential for material wellbeing and full participation in today's society
- Work meets important psychosocial needs in societies where employment is the norm
- Work is central to individual identity, social roles and social status

Waddell & Burton's (2006) findings have been, by and large, accepted and disseminated by researchers and policymakers (e.g. Black 2008, 2012; Black & Frost, 2011; Bloomer, 2014; Cooke et al., 2011; Henderson & Madan, 2013; Marmot et al., 2010; NICE, 2015; 2009; Siegrist et al., 2010; The Work Foundation, 2016). The generally positive effect that employment has on health has been further underlined by the findings of a recent systematic review of 33 prospective studies, concluding that, in particular, employment promotes good mental health and wellbeing (van der Noordt et al., 2014).

Work is a particularly important social determinant of health because (i) most people of working age spend the majority of their waking hours at work (Fujino et al., 2013; Helliwell & Huang, 2011; Kivimäki & Kawachi, 2015) and (ii) it can have a significant effect on almost every part of an individual's life (CIPD, 2016; Purvis & Taylor, 2012; Virtanen, 2014; Weinberg et al., 2010). As Black (2008, p. 4) puts it:

> "For most people, their work is a key determinant of self-worth, family esteem, identity and standing within the community, besides, of course, material progress, and a means of social participation and fulfilment."

It therefore follows from this that, in a society where work is considered to be the norm, and individuals derive their status, in part, from the work they do, an absence of work altogether would likely have a pervasive impact on that person's status, negatively affecting their self-worth, family esteem and standing within the community, etc.

2.5.2. Unemployment and health

As the focus of this research is on the impact of being *in* work on health and wellbeing, this section will only briefly consider the impact of being *out of* work. The negative impact unemployment has on health and wellbeing is well documented (Haynes, 2009; Institute for Work and Health, 2009). As Marmot et al. (2010, p. 68) put it: "being without work is rarely good for one's health".

Unemployed people have an increased risk of many adverse physical and mental health outcomes, including: limiting long-term illness (Bartley et al., 2005; Rosenthal et al., 2012); cardiovascular disease (Gallo et al., 2006; Jandackova et al. 2012; Kozieł et al., 2010); mortality (Lundin et al., 2010; Milner, Page & LaMontagne, 2013; Roelfs et al., 2011; Voss et al., 2004); mental health problems, particularly distress, anxiety and depression (Jefferis et al.,

2011; Paul & Moser, 2009; Thomas et al., 2005; Voss et al., 2004); and poor psychological wellbeing (Latif, 2010) and self-rated health (Minelli et al., 2014).

While there is evidence of a damaging effect on health immediately after redundancy (e.g. Stuckler et al., 2009; Sullivan & Watcher, 2007), the negative impact of unemployment is generally regarded as proportional to its duration, i.e. the longer one is unemployed, the greater the effect on their health (Bartley & Plewis, 2002; Bethune, 1997; Garcy & Vagero, 2012; Hämäläinen et al., 2005; Maier et al., 2006; Milner, Page & LaMontagne, 2013; Voss et al., 2004).

In terms of *how* unemployment can lead to negative health outcomes, several mechanisms have been proposed. The financial loss resulting from redundancy can lead to lowered living standards, which may, in turn, reduce self-esteem (Bambra et al., 2010; Maier, 2006). In addition, job loss and prolonged unemployment may promote health-damaging behaviours, such as smoking, drinking, an unhealthy diet and physical inactivity (Eliaso & Storrie, 2009; Mossakowski, 2008; Witkiewitz et al., 2011), which themselves are independent predictors of poor health outcomes (Freyer-Adam et al., 2011). However, the mechanisms involved have not been well studied (Paul & Moser, 2009; Rosenthal et al., 2012).

Thus, the evidence reviewed here suggests that, for most people of working age, being in work is good, while being out of work is bad, for their health and wellbeing (Black & Frost, 2011). However, it should not assumed that all work is protective of health (CIPD, 2016; NICE, 2015; Marmot et al., 2010). While Dodu (2005) and Waddell & Burton (2006), in their reviews, found plenty of evidence for the positive effect of employment on health and wellbeing, they also found that various physical and psychosocial aspects of work can be hazardous and therefore pose a risk to individual health and wellbeing. For example, there is evidence that poor quality work, characterised by adverse psychosocial conditions, such as high demands, low control and insecurity, can pose a threat to health comparable to unemployment (Butterworth et al., 2011; Kim & von dem Knesebeck, 2015; Rueda et al., 2015).

2.6. The concept of 'good' work

As indicated above, the effect work has on an individual's health and wellbeing, though generally positive, can vary according to its quality. With this in mind, the notion that 'work is good for your health' has attracted criticism for its simplicity: what work? For whom? In what way? etc. (Henderson & Madan, 2013). Owing to this, increasing emphasis has been

placed on the quality of work, i.e. whether it is 'good' or not (CIPD, 2016; HSE, 2015c; NICE, 2015; The Work Foundation, 2016). Thus, the aims of this section are to (i) define the concept of 'good' work, (ii) assess its relationship with health and wellbeing, and (iii) review the underlying causal mechanisms. In addition, the existing evidence that suggests social enterprises provide 'good' work will be discussed throughout.

2.6.1. What is 'good' work?

In their review of the evidence on the effect of work on employee health and wellbeing, Waddell and Burton (2006, p. 34) concluded that "work is generally good for your health and well-being, provided you have a 'good' job". This prompts the question: what, exactly, is a 'good' job? While there is no strict definition of 'good' work (Durcan, 2015), many agree (e.g. CIPD, 2016; Coats & Lekhi, 2008; Marmot et al., 2010; Siegrist et al., 2010; The Work Foundation, 2016; Waddell & Burton, 2006) that 'good' work:

- Enables the worker to exert some control through participatory decision-making on, for example, the place and timing of the work, what tasks and how to accomplish them
- Places appropriate high demands on the worker
- Provides adequate support at work
- Provides sufficient job security
- Offers opportunities for both professional and personal development
- Aims to reconcile work and extra-work/family demands (work-life balance/long working hours)
- Offers job satisfaction
- Guarantees fair pay
- Prevents social isolation, any form of discrimination, and violence
- Enables workers to share relevant information within the organisation
- Attempts to reintegrate sick and disabled people into employment

These components of 'good' work relate to the organisation of work, i.e. the *psychosocial* work environment, rather than the physical work environment (Burton, 2010). While both the psychosocial and physical work environments are important (Bloomer, 2014), various national and international bodies are responsible for ensuring the health and safety of employees, which focus on identifying physical, chemical and biological hazards (Black, 2012). Although more difficult to measure (Siegrist et al., 2010), the psychosocial hazards of

work are receiving more attention, particularly in the more economically developed countries, such as the UK (Kivimäki & Kawachi, 2015; Leka & Jain, 2010).

Increasing awareness of psychosocial hazards reflects, in part, the changing profile of working age ill health. In the UK, the past 30 years have seen a large decrease in physical work-related injury: since the introduction of the Health and Safety at Work Act 1974, fatal injuries to employees have fallen by 83%, and reported non-fatal injuries have fallen by 77% (HSE, 2012). However, there has also been a rise over this period in the total number of cases of stress, depression and anxiety (Bevan, 2010; Brinkley et al., 2010; HSE, 2012), which, in 2014, accounted for 15.2 million workdays lost (ONS, 2014).

The fall in physical injuries, and rise in mental health problems, has been attributed, in part, to (i) more awareness of health and safety in the workplace and better recognition of physical risks and how to control them (Black, 2008), and (ii) technological progress and economic growth in the context of globalised markets (Blouin et al., 2009; Marmot et al., 2010), which, in recent decades, has brought significant changes in the organisation of work and employment across more economically developed countries like the UK (Siegrist et al., 2010). This has been characterised by, for example, a decline in heavy industry and corresponding rise in 'knowledge-based' services (Brinkley et al., 2010; Sissons, 2011). These changes have been accompanied by the prevalence of new and emerging risks – psychosocial risks – to workers' health and safety (European Agency for Safety and Health at Work [EU-OSHA], 2012) and threats arising from an adverse psychosocial work environment have become more common in all advanced societies (Marmot et al., 2010; Siegrist et al., 2010).

As the risks of adverse psychosocial work environments have become more apparent, there is evidence, over the last decade, of an increasing awareness of the importance of 'good' work at both national and European level (Constable et al., 2009; Leka, 2012). In 2002, the then UK government committed itself to creating 'full and fulfilling employment' (DTI, 2002b); implicit in this is the notion that a job should offer satisfaction and opportunities for development. Also, the 2004 English public health strategy, *Choosing Health*, recommended increasing job control as a priority for improving population health (Department of Health, 2004). At the European level, promoting better quality jobs that offer, for example, appropriate demands and adequate control, has been a core aim of the European Union's employment strategy since 2000 and is an important aim for European trade unions (European Commission, 2003b; European Trade Union Confederation, 2011; Holman, 2013). The importance of managing the risks of adverse psychosocial work environments, and promoting the benefits of 'good' work, has also been recognised by several international organisations

including the International Labour Organization (Somavia, 2004), the European Foundation for the Improvement of Living and Working Conditions [Eurofound] (2013), and EU-OSHA (2013).

In addition, the principles of 'good' work underpin recently published UK guidelines and policy recommendations. For example, NICE (2015, p. 8) public health guidelines for workplace health recommend workers have adequate demands, control and support, "a voice in the organisation" and feel able to contribute in decision-making. Also, following a request by the then Secretary of State for Health in 2008, Sir Michael Marmot and colleagues published an independent review proposing the most effective evidence-based strategies for reducing health inequalities in England from 2010: *Fair Society, Healthy Lives* (the Marmot Review). The review outlined several policy objectives; of note is 'Policy Objective C', "create fair employment and good work for all" (Marmot et al., 2010, p. 110). In particular, it recommends "the development of good quality work" and "improving the psychosocial work environment", drawing on evidence, discussed in the following section, that shows the negative effects of an adverse psychosocial work environment and the positive effects of 'good' work on a range of health and wellbeing outcomes.

2.6.2. The relationship between the components of 'good' work and health and wellbeing

The bulk of research on the relationship between work characteristics and health outcomes is observational – experimental evidence, considered the strongest evidence for determining causation, is sparse (Kivimäki & Kawachi, 2015). However, there is some quasi-experimental evidence available, as shown by systematic reviews from Bambra et al. (2007) and Egan et al. (2007). In the absence of experimental evidence, longitudinal and intervention studies are best for inferring causality (Nijp et al., 2012). In order to draw inferences regarding causality, four methodological requirements must be met: (i) significant associations between exposure and outcome variable; (ii) temporal ordering of the variables; (iii) theoretical plausibility for the presumed causal relationships; and (iv) exclusion of alternative hypotheses (Cook & Campbell, 1979; De Lange, 2005; Kenny, 1979). Cross-sectional studies do not satisfy the temporal requirement, as they provide no indication of the direction of the relationship between two variables, and therefore do not permit causal inference. As such, this section will focus, primarily, on the available longitudinal evidence for the relationship between work characteristics and health outcomes.

Most studies on the relationship between work characteristics and health and wellbeing have a 'pathogenic' rather than 'salutogenic' focus (Henderson & Madan, 2013;

Siegrist et al., 2010; Theorell, 2014), i.e. they explore the negative effects associated with a lack of 'good' work, or the presence of adverse psychosocial work conditions, and health outcomes. As such, there is comparatively less on the protective and health-promoting effects of 'good' work (Stansfeld et al., 2013). Thus, models devised to explore the relationship between work and health tend to look at the negative effects of, for example, excessive demands and inadequate control and support – the demand-control (DC) and demand-control support (DCS) models (Johnson & Hall, 1988; Karasek, 1979), or the lack of a balance between worker efforts and rewards – the effort-reward imbalance (ERI) model (Siegrist, 1996).

This section aims to explore the relationships between the components of 'good' work and a range of health outcomes. Some of these components, e.g. those comprising the DC and DCS models, have received more attention than others, e.g. opportunities for professional and personal development. Therefore, this section will review these components' relationship with health first, and the hypothesised underlying causal mechanisms, before moving on to consider the, comparatively, less studied components of 'good' work.

2.6.2.1. The relationship between job strain and health

The components demands, control and support, comprise, arguably, the most influential and well studied models describing the relationship between work and health (Belkic et al., 2004; De Lange et al., 2003; Egan et al., 2007; Kivimäki & Kawachi, 2015). The DC model, developed by Karasek (1979), hypothesizes that the effect work has on employee health and wellbeing is largely determined by the interaction between the level of demand placed on the worker and the level of control given to them. Jobs characterised by high demands in combination with low control are stressful because they subject the worker to high 'job strain' (Siegrist et al., 2010). The DCS model, which hypothesised that support mitigates the negative effects of high job strain (Johnson & Hall, 1988), predicts an employee experiencing job strain, in addition to low support, i.e. 'iso-strain', will suffer similar deleterious effects.

Several systematic and meta-analytic reviews, primarily based on longitudinal prospective cohort studies, show significant relationships between job strain and negative physical health outcomes, including: cardiovascular disease (Backé et al., 2011; Belkic et al., 2004); coronary heart disease (Eller et al., 2009; Kivimäki & Kawachi, 2015; Kivimäki, Batty, Ferrie & Kawachi, 2014; Kivimäki et al., 2012; 2006); high blood pressure (Gilbert-Ouimet et al., 2014; Landsbergis et al., 2013); and ischaemic stroke (Babu et al., 2014; Fransson et al., 2015; Kivimäki & Kawachi, 2015). Meta-analyses, in particular, are useful

because they (i) include a consolidated and quantitative review of a large, often complex, body of literature, and (ii) provide a more precise estimate of the effect of treatment or risk factor for disease, or other outcomes, than any individual study contributing to the pooled analysis (Haidich, 2010). Similarly, systematic reviews allow the reader to take into account a whole range of findings from research on a particular topic, and whether they are generalisable across different populations and settings (Garg et al., 2008). However, they are both subject to limitations: for example, the summaries of the literature they provide are only as reliable as the methods used to estimate the effect by the studies they comprise, i.e. problems inherent in the individual study designs are not necessarily overcome by the systematic or meta-analytic review (Garg et al., 2008).

Nevertheless, these reviews and meta-analyses are useful, in part, because they comprise a considerable number of studies and participants. For example, Kivimäki et al. (2012) uses data from nearly 200,000 men and women across Europe. Furthermore, the associations are observed for a "broad cross-section of workers", i.e. men and women, old and young, and across socioeconomic strata, suggesting the association is robust (Kivimäki & Kawachi, 2015, p. 73). Also, despite a variety of measurement approaches, variability, or heterogeneity, in results among studies is generally small (Kivimäki, Batty, Ferrie & Kawachi, 2014).

The pooled hazard ratios for the above outcomes range between 1.2 and 1.5, often around 1.3, following adjustments for age, sex and socioeconomic status (Kivimäki et al., 2015). These ratios are variously described as representing "a small, but consistent, increased risk of an incident event of cardiovascular heart disease" (Kivimäki et al., 2012, p. 1494), "a moderately elevated risk of incident coronary heart disease and stroke" (Kivimäki & Kawachi, 2015, p. 73) and evidence that job strain "plays an important role in blood pressure elevation" (Landsbergis et al., 2013, p. 69). Overall, these reviews and meta-analyses find that the combination of excessive demands and inadequate control and support, i.e. exposure to job strain and iso-strain, are risk factors for several negative physical health outcomes.

Although the risks to health posed by job strain are relatively low, compared to standard risk factors such as smoking (Kivimäki et al., 2012), it should be pointed out that the work environment is a 'distal' factor, i.e. there are many factors that influence the relationship between the work environment and the body's organs, unlike, for example, smoking (Theorell, 2014). Therefore, one would expect to see relatively weaker relationships between distal factors and health, compared to more proximal factors. Furthermore, on a societal level, job strain is very important: work is the single activity occupying most people's waking time (Faragher et al., 2005; Fujino et al., 2013; Helliwell & Huang, 2011) and, based on a pooled

sample of almost 200,000 employees across Europe, affects 15% of the working population (Theorell, 2014; Wang, 2013) – and some argue it is even higher, between 22 and 28% (Choi et al., 2013). Based on a prevalence of 15%, which may be an underestimate, the population attributable risk (PAR) for job strain to coronary heart disease is 3.4% (Kivimäki et al., 2012), however, some argue it should be higher: 4.9% (Choi et al., 2015). While lower than that for standard risk factors, if the recorded associations between job strain and coronary heart disease were causal, then, on the basis that the PAR is 3.4% (it could be higher), "job strain would account for a notable proportion of coronary heart disease events in working populations" (Kivimäki et al., 2012, p. 1495).

2.6.2.2. Hypothesised causal mechanisms underpinning the relationship between job strain and health

Having established the relationships between a combination of high demands and low control and support, operationalised as job and iso-strain, and several physical health outcomes, this section aims to review the hypothesised causal mechanisms that underpin these relationships. The mechanisms are thought to involve two principal pathways: (i) direct, through biological, neuroendocrine, effects, and (ii) indirect, via behavioural factors (Brunner, 2002; Chandola et al., 2006, 2008; Diene et al., 2012; László et al., 2010). These will be dealt with in turn.

Chronic exposure to job strain induces stress, which is thought to activate and deregulate, respectively, the (i) sympatho-adrenal and (ii) hypothalamic-pituitary pathways (Fishta & Backé, 2015). This, in turn, can lead to: elevated blood pressure (Belkic et al., 2004), which increases the risk of acute myocardial infarction (McEwen, 1998); reduced heart rate variability (Hemingway et al., 2005), which predicts coronary heart disease (Liao et al., 1997); metabolic syndrome (Chandola et al., 2006), a well known precursor to coronary heart disease (Brunner, 2002); and suppression of the immune response (McEwen, 1998), increased inflammation (Thakore et al., 2007) and thrombotic function (Wiman et al., 2000) – all of which are thought to accelerate atherosclerosis (László et al., 2010), and, in turn, increase the risk of heart disease and stroke (Lewington et al., 2002).

In addition to the associations between job strain and physical health outcomes outlined earlier, there are a number of systematic and meta-analytic reviews that report significant, longitudinal associations with a range of behavioural outcomes, including: unhealthy lifestyles, i.e. smoking, alcohol use, physical inactivity (Heikkilä et al., 2013; Nyberg et al., 2013); physical inactivity (Fransson, Heikkilä et al., 2012); tobacco smoking (Heikkilä et al., 2012) and diabetes (Nyberg et al., 2014, 2013). These reviews provide both

cross-sectional and longitudinal data for a substantial number of men and women across Europe, e.g. Nyberg et al. (2014) comprises over 120,000 participants.

Risk estimates for the associations, which are robust to adjustments for age, sex and socioeconomic status (Heikkilä et al., 2013), are slightly lower than those reported for physical health outcomes, generally between 1.1 and 1.3. Nevertheless, they show robust, significant, longitudinal associations exist, among a broad cross-section of workers, between job strain and a number of 'classic' risk factors for cardiovascular disease, and, therefore, may act as a mechanism by which job strain negatively impacts upon health (Chandola et al., 2008).

Regarding *how* job strain might lead to, for example, an unhealthy lifestyle, evidence suggests it can result in fatigue and greater need for recovery time, which, in turn, increases the likelihood of leisure-time physical inactivity (Karasek & Theorell, 1992; Landsbergis et al., 1998). The findings from a recent meta-analysis, using longitudinal data, suggest this interpretation has some validity: job strain predicts physical inactivity more strongly than physical inactivity predicts job strain, i.e. there is little evidence of reverse-causality (Fransson, Heikkilä et al., 2012). Also, symptoms of stress arising from job strain may promote the consumption of excessive alcohol as a coping mechanism (Heikkilä et al., 2013; Nyberg et al., 2013; Virtanen et al. 2015). Despite reported associations, whether job strain increases the likelihood of smoking is less clear: a meta-analysis of longitudinal studies provided no clear evidence of a temporal association, which suggests the two are unlikely to be causally related, although they do co-occur (Heikkilä et al., 2012).

Although the subject of less focus in the literature, there is evidence of a third pathway running between job strain and negative physical health outcomes. Two meta-analytic reviews, based exclusively on longitudinal evidence, report significant associations between job strain and negative mental health outcomes, primarily anxiety and depressive symptoms (Stansfeld & Candy, 2006; Theorell et al., 2015). Work characterised by unrealistic demands, combined with a lack of control and little support, may undermine beliefs of mastery over work, reduce self-esteem, and devalue people's feelings of self-worth (Brooker & Eakin, 2001; Cole et al., 2002). Thus, manageable demands, combined with high control and high support, should have the opposite effect (Stansfeld & Candy, 2006). Although reversed and reciprocal causality cannot be completely ruled out, i.e. mental health influencing perception of demands, control and support, or a bi-directional relationship between them, the findings from these meta-analyses, and, in particular De Lange et al. (2004), who specifically address this issue, support the hypothesised temporal ordering of the job strain model, i.e. adverse work conditions leading to negative health outcomes.

Negative mental states, such as anxiety and depressive symptoms, are thought to influence the development of physical health outcomes, such as coronary heart disease (Kubzansky & Kawachi, 2000; Rozanski et al., 1999). A systematic review of prospective cohort studies concluded that anxiety and depressive symptoms play an aetiological role in the development of coronary heart disease (Hemingway & Marmot, 1999). Thus, job strain may promote the development of mental health problems, which, in turn, may lead to negative physical health outcomes, such as coronary heart disease.

That job strain is associated with mental health problems is significant in itself, regardless of whether they then lead to cardiovascular health outcomes. In the UK, a total of 15.2 million workdays are lost each year to mental health problems (ONS, 2014). The costs to the economy of mental illness are estimated to be between £70 billion and £100 billion (OECD, 2014), which is the equivalent of 4.5% of the UK's Gross Domestic Product. Since 2009, the number of sick days lost to stress, depression and anxiety has increased by 24% (Henderson & Madan, 2013) and individuals with mental health conditions make up over 40% of Employment and Support Allowance recipients (Department of Health, 2014; King's Fund, 2015b; OECD, 2014).

In sum, a combination of high demands, low control and support, operationalised as job and iso-strain, is thought to negatively impact upon health and wellbeing through, primarily, two mechanisms: (i) directly, via neuroendocrine pathways and (ii) indirectly via behavioural factors. There is also evidence of a third pathway, where job strain promotes mental health problems, which, in turn, can lead to cardiovascular outcomes. Whether they do or not is, arguably, not important, given the significant social and economic costs associated with anxiety and depressive symptoms.

2.6.2.3. The relationships between the individual components of the Demand-Control-Support model, health and social enterprises

In the two previous sections it was established that a *combination* of high demands, low control and support are significantly associated, and thought to be causally linked, with a range of physical and mental health outcomes. Therefore, this section aims to review the evidence on the relationships between individual components of the DCS model, i.e. high demands, low control and low support, and health and wellbeing outcomes. The causal mechanisms underlying the relationships between the separate components of the DC and DCS models and reported health outcomes are thought to involve the same pathways outlined in the previous section (Evans & Steptoe, 2001; Kuper & Marmot, 2003; Steptoe &

Willemsen, 2004; Strike & Steptoe, 2004). In addition, evidence, where available, from social enterprises regarding the level of demands, control and support their employees experience will be assessed.

A number of studies report significant, longitudinal associations between excessive demands and a range of health outcomes, including: psychological distress (Barnett & Brennan, 1997), burnout (Bourbonnais et al., 1999), physical health complaints (Carayon, 1993), musculoskeletal disorders [MSDs] (Bugajska et al., 2013; Hauke et al., 2011) and anxiety (Parkes, 1991). All of these studies are considered 'high-quality' by De Lange et al. (2003) on the basis that they (i) measure the dependent and independent variables at the same time, (ii) provide either theoretical or methodological justification for their chosen time lag between baseline measurement and follow-up, and (iii) examine possible nonresponse bias. This suggests the results reflect genuine associations between the independent and dependent variables, rather than being the product of bias or confounding. Furthermore, a recent meta-analysis of 10 prospective and case-control studies comprising over 50,000 participants found evidence of an association between excessive demands and the development of depressive symptoms (Theorell et al., 2015). However, it is worth noting that negative results have also been reported (Dalgard et al., 2009).

There is a small body of evidence that suggests social enterprises provide work characterised by appropriate demands. Pestoff (2000) found, relative to women working in municipal day care centres in Sweden, that women working in social enterprise day care centres reported more manageable work-related demands. Findings from a specific type of social enterprise, dedicated to providing employment for those disadvantaged in the labour market, i.e. a social firm, are also supportive. There is evidence these organisations tailor the "type of work to the capacity, comfort level and interest of employees" (Morrow et al., 2009, p. 667) and that employees felt that "tasks were achievable and yet also provided sufficient challenge" (Williams et al., 2012, p. 57).

Regarding control, many longitudinal associations exist, independent of age, sex and socioeconomic status, between a lack of job control and: (i) physical health outcomes, including coronary heart disease (Bosma, Peter et al., 1998; Bosma, Stansfeld & Marmot, 1998; Bosma et al., 1997; Kuper & Marmot, 2003), myocardial infarction (Hammar et al., 1998), stroke (Toivanen, 2008; Toivanen & Hemström, 2008) and MSDs (Bongers et al., 1993); (ii) mental health outcomes, including depressive symptoms (Kawakami et al., 1992; Parkes, 1982), anxiety (Griffin et al., 2002), and poor mental health (Dalgard et al., 2009); (iii) poor self-reported health and wellbeing (Cheng et al., 2000; Smith, Frank, Mustard & Bondy, 2008); and (iv) sickness absence (Kivimäki et al., 1997; North et al., 1996; 1993. In

addition, a recent meta-analysis of 19 prospective and case-control studies comprising over 150,000 participants reports moderately strong evidence of an association between low control and the development of depressive symptoms (Theorell et al., 2015).

While most studies investigate and report the *negative* effects associated with a *lack* of job control, some report the *positive* effects associated with *having* job control. For example, positive, longitudinal associations are reported between job control and improved: subjective wellbeing (Stansfeld et al., 2013); job satisfaction (De Lange et al., 2004); self-reported health (Smith, Frank, Bondy & Mustard, 2008); and mental health (Bentley et al., 2015); as well as reduced risk of MSDs (Bugajska et al., 2013). In addition, findings from three systematic reviews (Bambra et al., 2007; Egan et al., 2007; Michie & Williams, 2003) of workplace interventions show that improving control and participation in decision-making has beneficial effects on mental health, particularly anxiety and depression.

This component of 'good' work, control, as opposed to demands, arguably, has more relevance to social enterprises. As discussed earlier in Section 2.3.2, though debated, social enterprises are considered to be participatory in nature, and empirical evidence lends qualified support to this view, showing that social enterprises involve staff in decision-making processes and give them autonomy and control. Job control comprises two domains: (i) decision authority, which is the extent to which an employee can make their own decisions, the freedom they have in decision-making, how much 'say' they have over their job, and how/what they do in their work; and (ii) skill discretion, which concerns the opportunities employees have to use their skills and develop new ones, the level of variety in their work, etc. (Choi et al., 2015). Evidence from social enterprises in the UK (Addicott, 2011; Aiken, 2006; Bull & Crompton, 2006; Villeneuve-Smith & Temple, 2015), Sweden (Pestoff, 2000), a UK social firm (Svanberg et al., 2010) and Italian social co-operatives (Borzaga & Depedri, 2009; Borzaga & Tortia, 2006), suggests social enterprise employees may benefit from decision authority. Of the two domains, decision authority appears to be the more reliable predictor of future mental and cardiovascular ill health, according to a recent meta-analysis (Joensuu, 2014). Furthermore, recently published NICE (2015, p. 8) guidelines underline the importance of giving employees control and involving them in decision-making: they recommend employers "encourage employees to have a voice in the organisation, and actively seek their contribution in decision-making".

Having addressed demands and control, attention will now turn to support. As with control, many significant, longitudinal associations, independent of age, sex and socioeconomic status, are reported for a lack of support and: (i) physical health outcomes, including coronary heart disease (De Bacquer et al., 2005), myocardial infarction (Hammar et

al., 1998), stroke (André-Petersson et al., 2007), and MSDs (Hauke et al., 2011; Macfarlane et al., 2000); (ii) mental health outcomes, including depression (Parkes, 1982), anxiety (Parkes, 1982) and psychological distress (Bourbonnais et al., 1999); (iii) poor self-rated health and wellbeing (de Jonge et al., 2001; Steptoe et al., 1998); and (iv) sickness absence (Vahtera et al., 2000). Some longitudinal studies also report positive associations with high support and improved mental health (De Lange et al., 2004; Stansfeld et al., 1997) and self-rated health and wellbeing (Stansfeld et al., 2013). Furthermore, a recent meta-analysis of 17 prospective and case-control studies comprising over 80,000 participants reports evidence of an association between low support at work and the development of depressive symptoms (Theorell et al., 2015).

The literature on the relationship between support and MSDs warrants special attention, given that (i) four extensive reviews are devoted to it (Bongers et al., 1993; HSE, 2002; Parkes, 2008; Woods, 2005) and (ii) 30.6 million lost workdays are attributed to MSDs in the UK. The reviews include evidence from cross-sectional, case-control, and prospective, longitudinal studies and, generally, find significant associations between high levels of support in the workplace and reduced rates of MSD problems, lower pain severity, and fewer MSD-related absences. However, there are some notable differences. For example, Parkes (2008) finds that supervisor support, not co-worker support, is protective against MSD, while Woods (2005) makes no such distinction – regardless of the source, support is a protective factor.

Due to the lack of research on the relationship between the DC/DCS model and MSDs, the hypothesised causal mechanisms underlying the observed relationship between its components and MSDs were not discussed in the previous section. Therefore, they will be reviewed here. The mechanisms underpinning the relationship between support, and psychosocial work factors in general, and MSDs are unclear (Leka & Jain, 2010). However, recently, Macdonald & Oakman (2015) called for greater recognition of the risks psychosocial hazards pose to the development of MSDs. Also, the authors of a recent systematic review, comprising 54 longitudinal studies, on the relationship between psychosocial factors, including demands, control and support at work, concluded that there is a "strong indication that work-related psychosocial factors play a causal role in the aetiology of musculoskeletal disorders" (Hauke et al., 2011, p. 254) – though they did not propose any mechanisms. Others hypothesise that a supportive workplace, comprising a caring, sympathetic organisational culture, good channels of communication, and satisfactory relationships between colleagues and managers, providing a sufficient degree of control, may enable workers to manage aches and pains effectively, thereby preventing them from

escalating (Haahr & Andersen, 2003; Tubach et al., 2002). Also, excessive demands may cause employees to take fewer breaks, exposing themselves to prolonged periods of sitting and infrequent changes in posture (Bugajska et al., 2013; van den Heuvel et al., 2005). While more evidence is needed to provide insight into the mechanisms (Lang et al., 2012), there is, nevertheless, increasing recognition of, and support for, the relationship between psychosocial work factors, particularly support, and MSDs.

As discussed earlier, there is (limited) empirical evidence from social firms that lends qualified support to the view that social enterprises provide supportive work environments. To some extent, this might be expected, given social firms are committed to providing "supportive work environments that benefit workers" (Paluch et al., 2012, p. 63). Broadly speaking, the qualitative evidence from a number of social firms, outlined in Section 2.3.3, suggests that employees benefitted from both supervisor and co-worker support, e.g. "helpful" supervisors, "friendly and cooperative" co-workers (Williams et al., 2012, p. 59) and the presence of both "mutually respectful and beneficial relationships" in the workplace, which created a supportive work environment (Paluch et al., 2012, p. 70).

These studies provide qualified support for the view that social enterprises may offer 'good' work, i.e. psychosocial work environments conducive to employee health and wellbeing, in the sense that they (i) do not subject staff to unrealistic demands, (ii) give employees sufficient control and opportunities to participate in decision-making, and (iii) provide adequate support, which, given the robust longitudinal associations, and possible causal relationships, between these components of 'good' work and a range of health and wellbeing outcomes, suggest that working in a social enterprise could positively impact upon health and wellbeing.

However, the evidence from social enterprises is, generally, subject to some notable limitations. The qualitative studies on social firms (Morrow et al., 2009; Paluch et al., 2012; Svanberg et al., 2010; Williams et al., 2012) and social enterprises (Addicott, 2011; Bull & Crompton, 2006), use small sample sizes, ranging from 5 to 15 people; and, in the case of social firms, study employees, often experiencing mental illness, typically working in either one or two organisations. As such, this makes generalisable claims difficult. Therefore, they may not be applicable to other populations working in different social enterprises. To some extent, the quantitative evidence from UK (Villeneuve-Smith & Temple, 2015) and Swedish (Pestoff, 2000) social enterprises, and Italian social co-operatives (Borzaga & Depedri, 2009; Borzaga & Tortia, 2006) does not suffer from these problems. However, findings derived from women working in Swedish social enterprise day care centres (Pestoff, 2000) and employees of Italian social co-operatives (Borzaga & Depedri, 2009; Borzaga & Tortia, 2006)

are not representative of social enterprise employees generally. This is especially true of the Italian data, given the emphasis European conceptualisations of social enterprise and co-operative traditions place on participatory governance, which, arguably, differentiates them from other social enterprises. Nevertheless, despite these limitations, there is theoretical justification, and empirical support for, the view that work in social enterprises "provides high decision latitude, and high social support for the workers" (Pestoff, 2000, p. 64) – in this sense, social enterprises may provide psychosocial work environments conducive to employee health and wellbeing.

The limitations of the evidence showing significant relationships between the DC/DCS model, and its individual components, demands, control and support, with a range of health and wellbeing outcomes, also warrant discussion. As shown, the vast majority of the evidence reviewed comes from longitudinal studies, which, in the absence of experimental data, are best for inferring causation as they give an indication of the direction of the relationship between two variables (De Lange, 2005; Nijp et al., 2012). Although some quasi-experimental evidence is available (for a review see Egan et al., 2007), and several plausible causal mechanisms have been put forward, ultimately, experimental evidence is considered the strongest for inferring causation (Kivimäki & Kawachi, 2015), which, in this field, is lacking.

There are a number of additional methodological limitations of note. In general, studies assessing the relationship between job strain, and its constituent parts, with physical and mental health outcomes, rely on self-reported job demands, control and support. Also, certain outcome variables such as smoking (Heikkīla et al., 2012), leisure-time physical inactivity (Fransson, Heikkilä et al., 2012), and depressive symptoms (Theorell et al., 2015) tend to be self-reported too, while physical outcomes, e.g. incident coronary heart disease (Kivimäki et al., 2012) are usually obtained using objective indicators. This is important because stronger associations between self-reported work conditions, as opposed to objectively assessed work conditions, have been reported (Stansfeld et al., 2013). Where both exposure and outcome variables are self-reported, there is potential for bias due to people, for example, reporting in a negative manner on both, which could create artificial correlations (Cheng et al., 2000). Also, self-reported smoking and leisure-time physical inactivity may be subject to both recall, and social desirability, bias (Virtanen et al., 2015).

In addition, there is no consensus on how best to measure job strain (Kivimäki & Kawachi, 2015; Kivimäki et al., 2015). Researchers use different questionnaires, comprising different items (Fransson, Nyberg et al., 2012) and job and iso-strain can be computed from demands, control and support four different ways (Landsbergis et al., 1994). Although this

can cause heterogeneity between studies, generally, the systematic and meta-analytic reviews discussed here do not report problems in this regard (Kivimäki et al., 2015; Kivimäki, Batty, Ferrie & Kawachi, 2014; Nyberg et al., 2014), with one exception (Fransson, Heikkilä et al., 2012).

There is also some evidence of citation, and publication, bias (Kivimäki & Kawachi, 2015). A bibliometric analysis of longitudinal studies on job strain and coronary heart disease found that (i) studies reporting higher risk estimates were cited more often than those reporting lower estimates, and (ii) higher quality studies had not attracted more citations (Kivimäki, Batty, Kawachi et al., 2014). Kivimäki et al. (2012), who analysed both published and unpublished data, find lower risk estimates for job strain and coronary heart disease in unpublished studies, indicating publication bias. However, there is no indication of such bias for the relationship between job strain, and its constituent parts, with depressive symptoms (Theorell et al., 2015).

To, in part, address these methodological shortcomings, in 2008, Mika Kivimäki established the IPD-Work (individual-participant data meta-analysis in working populations) consortium. Its purpose is to reliably estimate the associations of adverse psychosocial working conditions with a range of health and health-related outcomes, using extensive individual-level data from multiple published and unpublished studies (Kivimäki et al., 2015). To date, seven meta-analyses, all of which were discussed earlier in this review, have assessed the relationship between job strain and cardiovascular disease (Kivimäki et al., 2012; Nyberg et al., 2013), stroke (Fransson et al., 2015), diabetes (Nyberg et al., 2014), leisure-time physical inactivity (Fransson, Heikkilä et al., 2012), smoking (Heikkïla et al., 2012), and health-related lifestyle (Heikkïla et al., 2013). As outlined earlier, all of these meta-analyses report significant relationships. These study designs are considered particularly strong because they: (i) use very large samples of both men and women employed in different countries across Europe (50,000 – 200,000), which reduces random error (Kivimäki & Kawachi, 2015); and (ii) reduce the possibility of publication bias (for they estimate effects based on both published and unpublished data). Therefore, the relationships reported by these meta-analyses should not be confounded or biased, and, due to the large sample sizes used, it is unlikely the associations are due to chance (Kivimäki & Kawachi, 2015).

It should be pointed out that their methods have attracted some criticism, most notably from Ingre (2015), Theorell (2014) and Choi et al. (2015), who, in general, argue that, Kivimäki and colleagues' exclusion criteria are not strict enough, which has resulted in attenuated associations being reported between job strain and a various health outcomes. Regardless, the systematic and meta-analytic reviews discussed here show that significant,

longitudinal associations exist, for a broad cross-section of employed men and women across Europe, between job and iso-strain, and its constituents, demands, control and support, and a number of physical and mental health outcomes, with plausible hypothesised causal mechanisms underpinning them.

2.6.2.4. The relationships between the less studied components of 'good' work, health, and social enterprises

Having reviewed the relationships between the DC/DCS model, and its individual components, demands, control and support, and various health outcomes, this section aims to review the evidence linking the, comparatively, less studied components of 'good' work and health. They comprise: job security, work-life balance, workplace flexibility, hours worked, participation in decision-making, job satisfaction, and amount of training. Although studies exploring the effects of demands, control and support dominate the literature, there is still a substantial evidence base on these components' relationship with health outcomes, particularly job security, work-life balance and long working hours (Kivimäki & Kawachi, 2015). Where available, evidence from social enterprises related to these components will be discussed. In the main, these less studied components of 'good' work share the same causal mechanisms outlined above and therefore will not be discussed in detail here unless they differ.

Job security is considered a determinant of 'good' work (Marmot et al., 2010; Waddell & Burton, 2006) and is associated with a number of physical and mental health outcomes. A recent review of 57 longitudinal studies on job insecurity and health (De Witte et al., 2016), reports significant relationships for a number of: (i) health outcomes, including MSDs, poor self-reported health, and heart disease; (ii) mental health outcomes, including depressive symptoms, anxiety, and poor mental wellbeing; and (iii) poor work-related wellbeing, including sickness absence; burnout, vigour, and anxiety/depression at work. The relationship between job insecurity and negative mental health outcomes, particularly depression, seems particularly strong, indicated by (i) a significant number of longitudinal studies reporting significant relationships (Andrea et al., 2009; Ferrie et al., 2002; Meltzer et al., 2010; Park et al., 2009; Simmons et al., 2009), and (ii) a recent meta-analysis of seven prospective and case-control studies, comprising almost 25,000 participants, reporting limited evidence of an association between job insecurity and the development of depressive symptoms (Theorell et al., 2015).

In addition, a recent meta-analysis from the IPD-Work consortium, comprising 13 cohort studies, over 170,000 participants and both published and unpublished data, reports significant associations, robust to adjustments for age, sex and socioeconomic status, between job insecurity and incident coronary heart disease (Virtanen et al., 2013). The relative risk of high versus low insecurity, after adjustments, was 1.19 for a broad cross section of workers across Europe, which amounts to "a modest association between perceived job insecurity and incident coronary heart disease" (Virtanen et al., 2013, p. 5). Several longitudinal studies have also reported associations between job insecurity and cardiovascular risk factors, e.g. high blood pressure (Kalil et al., 2010; Pollard, 2001; Westerlund et al., 2004).

Although the exact mechanisms underpinning these relationships are unknown (Virtanen et al., 2013), job insecurity is thought to influence health via the same pathways outlined earlier, i.e. induce stress, due to the perceived threat of job loss and its ramifications, which (i) triggers adverse biological reactions mediated via the neuroendocrine pathways and (ii) promotes adverse health behaviours (De Witte et al., 2016; Slopen et al., 2012; Sverke et al., 2002). Also, the fear of losing one's job may prompt feelings of helplessness and, if chronic, depression (Theorell et al., 2015). Regarding the possibility of reverse, or reciprocal, causation, De Witte et al. (2016, p. 18) found little evidence of either, which, to them, suggested that "job insecurity influences health and well-being over time, rather than the other way round".

There is a lack of evidence on the level of job security in social enterprises. Findings from one social firm suggest employees were satisfied with their job security, which "contributed substantially to participants' job satisfaction and wellbeing" (Williams et al., 2012, p. 57) – though the aforementioned limitations apply to this evidence. It could be surmised that, because social enterprises have to balance both commercial *and* social aims, they offer less security than other organisational forms. The need to balance these divergent aims "poses severe challenges which can threaten the long-term sustainability of the enterprise" (Moizer & Tracey, 2010, p. 1) and cause social enterprises to 'trade-off' between them (Austin et al., 2006; Teasdale, 2012b). To the extent that a social enterprise trades-off commercial aims for social ones, it may threaten its employees' job security. Zastawny (2013) suggests social enterprises do just that, citing SEUK figures that show the vast majority (89%) of UK social enterprises seeking finance sought grants over loans (Villeneuve-Smith & Chung, 2013). Qualitative evidence from a small sample of social enterprises operating in Greater Manchester (GM) also reports a "reliance on short-term funding" (Bull & Crompton, 2006, p. 48). Thus, it is difficult to say whether social enterprises provide secure jobs.

A number of studies report significant, longitudinal associations between work-life balance, considered a determinant of 'good' work (Marmot et al., 2010; Waddell & Burton, 2006), and various health-related outcomes. For example, a poor work-life balance is longitudinally associated with poor general wellbeing (Grant-Vallone & Donaldson, 2011), emotional exhaustion, i.e. burnout (Demerouti et al., 2004; Leiter & Durup, 1996), depressive symptoms (Frone et al., 1997; van Hooff et al., 2005) and alcohol use (Leineweber et al., 2013) – though Rantanen et al. (2008) found no relationship with psychological wellbeing. A poor work-life balance is thought to negatively impact on health and wellbeing via a lack of opportunities to 'recover' from the demands of the job or 'unwind' (Gervais, 2016; Sonnentag, 2001). The plausibility of a causal relationship between work-life balance and health outcomes is underlined by the findings from van Hooff et al. (2005), who found a poor work-life balance predicted increased health complaints one year later – their data did not fit a reverse causal model.

A poor work-life balance may be determined, in part, by a lack of workplace flexibility (Nijp et al., 2012). Also considered to be a determinant of 'good' work (Marmot et al., 2010; Waddell & Burton, 2006), and recommended by recent NICE (2015) workplace health guidelines, workplace flexibility is associated with several health and wellbeing outcomes. These studies, primarily, concern 'temporal flexibility', i.e. the degree to which workers are able to make choices regarding when the work is performed, or the timing of it (Hill et al., 2008). Clearly, this relates to one particular determinant of 'good' work: whether a worker can exert control over the timing of their work (Marmot et al., 2010). Generally, this type of flexibility is operationalised as 'worktime control', i.e. perceived control over start and finish times of a workday (Ala-Mursula et al., 2002). Two intervention studies report that employees' work-life balance improved after the introduction of increased worktime control (Kelly et al., 2011; Pryce et al., 2006). Furthermore, significant, longitudinal associations exist between (i) *low* worktime control and poor self-rated health, psychological distress, and increased sickness absence (Ala-Mursula et al., 2004; 2002); and (ii) *high* worktime control and reduced sickness absence (Elovainio et al., 2005) and risk of disability pension (Vahtera et al., 2010). Also, findings from intervention studies report a number of improvements following the introduction of *increased* worktime control: decreased tiredness (Kandolin et al., 2001); decreased systolic blood pressure (Viitasalo et al., 2008); and increased job satisfaction (Pryce et al., 2006). However, some longitudinal and intervention studies report null findings e.g. Carlson et al. (2010) and Nabe-Nielsen et al. (2011).

In addition to a lack of workplace flexibility, a poor work-life balance may also be determined, in part, by long working hours (Albertsen et al., 2008; Brun & Milczarek, 2007),

often defined as more than 48 hours per week (Kivimäki et al., 2015; Kivimäki, Virtanen et al., 2014; Virtanen et al., 2015; 2012). Two meta-analyses from the IPD-Work consortium, comprising at least 19 cohort studies and large samples (200,000+ participants) of men and women drawn from the US, Europe, and Australia, report that those working long hours have a higher risk of stroke, coronary heart disease and type 2 diabetes (though the risk estimate for coronary heart disease was relatively low, 1.13, and the link with type 2 diabetes was only apparent in individuals of low socioeconomic status) (Kivimäki et al., 2015; Kivimäki, Virtanen et al., 2014). Long working hours are also reported to lead to the development of depressive symptoms, according to a recent meta-analysis of six prospective and case-control studies comprising 13,000 participants (Theorell et al., 2015). The findings from another meta-analysis, comprising 20 longitudinal studies and over 100,000 participants from nine countries, reports that individuals working long hours are more likely to increase their alcohol use to unhealthy levels (Virtanen et al., 2015). Thus, long work hours may induce stress in the employee, which could lead to negative health outcomes via the pathways outlined earlier (Kivimäki et al., 2015; Virtanen et al., 2012), and, as a means of alleviating that stress, promote excessive alcohol use, which, in turn, can negatively impact upon health (Virtanen et al., 2015).

Evidence from social firms suggests they provide flexible working environments. Williams et al. (2012, pp. 57-58) found that employees cited having flexibility in the schedule as a (i) determinant of their wellbeing and satisfaction and (ii) improved work-life balance: "flexibility within the work schedule was valued as participants could negotiate their hours around other important activities, like attending a social or sporting club". Further evidence suggests social firms provide flexible work arrangements, demonstrating "considerable flexibility" towards staff (Morrow et al., 2009, p. 667) and allowing flexible shifts to accommodate family needs (Krupa et al., 2003). Also, relative to those employed in municipal day care centres, social enterprise employees benefit from "more flexible working hours" (Pestoff 2000, p. 60). Although the limitations of these studies articulated earlier apply, they nevertheless provide evidence that these social enterprises offer employees flexibility, which, in some cases, enabled a healthy work-life balance.

Social enterprises' commitment, though debated, to involving staff in decision-making procedures, outlined earlier in Section 2.3.2, may, according to related research on the concept of 'organisational justice', have implications for employee health and wellbeing. Perceived justice of decision-making procedures is significantly, and longitudinally associated with a range of health outcomes, including coronary heart disease (Kivimäki et al., 2005), cardiovascular disease (Elovainio et al., 2006), self-rated health (Kivimäki, Elovainio,

Vahtera & Ferrie, 2003; Elovainio et al., 2003) and mental health (Kivimäki, Elovainio, Vahtera et al., 2003). Low perceived justice of decision-making procedures is thought to induce stress and influence health via the causal pathways outlined earlier in Section 2.6.2.2. To the extent that social enterprises' willingness to involve staff in decision-making constitutes perceived fairness in decision-making, it could, potentially, positively influence employee health and wellbeing.

In addition, despite a lack of recent research, there is evidence from systematic reviews of workplace interventions that improving employees' control over their work via increased participation in decision-making positively impacts upon health and wellbeing. Egan et al. (2007) and Michie & Williams (2003), who, combined, reviewed 17 intervention studies, both report beneficial effects on health, particularly mental health manifested by reduced anxiety and depression, as a result of increasing employee control and participation in decision-making procedures. Social enterprises' (debated) participatory nature could, therefore, potentially have important implications for their employees' health.

Although it is normally studied as an outcome variable (Fischer & Sousa-Poza, 2009), there is evidence that job satisfaction, which is considered a component of 'good' work (Marmot et al., 2010; Waddell & Burton, 2006), may be a determinant of improved employee health and wellbeing. A meta-analysis, comprising 485 studies and a combined sample size of over 250,000 participants, reports job satisfaction being significantly positively associated with general mental health, and negatively associated with adverse outcomes including depressive symptoms and anxiety (Faragher et al., 2005). While the authors conclude that job satisfaction is an important factor influencing the health of workers, their review included cross-sectional studies, which do not permit causal inference. A recent study compensated for this, exploring the same relationship with a panel study design (Fischer & Sousa-Poza, 2009). It reports significant positive associations between job satisfaction and self-rated health, and negative associations with indicators of adverse health, including sickness absence, annual doctor visits, and degree of disability. Although, like Faragher et al. (2005), it relies on self-reported data, which has limitations.

It is hypothesised that, given how much time people spend at work, if it fails to provide adequate satisfaction, or even causes dissatisfaction, they might feel unhappy, or unfulfilled on a daily basis, which, over time, could lead to increased risk of depressive symptoms, anxiety and burnout (Faragher et al., 2005; Fischer & Sousa-Poza et al., 2009). Evidence from Pestoff's (2000) study of a Swedish social enterprise suggests that, relative to municipal day care centre staff, counterparts in social enterprise day care centres benefit from increased job satisfaction (Pestoff, 2000); and findings from a WISE in Hong Kong suggest

employees benefit from enhanced job satisfaction (Ho & Chan, 2010), which could, as outlined above have potentially positive implications for their health and wellbeing.

Finally, it was argued earlier, in Section 2.3.6, based on qualitative and quantitative evidence from social firms (Ho & Chan, 2010; Morrow et al., 2009; Paluch et al., 2012; Williams et al., 2012), social enterprises (Bull & Crompton, 2006; Pestoff, 2000; Villeneuve-Smith, 2011) and Italian social co-operatives (Borzaga & Depedri, 2009; Borzaga & Tortia, 2006), that social enterprises are committed to providing more opportunities for professional and personal development, a determinant of 'good' work (Marmot et al., 2010), relative to similar organisational forms. Despite the limitations of this evidence, this is potentially significant because providing employees with adequate training opportunities is both recommended by NICE (2015) workplace health guidelines and EU-OSHA (2013) as integral to health and wellbeing at work. Bloomer (2014) argues that training and development helps employees become more effective in their role, which, in turn, increases job satisfaction. Cross-sectional findings from the 2004 and 2011 Workplace Employment Relations Studies provide limited support for this: they show a positive correlation between the frequency of training and job satisfaction (Jones et al., 2009; van Wanrooy et al., 2013). Although the nature of this evidence precludes causal inference, if training does improve job satisfaction, it may, in turn, improve mental health outcomes, owing to the hypothesised mechanisms between job satisfaction and health outlined above.

In sum, this section has reviewed the evidence on the associations between the less studied components of 'good' work, including (i) job security; (ii) work-life balance; (iii) workplace flexibility; (iv) involving staff in decision-making (v) job satisfaction; and (vi) opportunities for training, and a number of physical and mental wellbeing outcomes, including coronary heart disease, MSDs, depressive symptoms and anxiety. The evidence, though, in general, more limited than that available for demands, control and support, nevertheless shows these components of 'good' work are significantly, longitudinally associated with several health outcomes – particularly mental health outcomes. In the main, the mechanisms underpinning these relationships are thought to involve the (i) biological pathways and (ii) behavioural factors outlined earlier. Also considered was the available evidence from social enterprises that, overall, showed qualified support for the claim that they might, in the above respects, provide 'good' work characterised by psychosocial work environments conducive to employee health and wellbeing.

2.7. Implications of the relationship between 'good' work, health, and social enterprises for the UK and Greater Manchester

Having established that, notwithstanding limitations, (i) there are significant, longitudinal associations between the components of 'good' work and a wide range of health and wellbeing outcomes, with plausible causal mechanisms underpinning them, and (ii) there is evidence, albeit limited, that social enterprises may provide 'good' work, this section will consider the ways in which the UK, and GM in particular, might benefit from the provision of 'good' work.

The importance of 'good' work as a means of improving and maintaining people's health and wellbeing, and addressing inequalities, is recognised at national level by recently published workplace health guidelines from NICE (2015), PHE (Durcan, 2015), and the Marmot Review (Marmot et al., 2010). As shown by the literature review, adverse psychosocial work environments, i.e. a lack of 'good' work, are implicated in the aetiology of cardiovascular disease, MSDs and mental health problems, all of which pose a significant public health and economic burden to the UK. For example, MSDs, stress, depression and anxiety accounted for 45 million workdays lost in 2013 (34% of all workdays lost due to sickness absence). Working-age ill health costs the economy £13 billion in health-related sickness benefits (Black & Frost, 2011) and government, particularly in the wake of a global financial crisis (2007-2008) in the context of reduced public spending, would welcome a reduction in these costs. Furthermore, because the population, and workforce, is ageing (ONS, 2013a), these costs may increase, given that older workers are more susceptible to MSDs (Okunribido & Wynn, 2010) and sickness absence increases with age (ONS, 2014).

At local level, Manchester City Council (2014a; 2012), the Manchester Health and Wellbeing Board (2013), and Central, North and South Manchester's Clinical Commissioning Groups (Dyson, 2015; Elliott, 2015; Heslop, 2015) have highlighted the role 'good' work could play in addressing problems faced by the region. For example, 'good' work, which "ensures that the health benefits of employment are realised and sustained", underpins the Manchester Health and Wellbeing Board's (2013, p. 17) 'strategic priority 7', which concerns 'bringing people into employment and leading productive lives'. Manchester City Council have also recognised that "there is extensive evidence that working is good for health and wellbeing but that this work must be 'good' work" (Osborne, 2014, p. 15), citing the determinants of 'good' work outlined by Marmot et al. (2010).

Mental health problems are prevalent in parts of the region. For example, over half (51%) of Incapacity Benefit Claimants are primarily claiming benefits for a mental health

condition (Manchester City Council, 2012). Also, findings from the recent *North West Mental Wellbeing Survey 2009* show that Manchester fared poorly compared to the North West, with nearly a quarter (23.2%) of its population reporting a 'low' level of mental wellbeing compared to the North West average of 16.8% (Deacon et al., 2009). Furthermore, in Manchester, cardiovascular disease is the most common cause of premature mortality and morbidity, accounting for 31%, and 29%, of all deaths amongst men and women respectively in 2010 (Manchester City Council (2014b). Mortality rates in Manchester are also significantly higher than national rates (Manchester City Council, 2014b) and the city has been referred to as the 'heart disease capital of England' (Kirby, 2014). Thus, the provision of 'good' work may be of particular benefit to the region.

There are reasons to suggest social enterprises may have a significant presence in GM. Social enterprises tend to be concentrated in deprived areas (Price, 2009; Villeneuve-Smith & Temple, 2015) and Manchester, Rochdale and Salford, which comprise three of the ten local authorities in GM, are ranked in the top 10% most deprived nationally by the Index of Multiple Deprivation (Department for Communities and Local Government, 2015). Also, the region has a rich history of social enterprise, as indicated by the Rochdale Pioneers arguably laying the foundations for the social enterprise movement in 1844 (Bull, 2006; Somers, 2013). Mazzei (2013) argues that the origins and evolution of social enterprise in GM are rooted in strong traditions of co-operativism. This could have implications for the extent to which they involve employees in decision-making – a determinant of 'good' work – given that these organisations tend to be participatory in nature.

The area of GM may also be fertile ground for social enterprises. Between 2010/11 and 2015/16 Manchester experienced the eighth largest cut per resident to its spending power out of all councils in England (Manchester City Council, 2015). To the extent social enterprises respond to, and fill, 'gaps' left by the state (see Section 2.3.1 for a brief discussion), this could represent an opportunity for social enterprises to 'step in' and grow. However, the feasibility of this has been questioned (Roy et al., 2013). In this regard, the 'devolution agreement', which has seen power over a range of public services devolved to the region (HM Treasury & Greater Manchester Combined Authority, 2014), is seen by some within the social enterprise sector as a potential opportunity to advance their cause (Wild, 2015).

By bringing 'good' work to deprived areas like Manchester, Salford and Rochdale, social enterprises could help address the social gradient seen in psychosocial working conditions that have been documented in the UK and the more economically developed countries generally (Durcan, 2015; Hämmig & Bauer, 2013; Siegrist et al., 2010), i.e. where

those of lower socioeconomic status are, disproportionately, exposed to lower quality jobs, and often "trapped in a cycle of low-paid, poor quality work and unemployment" (Marmot et al., 2010, p. 26). Indeed, as mentioned in Section 2.3.6, Donaldson et al. (2011) and Roy et al. (2013) have suggested that social enterprises can address health inequalities through action on the social determinants of health. A subsequent review by Roy et al. (2014) found, albeit limited, evidence that participation in social enterprise activity can act as an 'intervention' to improve health and wellbeing outcomes. From this evidence, they developed a model of the mechanisms involved, which, in part, recognised the role 'good' work might play. They do, however, stress the limitations of the evidence, e.g. small sample sizes (Roy et al., 2014).

In sum, the important contribution that the provision of 'good' work can make to health and wellbeing, and health inequalities, has gained recognition from policymakers at both national and local level. This is based on the premise that adverse psychosocial work environments, or a lack of 'good' work, cause a number of socially relevant and economically costly health problems, many of which follow a social gradient. Social enterprises, in areas like GM, may be uniquely placed to address these problems, given that, in many cases, they work in deprived communities, employ local people, pursue their social mission through the provision of work and, arguably, are inclined to provide 'good' work. However, existing evidence is subject to a number of limitations and little is known about the experience of working in a social enterprise (Amin, 2009). Indeed, the recent review, by Roy et al. (2014, p. 190), on the evidence for participation in social enterprise activity acting as a determinant of improved health and wellbeing concluded, based on the limited evidence found, that "patently there is a need for many more empirical studies involving more people in more settings".

2.8. Organisational- and individual-level factors and health-related outcomes

Up to this point, it has been established that certain aspects of psychosocial work environment, i.e. the determinants of 'good' work, are significantly, longitudinally associated with a range of health and wellbeing outcomes. Before concluding, it is necessary, given the aim of this research, to consider other factors that have implications for employees' health and wellbeing. Thus, this section aims to explore the relationships between organisational-level factors, e.g. organisation size, sector, industry, etc. and individual-factors, e.g. demographic variables and personal characteristics and health-related outcomes. First, organisational-level factors are discussed, followed by demographic factors and personal characteristics.

2.8.1. Organisational-level factors and health-related outcomes

2.8.1.1. Organisation size

Several cross-sectional studies report a negative correlation between organisation size and employee wellbeing, operationalised as job satisfaction. Three cross-sectional studies using data from the US Quality of Employment Survey report negative correlations between firm size and job satisfaction (Idson, 1990; Kwoka, 1980; Scherer, 1976). However, they also report that when controls for autonomy and temporal flexibility are introduced, the relationships are no longer significant, which suggests that the negative relationship between firm size and job satisfaction may be mediated through adverse psychosocial work conditions.

Similar findings are reported by two studies using UK data. Analysis of the 2011 Workplace Employment Relations Study shows lower levels of job satisfaction in larger organisations (Tansel & Gazioglu, 2014), though unlike the above studies, the relationship is not mediated by autonomy and flexibility, rather a lack of involvement in decision-making. Also, analysis of British Household Panel Survey (BHPS) data revealed a negative relationship between organisation size and job satisfaction (Clark, 1996).

Finally, a survey of workers in Spain reported similar findings: organisation size was negatively correlated with job satisfaction (García-Serrano, 2011). However, when controls were introduced for level of autonomy and participation in decision-making, the relationships disappeared, suggesting they were driven by these adverse psychosocial working conditions. Overall, these studies suggest that organisation size may act as a proxy for work quality, i.e. the larger the organisation, the less autonomy, flexibility, and involvement in decision-making an employee has, which, in turn, could affect their wellbeing (operationalised as job satisfaction). However, the cross-sectional nature of these studies precludes causal inference.

Nevertheless, the suggestion that larger organisations may be less likely to provide 'good' work, relative to smaller ones, has implications for the study of social enterprises, which tend to be small in size. This observation is based on findings from a recent national social enterprise survey, which finds that over half (57%) of the organisations sampled are 'micro' businesses, employing between one and nine people; furthermore, less than 1% employ 250 people or more (Villeneuve-Smith & Chung, 2013). This would suggest, to the extent that organisation size is a proxy for work quality, social enterprises may provide 'good' work due, in part, to their small size.

2.8.1.2. Sector

There is evidence that employee wellbeing, operationalised as job satisfaction, may be related to the sector an organisation operates in. Two studies, using data from the BHPS comprising large samples of almost 200,000 observations, report that, compared to public and for-profit sector workers, non-profit sector workers report higher levels of job satisfaction (Benz, 2005; Donegani et al., 2012). There is some evidence that non-profit sector workers tend to have more autonomy and involvement in decision-making than counterparts employed in other sectors (Barnabé & Burns, 1994; Felstead et al., 2007). However, different working conditions did not account for non-profit sector workers' job satisfaction premium in the two studies using BHPS data (Benz, 2005; Donegani et al., 2012). Donegani et al. (2012) hypothesised that the differential may be due to 'warm glow' theory, whereby individuals derive utility from the act of giving (Andreoni, 1990).

These findings have implications for the study of social enterprises insofar that they derive from, or are similar to, non-profit sector organisations. Certainly, it can be said that both organisations have social aims. Therefore, it is possible, on this basis, that social enterprise employees, relative to those working in the public and for-profit and sector, may also benefit from a job satisfaction premium, potentially due to the 'warm glow'. The extent to which employees derive satisfaction from 'intrinsic' factors, such as the 'act of giving', depends, in part, on their motivations, i.e. an individual-level factor, which will be discussed in more detail in Section 2.8.2.4.

2.8.1.3. Wages

Employee wellbeing is also thought to vary according to pay, as indicated by the number of job satisfaction scales that include an item on pay satisfaction, e.g. the Warr Job Satisfaction Questionnaire (Warr, 1990), the Occupational Stress Indicator (Cooper et al., 1988), the Job Descriptive Index (Kinicki & Mckee-Ryan, 2002). However, the empirical evidence seems to be inconclusive. Analysis of survey data from several developed European countries, including Demark (D'Addio et al., 2003), Spain (García-Serrano, 2011) and the UK (Gardner & Oswald, 2001), report significant positive correlations between pay and employee wellbeing, operationalised as job satisfaction. However, weak, insignificant relationships between the variables have also been reported (e.g. Adams & Beehr, 1998; Young et al., 2014; O'Donnell, 2015). A recent meta-analysis, comprising 86 studies, concluded that "level of pay bears a positive, but quite modest, relationship to job and pay satisfaction" (Judge et

al., 2010, p. 164). Thus, the evidence for a positive linear relationship between pay and job satisfaction is unclear. This may be due, in part, to the moderating influence of personality factors, e.g. an extrinsic orientation (Malka & Chatman, 2003), discussed further in Section 2.8.2.4.

Qualitative evidence from UK social enterprises suggests that, relative to other sectors, social enterprise work is characterised by modest pay (Amin, 2009; Bell & Haugh, 2008) and it is thought that they lack sufficient financial resources to pay the market rate to employees (Austin et al., 2006; Dees, 1998; Doherty et al., 2014). Similar findings are reported for Italian social co-operatives: quantitative evidence from a dataset comprising public bodies, for profit and non-profit organisations, social co-operatives – and over 2,000 employees – finds that, of these organisations, pay in social co-operatives is lowest (Borzaga & Tortia, 2006). Thus, one might expect UK social enterprises to pay lower wages, relative to other organisational types, but the available evidence is limited. Any effect this might have on job satisfaction could be moderated by social enterprise employees' work orientation, discussed in Section 2.8.2.4.

2.8.1.4. Industry and occupation type

Evidence from the UK (Benz, 2005; Rose, 2007; van Wanrooy et al. 2013), Spain (García-Serrano, 2011) and the EU (Eurofound, 2012) suggests that employee health-related outcomes, including job satisfaction and wellbeing, vary according to the industry they work in and the type of occupation they have. Employees working in social, public and personal service industries, which includes health, social work and recreation, tend to report higher levels of job satisfaction (Benz, 2005) and wellbeing (Eurofound, 2012; van Wanrooy et al., 2013) than counterparts employed in other industries, e.g. energy, machinery, and other manufacturing industries. In addition, individuals working in non-manual, high-skilled occupations (managerial and professional) report significantly higher levels of job satisfaction (García-Serrano, 2011; Rose, 2007) and wellbeing (Eurofound, 2012; van Wanrooy et al., 2013) than those in manual, low-skilled occupations This may be due, in part, to the fact that organisations in the public and personal services industries and higher-skilled occupations tend to provide better working conditions, e.g. increased autonomy (Eurofound, 2012; García-Serrano, 2011; van Wanrooy et al., 2013).

These observations have implications for the study of social enterprise employees given that a substantial number of social enterprises operate in industries related to health, social work and recreation (where job satisfaction and wellbeing seems to be higher).

Evidence from a national social enterprise survey supports this, finding that many social enterprises' principal trading activities revolve around public and personal services, including education, social care, and health care (Villeneuve-Smith & Temple, 2015). This implies social enterprise employees could benefit from increased job satisfaction and wellbeing.

However, regarding occupation type, Amin (2009, p. 34) suggests it is often assumed that work in the social economy is "less skilled" than comparable work in the public or private sector. Although he provides no supporting evidence, it is a reasonable assumption given: (i) 38% of all social enterprises work in the 20% most deprived communities in the UK, compared to 13% of standard businesses (Villeneuve-Smith & Chung, 2013) and they tend to employ local people (Reid & Griffith, 2006); and (ii) over half of UK social enterprises "actively employ people who are disadvantaged in the labour market" (Villeneuve-Smith & Chung, 2013, p. 37) – indeed, social firms/WISEs are committed to doing so. Thus, it is possible that social enterprises may, on the one hand, provide good working conditions because they tend to be active in industries where this is the norm, but, on the other hand, they may provide few high-skilled, satisfying jobs. However, the lack of empirical evidence makes it difficult to draw firm conclusions.

2.8.1.5. Contract type

Temporary, fixed-term employment, is hypothesised to have a negative influence on employee health and wellbeing, due, in part, to the insecurity and instability often associated with it, which may induce stress (Benach et al., 2000). As outlined earlier, job insecurity is associated with a number of negative health outcomes, including anxiety, depressive symptoms (De Witte et al., 2016) and coronary heart disease (Virtanen et al., 2013). To the extent that temporary, fixed-term employment implies a lack of job insecurity, it may negatively impact upon health via the biological, neuroendocrine and behavioural pathways outlined earlier. However, not all temporary work is characterised by instability and insecurity (Virtanen et al., 2003) and, in some cases, is seen as a useful stepping stone into permanent employment, and thus viewed favourably by the employee (Jahn & Rosholm, 2013; Nätti, 1993). Having said that, the most recent meta-analysis of the relationship between temporary employment and health, comprising 27 studies, reports that psychosocial morbidity is significantly higher among temporary workers relative to permanent employees, particularly when temporary work is characterised by instability (Virtanen et al., 2005). More recent longitudinal studies report similar findings (e.g. Pirani & Salvini, 2015; Quesnel-Vallée et al.,

2010; Virtanen et al., 2011). Thus, insofar that temporary work implies instability and insecurity, it is likely it will negatively impact upon employee health and wellbeing.

It has been suggested that temporary contracts are a distinctive feature of GM social enterprises (Mazzei, 2013). Qualified support for this comes from Davister et al. (2004) who found evidence, across Europe, of WISEs often employing workers on a temporary, fixed-term basis. However, longitudinal survey data from Italy show that, relative to public, for-profit and non-profit organisations operating in the social services sector, social co-operatives (i) do not use temporary contracts more than other sectors, and (ii) the percentage of temporary employees decreased from 28% in 1998 to 19% in 2007 (Borzaga & Depedri, 2009). Thus, the picture is unclear. Looking at data for UK voluntary and third sector organisations, it is apparent people employed in these organisations are less likely to be on permanent contracts than their counterparts in the private and public sectors (UK Voluntary Sector Workforce Almanac, 2013). To the extent that social enterprises do the same, which is possible given the similarities between them and voluntary sector organisations, they might employ more people on a temporary basis than organisations in the public and private sectors.

2.8.1.6. Summary of organisational-level factors

In sum, it is apparent that, in addition to the psychosocial factors thought to influence employee health and wellbeing discussed earlier, it may be determined, in part, by a number of organisational factors. The evidence suggests that employee health and wellbeing, often operationalised as job satisfaction, varies according to organisation size, sector, (to an extent) pay, industry type, occupation type and contract type. However, the effects of organisation size, industry and occupation are not independent of working conditions, i.e. the effect these variables have on employee outcomes seems to be mediated by the different quality work conditions found in different sized organisations, industries, and occupations. Conversely, sector, contract type and (to an extent) pay, seem to be related to employee outcomes independent of work quality.

It is important to be aware of the relationships between these variables in the context of studying social enterprise employees. To the extent that social enterprises are (i) small, (ii) similar to voluntary sector organisations, and (iii) more active in social, public and personal services, we may expect them to provide employees with increased autonomy, i.e. 'good' work, and for them to report relatively high levels of job satisfaction. However, insofar that they (i) pay relatively low wages, (ii) provide less-skilled jobs, and (iii) employ people on temporary, fixed-term contracts, we may expect social enterprises to provide adverse work

environments and for employees to report relatively low levels of job satisfaction. Of course, existing evidence is very limited and, as such, firm conclusions are not possible. Clearly, there is a need for more empirical research.

2.8.2. Individual-level factors

Having explored the relationships between several organisational-level factors and employee health-related outcomes, attention now turns to individual-level factors, including demographic variables and personality characteristics.

2.8.2.1. Gender

Several studies using data from the UK (Clark, 1997; 1996; Donegani et al., 2012; Sanz de Galdeano, 2000; Sloane & Williams, 2000; Zou, 2015), Spain (García-Serrano, 2011), the US (Bender et al., 2005) and Australia (Kifle & Kler, 2007) find that women report higher wellbeing, operationalised as job satisfaction, than men. The same gender differences in job satisfaction have also been reported for the majority of EU member states (Eurofound, 2012; Kaiser, 2007). Controlling for the different types of jobs men and women do does not account for this job satisfaction differential (Clark, 1997; Sloane & Williams, 2000; Sousa-Poza & Sousa-Poza, 2003). Thus, it has been argued that the difference is due, in part, to women's relatively lower expectations, owing to the poorer position in the labour market they have held traditionally (Clark, 1997; Sanz de Galdeano, 2000). However, some reject this theory, arguing that it is due to varying determinants of job satisfaction between genders. For example, men, relatively, value good pay, job security and opportunities for promotion, while women prefer opportunities to use their initiative and flexible hours (Sloane & Williams, 2000; Zou, 2015).

Despite a lack of firm evidence, there are reasons to suggest more women than men work in social enterprises. Data for the voluntary sector shows 66% of the workforce is female, compared with 66% of the public sector and 39% of the private sector workforce (National Council of Voluntary Organisations, 2014). Given the similarities between voluntary sector organisations and social enterprises, they might employ similar proportions of women. Also, voluntary sector organisations tend to operate in 'caring fields' traditionally occupied by women (Teasdale et al., 2011), and social enterprises are often active in areas like education, employment and health care (Villeneuve-Smith & Chung, 2013). Also, women are overrepresented in Italian social co-operatives, comprising over 70% of the workforce

(Borzaga & Tortia, 2006). Furthermore, almost 40% of UK social enterprises are run by women, compared with only 19% for typical SMEs (Villeneuve-Smith & Chung, 2013). A more equal gender balance is also reflected in the governance of social enterprises: 41% of social enterprise board members are women, compared with 12.5% of FTSE100 companies (Lyon & Humbert, 2012). Thus, there are reasons, though a lack of firm evidence, to suggest that social enterprises may, proportionally, employ more women than men. Should this be the case, and assuming the relationships between gender and job satisfaction reported above hold for social enterprise employees, one might expect to find higher levels of job satisfaction in social enterprises as a result. However, data from a 1999 survey of Italian social co-operatives suggest the above relationships might not hold: gender does not influence job satisfaction (Borzaga & Tortia, 2006).

2.8.2.2. Education

Employee wellbeing, operationalised as job satisfaction, has been shown to vary according to education level. Several studies find that job satisfaction decreases with rising levels of education, particularly in the more economically developed, northern European economies (Clark, 1996; García-Serrano, 2011; Gardner & Oswald, 2002; Gazioglu & Tansel, 2006). However, this may not apply to some southern European countries, such as Greece and Portugal (Albert & Davia, 2005). To explain the negative correlation between job satisfaction and education, it has been suggested that high levels of education raise individuals' expectations of what kind of job they should have, which might result in unrealistically high expectations (Clark, 1996; Gardner & Oswald, 2002). Thus, education may be a negative influence on job satisfaction.

Educational attainment may be a positive influence on employees' level of job control, however. Cross-sectional studies have shown a significant, positive association between level of education and control over work (e.g. Bakker et al., 2010; Nilsen et al., 2014). It holds, logically, that an employee with a high level of education may be more likely to have a non-manual, high-skilled job, which affords them more control. In addition, a high level of education may equip employees with resources that allow them to cope better with stressful work environments (Galobardes et al., 2007).

Despite a lack of firm evidence, there are reasons to suggest that a typical social enterprise employee might have a low level of education. Social firms, as discussed, often employ those disadvantaged in the labour market, e.g. those with few or no qualifications (Spear & Bidet, 2005). Also, social enterprises tend to operate in deprived areas, characterised

by low levels of education, and recruit locally (Reid & Griffith, 2006; Villeneuve-Smith & Temple, 2015). However, Amin (2009, p. 43), whose ethnographic research explored the experience of working in the social economy, suggests "there is no archetypical employee in the social economy", finding that a significant proportion are university graduates, while others have 'fallen' into it following a forced exit from mainstream employment. However, data from Italian social co-operatives suggests their workforce is "highly educated" (Borzaga & Depedri, 2009, p. 75), as almost 35% have a university degree. Thus, it is hard to say, on the basis of available evidence, what level of education a typical social enterprise employee might have, and, as a consequence, what implications that would have for their wellbeing. If highly educated, for example, they may report lower job satisfaction, yet more job control and be more resistant to stress at work.

The reported negative relationship between education and job satisfaction may not hold for social enterprise employees, however. Evidence from Italian social co-operatives shows that, based on a dataset created in 1999, comprising public bodies, for profit and non-profit organisations, social co-operatives – and over 2,000 employees – social co-operative employees' level of education is negatively correlated with job satisfaction (Borzaga & Tortia, 2006). However, the results of a – more recent – 2007 survey comprising Italian social co-operative employees show that education is *positively* correlated with job satisfaction (Borzaga & Depedri, 2009). Thus, results from Italian social co-operatives are mixed, and whether they apply to UK social enterprises is not known.

2.8.2.3. Age

Many studies report a positive association between age and wellbeing, often operationalised as job satisfaction, i.e. older workers tend to be more satisfied with their jobs (e.g. Bernal et al., 1998; Clark, 1996; Clark & Oswald, 1996; Clark et al., 1996; Riza et al., 2016; Saner & Eyüpoğlu, 2012). Some consider the relationship to be U-shaped, i.e. middle-aged workers report the lowest levels of job satisfaction relative to their younger and older counterparts (Clark, 1996; Clark et al., 1996; Hochwarter et al., 2001), while others suggest it is linear (Bernal et al., 1998). In addition, a recent meta-analysis comprising over 800 studies found age was (i) positively related to: increased job satisfaction, satisfaction with the work itself, satisfaction with pay, perceptions of job control and satisfaction with co-workers and supervisors; and (ii) negatively related to: perceptions of job demands (Ng & Feldman, 2010). Thus, age is related to perceptions of the quality of the psychosocial work environment: older workers, relative to younger counterparts, may perceive greater job control, lower demands

and better relationship with co-workers and supervisors, all of which are determinants of 'good' work explored earlier.

As with the other individual-level factors explored so far, there is a lack of evidence regarding the age of a typical social enterprise employee and what is available is far from conclusive and not that recent. For example, though not necessarily indicative of the age of social enterprise employees, the most likely age group to establish a social enterprise, i.e. a social entrepreneur, is 18-24 in the UK, which contrasts with the most likely age group to establish a 'mainstream' enterprise: 35-44 (Harding, 2007). However, data from the 2012 Small Business Survey suggest only 7% of social enterprise leaders are under-35[13] compared to 11% for 'regular' SMEs (BIS, 2013b). Regarding the age of employees, data from a 1999 survey of Italian social co-operatives suggest workers are "quite young, being usually age 30 to 39 years", and social co-operatives employ the youngest workforce, relative to public bodies, for profit and non-profit organisations (Borzaga & Tortia, 2006, p. 231). More recent data from Italian social co-operatives report an increase in the average age, with 36% of workers being over 40 (Borzaga & Depedri, 2009). This figure is comparable with the median age category of respondents to a survey of 101 WISE employees in France: 36 to 45 years (Ohana et al., 2012).

Regarding whether the positive relationship between age and job satisfaction outlined above holds for social enterprise employees, evidence from two surveys of Italian social co-operatives suggests it might not. In both the 1999 (Borzaga & Tortia, 2006) and 2007 (Borzaga & Depedri, 2009) surveys, age was not associated with social co-operative employees' job satisfaction. However, whether findings from Italian social co-operatives, with their distinct origins, are applicable to UK social enterprises is unclear. Thus, there is evidence to suggest age is positively related to job satisfaction and some indicators of the quality of the psychosocial work environment. On this basis, if social enterprises tend to employ older workers, one might expect to find higher levels of job satisfaction and better appraisals of the work environment, i.e. evidence of 'good' work, while the opposite would be true should they employ young workers. However, little is known about the average age of social enterprise employees and there are even some indications that the positive association between age and job satisfaction may not apply to them.

[13] This was calculated using the age of the respondent to the Small Business Survey questionnaire, which may, or may not, be the leader of the organisation.

2.8.2.4. Work orientation

In addition to the individual-level, demographic factors, other factors at the individual-level, regarding an employee's motivations and values, are also thought to influence the relationship between work characteristics and employee health and wellbeing outcomes. Indeed, it was mentioned in Sections 2.8.1.2 and 2.8.1.3 that the effects associated with voluntary work and pay level on employee wellbeing, operationalised as job satisfaction, may be influenced by an employee's work orientation.

Workers with an intrinsic (or 'expressive') orientation are thought to value performing activities for their own sake, e.g. the challenge involved, while those with an extrinsic (or 'instrumental') orientation are motivated by the rewards they might gain from performing a certain activity, rather than anything inherent to it (Demerouti et al., 2012; Ryan & Deci, 2000). Thus, extrinsically motivated employees tend to draw more satisfaction from wages than their intrinsically motivated counterparts (Mafini & Dlodlo, 2014; Malka & Chatman, 2003; Vansteenkiste et al., 2007), who prefer opportunities to use their initiative and abilities (Zou, 2015). This could, therefore, have implications for employee wellbeing, however, several have argued that work orientation only moderates the relationship between work characteristics and health – it is the psychosocial quality of the work environment, i.e. whether an employee has appropriate demands and sufficient control, that has the strongest effect on employee health-related outcomes (Eurofound, 2012; Loscocco & Roschelle, 1991; O'Reilly, 1977; Smerek & Peterson, 2007).

As Amin (2009) points out, little is known about the motivations of individuals employed in the social economy. His ethnographic research, which contributed to the lack of knowledge in this area, identified three 'categories' of social enterprise employee: (i) employees who have explicitly chosen to work – and possibly pursue a career – in a social enterprise for ethical reasons; (ii) individuals who have 'fallen' into the social economy, possibly due to forced exit from mainstream employment, but 'end up valuing the experience' (Amin, 2009, p. 42); and (iii) individuals that work in the social economy primarily as means of earning a wage or gaining experience before moving to another job outside the sector. One might expect the first of these three categories to be intrinsically motivated, while the third would be more extrinsically motivated, with those in the second category somewhere in between. If wages are indeed low in social enterprises, as was suggested, with caveats, in Section 2.8.1.3, then employees belonging to the first category might derive more satisfaction from working in a social enterprise relative to those in the third category, and, to a lesser extent, those in the second. Whether these three categories identified by Amin (2009) are

applicable to social enterprise employees throughout the UK is questionable given his research was limited to one geographical area, Bristol, and comprised a small sample of employees.

Little else is available regarding social enterprise employees' motivations. However, it has been suggested that, because they lack sufficient financial resources to pay employees the market rate (Austin et al., 2006; Dees, 1998; Doherty et al., 2014), that social enterprises rely on non-financial incentives to recruit, retain and motivate staff (Battalina & Dorado, 2010; Haugh, 2007). Thus, it is logical to assume social enterprise employees would be intrinsically, rather than extrinsically motivated, as the latter would be less likely to join and more likely to leave. Data from Italian social co-operatives provide some support for this: workers were attracted to social co-operatives for, primarily, intrinsic reasons and there was no correlation between satisfaction and wages, which implies employees do not derive satisfaction from increased pay, i.e. extrinsically motivated (Borzaga & Depedri, 2009; Borzaga & Tortia, 2006). However, there is also evidence that a significant proportion of social co-operative employees were previously unemployed, which suggests these organisations attract "not only intrinsically motivated workers, but also people simply looking for a job" (Borzaga & Depedri, 2009, p. 76).

Despite a lack of firm evidence, it is possible that social enterprise employees are more likely to be intrinsically, rather than extrinsically, motivated. Therefore, they should derive relatively more satisfaction from intrinsic aspects of the work, which includes its 'social usefulness', autonomy in decision-making, involvement in decision-making, etc. (Borzaga & Depedri, 2009), rather than extrinsic aspects, such as pay. Given that social enterprises have a social mission, and, as discussed earlier, may provide autonomy and involvement in decision-making, one might expect relatively high levels of job satisfaction in social enterprises.

2.8.2.5. Person-organisation fit

In addition to their work orientation, how well matched an employee is to their organisation's values, goals and mission, i.e. person-organisation (P-O) fit, is also associated with health-related outcomes (Kristof, 1996). P-O fit has been shown to predict wellbeing, operationalised as job satisfaction, in nurses (Risman et al., 2016; Verplanken, 2004), senior accountants (O'Reilly et al., 1991), entry-level auditors (Chatman, 1991) and office personnel and truck drivers (Kristof-Brown, 2001). However, insignificant (Kalliath et al., 1999) and even negative (Kramer & Hafner, 1989) relationships have been reported. Nevertheless, this has

implications for the study of social enterprise because they are organisations driven by a social mission. Thus, based on the findings above, one might expect employees that share the values, goals and mission of the enterprise they work for to benefit from improved wellbeing.

On this basis, it could be surmised that employees who *do not* share the values, goals and mission of the enterprise they work for might suffer reduced wellbeing as a result. One study that is particularly relevant in this instance suggests that might not be the case. Singhapakdi et al. (2015) studied the effect of incongruity between an organisation's corporate social responsibility (CSR) orientation and its employees' CSR orientation on employees' quality of work life (QWL). They found that (i) if an organisation's commitment to CSR is weaker than the employee's, there is a negative effect on their QWL, and (ii) if an organisation's commitment to CSR is stronger than the employee's, there is no effect on their QWL. This is significant because QWL encompasses several employee health-related outcomes[14] (Warr et al., 1979) and social enterprises, arguably, have an inherent CSR orientation[15]. Given the primacy of social aims in social enterprises (Peattie & Morley, 2008), it is, arguably, unlikely that their employees would have a stronger CSR orientation than them. Thus, in this sense, social enterprises' social orientation should have positive implications for employee wellbeing. However, some caution must be exercised as this is based on the findings of one study.

2.8.2.6. Summary of individual-level factors

In sum, in addition to the psychosocial and organisational-level factors discussed earlier, individual-level factors, comprising demographics, motivations, and values, may influence the relationship between work characteristics and employee health- and wellbeing-related outcomes. The evidence suggests that employee health and wellbeing, often operationalised as job satisfaction, varies by gender, level of education and age. In general, the following groups report higher levels of job satisfaction: women, those with low educational attainment, and older workers. Due to a lack of firm, or conclusive, evidence, it is hard to say whether these groups are overrepresented or underrepresented in social enterprises. There are reasons to believe more women work in social enterprises, but the limited evidence available for level

[14] Including job satisfaction, life satisfaction and happiness

[15] CSR refers to companies taking responsibility for their impact on society (European Commission, 2014). Social enterprises are, patently, socially responsible organisations (Roy et al., 2014) and it has been suggested the social enterprise and CSR movements have much in common: "both want more businesses to take the interests of non-shareholder stakeholders seriously and to play a larger role in addressing pressing social and environmental problems" (Page & Katz, 2012, p. 1357).

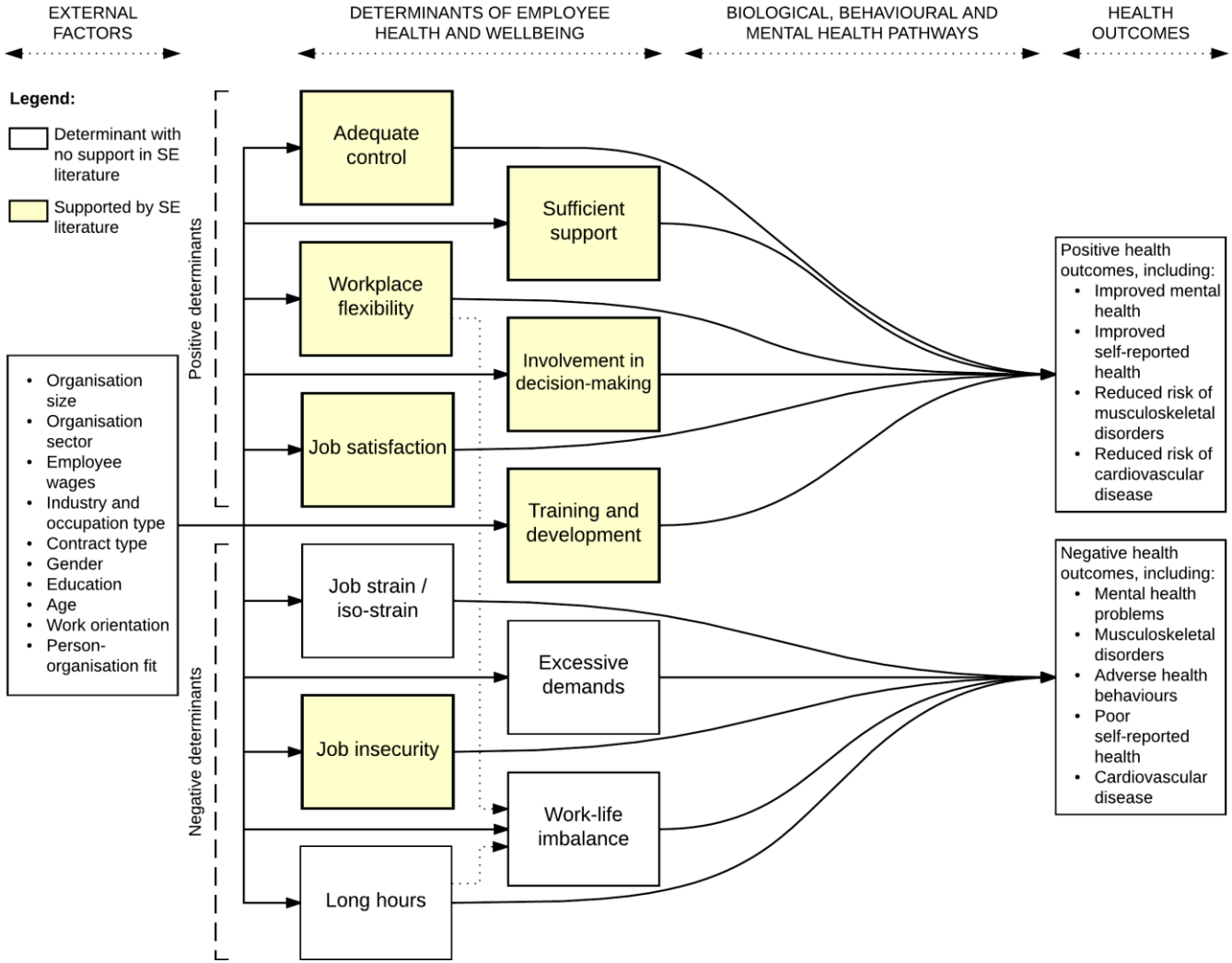
of education and age is ambiguous. Should the positive relationship between gender and job satisfaction hold for social enterprise employees, and there is a suggestion that it does not (Borzaga & Tortia, 2006), one might expect to find higher levels of job satisfaction in social enterprises because they seem to employ more women. Similarly, should they employ more people with low educational attainment, or older workers, one might expect higher levels of job satisfaction. However, there is evidence that suggests these relationships might not hold for social enterprise employees either (Borzaga & Depedri, 2009; Borzaga & Tortia, 2006). As previously discussed, caution should be exercised in interpreting the data from Italian social co-operatives. Thus, there is lack of evidence on the demographic profile of social enterprise employees and limited understanding of how demographic factors influence employee health-related outcomes in social enterprises. Clearly, there is a need for more empirical research.

In addition, evidence suggests that employee wellbeing, operationalised as job satisfaction, may vary according to their work orientation, i.e. intrinsic or extrinsic, and how well matched they are to their organisation's values, goals and mission. As Amin (2009) points out, little is known about the motivations of individuals employed in the social economy. However, what is available suggests they are, if anything, more likely to be intrinsically, than extrinsically, motivated, which could have positive implications for their wellbeing. Similarly, their social aims could also have positive implications for employee wellbeing, to the extent that they align with employees' values and goals. It is important to be aware of these findings given that the present research is concerned with social enterprise employees' health- and wellbeing-related outcomes.

2.9. The conceptual model arising from the literature review

Before concluding, the model, arising from the literature review, of how working in a social enterprise might impact upon employee health and wellbeing, is presented (see Figure 2.2 overleaf). It illustrates the relationship between the components of 'good' work and various positive, and negative, health outcomes, and the potential role of social enterprise in that relationship. Boxes shaded in yellow represent health determinants, e.g. adequate control, that, according to the literature review, may be present in social enterprises. Those not shaded in yellow represent health determinants that have no evidence to suggest they are present in social enterprises, e.g. job and iso-strain. In addition, the model depicts how the determinants of employee health and wellbeing are influenced by the organisational- and individual-level factors highlighted in the review, e.g. organisation size and level of education.

Figure 2.2. The model of how working in a social enterprise might impact on employee health and wellbeing



SE = social enterprise; the dotted lines going from 'workplace flexibility' and 'long hours' to 'work-life imbalance' indicate that the latter is determined, at least in part, by these two factors

2.10. Concluding comments

This chapter outlined (i) the existing evidence that social enterprises provide 'good' work conducive to employee health and wellbeing, (ii) the relationships between the components of 'good' work and a range of health outcomes, in addition to the hypothesised causal mechanisms underpinning them, (iii) relevant organisational- and individual-level factors thought to influence the relationship between work and health, (iv) how the UK and GM in particular might benefit from the provision of 'good' work and, finally (v) the model, arising from the literature review, of how working in a social enterprise might impact upon health and wellbeing.

Although it is disputed, social enterprises, which have attracted increased attention from policymakers in recent years, are thought to number around 70,000 in the UK, making a significant, if small, contribution to the UK economy. In the context of austerity and public spending cuts, there is, arguably, room for them to grow. While debated, many consider them to be participatory in nature and, though limited, there is some empirical support for this view and that they may provide 'good' work conducive to employee health and wellbeing. Plausible causal mechanisms underpin the relationships between the components of 'good' work and various health and wellbeing outcomes that represent a considerable and, in case of mental health problems such as stress, anxiety and depression, a rising social and economic cost to the UK. This is underlined by the national and local recognition of the role 'good' work can play in improving population health generally and health inequalities specifically. Social enterprises, should they provide 'good' work, could potentially make a significant contribution in this regard, especially so given that they tend to operate in deprived areas and employ locally. However, little is known about the experience of working in a social enterprise and available evidence is subject to significant limitations, therefore there is a need for more empirical research in this regard.

This research aims to, in part, address this significant gap in the literature. Thus, having addressed questions 1–5 set out at the beginning of the chapter, the research questions for the subsequent stages of the research are as follows:

6. What is the profile of the social enterprise sector in Greater Manchester?
7. What factors do social enterprise employees perceive impact on their health and wellbeing at work?
8. Do social enterprise employees perceive that social enterprises provide 'good' work conducive to their health and wellbeing?

9. How do social enterprise employees describe their experience of working in a social enterprise and how does this compare to their previous work experience?
10. How do social enterprise employees rate their health and wellbeing?
11. How do social enterprise employees rate the psychosocial quality of their work environment?
12. How do social enterprise employees, in the above respects, compare with respondents to a UK survey of (i) employees (the Workplace Employment Relations Study Survey of Employees) and (ii) the population (Annual Population Survey)?

CHAPTER THREE — RESEARCH METHODOLOGY OVERVIEW

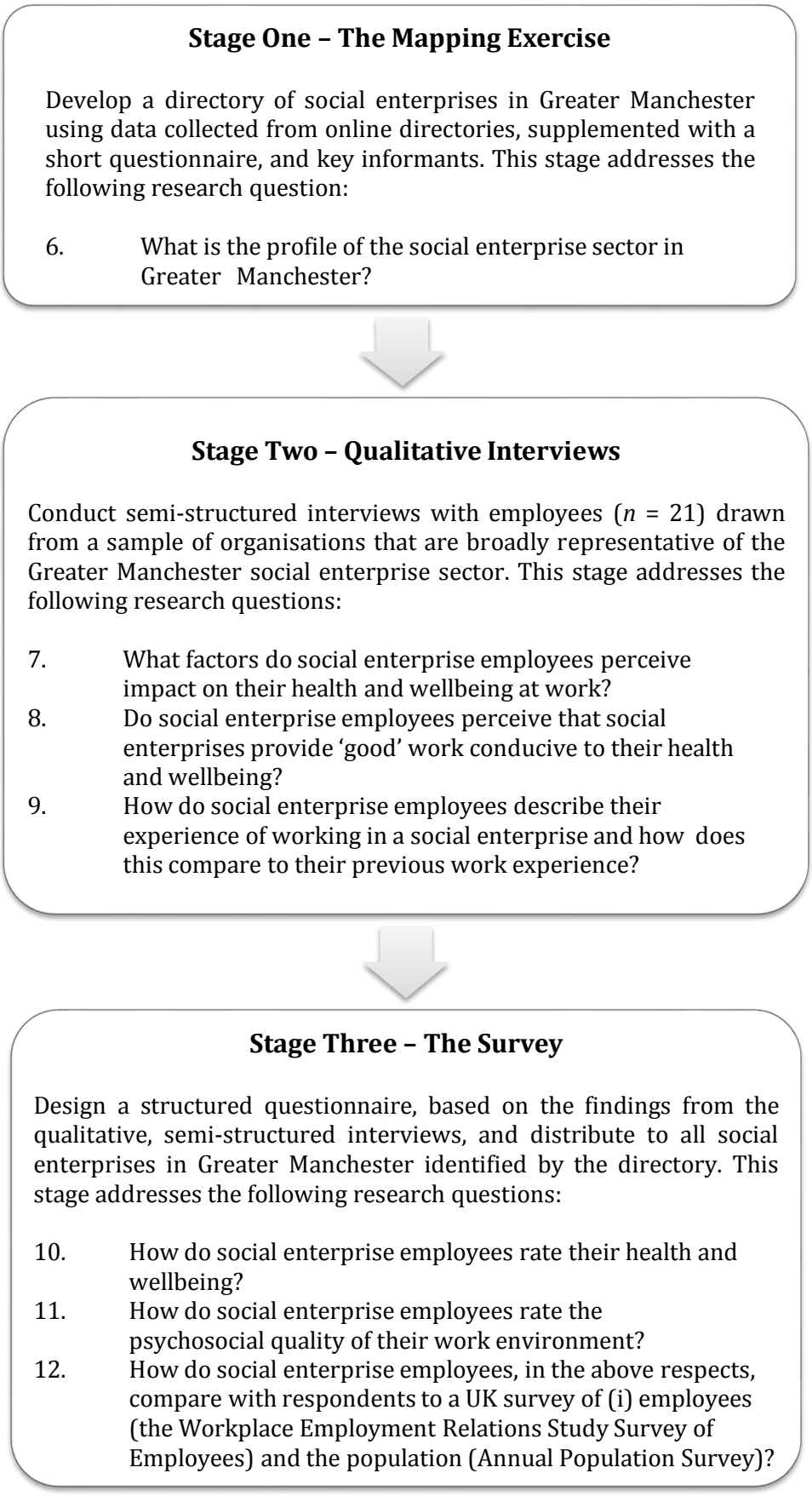
3.1. Introduction

Having addressed the first five research questions in the previous chapter, this chapter aims to provide a critical discussion of the mixed-methods study design and give an overview of the three stages of the research, outlining the methods used in each stage to answer the remaining research questions, i.e. questions 6-12.

3.2. Research methodology

The overall aim of the research was to explore the impact of working in a social enterprise on employee health and wellbeing through the lens of 'good' work. To do this, a mixed-methods study was carried out in three interdependent stages. A critical discussion of the mixed-methods design is provided in the next section, followed by an overview of the three stages of the research (for a graphical representation see Figure 3.1 overleaf) and the research questions they set out to answer. Further details of the methods used for each stage of the research are given in their respective chapters. The chapter concludes with a section on the rationale for using mixed-methods for the present study.

Figure 3.1. Overview of the three stages of the research



3.3. Mixed-methods: a critical discussion

Many studies in the health field have combined qualitative and quantitative methods (Casebeer & Verhoef, 1997; Datta, 1997; Greene & Caracelli, 1997; Morgan, 1998; Tashakkori & Teddlie, 1998) and, for several reasons (discussed below), this approach is growing in popularity (Azorín & Cameron, 2010; Moffat et al., 2006; Punch, 2009; Tashakkori & Teddlie, 2003). There is, however, some debate regarding the combination of these approaches that warrants discussion. Researchers who use mixed-methods are generally not considered research 'purists' (Felizer, 2009) and those who strictly use either qualitative or quantitative methods rarely embrace a mixed-methods approach (Tashakkori & Teddlie, 1998). Some, such as Sale et al. (2002) have objected to the combination of these methods on philosophical grounds: the quantitative paradigm is based on positivism, while the qualitative paradigm has its basis in interpretivism (Altheide & Johnson, 1994; Kuzel & Like, 1991; Secker et al., 1995) and constructivism (Guba & Lincoln, 1994).

Mixed-methods research, however, does not have its roots in either positivism or interpretivism and constructivism. Instead, it is based on pragmatism; a researcher using mixed-methods is more interested in the type of research question asked than the chosen methodology (Cresswell, 2003). As Bryman (1984) and Sieber (1973) have pointed out, the differences between qualitative and quantitative methods have been exaggerated and the methods can be integrated because of their complementary strengths and weaknesses. Furthermore, Reichardt & Cook (1979) have rejected the idea that certain epistemological paradigms necessarily require particular methodological techniques.

Haase & Myers (1988) have also argued that qualitative and quantitative methods can be combined on the basis that they share the goal of understanding the world we live in; because qualitative and quantitative approaches share a unified logic, the same rules of inference apply to both (King et al., 1994). Also, as Clarke & Yaros (1988) point out, combining research methods has proved useful in some areas of research such as nursing.

The main advantage in combining qualitative and quantitative research in the same project is, according to Hansen (2006), the increased scope made possible; for example, in some studies, a quantitative phase will follow an exploratory qualitative phase, as is the case with the present research. Another advantage highlighted by Bryman (2001) and Bowling (2014) is that combining these methodologies may generate deeper insights than either method alone. Hammond (2005) states that while quantitative and qualitative approaches have their own limitations when used separately, using them together can remove this limitation. Studies that utilise both approaches can capture the best of both quantitative and qualitative

approaches (Kushman, 1992; Tashakkori & Teddlie, 2003). Thus, combining qualitative and quantitative research in the same study allows for a "detailed and comprehensive enquiry" (Hansen, 2006, p. 10).

Further advantages of combining two methodologies include: (i) using qualitative methods to help identify relevant variables for study in a quantitative component (Barbour, 1999); (ii) using qualitative methods (e.g. interviews) to develop an instrument for quantitative research (e.g. a questionnaire) (Gabriel & Bowling, 2004); (iii) to examine different questions (Koops & Lindley, 2002); and (iv) to examine the same question with different methods (Brannen, 1992). Thus, there are many ways in which mixed-methods can be used in a study.

One particular benefit of mixed-methods, according to Brannen (1992), is triangulation[16], i.e. using more than one method to study the same phenomena in order to ensure that the variance reflected is that of the phenomenon itself and not of the method (Denzin, 1970; Tashakkori & Teddlie, 1998). This is based on the premise that the weaknesses of a single method will be compensated for by the strengths of another (Ivancevich & Matteson, 1988). In addition, Brannen (2005) highlights three other possible outcomes when combining methods: (i) elaboration, where qualitative data analysis exemplifies how the quantitative findings apply in particular cases; (ii) complementarity, where qualitative and quantitative results differ but together they generate insights; and (iii) contradiction, where qualitative and quantitative findings conflict.

Despite the advantages of a mixed-methods approach outlined above, some, such as Lincoln and Guba (1985) and Smith (1983) claim that the qualitative and quantitative research paradigms are so divergent that they simply cannot be combined in a mixed-methods study. These philosophical objections are made on the premise that the quantitative paradigm is based on positivism, while the qualitative paradigm is based on interpretivism and constructivism, and that these are fundamentally incompatible (Sale et al., 2002). The ontological position of the quantitative paradigm is that there is only one truth (positivism), i.e. an objective reality that exists independent of human perception (Sale et al., 2002). In contrast, the ontological position of the qualitative paradigm is that there are multiple realities or multiple truths, i.e. reality is socially constructed (Berger & Luckmann, 1966, cited in Sale et al., 2002). Therefore, Sale et al. (2002) argue that qualitative and quantitative methods can only be combined for complementary, but not cross-validation or triangulation purposes. Others, such as Brannen (2005), however, disagree: mixed-methods embrace pragmatism, which offers an alternative worldview to positivism and constructivism, focusing on the

[16] This can also be referred to as 'corroboration' (Brannen, 2005)

problem to be researched and the outcomes of the research (Brewer & Hunter, 1989; Creswell & Plano Clark, 2007; Felizer, 2009; Miller, 2006; Tashakkori & Teddlie, 1998).

In addition to these philosophical objections, Hansen (2006) has highlighted more practical limitations of mixed-methods research, pointing out that the combination of two methods leads to research projects becoming much more complicated. Furthermore, the researcher is likely to experience practical difficulties around collecting and analysing very different types of data (Hansen, 2006).

Thus, while the use of mixed-methods has attracted criticism on philosophical and, though to a lesser extent, practical grounds, mixed-methods research is becoming increasingly common in the health field and is growing in popularity. Furthermore, it offers a number of advantages. In particular, it can increase the scope of a research project where, for example, a quantitative stage follows an exploratory, qualitative stage, which may generate deeper insights than either method alone. The rationale for using mixed-methods for the present study is set out in Section 3.5, following an overview of the research.

3.4. Overview of the three stages of the research

Having critically discussed the use of mixed-methods generally, this section provides an overview of the three stages of the research and the questions each one set out to answer.

3.4.1. Stage One – The Mapping Exercise

This stage of the research set out to answer the following research question:

6. What is the profile of the social enterprise sector in Greater Manchester?

As highlighted in the literature review, few attempts have been made to map the social enterprise sector in GM. For the purposes of Stages Two and Three, accurate, up-to-date information was needed to select a cross-section of social enterprises to draw interviewees from that broadly represented the GM social enterprise sector. It was important the sample reflected the diversity of the sector in terms of organisation size, form, purpose, etc. given that employee health-related outcomes and their perceived quality of work varies according to these factors and the findings would be used to inform the development of a questionnaire. Thus, a new directory was needed.

3.4.2. Stage Two – Qualitative Interviews

This stage of the research set out to answer the following research questions:

7. What factors do social enterprise employees perceive impact on their health and wellbeing at work?
8. Do social enterprise employees perceive that social enterprises provide 'good' work conducive to their health and wellbeing?
9. How do social enterprise employees describe their experience of working in a social enterprise and how does this compare to their previous work experience?

As discussed, social enterprise is, in many respects, an under-researched phenomenon (Henry, 2015; Peattie & Morley, 2008) and there is a lack of research exploring the experience of social enterprise employees. As such, an exploratory, qualitative approach was taken for this stage of the research. It was not feasible to develop a structured interview guide, which requires a well-developed understanding of the topic at hand derived from an extensive body of literature (Cohen & Crabtree, 2006). Therefore, semi-structured interviews, which are conducted on the basis of a loose structure consisting of open-ended questions that define an area to be explored (Britten, 1995), were considered appropriate. This approach was suitable as it allows the researcher to diverge from the interview guide, if needed, to pursue an idea or topic in greater detail (Zhang & Wildemuth, 2009). It is also helpful when trying to develop understanding of an area that has been largely unexplored as interviewees are given the freedom to respond in a discursive manner and express themselves in their own words (Gill et al., 2008). In this context, a more structured guide with closed questions could preclude the emergence of relevant themes and data.

3.4.3. Stage Three – The Survey

This stage of the research set out to answer the following research questions:

10. How do social enterprise employees rate their health and wellbeing?
11. How do social enterprise employees rate the psychosocial quality of their work environment?

12. How do social enterprise employees, in the above respects, compare with respondents to a UK survey of (i) employees (the Workplace Employment Relations Study Survey of Employees) and (ii) the population (Annual Population Survey)?

The findings from the interviews informed the development of a questionnaire that was distributed to all of the social enterprises identified in the first stage of the research. Basing the content of a questionnaire on the findings of a previous, qualitative, stage is a method frequently used by researchers (Barbour, 1999; Coffey, 2004; Gabriel & Bowling, 2004; Hansen, 2006); for example, the development of the Health and Lifestyle Questionnaire used by Cox et al. (1987) was informed by findings from loosely structured interviews (Gomm et al., 2000).

Structured questionnaires are often used to assess work characteristics and health and wellbeing in the workplace. For example, the General Health Questionnaire (GHQ) has been widely used in studies of workplace health and wellbeing (Weinberg et al., 2010) and long running national and international surveys, such as the UK Workplace Employment Relations Study and the European Working Conditions Survey, routinely collect data on employees' perceived quality of work. A particular strength of structured questionnaires is their ability to collect unambiguous and easy to count answers that lead to quantitative data for analysis (Bowling, 2014). They use a high proportion of closed questions with pre-coded answers; a closed question is one where the possible answers are already defined and the respondent is limited to one of the pre-coded responses given (Mathers et al., 2009). Closed questions are, therefore, useful for producing answers that can be easily compared and analysed (Dometrius, 1992; Kelley et al., 2003). Thus, a structured questionnaire with closed questions was considered appropriate for assessing the health, wellbeing, and perceived quality of work, of employees working in social enterprises across GM.

3.5. The rationale for using mixed-methods for the present study

Having discussed the strengths and limitations of mixed-methods generally, and provided an overview of each stage of the research, this final section will outline the rationale for using mixed-methods for the present study. As described, the first stage of the research involved a mapping exercise to generate a sampling frame to draw interviewees from. This approach, of drawing on an initial quantitative sample to identify relevant groups (in this case local social enterprises and their staff) for in-depth, i.e. qualitative, study, is recommended by Brannen (2005).

The second stage involved qualitative, semi-structured interviews with social enterprise employees, which would inform the development of a questionnaire. Qualitative research is recognised as a useful first step in a larger quantitative project (Hansen, 2006) and is useful for exploring and learning about an unfamiliar setting or group of people (Mays & Pope, 2000), such as social enterprise employees. Also, findings from qualitative interviews can help identify relevant variables to be studied at a subsequent stage (Barbour, 1999) and enable a researcher to design an instrument for quantitative research (Gabriel & Bowling, 2004) – in this case, a structured questionnaire.

A purely quantitative approach could, potentially, have missed out on phenomena occurring because of the traditional focus of quantitative research being on theory or hypothesis *testing*, rather than theory or hypothesis *generation* (Johnson & Onwuegbuzie, 2004). Moreover, a structured questionnaire would require a clear topical focus and understanding of the topic derived from an extensive body of literature (Cohen & Crabtree, 2006), which was not possible in this case. As such, there would be a risk of including irrelevant or impertinent questions in the questionnaire and failing to focus on salient issues.

Thus, the qualitative stage was appropriate, as qualitative research is traditionally concerned with induction, discovery, exploration and theory or hypothesis generation (Johnson & Onwuegbuzie, 2004). This approach of testing hypotheses derived from smaller samples (the interviews conducted in Stage Two) with quantitative data from a larger sample (data from questionnaires collected in Stage Three) is well established (see Fernandez-Mateo, 2007; Kurzman & Leahy, 2004; Small et al., 2008). Indeed, it has been argued that combining qualitative and quantitative methods in this way for complementary purposes is the ideal type of mixed-methods research as one type can compensate for the weaknesses of the other (see Brewer & Hunter, 1989; 2006; Sale et al., 2002; Scrimshaw, 1990).

A purely qualitative approach would be insufficient to address the research questions for the present study. The sample size would be significantly smaller, therefore knowledge produced would not necessarily be generalisable to employees working in other social enterprises across GM – as the findings could be unique to the relatively few people included in the study. Also, data analysis would be very time consuming and the results would be more easily influenced by any personal biases and idiosyncrasies (Johnson & Onwuegbuzie, 2004). The quantitative component can compensate for these weaknesses as (i) findings from a larger sample are more likely to be generalisable to the study population (i.e. social enterprise employees in GM); (ii) data analysis can be aided by software, such as SPSS, which speeds up the process; and (iii) the results are relatively independent of the researcher (Johnson &

Onwuegbuzie, 2004). Thus, the mixed-methods approach benefits this research in a number of ways and is therefore an appropriate study design.

CHAPTER FOUR — STAGE ONE: THE MAPPING EXERCISE

4.1. Introduction

Having provided an overview of the three stages of the research in the previous chapter, this chapter presents Stage One. The literature review highlighted the lack of existing research mapping the GM social enterprise sector. This is a notable gap in the literature: given the increasing attention from policymakers that social enterprises have received in recent years (Haugh, 2012; Lyon & Humbert, 2012; Wilson & Post, 2013) and their increasing involvement in the delivery of public services (Chew & Lyon, 2012), there is a growing interest in the scale and size of the sector and what proportion of the economy it may represent (Lyon et al., 2010; Lyon & Sepulveda, 2009). In addition, for the purposes of the present research, an up-to-date directory of social enterprises in the region was needed to serve as a sampling frame for subsequent research stages. Thus, this chapter set out to answer the following research question:

6. What is the profile of the social enterprise sector in Greater Manchester?

To do this, existing information from online social enterprise databases (both regional and national) was collected and collated. This was, where necessary, supplemented with a short questionnaire sent to selected organisations. This enabled the development of a directory that profiled the sector in terms of the number of social enterprises, their size, form, legal status, purpose, and finances.

The structure of this chapter is as follows: first, the rationale for the directory will be given, followed by an outline of the methods used to develop it. Then, the findings of the research are presented and discussed.

4.1.1. Why a directory was needed

The need for a directory was twofold: (i) there have been few attempts to map the GM social enterprise sector (and those that have are at least 10 years old); and (ii) subsequent stages of the present research needed a sampling frame for interviews to be carried out with, and questionnaires distributed to, social enterprise employees.

As shown in the literature review, several surveys, conducted at the national level, have attempted to estimate the number of social enterprises active in the UK, the most recent

being *Social Enterprise: Market Trends,* from the Cabinet Office (2013). While these surveys provide useful information on the state of the UK social enterprise sector (though the accuracy of the figures is a matter of debate), the data are aggregated at national level, and therefore do not provide any insight into regional social enterprise activity.

Although many social enterprise surveys have been conducted at the regional level for various regions across the UK (see ECOTEC, 2003), few have surveyed the GM region. This is, arguably, surprising, given the region's rich history of social enterprise (Bull, 2006; Mazzei, 2013; Somers, 2013). The earliest survey is *Social Enterprise in Greater Manchester*, conducted by the North West Development Agency in 2003. This organisation was abolished in early 2012 and, despite contacting the authors of the study, it proved impossible to find a copy of the report.

The only other available surveys of the region are Bull (2006) and Centre for Local Economic Strategies [CLES] (2006). Bull (2006) is not – strictly speaking – a survey of the GM social enterprise sector. It undertook a skills analysis of 61 social enterprises drawn from a wide cross-section of third sector organisations in GM and Lancashire. Bull (2006) collected data for legal status, organisation type, activity profile, business size, income and age profile, etc. The other available survey, CLES (2006), identified 141 social enterprises and collected similar data. These surveys, despite being 10 years old, gave some insight into the state of social enterprise in the region and provided a useful basis of comparison with the data collected for the present research.

As the data provided by these surveys were 10 years old, an up-to-date directory was needed. It was expected that the local economy would have experienced significant changes due to (i) the economic recession of 2007-2008 (Campos et al., 2011) and (ii) a change of government in the UK that had negative implications for social enterprises' funding environment (Sepulveda, 2014). To answer the research question set out above, updated information was required on organisation size, form, legal status and purpose.

4.2. Methods

This section provides a description of the methods employed to develop the directory.

4.2.1. Developing a search strategy

Given the considerable difficulties associated with mapping social enterprise activity (Dart et al., 2010; Lyon & Sepulveda, 2009), the development of the directory required a clear,

unambiguous methodology and search strategy. The Department of Trade and Industry's [DTI] *Guidance on Mapping Social Enterprise* (ECOTEC, 2003), proved useful in this regard. It details the various approaches taken by several different studies to map social enterprise activity in regions throughout the UK. In total, 33 mapping studies were reviewed and four broad approaches to mapping social enterprise were identified:

1. **Regional methods** have used public data sources together with sample surveys for qualitative aspects
2. **Bottom-up local methods** use existing knowledge and networks within the sector
3. **Membership-based methods** use existing membership lists and need to guard against double counting when aggregated
4. **Process-based methods** have appeal given the dynamic nature of the sector as well as the potential to establish on-going mechanisms

As the authors point out, the four methodologies listed above should not be seen as mutually exclusive, for a number of studies they reviewed employed a combination of these approaches (ECOTEC, 2003). The present research used a combination of the first three approaches listed above.

4.2.2. Overview of the search strategy

This stage of the research began with a bottom-up local approach: the directories of local support networks, such as Together Works, were searched for information on social enterprises in GM – building on existing databases is a useful starting point when mapping social enterprise activity (Lyon, 2008). The following seven social enterprise databases were identified and searched: Together Works, the Guardian Social Enterprise Network, Social Enterprise Greater Manchester, Social Enterprise UK (SEUK) database, ClearlySo, Buy Social and the Social Impact App (details of these databases are provided in Section 4.2.4). The main disadvantage with this approach is the potential for double counting when aggregating the data (ECOTEC, 2003); as such, care was taken when combining the databases to ensure this did not happen.

Having identified social enterprises using bottom-up local methods, a membership-based approach was employed, i.e. further information was sought from membership-based organisations such as Co-operatives UK. A limitation of both bottom-up local methods and membership-based methods is that organisations not listed will – inevitably – be missed

(ECOTEC, 2003). Thus, these data were supplemented with information acquired from two sources: (i) interviews and correspondence with key informants; and (ii) referrals from social enterprises already identified, i.e. 'snowballing' (ECOTEC, 2003).

In accordance with elements of the regional approach described by the DTI (ECOTEC, 2003), the data were checked – at various points throughout the research – against the records held by the publicly available registers Companies House and the Mutuals Public Register. This resulted in the exclusion of a number of social enterprises that were either 'dissolved' or 'closed or converted'. As the data collected from these sources was, by and large, basic (i.e. organisation name and contact information only), and potentially out of date, a short questionnaire (SQ)[17] was distributed to a number of organisations in order to (i) supplement the data and (ii) ensure its currency and relevance.

A particular difficulty associated with mapping social enterprise is operationalising a definition, given the profound lack of agreement on this issue (Buckingham et al., 2010). Therefore, in line with Lyon & Sepulveda's (2009) guidance on mapping social enterprises, a detailed, transparent, account of each stage of the search process, the individual sources used, and their criteria for defining a social enterprise, is given below.

4.2.3. Data sources

In total, data for the directory were collected from 20 different sources, divided into five different categories: (i) social enterprise databases; (ii) existing research; (iii) membership databases; (iv) key informants; and (v) referrals, discussed below.

4.2.4. Social enterprise databases

Seven social enterprise databases were identified and searched: (i) Together Works; (ii) the Guardian Social Enterprise Network; (iii) Social Enterprise Greater Manchester (iv) Buy Social; (v) SEUK database; (vi) Social Impact App; and (vii) ClearlySo. For each database the following are provided: (a) some background information; (b) the number of organisations it provides data for; (c) the quality of the data, i.e. how detailed it is; (d) the methods used to compile the database; and (e) the criteria it uses to distinguish social enterprises from other organisations (where available).

[17] Available at the following address: https://www.surveymonkey.com/r/SEGMSQ

4.2.4.1. Together Works

Together Works was the social enterprise membership and support network for GM until it was closed down in mid-2014 (Companies House, 2014). Following recommendations by key informants it was first database searched. The membership directory held data for 126[18] social enterprises located in GM. Basic data, comprising contact details (address, telephone, email, website etc.) and annual turnover, were included for all 126 entries; however, for 73 organisations, more detailed information was available. This included the organisations' stated purpose, e.g. 'health', 'community', etc.; organisation type, e.g. 'community enterprise', 'charity', etc.; legal status; annual sales income; number of employees; and more[19].

In order to be listed on the Together Works directory, social enterprises had to fill out an application form. As such, the data held by the directory can be considered reliable as it was supplied by the organisation itself. However, it should be pointed out that the data will only reflect the state of a particular social enterprise at the time it was provided. As such, all of the data will not necessarily be accurate as of 2015. Despite this, the data still provide valuable insight into the social enterprise sector in GM.

To be included in the Together Works directory, organisations had to comply with the following criteria: (i) the organisation must be directly involved in the production of goods and provision of services to the market, seeks to be a viable trading concern and where possible makes a surplus from trading; (ii) the organisation must have explicit social aims such as job creation, training or provision of local services; (iii) the organisation must be autonomous with a governance and ownership structure based on participation by stakeholder groups and profits are distributed as profit sharing to stakeholders or used for the benefit of the community (Together Works, 2013). These criteria put the same emphasis on trading, social purpose and profit distribution as those found in dominant definitions of social enterprise, such as the one provided by the DTI (2002) and include the two 'core characteristics' of social enterprise (meeting social aims through trading) according to Peattie & Morley (2008). The Together Works definition actually goes further because it requires an element of social ownership, putting emphasis on participatory governance, which, as

[18] In 2012, when the directory was first searched, data were available for 118 organisations. A second search in 2014 revealed eight more organisations had been added; thus, before its closure in 2014 the directory held data for 126 social enterprises.

[19] The information drawn from this database will be fully detailed and discussed in the results section (4.3).

discussed in Chapter Two, is considered, by some, to be a defining feature of social enterprise (e.g. Ridley-Duff et al., 2008).

4.2.4.2. The Guardian Social Enterprise Network

The UK newspaper, the *Guardian*, hosted a directory of social enterprises located throughout the country. The directory no longer exists. However, when the research was conducted in 2012, it was fully accessible. It held information on 105 social enterprises operating in England and Wales and 31 in GM. To prevent double counting (ECOTEC, 2003), the data were crosschecked with those from the Together Works directory. This provided information for 20 new organisations. Combined, the two databases had information for 146 unique organisations.

For each organisation the directory provided basic contact details (telephone, email, website, Facebook and Twitter page), a short description of the organisation provided by the organisation itself, and information regarding the 'sector' it operated in, e.g. 'community integration and social inclusion', 'education', etc. in addition to the 'services and products' it provided, e.g. 'project management', 'mentoring and training', etc. While the information on 'sector' and 'services and products' was useful, the Together Works database already had similar information for 73 social enterprises. The Guardian counterpart, however, only had additional data for 26 organisations. As such, the decision was taken to merge the information provided by the Guardian database on 'sector' and 'services and products' with the data provided by the Together Works database for organisation purpose, as the categories were analogous to each other.

It is not clear exactly how the Guardian Social Enterprise Network compiled the data for its directory. As it was a membership directory, it is most likely that the information was collected from membership applications forms, similar to those used by Together Works. It is, however, not possible to verify the methods and criteria that were used in order to distinguish social enterprises from other organisations as the network is no longer accessible. Despite this, the majority (80%) of the organisations listed identify themselves as 'social enterprises', by either (i) listing it as one of their chosen 'sectors', (ii) mentioning it in the description of their organisation, or (iii) stating it on their website.

4.2.4.3. Social Enterprise Greater Manchester

Data for the 146 unique organisations identified by using the previous sources were supplemented with information from the Social Enterprise Greater Manchester database. When the research was conducted in 2012, the database was available online at the following Internet address[20]. It is, however, no longer available. The database held limited information, i.e. email, address, telephone and website, for a total of 34 social enterprises. To avoid double counting, the names of these organisations were checked against those provided by the Together Works and Guardian directories. This resulted in the exclusion of 14 organisations, therefore 20 new, unique organisations were added and data had been collected for a total of 166 organisations. As with the Guardian directory, information regarding compilation of the database was not available.

4.2.4.4. SEUK database

SEUK is the national body for social enterprise. Its purpose is to raise the profile of social enterprise in the UK. Available on its website[21], its members directory holds information for hundreds of organisations. The information is limited to contact details (address, telephone, website) and short description of the organisation. The directory had data for 13 social enterprises based in GM. After duplicates were removed this directory contributed 11 new, unique social enterprises to the database, which totalled 177.

To be listed on the directory, organisations must apply using the online application form[22], which requires basic information about the organisation (name, contact details, etc.), its social mission, who its target customers are, the trading sector it is active in, etc. All organisations listed on the members directory must comply with SEUK's (2012) membership criteria:

1. Our business has a clear social or environmental mission that is set out in its governing documents.
2. We are an independent business and we earn more than half of our income through trading (or we are working towards this).
3. We are controlled or owned in the interests of our social mission.

[20] http://www.socialenterprisegreatermanchester.co.uk
[21] http://www.socialenterprise.org.uk
[22] The application form is found here:
http://www.socialenterprise.org.uk/membership/becoming-a-member/joining-form

4. We reinvest or give away at least half our profits or surpluses towards our social purpose.
5. We are transparent about how we operate and the impact that we have.

These criteria are similar to those used by Together Works in that they place emphasis on trading, a social mission, profit distribution and social ownership. They are also more stringent than the criteria used by the latest government estimate of social enterprises in the UK (Cabinet Office, 2013), which only required 25% of income to be generated through trading and that half of any profits made should not be distributed to shareholders – the above criteria however stipulate that half should specifically be reinvested or put towards their mission. It is worth noting, however, that SEUK's criteria allow organisations to be 'working towards' earning over half of their income through trading, which, as Teasdale (2012a) points out, leaves room for interpretation on the part of the enterprise itself.

4.2.4.5. The Social Impact App and ClearlySo

These two databases will be discussed together as they contributed only a small number of organisations to the directory. The Social Impact App is a global map application that finds local and online social enterprises[23]. It includes only basic information for four social enterprises based in GM, three of which were already present in the Together Works directory. As such, it only contributed one new, unique organisation.

To be listed on the database, organisations apply online[24] and provide basic information, such as name, address, type of social enterprise, etc. The definition used to distinguish social enterprises from other organisations is short: "a business whose primary purpose is social good" (Social Impact App, 2013). These vague criteria raise question marks over the validity of the data as they leave a lot of room for interpretation (Dart et al., 2010) and are clearly less prescriptive than the criteria used by Together Works and SEUK, for example. However, the database only contributed one organisation.

ClearlySo helps social entrepreneurs raise capital by connecting them with investors (ClearlySo, 2013). Its website[25] hosts a directory over nearly 4,000 social businesses and enterprises from around the world. It has data for 11 social enterprises based in GM. Once duplicates were removed ClearlySo contributed five new, unique social enterprises to the

[23] The app can be found at the following address: http://www.socialimpactapp.com
[24] The application form is found here: http://www.surveymonkey.com/s/CCMM95M
[25] Its website is found at the following address: http://www.clearlyso.com

database, meaning that, with the one organisation from the Social Impact App, data had been collected for 193 unique organisations in total.

The ClearlySo directory provides information for contact details, industry, social benefit and company type. To be listed, organisations must apply online and provide (i) a short company description; (ii) details of social impact; and (iii) a list of social benefits. The organisation will then be evaluated against the following definition of a social enterprise:

> "A social enterprise is a business that has both social and commercial goals. What makes it different from other enterprises is that it places a firm emphasis on tackling social problems. This positive impact is as important to its business objective as any financial bottom line." (ClearlySo, 2013, para. 4)

While these criteria are less strict than those of Together Works and SEUK, they do place emphasis on the two core characteristics of social enterprise, (i) the primacy of social aims, and (ii) that the primary activity involves trading (Peattie & Morley, 2008). However, they do not mention profit distribution or participatory governance.

4.2.4.6. Buy Social

All the directories discussed above were searched between 2012 and 2013, i.e. before the qualitative interviews were conducted (detailed in Stage Two). The Buy Social directory, however, was searched during 2014 (it was not available before this date). Its directory, available here[26], is the result of discussions between SEUK, Social Enterprise West Midlands and the City of London Corporation about how best to develop the marketplace for social procurement. The directory was established in 2014 and has information on just over 10,000 organisations in the UK and 63 in GM. The majority (46) of these were already present in the databases discussed above. As such, the Buy Social directory contributed 27 new, unique social enterprises to the database.

To be listed on the directory social enterprises must apply using the online application form[27]. The form requires applicants to provide basic contact details, i.e. address, website and email, in addition to information on 'trading activities'. Further information can be provided at the applicant's discretion, including: 'company description', 'track record', 'social mission'

[26] http://buysocialdirectory.org.uk
[27] The form can be found at the following address: http://buysocialdirectory.org.uk/supplier/register

and ‘social purpose’. For ‘social mission’, organisations could choose up to nine ‘missions’ from a list of nine options, e.g. ‘employment, training and education’ and ‘citizenship and community’. Using this information, the social enterprises identified by the Buy Social directory were assigned to analogous categories used by the Together Works directory.

The Buy Social directory uses SEUK’s membership criteria (outlined above). These criteria must be complied with and the site manager checks each organisation’s registration before it is approved for listing on the site (Buy Social, 2014).

4.2.4.7. Database summary

Through searching these seven social enterprise directories – a method consistent with the bottom-up, local approach (ECOTEC, 2003; Lyon & Sepuldeva, 2009) – 210 organisations based in GM were identified. The most useful database was the Together Works directory, which not only had data for the greatest number of organisations (126), it was the most detailed, providing information for annual turnover, annual sales income and number of employees. It also used rigorous criteria to distinguish social enterprises from other organisations, putting emphasis on social aims, trading, profit distribution and social ownership. The SEUK and Buy Social directories used similar criteria, but are arguably more stringent as they impose a ‘cut-off’ of at least 50% of income through trading and 50% of profits reinvested. This would suggest the organisations on these databases are genuine social enterprises. However, the data provided by the other sources are, arguably, less reliable given the lack of information on how it was collected. Therefore, steps were taken, detailed in Section 4.2.10, to ensure these databases held genuine social enterprises.

To some extent, all social enterprise mapping exercises suffer from these limitations. One of the greatest difficulties is the way in which social enterprises are distinguished from other organisations (Dart et al., 2010). Specifically, Dart et al. (2010) warn against the use of ‘arbitrary’ criteria. It has been shown that the Together Works, SEUK, Buy Social and, to a lesser extent, ClearlySo, directories use clearly defined, rather than arbitrary, criteria that, in some cases, is more strict than those used by ‘official’ national social enterprise surveys. Furthermore, the directories were not wholly reliant on organisations simply ‘self-defining’ as social enterprises and being able to sign up due to the ‘social desirability’ of being a social enterprise (Teasdale et al., 2013). However, there is still room for interpretation on the part of the enterprise as to whether they comply with the necessary criteria, e.g. regarding what is meant by ‘social mission’, etc. (Buckingham et al., 2010). Ultimately, there is little one can do to completely resolve these problems – there is no ‘perfect’ mapping study (Lyon &

Sepulveda, 2009). 'Social enterprise' is a contested concept that cannot be reduced to a single legal or regulatory form (Price, 2009), therefore there will always be room for interpretation. Thus, despite these limitations, the information provided by these databases give valuable insight into the social enterprise sector in GM.

4.2.5. Existing research on the social enterprise sector in Greater Manchester

In addition to the databases discussed above, bottom-up local methods also make use of existing social enterprise mapping research (ECOTEC, 2003). As pointed out earlier, the only available social enterprise survey for the GM region that revealed the identities of some of the organisations found is CLES (2006). Although 141 social enterprises responded to the survey, only seven organisations were named. For each organisation, information was provided regarding their social mission, trading activities and structure, etc. None of the organisations named by CLES (2006) were present in the directories already searched; therefore data for seven new, unique organisations were added to the database, bringing the total to 217 social enterprises based in GM. With regards to the criteria used for inclusion in the study, CLES (2006) used the well-known DTI (2002) definition of social enterprise, which shares similarities with the definitions used by the Together Works, Buy Social and SEUK database databases.

4.2.6. Membership databases

Having identified 217 social enterprises based in GM using only bottom-up, local methods, elements of a membership-based approach were employed. This approach involves the identification of organisations through membership databases that are not necessarily devoted to social enterprise. Co-operatives UK is a membership organisation for co-operative enterprises throughout the UK. Given the co-operative origins of many social enterprises, particularly in GM (Mazzei, 2013), it seemed appropriate to search the members directory hosted on its website[28], which has information for over 12,000 organisations across the UK and six organisations that self-identified as social enterprises based in GM. Four were already present in the directory developed so far, thus, two unique organisations were added to it.

Carpet Recycling UK is a not for profit membership association working to increase the recycling of carpet waste across the UK (Carpet Recyling UK, 2014) – several of its

[28] The directory is available here: http://www.uk.coop/directory/all

members are social enterprises. Its website[29] holds data for three social enterprises based in GM, all of which were not already present in the directory. As such, information for three new, unique organisations was added. Data for a further four organisations were found on the Manchester Science Parks website, which hosts a tenant directory [30] featuring four organisations that identify themselves as social enterprises based in GM. One of these organisations was already present in the directory; therefore three new, unique organisations were added. Thus, the membership-based approach yielded data for eight unique social enterprises, which brought the total to 225.

4.2.7. Key informants

To mitigate the risk of only identifying organisations listed on databases, information was acquired from discussions with individuals that have personal experience and knowledge of the social enterprise sector in GM. As a direct result four unique organisations were added to the database. Also, through correspondence with key informants, a recently published PhD thesis by Mazzei (2013) was highlighted. In its appendix, a list of interviews conducted with individuals affiliated with social enterprises based in GM provided basic information for 15 organisations. As 12 of these were already present in the directory, this resource contributed data for three new, unique social enterprises. Thus, the information provided by key informants contributed eight new organisations to the directory, bringing the total to 232.

4.2.8. Referrals

The one remaining source of data was referrals from organisations that were contacted at various stages throughout the course of research, for example, when the interviews were conducted in Stage Two and when the employee questionnaires were distributed in Stage Three. A number of organisations contacted via email provided information for a total of eight social enterprises based in GM – an approach, referred to as 'snowballing' by the DTI (ECOTEC, 2003). This brought the total number of unique organisations to 240.

4.2.9. Sources summary

Through the use of 20 different sources, data were collected for 240 social enterprises based in GM. Most organisations (194) were found between 2012 and 2013, prior to the conduct of the interviews during Stage Two. The remaining 46 were identified between 2013 and 2014

[29] The website can be found here: http://www.carpetrecyclinguk.com/index.php
[30] The directory is available here: http://www.mspl.co.uk/tenant-directory/menu.html

as the sources these organisations were obtained from were not available before the interviews were carried out.

4.2.10. Data checking

All organisations identified using the methods above were checked. Consistent with elements of the regional approach outlined by the DTI (ECOTEC, 2003), publicly available registers, including Companies House and the Mutuals Public Register, were used. Companies House is the UK's registar of companies where all forms of companies are incorporated and registered (Companies House, 2014). It hosts a directory of all of these organisations on its website[31]. The following data are held: name and registered office; company number; status (i.e. whether it is still active or not); date of incorporation; company type; nature of business; and accounting information. Information for Industrial Provident Societies was checked using the Mutuals Public Register. Hosted on the Financial Conduct Authority website[32], the register provides the following information on mutuals registered in the UK: name; number; address; status (i.e. whether it is 'registered' or not); registration date, etc.

Companies House and the Mutuals Public Register had records for the vast majority (210) of the 240 organisations identified. The 30 organisations not present on either register might be (i) unlimited companies that do not need to be registered; (ii) sole-traders, which also do not need to be registered; or (iii) registered under a different name. Using Companies House and the Mutuals Public Register, the 'status' of each of the 210 organisations listed was checked at various points throughout the course of the research to determine how many were still active. As of 2015 (the last time the data were checked), 35 organisations that were either (i) dissolved, (ii) converted or closed or (iii) in liquidation, have been removed from the directory, leaving 205 organisations thought to be active.

Of these 205 organisations, 62[33] had detailed information available, which included data for (i) organisation purpose, (ii) organisation type, (iii) legal status, (iv) annual turnover, (v) annual sales income, and (vi) number of full- and part-time employees – this information was provided by the Together Works directory. The 19[34] entries contributed by the Guardian directory also provided information for organisation purpose, which meant data for organisation purpose was available for 81 of the 205 organisations. For the remaining 124

[31] https://www.gov.uk/government/organisations/companies-house
[32] https://mutuals.fsa.gov.uk/Default.aspx
[33] It was stated earlier that the Together Works directory provided such detailed information for 73 organisations, however, following data checking, only 62 remained.
[34] One of the organisations sourced from the Guardian directory was found to be inactive following data checking.

organisations, information for organisation purpose was obtained by (i) searching for existing information available on the Internet, for example on the organisation's website; and (ii) using information provided on the directories they were listed on. This information was then categorised using the labels used by the Together Works directory.

To ensure the social enterprises listed on the Social Enterprise Greater Manchester and Social Impact App directories were genuine social enterprises (these directories were the least reliable due to a lack of information regarding how the data were compiled and what criteria were used to distinguish social enterprises from other organisations), firstly, the same entries were sought in other, more reliable directories. Of the 34 organisations listed by the Social Enterprise Greater Manchester directory, 17 were present in other directories (five of which were present in more than one). The Social Impact App listed four organisations, three of which were present in other directories. For the 18 that were not listed in other directories, further information was sought by (i) consulting organisation websites and (ii) correspondence with the organisations themselves via email.

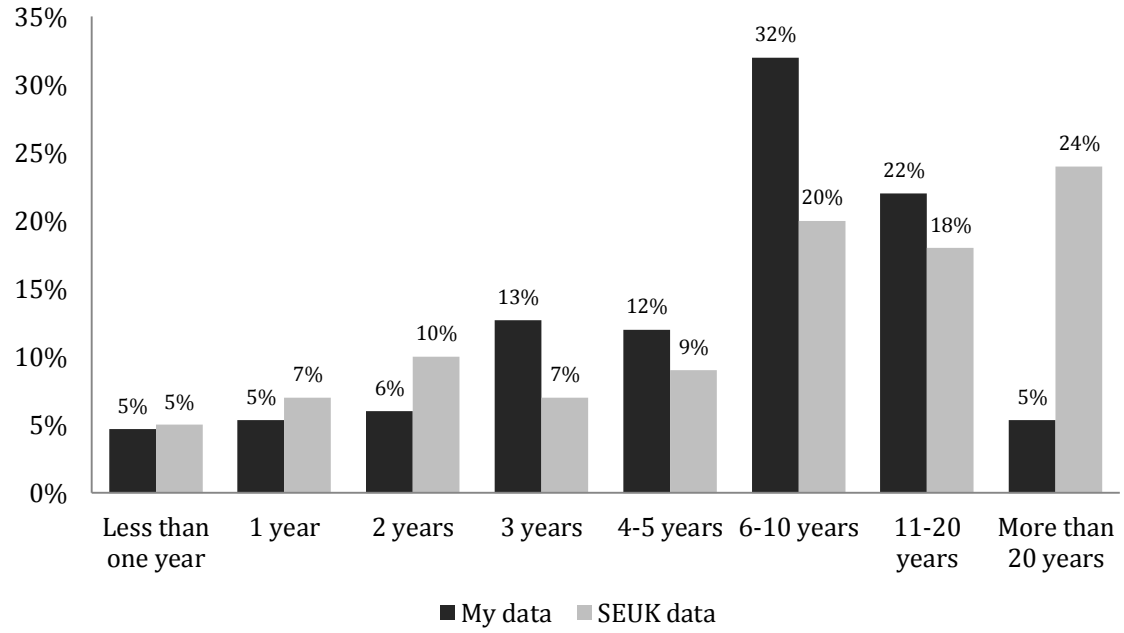
4.3. Results

This section will outline the findings from Stage One describing the profile of the social enterprise sector in GM. Where possible, the findings will be compared to those from existing national and regional social enterprise surveys in order to determine (i) differences between the regional sector and the national average, and (ii) the degree to which it has changed over time. In most cases, the data are presented in similar formats for ease of comparison. As of 2015, 177 of the 240 originally identified organisations comprised the final version of the directory.

4.3.1. Year of establishment

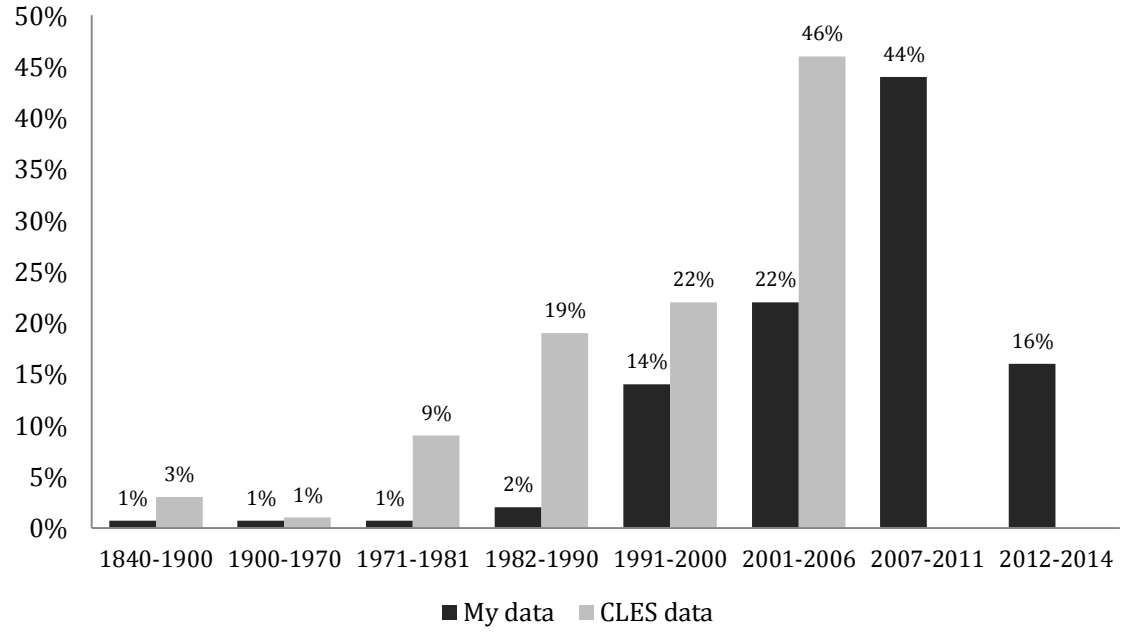
Data on year of establishment were available for 150 organisations. The average age of a social enterprise in the sample is 10 years, the median is seven years and the mode (most common) is four. Compared to the findings from SEUK's national survey of social enterprise (Villeneuve-Smith & Chung, 2013), the GM social enterprise sector is relatively young (see Figure 4.1 overleaf), with almost one-third (32%) of organisations between six and 10 years old, whereas nationally, only 20% fall into this category. Furthermore, the national data suggest nearly one quarter (24%) of social enterprises are more than 20 years old, however, this is true for only 5% of the social enterprises based in GM.

Figure 4.1. Year of establishment (SEUK comparison)



The findings indicate that the sector has remained relatively young (similar to CLES, 2006), as nearly two-thirds (60%) of the social enterprises in the sample were established in the last eight years (between 2007 and 2014) – see Figure 4.2[35] below. This suggests the sector is particularly vibrant, with 90 organisations being established since CLES conducted its report in 2006.

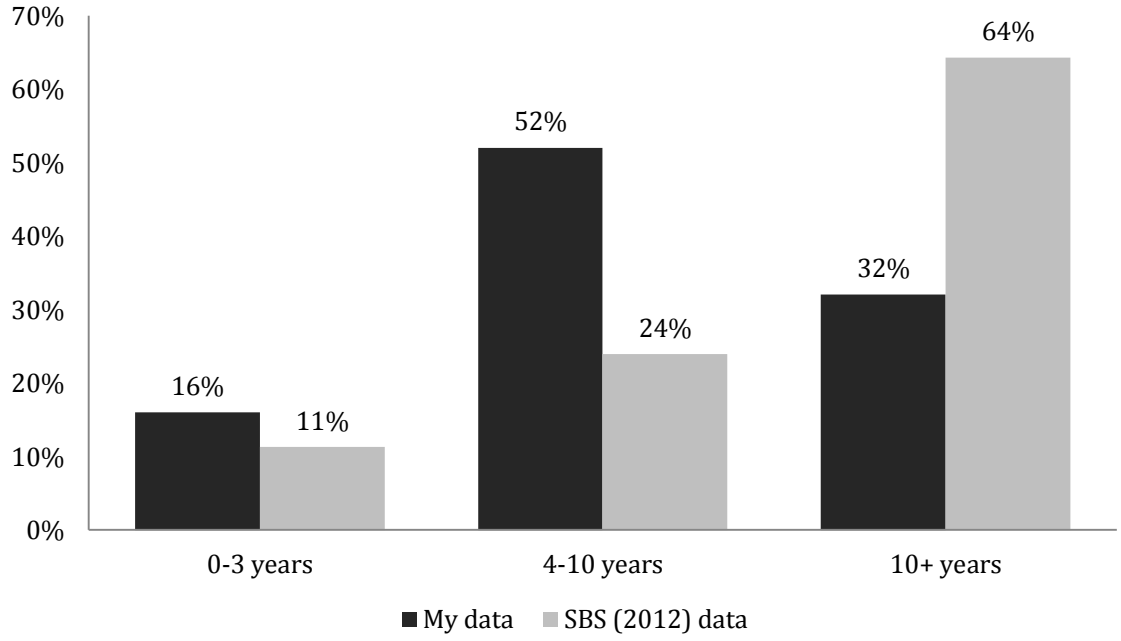
Figure 4.2. Year of establishment (CLES comparison)



[35] As the CLES research was conducted in 2006, no comparable data exist for years 2007-2011 and 2012-2014.

This is further evidenced by the findings from the 2012 Small Business Survey (BIS, 2013b), which found that just under two-thirds of UK SMEs had been established for 10 years or more (see Figure 4.3 below). For social enterprises in GM, however, only 32% had been established for more than 10 years. Furthermore, over half (52%) had been in operation for between four and 10 years, whereas for SMEs across the UK, the figure is less than half – 24%. The data, therefore, suggest that the social enterprise sector in GM is younger than the UK average for both social enterprises and conventional SMEs.

Figure 4.3. Age of organisation



4.3.2. Legal status

Data on legal status were available for 166 organisations (see Table 4.1 overleaf). This information was also obtained from organisations that completed the SQ, which included a question on it. The most common legal status is Company Limited by Guarantee (37%), followed by Community Interest Company (26%).

Table 4.1. Legal status

Legal status	% of social enterprises	No. of social enterprises
Company Limited by Guarantee	37%	62
Community Interest Company	26%	43
Company Limited by Shares	16%	27
Industrial and Provident Society	8%	14
Unconstituted organisation	7%	12
Other	2%	4
Constituted organisation	2%	3
Limited Liability Partnership	1%	1
Total	**100%**	**166**

4.3.3. Organisation type

The directory provided data for organisation type for 114 organisations (Table 4.2 below). The most common organisation type is 'charity' (29%), a similar proportion to that found by CLES (2006), with 33% doing so. The second most common type is 'social enterprise' (24%), also similar to CLES (2006), which found that 28% identified as such. 'Co-operatives' were the third most popular, with 17% of the sample describing themselves in these terms.

Table 4.2 Organisation type

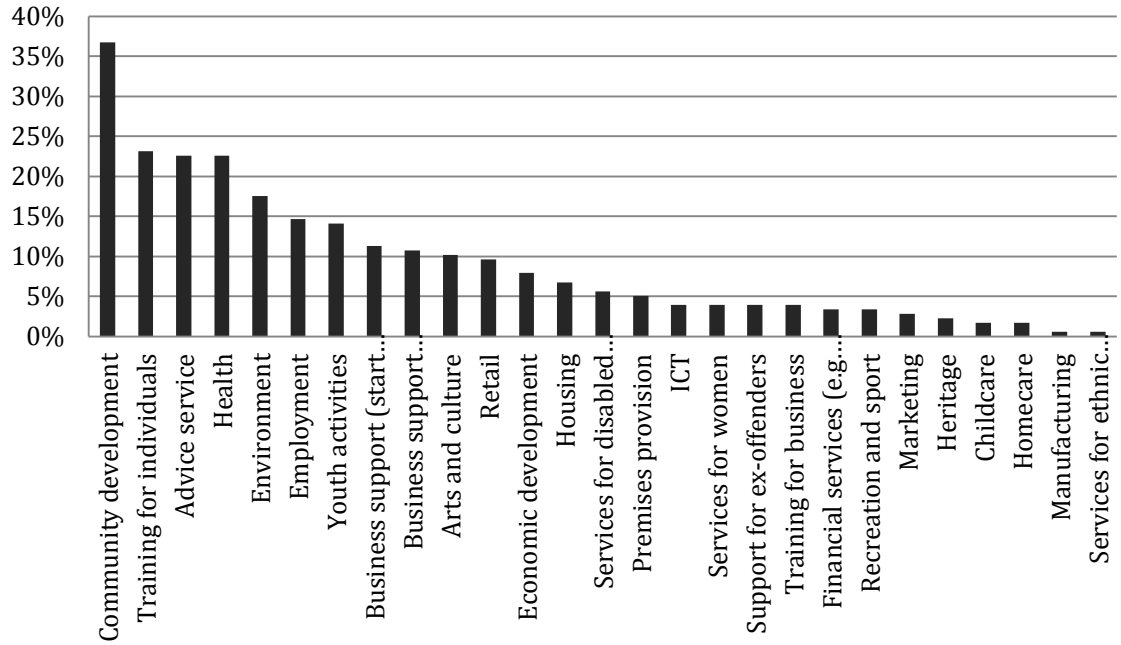
Organisation type	% of social enterprises	No. of social enterprises
Charity	29%	33
Social enterprise	24%	27
Co-operative	17%	19
Sole trader	8%	9
Voluntary/community org.	6%	7
Other	4%	5
Community business	4%	4
Emerging social enterprise	3%	3
Employee owned business	2%	2
Social firm	2%	2
Housing association	1%	1
Social business	1%	1
Trading arm of charity	1%	1
Total	**100%**	**114**

4.3.4. Organisation purpose

Data for organisation purpose were available for all 177 social enterprises (Figure 4.4 overleaf). Each organisation was assigned up to five different purposes; therefore the total

amount recorded is 444[36]. The most common purpose listed is 'community development', with 65 (37% of the sample) organisations selecting it. The second most common is 'training for individuals', 'health' and 'advice service', all of which were selected by 23% of the organisations in the sample.

Figure 4.4. Organisation purpose

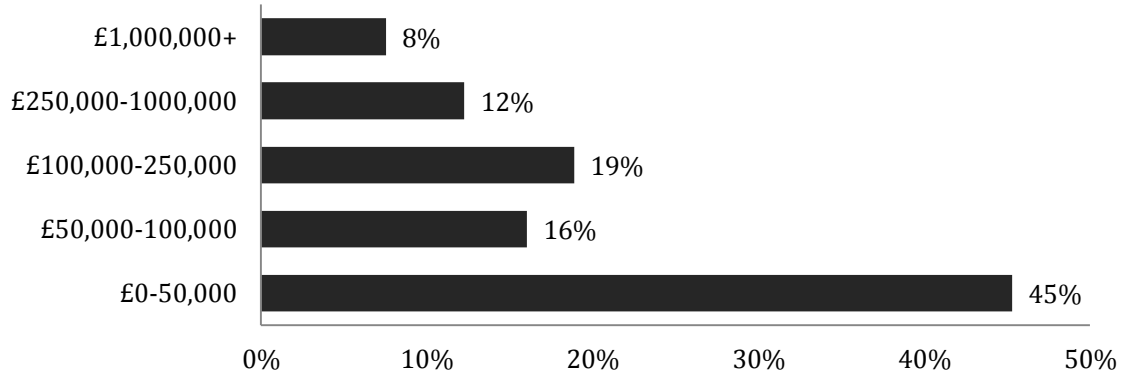


4.3.5. Annual turnover

For 106 organisations, ordinal data were available for annual turnover and interval data were available for 46 of these 106 organisations. This is due to the fact that the only source that provided this information, Together Works, listed it in ordinal form, i.e. £0-50,000, £50,001-100,000, etc. However, organisations that responded to the SQ provided the actual turnover figures (i.e. interval data), which were then assigned to one of the categories used by Together Works. Nearly half of the organisations sampled (45%) had an annual turnover ranging between £0 and £50,000 (see Figure 4.5 overleaf).

[36] No organisations selected the following categories: 'tourism', 'research and development' and 'grant giving', therefore they were removed from the chart.

Figure 4.5. Annual turnover



For the organisations that interval data were available for (n = 46), the mean is just under £700,000, the median is £105,000 and the mode is £100,000. The large discrepancy between the median and the mean suggests that the distribution is skewed and the mean is being distorted by one or two extreme values (Salkind, 2011). As such, the median is more representative of most organisations' annual turnover. The sum total of the 46 organisations' annual turnover is just over £32 million.

4.3.6. Annual sales income

Data on annual sales income were provided for 76 organisations. The mean value is just over £205,000, while the median is £12,000. As with annual turnover, the discrepancy between these values suggests the distribution is skewed and one or two extreme values are distorting the mean. Again, this implies that the figure for median annual sales income is more representative than the mean. The most common value given (mode) is £0. The sum total of all 76 organisations is just over £15.5 million. No comparable data for annual sales income exist.

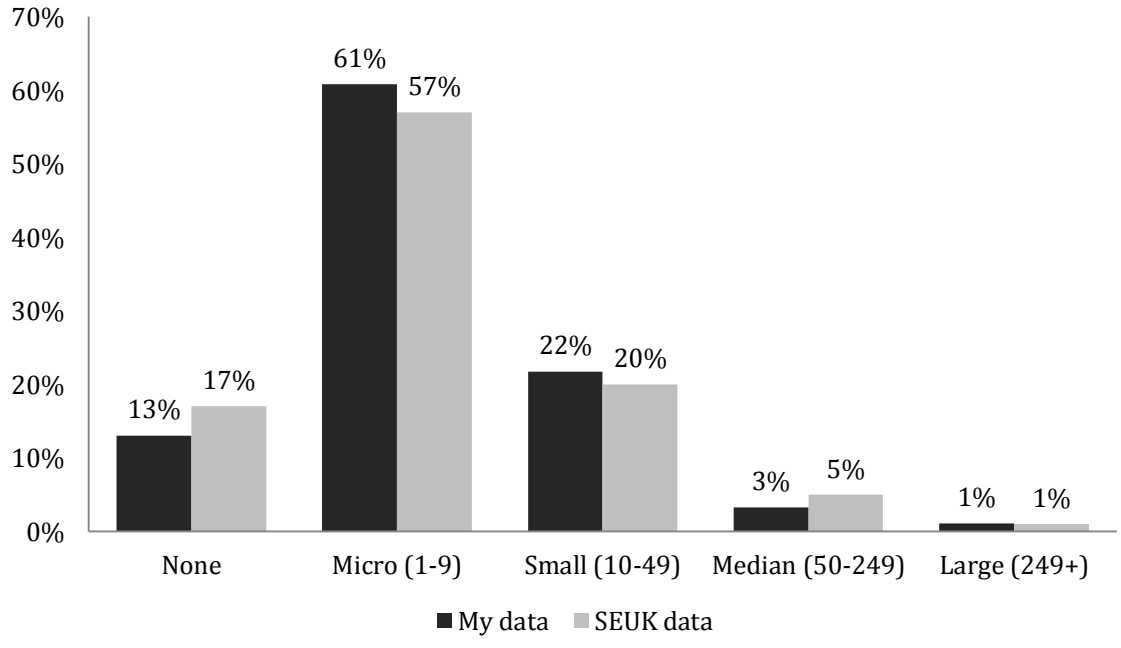
4.3.7. Full- and part-time employees

Data for both full- and part-time employees were available for 92 organisations (Figure 4.6 overleaf). The mean number of full-time employees employed by organisations in the sample is eight, while the median is two and the mode is zero. Thus, most organisations in the sample have no full-time employees. The sum total of full-time employees is 749. With regards to part-time employees, the mean value is five, the median is two and, again, the mode is zero. The sum total of part-time employees is 469, which means that these 92 social enterprises

based in GM employ, in total, 1,218 people. If the data for both full- and part-time employees are combined, the mean number of staff employed in the organisations in this sample is 13, the median is four and the mode is one, indicating that most organisations employ at least one full- or part-time member of staff. It is worth noting the discrepancy between the median and the mean. As with the financial data, this suggests the data are skewed and one or two organisations are distorting the mean, therefore the median is more representative of the average number of individuals employed by a single organisation.

The numbers for both full- and part-time employees working in the GM social enterprises in this sample are remarkably similar to those surveyed by SEUK (Villeneuve-Smith & Chung, 2013) – see Figure 4.6 below for a comparison. For social enterprises in GM and across the UK, the majority (61 and 57%, respectively) are micro businesses, employing between one and nine people. Only 1% are large organisations employing 250 individuals or more, for both samples. Compared to national data for non-social enterprise SMEs, however, the proportions are very different. For example, a large majority (74%) have no employees and just over one fifth are micro businesses employing 1-9 people. Therefore, these data suggest that social enterprises are more likely to employ at least one person than the average, non-social enterprise SME.

Figure 4.6. Full- and part-time employees



4.4. Discussion

Consistent with previous studies (e.g. Bull, 2006; CLES, 2006) the findings reveal a diverse GM social enterprise sector, with organisations coming in various organisational and legal forms and pursuing their social mission in a number of different ways. The findings also provide some, albeit very limited, insight into whether social enterprises might provide 'good' work thought to positively impact upon health and wellbeing. Firstly, a relatively high proportion (17%) identify as co-operatives. This is consistent with Mazzei's (2013) assertion that the GM social enterprise sector is rooted in strong traditions of co-operativism. These organisations, in particular, may involve their staff in decision-making processes (a determinant of 'good' work), given the emphasis co-operative organisations place on participatory governance (Ridley-Duff & Bull, 2016). This is reinforced by the fact that over half of the organisations identified by the mapping study came from the Together Works, SEUK and Buy Social directories, all of which required organisations to have a social ownership structure.

On the other hand, over 50% of the sample identify as either a 'social enterprise' or a 'charity'. It is hard to say whether an organisation identifying only as a 'social enterprise' would embrace participatory governance and, in the case of charities, these organisations tend to have hierarchical structures (Ridley-Duff & Bull, 2016). Also, over half of the sample use a legal form that puts no emphasis on participatory governance: Company Limited by Guarantee (CLG) and Community Interest Company (CIC). The low proportion identifying as a social firm (2%), a type of social enterprise that provides supportive work environments that benefit workers, who are often disadvantaged in the labour market (Paluch et al., 2012), suggests that, potentially, these organisations may not provide workers with particularly high levels of support, which is a determinant of 'good' work (Marmot et al., 2010).

The relatively high proportion of charities and CLGs is consistent with Bull's (2006) findings and is, arguably, representative of a particular group of organisations that the social enterprise 'label' has been applied to: charities and voluntary organisations embracing a contracting culture and adopting earned income strategies (Chandler, 2008; Ridley-Duff & Bull, 2016; Seanor, 2011). Indeed, the CLG form is often adopted by non-profit organisations and is eligible for charitable status (Smith & Teasdale, 2012). That a large proportion of the organisations identified (over 70%) take the legal form of CLG, CIC and Industrial and Provident Society (IPS), suggests that the majority of these organisations are indeed genuine social enterprises. As discussed in the literature review, both the CLG and CIC form effectively put a limit on what can be paid to shareholders (in the former there are no

shareholders) and, in the case of the latter, an asset lock ensures they are set up for community benefit. Although an IPS does not have an asset lock, it does, as stated, require collective decision-making and reinvests surpluses.

The significant proportion of Companies Limited by Shares (16%) also warrants discussion. This is the same percentage of organisations identifying as such in the most recent SEUK survey (Villeneuve-Smith & Temple, 2015). This legal form, although flexible with few inherent characteristics (Smith & Teasdale, 2012), puts no restriction on profit distribution (Godfrey Wilson, 2011). Thus, in theory, 100% of profits could be given to shareholders, which is inconsistent with the ethos of social enterprise and the criteria used by the directories outlined above. Arguably, this could be representative of the 'encroachment' of organisations that define themselves as social enterprises for reasons of 'social desirability' (Teasdale et al., 2013) seeking to 'co-opt' the social enterprise label for private gain (Roy & Hackett, 2016). This is, however, conjecture: just because these organisations are *able* to distribute profits to all shareholders does not mean they will.

Most organisations seem to be small in size and active in personal service industries. Over 60% employ between one and nine people and the majority provide: 'training for individuals', an 'advice service' and 'health' services. This is consistent with the findings from a recent national social enterprise survey (Villeneuve-Smith & Chung, 2013). These qualities could have positive implications for the quality of work these organisations provide and employees' health-related outcomes. As discussed in the literature review, employee wellbeing, operationalised as job satisfaction, varies by organisation size and industry. This has been attributed to varying psychosocial working conditions: small organisations and those active in personal service industries tend to give employees more control and flexibility (Eurofound, 2012; Idson, 1990).

In terms of age, the findings suggest that the GM social enterprise sector is relatively young compared to national data for both social enterprise and non-social enterprise SMEs. To the extent that social enterprises 'fill gaps' where states and markets have failed[37] (Peattie & Morley, 2008; Sepulveda et al., 2013; Teasdale, 2012a), the relatively young age of the sector could be related to the effects of the recent economic recession and subsequent reductions in government funding for local councils across the UK. Manchester, in particular, between 2010/11 and 2015/16, experienced the eighth largest cut per resident to its spending power out of all councils in England (Manchester City Council, 2015). Indeed, SEUK's head of policy, Ceri Jones, has suggested that social enterprises can fill the 'void' left by statutory cuts (Jones, 2012). Enthusiasm from successive Labour and Conservative governments for

[37] See Section 2.3.1 of Chapter Two for a brief discussion

social enterprises delivering public services (Sepulveda, 2014) could also have played a part. Others, such as Teasdale et al. (2013) might suggest it is due to the fact that social awareness of the social enterprise construct has grown to the point where organisations seek to define themselves as such to paint their businesses in a more favourable light. Thus, there are several possible interpretations.

4.4.1. Limitations of the research

There are important limitations to this mapping exercise. In general, social enterprise mapping studies have difficulty, owing to the lack of a consensual definition, in distinguishing social enterprises from other organisations and ensuring the organisations they identify are genuine (Dart et al., 2010). While steps were taken to mitigate these problems, it is impossible to resolve them completely, primarily due to the fact that there is a degree of interpretation on the part of the enterprise as to whether it complies with specified criteria (Buckingham et al., 2010). Data provided by Together Works, SEUK and Buy Social can be considered the most reliable as they did not use 'arbitrary' criteria (Dart et al., 2010), insisting on social aims, trading, profit distribution limits and even participatory governance. Unless organisations actively lied, and they might (Teasdale et al., 2013), it is hard to see how they could comply with these criteria and *not* be genuine social enterprises. Less is known, however, about how the other directories compiled their data, which inevitably casts some doubt on the representativeness of the findings. However, it should be pointed out these sources contributed only 25 organisations not present in the other, more reliable directories.

To compensate for problems associated with social enterprise mapping, the methods were described in clear, detailed, unambiguous terms, in line with Lyon & Sepulveda's (2009) recommendations. Furthermore, established methods were used following published guidance from the DTI (ECOTEC, 2003). That a large majority of organisations used legal forms commonly associated with social enterprise (CLG, CIC, IPS) suggests one can be reasonably confident that the organisations identified are indeed genuine social enterprises. While the relatively high proportion (16%) of Companies Limited by Shares does raise some questions marks given the lack of restrictions this form places on profit distribution, it should be remembered that the concept of social enterprise does not translate into a single legal form (Doherty et al., 2009; Lyon & Sepulveda, 2009; Price, 2009).

4.5. Concluding comments

These findings provide a small indication that GM social enterprises may, potentially, provide 'good' work because a relatively high proportion identify as co-operatives and a large majority are signed up to directories requiring organisations to have participatory governance. It is also possible that they may provide 'good' work because the majority of them are small and operate in industries where psychosocial work environments tend to be better. Having said that, over half identify as a 'charity' or simply a 'social enterprise' and adopt a legal form that puts no emphasis on social ownership. In addition, a significant proportion are Companies Limited by Shares. It hard to say what impact these qualities would have on work quality and, in turn, employees' health and wellbeing. Any conclusions drawn must be weighed up against the limitations that apply to this research and all social enterprise mapping exercises. Nonetheless, this stage of the research not only serves as a platform to build on in subsequent stages but, by combining data from a range of different sources, also represents the most recent, comprehensive mapping exercise of the GM social enterprise sector to date.

CHAPTER FIVE — STAGE TWO: QUALITATIVE INTERVIEWS

5.1. Introduction

The previous chapter outlined Stage One of the research, in which a directory of social enterprises operating in GM was developed. The directory served as a sampling frame, from which a sample of social enterprises, that broadly represented the GM sector, was selected to draw interviewees from. Thus, the aim of this chapter is to present the findings of 21 qualitative, semi-structured interviews with social enterprise employees working in a broad cross-section of social enterprises across GM. In this chapter, the following research questions are addressed:

7. What factors do social enterprise employees perceive impact on their health and wellbeing at work?
8. Do social enterprise employees perceive that social enterprises provide 'good' work conducive to their health and wellbeing?
9. How do social enterprise employees describe their experience of working in a social enterprise and how does this compare to their previous work experience?

The structure of this chapter is as follows: it begins with the rationale for the methods used, how the interview guide was developed and the characteristics of the sample. Practical details regarding the conduct of the interviews are also provided in addition to a description of the method of data analysis used, framework analysis, and how the data were managed and handled. Then, the interview findings are presented, followed by a discussion of them and explicit reflection on the limitations of the research, including the role of the researcher in the research process. Before concluding, the conceptual model, and how the findings from this stage contribute to it, is presented.

5.2. Methods

This section will outline the methods used for this stage of the research. Firstly, the rationale for using a qualitative approach and, in particular, semi-structured interviews, will be given, in addition to details of the interview guide. Following this, information will be provided for the sample, ethical approval, the location of the interviews and how they were recorded, data protection issues and, finally, a discussion of framework analysis.

As shown by the literature review, few studies have explored the experience of working in a social enterprise (Amin, 2009). Qualitative interviews are particularly useful for collecting information about the ways in which people understand the experiences and events of their lives (Grbich, 1999) and the aim of the qualitative research interview is to "discover the interviewee's own framework of meanings" (Britten, 1995, p. 3). Thus, qualitative interviews were deemed appropriate as they would allow the respondent to express, in their own words, their experience of working in a social enterprise.

Having decided to use qualitative interviews, it was necessary to decide on which type, i.e. structured, semi-structured or in-depth (Fontana & Frey 2005). Given (i) that the literature on social enterprise is, in many respects, under-developed (Henry, 2015; Peattie & Morley, 2008) and (ii) the lack of research on this topic, it was not appropriate to develop a structured interview guide, which requires a clear topical focus and well-developed understanding of the topic at hand derived from an extensive body of literature (Cohen & Crabtree, 2006). Semi-structured interviews, on the other hand, which are frequently used in health research (Whiting, 2008), are conducted on the basis of a loose structure, consisting of open-ended questions that define an area to be explored (Britten, 1995; Hansen, 2006).

The use of open-ended questions allows respondents to formulate their own answers (de Vaus, 1996) and express themselves in their own words (Gill et al., 2008). As a result, there is often considerable variation between respondents. To capture this variation, the researcher must be able to diverge from the interview guide to pursue an idea or topic in greater detail that might not have been anticipated prior to the interview itself (Zhang & Wildemuth, 2009). This is vital for conducting effective exploratory interviews, such as those used in the present research, where little is known about the topic (Rice & Ezzy, 1999). The format of a structured interview would not allow for this. Furthermore, semi-structured interviews allow for the possibility of further questions emerging from the dialogue between the interviewer and interviewees (DiCicco-Bloom & Crabtree, 2006). Therefore, semi-structured interviews were considered suitable.

5.2.1. Interview guide

Good questions in qualitative interviews should be open-ended, neutral, sensitive, clear to the interviewee and never leading or overly directive (Hansen, 2006; Patton, 1987). The interview guide (see Appendix B) was developed with these criteria in mind. Furthermore, the researcher ensured that there was room within the guide to be able to deviate where necessary in order to maximise the information obtained (Adams & Cox, 2008). Two-in-one questions

were avoided as these can be confusing and are difficult to answer (Grbich, 1999). Also, 'why' questions, which tend to result in the interviewee providing justifications or reasons for their actions, behaviours or beliefs, were avoided; 'how' questions were preferred, as they allow the interviewee to simply describe their experiences without feeling obliged to provide justification (Hansen, 2006). If necessary, justification could be sought with a subsequent prompt. Regarding the structure of the interviews, early questions were broad and descriptive and gradually became more probing in order to elicit further detail as the interview progressed (Lofland & Lofland, 1984).

The questions were developed, with the help of two very experienced workplace health researchers, with reference to (i) the overall research aim and questions, (ii) *a priori* knowledge obtained from the review of the literature on the relationship between work and health and social enterprise, and (iii) recommendations from key informants. Firstly, employees were asked about their experience of working in a social enterprise and how it compared with their experience in previous organisations. This was followed by a question on what their job was like and their ways of working. Typically, answers to this question would cover the determinants of 'good' work, such as the amount of control and support employees had over their work. If they did not raise these issues, interviewees were prompted (as indicated by the interview guide) to comment on them.

To develop insight into what factors social enterprise employees perceive as impacting upon their health and wellbeing, interviewees were asked whether they felt their work had an impact on their health and wellbeing, if it was positive, or negative, and whether they had noticed any differences to it since joining a social enterprise.

The following questions concerned interviewees' motivations for choosing to work in a social enterprise, i.e. whether it was due to intrinsic factors like the social mission, or more instrumental reasons like pay. In addition, they were asked how they felt about social enterprises' commitment to reinvesting profits.

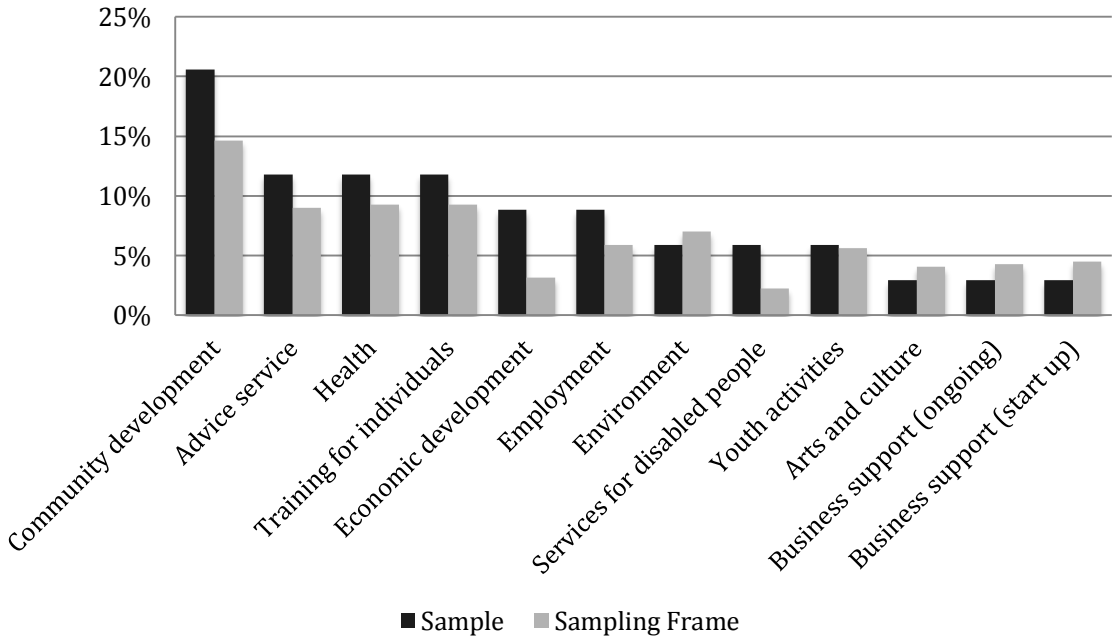
5.2.2. Sample

The study sample was derived from the sampling frame developed in Stage One, which ensured that the employees approached for interview were drawn from a sample of social enterprises that were broadly representative of the sector in GM. This purposive approach enabled the researcher to identify specific pre-defined groups relevant for the research (Trochim, 2006), i.e. active social enterprises located in GM. It was anticipated that these would be information-rich cases that would provide a sophisticated understanding of the

research topic at hand (Rice & Ezzy, 1999). After 21 interviews were conducted with employees from nine different organisations, no new information related to the aims and objectives of the research was being observed, i.e. the point of data saturation was reached (Ezzy, 2002; Furber, 2010; Siegle, 2002).

Figure 5.1, below, shows the stated purposes of the nine organisations that took part in the interviews. As was the case with the sampling frame, the majority of organisations in the sample chose 'community development' as their stated purpose. 'Advice service', 'health' and 'training for individuals' were also well represented in both the sample and the sampling frame. The chart also shows that organisations stating 'economic development' as their purpose are overrepresented in the sample, which is also the case with 'services for disabled people'. Despite this, the proportions in the sample are broadly representative of those in the sampling frame and the GM social enterprise sector.

Figure 5.1. Sampling frame



5.2.3. Selection and recruitment process

The sampling frame comprised 189 organisations identified between 2012 and 2013 (for details about how these organisations were identified, see Chapter Four). All organisations were contacted between 2012 and 2013 via email to determine whether they would be interested in participating in the research, i.e. allow their employees to be interviewed. Czaja

& Blair's (2005) instructions, regarding the design of cover letters, informed the content of the email:

- State what the questionnaire is for, why it is important and how the results will be used
- Why the respondent is important to the study
- How the respondent was selected
- It needs to be eye-catching (yet professional), clear (but brief) and compelling (but neutral)

Information was also provided regarding (i) the length of the interview, (ii) confidentiality and anonymity, and (iii) the proposed location of the meeting. Non-respondents were sent reminders within one month. Of the 189 organisations that were contacted, 45 replied. Once an organisation had agreed to take part, correspondence with individual employees occurred mainly by email (telephone in some cases), either with the member of staff themselves or through the organisation's leader or secretary.

5.2.4. Ethics

As the research involved human participants, ethical approval was sought and obtained on 19/06/2012. All interviewees were informed that participation in the research was entirely voluntary and refusal would not result in any sanctions. Also, once they agreed to take part, the participants were free to leave the study at any time without giving reason. Since the research involved face-to-face interviews, participants were assured that nothing said could be traced back to them and all information provided would be treated as confidential. This information was provided in the 'Participant Consent Form' and 'Participant Information Sheet' (see Appendix C and D, respectively), which also outlined (i) the purpose of the study, (ii) reasons why they were selected, and (iii) what would be expected of them if they agreed to take part in the research, etc.

5.2.5. Location

Once an individual had agreed to take part in the research, a mutually convenient date and time were agreed. Given that variation has been found in interviewees' answers to questions put to them in qualitative interviews depending on the location of the interview (Elwood &

Martin, 2000), careful consideration was given as to where the interviews would be conducted. As is common practice for this type of research, all of the interviews, with one exception (see below paragraph), took place at the employees' place of work (Rice & Ezzy, 1999; Taylor & Bogdan, 1998). Steps were taken to mitigate any problems this might have caused. As employees were being asked about their views about their work, and their employer, it was imperative that the interviews were conducted in private where they could not be overheard, otherwise the credibility of the data could be compromised (Edwards & Holland, 2013; Hansen, 2006). If participants felt that management or colleagues might be able to overhear they would likely refrain from expressing negative opinions or thoughts. As such, all interviews were conducted in private meeting rooms to avoid such problems. Interviews taking place in participants' place of work was preferable because it is the most convenient option for them, which should encourage participation (Gill et al., 2008). Also, as the research participants were all employees of social enterprises in GM, it was feasible for the researcher, who is based in the local area, to travel to each employee's place of work, either by car or bicycle.

As one interview was conducted by telephone, the implications of this will be addressed. While telephone interviews are useful for accessing otherwise unavailable populations (Mann & Stewart, 2000), the interviewer cannot see the interviewee, therefore some social cues, such as body language, cannot be used as a source of information (Opdenakker, 2006). However, it is considered an appropriate mode to collect qualitative data (Tausig & Freeman, 1988) and respondents perceive it as an effective method of protecting their anonymity (Greenfield et al., 2000). Research from Cachia & Millward (2011) endorses the use of the telephone medium in qualitative data collection using semi-structured interviews, arguing that that this method provides good quality textual data on a par with that obtained using face-to-face interviews that can then be examined using qualitative data analysis.

5.2.6. Recording

Given that the researcher intended to analyse the data collected from the interviews, a verbatim recording of the conversation was required (Corbin & Strauss, 1985; Facey, 2003). This was transcribed and analysed at a later date in order to draw out key themes (Gomm et al., 2000). The audio was recorded using a digital recorder, which has the advantage of being both cheap and easy to use (Hansen, 2006). Furthermore, recording interviews allows the researcher to concentrate on building a rapport with the interviewee rather than having to

write down notes throughout the interview. This is an important benefit of recording because development of rapport and dialogue is essential for semi-structured interviews (Cohen & Crabtree, 2006), as without rapport, even well phrased questions can elicit only brief, uninformative responses (Leech, 2002). The potential implications of having a 'good' or 'bad' rapport with interviewees are explicitly reflected on in Section 5.5.1.

5.2.7. Data protection

All research participants were given unique identifiers, known only to the researcher to ensure anonymity and confidentiality. Names, contact details, etc., were stored on the researcher's password protected computer. Data collected from the interviews via digital voice recorders were stored securely: audio data and transcripts were kept on the researcher's password protected computer and only the researcher had access to the raw data. During data analysis, the unique identifiers were maintained and any quotes used were anonymised using pseudonyms.

5.2.8. Data analysis

Although there are several different approaches to analysing qualitative data, "the essence of qualitative data analysis of any type is the development of categories or themes that summarise a mass of narrative data" (Tashakkori & Teddlie, 1998, p. 119). Indeed, much qualitative analysis falls under the general heading of 'thematic' analysis (Lacey & Luff, 2009).

5.2.9. Framework analysis

Framework analysis (FA) has, over the last decade, become an established and rigorous method of analysing qualitative data (Furber, 2010; Gale et al., 2013; Lacey & Luff, 2009). This method was developed by qualitative researchers working for the UK research institute, NatCen (Ritchie & Spencer, 1994). Over two decades, these researchers developed the framework process into a robust, comprehensive method that allows researchers to work systematically through the analysis of raw data to develop concepts that explain, and enhance the understanding of, social processes and behaviours (Furber, 2010). Many studies have used it in a health context – for some recent examples see Uppal et al. (2013), Jeffrey et al. (2013), or Gale et al. (2013).

FA shares many of the common features of much qualitative analysis. However, this particular method provides systematic and visible stages to the analysis process that enable others to be clear about the stages by which the results have been derived from the data (Ritchie & Spencer, 1994). Also, although the general approach of FA is inductive, i.e. the theory emerges from the data, this form of analysis allows for the inclusion of *a priori* as well as emergent concepts (Lacey & Luff, 2009).

This feature of FA was particularly useful for the purposes of this research as there are few existing studies exploring the experience of working for a social enterprise in relation to health and wellbeing; therefore it was essential that the data analysis method used allowed for the generation of emergent concepts. However, because there is a large body of evidence regarding the relationship between work and employee health and wellbeing in general, there was scope for including *a priori* theory as well. In contrast to an approach like grounded theory, which is exclusively inductive (Strauss & Corbin, 1990), FA allows for the inclusion of both emergent and *a priori* concepts.

Prior to conducting the interviews, certain aspects of the working environment were known, *a priori*, to influence employee health and wellbeing, e.g. job control and support (as highlighted in the literature review). The interview guide was developed with reference to these theories and specific questions were included that addressed them. It was therefore essential that the chosen method of data analysis for this stage allowed for the inclusion of these theories. This would not have been possible had this study used a purely inductive approach, such as grounded theory or thematic content analysis, where theory exclusively emerges from the data (Gomm et al., 2000; Tashakkori & Teddlie, 1998).

The process of FA has five distinct though highly interconnected stages:

- Familiarisation: transcription and reading of the data
- Identifying a thematic framework: this is the initial coding framework developed from both *a priori* issues and emerging issues from the familiarisation stage
- Indexing: the process of applying the thematic framework to the data, using numerical or textual codes
- Charting: using headings from the thematic framework to create charts of data, enabling the researcher to easily read across the whole dataset
- Synthesising the data/mapping and interpretation: this involves searching for patterns, associations, concepts and explanations in the data (Furber, 2010; Lacey & Luff, 2009; Ritchie & Spencer, 1994)

The distinct phases of this method ensure transparency of the data analysis process, and therefore enhance rigour (Ezzy, 2002; Hansen, 2006). Also, at each phase, the analysis process can easily be referred back to the original data (Furber, 2010). As such, the methods used are reproducible and consistent and therefore help ensure that the data analysis is both reliable and valid (Lacey & Luff, 2009).

Although FA has a number of strengths, particularly in relation to this research, it does, as all methodologies do, have its limitations. For example, Gale et al. (2013) point out that FA is time-consuming and resource-intensive – though they also suggest that this is, to some extent, common to all methods of qualitative analysis. Indeed, to ensure a rigorous process, FA must be taken in a committed fashion by following its five phases (Ward et al., 2013). Some have also criticised it for lacking the same theoretical underpinning as other qualitative approaches such as grounded theory or ethnography (Smith & Bekker 2011). Despite these limitations, it was considered appropriate for this study, given it allows for inclusion of both *a priori* and emergent themes – and, furthermore, although it is time-consuming, this can also be said of most approaches to qualitative data analysis.

5.2.9.1. Familiarisation

Each interview lasted around 60 minutes and generally produced between 5,000 and 10,000 words. Before beginning the process of sifting and sorting data, the researcher must become familiar with their range and diversity (Ritchie & Spencer, 1994). As the researcher conducted all of the interviews and transcribed all of the data personally, the familiarisation process began at the outset of the research. Once the data had been transcribed, the transcripts were printed and read, one by one.

5.2.9.2. Identifying a thematic framework

During the familiarisation process, recurring themes were noted in the margins of the text using codes. This included codes denoting *a priori* themes related to the determinants of 'good' work, e.g. job control, and emergent themes regarding, for example, what employees perceived impacting upon their health and wellbeing at work, e.g. the strong emphasis employers placed on individual employees' needs (Ritchie et al., 2003). After all the transcripts had been read once, the recurring themes were assigned to either the *a priori* or emergent categories.

5.2.9.3. Indexing

Having read the transcripts and developed an initial thematic framework, the framework was then systematically applied back to all of the transcripts (Furber, 2010). For example, evidence of job insecurity may have been noted in the margin in, say, the third transcript. During indexing, evidence of this theme would be sought in the previous two transcripts as it may have been missed initially. This is a time consuming and lengthy process. The data can be indexed in two ways: (i) themes from the thematic framework can be coded and annotated in the margins of the transcripts alongside the corresponding text; or (ii) data can be copied from the transcript and pasted into another file such as an MS Word document (Ritchie et al., 2003). In the present study, option (i) was taken. The researcher felt that, by printing off and annotating transcripts by hand, rather than interacting with them on a screen, that he was able to be more 'immersed' in the data. During the indexing phase, the initial thematic framework was refined, some themes were merged and new categories were developed (Furber, 2010), which comprised: (i) what impacted on employees health and wellbeing at work; (ii) the determinants of 'good' work; and (iii) employees' general experience of working in a social enterprise.

5.2.9.4. Charting

Once the data had been indexed according to the thematic framework, they were summarised using charts. This stage, known as charting (Ritchie and Spencer, 1994), involves reducing the data in the transcripts into manageable sections of text (Furber, 2010). Lacey & Luff (2009) identify two different types of charts, 'thematic' and 'case' charts. The former provide data for each theme across all interviewees (i.e. cases), while the latter provide data for each case across all themes. In the present study, the researcher developed thematic charts using MS Word. Table 5.1 (overleaf) is an example of a thematic chart, which provides an indication of how the data were managed and handled. It shows the emergent theme, concern over organisation sustainability, which interviewees cited as negatively impacting upon their health and wellbeing, and the relevant passage from the transcripts. Summarising data into charts in this way is helpful as the data can easily be visualised as a whole (Furber, 2010).

Table 5.1. Example of a thematic chart

Theme	Participant 5	Participant 11	Participant 12
Concern over organisation sustainability	"so if schools don't buy us in basically we don't get paid [laughs] so there is always thinking about that"	"it's not exactly a rich seem of gold that we've struck on to make money out of, so we're also worried about the financial aspects of it"	"But yeah, you worry about it constantly; you worry about whether in six months we'll still be here"

5.2.9.5. Synthesising the data

Once the thematic framework has been applied to all transcripts and the data has been charted, it can then be synthesised (Ritchie & Spencer, 1994). During this stage, the thematic charts were reviewed in order to make sense of the data (Furber, 2010). The passages listed in the charts were checked against the original data in the transcripts to take account of the context in which they were said, and what question they were in response to. Also, additional charts, which recorded the incidence of each theme – for all participants – were created. This enabled the researcher to identify (i) the number of times each theme was mentioned across all transcripts, and (ii) how many interviewees mentioned each theme. Evidence of patterns emerging between particular themes and participant characteristics was also sought (Lacey & Luff, 2009). This revealed, for example, that interviewees who spoke of getting a 'sense of achievement' from their work often worked in client-facing roles. The key themes comprising the final theoretical framework are presented, and discussed, in the following section.

5.3. Participant characteristics

In total, 21 employees, working in nine social enterprises across GM, were interviewed. The tables below provide details regarding participants' gender, age, what size organisation they worked for and its primary purpose, whether they worked full- or part-time and their level of education. For simplicity, individuals with at least an undergraduate university degree were considered to have a 'high' level of education, while those without one were put in the 'low' category. As Tables 5.2 and 5.3 (overleaf) show, the majority of interviewees were female and the most common age was between 25 and 44. The majority of those interviewed (67%) were employed on a full-time basis and 12 of the employees interviewed worked in 'small' organisations (employing 10–49 staff), with the remainder working in 'micro' organisations (1–9 staff). All organisations, except one, provided services, such as 'health' or

'environmental' services; the exception, an 'arts and culture' organisation, sold goods. A small majority (52%) of employees held at least an undergraduate university degree.

Table 5.2. Individual participant characteristics

Participant	Gender	Age	Organisation size	Organisation primary purpose	Status	Education level
1	Male	45-64	Micro	Arts and culture	PT	Low
2	Female	25-44	Micro	Community development	PT	Low
3	Female	25-44	Micro	Advice service	PT	High
4	Female	25-44	Micro	Advice service	FT	High
5	Female	15-24	Micro	Advice service	FT	High
6	Male	25-44	Micro	Advice service	FT	High
7	Female	25-44	Micro	Community development	FT	High
8	Male	25-44	Micro	Advice service	FT	High
9	Female	45-64	Small	Environment	PT	Low
10	Female	25-44	Small	Environment	PT	Low
11	Male	25-44	Small	Health	FT	High
12	Female	45-64	Small	Health	FT	Low
13	Female	25-44	Small	Health	FT	High
14	Female	15-24	Small	Health	PT	High
15	Female	45-64	Small	Health	PT	Low
16	Male	25-44	Small	Health	FT	Low
17	Male	25-44	Small	Health	FT	Low
18	Female	45-64	Small	Health	FT	High
19	Female	25-44	Small	Health	FT	Low
20	Male	25-44	Small	Health	FT	High
21	Male	25-44	Micro	Advice service	FT	Low

FT = full-time
PT = part-time

Table 5.3. Summary of participant characteristics

Variable	Percentage	Number
Male	38%	8
Female	62%	13
15–24 years	10%	2
25–44 years	67%	14
45–64 years	24%	5
Micro organisation (1–9 staff)	43%	9
Small organisation (10–49 staff)	57%	12
Full–time	67%	14
Part–time	33%	7
High level of education	52%	11
Low level of education	48%	10

5.4. Findings

The purpose of the interviews was to explore employees' experience of working in a social enterprise, whether they perceived that social enterprises provided 'good' work, and what aspects of work employees felt impacted upon their health and wellbeing. For the interview guide, see Appendix B. Three categories of themes arose from the interviews. These comprised:

- Aspects of work employees felt impacted upon their health and wellbeing, both positively and negatively
- The determinants of 'good' work
- Themes relating to participants' general experience of working in a social enterprise

In this section, each category, and the themes they consist of, will be explored in turn. Attention will be paid, where relevant, to the context in which these themes arose, e.g. the organisational- and individual-level factors, discussed in the literature review, that are thought to influence employees' health-related outcomes and perceived quality of work, and whether the findings are consistent, or not, with existing research

5.4.1. Aspects of work employees felt positively impacted upon their health and wellbeing

When asked about the impact their work had on their health and wellbeing, employees, generally, responded positively. Reasons for this included, for example, the high level of support they received, their employer's commitment to employee health and wellbeing and the sense of achievement they derived from their work. These themes are explored below.

5.4.1.1. A high level of organisational support

Several respondents cited the support they received from their employer as a positive influence on their health and wellbeing. For example, this female respondent, who worked part-time for a small social enterprise and had recently moved to Manchester, felt their work had a positive impact:

> "Positive, definitely positive: talking to people, the socialising aspect of it, and the support network – them two things are the ones that really—because moving from

> London and feeling at home here is a massive positivity thing – massive boost." (P14; female, 15–24, part-time, small)

Participants attributed this positive impact on their health and wellbeing, in part, to the support networks their employer had in place. Employees feeling supported by their organisation in a personal sense was a consistent theme of the interviews and female employees in particular suggested this had a direct, positive impact on their health and wellbeing. In fact, another female employee, who worked full-time for a micro organisation and had also recently moved to Manchester from another city, spoke of the support they received from the organisation during the moving process:

> "When I was moving as well—normally employers don't give you any time off for moving but I still got paid – I got a day off to do the move from one city to another – they're the kind of things that you need, you need that kind of support from your employer because moving is quite a stressful and that was one kind of relief and one less thing to think about" (P5; female, 25–44, full-time, micro)

It may be that these employees, in particular, valued the support they received from their employers given their personal circumstances, i.e. moving to a different city. However, being able to draw on support was also cited as a reason for work having a positive impact on health and wellbeing when employees wanted to 'offload'. For example, a female, part-time worker, claimed that:

> "It's had a good impact and I think that is because you've support if you want it, there's people there to listen if you need to offload some stuff" (P15; female, 45–44, part-time, small)

These findings are consistent with the literature: adequate support at work, considered a key determinant of 'good' work (Marmot et al., 2010), is thought to be protective of an employee's mental health (De Lange et al., 2004; Stansfeld et al., 1997) and their self-rated health and wellbeing (Stansfeld et al., 2013). As Participant 5 points out, having support from your employer when going through a "stressful" period provides a much-needed "relief" and Participant 14 explains how having support gives her a "massive boost".

The idea that social enterprises give employees adequate support was put forward in the literature review, citing, albeit limited, evidence from social firms suggesting they provide

"supportive work environments that benefit workers" (Paluch et al., 2012, p. 63). This was, to some extent, expected, given that social firms are set up to do just that. It is, therefore, perhaps significant that the organisations in the present research, none of which identified as a social firm, also provided supportive work environments that positively impacted on employee health and wellbeing.

The perceived high level of support provided was attributed to employers' apparent flexibility and willingness to adapt to employees' needs:

> "I think it's very healthy because it's flexible, responsive to what I would need… I'm 52, so there are things about where I am in life that [they] are quite supportive of" (P9; female, 45–64, part-time, small)

This female employee, amongst the oldest in the sample, felt their work impacted positively on their health and wellbeing due to an understanding of, and support for, their particular needs, made possible by their employer's flexible approach. Employees in other organisations, across different age groups, considered this approach a positive influence on their wellbeing. For example, another female employee who worked for a micro organisation explained how they switched from being full-time to part-time due to non-work commitments and that the organisation supported that because:

> "[they are] that flexible because [they] know that for those three days a week I'll work harder and I've never not handed in the work so it is a mutual respect thing. So that way my wellbeing is completely satisfied by this job." (P3; female, 25–44, part-time, micro)

Thus, this respondent claims that their wellbeing is "completely satisfied" by their employer's flexibility. There is support for this in the literature: workplace flexibility is considered a determinant of 'good' work thought to positively impact on health and wellbeing (Marmot, et al., 2010) and a lack of it has been associated, longitudinally, with poor self-rated health and psychological distress (Ala-Mursula et al., 2004; 2002). In addition, that these organisations were flexible is consistent with existing evidence, though limited, from social enterprises and, in particular, social firms (Krupa et al., 2003; Morrow et al., 2009; Pestoff, 2000, Williams et al., 2012).

As she points out, Participant 3 attributed the flexibility they had to the perceived trust and mutual respect between them and their employer. Others, such as the following two male

respondents, also referred to the high level of trust they had from their organisation, which they cited as a determinant of improved wellbeing:

> "It's how you value staff, how you treat your staff, and I've had trust from day one here – which I've never had ... It filled me with such confidence" (P6; male, 25–44, full-time, micro)

> "Autonomy is down to trust and I had that from day one. Even though they didn't know me, they placed their trust in me… So instead of having to work for years to become a well-paid manager and get some autonomy, I was given that from day one here and trust – I think – is one of the key things to happiness in any relationship." (P17; male, 25–44, full-time, small)

Both participants explain how they felt valued and trusted from "day one". Something they have not experienced in previous, non-social enterprise, organisations. It is worth noting that neither employee was particularly highly ranked. Participant 6 worked in an administrative role, while Participant 17 worked as a community engagement officer. As the latter points out, they did not have to "work for years to become a well-paid manager to get some autonomy". This is illustrative of the trust these organisations placed in staff, regardless of rank, which was cited as a determinant of improved wellbeing (e.g. confidence, happiness) and 'good' work (autonomy).

Trust being a potential determinant of improved health and wellbeing has some support in the literature. Guidelines from NICE (2015), the Chartered Institute for Personnel and Development [CIPD] (2007), and the New Economics Foundation [NEF] (2014), all agree that employees who feel trusted by management, and the organisation in general, are likely to experience higher levels of wellbeing. They do not, however, state *how* that might occur. The findings from the present research, therefore, offer some insight into the possible mechanisms underlying this relationship: by, for example, enhancing employees' self-confidence.

Trust between management and employees is also indicative of 'vertical' workplace social capital (Oksanen et al., 2010). Several longitudinal studies find that the presence of workplace social capital protects against adverse mental health outcomes (e.g. Kouvonen et al., 2008; Oksanen, 2009; Oksanen et al., 2011). Respectful, trusting relationships between staff and their superiors are thought to improve employee self-esteem, reduce stress and produce positive affective states by enabling them to access resources, sources of social

support and information outside their normal social networks, and, in turn, potentially improve health behaviours (Fujino et al., 2013; Oksanen et al., 2012; Suzuki et al., 2010).

Thus, employees, generally, felt their work had a positive impact on their health and wellbeing due, in part, to the support they received, the organisations' flexible approach and the trust placed in them. It is worth noting that, firstly, female employees were more likely to cite the importance of flexibility and support – though caution should be exercised because the majority of the sample was female. Secondly, employees who valued support and flexibility were, primarily, part-time workers (e.g. Participants 3 and 9), while full-time employees (e.g. Participants 6 and 17), cited autonomy and trust. It is likely that the part-time employees, due to their personal circumstances, particularly valued the flexibility they had as it allowed them to balance their work commitments and individual needs.

The findings are, for the most part, consistent with the existing social enterprise and employee health and wellbeing literature: participants felt the beneficial effects of support and flexibility – both of which have been shown to be present in social enterprises (Pestoff, 2000; Williams et al., 2012). It is, however, noteworthy that the organisations in this sample, none of which are social firms, provide supportive work environments that benefit workers.

The small size of these organisations could have played a part in determining how much support, flexibility and trust employees claimed to have. Larger organisations, for example, tend offer less flexible employment (García-Serrano, 2011; Idson, 1990). It is, however, hard to say, on the basis of this sample, what influence organisation size might have had on employees' experience because all of the organisations sampled were small, as is the case with social enterprises generally. In this regard, Participant 6, who claimed they have "never had" such a high level of trust placed in them, despite having worked in small organisations before, suggests that it might not be driven solely by organisation size. Having said that, when asked whether they had noticed differences to their health and wellbeing since joining a social enterprise, some employees openly wondered about what role the small size of the organisations played. For example, a male, full-time worker from a small organisation claimed that:

> "It's difficult, I think as a social enterprise—I don't know whether there's a difference between us being a small organisation – just because we're small – or because we're a social enterprise, which tend to be small." (P11; male, 25–44, full-time, small)

Not only did employees question whether it might have an effect, some, such as these two female respondents, felt that the small size of the organisation (i) was a determinant of

improved health and wellbeing and (ii) determined the high levels of personal support they received from the organisation:

> "I think the other thing for us is because we're small and I'd be really interested to see about a social enterprise that's huge – especially with your question being health and wellbeing – because I think maybe it being a small company has quite a positive effect on me" (P3; female, 25–44, part-time, micro)

> "I think they [the organisation] are quite supportive of personal stuff – so that's nice. And I think because we're small they know us inside out so they know what you need." (P13; female, 25–44, full-time, small)

Thus, employees perceived that organisation size played an important part in determining the impact of their work on their health and wellbeing, and in the level of support they received, which was also cited as a determinant of health and wellbeing. There is, in fact, evidence that suggests employee health-related outcomes, operationalised as job satisfaction, vary according to organisation size, with employees working in large organisations reporting relatively lower job satisfaction (García-Serrano, 2011; Tansel & Gazioglu, 2014) – though this is attributed to variation in flexibility and involvement in decision-making, rather than support. Not everyone, however, felt size was necessarily a determining factor. For example, this male, full-time employee, who claimed to have a good level of support at work, was more ambivalent about whether this could be attributed to organisation size:

> "The difference, again it might be symptomatic of a small company—although I've worked in other small companies and there wasn't much support there, a load of rubbish really." (P6; male, 25–44, full-time, micro)

In sum, there was a perception, amongst some participants, that the small size of the organisations they worked for had positive implications for employee health and wellbeing as organisations could offer more tailored, personalised support. Although this was not a universally held view, there is some support in the literature for employee health-related outcomes varying according to organisation size.

5.4.1.2. Organisational commitment to employee health and wellbeing

In addition to feeling supported by their organisations, employees felt that the organisations they worked for were, in general, keenly aware of their individual needs and showed a commitment to their health and wellbeing. Specifically, this female respondent who worked full-time as a community engagement practitioner at a small social enterprise providing 'health' services, described how their employer went beyond the normal call of duty by paying for therapy:

> "I feel very supported, personally, in the sense that they're very good at paying for things like—like I had a bit of a difficult time last year ... wellbeing-wise, they paid for my therapy and obviously they're keen to make sure that I'm well in that sense." (P13; female, 25–44, full-time, small)

This example demonstrates the ways in which support was tailored to individual needs. Furthermore, in a general sense, there was a perception that employers "tend to look after staff" (P19; female, 25–44, full-time, small), manifested by:

> "monthly chats which are about you and your work but also about you as a person and how you are feeling and what you want to do with your life." (P17; male, 25–44, full-time, small)

Thus, employers took an interest in their employees' personal lives, treating them like people, not just workers. These sentiments, expressed by two employees working in the same organisation, were echoed by a full-time manager that worked full-time at that organisation:

> "We get staff benefits like [life insurance company] which not only gives you counselling, medical support and medical assessments, it also gives you financial advice and childcare advice so it's very holistic ... people are very impressed with our Personal Development Plan, it's not just about your job and the areas in which you need to improve it's about you doing what it is that you want to do" (P18; female, 45–64, full-time, small)

This participant goes on to say that this 'holistic' approach is based on the premise that employees' health and wellbeing is as important as the health and wellbeing of the clients

they work with. Indeed, this particular organisation provides 'health' services and organisational awareness of employee health and wellbeing was, perhaps unsurprisingly, particularly evident in these types of organisations. However, it was not confined to them. Organisations operating in other industries were also apparently aware of these issues. Some had specific policies in place to safeguard employee health and wellbeing. For example, Participant 21, a male, full-time employee who worked as a development associate in a micro organisation providing an 'advice service', stated that:

> "We have a matrix management system, which is where you have a line-management structure which is more about your health and wellbeing and ensuring that someone is taking responsibility for you." (P21; male, 25–44, full-time, micro)

Others, particularly those working in micro organisations, spoke of feeling "looked after" (P6; male, 25–44, full-time, micro) and how their experience "rates high on the looking-after-the-individual aspect" (P3; female, 25–44, full-time, micro). Often, this was attributed to the organisations' ethos, rather than the type of work they did. For example:

> "I think with [this organisation], it does put people first ... it's not about profit and getting bonuses, it's about the people, putting people first, rather than profit." (P5; female, 25–44, full-time, micro)

> "that's probably the main ethos I would draw out off the top of my head: treating staff well." (P11; male, 25–44, full-time, small)

It was suggested in Chapter Two that social enterprises' ethos, i.e. improving the lives of individuals and communities, might, potentially, serve as an incentive to provide working conditions conducive to employee health and wellbeing. Indeed, Amin (2009, p. 47) found that social enterprise employees working in Bristol "spoke of an ethic of care … that underpinned the ventures they were involved in". The comments from Participants 5 and 11 provide some support for this interpretation.

This perceived organisational commitment to employee health and wellbeing, that went beyond statutory requirements, is noteworthy because recently published NICE (2015, p. 3) guidelines state that such an approach can "improve the health and wellbeing of employees", which helps foster a "culture of a caring and supportive employer". Empirical support for this comes from research involving 11,472 employees that finds that "companies

whose employees perceive them as committed to their wellbeing tend to be companies whose employees have higher wellbeing" (Milner, Greyling et al., 2013, p. 6). Also, a study of 889 employees reports a positive relationship between perceived organisational commitment to employee health and wellbeing and employee health outcomes (Lemon et al., 2009).

To explain the mechanism underpinning this relationship, Milner, Greyling et al. (2013) draw on social exchange theory. A strong organisational commitment to employee health and wellbeing obliges employees to respond in kind, i.e. an employee is more likely to make use of any health-enhancing services offered to them – e.g. the counselling, medical support and assessments offered by Participant 18's employer – if they believe their employer is genuinely committed to their health and wellbeing (Eisenberger, 1986; Noblet & Rodwell, 2010). Thus, in this sense, these social enterprises' commitment to employee health and wellbeing could lead to positive health outcomes. Caution should be exercised, however, as the studies cited above are cross-sectional and therefore causal relationships cannot be inferred.

In addition, perceived organisational support for employees' health and wellbeing could have important, positive, implications for how employees manage health problems. For example, it has been hypothesised that a supportive workplace, comprising a caring, sympathetic organisational culture may help workers manage aches and pains effectively and prevent MSDs from escalating (Haahr & Andersen, 2003; Tubach et al., 2002).

The sampled organisations' perceived 'holistic' approach is demonstrated, in part, by the way they managed sickness absence. For example, this female, part-time employee explained how, when they felt unwell at work, their manager asked whether they were well enough to stay in work:

> "I had a cold a couple of weeks ago and I was having my one-to-one with [my manager] and they said "are you really well enough to be here?" so I could have gone home and felt OK about going home because they said it was fine but I didn't because I thought 'it's only a cold'" (P15; female, 45–64, part-time, small)

Because they were offered the chance to go home, this employee was happy to stay as it was their choice, which, ultimately, benefitted the organisation too. This is consistent with the findings of Dellve et al. (2007) who found evidence that, based on longitudinal research involving 3,275 human service workers, when organisations took a sympathetic view of employees' requests for sick leave, by, for example, holding the organisation or society responsible, rather than the individual, employees' long-term work attendance increased.

Also, on a more practical level, employers' commitment to employee health and wellbeing was evident in the benefits they provided, such as generous annual leave entitlement, gym memberships, etc. For example:

> "in lieu working is never brushed under the carpet, we're always really encouraged to take what we're owed" (P11, male, 25–44, full-time, small)

Organisations, not just those that provided 'health' services, were also seen to be supportive of healthy lifestyles, encouraging the use of bicycles through 'pedal mile' schemes where employees were effectively paid to ride their bicycles to and from work. Findings from Benz (2005), who analysed data from the US National Longitudinal Survey of Youth, suggest that this might be a feature of non-profit sector organisations generally, as their employees tend to report receiving more 'fringe benefits' than their counterparts employed in the for-profit sectors.

Thus, while employees working in organisations providing 'health' services seemed to feel it particularly strongly, there was sense that, across different organisation types, employers were committed to maintaining employees' health and wellbeing, which was attributed, by some, to the ethos of these organisations, i.e. 'putting people first' and treating staff 'well'. Related research suggests that this could have positive implications for employees' health and wellbeing. These organisations' strong commitment to employee health and wellbeing was manifested by specific interventions, e.g. paying for therapy, and a general, 'holistic' approach to employment. While those working in micro organisations were particularly likely to feel 'looked after', evidence of this approach was evident in small organisations too.

Largely, the positive experiences that participants had in this regard compared favourably with their previous work experience in non-social enterprise organisations. For example, Participant 15, a female, part-time employee who worked as health trainer, contrasted their experience of working in a social enterprise with their experience performing a similar role in the voluntary and public sectors:

> "I've worked in the third sector before but not a social enterprise and there is a vast difference to be honest, the way that you're supported as not only an employee but as an individual – as in your own needs ... so things around like the personal development that we have it's very much about what you as a person is interest in, what you'd like to do, as part of your personal development. So I've found that really

> encouraging, it's different to what I'm used to like when I worked at the NHS." (P15; female, 45–64, part-time, small)

Favourable comparisons, such as the following from a male, full-time employee, were also made with private sector organisations that were perceived as being more interested in the 'bottom line':

> "I mean, private companies, they're absolutely into the bottom line … if I was on the street and you asked me that question I'd say "yeah, social enterprises look after staff more than, you know, [name of auditing company], or a law firm or whatever."" (P11; male, 25–44, full-time, small)

It is, perhaps, to be expected that social enterprises were considered to be more interested in employee health and wellbeing than private sector companies, given their profit-seeking nature and, as the participant points out, being more concerned with the 'bottom line'. In addition, it is, arguably, not surprising that Participant 15 felt more supported as an individual in a small social enterprise than they did in a large, public sector, organisation like the NHS that employs significantly more people. Furthermore, these comparisons must be viewed in the context of them being made by current social enterprise employees that, possibly, left organisations in other sectors with the intention of finding something 'better' in a social enterprise, which could have influenced their views. However, it should be pointed out that both Participant 11 and 15 joined their respective organisations with little awareness of what a social enterprise was, i.e. they did not have preconceived notions that they might be better places to work. In addition, these observations chime with Amin's (2009, pp. 46-47) qualitative findings from social enterprise employees in Bristol, who spoke of an "ethic of care that they considered to be lacking or secondary in the private and public sectors". Thus, these findings suggest that social enterprises, potentially, may be more committed to employee health and wellbeing than private and public sector organisations. However, there are reasons to be cautious.

5.4.1.3. A 'sense of achievement'

Employees, predominantly women working in client facing roles delivering health-related services, spoke about the positive effect that the perceived social impact of their work had on their health. For example, a full-time, female community engagement practitioner who

worked in an organisation delivering 'health' services described how their work acts as a positive influence on their health and wellbeing:

> "Seeing other people in the community become empowered, that improves my health and wellbeing because I know I'm having a direct impact on them and their life." (P13; female, 25–44, full-time, small)

Others, working in similar roles in similar organisations, spoke about how "doing something good does make you happy" (P3; female, 25–44, part-time, micro) and how contributing directly to someone's life "makes you feel good" (P14; female, 15–24, part-time, small). There is a theoretical basis for this. NEF's recently published guidelines, for example, on the 'five ways to wellbeing' suggest that connecting with and giving up your time for people in your local community promotes positive emotions and a sense of wellbeing (Aked et al., 2013).

These perceived benefits were not confined to those working in client facing roles, however. Participant 12, who worked as the secretary of an organisation delivering 'health' services and Participant 1, an administrative assistant at an 'arts and culture' organisation, described the sense of achievement they felt at work:

> "when you feel the organisation's achieved something worthwhile and makes a difference to people, the buzz is massive" (P12; female, 45–64, full-time, small)

> "You have a feeling that you're doing something which isn't just for yourself and just to earn money, that there is a wider impact on—from what you've done" (P1; male, 45–64, part-time, micro)

Thus, even though these employees were not directly involved in the delivery of services to clients, they still felt the benefits. This is, arguably, indicative of the 'warm glow' – discussed in the literature review – whereby individuals derive utility from the act of giving (Andreoni, 1990). This theory has been used to explain the job satisfaction premium found in non-profit sector workers (relative to for-profit sector workers) that cannot be attributed to the differences between sectors in terms of work conditions, pay, industries operated in, etc. (Benz, 2005; Donegani et al., 2012).

In addition, that employees derived satisfaction from the 'wider impact' of their work suggests that (i) they might be intrinsically motivated (Ryan & Deci, 2000) and (ii) their

personal values align with their employer's values, goals and mission, i.e. person-organisation (P-O) fit (Kristof, 1996). Intrinsically motivated employees gain satisfaction from the work itself, rather than the rewards that come with it (e.g. pay). These findings are, therefore, consistent with those from Italian social co-operatives, which suggest social enterprise employees are intrinsically motivated (Borzaga & Depedri, 2009; Borzaga & Tortia, 2006). Regarding P-O fit, evidence shows that it predicts the job satisfaction of nurses, accountants and office workers (Kristof-Brown, 2001; Risman et al 2016; Verplanken 2004). Thus, the interviewees may have benefitted from the social value of their work due, in part, to these individual-level factors.

The participants themselves attributed the sense of achievement they felt to social enterprises' strong sense of purpose and the fact they were not working to "make shareholders a great big load of cash at the end of the year" (P12; female, 45–64, full-time, small). This sense of purpose helped employees, such as this part-time female worker, focus on the organisations' social mission, which involved providing psychology services to schools:

> "I think there is something in that that it's a social enterprise because I think there's one thing here that we don't really lose sight of the bigger picture whereas I think there [at a previous organisation] it was very easy to get drawn in to the workings of your small office … It's not just the nature of the work because in the other jobs we were working with highly vulnerable people and that was there anyway but you'd still get drawn into the war over the milk or the 'where's this person gone?'" (P3; female, 25–44, part-time, micro)

Although this participant had previously worked with vulnerable people in their role as a senior support worker, doing work with a social purpose, trivial issues would arise that distracted them from the 'bigger picture'. This, however, has not happened while working at a social enterprise. The fact they performed a different, more skilled role, at the social enterprise (as an assistant psychologist) is worth pointing out. They claimed this job was better in "every way" (P3; female, 25–44, part-time, micro) than their job working as a senior support worker, which might have influenced their view.

Favourable comparisons to previous jobs, however, were not uncommon in this regard. For example, Participant 7 and 10, who both had previous experience working for charities, described the greater sense of achievement they felt working in a social enterprise, which they cited as a determinant of job satisfaction. Participant 10, a female who worked part-time at an 'environmental' social enterprise at a relatively low level, as a programme

coordinator, had performed a similar role at a charitable organisation. However, they claimed working in a social enterprise was, in general:

> "a lot more satisfying because I just have a lot more invested in it so I actually care and when I accomplish things in this job I honestly feel like I'm doing something that matters" (P10; female, 25–44, part-time, small)

This echoes what Participants 3 and 12 said about the sense of achievement they derived from working in a social enterprise due to the perceived strong sense of purpose. In addition, it suggests this participant's values were aligned with their employer's (P-O fit). Participant 10, a female, full-time business advisor, working for a 'community development' services social enterprise, also contrasted their experience with their time working at a charity:

> "[At the charity] it was like we wrote bids and then we heard that we won them and then that was it ... I just didn't feel like it was doing anything to any people … whereas obviously here if I help somebody's business, I speak to them throughout their journey of starting up, I speak to them once it's started, I speak to them a year later to see how it's going" (P7; female, 25–44, full-time, micro)

The contrast in their experience can probably be explained, in part, by the different roles they performed. At the charity this participant wrote bids for funding, whereas at the social enterprise their role was client facing. Furthermore, these comments must be viewed in the context of them being made by employees that no longer work in that type of organisation. Nonetheless, employees reported that they benefitted, in terms of their health and wellbeing, from the perceived social impact of their work, which was attributed to social enterprises' strong sense of purpose.

Thus, participants derived satisfaction and improved wellbeing from the 'wider impact' of their work. This indicates that social enterprise employees might, in a similar way to non-profit sector workers generally, benefit from the 'warm glow' and, potentially, (i) have an intrinsic work orientation and (ii) share the values, goals and mission of their employers.

5.4.1.4. Determinants of job satisfaction

As described in the previous section, employees claimed to draw satisfaction from the perceived social impact of their work. An additional determinant of job satisfaction was the

perceived co-operative and supportive work environment. Employees, across a range of organisations, at different levels within them, described a sense of 'togetherness' and shared commitment to the organisations' aims. For example, two employees, one female and one male, who both worked part-time, claimed that:

> "at [this organisation] we have a 'can do' attitude and we all help each other quite a lot." (P9; female, 45–64, part-time, small)

> "Everybody is committed to the organisation and wants the organisation to flourish and prosper and therefore everybody pulls their weight." (P1; male, 45–64, part-time, micro)

Not only was there a perceived high level of organisational support (as described earlier in Section 5.4.1.1), employees felt able to draw on support from colleagues and rely on them 'pulling their weight'. This could be due, in part, to the small size of the organisations in the sample, which might have facilitated a co-operative and collaborative work environment. It is also, perhaps, indicative of participants' apparent intrinsic orientation and positive P-O fit, given that they seemed to share, with colleagues, a commitment to the organisation's 'cause'.

High levels of job satisfaction were also attributed to the freedom and autonomy employees had in their work. This was consistent across organisations and roles. Participant 6, for example, a male who worked full-time in an administrative role, describes how they "get a lot of freedom" (P6; male, 25–44, full-time, micro) and Participant 14, a female who worked part-time as a session coordinator in a small organisation providing 'health' services, explains how working in a social enterprise has:

> "given me a bit more confidence and a bit more room to try things – given me practice to think if it [a session being coordinated by her] messes up then—I've been able to think on my feet quicker, more from working here and I can apply that to other jobs now." (P14; female, 15–24, part-time, small)

This freedom, or "room to try things", was generally considered a determinant of improved job satisfaction. Participant 14 also suggests it has enhanced their employability and future job prospects. This particular finding is consistent with the idea, highlighted by Roy et al. (2014), that participation in social enterprise activity acts as a mechanism for building social

capital by improving employees' career prospects, based on the findings from three social enterprise studies (Ferguson, 2012; Ho & Chan, 2010; Tedmanson & Guerin, 2011).

Employees in higher-ranking roles, such as Participant 18, a female who worked full-time as a manager in an organisation providing 'health' services, also drew satisfaction from having control:

> "Pushing boundaries and having freedom and autonomy is key." (P18; female, 45–64, full-time, small)

Thus, across different organisations and at different levels within them, employees felt that the autonomy and freedom afforded them was an important determinant of their job satisfaction. It is significant that both lower- and higher-ranking employees derived satisfaction from control, given that the literature shows that the former tend to report lower levels of job satisfaction, attributed to the relative lack of control they have over their work (Eurofound, 2012; García-Serrano, 2011; van Wanrooy et al., 2013). It is worth pointing out, however, that non-profit sector workers tend to report higher levels of control and job satisfaction than their for-profit sector counterparts (Benz, 2005; Donegani et al., 2012). In addition, the generally small size of the organisations that interviewees worked for could have, at least partly, determined the amount of freedom they enjoyed in their work given that it is negatively correlated with organisation size (García-Serrano, 2011; Idson, 1990).

5.4.1.5. High levels of positive affect

Finally, in a more general sense, employees displayed particularly high levels of positive affect, i.e. positive moods such as joy, interest and happiness regarding their work experience. This was also evident across organisations and roles. For example, Participant 12, a female who worked full-time as a secretary for a small organisation, when asked about their experience of working in a social enterprise, responded:

> "It's really good, [the chief executive's] good, the salary's good, the job's interesting, still learning – so it's fun. I think I'm really lucky. It's a special job." (P12; female, 45–64, full-time, small)

As well as drawing satisfaction from extrinsic elements of the job, e.g. salary, this employee benefitted from intrinsic aspects, such as opportunities for learning. Several, such as

Participant 16, a health trainer, claimed it was the "best place I've ever worked" (P16; male, 25–44, full-time, small). This was variously attributed to the fact that employees, regardless of rank, were treated equally (Participant 19) and there was mutual respect between colleagues and superiors (Participant 10).

This is important because positive affect has been shown to be an independent predictor of health outcomes (Steptoe et al., 2009). A meta-analysis, from Chida & Steptoe (2008) of more than 50 prospective observational cohort studies found a negative relationship between positive affect and mortality (i.e. high positive affect is associated with low mortality). Regarding what mediates this relationship, positive affect is associated with reduced heart variability, a predictor of cardiovascular disease (Bhattacharyya et al., 2008), improved diet (Blanchflower et al., 2012), increased physical activity (Pettay, 2008), and reduced likelihood of smoking (Grant et al., 2009). Thus, positive affect may have positive biological and behavioural effects. These studies are cross-sectional, however, and therefore do not permit causal inference. Nonetheless, they suggest that these social enterprises employees' high levels of positive affect might have positive implications for their health.

5.4.2. Aspects of work employees felt negatively impacted upon their health and wellbeing

Although participants, generally, felt that working in a social enterprise positively impacted upon their health and wellbeing, some aspects of work were cited as having a negative effect. This section outlines the relevant themes.

5.4.2.1. Concerns over job security and organisation sustainability

Employees, generally speaking, voiced some concerns and worries about their employers' sustainability and their own job security. Participants on temporary contracts, such as Participant 5, a female who worked full-time as an assistant psychologist at a micro organisation providing psychology services to schools, expressed concerns about their employment status in addition to their employer's ability to successfully sell its services:

> "I spoke about having a temporary contract but also we had a bit of uncertainty as well which can be a bit stressful as well, so if schools don't buy us in basically we don't get paid [laughs] so there is always thinking about that and about the sustainability of [the organisation]." (P5; female, 15–24, full-time, micro)

As this participant points out, uncertainty surrounding the organisation's sustainability can be "a bit stressful" and this is something they often think about. This is consistent with the literature that suggests temporary, fixed-term employment can negatively impact on health via the biological and behavioural pathways outlined in Chapter Two (Virtanen et al., 2005).

However, permanent, full-time, employees were also worried. For example, Participant 12, a female who, as company secretary, managed the accounts of a 'health' services organisation, expressed concerns:

> "I'm doing our accounts so I can see when things get high and low so I'm probably more sensitive to it than the others. But yeah, you worry about it constantly; you worry about whether in six months we'll still be here." (P12; female, 45–64, full-time, small)

Organisation sustainability was, in this case, a constant worry. Largely, participants attributed this to their organisations' revenue streams, which, for most, involved either tendering for public sector contracts or offering services to the private sector, rather than the sale of goods. With that came a degree of uncertainty, particularly when contracts were coming to an end. Job security is a determinant of 'good' work (Marmot et al., 2010) and a lack of it is associated with many negative health outcomes, including mental health problems such as anxiety, stress, depressive symptoms, etc. (De Witte et al., 2016; Theorell et al., 2015). Thus, these findings are consistent with the literature in this respect.

Job security was also perceived to be lower in social enterprise organisations than in larger, private sector organisations. For example, although this female participant was made redundant while working in a large, private sector company, they felt that, in the main, social enterprises offered less job security:

> "I was made redundant from an international company, but, generally I would imagine that you've got a bit more job security with bigger companies, whereas when you're a social enterprise, you don't really." (P12; female, 45–64, full-time, small)

This participant felt that, because they are usually small, social enterprises, relatively, offer less secure jobs. While others said the same, some, such as Participants 2 and 11, suggested that, to an extent, all jobs are contingent on the organisation earning enough money and therefore they felt they were "in a similar situation to a lot of other people" (P2; female, 25–

44, part-time, micro) working in different organisations. Nevertheless, there was a perception that job security, overall, was lower in a social enterprise.

This finding is consistent with the literature in the sense that social enterprises are perceived to, potentially, offer less job security relative to other organisations. However, interviewees attributed this to the small size of social enterprises while others, such as Austin et al. (2006), attribute it to the fact social enterprises have to balance both commercial and social aims. This 'trade-off' (Teasdale, 2012b) "poses severe challenges which can threaten the long-term sustainability of the enterprise" (Moizer & Tracey, 2010, p. 1).

While there were concerns about generating revenue, participants, from five different organisations, felt there was more emphasis on sustainable revenue streams in social enterprises compared to charities and third sector organisations that were dependent on grant funding. For example, Participant 21, a male who worked full-time in an organisation providing an 'advice service' pointed out that they "get almost no grant funding" (P21; male, 25–44, full-time, micro) and Participant 18, a female who worked full-time in 'health' services, claimed that when they worked in the third sector there was little emphasis on sustainable sources of funding:

> "it was very much about having a carrot dangled in front of you and going for any amount of money. Sustainability wasn't a key issue." (P18; female, 45–64, full-time, small)

Their experience working in a social enterprise, however, contrasted with that. In addition, Participant 7, a female, full-time manager, thought the charity sector's approach to helping people and improving lives less sustainable than that of social enterprise:

> "[The charity sector] has to market itself to what the donors want to hear and not necessarily a real reflection of what they're doing or the people they're working with so it tends to make people seem kind of helpless, or they can't do anything … I don't really think that's responsible and I don't think that it's sustainable." (P7; female, 25–44, full-time, micro)

They contrasted this with social enterprises' 'strengths-based' approach, which aimed to build on community assets, rather than focus on deficiencies. Of course, the fact that these particular participants had left charity and voluntary sector organisations for social enterprises may have influenced their views.

In sum, there was a general perception, across different organisational types and roles within them, that social enterprises, on balance, offered less job security than private sector organisations, which participants felt negatively impacted on their health and wellbeing. This was, for the most part, consistent with the literature. The social enterprise 'model' or approach, however, was considered to be more sustainable, mainly from a financial point of view, than that taken by charity and voluntary sector organisations by some participants.

5.4.2.2. Long working hours and a poor work-life balance

While the flexibility and control employees had was mainly considered a positive influence on their health and wellbeing (see Section 5.4.1.1), some explained how, due to their commitment to the cause and ability to set their own hours, their work-life balance suffered. This, in turn, negatively impacted on their health and wellbeing. For example, Participant 8, the chief executive of an organisation providing an 'advice' service, described the deleterious effect their work could have on them:

> "In this job I just keep on working until I am too exhausted to work so inevitably that means that sometimes my work–life balance has suffered because I have worked quite hard and quite long hours" (P8; male, 25–44, full-time, micro)

While one might expect the chief executive of an organisation to work long hours, employees at various levels claimed to do the same. Participant 12, a female, full-time secretary, often worked till seven or eight o'clock at night:

> "So on the whole you do end up working 40-50 hour weeks and end up really exhausted by Friday – and that's not because we're being told to, it's out of choice" P12; female, 45–64, full-time, small)

Despite no pressure from the organisation itself, this participant is inclined to work longer hours, leaving them "exhausted". This was attributed, by this participant and others, to their commitment to the cause, which suggests these participants' values were aligned their employer's, i.e. P-O fit. Because participants were, by and large, able to set their own hours, often doing jobs that they "cared about" (P10; female, 25–44, part-time, small), their work-life balance suffered, which, they felt, negatively impacted upon their health and wellbeing.

These findings are consistent with the employee health and wellbeing literature in the sense that working long hours can lead to a poor work-life balance, both of which can result in negative health outcomes such as emotional exhaustion, i.e. burnout (Demerouti et al., 2004) and mental health problems (Theorell et al., 2015; van Hooff et al., 2005). However, they are inconsistent in the sense that temporal flexibility, i.e. having control over working times, has been shown, by two intervention studies, to be a determinant of *improved* work-life balance and employee health and wellbeing (Kelly et al., 2011; Pryce et al., 2006). It is also inconsistent with the, albeit limited, evidence from one social firm that suggests employees had a good work-life balance (Williams et al., 2012). The interview findings therefore suggest that employees' work-life balance may suffer when they have temporal flexibility *combined with* a strong commitment to their organisation's cause, i.e. a good P-O fit.

5.4.2.3. A lack of opportunities to use skills

Although it was not a universal view, a minority of respondents complained about the lack of opportunities to use their skills, citing it as a negative influence on their job satisfaction. For example, Participant 3 is a highly skilled employee, who, having completed a PhD, worked as an assistant psychologist. Although their job satisfaction was "very high", they felt there was a lack of opportunities available to draw on their research skills background:

> "I think the only thing for me personally is I've got—because I've come from doing research sometimes I don't get to use all the skills I have but that's a completely personal problem rather than the company because the company is good at giving us opportunity to train" (P3; female, 25–44, part-time, micro)

While they acknowledge that this problem is specific to them as the organisation does provide opportunities for professional development, they are, nevertheless, frustrated.

A comparatively lower skilled employee, Participant 15, a female who worked part-time as a health trainer, also felt this frustration despite being, overall, satisfied in their work:

> "I would like to use all my skills and perhaps do something that's a bit more challenging but that opportunity may come further down the line, but as in how I feel in myself, yeah, very much positive." (P15; female, 45–64, part-time, small)

Although this participant is positive about their work experience in general, they would welcome the chance to do more challenging work. Thus, it was not only highly skilled employees that felt there was a lack of opportunities to use their skills. Skill underutilisation has been shown, by several cross-sectional studies, to be associated with job dissatisfaction (Allen & van der Velden, 2001; Bryson et al., 2014; Green & Zhu, 2010; van Wanrooy et al., 2013). The findings are, therefore, consistent with the literature in this respect.

5.4.3. Determinants of 'good' work

Having outlined the aspects of work participants felt directly impacted upon their health and wellbeing, this section covers themes relating to the determinants of 'good' work, i.e. the psychosocial aspects of work thought to influence employee health-related outcomes.

5.4.3.1. High levels of employee control and an emphasis on creativity

In general, employees reported having a high degree of control over how their work was done. This was true for both high- and low-ranking employees. For example, Participant 7, a female, full-time business advisor at an organisation providing 'community development' services, explained how she was able to change aspects of the service they delivered without consulting their manager:

> "I can pretty much mould what I'm doing at the moment to how I see fit – if I want to change the way that we deliver work—I just pretty much re-did this workshop today as to how I wanted to deliver even though that's not how it was generally did because that's how I think it's better. If I want to edit the way that I deliver the workshops or take a process with the one-to-ones I might tell my manager but we wouldn't have to even necessarily consult unless it was a big thing." (P7; female, 25–44, full-time, micro)

In their role as business advisor, this employee provided advice and support to help people create new businesses. As they point out, they felt able to shape service delivery, in particular how workshops were delivered and often without their manager's consent – although they admit they might need it for a "big thing". Nonetheless, they felt they had a significant degree of control over their work. Although it is true this employee was high ranking, and therefore,

arguably, likely to have significant control over their work, participants across organisations and at different levels within them felt the same.

Participant 14, a female part-time worker who had recently joined a small 'health' services organisation as a session coordinator, describes the freedom they had in designing and delivering exercises classes:

> "it's good to have that 'OK this is what you need to achieve, find a creative way of achieving it and report back', so you know you've got an end but it's cool trying to find your own way" (P14; female, 15–24, part-time, small)

They are told what they need to achieve but not *how* they should achieve it. This was a common theme. For example, Participant 21, a male, full-time, lower-ranking employee who worked as a development associate, helping the company develop its digital strategy, described their job in similar terms:

> "Our job descriptions are to the point enough, but they kind of allow you quite a lot of flexibility in how you interpret that ... you can then use your networks or you can use your interests for example to help do that – so my interests being technology, young carers, schools – that's why I've been able to develop stuff for schools. (P21; male, 25–44, full-time, micro)

Again, these participants have an idea of what they are required to do in their role but freedom in how they go about it. In this particular case, the employee is able to draw on their own personal interests and apply them to their work.

Thus, both higher- and lower-ranking employees seemed to have control over their work. This is significant because control is a key determinant of 'good' work (Marmot et al., 2010; NICE, 2015) and a well-established predictor of employee health and wellbeing (Kivimäki & Kawachi, 2015). There are, for example, positive, longitudinal associations between having control and a range of health outcomes, including subjective wellbeing (Stansfeld et al., 2013); job satisfaction (De Lange et al., 2004); self-reported health (Smith, Frank, Bondy & Mustard, 2008); and mental health (Bentley et al., 2015); as well as reduced risk of MSDs (Bugajska et al., 2013). Systematic reviews of intervention studies have also shown the positive mental health impact of increasing employees' job control (Bambra et al., 2007; Egan et al., 2007; Michie & Williams, 2003). That both higher- and lower-ranking

employees had control is also noteworthy given that the latter tend to report lower levels of control over their work (García-Serrano, 2011; van Wanrooy et al., 2013).

These findings are consistent with existing, limited evidence, from social enterprises in the UK (Addicott, 2011; Aiken, 2006; Bull & Crompton, 2006; Villeneuve-Smith & Temple, 2015), Sweden (Pestoff, 2000), a UK social firm (Svanberg et al., 2010) and Italian social co-operatives (Borzaga & Depedri, 2009; Borzaga & Tortia, 2006), that suggests social enterprise employees have control over their work. On the basis of these qualitative findings, participants seemed to benefit from 'decision authority' – one of two domains of control – which is the extent to which an employee can make their own decisions, the freedom they have in decision-making, and how much 'say' they have over their job. A recent meta-analysis found that this domain is the more reliable predictor of future mental and physical ill health (Joensuu, 2014).

As discussed, the organisations in this sample were small in size, dedicated to providing 'services', including 'health', 'advice' and 'community development'. This is important because both organisation size and industry influence how much control employees have over their work, with smaller organisations and those active in the above areas usually offering staff more control (Eurofound, 2012; García-Serrano, 2011; Idson, 1990). Thus, the high levels of control reported by participants may have been determined, at least in part, by these factors. Nevertheless, it is significant that employees at, various levels within organisations, had control over their work.

Generally high levels of employee control were underpinned by a perception that organisations either encouraged or allowed employees to be expressive in their work. For example, Participant 16, a male, full-time health trainer, describes how their organisation embraces this approach:

> "Another big thing for me about [the organisation] is that they advocate creativity and that sort of stuff. They let you go out and put your own spin on things, as long as it's within reason and you're doing your job, they really do back innovation and that's really good." (P16; male, 25–44, full-time, small)

As a health trainer, this employee worked on a one-to-one basis with people in the local community, helping them to make health-enhancing changes to their lives. Rather than dictate what aspects of behaviour change should be achieved or how they should be achieved, the organisation gave the employee freedom in deciding what to do and how to do it, i.e.

"advocate creativity". A male, full-time community engagement officer from the same organisation echoed these views:

> "I'm an ideas person and I've been allowed to come up with a lot of ideas here and actually see them through." (P17; male, 25–44, full-time, small)

Although this participant is not a senior member of staff they are encouraged to think of and implement new ideas. The organisation's commitment to fostering a culture of creativity is underlined by the comments from a manger working in the same organisation:

> "Nobody is watching you and judging with regards to when you come in and when you leave – they want you to be creative in your approach and giving you freedom encourages that." (P18; female, 45–64, full-time, small)

Thus, there is an effort from management to ensure employees work in an environment that encourages creativity.

Such an approach was not confined to this particular social enterprise. For example, the chief executive of an organisation providing an 'advice' service described how employees are encouraged to pursue their own interests and let that feed into their work:

> "The 'Google time' side of it is that inevitably if people are able to work on things that they genuinely think are awesome things to do, then it tends to make them pretty awesome. Obviously it can't be something that's totally tangential to what we're doing." (P8; male, 25–44, full-time, micro)

While they are careful to point out that activities pursued must bear some relation to employees' work, this demonstrates how these organisations back innovation. An employee from this organisation, Participant 17, a male full-time employee, who, as a development associate, worked on the company's digital strategy, benefitted from this approach:

> "He [the chief executive] trusts people that we know what the social mission of what we're trying to do is … he just lets us get on with it and celebrates all the innovations and the different ways that things morph and change – because you're empowered to say 'that doesn't work – I'm going to change it' – it's not like 'I've got to ask my manager'." (P21; male, 18–24, full-time, micro)

Trust from management, which employees, generally, claimed to have (see Section 5.4.1.1), is integral to this approach. Employees felt empowered to shape their role according to their preferences and skills.

This is significant in the sense that 'authenticity' at work, defined as the extent to which an employees' job "allows them to do what they actually think is meaningful, important and interesting, in a way that fits their own preferences" (van den Bosch & Taris, 2014a, p. 660), has been shown to be associated with improved employee wellbeing. Several cross-sectional studies report positive relationships between authenticity and wellbeing (Ménard & Brunet, 2011; Toor & Ofori, 2009) and job satisfaction (van den Bosch & Taris, 2014b) and negative associations with stress, burnout (van den Bosch & Taris, 2014a) and adverse mental health outcomes such as anxiety and depression (Sheldon et al., 1997; Wood et al., 2008). Although these studies are cross-sectional and therefore do not permit causal inference, a lack of authenticity is thought to influence health via stress pathways: employees lacking freedom to express themselves in their work, being forced to perform tasks they do not value or enjoy, places strain on the worker that could result in stress and negative affect (van den Bosch & Taris, 2014b). Thus, to the extent that the creative culture fostered by these organisations enables employees to be authentic, it may positively impact on employees' health and wellbeing.

In addition, cross-sectional evidence from 250 supervisory and non-supervisory support university employees suggests that perceived support for creativity at work is associated with increased job satisfaction and reduced stress (Stokols et al., 2002). Furthermore, longitudinal research from a study involving 222 workers employed in the chemicals, high tech, and consumer products industries finds that support for creativity at work is an antecedent of positive affect: when employees' ideas are welcomed, they may see improvements in self-esteem and self-confidence, for example (Amabile et al., 2005). Additional longitudinal evidence, from the British Household Panel Survey (BHPS), supports this; Dolan & Metcalfe (2012) found that employees moving from other sectors into creative ones registered an improvement in job satisfaction. Thus, these social enterprises' support for creativity may be a positive influence on employees' wellbeing.

Generally speaking, the control employees had over their work compared favourably with their previous work experience. For example, a female, full-time employee, Participant 4, worked in a highly skilled role as an educational psychologist at a social enterprise providing an 'advice' service. Their job involved identifying children that would benefit from, for example, one-to-one support in the classroom. If a child had a significant level of need

their parents might be entitled to financial support from a local authority. Previously, they had carried out the same role at a local council:

> "At [the council] there was a much tighter feel around what the criteria would be for a child to get funding – the threshold seemed a lot higher [than here] and that's the message I got from my boss ... here I've been allowed to do stuff and develop stuff that I perhaps wouldn't in a local authority so there's a bit more freedom in that respect ... it did appeal to me because it's a much more innovative way of working." (P4; female, 24–44, full-time, micro)

When they worked as an educational psychologist at the council, they did not have the level of freedom to do their job that they have had whilst working in a social enterprise, where they have been able to, for example, develop interventions. They describe this as a more innovative way of working. Indeed, there was a general perception that the public sector, in comparison to social enterprise, was "extremely risk-averse" (P20; male, 25–44, full-time, small) and discouraged creativity:

> "They [the organisation] let you spread your wings and that's nice whereas with other statutory organisations you've got the red tape, the policies and procedures, "this is how it's done right across the board and that's it" and there's no wavering, that's it and that's the end of it." (P16; male, 25–44, full-time, small)

This participant, a male who worked full-time in a lower skilled job as a health trainer, describes how they felt unable to exert any influence on how services were delivered while performing a similar role in a statutory organisation. This contrasts with their experience working in a social enterprise.

Thus, despite performing similar roles in public sector organisations providing similar services, participants felt there was more emphasis on creativity, and room for expression, in social enterprises. It is worth pointing out that public sector organisations would likely be significantly larger than the social enterprises the interviewees worked for, which could, at least in part, influenced the amount of freedom they had, given that (as discussed previously) employee control varies significantly according to organisation size (García-Serrano, 2011; Idson, 1990). In addition, these are the views of people that no longer work in the public sector, which could influence their perception. Nonetheless, it is apparent that participants

reported having a significant amount of control over their work and that this contrasted with their previous work experience in other organisations.

5.4.3.2. A flexible working environment

In addition to reporting high levels of control over how they did their work, participants, in general, claimed to have flexibility regarding when the work was done (temporal flexibility) and where the work was done (spatial flexibility), which is consistent with the limited, existing, evidence available from social enterprises (Krupa et al., 2003; Morrow et al., 2009; Pestoff, 2000, Williams et al., 2012). This was the case for more highly skilled employees, such as Participant 3, a female, part-time, assistant psychologist, and lower skilled employees, such as Participant 12 a female who worked full-time in an administrative role, and Participant 19, a female, full-time community engagement officer. Participant 12 explained how the organisation operates a 'flexitime' policy:

> "We have core office hours which are 10–4 and then what time you actually come into your desk, in theory, is flexible, and what time you leave, as long as you've done your 37.5 hours a week and you're in the office after four, is flexible." (P12; female, 45–64, full-time, small)

Providing employees are in the office during 'core' hours, it is up to them how they fulfil their allocation of 37.5 hours a week. As described in Section 5.4.1.1, this flexibility was attributed to the fact that these organisations trusted their staff, or, at least, the staff perceived that they were trusted.

Participant 19, in their role as a community engagement officer for a small 'health' services organisation, often spent time working away from the office out in the community. They explain how they instinctively felt they needed to 'check in' with the organisation and how management responded:

> "I still report in and they [management] say to me 'why? You're doing your time—as long as you do your hours, your job, that's absolutely fine'. There's no time sheet as such, no-one looking over your shoulder so there's a lot of trust." (P19; female, 25–44, full-time, small)

As this participant points out, management clearly trust staff to carry out their role without constant monitoring, which allows employees a significant degree of flexibility. Participant 3 suggests this makes for a "happier working environment" (P3; female, 25–44, part-time, micro).

As well as having temporal flexibility, some participants benefited from spatial flexibility. For example, those who were able to carry out their work from home were, if they wanted, able to do so. Participant 21, a male, full-time development associate, explains how he is able to work from home when carrying out certain tasks:

> "There's like a specific set of things that I prefer to do at home, where I can just kind of get on with it in kind of comfortable—they're things that I hate doing, so I'd much rather be at home and have access to tea or be able to go for a walk and it not bother anybody else" (P21; male, 25–44, full-time, micro)

Rather than being obliged to come into the office, this participant has the flexibility to choose whether they would prefer to work from home or not when having to carry out tasks they find particularly difficult.

It was noted earlier, in Section 5.4.1.1, that employers were perceived as being flexible in adapting to employees' specific requirements, such as Participant 3's, who asked to work fewer days per week, which they cited as having a positive influence on their wellbeing. In this section, it has been shown that employers were also flexible regarding when employees came into, and left work, as well as where they did it. This is considered a determinant of 'good' work thought to positively impact upon health and wellbeing (Marmot et al., 2010), and findings from intervention studies show that improving employees' control over start and finish times results in decreased tiredness (Kandolin et al., 1996); decreased systolic blood pressure (Viitasalo et al., 2008); and increased job satisfaction (Pryce et al., 2006). This is based on the premise that employees who set their own hours are able to 'recover' from the demands of work at a time convenient for them (Gervais, 2016). However, some interviewees actually cited this flexibility as a negative determinant of their health and wellbeing (see Section 5.4.2.2), therefore it cannot be assumed that the temporal and spatial flexibility that participants had would benefit all of them.

5.4.3.3. A culture of staff participation

Not only did employees report having control over their own work, they, generally speaking, felt able to exert influence on the organisation: they claimed that they were involved in decision-making processes, that their input was valued, and felt able to effect changes. For example, a lower-ranking male, full-time employee, Participant 17, who worked as a community engagement officer for a 'health' services organisation, describes how they were able to influence service delivery:

> "I've been able to have quite an influence on the way the service is delivered which is nice ... For example, I had an idea that there's not enough positive news in the world … So we created a brand called the 'good newsagent'. When we go out we have sweet jars, vintage pictures of paperboys and a bit of music, just to create this vibe that something happy is going on." (P17; male, 25–44, full-time, small)

Although this employee's job concerns the delivery, rather than the design, of services, they have been able to change the way the service is delivered, based on their input. A similarly lower-ranking female, part-time employee, Participant 10, had a similar experience. As a programme coordinator they helped carry out work on sustainable food projects:

> "with [this organisation] if you have a good idea they'd just be like "that's a great idea, let's figure out how to do it – let's do it" and you can see that with like Veg People and with FarmStart – those are both things where it was like "oh, here's an idea, why don't we do this?" and they figured out a way to do it" (P10; female, 25–44, part-time, small)

Both participants describe a culture of participation, where employees, even lower-ranking ones, are encouraged to come up with ideas and influence what the organisation does and how it does it.

The emphasis on staff participation is underlined by the role employees played in shaping organisations' strategy and, in the case of Participant 12, tweaks to the business model. This female participant, who worked full-time in an administrative role, explains how management sought employees' views during an away day:

> "we had an away day last week and we all sat down and talked about—well [the chief executive] set tasks on the away day and we came up with tweaks to the business model. We're trying to work out better ways to describe what we do as an organisation and we all had input into that and it's majority rule" (P12; female, 45–64, full-time, small)

Rather than make this decision alone, the chief executive consulted staff, which is where the final decision rests, i.e. "majority rule". Across all organisations, there were indications that employees, regardless of rank, were encouraged to offer their input. For example, a lower-ranking male employee, Participant 16, who worked full-time as a health trainer, describes how ideas were sought from everyone:

> "we've had ideas over the years – all of us, everyone in the team, team leader, manager and again it's always encouraged to take the service forward, different ways of thinking, innovation, that stuff, that's always encouraged, every time." (P16; male, 25–44, full-time, small)

Attempts to involve staff in decision-making and seek their views were not seen as empty gestures. Rather, they were taken on board and informed how, for example, services were designed and implemented. The presence of a culture of staff participation was not restricted to organisations with co-operative origins, which might be expected to consult staff to a greater extent given the emphasis they place on participatory governance (Ridley-Duff & Bull, 2016). Indeed, it was evident across the full range of organisations in the sample.

This is a significant finding in light of the debates, outlined in Chapter Two, surrounding social enterprises' participatory nature. Indeed, some consider it a defining feature of social enterprise (e.g. Defourny & Nyssens, 2010a; Pestoff & Hulgard, 2016). These findings are therefore consistent with the notion that social enterprises 'internalise' a social orientation, by involving staff in decision-making processes (Ridley-Duff et al., 2008; Teasdale, 2012a). They are also consistent with the limited, available, evidence from social enterprises in the UK (Addicott, 2011; Aiken, 2006; Bull & Crompton, 2006; Villeneuve-Smith & Temple, 2015), Sweden (Pestoff, 2000), a UK social firm (Svanberg et al., 2010) and Italian social co-operatives (Borzaga & Depedri, 2009; Borzaga & Tortia, 2006). This is important because of the health benefits associated with employee control and decision authority outlined earlier, and, to a lesser extent, the findings from longitudinal research on organisational justice that show perceived fairness in decision-making protecting against

adverse health outcomes (Elovainio et al., 2006; Kivimäki et al., 2005). However, some caution should be exercised given that smaller organisations in general have been found to more readily involve staff in decision-making procedures (Tansel & Gazioglu, 2014).

Organisations' participatory culture was underpinned, and facilitated, by an apparent absence of hierarchy within organisations. This was manifested in several ways. One of which was the reported lack of a divide between the chief executive and staff. For example, Participant 14, a female, lower-ranking employee who had only recently joined this organisation described the approachability of the chief executive:

> "I wouldn't feel scared to approach [the chief executive] at all just because he's the 'man in the main office' in a suit – he's—when I came here he personally came and spoke to me and that was really good." (P14; female, 15–24, part-time, small)

Despite the fact this employee is not of particularly high rank (they worked as a session coordinator), and they had not worked in the organisation long, they felt able to approach the chief executive. Indeed, this "absence of hierarchy" (P17; male, 25–44, full-time, small) and lack of "top-down structure" (P21; male, 25–44, full-time, micro) meant there was "no divide" (P16; male, 25–44, full-time, small) between chief executive and staff. While this could be due, in part, to the small size of these organisations, it is worth noting that employees working in the biggest organisation in the sample (employing 28 people) also aired these views.

Due to the lack of a hierarchical structure, organisations were perceived to be "quite flat" (P8; male, 25–44, full-time, micro). Participant 11, a male, full-time employee, likened their organisation's structure to a pancake:

> "It's quite 'pancake-esque', I would say the structure here was ... In terms of it being a social enterprise, I'd say a lot of the what I'd call the 'pancake' structure is because of that." (P11; male, 25–44, full-time, small)

It is interesting to note, given the controversy over whether social enterprises are, by nature, participatory, that this participant attributed the flat structure to the fact that the organisation was a social enterprise, rather than it being due to size or some other factor. This, generally, compared favourably with some participants' previous work experience in different sectors. For example, Participant 10, a female who worked part-time as a programme coordinator and had performed similar roles in the public and voluntary sectors claimed that, in those jobs:

> "it was always much more bureaucratic and much more top-down and so [this organisation] is much more a group that works by consensus and co-operation a lot more than anywhere else I've been." (P10; female, 25–44, part-time, small)

This view is broadly consistent with Amin's (2009, pp. 46-47) finding that social enterprise employees "spoke of an ethic of care and social participation … that they considered to be lacking or secondary in the private and public sectors". This, therefore, suggests that the absence of hierarchy in these organisations could be indicative of the social enterprise ethos – although this participant did not say how large the public and voluntary sector organisations that they previously worked for were, which could be relevant. In relation to this point, Participant 6, a male, full-time employee, attributed their organisation's flat structure to, at least in part, its small size:

> "I expected characteristics that I think are present in small companies and social companies, which are trust, flat hierarchy and good communication." (P6; male, 25–44, full-time, micro)

While they felt the social nature of their employer played in a part in determining its structure, they thought it symptomatic of a small organisation size as well. Furthermore, a female, full-time employee felt that staff were able to participate in decision-making because the organisation they worked for employed few people:

> "We all get involved I guess in the decision-making in the sense that we have a board and obviously they meet and make decisions but because we're a small team and we have team meetings ... we're able to ask questions and we're able to talk about things that I guess in other organisations you wouldn't even be able to ask because they're so big that you just think "I'm not even going to ask". (P13; female, 25–44, full-time, small)

While they claim to be involved in decision-making in their current job, as a community engagement practitioner, this participant believes that, in a larger organisation, this would not be possible (primarily for practical reasons). Tansel & Gazioglu's (2014) findings, that smaller organisations involve staff in decision-making to greater extent, support this view. However, given that this sample was entirely made up of either small or micro sized

organisations, it is not possible to say what influence size might have had on employees' ability to participate in decision-making.

5.4.3.4. Support for professional, and personal, development, from a range of sources

Earlier, in Section 5.4.1.1, it was shown that participants claimed to benefit from a high level of organisational support, tailored to their individual, personal, needs, which they perceived as positively impacting upon their health and wellbeing – a view that is consistent with the employee health and wellbeing literature (Kivimäki & Kawachi, 2015). In this section it is shown that participants felt support was also available for their professional, and personal, development, which came from a range of sources, including the chief executive, managers, and colleagues.

For example, employees working in an organisation that provided psychology services felt that their chief executive put a strong emphasis on professional development, even allowing staff to take days off in order to give them time to apply for new roles:

> "I've applied to do clinical psychology, the doctorate – another one, brilliant! [The chief executive's] been really positive about it and she knows I'm applying for September and she's been very good about giving me some time off to go and do one of the written tests I've got through to." (P3; female, 25–44, part-time, micro)

They go on to say that the chief executive is aware that the job this participant does (assistant psychologist) is often seen as a stepping-stone and is therefore happy to support them in finding a new role. Employees working in more permanent jobs, such as Participant 12, a female who worked full-time in an administrative role, were also encouraged and supported to advance their skills:

> "I'm doing some training at the moment, a training course … but I nearly didn't do it because of the cost, it's like £2000 and [the chief executive] said 'don't let cost be the barrier any education' so she helped me out with it and enabled me to carry on with for the rest of the year and she's always very clear that if I need any back up in whatever it is, to just go to her and we'll find it." (P12; female, 45–64, full-time, small)

Clearly, this chief executive is very supportive of this employee's professional development, personally intervening to help them acquire new skills.

In addition to support from the chief executive, there was a perception that organisations supported employees' professional development. For example, Participant 16, a male, full-time worker, claimed that:

> "They [the organisation] really do encourage progression, they don't want you to just stay in the same job for 25 years – and not only do they encourage the progression, they support you in the progression as well so that's—it goes back to the Personal Development Plan again in that you will outline what your goals and objectives are for the year and then you come up with an agreed plan with your manager." (P16; male, 15–44, full-time, small)

As well as encouraging professional development, by, for example, allowing employees to apply for other jobs, this organisation actively supported employees in this process, helping them achieve goals and objectives agreed with their manager as part of their Personal Development Plan. Although other organisations did not have specific policies such as these in place, there was, generally speaking, "a lot of support for self-development" (P9; female, 45–64, part-time, small).

This finding is significant given that providing opportunities for professional and personal development is considered a determinant of 'good' work (Marmot et al., 2010). It is also cited by NICE (2015) and the European Agency for Safety and Health at Work [EU-OSHA] (2013) as integral to health and wellbeing at work. According to Bloomer (2014) training and development helps employees become more effective in their role, which, in turn, increases job satisfaction. Cross-sectional findings from the 2004 and 2011 Workplace Employment Relations Studies provide some support for this: they show a positive correlation between the frequency of training and job satisfaction (Jones et al., 2009; van Wanrooy et al., 2013). Given that job satisfaction is thought to be a determinant of improved health and wellbeing (Faragher et al., 2005; Fischer & Sousa-Poza et al., 2009), these social enterprises' support for professional development might have positive implications for employee health and wellbeing – though caution must be exercised due to the cross-sectional nature of the evidence.

This finding is also consistent with existing, if limited, evidence that suggests social firms (Ho & Chan, 2010; Morrow et al., 2009; Paluch et al., 2012; Williams et al., 2012), social enterprises (Bull & Crompton, 2006; Pestoff, 2000; Villeneuve-Smith, 2011), and

Italian social co-operatives (Borzaga & Depedri, 2009; Borzaga & Tortia, 2006), provide opportunities for training and development. This could, as has been suggested by Roy et al. (2014) act as a mechanism for building employees' social capital by enhancing their future job prospects and employability.

In a more general sense, employees were able to rely on support from their colleagues, manager, and chief executive. For example, Participant 15, a female who worked in a part-time role as a health trainer:

> "If my [manager's] not available then I can ring [the chief executive] – there's always somebody. I wouldn't go home and take that stress with me and leave it till next time I was in. Even my own team members – there's always someone you can ring." (P15; female, 45–64, part-time, small)

As this participant explains, they can draw on support from a range of sources. That they feel able to phone the chief executive may be symptomatic of the small size of the organisation this participant works for – although it was the biggest organisation in the sample. As well as support being widely available, there was a perception that it was offered without hesitation, or reluctance, as these two female, part-time employees point out:

> "If I ever asked I'd get pointed in the right direction or someone would really, really help if they could." (P14; female, 15–24, part-time, small)

> "I get a lot of support from them and a lot of ideas from them and it's very different from any other kind of job I've ever had ... I feel like they're really helpful, like they'd bend over backwards to help me if they can. Which is very unusual." (P10; female, 25–44, part-time, small)

It may be relevant that these participants had recently joined their respective organisations, which could, in part, explain why they felt their employers would, for example, "bend over backwards" to help. However, Participant 16, a male, full-time employee who had worked for the same social enterprise for six years, made similar observations:

> "We've got our line manager first and foremost, who is very approachable – in fact, right across the board everyone is very approachable, any issues whatsoever, don't hesitate to raise anything in the one-to-one." (P16; male, 25–44, full-time, small)

As these respondents explain, people across the organisation could be approached without hesitation, i.e. support was readily available from a range of sources. This is a significant finding in light of the evidence that suggests social support at work, from colleagues and managers, is indicative of 'good' work (Marmot et al., 2010) and, according to longitudinal evidence, protects against a range of negative health outcomes including depression (Parkes, 1982), anxiety (Parkes, 1982), psychological distress (Bourbonnais et al., 1999), MSDs (Hauke et al., 2011; Macfarlane et al., 2000) and cardiovascular disease (De Bacquer et al., 2005). Indeed, interviewees themselves considered the level of support they had a determinant of improved health and wellbeing (see Section 5.4.1.1). Thus, generally speaking, employees felt supported in their personal and professional development by their chief executive, manager, and colleagues, which is (i) important given the positive implications it has for their health and wellbeing and (ii) consistent with existing evidence from social enterprises.

5.4.4. Themes relating to participants' general experience of working in a social enterprise

Some aspects of participants' work experience, although not cited as directly impacting upon their health, or considered determinants of 'good' work, nonetheless represented recurring themes relating to their experience of working in social enterprise and will therefore be outlined in this final section.

5.4.4.1. Social enterprises focus on people's strengths

There was a perception that, as employers, social enterprises focus, and draw on, employees' strengths and assets, i.e. what they are capable of doing, rather than what they are unable to do. For example, Participant 3, a female, part-time assistant psychologist, claimed that:

> "We use people's strengths. I think that's what our company does really well – it leans on peoples' strengths." (P3; female, 25–44, part-time, micro)

In practice, this approach meant that employees were given tasks or projects that appealed to their particular strengths. In the case of Participant 3, they were entrusted by the chief executive with carrying out a social return on investment exercise due to their research background, which made them feel "important, useful" (P3; female, 25–44, part-time, micro). To some extent this may be due, in part, to the small size of the organisations participants

worked for, where roles may be less defined thereby requiring employees to 'muck in' and perform tasks that fall outside their normal job descriptions.

This perception that organisations drew on strengths was not confined to skilled employees. Participant 17, for example, a male, full-time employee who worked in a lower skilled role as a community engagement officer, made similar observations, attributing this approach to the social enterprise ethos:

> "It's the ethos of the organisation: seeing the good in everything and getting under the skin of it and playing on the strengths and I think that's really important … Ultimately it's about very serious things – you're saving lives and making people have healthier and happier lives but in a way where you feel you're working with them not telling them what to do – you're encouraging self help. (P17; male, 25–44, full-time, small)

In addition to drawing on employees' strengths, this participant explains how the organisation applies this approach to how it interacts with clients, i.e. externally, as well as internally. As an organisation providing 'health' services in a deprived community, the service it provides is designed around improving people's health behaviours. As this participant points out, rather than "telling them what to do", clients are encouraged to help themselves, drawing on their personal strengths and assets.

One participant, a female, full-time business advisor, contrasted the strengths- and assets-based approach of social enterprise with that of the charity and voluntary sectors, which, they suggest, portrays beneficiaries of services as helpless victims:

> "I think a lot of beneficiaries actually don't necessarily want to be portrayed in that way and don't necessarily see themselves as victims who can't help themselves … I think a lot of people are proud of what they've done and what they've tried to do and maybe are in a difficult circumstance but have got a lot of qualities and a lot of traits and a lot of things to offer – and that's what I like about the social enterprise sector, is that it tends to focus on what people have as strengths and not on presenting them as sort of victims of a situation." (P7; female, 25–44, full-time, micro)

In this participant's view, rather than present beneficiaries as victims, social enterprises, unlike charities and voluntary organisations, draw on people's strengths: their qualities, traits, what they have to offer and how they can help themselves. It is worth pointing out that this participant, who worked in a highly skilled role as a business advisor, had previously worked

in similar, if slightly lower-ranking, roles in the charity sector. Overall, they had found their experience of working in social enterprise more enjoyable, which, potentially, could have influenced their view.

The idea that social enterprises apply a strengths- and assets-based approach to community development is consistent with Tedmanson & Guerin (2011, p. 31), who argue that social enterprises "aim to reinforce local talents and build local capacity". There is also limited evidence to suggest social enterprises apply this approach internally. For example, Roy et al. (2014), in their review, find evidence from a study of a 'social enterprise intervention' with homeless youths, which drew on the theory of asset-based youth development (Ferguson, 2012). Participants benefitted from increased life satisfaction and decreased depressive symptoms. Strengths- and assets-based approaches, in other contexts, such as community development, also have positive health implications. They (i) accentuate the positive capabilities and nurture the strengths and resources of people (Glasgow Centre for Population Health, 2011), and value their capacity, skills and knowledge (Foot & Hopkins, 2010), which can promote their self-esteem (Institute for Research and Innovation in Social Services [IRISS], 2012) and result in improved pride, confidence and motivation (Tedmanson & Guerin, 2011). It is possible that, through the application of this approach internally, social enterprise employees may benefit in a similar manner.

5.4.4.2. A sense of empowerment

Some employees, particularly those in client-facing roles felt, especially in comparison to their previous work experience, that the work they did in a social enterprise had a real, discernable impact on the world. For example, Participant 19, a female who worked full-time as a community engagement coordinator for an organisation providing 'health' services, claimed:

> "The main thing is, I think and believe I can have a real say in Sally Ford's life." (P19; female, 25–44, full-time, small)

'Sally Ford' is the name given to a hypothetical resident of the community this organisation operates in. They go on to say that their belief that they could have a real impact on service users' lives contrasted with their experience of working in similar, community-focused organisations where the emphasis was on meeting targets, e.g. 'seeing' a certain number of people rather than having a discernable impact on them. Participant 3, a female, part-time

assistant psychologist, made similar observations. While they had always worked in jobs that had social aims, this one stood out:

> "The theme throughout all my jobs has been to do something good for the world but with this one it seems like it actually might make progress and be useful to the world rather than just keeping it all right." (P3; female, 25–44, part-time, micro)

It should be pointed out that this participant worked in lower skilled, lower-ranking roles in previous organisations, e.g. as a support worker. This could, potentially, influence their perceived impact.

Comparisons to previous work experience in the public sector were particularly favourable. Specifically, the 'box-ticking' culture of public sector organisations was lamented. Participant 15, a female, part-time health trainer, had performed similar roles in the NHS yet found their experience of working in a social enterprise very different:

> "I've been involved in that many flaming strategies in the past and you actually end up thinking 'what happens to all these?' because they're not put in place ... I'd be happy to say to councils and bigger companies or whatever that you need more social enterprises because they're the ones that actually work on the ground with real people with real problems and real issues – it's not about ticking boxes, it's about really getting to those people" (P15; female, 45–64, part-time, small)

Clearly there is a real sense of frustration at the perceived lack of impact their work had in previous roles. Of course, the difference in size of a large public sector organisation like the NHS, or councils, and a conventional social enterprise is relevant in this case as smaller organisations may offer employees the flexibility needed to get out there and "work on the ground with real people". Participant 13, a female, full-time community engagement practitioner, described a similar sense of frustration when working at a local authority as a youth worker:

> "In youth work you'd do some great piece of work and then they'd go on a shelf in a folder and then five years later someone would bin them when they came in ... it did feel like box-ticking, "I'm just doing this to put it on the system so that somebody can count it and then go: "we spoke to that many people"", whereas the reports and the stats here get used more in different ways. (P13; female, 25–44, full-time, small)

Emphasis on numbers and meeting targets meant this participant had no real sense of the impact their work was having in their previous role as a youth worker. However, as they point out, the reports they write and the statistics they use in their current organisation are used in "different ways". Again, it is worth pointing out that these views on public sector organisations come from employees that no longer work in them.

The World Bank defines empowerment as "the process of increasing the capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes" (Wallerstein, 2006, p. 17). These findings suggest participants believed they had this capacity and could produce real, discernable outcomes through their actions. This is significant because a sense of empowerment has been shown to improve perceived self-efficacy, self-confidence and self-esteem (Fisher & Gosselink, 2008; Laverack, 2011; Jacobs, 2006), all of which are determinants of individual wellbeing (Woodall et al., 2010). Furthermore, individual empowerment at work is negatively associated with various health indicators of ill health, including anxiety, depression, burnout and sickness absence, and is thought to act as a 'buffer' against ill health (Hochwälder & Brucefors, 2004). Thus, while some caution should be exercised when interpreting interviewees' comparisons with previous work experience, the sense of empowerment they felt could, potentially, positively impact upon their health and wellbeing.

5.5. Discussion

This stage of the research set out to answer the following questions:

7. What factors do social enterprise employees perceive impact on their health and wellbeing at work?
8. Do social enterprise employees perceive that social enterprises provide 'good' work conducive to their health and wellbeing?
9. How do social enterprise employees describe their experience of working in a social enterprise and how does this compare to their previous work experience?

These will be addressed in turn. Having already discussed the interview findings with reference to the literature, this section aims to, firstly, draw out the key themes arising from this stage of the research. Secondly, it provides explicit reflection on the limitations of the research, concerning the nature of the sample and the methods used, e.g. the role of the researcher in the research process.

Employees cited the following aspects of work as positively impacting upon their health and wellbeing: (i) a high level of organisational support; (ii) organisational commitment to employee health and wellbeing; (iii) a 'sense of achievement' from work; (iv) the co-operative and supportive work environment and freedom and autonomy at work; and (v) high levels of positive affect. Some of these aspects of work were anticipated in the literature review. For example, support at work is a known determinant of 'good' work (Marmot et al., 2010) and thought to be causally linked with improved health and wellbeing (Stansfeld et al., 2013). Also, existing evidence from social enterprises, particularly social firms, suggests they provide supportive work environments that benefit workers (Paluch et al., 2012). Thus, this particular finding was consistent with the literature. Although, it is interesting to note that perceived levels of support were high despite the fact that none of the participants worked for organisations identifying as social firms. This implies that social enterprises that do not identify as social firms may, potentially, provide supportive work environments.

Some aspects of work that employees cited as a positive influence on their health were not necessarily anticipated, however. For example, a strong organisational commitment to employee health and wellbeing emerged as a determinant of improved employee health and wellbeing. This provides some support for the argument, set out in Chapter Two, that social enterprises, owing to their ethos, might display a higher ethic of care towards their staff, as has been suggested by Amin (2009). It is also consistent with research conducted in non-social enterprise organisations that suggests that a genuine employer commitment to employee health and wellbeing has positive implications for employees' health (Milner, Greyling et al., 2013). It is significant that these organisations were strongly committed to employee health and wellbeing given that Siegrist et al. (2010, p. 41) suggest a "lack of commitment to the long term wellbeing of employees" is one of the key obstacles to increasing the provision of 'good' work in the UK and, in turn, improving population health.

An interesting finding was that interviewees seem to have an intrinsic work orientation, given that they derived satisfaction from the social impact of their work, i.e. they are not necessarily motivated by extrinsic factors, such as pay, but rather the work itself (Ryan & Deci, 2000). This is consistent with the findings from Italian social co-operatives (Borzaga & Depedri, 2009). Also, they seem to share their employer's values, goals and mission, i.e. P-O fit (Kristof, 1996), which should positively impact on their job satisfaction (Risman et al., 2016). These are important findings because they suggest that employees' generally high assessments of their job satisfaction could, at least partly, be determined by these individual characteristics, rather than being attributable to their quality of work.

In terms of the aspects of work that employees felt negatively impacted upon their health and wellbeing, several emerged: (i) concerns over job security and organisation sustainability; (ii) long working hours and a poor work-life balance; and (iii) a lack of opportunities to use skills. A lack of job security is a well-established determinant of adverse health outcomes (De Witte et al., 2016) and it was anticipated, in the literature review, that social enterprises might, relatively, offer less job security than other organisations because they must balance commercial and social aims (Teasdale, 2012b). While participants suggested that job security is lower in a social enterprise, they did not attribute it to the need to balance these divergent aims, but instead to the fact that social enterprises tend to be quite small, relative to other organisations.

Similarly, some participants suggested that working long hours and being unable to maintain a healthy work-life balance negatively impacted on their health. This is consistent with the literature in the sense that long hours and a poor work-life balance are predictors of many negative health outcomes (Kivimäki & Kawachi, 2015). However, it is inconsistent in the sense that they attributed this to a high level of workplace flexibility, which is considered a determinant of 'good' work shown to positively impact on employee health and wellbeing (Marmot et al., 2010; Pryce et al., 2006). It may be that because interviewees shared their employer's values, P-O fit, combined with the freedom to set their own hours, that they were unable to maintain a healthy work-life balance.

Overall, the interview findings suggest that many aspects of working in a social enterprise, some anticipated in the literature review, some not, positively impact upon employees' health and wellbeing (as indicated by the conceptual model on page 182). However, important, negative determinants, consistent, in some ways, with the literature, were identified. The extent to which these positive and negative aspects of work that impacted on employees' health can be attributed to the fact that these organisations are social enterprises is debateable. For example, personality factors, such as work orientation and P-O fit, are known to determine employee health-related outcomes. Similarly, factors such as organisation size, which is particularly relevant given that all the organisations in this sample – and indeed social enterprises in general – are small, also have an impact. The full implications of these factors are discussed below, following a discussion of the themes relating to the determinants of 'good' work and participants' general experience.

Several aspects of employees' work experience, which were consistent with the social enterprise literature, aligned with the 'traditional' determinants of 'good' work, including: (i) high levels of employee control; (ii) a flexible working environment; (iii) a culture of staff participation; and (iv) support for professional, and personal, development. All of these

aspects of work are well-established predictors of employee health and wellbeing, with a wealth of supporting evidence available, outlined in the literature review. It was particularly significant that employees, of both high and low rank, had a large degree of control over their work, given that lower-ranking employees tend to report low levels of control (García-Serrano, 2011; van Wanrooy et al., 2013). However, some circumspection is necessary here, given that (i) small organisations and (ii) organisations providing health and associated services, which comprise most of the sample, are known for giving employees more control over their work, relative to large organisations and those active in, for example, manufacturing (Eurofound, 2012; García-Serrano, 2011; Idson, 1990).

High levels of employee control seemed to be underpinned by an organisational culture that encouraged creativity and self-expression through work, which, to the extent that it allows employees to be 'authentic' in their work, could have positive implications for their health and wellbeing (van den Bosch & Taris, 2014a). Another notable finding concerns the high levels of temporal and spatial flexibility participants had. While this is an established determinant of improved employee health and wellbeing (Joyce et al., 2010), some employees cited this flexibility as a negative influence, as it made it difficult for them to maintain a healthy work-life balance. In addition, that these organisations were perceived to involve employees in decision-making processes is particularly significant, given the debates, outlined in Chapter Two, over whether social enterprises are participatory in nature. These social enterprises, therefore, can be said to 'internalise' a social orientation, involving staff in the running of the business (Ridley-Duff et al., 2008). Again, some circumspection is needed given that smaller organisations more readily involve staff in decision-making (Tansel & Gazioglu, 2014), as was suggested by one participant. Finally, the high levels of control and support that employees enjoyed are notable given that they are thought to be protective against mental health problems and MSDs that represent significant costs to the national UK and local GM economy (Bugajska et al., 2013; Henderson & Madan, 2013; Theorell et al., 2015).

In addition to the aspects of work that employees felt impacted on their health, and those considered determinants of 'good' work, two important themes related to their general experience of working in a social enterprise emerged that could have implications for their health and wellbeing. Firstly, employees felt that employers focused on their strengths and assets, i.e. what they could do, rather than what they could not. This strengths- and assets-based approach, which was also perceived to be applied externally, could act as a positive influence on these employees' health, given that, in other contexts, it is associated with a

number of positive mental health outcomes, including increased self-esteem, life satisfaction, and decreased depressive symptoms (IRISS, 2012; Ferguson, 2012).

Secondly, employees felt empowered in their work, believing that, in contrast to their previous work experience in jobs that were purported to have social aims, that they could have a real, discernable impact on the world through their work, which is important given that empowerment is associated with positive mental health outcomes, such as improved self-confidence, self-esteem, and wellbeing (Woodall et al., 2010), and is thought to act as a 'buffer' against ill health (Hochwälder & Brucefors, 2004). However, a degree of circumspection is required when interpreting participants' favourable comparisons with previous work experience in other sectors as they no longer work in them, and, generally speaking, did not enjoy their overall work experience as much.

In sum, this stage highlights a number of ways – potential pathways – that working in a social enterprise might impact on employee health and wellbeing (illustrated in the conceptual model on page 182). The interview findings suggest that, in the main, these social enterprises provide 'good' work and that several aspects of working in a social enterprise are perceived as positively impacting on employee health and wellbeing. Employees, generally speaking, reported high levels of control over their work, felt supported, both professionally and personally, were able to contribute in decision-making, enjoyed workplace flexibility and reported high levels of job satisfaction. In addition, there was a perception that these organisations trusted their staff, regardless of rank, were committed to employee health and wellbeing and emphasised, and focused on, employees' strengths and assets. However, some negative determinants were also found, e.g. concerns over organisation sustainability and work-life imbalance. In terms of the conclusions that can be drawn from this stage of the research, some reflections on the limitations of the research are needed. These concern the methods used, the nature of the sample, and the extent to which the findings can be attributed to the fact these employees worked for social enterprises, rather than, for example, the fact they worked for small organisations. In the literature review, several factors, both organisational and individual, were identified as being associated with employee health-related outcomes. The potential influence of these factors on the views of these social enterprise employees is addressed in the following section.

5.5.1. Limitations and reflections

It was discussed, throughout the findings section, that the small size of the organisations that employees worked for could have important implications for their assessments of job

satisfaction and levels of control, flexibility and involvement in decision-making. This is based on the premise that employees working in larger organisations tend to report lower levels of job satisfaction and control over their work (García-Serrano, 2011; Idson, 1990) and fewer opportunities to be involved in decision-making processes (Tansel & Gazioglu, 2014). Thus, although participants generally reported high levels of control, which they attributed to, for example, a creative organisational culture, the fact they worked for small organisations, which tend to afford staff greater control, cannot be ignored. Similar comments apply to the findings on employee involvement in decision-making. This is especially relevant given that some participants mentioned the positive influence that working for a small organisation had on them. It is impossible, on the basis of this sample, to determine what influence size might have had on employee outcomes, given it was entirely made up of small organisations. This limitation will be addressed in Stage Three, which surveyed employees working in micro, small and medium-sized social enterprises.

An additional organisational-level variable that warrants discussion is industry. The literature review highlighted evidence that suggests employees working in organisations active in the following areas: social, public and personal service industries, which includes health, social work and recreation, tend to report higher levels of wellbeing. This is attributed to the higher levels of control they have, relative to counterparts employed in, for example, manufacturing industries (Eurofound, 2012; García-Serrano, 2011; van Wanrooy et al., 2013). This is important because the sample of organisations that employees were drawn from was entirely made up of organisations in the social, public and personal service industries, which is indicative of the GM – and indeed the national – social enterprise sector. Thus, much like with organisation size, it is difficult, if not impossible, to say what influence this had on employee assessments of health, wellbeing and quality of work. High levels of flexibility and support for creativity, for example, could be attributable to the industries that these organisations operated in. Again, this limitation will be compensated for in Stage Three, which surveyed employees working for organisations in different industries.

The evidence on the influence of sector should also be considered. It was shown, in the literature review, that non-profit sector workers, relative to for-profit sector workers, enjoy higher levels of job satisfaction, more control, and more involvement in decision-making (Benz, 2005; Donegani et al., 2012; Felstead et al., 2007). There are obvious parallels between social enterprises and voluntary sector organisations. Indeed, as discussed in Chapter Two, many social enterprises have their origins in such organisations. With this in mind, the high levels of control and job satisfaction reported by this sample may, at least partly, be

explained by factors shared by all voluntary sector organisations, not just those that identify as social enterprises.

In addition to these organisational-level factors, demographic, individual-level variables are also thought to influence employee-health related outcomes. Most of the sample (62%) is female. Gender has been shown to influence employee health-related outcomes, such as job satisfaction, with women tending to report higher levels than their male counterparts (Clark, 1997; 1996; Donegani et al., 2012; Sanz de Galdeano, 2000; Sloane & Williams, 2000; Zou, 2015). Thus, the generally high levels of job satisfaction participants reported could be due, at least in part, to the fact that the majority of the sample was female. However, it should be pointed out that there was no noticeable variation between men and women in the sample regarding job satisfaction – although the small size of the sample makes it difficult to draw any inferences. Again, this limitation will be addressed in Stage Three, which comprises a larger sample of social enterprise employees.

Although the influence of education on employee health-related outcomes is not clear – some studies report a negative correlation between education and job satisfaction (García-Serrano, 2011; Gardner & Oswald, 2002; Gazioglu & Tansel, 2006), yet others suggest high educational attainment makes employees better able to cope with stressful work environments (Galobardes, et al., 2007; Nilsen et al., 2014) – it is, nonetheless, interesting to note the relatively high levels of education present in the sample. Over half (52%) had, at least, a university degree. This is consistent with the findings from Italian social co-operatives (Borzaga & Depedri, 2009), yet inconsistent with UK data that suggest social enterprises operate in deprived areas and recruit locally (Villeneuve-Smith & Temple, 2015). These relatively high levels of education may be explained, in part, by the lack of social firms (which often employ those disadvantaged in the labour market) in the sample.

That interviewees seemed to have an intrinsic work orientation and, by and large, shared the values, goals and mission of their employer, i.e. P-O fit, also warrants discussion. As stated, these individual-level factors are positively correlated with job satisfaction. Thus, interviewees' generally high levels of job satisfaction may be attributable, at least partly, to these factors. It is, therefore, possible that social enterprise employees with an extrinsic work orientation, who do not share the values of their employer, may not benefit to the same extent. The findings from Singhapakdi et al. (2015) provide some support for this: they found that employees who did not share their employer's corporate social responsibility orientation did not benefit, in terms of job satisfaction, in the same way that employees who did share this orientation. Thus, interviewees' assessments of quality of work and health and wellbeing may be, at least partly, contingent on these individual characteristics.

Although the following limitation does not relate to a particular organisational- or individual-level factor, it is nonetheless important to reflect on. Throughout the interviews, participants frequently mentioned how their experience of working in a social enterprise compared favourably with their experience of working in the private, public and voluntary sectors. For example, compared to the private sector, employees were perceived as looking after staff more. This is, arguably, unsurprising, given that, as one participant points out, such organisations are mainly focused on the 'bottom-line'. Comparisons to the public sector were also favourable. These concerned, in particular, the relative amount of freedom and control employees had working in a social enterprise compared to working in a large public sector organisation, such as the NHS. Size is relevant here. Given that smaller organisations provide employees with more control, it would be expected that public sector organisations, such as the NHS, which tend to be larger and more bureaucratic, would offer staff less control. Regarding comparisons with the voluntary sector, several employees reported having negative experiences, overall, in this sector, which could have influenced their views. In general, a degree of circumspection is required when interpreting these comparisons given that they come from employees that no longer work in the sector and have, potentially, left it with the purpose of finding something better in a social enterprise.

In a broader sense, comparisons with previous work experience should be viewed with some caution because it is presumed that, generally speaking, people move on to a new job because they perceive it will be 'better' than their current one, by, for example, offering them more recognition, seniority, wages, or being more closely aligned with their values, i.e. progressing up a 'career ladder'. This may be particularly true for younger interviewees, who, most likely, might have worked in comparatively lower ranking jobs before joining a social enterprise. Any potential bias caused by this has, to an extent, been addressed in the findings section where the context surrounding comparisons with interviewees' previous work experience, e.g. whether it was lower skilled, has been provided.

It is also important to reflect on the possibility that employees who put themselves forward to be interviewed were particularly passionate about social enterprise and, therefore, potentially, were inclined to give a positive account of their working experience. Reflecting on my own role, and 'status', as a researcher, from a university, coming in to interview staff about the health impact of working in a social enterprise, participants might have felt obliged to present the sector as a whole, and their organisation in particular, in a positive light. This could, in part, explain the largely positive experiences that participants reported. Of course, they could equally be attributable to the fact that social enterprises are genuinely good places to work, and questions were asked in the interviews to determine whether employees had

joined the organisation for ethical reasons or not, which would offer an indication of how much they had personally invested in social enterprise as a concept. Several had joined not knowing what a social enterprise was, indicating that employees joined for a variety of reasons, and were not necessarily motivated by social enterprises' social aims.

Nevertheless, participants' values and political views, which seemed to, generally speaking, align with social enterprises' aims and be more 'left wing' rather than 'right wing' may have played a part. Context is important here. The interviews were conducted in early 2013 and the government at the time had committed itself to public spending cuts that inevitably affected the funding available for the types of services that many of the organisations in the interview sample provided, e.g. health and social services. In effect, the funding environment faced by social enterprise organisations had become more competitive (Sepulveda & Lyon, 2013) and it is possible that some interviewees, particularly the more senior ones, may have seen the interviews, and subsequent dissemination of the research findings, as a potential opportunity to showcase the benefits of working in a social enterprise. While this interpretation may have some validity it is worth pointing out that interviewees' experience did not seem to vary according to their rank in the organisation or their seniority.

The economic context in which the interviews were carried out could have also had implications for interviewees' assessment of their job satisfaction. In light of the spending cuts that affected the types of services these organisations provided, it is possible that, in this uncertain climate, interviewees could have felt fortunate to have a job at all, and, in turn, were liable to report a positive experience. This would be, to some extent, consistent with evidence from UK and US employee surveys that show job satisfaction increasing following an economic recession, which may be due to increased satisfaction with simply having a job (The Conference Board, 2012; van Wanrooy et al., 2013).

It is also important to critically reflect on my role, as a researcher in the research process, as a potential influence, or source of bias in respect of the findings (Anderson, 2010). Although there is an assumption, built into many data analysis methods, that the person doing the research is removed from both the method and the data (Mauthner & Doucet, 2003), Liamputtong & Ezzy (2005) argue that the researcher cannot be considered separate, or isolated, from the research process. Indeed, the researcher does not completely stand outside of the phenomenon being observed (Bateson, 2000) and participants themselves should not be considered as separate entities being studied in isolation (King, 2004). The presence of the researcher when gathering data, which is often unavoidable in qualitative research, can affect participants' responses (Anderson, 2010) and the data are more easily influenced by the researcher's personal biases and idiosyncrasies (Johnson & Onwuegbuzie, 2004). Anderson

(2010) therefore suggests that, when discussing qualitative findings, researchers should reflect on their own experiences, values, preconceptions and limitations as potential sources of bias regarding how they interpreted data and the conclusions they reached (Edwards & Holland, 2013; Lacey & Luff, 2009; Walker et al., 2013). Such considerations are, arguably, particularly applicable to the study of social enterprise, given that they represent a challenge to the prevailing economic consensus that, generally speaking, privileges the profit motive above any other (Mazzei, 2013; Morrow et al., 2009; Roy et al., 2013).

My interest in social enterprise stems from studying alternative forms of economic and social organisation as part of my undergraduate degree in History where I considered the collapse of communism in Eastern Europe in my dissertation. Shortly after I graduated in 2008, the global economic recession hit, which further piqued my interest in this topic and lead to me taking an MA in Political Economy. Thus, for several years, I have had an interest in alternative forms of economic activity. I have never worked in a social economy organisation or an organisation with explicit social aims and my work experience is mainly limited to large, private sector organisations (the potential implications of which are addressed below). As such, I did not have preconceived notions or ideas, based on my own personal experience, about what it would be like to work for a social enterprise other than what was established by the literature review. Therefore, there was no expectation, on my part, owing to personal experience, that social enterprises would necessarily be 'good' places to work.

One might argue, however, that my academic interest in alternative forms of economic activity and my own personal work experience may have had implications for the data analysis and what themes emerged. Having primarily worked in large, private sector organisations and experienced a lack of 'good' work first hand, e.g. little control over work and involvement in decision-making, it is possible that I may have been keenly aware of themes relating to these topics, more so than, perhaps, a researcher with a different personal experience to mine would have been. As a result, my attention could have been drawn to such themes at the expense of others. Similarly, interviewees' positive comparisons with their previous experience in private sector organisations may have resonated with me more. However, being aware of this potential limitation during data analysis helped mitigate any bias it might have caused (Mauthner & Doucet, 2003). Having said that, it is recognised that no matter how reflexive one tries to be that the influence one's previous experiences have on the research process cannot always be fully accounted for (Grosz, 1995).

Given that it is also important to reflect on one's limitations as a researcher (Whiting, 2008), the fact I had never carried out qualitative interviews prior to this stage of the research,

(notwithstanding the interviews conducted with key informants for the mapping exercise) is worthy of comment. Although I had attended relevant training sessions, was being supervised by two very experienced qualitative researchers who provided advice, guidance and support, and had read several textbooks on the practise of semi-structured, qualitative interviews (e.g. Hansen, 2006; Keats, 2000; Silverman, 2004), these are not adequate substitutes for actually carrying one out. With this is mind, it is perhaps, inevitable, that my interviewing technique would have improved as I gained more experience in this regard. One potential limitation arising from this is the fact that, when conducting my first interview, in an effort to build rapport with interviewees – which is recommended as a useful approach to foster a dialogue (Cohen & Crabtree, 2006; Edwards & Holland, 2013; Leech, 2002) – I may have divulged too much information about my own academic background, interest in different forms of economic organisation and my negative experiences working in the private sector. It is possible that this gave legitimacy to this interviewee's positive views regarding working in a social enterprise and this participant may, therefore, have felt more inclined to talk about the positive aspects of their experience at the expense of negative ones, i.e. social desirability bias (Uppal et al., 2013). Having said that, Ross (2001) is an advocate of finding common ground on which to build trust as it can help promote a dialogue and aid disclosure during the interview. She uses an example from her own research with women involved in politics, pointing out that with socialist participants she divulged that she was involved in the Labour Party, but did not use this strategy with other participants.

Any potential bias that this could have caused is mitigated by the fact that it was (i) confined to the first interview and (ii) a great effort was made to ensure that the interviews were conducted in an environment in which participants felt free to express their own thoughts and beliefs, regardless of whether they reflected positively or negatively on their experience of working for a social enterprise. For example, while all interviews (except one telephone interview) were conducted in employees' place of work, private meeting rooms were used to ensure that interviewees could be confident that their views would not be overheard by colleagues or management. Also, they were informed that, under no circumstances whatsoever, would the recording, transcript, or any information arising from the interview be passed on to the organisation or a senior member of staff. In addition, it was made clear to interviewees that, as detailed in the participant information sheet and consent form, that the purpose of the interview was to explore their experience of working in a social enterprise, i.e. it was neutrally worded – there was no indication of it being about the 'positive experiences' or 'benefits', for example. Nonetheless, this is a noteworthy limitation.

Another potential bias can arise when the interviewer shares important similarities with some interviewees, but not others (Edwards & Holland, 2013). Mahtani (2012) argues that notions of 'shared identities' – in her case, in reference to race and ethnicity – can influence the dynamics of an interview: it may help create a rapport and foster a dialogue that elicits richer information. This has some relevance for the present research. The issue, however, does not concern shared race or ethnicity, but rather age and experiences. Several participants were in their mid-twenties and had recently completed an undergraduate or postgraduate degree. Given that I was of similar age and had also recently completed a degree – and was in the process of doing one – this represented a shared experience, or something we had in common, which could have aided the flow of the interview. Indeed, it is, perhaps, no coincidence that the two longest interviews (transcripts comprising around 15,000 words compared to the average of between 5,000 and 10,000) involved people in those two categories. This was not, however, always the case; some interviews were relatively short despite involving similar participants.

Having said that, it is worth pointing out that the interview involving the oldest interviewee, who did not fall into either of the above categories (Participant 9), was the shortest and the rapport and dialogue in that interview was relatively lacking. While this may not be attributable to the absence of shared status and experiences, it is nonetheless a relevant point because researchers can, when analysing data, inadvertently privilege the views and experiences of those that they share similarities with at the expense of others (Edwards & Holland, 2013; Mauthner & Doucet, 2003). To mitigate any potential bias this could have caused it was present in my mind when analysing the data and conscious efforts were made to ensure that views, across the entire sample, were represented. In addition, the systematic and, relatively, transparent nature of framework analysis, evidenced by, for example, the 'charting' stage, helps in this regard. In any case, there was no indication that participants' views varied significantly according to these attributes, as outlined in the findings section above.

Given that the researcher's relationship with the participant is an important part of the interview process (King, 2004), it is worth pointing out that I, or any of my supervisors, did not know any of the interviewees prior to conducting the interviews. While this may have made it more difficult to establish contact with employees and arrange interviews, this is an important point because the existence of a relationship with participants, prior to interviewing them, can affect what participants feel able to say (McAuley, 2004). For example, if I had known interviewees in a personal capacity they may have been more, or less, inclined to discuss aspects of their work that they struggled with or felt negatively impacted on their health. This research, therefore, did not suffer from this potential limitation.

Another important consideration that could have influenced what data emerged from the interviews is that the interviews were, necessarily, only conducted with individuals working in organisations that had permitted them to take part in the research. It could be surmised that an organisation willing to allow its staff to participate in a research interview during work time had a flexible disposition. Similarly, organisations might be less inclined to let their staff participate in research regarding the impact of work on health and wellbeing if they expect the findings will reflect badly on them as employers. Therefore, there is a risk of selection bias in this respect, in that only employees working for organisations that were flexible and anticipated positive findings were able to participate.

Furthermore, as stated above, all interviews (except one telephone interview) were conducted in employees' place of work. While this is common practice (Rice & Ezzy, 1999; Taylor & Bogdan, 1998), it may have had implications for the interviews' power dynamics (DiCocco-Bloom & Crabtree, 2006). Interviewees may have, to some extent, acted out their professional role within the organisation in the interview itself. Thus, higher-ranking staff may have conducted themselves differently to lower-ranking staff. Senior staff, who, generally speaking, were older than me, were, for example, more likely to discuss social enterprise more broadly, possibly reflecting their own relatively high position in the organisation, which involved overseeing how services were delivered, and managing staff, etc. As indicated above, they may have seen the interview as an opportunity to highlight the benefits of working in a social enterprise, and, as a senior representative of the organisation, wanted to present it in a good light. Less senior staff were more likely to discuss their experience with a more narrow, personal focus, which also, arguably, reflected their position in the company, i.e. not responsible for managing other people or overseeing day-to-day activities. While this might have been a potential source of bias, there was no significant variation in interviewees' accounts depending on their relative position in the organisation.

Finally, regarding the more general limitations of this stage of the research, it is important to point out that the findings are derived from a small, purposive sample. Given that all interviewees worked for social enterprises based in GM, the findings are not generalisable to other geographical areas – or, indeed, to other social enterprises based in GM (though generalisability is not, in any case, the aim of qualitative research). While every effort was made to recruit a sample of employees that worked for a sample of organisations that represented the GM sector as a whole, the practical difficulties associated with recruiting interview participants militated against this. Despite these problems, the sample was, at least, broadly representative of the GM sector with regards to the organisations' stated purpose.

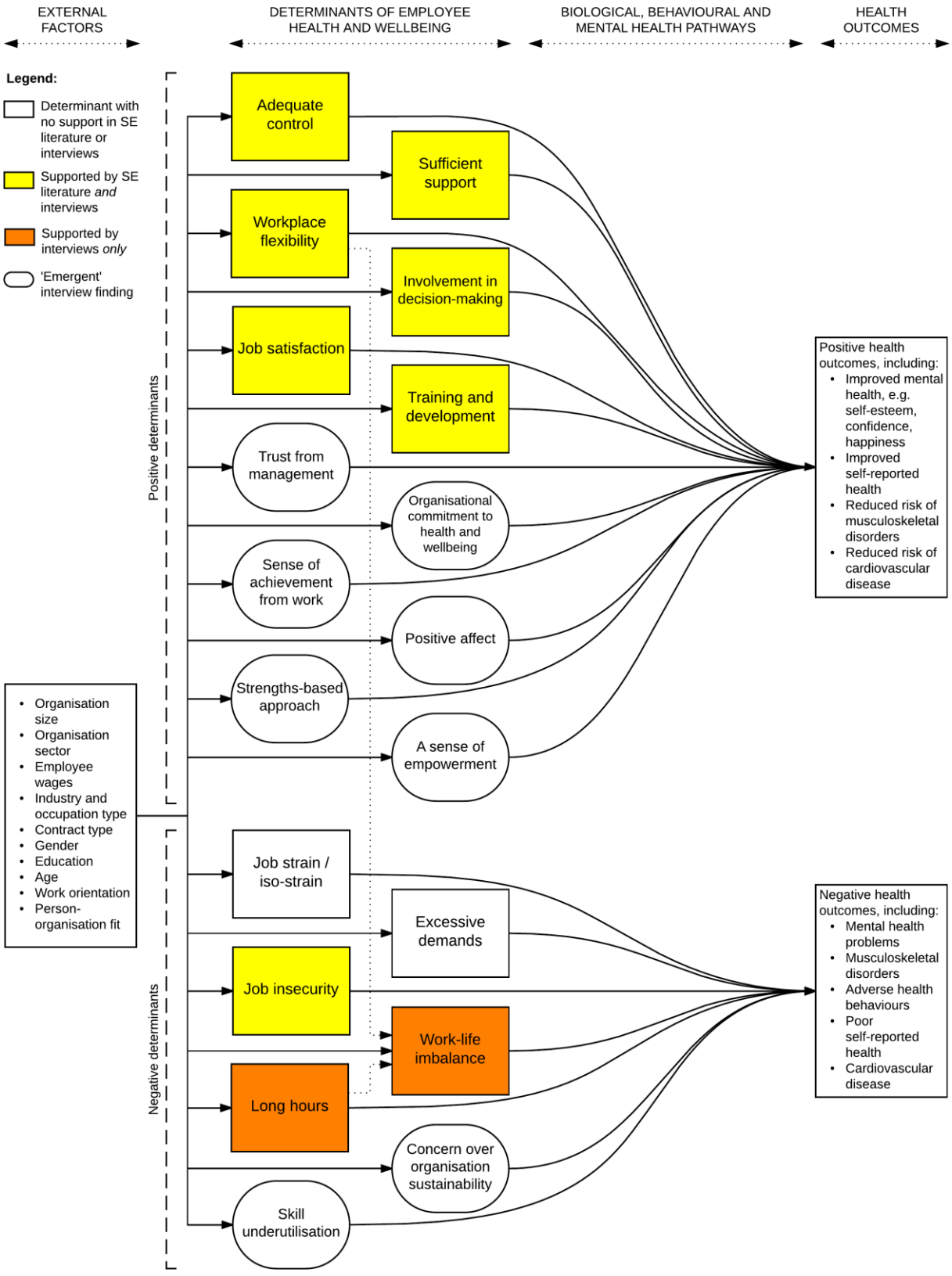
5.6. How the interview findings contribute to the conceptual model

Before concluding, the model, arising from the literature review and the interview findings, of how working in a social enterprise might impact upon employee health and wellbeing, is presented (see Figure 5.2 overleaf). As with the previous version of the model, outlined in Chapter Two, it illustrates the relationship between the components of 'good' work and various positive, and negative, health outcomes, and the potential role of social enterprise in that relationship. It shows that, in many respects, the interview findings are consistent with the literature. For example, the literature review suggested social enterprise employees might benefit from adequate control over their work – the interview findings supported this (as indicated by yellow shading). Also consistent with the literature review was the lack of evidence, from the interviews, for social enterprise employees experiencing job and iso-strain (as indicated by no shading). However, the interviews suggested that some employees suffer from work-life imbalance and long work hours (as indicated by orange shading). While this is consistent with the general literature on workplace health and wellbeing, there was no indication, from the social enterprise literature, that social enterprise employees suffer in these respects. In addition, the model illustrates the ways – potential pathways – not anticipated by the literature review, that working in a social enterprise might impact on employee health and wellbeing (as indicated by circles). Generally speaking, interviewees reported that they benefitted from:

- Trust from management
- A perceived strong organisational commitment to employee health and wellbeing
- A sense of achievement from work
- High levels of positive affect
- A strengths- and assets-based approach, applied internally
- A sense of empowerment

However, several expressed concerns over organisational sustainability and some complained about skill underutilisation. The model also depicts how the determinants of employee health and wellbeing are influenced by the organisational- and individual-level factors highlighted in the literature review.

Figure 5.2. The model of how working in a social enterprise might impact on employee health and wellbeing, following Stage Two



SE = social enterprise; the dotted lines going from 'workplace flexibility' and 'long hours' to 'work-life imbalance' indicate that the latter is determined, at least in part, by these two factors

5.7. Concluding comments

This stage of the research provides partial evidence for the model of how working in a social enterprise might impact on employee health and wellbeing. It offers valuable insight into the experience of working for a social enterprise, social enterprise employees' quality of work, and the impact their work has on their health and wellbeing. The findings suggest that, overall, employees' experience is positive, and, in many ways, their work can be considered 'good' work, owing to the high amount of control, support, and involvement in decision-making that they enjoyed. Many aspects were cited as determinants of improved health and wellbeing, such as highly individualised support, trust from management, and a strong organisational commitment to employee health and wellbeing. Other aspects, such as their strengths-based approach, applied internally, and employees' sense of empowerment, could have positive implications for their health and wellbeing. However, some negative aspects were also cited, such as fears over job security and a poor work-life balance. Several limitations, owing to the methods used, the nature of the sample and the influence of organisational- and individual-level factors also apply, which make it difficult to draw firm conclusions. Some of these limitations will be addressed, however, in the subsequent research stage.

CHAPTER SIX — STAGE THREE: THE SURVEY

6.1. Introduction

Having carried out the interviews in Stage Two, the aim of this chapter is to (i) outline how the interview findings informed the development of the questionnaire, and how it was distributed, and (ii) present the findings from the analysis of 212 questionnaires, designed to assess health, wellbeing and quality of work, returned by employees working in a variety social enterprises across GM. In this chapter, the following research questions are addressed:

10. How do social enterprise employees rate their health and wellbeing?
11. How do social enterprise employees rate the psychosocial quality of their work environment?
12. How do social enterprise employees, in the above respects, compare with respondents to a UK survey of (i) employees (the Workplace Employment Relations Study Survey of Employees) and (ii) the population (Annual Population Survey)?

The chapter begins with a description of how the questionnaire and its components were developed. This includes a discussion of the measures available to assess key concepts like health, wellbeing and work quality and how the interview findings were incorporated into the questionnaire. This is followed by an account of the distribution process and the pilot stage, before describing the methods used for data analysis. Then, the survey results are presented and discussed, followed by the limitations of the sample and methods used. Before concluding, the conceptual model, and how the results from this stage of the research contribute to it, is presented.

6.2. Methods

This section is divided into two parts; the first will outline the methods used to develop the questionnaire and the second will outline the methods used to distribute it.

6.2.1. Questionnaire development

The purpose of this section is to outline how the findings from the interviews, conducted in Stage Two, informed the development of the questionnaire. In total, analysis of the interviews

identified 54 codes, which comprised the themes discussed in the previous chapter. These were categorised as either *a priori*, i.e. identified by the literature review, or emergent, i.e. new findings – not anticipated by the literature review. The *a priori* category comprised 19 codes, all of which were related to the determinants of 'good' work identified in the literature review in Chapter Two, e.g. employee control, support, job security, etc., except one, which concerned organisation size. The emergent category consisted of 35 codes relating to aspects of employees' work experience not anticipated by the review, e.g. the strong emphasis employers placed on individual employees' needs and the perception that they encouraged innovation.

The following is an example of an *a priori* code: 'control over work', which comprised, in part, the theme, explored in the previous chapter, regarding the high level of autonomy and control employees had in work. All instances of employees having control over work would be coded in the margin of every transcript, using the letters 'CONT'. If the participant referred to control negatively (which was rare), 'CONT' would have been suffixed with a minus sign, i.e. 'CONT–'. If control was compared with the participant's previous work experience[38], the prefix 'CP/' was added to indicate a comparison. If the participant's control was higher in their current role, this was coded 'CP/CONT+', to indicate a favourable comparison. If control was lower, this was coded 'CP/CONT–', to indicate an unfavourable comparison – see Table 6.1 for an example.

Table 6.1. An example of a unique code and its possible variations, with supporting quotations

Unique code	**Negative variant**	**Favourable comparison**	**Unfavourable comparison**
CONT	CONT–	CP/CONT+	CP/CONT–
"I have control in my interventions so the actual direct intervention… I can do whatever I want."	"In a way I don't have any control because my job is determined by deadlines."	"Here I've been allowed to do stuff and develop stuff that I perhaps wouldn't in another organisation."	"I was in more control of what I want to do. Basically I made my role last time."

To cover all of the *a priori* and emergent codes identified in the interviews, and address the research questions outlined above, it was imperative the questionnaire included the following components: (i) an assessment of the determinants of 'good' work, e.g. control over work, support at work, job security, etc.; (ii) a measure of health; (iii) a measure of wellbeing; and

[38] Primarily, comparisons were made were with previous work experience in the private, public and voluntary sectors, i.e. non-social enterprises.

(iv) a sequence of questions covering the emergent codes. In addition, information on employees' demographics was sought, given the influence, discussed in Chapter Two, that they have on employee health-related outcomes. Including these five components enabled a comprehensive assessment of social enterprise employees' perceived quality of work, health, and wellbeing.

6.2.1.1. Questionnaire components

A review of existing questionnaires designed to assess employees' quality of work, health and wellbeing was carried out. Unfortunately, no existing questionnaires that measured all three components were found. Thus, the final questionnaire used in this stage of the research comprised components from several questionnaires. To assess employees' perceived work quality, and their demographic characteristics, the 2011 Workplace Employment Relations Study Survey of Employees (WERS SEQ) was used. To measure their health, the 'classic' (Bowling, 2005) single-item self-rated health question was used, and, to measure employees' wellbeing, four questions, recommended by the ONS and the New Economics Foundation (NEF), were used. Unique questions, not present in existing surveys, were developed for the emergent codes (see Section 6.2.2 for details).

The rationale for using these particular measures is given in the sections below, but first, the criteria that these measures had to comply with in order to be included in the questionnaire are provided: (i) brevity – generally speaking, shorter questionnaires garner higher response rates (Cook et al., 2000)[39] and, given the need to measure employees' work quality, as well as their health and wellbeing, it was imperative each component was as short as possible, otherwise the final questionnaire would be excessively long; (ii) evidence of reliability and validity was needed to ensure the measure was methodologically sound; and (iii) in order to compare GM social enterprise employees' responses with counterparts employed in non-social enterprise organisations, it was essential that up-to-date, comparative data were available for the measure.

6.2.1.2. Measures of work quality

This section outlines the measures considered for assessing employees' psychosocial quality of work. A number of questionnaires, reviewed by Baxter et al. (2009) for the NICE (2009) PH22 public health guidance, which included questions on the determinants of 'good' work,

[39] The implications of questionnaire length are discussed in more detail in Section 6.2.3.

were assessed. For an overview of the questionnaires and what aspects of 'good' work they covered, see Appendix E. Several of these surveys, e.g. the WERS SEQ, the European Working Conditions Survey (EWCS), and the BHPS, are conducted on a regular basis, with the WERS SEQ and EWCS covering many aspects of 'good' work. Thus, only these surveys were considered for inclusion in the questionnaire.

The WERS is a national survey of people at work in Britain. It includes several questionnaires, e.g. one to assess financial performance, one for worker representatives and one for employees (the SEQ). Given that the present research was exploring *employees'* work quality, only the SEQ component was considered for inclusion. The WERS has been undertaken six times: 1980, 1984, 1990, 1998, 2004 and 2011. The SEQ component was introduced in 1998. It includes questions covering the following determinants of 'good' work: employee-management relations (support); job security; employee participation; communication; working patterns; flexibility in working hours; work-life balance; demand/effort; control/decision latitude; reward (see Appendix E).

The WERS SEQ (see Appendix F) includes scales for the following: job demands, control, support and satisfaction, as well as various single-item questions that relate to different aspects of the psychosocial quality of work (van Wanrooy et al., 2013). Also included are subsets of the job-related wellbeing scales developed by Warr (1990), which have been used in several studies (e.g. Cooksey & Soutar, 2006; Epitropaki & Martin, 2004), and generally have good reliability scores, i.e. Cronbach's α in excess of 0.8 (Stride et al., 2007).

With a response rate of nearly 60% comprising 22,000 employees (Bryson et al., 2014), the WERS SEQ is the largest and most representative source of data on British workers – representing roughly 90% of all workers in the UK – and no other nationally constituted survey on work and employment matches its breadth and depth (Bryson et al., 2014; Timming, 2009). The WERS is also co-sponsored by the Department for Business, Innovation and Skills (BIS), the Advisory Conciliation and Arbitration Service (Acas), the Economic and Social Research Council (ESRC), and the National Institute of Economic and Social Research (NIESR) (van Wanrooy et al., 2013). The SEQ was developed following an extensive review of existing instruments including the 1992 Employment in Britain Survey and employee component of the 1995 Australian Workplace Industrial Relations Survey (Forth et al., 2010) and reviewed by an expert panel at the National Centre for Social Research (NatCen). It was further refined through two pilot surveys comprising 506 employees and 25 cognitive interviews (Airey et al., 1999).

For the 2004 edition, an academic team contributed to the redesign of questions on job satisfaction and skills and the addition of a question on employee wellbeing derived from Warr's (1990) job-related wellbeing measure (Forth et al., 2010) – this process was, again, underpinned by two pilot surveys involving 289 employees and 27 cognitive interviews (Chaplin et al., 2005). Following a critique of the 2004 version of the WERS SEQ from Timming (2009) that highlighted a number of questions and response categories that could be improved for clarity, e.g. double-barrelled questions, several amendments were made whereby offending questions were either modified or removed (Bewley et al., 2010). Nineteen employees were then interviewed face-to-face to test the modified questionnaire and 107 were returned following a piloting phase (NatCen, 2013).

Thus, the WERS SEQ is a high quality, nationally representative survey with good employee response rates developed with extensive use of cognitive interviewing and piloting phases. It also provides recent, comparable data on the determinants of 'good' work and job-related wellbeing and has questions on demographic characteristics. As such, it was included in the final questionnaire.

Although the EWCS, like the WERS SEQ, also provides recent, comparable data on the determinants of 'good' work, the latter was preferred because (i) the EWCS is designed to be administered by an interviewer, which was not feasible for the present research, while the WERS SEQ is designed for self-completion and is significantly shorter, and (ii) the EWCS is a European-wide survey, therefore it is less suitable as a basis for comparison.

6.2.1.3. Measures of health

Having established the measures used to assess employees' work quality and demographic characteristics, this section will outline what measures were used to assess their health. As discussed in Chapter Two, health is difficult to define and measure. Thus, several health measures were considered for inclusion in the questionnaire. The North West Public Health Observatory (NWPHO) recommends the following: EQ-5D, SF-12 and SF-36, and the single-item, self-rated health measure. All of these measures comply with the following criteria (NWPHO, 2014):

- Feasible and easy to use
- Good psychometric properties – evidence of reliability and validity and sensitive to change over time
- Evidence-based

- Good benchmarking and comparative data available for general and specific populations

As mentioned above, for the purposes of this research in particular, it was essential that any proposed measure had comparative data available so that comparisons could be made between social enterprise and non-social enterprise employees. All four of the measures listed above, in addition to the General Health Questionnaire (GHQ), were considered for the purposes of this research. The health measure chosen for inclusion in the questionnaire was the single-item, self-rated health measure – see below for a description of it and refer to Table 6.2 (overleaf) for a description of the measures that were not selected and the reasons why.

The single-item, self-rated health measure, recommended by the NWPHO, typically takes the form of a question such as 'how is your health in general? Would you say it was…' with five choices available ranging from 'very good' to 'very bad' (Bowling, 2005). Research shows self-rated health is a powerful predictor of mortality in several settings, even when numerous health status indicators and other covariates known to predict mortality are included in analyses (DeSalvo et al., 2006; Idler & Benyamini, 1997). It is also included in several UK surveys, including the Annual Population Survey (APS), the Integrated Household Survey and the Health Survey for England – all of which are long running surveys with large samples that provide a solid basis for comparison. Given that this measure is (i) concise – and there was need a to keep the questionnaire as short possible; (ii) a strong predictor of mortality; and (iii) included in several long running surveys, it fulfilled the criteria set out above and was therefore considered suitable for the purposes of this research.

Table 6.2. Health measures considered, but not included, in the final questionnaire

	Description	Content	Further information	Reasons why not included
EQ-5D	Generic measure of health status, providing a descriptive profile and index value that can be used in the clinical and economic evaluation of health care and is widely used by clinical researchers in a variety of clinical areas (Rabin & de Charro, 2001).	Five questions with a choice of three responses for each; the five measures include physical mobility, self-care, performance of usual activities, pain and discomfort and anxiety and depression (Szende & Williams, 2004).	Included in the 2011 and 2012 edition of the Health Survey for England. Included in the *North West Mental Wellbeing Survey 2012/13*. Reliable and valid in many conditions and populations (see Janssen et al., 2013).	Mainly used in clinical settings to monitor health status of patient groups, assist in providing evidence about medical effectiveness and evaluation and audit of health care, etc. (EuroQol, 2015). Measures aspects of health not relevant to (i) issues raised by participants in interviews, or (ii) the overall aim of this research.
SF–12	Shorter version of SF–36 (which considered too long for purpose of this research) developed to reduce respondent burden while achieving minimum standards of precision (Jenkinson et al., 1997; NWPHO, 2012).	Twelve questions on, for example, self-rated health, activities of daily living and physical pain.	Has featured in the UK Household Longitudinal Study, Understanding Society, which is a panel survey sampling 40,000 households.	SF tools were designed as generic measures for the evaluation of outcomes in medical care and are intended to supplement existing medical measures (Garcia & McCarthy, 2001). Measures aspects of health not relevant to issues raised by participants or the aims of the research
GHQ	Developed by Goldberg (1972), comes in several forms (30, 28, 20 and 12, Jackson, 2006) and is a well established mental health screening tool that measures 'strain' and is frequently used as a psychiatric screening instrument in occupational settings to measure job-related stress.	It covers feelings of depression, strain, inability to cope, lack of confidence, anxiety-based insomnia, and other psychological problems (Spurgeon & Cooper, 2001; Stride et al., 2007).	The GHQ–12 is featured in the Health Survey for England.	Although it is featured in the Health Survey for England, the aspects of health it measures are not consistent with the findings from the interviews and the overall aims of this research – participants, for example, did not express feelings of depression, inability to cope, etc.

6.2.1.4. Measures of wellbeing

So far, the components used to assess employees' work quality, demographic characteristics, and health, have been established. This section outlines what measures were used to assess their wellbeing. Like health, wellbeing is difficult to define, thus, several wellbeing measures were considered. As discussed in Chapter Two, there is agreement between NEF, the ONS and the OECD, that wellbeing is a multidimensional concept and should be interpreted from three philosophical perspectives – hedonic, eudaimonic and evaluative – to get a comprehensive understanding of it (Dolan et al., 2011; NEF, 2011; OECD, 2013). The hedonic school stresses the importance of infrequent negative emotion (e.g. anxiety) and frequent positive emotion (e.g. happiness); the eudaimonic school argues that an understanding of wellbeing involves what is required to 'live well' such as a sense of meaning, self-worth, autonomy, relatedness, and engagement (NEF, 2012).

This consensus has emerged since the publication of the *Report by the Commission on the Measurement of Economic Performance and Social Progress* from Stiglitz et al (2009), which recommended that governments provide subjective indicators of wellbeing. Following this, the ONS conducted a review into what wellbeing questions were being asked on major social surveys in the UK (Waldron, 2010). As a result, Dolan et al. (2011), on behalf of the ONS, recommended that four questions, which would provide a comprehensive assessment of wellbeing, be included in existing national surveys:

- Overall, how satisfied are you with your life nowadays? (evaluative)
- Overall, how happy did you feel yesterday? (hedonic)
- Overall, how anxious did you feel yesterday? (hedonic)
- Overall, to what extent do you feel the things you do in your life are worthwhile? (eudaimonic)

Each is measured on a scale from zero to ten. These questions are featured in the APS – a combined statistical survey of households in Great Britain conducted quarterly by the ONS – which has a sample size of 163,000; it also includes, as outlined above, the single-item general health measure. The components of wellbeing measured by these four questions (henceforth referred to as 'ONS4') relate to the codes and themes generated by the interviews, particularly the eudaimonic question. These questions were therefore included in the questionnaire.

In addition to the ONS, NEF also endorse the use of these four questions but suggest they should be supplemented with the shortened version of the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), and a question on social trust (NEF, 2012). While both the WEMWBS and its shortened version were considered, they were not included in the questionnaire – see Table 6.3 for a description of each and the reasons why they were not included.

Table 6.3. Wellbeing measures considered, but not used, in the final questionnaire

	Description	**Further information**	**Reasons why not included**
Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)	WEMWBS is a scale of 14 positively worded items (Tennant et al., 2007), specifically designed to measure both the feeling and functioning aspects of positive mental wellbeing, i.e. flourishing (NEF, 2012).	It has featured in surveys such as the *North West Mental Wellbeing Survey 2012/13*, the BHPS 2009 and the Health Survey for England 2010-11	It is excessively long (for the purposes of this research); and (ii) has primarily been used to measure changes in populations over time, i.e. used to assess wellbeing pre- and post-intervention (e.g. Collins et al., 2013; Malcolm et al., 2013; Odou and Vella-Brodick, 2013; Phillips et al., 2014; Powell et al., 2013).
Shortened Warwick-Edinburgh Mental Wellbeing Scale	Short 7-item version of the Warwick-Edinburgh Mental Well-Being Scale, developed through RASCH analysis of WEMWBS	Not featured in any long-standing surveys.	Presents a restricted view of mental wellbeing and is not featured in any long-standing surveys – therefore it does not provide a basis for comparison.

6.2.1.5. Summary of work quality, health, and wellbeing measures

All the measures chosen for inclusion in the final questionnaire complied with the criteria set out above, i.e. they were, to an extent, (i) brief, (ii) had evidence of reliability and validity and (iii) featured in national surveys and therefore had comparable data available. Thus, they satisfied the criteria set out above. Despite its long length, the decision to use the WERS SEQ is justified given that it (i) offers the most comprehensive coverage of the components of 'good' work of the questionnaires considered above; (ii) includes a component on demographic variables, and (iii) provides a measure for job-related wellbeing. Furthermore, with responses from almost 22,000 employees across the UK, it provides a useful basis for comparison.

Thus, the components of the final questionnaire, named the 'Social Enterprise Employee Questionnaire' (SEEQ – see Appendix G[40]), comprised (1) the WERS SEQ, which covered the determinants of 'good' work, i.e. work quality; (2) a question on self-rated health; and (3) the ONS4 questions recommended by the ONS and NEF to assess wellbeing (both provided by the APS). The fourth component consisted of questions pertaining to the significant, emergent themes that arose from the interviews (see Section 6.2.2 below) and the fifth component, also provided by the WERS SEQ, covered demographic variables. Table 6.4 provides an overview of the questionnaire and its various components.

Table 6.4. Questionnaire overview

Component	**1**	**2**	**3**	**4**	**5**
Name	Work quality	Health	Wellbeing	Emergent	Demographics
Measure	WERS SEQ	Self-rated health (APS)	ONS4 (APS)	Newly-developed	WERS SEQ
Page no.	2–7	8	8	9–12	13–16

6.2.2. Emergent component of the questionnaire

Up to this point, the measures used to assess employees' work quality, health, wellbeing and demographic characteristics have been described. All that remains is the emergent component, which comprised questions developed with reference to the emergent themes generated by the interviews. As mentioned earlier, of the 54 codes generated by the interviews 35 were categorised as emergent, i.e. not anticipated by the literature review. Questions were developed for the vast majority of these codes. Some codes were not developed into questions because they (i) occurred infrequently and were not considered relevant to the overall aim of the research, or (ii) were, after further inspection, found to be already covered by another code.

The questions were designed to assess the extent to which the views and opinions expressed by interviewees in Stage Two were reflected in a larger, more representative, sample of social enterprise employees across GM. Thus, respondents were asked to indicate their level of agreement with a series of statements derived from the interviews. For example, a significant theme discussed in the previous chapter related to participants' concerns over the financial sustainability of the organisation, therefore, the questionnaire presented respondents with a statement to this effect, asking them to indicate their level of agreement with it on a

[40] Also available online at the following address: https://www.surveymonkey.com/r/SEGMSEEQ

five-point scale, comprising: 'strongly agree', 'agree', 'neither agree nor disagree', 'disagree', 'strongly disagree' (and an option for 'don't know'[41,42]).

Likert items generally, and agree-disagree (AD) question formats in particular (such as those used in this part of the questionnaire), are useful for measuring attitudes, beliefs, values and opinions (Bowling, 2014, Burns & Grove 1997; Fowler, 1995; Johns, 2010), and were, therefore, deemed appropriate for the purposes of this research. A five-point scale was used because (i) Revilla et al (2013) found that when using AD scales, five-point scales yield better quality data than seven or eleven; and (ii) throughout, the WERS SEQ uses a five-point scale for its AD questions (occasionally including a 'don't know' option). Rather than introduce a new scale (e.g. a seven- or eleven-point scale) for the emergent questions, it seemed appropriate to keep the number of scale items consistent across the entire questionnaire.

While AD question formats are often used in research questionnaires – Johns (2010), for example, describes them as ubiquitous – they are susceptible to certain biases (Revilla et al., 2013). Acquiescence bias describes the tendency for a respondent to simply agree with the statement they are presented rather than engage in cognitive process. This has been attributed to the belief that respondents may perceive the researcher who designed the questionnaire an expert on the topic and as a result are inclined to agree with whatever statement is presented to them (Lenski & Leggett, 1960 – cited in Saris et al., 2010). Others suggest it is driven by a tendency to satisfice, whereby respondents simply choose the first response option they see that meets a minimum threshold of acceptability, rather than assessing the question and its full range of answer categories (Krosnick, 2000).

Respondents to this questionnaire, arguably, may be less inclined to acquiesce because these questions were developed with social enterprise employees – a fact that is highlighted at the top of the page for this particular battery of questions. Thus, in this sense, it is the respondents that are the experts on the topic and they aware of that because it is made plain that the questionnaire has been designed with them in mind. Regarding satisficing, evidence suggests that respondents who have low motivation, i.e. are not interested in the topic, are particularly susceptible (DeMars & Erwin, 2005), a problem that is compounded if the task is

[41] Including the 'don't know' option, the scale arguably comprises six categories, however, the purpose of this AD scale was to measure the extent to which respondents agreed or disagreed with a given statement, i.e. to elicit a belief or opinion – if a respondent selects 'don't know', that indicates they have insufficient knowledge to answer the question and therefore it is not a reflection of their beliefs or opinions and should not be considered part of the scale.

[42] While there is debate regarding whether a 'don't know' option differs from a neutral option (in this case 'neither agree nor disagree'), both options were deemed necessary because for some statements, e.g. regarding hierarchical structure (F1a), it is possible some respondents simply would not know and that others would be neutral.

perceived as difficult (Krosnick, 2000; Marsden & Wright, 2010). Respondents to this questionnaire may, potentially, be less susceptible to these risks than a typical survey population, as they have been specifically selected to participate in the survey, which is designed, specifically, for them (as opposed to a census questionnaire, for example). Furthermore, Krosnick (2000) suggests, to mitigate problems posed by task difficulty, using words respondents will be familiar with – given that the wording of the questions in the emergent component is derived from the findings of interviews conducted with social enterprise employees, the questions should – assuming the interviewees are, at least to some extent, representative of the survey population – include familiar language they are comfortable with. However, this only applies to the wording of the questions in the emergent component. Thus, while AD questions can pose methodological problems, these are, to some extent, avoided in this case.

When using AD questions, Fowler (1995) and Campanelli (2013) stress the importance of creating balance by using a series of statements that are both positive and negative. This is based on the premise that if respondents are inclined to acquiesce, then if the series of statements presented to them alternate between positive and negative ones, the effects of bias will be, to some extent, muted. Thus, the series of statements presented to respondents alternated between being positive and negative, e.g. concerns about financial sustainability are immediately followed with a positively worded item. While the majority of statements are worded positively, this is due to the fact that they are derived from the interview findings, which were, by and large, expressed by respondents in positive terms.

General guidelines regarding the design and wording of questions were also followed. Johns (2010), for example, points out that questions should not be double-barrelled, as it is impossible to be clear about what aspect of the statement the respondent actually agrees or disagrees with. Fowler (1995) suggests questions should be carefully designed so as to avoid double negatives, which are cognitively complex and can result in item non-response. Campanelli (2013) argues that, for each question, the following criteria be met: the respondent should (i) understand the question, (ii) be able to answer it, and (iii) be willing to. Given that these questions were developed with the findings from interviews with social enterprise employees, respondents should understand and be able to answer the questions – also, as each respondent was specifically targeted for the survey, they should be willing to.

Thus, while AD questions are susceptible to certain biases, several steps were taken during the design and development of the questions to avoid any problems they might pose. Furthermore, the AD format offers practical advantages in that the same response scale can be used to measure several constructs and the visual display of the scale is easy on both paper

questionnaires and web versions (Revilla et al., 2013). Alternatives such as creating specific scales for each individual item, are less efficient (Saris et al., 2010), as the respondent must assess a new scale in relation to each item. The AD format is particularly versatile (Johns, 2010) and, given the need to keep the overall length of the questionnaire as short as possible, it was imperative this component was concise – the AD format allowed that.

In addition to the Likert item questions (F1 and G1), four open-ended questions were also included (G2, H1, H2 and H3) – see Appendix G. While closed questions are useful for producing answers that can be compared and analysed easily (Dometrius, 1992; Kelley et al., 2003), open-ended questions enable respondents to formulate their own answers (de Vaus, 1996), giving them the opportunity to express fairly detailed, in-depth views on the topic at hand. One advantage of open-ended questions is that they yield qualitative data, which assist in describing and classifying phenomena, providing context to a respondent's answers (Dey, 1993). They are recommended when the question poses too many possibilities to provide a list of categories for respondents to choose from (Campanelli, 2013). The open-ended questions included, for example: 'what would you say are the best things about working for a social enterprise?' and 'what would you say are the worst things…?' For such questions, the range of responses could not be reasonably anticipated; they therefore lent themselves to an open-ended format. Despite their strengths, there are some disadvantages to using open-ended questions, such as the need for extensive coding of responses and larger item non-response, which can result in bias, compared to closed questions (Reja et al., 2003).

Five additional questions (I1–I5) that did not suit the AD format were also included. For example, one of the themes explored in the previous chapter concerned the size of the organisation participants worked for and the role this played in determining the impact their work had on their health and wellbeing. As such, a question enquiring about this (I3) was included to determine whether organisation size was related to respondents' assessment of their health, wellbeing and quality. The distinctions between different sized organisations were taken from the European Commission (2013). Another question regarding the purpose of the organisation (I4) the respondent worked for was also included given the influence it can have, discussed in Chapters Two and Five, on employee health-related outcomes.

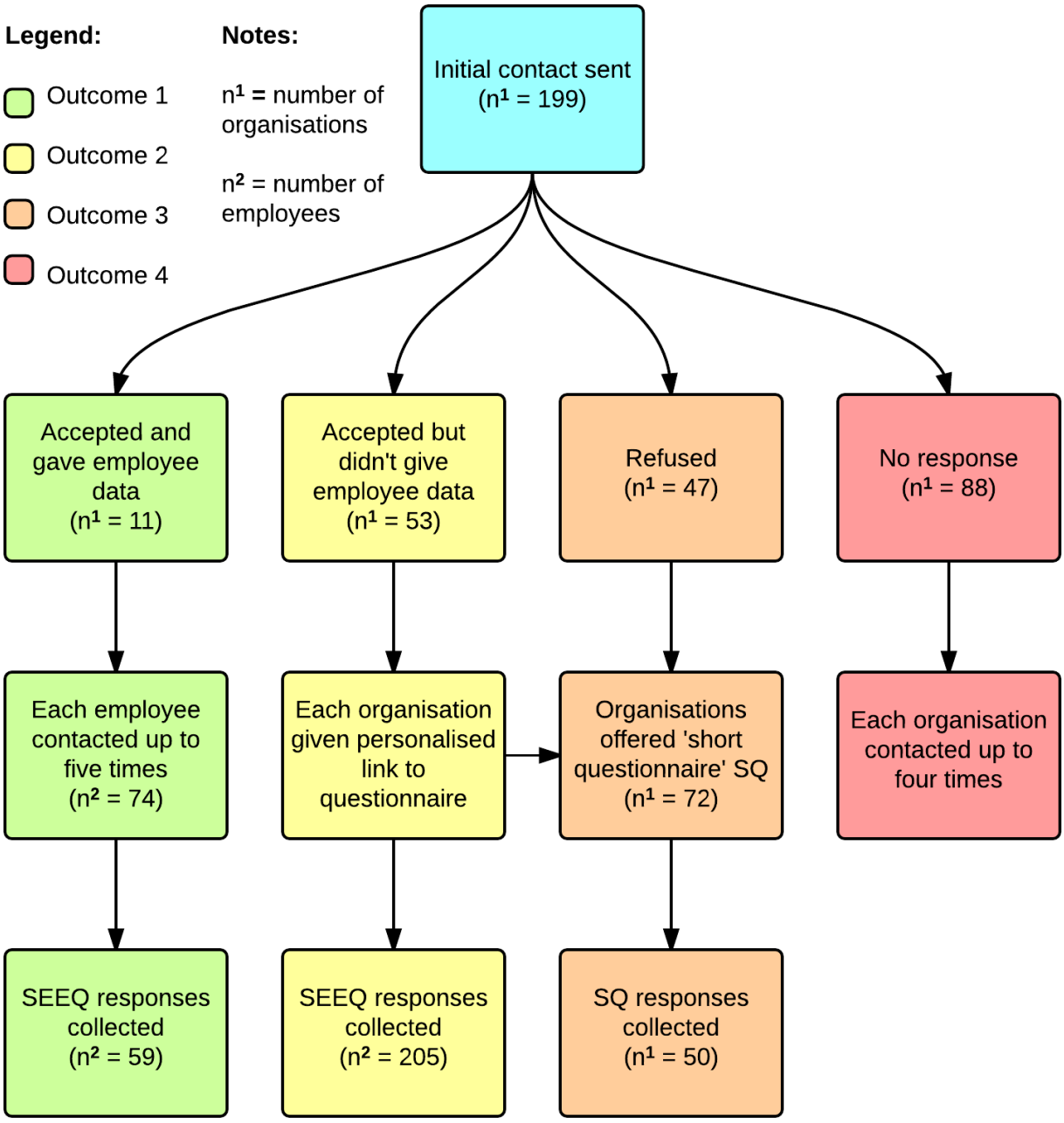
In sum, the emergent component of the questionnaire comprised four sections: (i) questions on the experience of working in social enterprise (F1), (ii) questions regarding comparisons between social enterprises and non-social enterprise organisations (G1 and G2), (iii) open-ended questions (H1–H3), and (iv) additional questions (I1–I5). Including these allowed for the investigation of possible relationships between aspects of working in a social

enterprise, highlighted by the interviews, and respondents' assessments of their heath, wellbeing and work quality.

6.2.3. Questionnaire distribution

Having outlined the methods used to the develop the questionnaire and its individual components, this section will describe the distribution process. When the SEEQ was distributed (mid-2014), the directory comprised 199 organisations. All of these organisations were contacted, either by letter or email. For an overview of the distribution process, see Figure 6.1 overleaf. Given the relatively small size of the study population (circa 1,000 employees), it was important to attain the highest possible response rate to ensure the representativeness of the findings (Baruch & Holtom, 2008; Parkes & Sparkes, 1998), which would help reduce potential non-response bias (Hox & de Leeuw, 1994). As such, the distribution process was carried out carefully with reference to the literature.

Figure 6.1. Overview of distribution process



SEEQ = the 'Social Enterprise Employee Questionnaire' that was distributed in this stage of the research
SQ = the 'short questionnaire' distributed in Stage One (the mapping exercise) to supplement the data collected for the directory

All 199 organisations were sent a request for their employees to fill out the SEEQ. Czaja & Blair's (2005) instructions, regarding the design of a cover letter, informed the email content:

- State what the questionnaire is for, why it is important and how the results will be used
- Why the respondent is important to the study
- How the respondent was selected

- It needs to be eye-catching (yet professional), clear (but brief) and compelling (but neutral)

Also included in the email was a PDF sample of the questionnaire and the promise of a short report of the findings, on request, should the organisation allow its employees to participate in the research. In addition, organisations were informed the questionnaire could be completed online or using paper copies. It was left to the organisation to decide whether they would distribute the questionnaire internally or provide contact information for individual employees.

Figure 6.1 shows how organisations responded to the initial request. Essentially there were four different outcomes. Outcome 1 (the green strand) shows that only 11 of the 199 organisations contacted provided contact information for individual employees. This amounted to 74 employees who were each contacted up to five times. This was in line with guidelines given in Dillman's (2007) *Mail and Internet Surveys: the Tailored Design Method*. Dillman (2007) argues multiple contacts with the respondent are more effective than any other method for increasing response rates. This is consistent with the wider literature: several meta-analyses of both mail and web surveys consistently find the number of contacts made with the respondent is one of the most important factors influencing response rates (Cook et al., 2000; Heberlein & Baumgartner, 1978; Yammarino et al., 1991).

This approach involves sending a pre-notice email to the respondent, informing them they will receive a request to complete a questionnaire. An email with a link to the questionnaire follows a few days later. A maximum of three reminders are then sent at roughly one week intervals, each one worded slightly differently. Only employees that had not completed the questionnaire were sent reminders – SurveyMonkey [43] updates automatically when a respondent has completed the questionnaire. Experimental studies have consistently found positive effects of pre-notifications and reminders on response rates (Bosnjak et al., 2008; Wygant et al., 2005). While employees were offered an option of completing a paper version of the SEEQ, all opted to complete it online. Of the 74 employees that were contacted directly, 59 completed the questionnaire, which equates to a response rate of 80%.

Outcome 2 (the yellow strand of Figure 6.1) shows that 53 organisations agreed to participate, but rather than provide contact details for their employees, they preferred to

[43] SurveyMonkey is an online software package and questionnaire tool that enables researchers to create and deliver surveys to participants in a 'convenient, expeditious manner, [which] produces results in synchronous time, so researchers can watch data results being compiled instantaneously' (Buchanan & Hvizdak, 2009, p. 37).

distribute the SEEQ to their employees themselves. Each organisation was given a personalised link to the questionnaire, which enabled SurveyMonkey to track how many responses were recorded from each organisation. After a week had passed, a reminder was sent. All organisations were asked to send one reminder to their employees to complete the survey. Given that contact information for individual employees was not available, it was anticipated that the response rate would suffer as multiple contacts would not be possible. As Figure 6.1 shows, 205 employees responded. It is impossible to know how many employees were sent the questionnaire – some organisations might have agreed to distribute it but were unable to find the time. Using information compiled in Stage One, the 53 organisations that agreed to distribute the questionnaire employed roughly 850 staff, which would equate to an approximate response rate of 24% (assuming all employees were sent the questionnaire)

Outcome 3 (the orange strand) shows 47 organisations refused to participate as they either (i) had no employees, (ii) were not, in fact, a social enterprise, or (iii) were too busy. Organisations that had no employees or were too busy to distribute the SEEQ to their staff were asked to fill out the 'short questionnaire' (SQ). Details of this questionnaire are provided in Chapter Four (Stage One) – essentially it is a modified version of the Together Works Membership Form and simply asks organisations to provide basic details about their organisation, e.g. purpose, number of employees, etc. Outcome 4 (indicated by the red strand in Figure 6.1) shows that, despite multiple contacts, 88 organisations did not respond to the initial contact.

In addition to the emphasis on multiple contacts, Dillman (2007) also recommends using a 'respondent-friendly' questionnaire, i.e. questions should be grouped by topic, layout and style should be consistent throughout and instructions should be clear. The SEEQ used the WERS SEQ in its entirety. Therefore, the additional components on health, wellbeing, etc. added to it maintained the layout and style of the WERS SEQ, which, overall, conformed with Dillman's (2007) recommendations. The SurveyMonkey version of the questionnaire differed slightly to the paper version. This, too, was designed with reference to the literature, particularly Dillman et al. (1999), which provides guidelines on constructing online surveys. Steps were taken to ensure its appearance was almost identical to the paper version (e.g. using a page format as opposed to scrolling – in line with instructions from Peytchev et al., 2006). This was due to the threat of mode effects, i.e. results changing depending on whether a respondent completes the paper or online version. However, there is little evidence of mode effects in this context (Grandcolas et al., 2003; Hayslett & Wildemuth, 2004), and, in any case, only two paper versions of the SEEQ were collected. Efforts were also made to keep the questionnaire as short as possible, primarily because shorter questionnaires generally receive

higher response rates, i.e. survey length has a negative linear relation with response rates (Cook et al., 2000; Heberlein & Baumgartner, 1978).

In sum, the methods used to distribute the questionnaire were informed by the literature. In particular, Dillman's (2007) guidelines, which have been effectively applied in many studies with different sample sizes in a variety of disciplines (e.g. Hoddinott & Bass, 1986; Records & Rice, 2006; Rosenbaum & Lidz, 2007; Saunders, 2011), proved useful. The effectiveness of the multiple contact strategy is evidenced by the fact that 80% of those contacted directly completed the survey (59 out of 74 employees).

6.2.4. Pilot

A pilot of the questionnaire was conducted with a small sample of researchers based at the university. The feedback mainly concentrated on the placement of the demographic questions. Originally, they were situated in the middle of the SEEQ, i.e. following the WERS SEQ component, prior to the questions on health and wellbeing. However, following recommendations from the pilot sample and reference to the literature (e.g. Teclaw et al., 2012), they were placed at the end of the questionnaire.

6.2.5. Data analysis

Several different statistical tests were used to analyse the data collected. Table 6.5 (overleaf) outlines which tests were used and for what purpose. Statistical tests were used to provide meaningful answers to the research questions set out at the beginning of the chapter, rather than in the hope of finding 'significant' results (Gaskin & Happell, 2013). Thus, tests were only conducted if there was a rationale for conducting them, i.e. when it was reasoned, *a priori*, that two variables might be related in some way, rather than carrying out all possible pair-wise analyses. For example, the literature, and the interview findings, suggested that employee health-related outcomes vary according to organisation size. Thus, one-way ANOVA tests were carried out to determine whether social enterprise employees' scores varied significantly depending on the size of the organisation they worked for.

Table 6.5. Statistical tests used, the reasons why and examples

Test	Reason	Example
Chi-square goodness of fit	To determine whether the distributions found in the social enterprise sample were significantly different to population norms	Comparing the distribution of social enterprise employees' self-rated health with comparable data provided by the APS
Chi-square test of independence	To determine whether social enterprise employees' responses to questions varied significantly according to certain individual and organisational characteristics (e.g. gender)	Comparing social enterprise employees' responses to the question 'does your work affect your health, or not?' and whether this varied depending on the size of organisation they worked for
Z-test	To determine whether the social enterprise employees' mean scores for certain scales (e.g. job satisfaction scale) were significantly different to population means	Comparing social enterprise employees' scores on Warr's (1990) anxiety-contentment subscale with comparable data provided by the WERS SEQ
Independent samples t test	To determine whether social enterprise employees' mean scores on certain scales varied significantly according to certain individual and organisational characteristics (with two groups)	Comparing social enterprises employees' mean scores on the social enterprise experience scale item and whether this varied depending on their gender
One-way ANOVA	To determine whether social enterprise employees' mean scores on certain scales varied significantly according to certain individual and organisational characteristics (with two or more groups)	Comparing social enterprises employees' mean scores on Warr's (1990) anxiety-contentment subscale and whether this varied depending on the size of organisation they worked for
Spearman's rho	To explore relationships between responses to certain questions that were measured on an ordinal scale	Exploring relationships between social enterprise employees' level of agreement with social enterprise-related statements and their self-rated health

6.3. Questionnaire results

Having outlined the methods used to develop and distribute the questionnaire, this section presents the results of the survey. Firstly, data on SEEQ and WERS SEQ respondent characteristics are provided, followed by employee health and wellbeing. Then, the indicators of 'good' work are explored before outlining the responses to the emergent questions.

Table 6.6. SEEQ and WERS SEQ respondent characteristics

Category/sub-category	SEEQ		WERS[44]	
	%	N	%	N
Gender	***n* = 212**		***n* = 21,835**	
Male	31.1	66	43.5	9,572
Female	68.9	146	55.8	12,263
Age	***n* = 210**		***n* = 21,824**	
Less than 30 years	27.6	58	18.3	4,001
30-49 years	52.4	110	49.0	10,781
50 years or more	20.0	42	32.0	7,042
Working hours	***n* = 210**		***n* = 21,335**	
Full-time	69.0	145	73.3	16,123
Part-time	31.0	65	23.7	5,212
Standard Occupational Classification 2010[45] (SOC2010[46])	***n* = 192**		***n* = 21,369**	
Major Group 1: Managers, directors and senior officials	9.9	19	6.9	1,479
Major Group 2: Professional occupations	20.8	40	18.9	4,033
Major Group 3: Associate professional and technical	25.0	48	16.3	3,485
Major Group 4: Administrative and secretarial	24.0	46	18.2	3,887
Major Group 5: Skilled trades occupations	0	0	5.7	1,126
Major Group 6: Caring, leisure and other services	17.2	33	12.0	2,570
Major Group 7: Sales and customer services	2.6	5	4.9	1,048
Major Group 8: Process, plant and machine operatives	0.5	1	5.5	1,173
Major Group 9: Elementary occupations	0	0	11.6	2,478
Educational attainment	***n* = 193**		***n* = 18,354**	
No academic qualifications	5.2	10	5.7	1,082
GCSE/O Level	16.1	31	39.9	7,637
GCE/A Level	9.3	18	14.4	2,760
University degree or higher	69.4	134	35.9	6,875
Weekly wage (annual wage)	***n* = 191**		***n* = 20,988**	
£60–£220 (£3,120–£13,520)	19.9	38	21.1	4,437
£221–£520 (£11,441–£27,040)	56.0	107	48.7	10,229
£521 or more (£27,041 or more)	24.1	46	30.1	6,323

[44] Due to a lack of space, the WERS SEQ sample is simply referred to as 'WERS' in this, and all subsequent tables

[45] Categories comprising five or fewer observations will not be included in subsequent tables.

[46] The SOC2010 is a common classification of occupational information for the UK (ONS, 2010); respondents were assigned categories according to their answers to questions regarding the title and nature of their job

As shown by Table 6.6 (above), the total number of SEEQ respondents was 212. Almost 70% were female (n = 146) and the most common age (52%) ranged between 30 and 49 (n = 110). The WERS SEQ sample had a lower proportion of females: 56% (n = 12,263) and, although the most common age (49%) was also between 30 and 49 (n = 10,781), nearly one third (32%) were aged 50 or more (n = 7,042), compared to one fifth (20%) of the SEEQ sample (n = 42). Regarding the number of full- and part-time[47] employees, the majority of SEEQ respondents (69%) worked full-time (n = 145), which was also the case with the WERS SEQ (73%, n = 16,123). For both the SEEQ and the WERS SEQ, the most common occupations were 'professional occupations', 'associate professional and technical' and 'administrative and secretarial', comprising over half (70% and 53% respectively) of each sample. Most SEEQ respondents (69%) had a university undergraduate or postgraduate degree (n = 134) and a minority (5%) had no academic qualifications (n = 10). Fewer WERS SEQ respondents had a university degree or higher (36%, n = 6,875). Finally, regarding wages, most respondents, for SEEQ and WERS SEQ datasets, earned £11,441–£27,040 per annum (56%, n = 107 and 49%, n = 10,229 respectively). However, a higher proportion of WERS SEQ respondents (30%, n = 6,323) earned £27,041 or more, compared to 24% of the SEEQ sample (n = 46).

Table 6.7. SEEQ respondents' organisation characteristics

Category/sub-category	**%**	**N**
Organisation size (n = 212)		
Micro (1–9 employees)	26.9	57
Small (10–49 employees)	49.1	104
Medium-sized (50–250 employees)	24.1	51
Standard Industrial Classification 2007[48] (SIC2007) (n = 207)		
C: Manufacturing	1.4	3
E: Water supply, sewerage and waste management	1.4	3
G: Wholesale and retail	4.3	9
I: Accommodation and food service	3.9	8
J: Information and communication	9.2	19
M: Professional, scientific and technical activities	.5	1
N: Administrative and support service activities	9.2	19
P: Education	7.7	16
Q: Human health and social work activities	58.9	122
R: Arts, entertainment and recreation	1.9	4
S: Other service activities	1.4	3

[47] Respondents were considered full-time workers if they worked more than 30 hours a week
[48] As with the SOC2010, categories comprising five or fewer observations will not be included in subsequent tables.

As shown by Table 6.7 (above), most respondents (49%) worked in organisations employing between 10 and 49 employees (n = 104) and were fairly evenly spread between 'micro' (27%) and 'medium-sized' (24%) organisations. The majority (59%) of respondents were employed by organisations involved in 'human health and social work activities' (n = 122). Other notable classifications include 'information and communication' (9%), 'administrative and support service activities' (9%) and 'education' (8%) The SIC2007 is used for classifying business establishment by the type of economic activity in which they are engaged (Companies House, 2008); respondents were assigned these categories according to their answers to a question on the purpose of the organisation they worked for.

6.3.1. Employee health and wellbeing

The following components assessed employee health and wellbeing: (i) the self-rated general health item; (ii) the ONS4 wellbeing questions; and (iii) Warr's (1990) job-related wellbeing and the WERS SEQ job satisfaction scales. For the self-rated health item and the ONS4 wellbeing questions, the findings will be compared to data from the APS dataset: 'Personal Well-Being, April 2011 – March 2014'[49]. The raw APS data include both employed and unemployed individuals, of all ages, across all regions of the UK. However, given that (i) the data for the present research were collected from employed individuals only, aged primarily between 16 and 65 and predominantly resident in GM, and (ii) health varies by employment status, age and region, the following groups were excluded from the APS dataset: unemployed individuals, those aged 80+ and those not resident in GM. The APS provided comparable data for the following variables: self-rated health; ONS4; gender; age; working hours; and SOC2010.

6.3.1.1. Self-rated health

Employees were asked the following question: 'how is your health in general?' and were able to choose from five categories (see Table 6.8 overleaf).

[49] The dataset is available at the following address:
http://discover.ukdataservice.ac.uk/series/?sn=200002

Table 6.8. Self-rated health distributions for SEEQ and APS datasets

	SEEQ		APS	
	%	**N**	**%**	**N**
Very good	38.2	79	45.1	5,647
Good	50.2	104	41.4	5,183
Fair	8.7	18	11.8	1,477
Bad	2.4	5	1.4	180
Very bad	.5	1	.2	30
Total	**100**	**207**	**100**	**12,517**

The vast majority of SEEQ and APS respondents (88% and 87%, respectively) reported having either 'very good' or 'good' health (n = 183 and 10,830, respectively). In order to perform a chi-square goodness of fit test to determine whether the distributions between two samples were significantly different, the categories 'very bad', 'bad' and 'fair' were pooled together, in line with McDonald's (2014) recommendations. This was necessary because so few respondents reported 'very bad' and 'bad' health, meaning that the condition of the chi-square test, that "no more than 20% of the expected counts are less than 5 and all individual expected counts are 1 or greater" (Yates et al., 1999, p. 734), was not satisfied. The results of the chi-square tests indicated that the SEEQ sample was significantly different to the APS, X^2 (2, n = 207) = 6.66, p = .04 (with the 'very bad', 'bad' and 'fair' categories pooled). However, it was not possible to say, on the basis of this measure, which sample was in 'better' or 'worse' health.

Table 6.9 (page 208) provides descriptive statistics and the results of chi-square tests of independence and goodness of fit for the self-rated health item according to individual and organisational characteristics. The table shows that, for both SEEQ and APS datasets, the difference between males and females' self-rated health was not statistically significant. Furthermore, the self-rated health of male SEEQ respondents was not significantly different to that of male APS respondents – the same was true for female respondents.

Self-rated health across different age groups for SEEQ respondents was not significantly different, however, for APS respondents, age was significantly associated with health, with younger age groups more likely to report very good health ($p < 0.01$). Similarly, there was no association between self-rated health and full-time or part-time status in SEEQ respondents, while for APS respondents, the association was significant, with full-timers more likely to report better health ($p < 0.01$). In addition, the difference in self-rated health between the SEEQ and APS full-time workers was found to be statistically significant ($p < 0.01$) – though it was not for part-time workers. Finally, a chi-square test of independence

carried out on self-rated health and organisation size found no statistically significant differences in health when comparing different sized organisations.

6.3.1.2. Does your work affect your health, or not?

In addition to being asked to rate their health, employees were asked whether their work affected their health, and if so, whether the effect was 'mainly positive' or 'mainly negative'. This question was taken from the EWCS. Almost half of respondents (43%) said their work had a positive effect on their health (n = 89), while less than one fifth (17%) said the effect was negative (n = 35). Chi-square tests of independence were carried out and no significant differences were found between groups for the following variables: gender; age; working hours (whether full- or part-time); educational attainment; wage; and organisation size. Chi-square tests were not carried out on the SOC2010 and SIC2007 variables as the condition that no more than 20% of the expected counts should be less than five could not be met. Given that the SOC2010 and SIC2007 variables comprise a large number of disparate categories (seven and 11, respectively), it was not feasible to pool them together as with the self-rated health item.

Table 6.9. Self-rated health (%), chi-square tests of independence and goodness of fit results, for SEEQ and APS datasets (by individual and organisational characteristics)

	Very good		Good		Fair		Bad		Very bad		Chi goodness of fit
	SEEQ	APS	SEEQ	APS	SEEQ	APS	SEEQ	APS	SEEQ	APS	SEEQ vs. APS
Gender											
Male	41.9	46.1	48.4	40.9	9.7	11.5	0.0	1.3	0.0	0.3	$X^2 = 1.61$
Female	36.6	44.1	51.0	41.9	8.3	12.2	3.4	1.6	0.7	0.2	$X^2 = 5.01$
	Chi-square males vs. females: SEEQ = 0.67; APS = 5.56										
Age											
Less than 30	40.4	59.2	50.9	34.7	7.0	5.6	1.8	0.5	0.0	0.1	–
30-49	40.7	46.0	48.1	41.9	8.3	10.7	2.8	1.1	0.0	0.3	–
50 or more	26.8	33.2	56.1	45.6	12.2	18.2	2.4	2.7	2.4	0.3	–
	Chi-square between age groups: SEEQ = 3.49; APS = 576.43**										
Working hours											
Full-time	34.3	45.5	55.2	41.7	7.7	11.4	2.8	1.1	0.0	0.2	$X^2 = 10.81$**
Part-time	47.6	44.1	39.7	40.5	11.1	12.8	0.0	2.3	1.6	0.4	$X^2 = 0.78$
	Chi-square full-time vs. part-time: SEEQ = 4.32; APS = 14.75**										
SOC2010											
Managers, directors and senior officials	44.4	46.9	44.4	39.7	5.6	11.9	5.6	1.4	0.0	0.1	–
Professional occupations	50.0	49.5	47.5	40.3	2.5	8.4	0.0	1.5	0.0	0.3	–
Associate professional and technical	29.2	47.2	54.2	42.6	14.6	9.3	2.1	0.9	0.0	0.1	–
Administrative and secretarial	43.5	45.4	45.7	41.0	8.7	11.7	2.2	1.5	0.0	0.3	–
Caring, leisure and other services	25.8	39.9	58.1	44.6	6.5	13.4	6.5	1.7	3.2	0.3	–
Organisation size											
Medium-sized (50–250 employees)	40.0	–	48.0	–	6.0	–	4.0	–	2.0	–	–
Small (10–49 employees)	37.3	–	54.9	–	5.9	–	2.0	–	0.0	–	–
Micro (1–9 employees)	38.2	–	43.6	–	16.4	–	1.8	–	0.0	–	–
	Chi-square between org. size: SEEQ = 4.34										

SEEQ = Social Enterprise Employee Questionnaire sample; APS = Annual Population Survey
APS does not collect data for organisation size
Conditions for the chi-square test, i.e. that no more than 20% of the expected counts should be less than five, could not be met for SOC2010 and age
***Result is significant at the $p < 0.01$ level*

6.3.1.3. ONS4 wellbeing questions

Employees were asked four questions: (i) 'how satisfied are you with your life nowadays?'; (ii) 'to what extent do you feel the things you do in your life are worthwhile?'; (iii) 'how happy did you feel yesterday?'; and (iv) 'how anxious did you feel yesterday?'. For each question, employees choose a value between 10 (e.g. 'completely satisfied') and 0 (e.g. 'not at all satisfied'). Table 6.10 (overleaf) shows (i) the mean score for each item, with higher scores indicating higher levels of wellbeing for all items except 'anxious yesterday', where lower scores indicate higher levels of wellbeing, (ii) the results of the Z-tests conducted for each variable to determine whether there were statistically significant differences between the samples.

Looking at Table 6.10, it is evident that, for life satisfaction, social enterprise employees and respondents to the APS had identical mean scores overall. Regarding whether respondents felt that the things they do in life are worthwhile, mean scores overall for the SEEQ and APS samples were not significantly different. Social enterprise employees reported higher levels of happiness overall than respondents to the APS, a difference that was found to be statistically significant. However, social enterprise employees also reported higher levels of anxiety, which was also statistically significant.

In addition to these analyses, three one-way ANOVA tests were carried out to determine whether there were significant differences in the mean scores for: life satisfaction, F (2, 205) = 0.33, p = .72; worthwhile, F (2, 205) = 1.26, p = .29; happy yesterday F (2, 206) = 1.12, p = .33; and anxious yesterday F (2, 205) = 0.32, p = .72, across different sized organisations. However, no statistically significant differences were found.

Table 6.10. ONS4, mean scores, and Z-scores for comparisons between SEEQ and APS datasets

	Life satisfaction			Worthwhile			Happy yesterday			Anxious yesterday		
	SEEQ	**APS**	**Z-score**	**SEEQ**	**APS**	**Z-score**	**SEEQ**	**APS**	**Z-score**	**SEEQ**	**APS**	**Z-score**
Overall	7.5	7.5	0.00	8.0	7.8	1.83	7.6	7.3	2.16*	3.4	3.0	2.12*
Gender												
Male	7.8	7.4	1.43	8.0	7.7	1.76	7.8	7.3	2.11*	2.9	2.9	0.08
Female	7.4	7.5	-1.06	8.0	7.9	0.63	7.5	7.3	1.13	3.6	3.1	2.27*
Age												
Less than 30	7.6	7.8	-0.85	8.0	7.9	0.47	7.9	7.4	1.91	3.3	2.8	1.52
30–49	7.4	7.4	-0.07	8.0	7.8	1.25	7.5	7.3	0.75	3.3	3.1	0.94
50 or more	7.5	7.4	0.22	8.2	7.9	1.55	7.6	7.3	1.09	3.8	3.0	1.86
Working hours												
Full-time	7.4	7.5	-0.58	7.9	7.8	1.04	7.6	7.3	1.86	3.6	3.0	2.85**
Part-time	7.7	7.5	0.67	8.3	8.0	1.73	7.7	7.4	1.08	2.9	3.1	-0.57
SOC2010												
Managers, directors…	8.0	7.6	1.01	8.5	8.0	1.42	8.3	7.4	1.87	3.3	2.9	0.55
Pro. occupations	7.7	7.7	-0.02	8.2	8.1	0.73	7.6	7.5	0.60	3.0	3.0	-0.05
Assoc. pro. & tech.	7.4	7.5	-0.60	7.9	7.8	0.55	7.5	7.3	0.60	3.4	3.2	0.74
Admin & secretarial	7.4	7.6	-0.73	8.0	7.8	1.10	7.7	7.4	0.93	3.5	2.9	1.50
Caring, leisure &…	7.1	7.4	-0.91	7.8	8.0	-0.54	7.5	7.3	0.61	3.8	3.1	1.35

SEEQ = Social Enterprise Employee Questionnaire sample; APS = Annual Population Survey
All items are rated on a scale from 0 (low) to 10 (high)
***Difference between the sample mean (SEEQ) and population mean (APS) is statistically significant at the 0.01 level, p < .01*
**Difference between the sample mean (SEEQ) and population mean (APS) is statistically significant at the 0.05 level, p < .05*

6.3.1.4. Warr's (1990) job-related wellbeing and the WERS SEQ job satisfaction scales

This section will first outline the descriptive data for the scales, followed by the mean scores and results of statistical tests. The subsets of Warr's (1990) 'job-related anxiety-contentment' and 'job-related depression-enthusiasm' scales, included in the WERS SEQ, comprise three items each, asking respondents to state how often they have experienced certain feelings in the past few weeks due to their job (see Table 6.11 below). The WERS SEQ job satisfaction scale comprises nine items (listed in Table 6.12 overleaf); employees are asked to indicate their level of agreement with each item on a five-point Likert scale.

Table 6.11. Warr's (1990) job-related wellbeing scale, descriptive statistics for SEEQ data

	All of the time		Most of the time		Some of the time		Occasionally		Never	
	%	N	%	N	%	N	%	N	%	N
Anxiety-contentment										
Tense	2.8	6	9.5	20	41.7	88	31.3	66	14.7	31
Worried	2.9	6	4.3	9	30.0	63	39.5	83	23.3	49
Uneasy	2.8	6	5.7	12	13.7	29	32.7	69	45.0	95
Depression-enthusiasm										
Depressed	0.5	1	3.3	7	11.0	23	20.0	42	65.2	137
Gloomy	1.4	3	4.3	9	9.5	20	18.0	38	66.8	141
Miserable	0.9	2	2.8	6	7.6	16	11.8	25	76.8	162

Regarding anxiety-contentment, over half of respondents (54%) stated that they had felt 'tense' because of their job at least 'some of the time' (n = 114). More than a third (37%) felt 'worried' at least 'some of the time' (n = 78), and nearly a quarter (23%) reported feeling 'uneasy' at least 'some of the time' due to their job (n = 47) – though almost half (45%) stated their job had 'never' made them feel like this (n = 95). In respect of the depression-enthusiasm scale, almost two thirds (65%) reported their job had 'never' made them feel 'depressed' (n = 137), and just over two thirds (67%) stated the same in relation to feeling 'gloomy'. Finally, over three quarters reported 'never' feeling 'miserable' due to their job.

Table 6.12. WERS SEQ job satisfaction scale, descriptive statistics for SEEQ data, % and *n*

	Very satisfied	Satisfied	Neither	Dissatisfied	Very dis-satisfied
Sense of achievement from work	45.8%	45.8%	5.7%	2.4%	.5%
	97	97	12	5	1
Scope for using own initiative	49.5%	40.1%	6.1%	2.8%	1.4%
	105	85	13	6	3
Amount of influence over job	41.5%	39.6%	11.8%	5.2%	1.9%
	88	84	25	11	4
Training received	20.9%	43.6%	21.3%	8.5%	5.7%
	44	92	45	18	12
Opportunity to develop skills	29.9%	44.5%	16.1%	6.2%	3.3%
	63	94	34	13	7
Amount of pay	8.3%	45.6%	23.8%	15.5%	6.8%
	17	94	49	32	14
Job security	12.5%	40.4%	24.0%	18.8%	4.3%
	26	84	50	39	9
The work itself	42.0%	46.7%	7.5%	2.8%	.9%
	89	99	16	6	2
Involvement in decision making	33.3%	37.1%	19.5%	7.6%	2.4%
	70	78	41	16	5

As indicated by Table 6.12 (above), the majority of employees were either 'very satisfied' or 'satisfied' with all nine items. Employees were most satisfied with the 'sense of achievement from work', with 92% (n = 194) being 'very satisfied' or 'satisfied' with it. Similarly, 90% (n = 190) were either 'very satisfied' or 'satisfied' with the 'scope for using own initiative' and 89% (n = 188) were 'very satisfied' or 'satisfied' with 'the work itself'. 'Job security' and 'amount of pay' drew the least amount of satisfaction, with 53% (n = 110) and 54% (n = 111) respectively being either 'very satisfied' or 'satisfied'.

The three items on the anxiety-contentment and depression-enthusiasm scales were scored from -2 for 'all of the time' to +2 for 'never'. These scores were then summed together and total scores for each scale ranged from -6 to +6. Higher scores indicate lower levels of anxiety/depression, and greater levels of contentment/enthusiasm, i.e. higher levels of wellbeing (van Wanrooy et al., 2013). Cronbach's α were generated for each scale, for both datasets: the anxiety-contentment scale had a Cronbach's α of 0.87 and 0.89 for the SEEQ and WERS SEQ datasets respectively and the depression-enthusiasm scale had a Cronbach's α of 0.89 and 0.91 for the SEEQ and WERS SEQ datasets respectively. The nine items on the job satisfaction scale were scored from +2 for 'very satisfied' to -2 for 'very dissatisfied'. The scores were then summed together to form an overall scale of job satisfaction that ranged from -18 to +18, with higher scores indicating greater satisfaction (van Wanrooy et al., 2013). Cronbach's α were generated for the SEEQ sample: 0.86, and the WERS SEQ sample: 0.88.

Table 6.13. Job-related anxiety-contentment, depression-enthusiasm, and job satisfaction, mean scores, and z-scores for comparisons between SEEQ and WERS SEQ datasets (by individual characteristics)

		Anxiety-contentment			Depression-enthusiasm			Job satisfaction		
		SEEQ	WERS	Z-score	SEEQ	WERS	Z-score	SEEQ	WERS	Z-score
Overall	–	2.3	2.3	0.24	4.5	3.5	5.04**	8.1	4.7	7.58**
Gender	Male	3.1	2.2	2.52*	5.0	3.3	4.59**	9.0	4.2	5.62**
	Female	2.0	2.3	-1.48	4.3	3.7	2.66**	7.7	5.0	5.10**
Age	Less than 30	2.6	2.6	0.04	4.8	3.6	3.35**	9.0	4.8	4.85**
	30–49	2.2	2.1	0.36	4.4	3.4	3.53**	7.7	4.4	5.10**
	50 or more	2.3	2.4	-0.16	4.5	3.7	1.89	8.4	4.9	5.10**
Working hours	Full-time	2.1	2.1	0.10	4.4	3.4	4.49**	8.3	4.5	7.03**
	Part-time	2.9	2.9	-0.10	4.8	4.1	2.17*	7.7	5.2	3.09**
SOC2010	Managers, directors & senior…	2.5	1.9	1.06	5.1	3.8	2.12*	12.4	7.4	3.52**
	Professional occupations	2.4	1.7	1.77	4.8	3.6	3.00**	9.4	5.7	3.66**
	Associate professional & technical	2.4	2.0	0.85	4.8	3.5	3.22**	8.8	4.5	4.52**
	Administrative & secretarial	2.6	2.5	0.23	4.5	3.6	2.22*	6.7	3.6	3.31**
	Caring, leisure & other services	2.2	2.6	-1.00	4.0	3.8	0.28	6.8	5.5	1.17
Educational attainment	No academic qualifications	3.0	2.9	0.11	4.7	3.7	1.07	5.8	5.4	0.20
	GCSE/O Level	3.3	2.5	1.66	4.9	3.5	2.70**	9.2	4.4	4.12**
	GCE/A Level	2.3	2.3	0.03	4.3	3.5	1.10	6.8	4.0	1.75
	Undergraduate degree or higher	2.1	1.9	1.14	4.5	3.5	3.97**	8.5	4.9	6.37**
Weekly wage (annual wage)	£60–£220 (£3,120–£13,520)	2.9	3.1	-0.59	4.6	4.1	1.17	7.8	5.1	2.53*
	£221–£520 (£11,441–£27,040)	2.1	2.3	-0.53	4.4	3.3	3.53**	7.1	3.8	5.07**
	£521 or more (£27,041 or more)	2.3	1.8	1.47	4.9	3.5	3.50**	10.9	5.7	5.67**

*SEEQ = Social Enterprise Employee Questionnaire sample; WERS = Workplace Employment Relations Study Survey of Employees; Anxiety-contentment and depression-enthusiasm scales range from -6 (low) to +6 (high); Job satisfaction scale from -18 (low) to +18 (high); **Difference between sample mean (SEEQ) and population mean (WERS SEQ) statistically significant at the 0.01 level, p < .01; *Difference between sample mean (SEEQ) and population mean (WERS SEQ) statistically significant at the 0.05 level, p < .05*

Table 6.13 (above) shows SEEQ respondents had, overall, significantly higher (better) scores for depression-enthusiasm and job satisfaction. SEEQ respondents had significantly higher scores for depression-enthusiasm in the vast majority of cases, i.e. were less likely to feel depressed, gloomy, or miserable as a result of their job (with the exceptions of those aged 50 or more, those employed in caring, leisure and other services, those without academic qualifications or GCE/A Level as highest educational attainment, and earning between £60–£200 per week). These differences were, predominantly, statistically significant at the 0.01 level. Similarly, SEEQ respondents had significantly higher scores for job satisfaction in the vast majority of cases (the exceptions being: those employed in caring, leisure and other services and those without academic qualifications or GCE/A Level as their highest educational attainment). Again, these differences were, predominantly, statistically significant at the 0.01 level. In contrast to the depression-enthusiasm and job satisfaction scales, the only statistically significant difference observed for anxiety-contentment was amongst men; with SEEQ respondents reporting significantly higher (better) scores

Table 6.14 (overleaf) shows, for those employed in micro and small organisations, SEEQ respondents had significantly higher, i.e. better, scores on the depression-enthusiasm scale than WERS SEQ respondents. However, no statistically significant difference was found for those employed in medium-sized organisations. Significantly higher scores for SEEQ respondents were observed on this scale for those working in accommodation and food services, administrative and support services, and human health and social work.

SEEQ respondents also reported significantly higher scores, overall, for job satisfaction. Although no significant differences were found for those employed in micro organisations, SEEQ respondents working in small and medium-sized organisations had significantly higher scores than WERS SEQ respondents. For the majority of SIC2007 codes, SEEQ respondents had significantly higher scores for job satisfaction (the exceptions being administrative and support services and education).

In addition to these analyses, three one-way ANOVA tests were carried out, for each sample, to determine whether there were significant differences in the mean scores for the: anxiety-contentment, F (2, 206) = 1.92, p = .15; depression-enthusiasm, F (2, 207) = 1.42, p = .24; and job satisfaction scales, F (2, 197) = 1.87, p = .16, across different sized organisations. For the SEEQ sample, no statistically significant differences were found. However, for the WERS SEQ sample, significant differences in the mean scores for the: anxiety-contentment, F (2, 15,045) = 37.22, p = < .001; depression-enthusiasm, F (2, 15,010) = 25.30, p = < .001; and job satisfaction scales, F (2, 14,318) = 68.47, p = < .001, were observed across different sized organisations, with those in smaller organisations reporting better scores.

Table 6.14. Job-related anxiety-contentment, depression-enthusiasm, and job satisfaction, mean scores, and z-scores for comparisons between SEEQ and WERS SEQ datasets (by organisational characteristics)

	Anxiety-contentment			Depression-enthusiasm			Job satisfaction		
	SEEQ	**WERS**	**Z-score**	**SEEQ**	**WERS**	**Z-score**	**SEEQ**	**WERS**	**Z-score**
Overall	2.3	2.3	0.24	4.5	3.5	5.04**	8.1	4.7	7.58**
Organisation size									
Micro (1–9 emps.)	2.8	2.9	-0.50	4.7	4.1	2.26*	8.2	6.8	1.59
Small (10–49 emps.)	2.0	2.5	-1.84	4.6	3.7	4.35**	8.8	5.4	5.32**
Medium (50–250 emps.)	2.5	2.2	0.88	4.0	3.5	1.41	6.7	4.4	2.48*
	ANOVA within SEEQ, $F = 1.92$			ANOVA within SEEQ, $F = 1.42$			ANOVA within SEEQ, $F = 1.87$		
SIC2007									
G: Wholesale and retail	4.0	2.8	1.26	5.5	3.6	1.81	10.9	4.9	2.68**
I: Accommodation & food service	4.3	2.7	1.62	5.6	3.6	1.97*	10.6	5.3	2.03*
J: Information and communication	3.2	2.2	1.63	4.9	3.8	1.77	9.8	4.6	3.12**
N: Administrative & support service…	2.3	2.6	-0.27	5.2	3.7	2.33*	8.1	5.4	1.79
P: Education	2.6	2.2	0.51	4.1	3.9	0.33	5.8	6.0	-0.16
Q: Human health & social work…	1.8	2.2	-1.48	4.2	3.6	2.45*	7.9	5.4	4.40**

SEEQ = Social Enterprise Employee Questionnaire sample; WERS = Workplace Employment Relations Study Survey of Employees;
Anxiety-contentment and depression-enthusiasm scales range from -6 (low) to +6 (high); Job satisfaction scale from -18 (low) to +18 (high);
***Difference between sample mean (SEEQ) and population mean (WERS SEQ) statistically significant at the 0.01 level, $p < .01$;*
**Difference between sample mean (SEEQ) and population mean (WERS SEQ) statistically significant at the 0.05 level, $p < .05$*

6.3.2. Indicators of 'good' work

6.3.2.1. Job demands, control, and support

Three components assessed the determinants of 'good' work, each provided by the WERS SEQ: the (i) job demands scale; (ii) job control scale; and job support scale. This section will first outline the descriptive data for the scales, followed by the mean scores and results of statistical tests. The job demands scale comprises two items, asking employees to indicate their levels of agreement with two statements about their job on a five-point scale (see Table 6.15 below). The job control scale comprises five items, asking employees to indicate how much influence they have over five aspects of their job (see Table 6.16 below), on a four-point scale. Finally, the job support scale comprises six items, asking respondents to think about managers at their workplace and indicate their levels of agreement with six statements on a five-point scale (see Table 6.17 overleaf).

Table 6.15. WERS SEQ job demands scale, descriptive statistics for SEEQ data

	Strongly agree		Agree		Neither		Disagree		Strongly disagree	
	%	N	%	N	%	N	%	N	%	N
My job requires that I work very hard	34.3	72	51.0	107	11.0	23	3.3	7	.5	1
I never seem to have enough time to get my work done	18.1	38	33.8	71	25.7	54	21.0	44	1.4	3

Table 6.15 (above) indicates that most employees (85%) either 'strongly agreed' or 'agreed' that their job requires them to work very hard (n = 179), while just over half (52%) 'strongly agreed' or 'agreed' that they never seem to have enough time to get work done (n = 109).

Table 6.16. WERS SEQ job control scale, descriptive statistics for SEEQ data

In general, how much influence do you have over the following?	A lot		Some		A little		None	
	%	N	%	N	%	N	%	N
The tasks you do in your job	61.3	130	31.6	67	4.7	10	2.4	5
The pace at which you work	52.8	112	35.8	76	7.5	16	3.8	8
How you do your work	70.0	147	24.3	51	3.8	8	1.9	4
The order in which you carry out tasks	70.3	149	25.5	54	2.8	6	1.4	3
The time you start/finish your working day	46.2	97	35.7	75	10.0	21	8.1	17

Table 6.16 (above) shows that a large majority (70%) of respondents reported that they had 'a lot' of control over how they do their work (n = 147) and the order in which they carried out tasks (n = 149). Just over half (53%) claimed to have 'a lot' of control over the pace at which they did their work (n = 112) and less than half (46%) reported having a 'a lot' of control over the time that they started or finished their working day (n = 97).

Table 6.17. WERS SEQ job support scale, descriptive statistics for SEEQ data

Managers here…	Strongly agree		Agree		Neither		Disagree		Strongly disagree	
	%	N	%	N	%	N	%	N	%	N
Can be relied upon to keep to their promises	32.2	65	41.1	83	17.3	35	6.9	14	2.5	5
Are sincere in attempting to understand employees views	39.9	81	41.4	84	10.8	22	5.9	12	2.0	4
Deal with employees honestly	38.1	77	40.6	82	13.4	27	6.9	14	1.0	2
Understand employees have to meet responsibilities outside work	43.8	88	41.3	83	10.0	20	4.0	8	1.0	2
Encourage people to develop their skills	43.6	89	38.7	79	11.8	24	4.4	9	1.5	3
Treat employees fairly	42.2	86	35.3	72	13.2	27	5.9	12	3.4	7

As shown by Table 6.17 (above), the vast majority (85%) of respondents either 'strongly agreed' or 'agreed' that managers understood employees have to meet responsibilities outside work (n = 171). Also, over 80% of respondents either 'strongly agreed' or 'agreed' that managers encourage people to develop their skills (n = 168) and were sincere in attempting to understand employees' views (n = 165). Just under three quarters (73%) either 'strongly agreed' or 'agreed' that managers could be relied upon to keep promises (n = 148).

The two items on the job demands scale were scored from 4 for 'strongly agree' to 0 for 'strongly disagree'. The scores were then summed together to form an overall scale that ranged from 0 to 8, with higher scores indicating more demands. Cronbach's α were generated for the SEEQ (0.63) and WERS SEQ (0.69) samples. The five items on the job control scale were scored from 3 for 'a lot' to 0 for 'none'. The scores were then summed together to form an overall scale that ranged from 0 to 15, with higher scores indicating more control. Cronbach's α were generated for the SEEQ (0.79) and WERS SEQ (0.89) samples. Finally, the six items on the job support scale were scored from 4 for 'strongly agree' to 0 for 'strongly disagree'. The scores were then summed together to form an overall scale that ranged from 0 to 24, with higher scores indicating more support. Cronbach's α were generated for the SEEQ (0.94) and WERS SEQ (0.89) samples.

Table 6.18. Job demands, control and support scales, mean scores, and z-scores for comparisons between SEEQ and WERS SEQ datasets (by individual characteristics)

		Job demands			Job control			Job support		
		SEEQ	WERS	Z-score	SEEQ	WERS	Z-score	SEEQ	WERS	Z-score
Overall	–	5.6	5.4	1.69	12.4	10.4	7.86**	18.8	14.7	10.53**
Gender	Male	5.1	5.3	-1.19	12.7	10.4	4.95**	19.6	14.1	7.60**
	Female	5.9	5.6	2.38*	12.2	10.4	6.17**	18.4	15.1	7.29**
Age	Less than 30	5.3	5.1	1.51	12.4	9.9	5.34**	20.2	15.3	6.74**
	30–49	5.7	5.6	0.46	12.5	10.5	5.53**	17.9	14.5	6.23**
	50 or more	5.9	5.4	1.77	12.3	10.4	3.12**	19.2	14.5	5.37**
Working hours	Full-time	5.9	5.5	2.67**	12.5	10.5	6.41**	18.7	14.4	9.23**
	Part-time	5.1	5.1	-0.28	12.1	9.9	4.59**	19.0	15.5	4.85**
SOC2010	Managers, directors & senior…	6.2	5.9	1.06	14.4	12.6	2.94**	21.6	16.6	4.62**
	Professional occupations	5.9	6.1	-0.79	13.0	11.0	3.94**	19.1	15.3	4.39**
	Associate professional & tech.	5.4	5.5	-0.65	12.7	11.0	3.47**	19.7	14.6	6.63**
	Administrative & secretarial	5.4	5.2	0.93	11.2	10.3	1.58	17.4	14.5	3.67**
	Caring, leisure & other services	5.5	5.4	0.42	12.3	9.4	4.54**	17.8	15.4	2.41*
Educational attainment	No academic qualifications	4.9	5.0	-0.30	11.6	9.8	1.31	17.9	14.4	1.80
	GCSE/O Level	5.3	5.3	0.01	12.1	10.1	2.93**	18.8	14.3	4.50**
	GCE/A Level	6.2	5.4	2.09*	11.1	10.0	1.21	19.1	14.5	3.38**
	Undergraduate degree or higher	5.7	5.7	-0.41	12.8	10.9	6.51**	18.8	15.2	7.83**
Weekly wage (annual wage)	£60–£220 (£3,120–£13,520)	5.2	5.0	0.90	12.4	9.5	4.57**	19.2	15.6	3.87**
	£221–£520 (£11,441–£27,040)	5.5	5.4	1.12	11.7	10.0	4.64**	17.9	14.0	7.11**
	£521 or more (£27,041 or more)	6.2	5.9	1.43	14.1	11.4	5.60**	19.9	15.0	6.14**

*SEEQ = Social Enterprise Employee Questionnaire sample; WERS = Workplace Employment Relations Study Survey of Employees; Job demands scale ranges from 0 (low) to 8 (high); Job control scale from 0 (low) to 15 (high); Job support scale from 0 (low) to 24 (high); **Difference between sample mean (SEEQ) and population mean (WERS SEQ) statistically significant at the 0.01 level, p < .01; *Difference between sample mean (SEEQ) and population mean (WERS SEQ) statistically significant at the 0.05 level, p < .05*

Table 6.18 (above) shows that, for job support, SEEQ respondents had significantly higher scores, relative to WERS SEQ respondents, in all instances with one exception (those without any academic qualifications). Differences between the datasets were significant at the 0.01 level (except for those working in caring, leisure and other services). In addition, for job control, SEEQ respondents also had significantly higher scores in all cases but with three exceptions (those working in administrative and secretarial roles, those without academic qualifications and those whose highest educational attainment was GCE/A Level). In contrast, for job demands, only three statistically significant differences were observed. SEEQ respondents in the following groups: females, those working full-time and those whose highest educational attainment was GCE/A Level, reported significantly higher scores for job demands than their counterparts in the WERS SEQ dataset.

Table 6.19 (overleaf) indicates that, for job support, the SEEQ respondents had significantly higher scores across all different sized organisations – all of which were significant at the 0.01 level – and for all SIC2007 categories (with the exception of accommodation and food service). Regarding job control, the results were similar. SEEQ respondents reported a significantly higher degree of control across all different sized organisations than their counterparts in the WERS SEQ. Also, for all SIC2007 codes (except wholesale and retail) SEEQ respondents scored significantly higher for job control. Job demands were also significantly higher in SEEQ micro and small organisations, though not medium-sized ones. The only significant difference for SIC2007 codes regarding job demands was for those employed in organisations providing human health and social work services, where SEEQ respondents reported significantly higher scores.

In addition to these analyses, three one-way ANOVA tests were carried out, for each sample, to determine whether there were significant differences in the mean scores for the job demands, job control and job support scales across different sized organisations. For the SEEQ sample, differences between different sized organisations were statistically significant for the job control scale, F (2, 205) = 4.01, p = .02 and the job support scale, F (2, 193) = 3.50, p = .03, both at the 0.05 level (with those in smaller organisation reporting better scores). However, they were not statistically significant for the job demands scale, F = (2, 206) = 0.49, p = .61. For the WERS SEQ sample, significant differences in the mean scores were observed for the: job demands scale, F (2, 14,868) = 35.78, p = < .001; job control scale, F (2, 14,810) = 33.38, p = < .001; and job support scale, F (2, 14,436) = 142.71, p = < .001, across different sized organisations, with those in smaller organisations reporting better scores.

Table 6.19. Job demands, control and support scales, mean scores, and z-scores for comparisons between SEEQ and WERS SEQ datasets (by organisational characteristics)

	Job demands			Job control			Job support		
	SEEQ	**WERS**	**Z-score**	**SEEQ**	**WERS**	**Z-score**	**SEEQ**	**WERS**	**Z-score**
Overall	5.6	5.4	1.69	12.4	10.4	7.86**	18.8	14.7	10.53**
Organisation size									
Micro (1–9 employees.)	5.6	5.1	2.71**	12.9	11.2	3.83**	19.9	17.0	4.00**
Small (10–49 employees.)	5.7	5.4	2.02*	12.5	10.6	5.49**	18.8	15.6	5.86**
Medium (50–250 employees.)	5.4	5.5	-0.38	11.5	10.2	2.34*	17.4	14.3	3.79**
	ANOVA within SEEQ, $F = 0.49$			ANOVA within SEEQ, $F = 4.01$†			ANOVA within SEEQ, $F = 3.50$†		
SIC2007									
G: Wholesale and retail	4.6	5.1	-0.93	12.5	10.2	1.70	20.4	15.2	2.70**
I: Accommodation & food service	4.8	5.0	-0.36	13.9	10.6	2.48*	18.9	15.5	1.65
J: Information and communication	5.2	5.4	-0.13	13.3	10.9	3.35**	21.6	16.2	4.61**
N: Administrative & support service…	5.4	5.1	0.89	13.6	10.8	3.48**	18.3	15.1	2.34*
P: Education	5.9	5.9	0.02	12.6	10.3	2.61**	20.3	15.9	3.29**
Q: Human health & social work…	5.9	5.6	2.06*	11.9	10.5	4.48**	17.9	14.9	5.91**

SEEQ = Social Enterprise Employee Questionnaire sample; WERS = Workplace Employment Relations Study Survey of Employees;
Job demands scale ranges from 0 (low) to 8 (high); Job control scale from 0 (low) to 15 (high); Job support scale from 0 (low) to 24 (high);
***Difference between sample mean (SEEQ) and population mean (WERS SEQ) statistically significant at the 0.01 level, $p < .01$;*
**Difference between sample mean (SEEQ) and population mean (WERS SEQ) statistically significant at the 0.05 level, $p < .05$;*
†Difference between groups for one-way ANOVA test was statistically significant at the 0.05 level, $p < .05$.

6.3.2.2. Job strain and iso-strain

The individual measures, job demands, control and support, can be combined into composite measures: job strain (comprising demands and control) and iso-strain (comprising demands, control and support). As described in Chapter Two, an employee is said to experience job strain if they have high demands combined with low control, while an employee experiences iso-strain when suffering from job strain in addition to low support. The prevalence of job strain in a sample is normally computed by combining the number of individuals with higher than median demands and lower than median control (Choi et al., 2015; Courvoisier & Perneger, 2010). Iso-strain is computed by combining the number of individuals with job strain and lower than median support.

Using this approach, it is apparent, as shown by Table 6.20 (below), that the SEEQ sample has a lower proportion of individuals reporting job strain: 12% (n = 24), compared to the WERS SEQ sample: 22% (n = 4,583). A chi-square goodness of fit test determined that this difference was statistically significant, X^2 (1, n = 205) = 12.12, p = < .001. Thus, the WERS SEQ sample had a significantly higher proportion of individuals reporting job strain compared to the SEEQ sample.

Table 6.20. Prevalence of job and iso-strain, for SEEQ and WERS SEQ datasets

	SEEQ		WERS	
	%	**N**	**%**	**N**
Job strain	11.7	24	21.7	4,583
No job strain	88.3	181	78.3	16,340
Iso-strain	7.3	15	12.3	2,598
No iso-strain	92.7	191	87.7	18,571

Regarding iso-strain, the results were similar. As Table 6.20 (above) shows, it is apparent that the SEEQ sample has a lower proportion of individuals with iso-strain (i.e. job strain and low support), comprising 7% of the sample (n = 15), compared to the WERS SEQ sample, where 12% of respondents (n = 2,598) report iso-strain. A chi-square goodness of fit test determined that this difference was statistically significant, X^2 (1, n = 206) = 4.766, p = .03. Thus, as with job strain, the WERS SEQ sample had a significantly higher proportion of individuals reporting iso-strain compared to the SEEQ sample.

6.3.2.3. Job security, work-life balance, working hours, workplace flexibility, amount of training, skill utilisation and involvement in decision-making

In addition to the job demands, control and support scales outlined above, single-item indicators of 'good' work were also assessed. These single-item measures, provided by the WERS SEQ, cover employees' perceptions of job security, work-life balance, how many hours they work, their influence over start/finish times (workplace flexibility), the amount of training they receive, whether their job utilises their skillset and their satisfaction with their level of involvement in decision-making at the workplace. These items relate to the 'lesser studied' components of 'good' work discussed in Chapter Two. Given that workplace flexibility and involvement in decision-making are determined, in part, by organisation size, data for these variables are broken down by organisation size (see Tables 6.25 and 6.29, respectively on pages 224 and 226).

Table 6.21. Respondents' agreement with the statement 'I feel my job is secure in this workplace', for SEEQ and WERS SEQ datasets

	Strongly agree		Agree		Neither		Disagree		Strongly disagree	
	%	N	%	N	%	N	%	N	%	N
SEEQ	14.2	30	34.6	73	26.1	55	17.5	37	7.6	16
WERS	15.8	3,313	41.4	8,700	21.8	4,586	14.8	3,110	6.1	1,283

To assess job security, the WERS SEQ asks employees to indicate, on a five-point Likert scale, their level of agreement with the statement 'I feel my job is secure in this workplace'. Looking at Table 6.21 (above) it is evident that roughly half of the employees in the SEEQ (49%) sample either 'strongly agreed' or 'agreed' that their job was secure (n = 103), while 57% of the WERS SEQ sample did so (n = 12,015). A chi-square goodness of fit test determined that the SEEQ sample was not significantly different to the WERS SEQ, X^2 (4, n = 208) = 5.2, p = .27.

Table 6.22. Respondents' agreement with the statement 'I often find it difficult to fulfil my commitments outside of work because of the amount of time I spend on my job', for SEEQ and WERS SEQ datasets

	Strongly agree		Agree		Neither		Disagree		Strongly disagree	
	%	N	%	N	%	N	%	N	%	N
SEEQ	7.5	16	14.2	30	20.3	43	41.0	87	17.0	36
WERS	8.3	1,803	18.9	4,134	24.9	5,432	37.9	8,278	10.1	2,207

To assess work-life balance, the WERS SEQ asks employees to indicate, on a five-point Likert scale, their level of agreement with the statement 'I often find it difficult to fulfil my commitments outside of work because of the amount of time I spend on my job' (see Table 6.22 above). A chi-square goodness of fit test indicated that the SEEQ sample were significantly more likely to either 'strongly disagree' or 'disagree' (58%) than the WERS SEQ sample (48%), X^2 (4, n = 212) = 14.96, p = .005.

Table 6.23. Number of hours normally worked per week, for SEEQ and WERS SEQ datasets

	0-9 hours		10-29 hours		30-39 hours		40-48 hours		49+ hours	
	%	N	%	N	%	N	%	N	%	N
SEEQ	5.9	12	23.9	49	44.9	92	20.5	42	4.9	10
WERS	5.8	1,248	18.6	3,964	34.0	7,259	31.5	6,722	10.0	2,142

Table 6.23 (above) shows that less than 5% of the SEEQ sample (n = 10) normally worked more than 48 hours per week, i.e. 'long' working hours (Kivimäki et al., 2015). In comparison, 10% of the WERS SEQ sample (n = 2,142) reported working more than 48 hours per week. The results of a chi-square goodness of fit test indicate that significantly more WERS SEQ respondents work long hours (more than 48 per week) compared to SEEQ respondents, X^2 (1, n = 212) = 6.09, p = 0.01.

Table 6.24. Respondents' influence over start/finish times, i.e. workplace (temporal) flexibility, for SEEQ and WERS SEQ datasets

	A lot		Some		A little		None	
	%	N	%	N	%	N	%	N
SEEQ	46.2	97	35.7	75	10.0	21	8.1	17
WERS	30.2	6,523	26.2	5,645	14.4	3,168	29.4	6,243

Table 6.24 (above) shows that, in general, SEEQ respondents seemed to have more influence over their start/finish times than their WERS SEQ counterparts. Almost half (46.2%, n = 97) of the former had 'a lot' of influence whereas less than a third of the latter did (30.2%, n = 6,523). Also, fewer than one in ten (8.1%, n = 17) SEEQ respondents had 'none' compared to almost a third (29.4%, n = 6,243) of WERS SEQ respondents. A chi-square goodness of fit test determined that the SEEQ sample had significantly more influence over start/finish times than the WERS SEQ, X^2 (3, n = 210) = 59.68, p = < .001.

Table 6.25. Respondents' influence over start/finish times, i.e. workplace (temporal) flexibility, for SEEQ and WERS SEQ datasets (by organisation size)

Org. size		A lot		Some		A little		None	
		SEEQ	WERS	SEEQ	WERS	SEEQ	WERS	SEEQ	WERS
Micro (1–9)	%	50.0	33.2	37.5	25.8	5.4	14.6	7.1	26.3
	N	28	261	21	203	3	115	4	207
Small (10–49)	%	49.5	28.4	37.9	25.6	5.8	15.3	6.8	30.7
	N	51	1,766	39	1,591	6	952	7	1,906
Medium (50–250)	%	35.3	28.7	29.4	26.6	23.5	15.1	11.8	29.6
	N	20	2,301	15	2,132	12	1,214	6	2,379

Table 6.25 (above) shows how influence over start/finish times was distributed within the SEEQ and WERS SEQ samples across different sized organisations. Broadly speaking, SEEQ and WERS SEQ respondents working in the smallest (micro) organisations had the most influence over their start/finish times. A chi-square test of independence found that, for both the SEEQ and WERS SEQ samples, influence over start/finish times varied significantly between different sized organisations, X^2 (4, n = 210) = 13.50, p = .009 and X^2 (4, n = 15,027) = 11.20, p = .024, respectively.

Table 6.26. Amount of training received during past 12 months (excluding health and safety), paid for or organised by employers, for SEEQ and WERS SEQ datasets

	None		Less than 1 day		1 to less than 2 days		2 to less than 5 days		5 to less than 10 days		10 days or more	
	%	N	%	N	%	N	%	N	%	N	%	N
SEEQ	14.8	31	10.0	21	19.1	40	27.8	58	16.7	35	11.5	24
WERS	29.6	6,448	12.4	2,701	17.2	3,754	23.6	5,142	10.5	2,296	6.7	1,453

Table 6.26 (above) shows that 15% of the SEEQ sample (n = 31) reported receiving no training over the past 12 months, while 30% of the WERS SEQ sample did so (n = 6,448).

Also, over a quarter (28%) of the SEEQ sample reported receiving more than five days training (n = 59), while amongst the WERS SEQ sample less than a fifth (18%) reported the same (n = 3,749). A chi-square goodness of fit test indicated that the SEEQ sample received significantly more training than the WERS SEQ, X^2 (5, n = 209) = 33.21, p = < .001.

Table 6.27. How well matched employees work skills are to their job, for SEEQ and WERS SEQ datasets

	Much higher		A bit higher		About the same		A bit lower		Much lower	
	%	N	%	N	%	N	%	N	%	N
SEEQ	14.6	31	31.6	67	47.6	101	5.7	12	0.5	1
WERS	18.8	4,111	32.8	7,164	44.3	9,670	3.3	714	0.7	161

To assess how well employees' skills are utilised in their jobs, the WERS SEQ asks respondents the following question: 'how well do the skills you personally have match the skills you need to do your present job?'. Nearly half of employees in the SEEQ (48%) and WERS SEQ (44%) datasets rated their skills and what was required for their job as 'about the same' (n = 101 and n = 9,670 respectively). The results of chi-square goodness of fit test showed there was not a significant difference between the two datasets, X^2 (4, n = 212) = 6.53, p = .16.

Table 6.28. Respondents' satisfaction with their involvement in decision-making, for SEEQ and WERS SEQ datasets

	Very satisfied		Satisfied		Neither		Dissatisfied		Very dissatisfied	
	%	N	%	N	%	N	%	N	%	N
SEEQ	33.3	70	37.1	78	19.5	41	7.6	16	2.4	5
WERS	8.2	1,789	32.3	7,062	37.8	8,276	16.4%	3,591	5.3%	1,160

Table 6.28 (above) shows that a large majority of SEEQ respondents (70%) were either 'very satisfied' or 'satisfied' with their involvement in decision-making at their workplace (n = 148), while 40% of WERS SEQ respondents report the same (n = 8,851). A chi-square goodness of fit test determined that the SEEQ sample were significantly more satisfied with their involvement in decision-making than the WERS SEQ, X^2 (4, n = 210) = 195.93, p = < .001.

Table 6.29. Respondents' satisfaction with their involvement in decision-making, for SEEQ and WERS SEQ datasets (by organisation size)

Org. size		Very satisfied		Satisfied		Neither		Dissatisfied		Very dissatisfied	
		SEEQ	WERS	SEEQ	WERS	SEEQ	WERS	SEEQ	WERS	SEEQ	WERS
Micro	%	52.6	18.6	28.1	41.4	12.3	29.1	5.3	7.9	1.8	3.0
(1–9)	N	30	149	16	331	7	233	3	63	1	24
Small	%	26.2	11.1	45.6	34.6	17.5	36.0	7.8	13.9	2.9	4.5
(10–49)	N	27	698	47	2,180	18	2,271	8	878	3	281
Medium	%	26.0	7.5	30.0	30.5	32.0	39.1	10.0	17.0	2.0	6.0
(50–250)	N	13	607	15	2,479	16	3,181	5	1,381	1	492

Table 6.29 (above) shows how satisfaction with involvement in decision-making was distributed within the SEEQ and WERS SEQ samples across different sized organisations. A chi-square test of independence found that, for the SEEQ sample, satisfaction did not vary significantly between different sized organisations, X^2 (4, n = 210) = 8.85, p = .07. However, for the WERS SEQ sample, the same test found that satisfaction *did* vary significantly between different sized organisations, with those working in the largest (medium) organisations reporting less satisfaction, X^2 (4, n = 15,248) = 212.22, p = < .001.

6.3.3. Social enterprise questions

In addition to the questions included in the WERS SEQ and APS, the questionnaire included a number of questions developed with the emergent findings from the interviews conducted in Stage Two. This component comprised 14 items on a five-point Likert scale (in addition to an option for 'don't know'). Each question asks the respondent to indicate their level of agreement with a statement derived from the interviews.

Table 6.30 (page 228) indicates that the levels of agreement with the statements provided were generally high. At least 60% of employees either 'strongly agreed' or 'agreed' with 10 of the 14 statements. The vast majority of employees (83%) either 'strongly agreed' or 'agreed' with the statement 'it is important to me that profits are reinvested in the community or organisation, rather than paid to shareholders' (n = 171). Similar levels of agreement were seen with the following statements: (i) 'the organisation is true to its ethos/values' (82%, n = 173); (ii) 'I rarely lose sight of the organisation's aims and objectives' (81%, n = 166); (iii) 'the organisation encourages staff to be innovative in their work (78%, n = 162); (iv) 'the organisation focuses on employees' strengths, i.e. what they

can do, rather than what they cannot do' (78%, *n* = 160); and (v) 'the organisation trusts its staff' (77%, *n* = 160).

Over one third of employees (37%) either 'disagreed' or 'strongly disagreed' with the statement that 'the organisation has a flat structure, as opposed to a 'top-down', hierarchical structure' (*n* = 75). Similarly, over a quarter disagreed with the following statements: (i) 'the organisation provides its staff with good benefits (e.g. gym membership, annual leave, etc.)' (28%, *n* = 58); (ii) 'I am concerned about the financial sustainability of the organisation (26%, *n* = 55); and (iii) 'the physical working environment could be improved' (27%, *n* = 57). Despite these relatively high levels of disagreement, it should be pointed out almost half (48%–49%) still agreed with both (ii) and (iii) (*n* = 100 and *n* = 101, respectively).

Table 6.30. SEEQ respondents' level of agreement with statements derived from the interview findings regarding working for a social enterprise

	Strongly agree		Agree		Neither		Disagree		Strongly disagree		Don't know		Total	
	%	N	%	N	%	N	%	N	%	N	%	N	%	N
The organisation has a flat structure, as opposed to a 'top-down', hierarchical structure	14.9	31	21.6	45	19.2	40	26.0	54	10.1	21	8.2	17	100	208
The head of the organisation has a positive impact on my working experience	30.1	62	38.8	80	13.6	28	7.8	16	4.4	9	5.3	11	100	206
I am concerned about the financial sustainability of the organisation	17.5	36	31.1	64	18.9	39	19.4	40	7.3	15	5.8	12	100	206
The organisation actively helps me to achieve my personal goals	16.8	35	45.2	94	19.7	41	10.6	22	5.3	11	2.4	5	100	208
The organisation encourages staff to be innovative in their work	31.6	66	45.9	96	14.8	31	2.4	5	2.9	6	2.4	5	100	209
The head of the organisation has a positive impact on the organisation	35.1	72	37.1	76	19.0	39	2.4	5	1.5	3	4.9	10	100	205
I rarely lose sight of the organisation's aims and objectives	31.6	65	49.0	101	12.1	25	5.3	11	1.5	3	0.5	1	100	206
The organisation provides its staff with good benefits (e.g. gym membership, annual leave…)	11.1	23	29.5	61	26.6	55	15.9	33	12.1	25	4.8	10	100	207
The physical working environment could be improved	13.0	27	35.6	74	22.1	46	21.2	44	6.3	13	1.9	4	100	208
It is important to me that profits are reinvested in the organisation or community, rather than…	50.2	103	33.2	68	11.2	23	1.0	2	0.0	0	4.4	9	100	205
The head of the organisation is the driving force behind it	25.1	51	37.4	76	22.7	46	9.4	19	2.0	4	3.4	7	100	203
The organisation focuses on employees' strengths, i.e. what they can do, rather than…	26.7	55	51.0	105	11.7	24	5.8	12	1.0	2	3.9	8	100	206
The organisation is true to its ethos/values	37.3	78	45.5	95	10.5	22	3.8	8	0.5	1	2.4	5	100	209
The organisation trusts its staff	35.1	73	41.8	87	16.3	34	4.3	9	1.0	2	1.4	3	100	208

A negative correlation was found, using Spearman's rho, between self-rated health and concern over financial sustainability, r = -.17, n = 191, p = .02. Additional analysis revealed that this varied significantly by organisation size, i.e. employees working in smaller organisations were significantly more likely to show concern over financial sustainability, X^2 (4, n = 194) = 13.07, p = .011. Significant positive correlations were found between self-rated health and the following statements: (i) 'the head of the organisation has a positive impact on the organisation', r = .14, n = 192, p = .05; (ii) 'I rarely lose sight of the organisation's aims and objectives', r = .17, n = 202, p = .02; and (iii) 'the organisation trusts its staff', r = .17, n = 202, p = .02. All correlation coefficients for these statements and SEEQ respondents' self-rated health, wellbeing and job satisfaction are provided in Appendix H.

Furthermore, also using Spearman's rho, there were significant correlations between respondents' job satisfaction score and all 14 of the statements outlined in Table 6.30 (above). Strong correlations (i.e. 0.5 – 0.8) were found for the following statements:

- 'the organisation actively helps me to achieve my personal goals', r = .69, n = 192, p = < .001;
- 'the organisation encourages staff to be innovative in their work', r = .55, n = 194, p = < .001;
- 'the head of the organisation has a positive impact on the organisation', r = .51, n = 186, p = < .001;
- 'I rarely lose sight of the organisation's aims and objectives', r = .52, n = 194, p = < .001; and
- 'the organisation focuses on employees' strengths, i.e. what they can do, rather than what they cannot do', r = .53, n = 188, p = < .001.

All of these correlations were positive, i.e. higher agreement was correlated with higher job satisfaction scores. Two negative correlations were found, however, for the statements (i) 'I am concerned about the financial sustainability of the organisation', r = -.27, n = 183, p = < .001, and (ii) 'the physical working environment could be improved', r = -.24, n = 193, p = < .001.

Table 6.31. SEEQ respondents' level of agreement with statements derived from the interview findings regarding comparisons of work experience in social enterprises and non-social enterprises

	Strongly agree		Agree		Neither		Disagree		Strongly disagree		Don't know		Total	
	%	N	%	N	%	N	%	N	%	N	%	N	%	N
Social enterprises trust their staff more than other types of organisations	17.0	34	39.0	78	27.5	55	6.0	12	2.0	4	8.5	17	100	200
Social enterprises treat their staff better than other types of organisations	17.5	35	32.5	65	30.0	60	9.5	19	3.0	6	7.5	15	100	200
I have greater scope for using my own initiative in this organisation than I would in similar public sector organisation	31.0	62	45.0	90	12.5	25	3.5	7	1.5	3	6.5	13	100	200
Social enterprises combine the best bits of the public and private sector	18.1	36	36.7	73	28.1	56	9.5	19	1.0	2	6.5	13	100	199
I get a better sense of achievement working for a social enterprise than in other types of organisations	33.8	67	36.9	73	17.7	35	3.5	7	2.5	5	5.6	11	100	198
Social enterprises are less risk-averse than public sector organisations	14.6	29	27.1	54	29.6	59	12.1	24	4.5	9	12.1	24	100	199
There is less emphasis on chasing funding than there would be in similar organisation in the public or third sector	8.6	17	12.2	24	31.0	61	27.4	54	12.7	25	8.1	16	100	197
Less stigma attached to time off work due to ill health in a social enterprise than in a similar private or public sector org.	14.1	28	25.8	51	31.3	62	12.1	24	5.6	11	11.1	22	100	198

In addition to the statements outlined in Table 6.30, respondents were asked to indicate their level of agreement with a number of questions specifically concerned with comparisons between their previous work experience and their experience of working in a social enterprise. Respondents who had not previously worked in a non-social enterprise organisation were advised to skip these items. Again, these statements were derived from the themes generated by the interviews discussed in Chapter Five. This component comprised eight items, also on a five-point Likert scale (in addition to a 'don't know' option).

Looking at Table 6.31 (above), it is evident that the majority of respondents either 'strongly agreed' or 'agreed' with five of the eight statements provided. Over three quarters (76%) either 'strongly agreed' or 'agreed' with the statement 'I have greater scope for using my own initiative in this organisation than I would in a similar public sector organisation' (n = 152). A similar proportion (71%) agreed that they 'get a better sense of achievement working for a social enterprise than in other types of organisations' (n = 140).

Over half of respondents either 'strongly agreed' or 'agreed' with the following statements: (i) 'social enterprises trust their staff more than other types of organisations' (56%, n = 112); (ii) 'social enterprises combine the best bits of the public and private sector' (55%, n = 109); and (iii) 'social enterprises treat their staff better than other types of organisations' (51%, n = 100). The statement that drew least agreement from employees (21%) was 'there is less emphasis on chasing funding than there would be in a similar organisation in the public or third sector' (n = 41) – almost half (40%) either 'strongly disagreed' or 'disagreed' with this (n = 79).

It was found, using Spearman's rho, that there were significant, albeit weak, positive correlations between self-rated health and two statements listed in Table 6.31: (i) 'I have greater scope for using my own initiative in this organisation than I would in similar public sector organisation', r = .19, n = 184, p = .01; and (ii) 'I get a better sense of achievement working for a social enterprise than in other types of organisations', r = .19, n = 184, p = .01. As stated, all correlation coefficients for these statements and SEEQ respondents' self-rated health, wellbeing and job satisfaction are provided in Appendix H.

In addition, there were significant correlations between respondents' job satisfaction score and all eight statements. Moderate positive correlations (0.3 – 0.5) were found for the following: (i) 'I have greater scope for using my own initiative in this organisation than I would in similar public sector organisation', r = .48, n = 179, p = < .001; (ii) 'social enterprises combine the best bits of the public and private sector', r = .36, n = 178, p = < .001; and (iii) 'I get a better sense of achievement working for a social enterprise than in other types of organisations', r = .43, n = 177, p = < .001.

6.3.3.1. How does working for a social enterprise differ to working for a conventional private/public/third sector organisation?

A variety of themes arose in response to this open-ended question. In particular employees suggested that a key difference between working for a social enterprise and other types of organisation was the amount of flexibility they enjoyed in their job. Often this was mentioned in conjunction with the perception that employees were encouraged to be innovative in their work, for example:

> "There is a place for flexibility and being innovative. Less restrictions most of the time. Diverse staff with a variety of skills." (Female, under 30, full-time, small)

> "Greater scope for using my own initiative. Flexibility. Trusted to get on with the work." (Female, 30–49, full-time, small)

> "Staff have more control over their own job and can be innovative and flexible in providing the company's services." (Male, 50 years or more, full-time, micro)

In addition, several suggested they had greater involvement in the decision-making process, for example:

> "For me, I like being privy to decision making process from the 'top-down'. You can be more expressively creative in the way you do your day to day tasks." (Female, 30–49, full-time, small)

> "Much more support from colleagues, a more positive atmosphere in the workplace, positively encouraged to voice opinions during decision making." (Male, 50 years or more, full-time, medium)

While most of the comparisons were favourable, as indicated by the above excerpts, several suggested that pay was lower in social enterprises, for example:

> "I love my job and I love working for the MD and the company but I feel undervalued because my pay doesn't represent the work that I do. In a blue chip company there is more chance to progress and get a pay rise." (Female, under 30, full-time, micro)

6.3.3.2. How would you describe the ethos/values of your organisation?

When describing the ethos and values of their organisations, employees often mentioned the importance of having a positive impact on the local community, for example:

> "It has goals to improve the community and do work in that field and to improve peoples' lives and do projects that will benefit the community – so this is what the ethos is, to reach out and to turn peoples' lives around and to make them better." (Male, 50 years or more, part-time, micro)

> "Knowing our community well and working hard to deliver services for them." (Female, 30–49, full-time, small)

In addition, employees suggested that the ethos and values revolved around generally making a positive impact:

> "A distinctly positive environment that emphasises a sense of wellbeing within the organisation and the community." (Male, 30–49, part-time, small)

> "Community-focused; person-centred – looking to have a positive impact on the well-being of our customers and users and looking to unlock the potential in our staff, volunteers, customers, and users." (Female, 30–49, full-time, small)

6.3.3.3. What would you say are the best things about working for a social enterprise?

Although a wide variety of themes emerged in response to this question, the most frequent concerned employees' perceived ability to have a positive impact on the world:

> "The sense of purpose and of achievement from making a difference. The fact that you can do anything if you put your mind and others' to it. Loving the work you do and that being life-enhancing." (Male, 30–49, full-time, small)

> "It might sound like a cliché but it is about knowing you are making a difference to people's lives." (Female, 30–49, part-time, micro)

In addition, a sense of freedom was frequently mentioned by employees, again, often in conjunction with the perceived ability to be creative and innovative, for example:

> "The best thing is having freedom of being able to work using your initiative without people demanding that you meet targets or goals." (Female, under 30, full-time, micro)

> "Freedom to make our own choices and decisions. Be creative and innovative with our service delivery." (Female, 30–49, full-time, small)

> "It gives you the freedom to expand on your own skills and creativity." (Male, 30–49, full-time, small)

6.3.3.4. What would you say are the worst things about working for a social enterprise?

By far, the most common response centred on concerns surrounding funding:

> "Probably the risks around funding. Over the past few years contracts have been looked at annually rather than the usual 2-3 year contracts. This means that everyone gets a bit anxious and itchy in Jan, Feb and March. It's not a nice time of the year." (Female, under 30, full-time, small)

> "Funding – all jobs are dependent on securing contracts which can be worrying." (Female, 30–49, full-time, small)

This was frequently mentioned alongside worries over job security:

> "Relying on funding! Most of us are worried about job security." (Female, 30–49, part-time, micro)

> "The only downfall would be the security of my job. I completely understand that social enterprises have limited amounts of funds, and that due to this some positions may only be temporary." (Female, under 30, full-time, medium)

Indeed, the vast majority of comments in response to this question were concerned with finances. In addition, several cited poor pay as one of the worst aspects of working in a social enterprise, primarily in relation to other sectors, for example:

> "The poor pay compared with other sectors." (Male, 30–49, full-time, small)

> "The pay is not as high as in the private sector." (Female, under 30, full-time, medium)

6.3.3.5. Overall, how would you describe your experience of working for a social enterprise?

Employees were asked to rate their experience of working for a social enterprise on a scale ranging from 0 (mainly negative) to 10 (mainly positive). The average score for all employees was 8.09 (*SD* = 1.8). Table 6.32 (overleaf) shows that men had a slightly higher mean score than women, however, using an independent t-test, this was not found to be statistically significant t (202) = 1.39, p = .17. Part-time employees scored higher in terms of experience compared to full-time workers, however, the difference was also not statistically significant t (200) = -0.42, p = .68. Furthermore, no statistically significant differences were found for those with and without GCSEs/O Levels, GCEs/A Levels and undergraduate degrees or higher.

Differences in mean scores were also observed among different age groups, with those aged 30–49 reporting the lowest score. A one-way ANOVA test found that differences between the groups were not statistically significant, F (2, 200) = 1.68, p = .19. In fact, one-way ANOVA tests conducted for all variables with more than two groups listed in Table 6.32, i.e. SOC2010, wages, organisation size and SIC2007, found no statistically significant differences between the groups. However, a significant, moderate, positive correlation was found between employees' experience and their self-rated health, r = .31, n = 201, p = < .001.

Table 6.32. SEEQ respondents' overall experience of working in a social enterprise, mean scores

Category	Sub-category	Mean	N
Gender	Male	8.4	66
	Female	8.0	146
Age	Less than 30	8.3	58
	30-49	7.9	110
	50 or more	8.4	42
Working hours	Full-time	8.1	145
	Part-time	8.2	65
SOC2010	Managers, directors and senior officials	8.6	19
	Professional occupations	8.4	40
	Associate professional and technical	8.1	48
	Administrative and secretarial	8.0	46
	Caring, leisure and other services	7.8	33
Educational attainment	No academic qualifications	7.4	10
	GCSE/O Level	8.2	31
	GCE/A Level	8.3	18
	Undergraduate degree or higher	8.1	132
Weekly wage (annual wage)	£60-£220 (£3,120-£13,520)	8.2	38
	£221-£520 (£11,441-£27,040)	7.9	107
	£521 or more (£27,041 or more)	8.4	46
Organisation size	Micro (1-9 employees)	8.3	57
	Small (10-49 employees)	8.2	104
	Medium-sized (50-250 employees)	7.6	51
	G: Wholesale and retail	9.2	9
	I: Accommodation and food service	8.8	8
	J: Information and communication	8.6	19
	N: Administrative and Support Service Activities	8.4	19
	P: Education	8.1	16
	Q: Human health and social work activities	7.8	122

Mean scores range from 0 (low) to 10 (high)

6.4. Discussion

This stage of the research set out to answer the following questions:

10. How do social enterprise employees rate their health and wellbeing?
11. How do social enterprise employees rate the psychosocial quality of their work environment?
12. How do social enterprise employees, in the above respects, compare with respondents to a UK survey of (i) employees (the Workplace Employment Relations Study Survey of Employees) and (ii) the population (Annual Population Survey)?

These will now be addressed. Firstly, SEEQ respondents' assessment of their health and wellbeing, and how this compares to APS and WERS SEQ respondents', will be discussed with reference to the literature. In addition, whether the survey results provide support for the emergent interview findings, as indicated by levels of agreement with the statements provided in the emergent component of the SEEQ, and any correlations between agreement with these statements and employees' health and wellbeing, will be addressed. Secondly, SEEQ respondents' assessment of the psychosocial quality of their work environment, and how it compares to WERS SEQ respondents', will be discussed with reference to the literature. Throughout, differences between the two samples, with respect to employee and employer characteristics, and their implications, are also addressed. Finally, the limitations of this stage are reflected on, before considering how the results from this stage contribute to the conceptual model.

6.4.1. Respondents' self-rated health and wellbeing

In this section, first, SEEQ respondents' self-rated health, and wellbeing as measured by the ONS4 items covering evaluative, eudaimonic and hedonic wellbeing, and how they compare to APS respondents, are discussed. Then, levels of agreement with statements derived from the emergent interview findings, and their relationship with employees' self-rated health and wellbeing, is addressed. This is followed by a discussion of SEEQ respondents' job-related wellbeing, which was measured by Warr's (1990) anxiety-contentment and depression-enthusiasm scales, their job satisfaction, and how it compares to WERS SEQ respondents.

The vast majority of SEEQ respondents (88%) reported being in either 'very good' or 'good' health. Those in 'good' health comprised the majority of the sample (50%). For APS

respondents, the proportions were similar: 87% were in either 'very good' or 'good' health. However, the split between 'very good' and 'good' was more even: 45% and 41% respectively. Although the difference between the two samples was, according to a chi-square goodness of fit test, statistically significant, it is not possible to say, on the basis of this test alone, which sample is in 'better' or 'worse' health. This is due to the fact that the difference between the samples for those reporting 'fair', 'bad' or 'very bad' health is very small (indicated by a standardized residual of -0.74). As such, it can only be concluded that a greater proportion of SEEQ respondents, relative to APS respondents, were in 'good' health, while fewer were in 'very good' health.

It is interesting to note that SEEQ respondents' self-rated health, and the perceived impact their work had on their health (i.e. whether it was positive or negative), did not vary according to the size of the organisation they worked for. This was, to some extent, contrary to expectations given that (i) organisation size is negatively correlated with employee health-related outcomes in the literature (García-Serrano, 2011; Idson, 1990; Tansel & Gazioglu, 2014), and (ii) some research participants, interviewed in Stage Two, suggested that working for a small organisation had a positive effect on them.

Regarding the ONS4 items covering evaluative, eudaimonic and hedonic wellbeing, SEEQ respondents outscored APS respondents on one of the hedonic measures, 'overall, how happy did you feel yesterday?', yet were outscored by APS respondents on the other hedonic measure, 'overall, how anxious did you feel yesterday?'. Thus, SEEQ respondents, overall, were significantly happier than APS respondents, but also significantly more anxious. This may be due to the fact that almost 50% of SEEQ respondents, consistent with interviewees, agreed that they were 'concerned about the financial sustainability of the organisation'. Indeed, there was a significant, positive correlation between SEEQ respondents' concerns over organisation sustainability and their own anxiety.

The significantly higher levels of happiness reported by SEEQ, relative to APS respondents, are, arguably, reflective of the high levels of positive affect expressed by interviewees during Stage Two, which are associated with positive health and wellbeing outcomes (Blanchflower et al., 2012; Chida & Steptoe, 2008; Grant et al., 2009; Pettay, 2008; Steptoe et al., 2009). This is underlined by the high mean score SEEQ respondents had for the following item: 'overall, how would you describe your experience of working for a social enterprise?'. Employees were asked to rate their experience of working for a social enterprise on a scale ranging from 0 (mainly negative) to 10 (mainly positive). The mean, for all SEEQ respondents, was 8.09 (SD = 1.8).

Although it is not a significant finding, it is noteworthy that SEEQ respondents did not outscore APS counterparts on the eudaimonic measure, i.e. 'overall, to what extent do you feel that the things you do in life are worthwhile?'. Given the sense of meaning interviewees derived from their work, one might expect SEEQ respondents, who all work in social enterprises, to outscore APS respondents, who work in a range of organisations, on this measure. Indeed, social enterprises have a social mission at their heart and are dedicated to improving the lives of individuals and communities (Roy et al., 2014). The question does not, however, specify work. Respondents, when answering this question, may have considered whether what they do outside of their job is worthwhile. APS respondents may have been more likely to draw on experience outside of work, relative to SEEQ respondents, given that the APS is not an employee survey.

Having discussed SEEQ respondents' self-rated health and wellbeing, as measured by the ONS4 items, and how it compares to APS respondents', the discussion now turns to SEEQ respondents' levels of agreement with statements derived from the emergent interview findings. Generally speaking, agreement was high, and, for several items, agreement was correlated with respondents' self-rated health and wellbeing. While most correlations were positive, there was a negative relationship between agreement with the statement, 'I am concerned about the financial sustainability of the organisation', and employees' self-rated health. Almost half of the sample (48%) either 'strongly agreed' or 'agreed' with this statement. Although the level of agreement with this item is, perhaps, lower than expected, given (i) the prominence this theme had in the interviews and (ii) the literature that suggests social enterprises' sustainability is threatened by the need to 'trade-off' social and commercial aims (Austin et al., 2006; Moizer & Tracey, 2010; Teasdale, 2012b), this finding is, nonetheless, consistent with the broader workplace health literature, and the interview findings, that suggest perceived job insecurity has a negative impact on health (Theorell et al., 2015; Virtanen et al., 2013). Concerns over financial sustainability were also significantly positively correlated with respondents' anxiety and negatively correlated with their happiness. This is also consistent with the literature, e.g. a recent meta-analysis from De Witte et al. (2016), which finds job insecurity promotes anxiety.

Regarding possible reasons why agreement with the item on organisation sustainability was lower than might have been expected, organisation size could have played a part. All employees interviewed in Stage Two worked for either micro or small organisations. Stage Three, however, surveyed employees working in micro, small *and* medium-sized organisations. This is important because concern over financial sustainability was significantly lower in the largest (medium) sized organisations. Thus, on this basis one might

expect concerns over sustainability to be relatively lower in this sample. Having said that, the most common responses, by far, to the open-ended survey question: 'what would you say are the worst things about working for a social enterprise?', cited concerns surrounding funding and finances.

A large proportion of SEEQ respondents (over 70%) agreed with the statement: 'I get a better sense of achievement working for a social enterprise than in other types of organisations'. This statement was derived from two of the key themes arising from the interviews in Stage Two, where interviewees (i) cited a sense of achievement from work as a positive influence on their health and wellbeing – possibly explained by the 'warm glow' where individuals gain utility from the act of giving (Andreoni, 1990), and (ii) the sense of 'empowerment' they felt by being able to make a difference through their work, which contrasted with their previous work experience – this is underlined by the number of responses to the open-ended survey question on 'the best thing about working for a social enterprise' that mentioned this. The significant positive correlation between agreement with this item and SEEQ respondents' self-rated health, and evaluative, eudaimonic and hedonic wellbeing, suggests that social enterprise employees may benefit from this 'warm glow' and that the 'better' sense of achievement employees derived from working in social enterprise, relative to other organisations, could, potentially, act as a determinant of improved health and wellbeing.

Of course, there is no way of knowing what type of work employees were comparing their work experience in a social enterprise to; they may have been comparing very different types of work. Had they worked for a retail company, for example, prior to joining an environmental social enterprise, one might expect, simply on the basis of the different types of work they would likely do in these organisations, that working in the latter would offer a greater sense of achievement owing to the nature of the work. This is plausible because social enterprises generally, and the ones in this sample, are often active in areas of work, such as health and the environment. This limitation should be kept in mind.

An intrinsic work orientation is associated with improved health-related outcomes (Demerouti et al., 2012; Zou, 2015). The high level of agreement with the item on sense of achievement from work could be indicative of SEEQ respondents' intrinsic work orientation, which would be consistent with the Italian social enterprise literature (Borzaga & Depedri, 2009). By and large, interviewees cited the nature of the work they did (intrinsic), rather than pay (extrinsic), as a determinant of this sense of achievement. This is, to some extent, corroborated by the fact that pay was lower in the SEEQ sample relative to the WERS SEQ and, in their responses to the open-ended survey question on the 'worst thing about working

for a social enterprise', a common theme concerned the perceived lower pay in social enterprises, relative to other organisations. This is consistent with literature that suggests wages are lower in social enterprises (Amin, 2009; Bell & Haugh, 2008). Thus, social enterprise employees might have an intrinsic work orientation, which may, in turn, have positive implications for their health and wellbeing.

A significant theme arising from the interviews in Stage Two concerned the high levels of trust between management and employees, i.e. 'vertical' workplace social capital (Oksanen et al., 2010), and the positive impact it had on their health and wellbeing, e.g. self-confidence and happiness. Several longitudinal studies report that workplace social capital protects against adverse mental health outcomes, e.g. depressive symptoms and anxiety (Kouvonen et al., 2008; Oksanen, 2009; Oksanen et al., 2011). By enabling employees to access information and sources of support outside their 'normal' social networks, respectful, trusting relationships between management and staff can improve health behaviours, self-esteem and reduce stress (Fujino et al., 2013; Oksanen et al., 2012; Suzuki et al., 2010). It is, therefore, an important finding that a large majority of SEEQ respondents (77%) agreed that 'the organisation trusts its staff'. Furthermore, agreement with this item was significantly and positively correlated with employees' self-rated health, their evaluative, eudaimonic and hedonic wellbeing, and their job satisfaction. Thus, the high levels of trust between management and staff found in these social enterprises could positively impact upon their health and wellbeing.

Another significant theme that emerged from the interviews related to the perceived strengths- and assets-based approach that social enterprises applied, not just externally, i.e. to service users and clients, but internally, as in how they treated their staff. Such an approach, in other contexts like community, and youth, development, has positive health implications. By valuing people's skills, capacity and knowledge (Foot & Hopkins, 2010), and nurturing their capabilities and strengths (Glasgow Centre for Population Health, 2011), a strengths-based approach can improve one's pride, confidence, self-esteem, and life satisfaction (Ferguson, 2012; IRISS, 2012; Tedmanson & Guerin, 2011). Therefore, it is significant that almost 80% of SEEQ respondents agreed with the statement, 'the organisation focuses on employees' strengths, i.e. what they can do, rather than what they cannot do'. Although agreement with this item was not correlated with self-rated health, it was significantly and positively related to employees' evaluative, eudaimonic and hedonic wellbeing, as well as their job satisfaction. Thus, this strengths-based approach, applied internally, may act as a positive influence on social enterprise employees' wellbeing.

Furthermore, although agreement with this item was not correlated with SEEQ respondents' self-rated health and wellbeing, over half (56%) agreed with the statement that 'social enterprises treat their staff better than other types of organisations'. This is a significant finding in light of the theme, emerging from the interviews, relating to interviewees' perception that social enterprises, compared to other organisations, put a strong emphasis on, and are committed to, employee health and wellbeing – the benefits of which were discussed in the previous chapter.

While levels of agreement amongst SEEQ respondents with the statements discussed above were generally high, they should be viewed with some caution. It is possible that, due to the difficulties inherent in distilling a complex emergent theme into a statement suitable for inclusion in a questionnaire presented in the format of a Likert scale, that some of the context or meaning in which it emerged might be lost on survey respondents – which are also likely to differ in their interpretation of it. In addition, while agreement with some items was positively correlated with respondents' self-rated health and wellbeing, one cannot infer causal associations due to the cross-sectional nature of the survey.

Having discussed SEEQ respondents' agreement with statements derived from the emergent interview findings, the discussion now turns to SEEQ respondents' assessment of their job-related wellbeing, and how it compares to their WERS SEQ counterparts'. SEEQ respondents, generally speaking, were significantly better off than WERS SEQ respondents on Warr's (1990) depression-enthusiasm scale[50], i.e. significantly less likely to feel depressed, gloomy, or miserable as a result of their job. This is consistent with the high levels of positive affect reported by interviewees in Stage Two. It is an important finding given that, as discussed in Chapter Two, a considerable, and growing, proportion of UK workdays lost to sickness absence are attributed to depression and depressive symptoms (Henderson & Madan, 2013; ONS, 2014).

SEEQ respondents' better scores, relative to WERS SEQ respondents, on the depression-enthusiasm scale, might be attributable to the significantly higher levels of control and support (discussed in Section 6.4.2) that the former had. As discussed in the literature review, there is evidence, such as that provided by a recent meta-analysis of prospective and case-control studies, comprising over 150,000 participants, which shows that low control and low support, are, independently, associated with the development of depressive symptoms (Theorell et al., 2015). However, it might also be indicative of a 'selection effect' (Donegani

[50] Those (i) over 50 years old, (ii) working in caring, leisure and other services, (iii) with no academic qualifications, (iv) GCE/A Levels, and (v) earning £3,120-£13,520 did not report significantly higher depression-enthusiasm.

et al., 2012), where people with particular characteristics, for example, an enthusiastic disposition, choose to work for an organisation like a social enterprise on the basis that they believe their personality would be a good 'fit' (organisations may also actively recruit people with these traits). This could have implications for their score on this scale. Indeed, the survey findings suggest that a particular type of person, i.e. one that is intrinsically motivated whose values are consistent with the social enterprise ethos, e.g. profit redistribution, might be more likely to work in a social enterprise.

In addition, SEEQ respondents' higher scores may be attributable, in part, to their higher levels of education, relative to WERS SEQ respondents. Educational attainment is often used as an indicator of socioeconomic position (Nilsen et al., 2014). This is significant as it could have implications for employees' wellbeing. Indeed, it has been suggested that individuals of higher socioeconomic status benefit from intellectual and material resources that enable them to cope better with adverse work environments (Galobardes et al., 2007). Thus, to the extent that educational attainment is an indicator of socioeconomic status, this may have, in part, determined SEEQ respondents' higher scores on the depression-enthusiasm scale. Nonetheless, it is significant that SEEQ respondents, overall, were less likely to have depressive symptoms relative to WERS SEQ respondents.

It should be pointed out, however, that SEEQ respondents working in the largest (medium) organisations did not score higher than their WERS SEQ counterparts on the depression-enthusiasm scale. This suggests that whatever is driving SEEQ respondents' higher scores on this scale is, potentially, less prevalent in larger social enterprises, or that different sized organisations employ different types of people. Having said that, within the SEEQ sample, depression-enthusiasm scores did *not* vary significantly by organisation size.

Regarding job satisfaction, SEEQ respondents were, by and large, significantly better off than their WERS SEQ counterparts[51]. This is an important finding given that, as discussed in the literature review, job satisfaction is (i) a determinant of 'good' work (Marmot et al., 2010) and (ii) an indicator of one's evaluative wellbeing (Dolan et al., 2011). Also, a lack of it is associated with depressive symptoms and anxiety (Faragher et al., 2005; Fischer & Sousa-Poza, 2009). Thus, although it was not reflected in this study's self-rated health measure, employees can benefit in a number of ways from high levels of job satisfaction. This finding is consistent with both the interview findings and existing, if limited, social enterprise literature: Pestoff (2000) found that, relative to municipal day care centre staff, counterparts in social enterprise day care centres benefit from increased job satisfaction. Also, findings

[51] Those (i) working in caring, leisure and other services, (ii) without academic qualifications, and (iii) GCE/A Level did not report significantly higher job satisfaction.

from a Hong Kong social firm suggest employees benefit from enhanced job satisfaction (Ho & Chan, 2010).

Not all SEEQ respondents reported higher job satisfaction than their WERS SEQ counterparts, however. For example, those working in the smallest (micro) organisations were not better off. This may be due, in part, to the fact that WERS SEQ respondents working in the smallest (micro) organisations reported significantly more job satisfaction than WERS SEQ respondents employed in relatively larger (small and medium) organisations, which is consistent with the literature (e.g. García-Serrano, 2011). However, this was not the case with the SEEQ sample – job satisfaction did *not* vary by size: all respondents reported similarly high levels of job satisfaction, regardless of what size organisation they worked for.

SEEQ respondents' generally higher job satisfaction could be attributed to several factors. For example, it has been found to be associated with high levels of job control (De Lange et al., 2004), support at work (Griffin et al., 2002), and workplace flexibility (Pryce et al., 2006), all of which SEEQ employees benefitted from compared to WERS SEQ respondents[52]. However, as outlined in the literature review, job satisfaction has been shown to vary by several organisational- and individual-level factors. Thus, SEEQ respondents' high job satisfaction may be attributable to differences between the samples with respect to respondent and employer characteristics. These are addressed below.

Findings from longstanding UK and US national surveys show that non-profit sector workers, relative to for-profit sector workers, report higher job satisfaction: Benz (2005) and Donegani et al. (2012) found this could not be explained by a difference in work quality and attributed it to the aforementioned 'warm glow' (Andreoni, 1990). While social enterprises are not, strictly speaking, non-profit organisations, they share similarities and, in several cases, origins. The SEEQ sample is entirely made up of these organisations, whereas the WERS SEQ is not. Therefore, this might explain some of the variation between the two samples.

Job satisfaction has also been shown to vary by gender, with women generally reporting higher levels of job satisfaction (Clark, 1997; 1996; Donegani et al., 2012; Sanz de Galdeano, 2000; Sloane & Williams, 2000; Zou, 2015). This is relevant because the SEEQ sample comprises almost 70% women, while the WERS SEQ only 56%. In addition, it has been shown that women derive more job satisfaction than men from job control and workplace flexibility (Sloane & Williams, 2000; Zou, 2015), which, generally speaking, was higher in the SEEQ sample than in the WERS SEQ. Thus, one might expect higher job

[52] The findings on job control, support, etc. are explored in greater detail in the following section (6.4.2).

satisfaction in the former on this basis. However, the SEEQ job satisfaction premium was not confined to females; males reported significantly higher job satisfaction too.

Level of education can also influence job satisfaction outcomes, with the better educated generally reporting lower levels of satisfaction (Clark, 1996; García-Serrano, 2011; Gardner & Oswald, 2002; Gazioglu & Tansel, 2006) owing to, allegedly, unrealistic expectations (Clark, 1996; Gardner & Oswald, 2002). Given that levels of education were significantly higher in the SEEQ sample – almost 70% had a degree or higher compared to only 36% of the WERS SEQ – one might expect lower job satisfaction in the former on this basis. However, this was not the case. Similar comments apply to respondents' age. The SEEQ sample had relatively more young people and fewer old people compared to the WERS SEQ. Age is, generally, positively correlated with job satisfaction, i.e. it increases with age (Bernal et al., 1998; Clark, 1996; Clark & Oswald, 1996; Clark et al., 1996; Riza et al., 2016; Saner & Eyüpoğlu, 2012), so one might expect, on this basis job satisfaction to be lower in the former. However, this was not the case.

SEEQ and WERS SEQ respondents may have differed in terms of work orientation, which has implications for their job satisfaction. Pay is thought to be lower in social enterprises (Austin et al., 2006; Dees, 1998; Doherty et al., 2014) and this is, to some extent, supported by the survey findings: fewer SEEQ respondents earned over £27,041 per annum than their WERS SEQ counterparts and a common response to the question on 'the worst things about working in social enterprise' referred to low pay. Given that job satisfaction is significantly higher amongst SEEQ respondents relative to WERS SEQ respondents, despite lower pay, suggests, potentially, that these social enterprise employees are intrinsically motivated. This would be consistent with existing, if limited, social enterprise research (Borzaga & Depedri, 2009; Borzaga & Tortia, 2006). This is important because intrinsically motivated employees derive more satisfaction from intrinsic aspects of work, e.g. job control and involvement in decision-making (Zou, 2015), which SEEQ respondents, generally speaking, benefitted from relative to WERS SEQ respondents. Thus, SEEQ respondents' high job satisfaction may be attributable, in part, to their work orientation.

Respondents may also have differed with respect to person-organisation (P-O) fit. The survey results suggested, consistent with the interviews, that SEEQ respondents share their employers' values, goals and mission, i.e. P-O fit (Kristof, 1996). Over 80% agreed with the statement, 'it is important to me that profits are reinvested in the organisation or community, rather than paid to shareholders', which represents a defining feature of social enterprise. Also, over 90% agreed with the statement 'I share many of the values of my organisation'. WERS SEQ respondents were not asked about their agreement with profit reinvestment, as

this was developed for the present study's version of the questionnaire, however they did answer the same question as SEEQ respondents on sharing their organisation's values. Significantly fewer, as indicated by a chi-square goodness of fit test (see Appendix I), WERS SEQ respondents (just over 60%) agreed with statement. This suggests the SEEQ and WERS SEQ samples may differ with respect to P-O fit. Given that P-O fit is positively associated with job satisfaction, this difference between the two samples may explain some of the variation (Risman et al., 2016; Zou, 2015).

In addition to the individual-level factors discussed above, job satisfaction is known to vary by organisation size, industry and employee occupation. Given that the SEEQ and WERS SEQ samples differ with respect to these variables, they warrant discussion. However, size, industry and occupation are thought to influence employees' job satisfaction via work quality: for example, smaller organisations tend to give employees more control, which, in turn, is thought to positively influence their job satisfaction (García-Serrano, 2011; Idson, 1990). The influence of these organisational-level variables is discussed in the next section.

In sum, SEEQ respondents rated their health and wellbeing highly. The vast majority were in either 'very good' or 'good' health and they reported significantly higher levels of happiness than APS respondents and significantly higher scores on the depression-enthusiasm, and job satisfaction scales, compared to WERS SEQ respondents. However, SEEQ respondents did report higher anxiety than APS respondents and, although self-rated health, as indicated by a chi-square goodness of fit test, was significantly different, it was not possible, on the basis of that test, to say whether SEEQ or APS respondents had 'better' self-rated health. It is, nonetheless, an important finding that SEEQ, relative to WERS SEQ, respondents (i) were less likely to feel depressed, given the economic costs of sickness absence attributed to depressive symptoms, and (ii) reported higher job satisfaction, given its positive implications for health and wellbeing, e.g. anxiety and depression. However, it is unclear what these positive outcomes can be attributed to. As discussed, SEEQ respondents' better depression-enthusiasm scores may be due to their higher educational attainment, relative to WERS SEQ respondents. Also, their higher job satisfaction scores could be explained by their intrinsic work orientation and P-O fit. Equally, these outcomes may be attributable to organisational-level variables and variations in work quality, e.g. job control, support, etc., which are discussed in the following section.

In general, SEEQ respondents' agreement with statements derived from the emergent interview findings was high, and, for several items, agreement was positively correlated with respondents' health and wellbeing. For example, most survey respondents agreed that they were trusted by their organisation and that it focused on employees' strengths and assets –

both of which, as discussed, have positive implications for health and wellbeing. Thus, the survey results provide some support for the potential pathways identified by the interviews as illustrated in the conceptual model on page 264. However, some caution, as mentioned earlier, is needed when interpreting these levels of agreement and their association with the health and wellbeing items.

6.4.2. Respondents' psychosocial work quality

The previous section considered SEEQ respondents' self-rated health and wellbeing and how it compared to APS and WERS SEQ respondents. It also assessed levels of agreement with statements derived from the interviews. In this section, SEEQ respondents' assessment of the psychosocial quality of their work environment, and how it compares with WERS SEQ respondents', is discussed with reference to the literature.

The vast majority of the SEEQ sample reported having significantly more control over, and support at, work (i.e. the component parts of job and iso-strain). This is reflected in the higher proportion of WERS SEQ respondents, relative to SEEQ respondents, reporting both job strain and iso-strain. In addition, SEEQ respondents (i) reported lower levels of work-life imbalance, (ii) were less likely to work long hours, (iii) had more influence over their start/finish times, (iv) received more training, and (v) were more satisfied with their involvement in decision-making. These are important findings because, firstly, they suggest these social enterprises, relative to the organisations sampled by the WERS SEQ, provide 'good' work thought to positively impact upon employee health and wellbeing (Marmot et al., 2010). Secondly, a vast body of evidence, discussed in Chapter Two, suggests these aspects of work are causally related with many positive health outcomes.

In particular, job and iso-strain, and its component parts (demands, control and support), are significantly, longitudinally associated – and thought to be causally linked – with adverse physical, mental and behavioural health outcomes. For example, job strain, which SEEQ respondents, relative to WERS SEQ counterparts, were less likely to report, is, according to several systematic and meta-analytic reviews, associated with cardiovascular disease (Backé et al., 2011; Belkic et al., 2004; Eller et al., 2009; Kivimäki & Kawachi, 2015; Kivimäki, Batty, Ferrie & Kawachi, 2014), anxiety and depressive symptoms (Stansfeld & Candy, 2006; Theorell et al., 2015) and unhealthy lifestyles, e.g. smoking, alcohol use, physical inactivity (Heikkilä et al., 2013; Nyberg et al., 2013). As stated, plausible causal mechanisms underpin these relationships (Chandola et al., 2008; 2006).

In addition, a lack of control over, and support at, work, is longitudinally associated with, for example, MSDs (Bongers et al., 1993; Hauke et al., 2011), cardiovascular disease (Bosma, Peter et al., 1998; Toivanen, 2008), depressive symptoms (Kawakami et al., 1992; Parkes, 1982), anxiety (Griffin et al., 2002), psychological distress (Bourbonnais et al., 1999), poor mental health (Dalgard et al., 2009), and sickness absence (Kivimäki et al., 1997; Vahtera et al., 2000). The benefits of *having* control and support have also been reported, including reduced risk of developing MSDs (Bugajska et al., 2013) and depressive symptoms (Theorell et al., 2015), and improved mental health (Bentley et al., 2015) and wellbeing (Stansfeld et al., 2013). Systematic reviews of intervention studies also show the mental health benefits, particularly with symptoms of anxiety and depression, of improving employees' control and involvement in decision-making (Bambra et al., 2007; Egan et al., 2007; Michie & Williams, 2003). The hypothesised causal mechanisms underlying these relationships were outlined in Chapter Two.

Thus, it is significant that SEEQ respondents were less likely to have job strain and iso-strain and had more control over, and support at, work, given the number of associated health and wellbeing benefits. In particular, MSDs and mental health problems, e.g. anxiety and depression, present considerable costs to the UK economy and are responsible for a considerable, and growing, proportion of workdays lost (Henderson & Madan, 2013; ONS, 2014). Although SEEQ respondents' higher scores on these items were not reflected in responses to the self-rated health item, they did score better, relative to their WERS SEQ counterparts, on the depression-enthusiasm, and job satisfaction, scales.

These findings are consistent with the (i) Stage Two interview findings, particularly the emergent theme relating to the perceived support for creativity and self-expression in the workplace, and (ii) existing, if limited, social enterprise literature that suggests employees have control over their work (e.g. Addicott, 2011; Aiken, 2006; Borzaga & Depedri, 2009; Borzaga & Tortia, 2006; Bull & Crompton, 2006; Pestoff, 2000; Svanberg et al., 2010; Villeneuve-Smith & Temple, 2015) and high levels of support (Paluch et al., 2012; Williams et al., 2012). It is interesting to note that SEEQ respondents, relative to WERS SEQ respondents, had significantly higher levels of support despite the small amount of social firms/WISEs (2%) identified in the mapping exercise. As previously stated, this particular type of social enterprise is known for providing "supportive work environments that benefit workers" (Paluch et al., 2012, p. 63). This, therefore, suggests that, potentially, even social enterprises that do not identify as social firms/WISEs also provide supportive work environments.

SEEQ respondents also had more control over their start/finish times, i.e. worktime control/temporal flexibility. High quality intervention studies (Joyce et al., 2010) show that increased worktime control results in improved employee work-life balance (Kelly et al., 2011; Pryce et al., 2006) – which itself is a determinant of 'good' work (Marmot et al., 2010). Also, *low* worktime control is longitudinally associated with psychological distress and sickness absence (Ala-Mursula et al., 2004; 2002) and *high* worktime control with reduced sickness absence (Elovainio et al., 2005).

There were significant differences between the SEEQ and WERS SEQ samples with respect to satisfaction with involvement in decision-making, with the former being more satisfied. This was, to some extent, expected, given social enterprises' (debated) participatory nature (Defourny & Nyssens, 2010a; Pestoff & Hulgard, 2016; Ridley-Duff & Southcombe, 2012). This is an important finding because intervention studies have shown that increasing employees' participation in decision-making processes positively impacts upon health and wellbeing. Systematic reviews from Egan et al. (2007) and Michie & Williams (2003), who, combined, reviewed 17 intervention studies, find evidence of improved mental health outcomes, e.g. reduced symptoms of anxiety and depression, following interventions to increase employees' control and participation in decision-making. Involving staff in decision-making has also been found to promote organisational justice, which concerns employees' perceived justice of decision-making procedures (Kivimäki et al., 2005). A lack of organisational justice is thought to negatively influence health through the causal, stress, pathways outlined in Chapter Two and is longitudinally associated with cardiovascular disease (Elovainio et al., 2006; Kivimäki et al., 2005), poor mental health (Elovainio et al., 2003; Kivimäki, Elovainio, Vahtera et al., 2003) and sickness absence (Kivimäki, Elovainio, Vahtera & Ferrie, 2003).

Taking all of these findings together, it is apparent that, in the above respects, the social enterprises comprising the SEEQ sample provide a better quality of work than the organisations in the WERS SEQ sample. SEEQ respondents had significantly more control, support, flexibility, and involvement in decision-making, as well as less exposure to job strain and iso-strain. This does not, however, suggest that any given social enterprise provides better quality work than any given 'normal' organisation. Indeed, there are important differences between the SEEQ and WERS SEQ samples, in terms of the size of the organisations sampled, the areas these organisations are active in, and the type of jobs they provide, that have been shown – as discussed in the literature review – to influence how much control, flexibility, and involvement in decision-making that employees enjoy.

Starting with size, survey data from the UK, US and Spain shows that smaller organisations, relative to larger ones, tend to offer more (i) employee control over work, (ii) temporal flexibility (Idson, 1990) and (iii) involvement in decision-making (García-Serrano, 2011; Tansel & Gazioglu, 2014). This is important, given that the SEEQ sample comprises, primarily, small organisations: almost half (49%) work in organisations employing 10-49 people. The majority of WERS SEQ respondents (37%), however, work in medium organisations, employing 50-249 people. Thus, one might expect greater levels of control, flexibility and involvement in decision-making, purely on this basis. However, all SEEQ respondents, i.e. those working in micro, small and medium-sized organisations, had significantly more control over their work than their WERS SEQ counterparts in similar sized organisations.

In addition, SEEQ respondents' satisfaction with involvement in decision-making did not vary by organisation size, i.e. regardless of what size organisation they worked for, most SEEQ respondents were either 'very satisfied' or 'satisfied' in this respect. The same, however, cannot be said of the WERS SEQ respondents; those working in larger organisations were significantly less satisfied with their involvement in decision-making. It is, therefore, possible that the difference between the two samples in this regard could be attributable to social enterprises' ostensibly participatory nature, i.e. their commitment, discussed in Chapter Two, to involving employees in the decision-making process (Defourny & Nyssens, 2010a; Martin & Thompson, 2010; Pearce, 2003; Pestoff & Hulgard, 2016; Ridley-Duff & Southcombe, 2012). This is consistent with (i) the view that social enterprises 'internalise' a social orientation (Ridley-Duff et al., 2008; Teasdale, 2012a), (ii) qualitative evidence that suggests social enterprises offer an element of participation lacking in the private and public sectors (Amin, 2009), and (iii) the Stage Two interview findings in this study.

While it is significant that SEEQ respondents had more control and satisfication with involvement in decision-making, regardless of organisation size – a finding that *may* be attributable to social enterprises' nature or ethos – caution must be exercised due to important differences between the two samples. Firstly, as previously stated, the SEEQ sample is entirely composed of organisations with similarities to non-profit sector organisations, while the WERS SEQ is not. This is important because findings from the UK Skills Survey 2006 show that those working for non-profits were much more likely to believe, relative to those in the public and private sectors, they had control over their work and involvement in decision-making (Felstead et al., 2007). This is consistent with the view that they are less hierarchically structured than other organisations (Barnabé & Burns, 1994). Thus, the high levels of control

and satisfaction with involvement in decision-making enjoyed by SEEQ respondents may be attributable to characteristics shared by all non-profit organisations and not specific to social enterprises.

Another relevant difference between the samples concerns the type of work respondents did. Almost 60% of SEEQ respondents worked in organisations providing 'human health and social work activities', while only 17% of WERS SEQ respondents did so. This is worth noting because organisations providing public and personal services tend to provide better working conditions, such as increased employee control, relative to other sectors, like manufacturing (Eurofound, 2012; García-Serrano, 2011; van Wanrooy et al., 2013), which comprised almost 10% of the WERS SEQ yet none of the SEEQ sample. Thus, the high levels of control reported by SEEQ respondents could be determined, at least in part, by the type of work they do. However, SEEQ respondents in every industry analysed[53], except those in 'wholesale and retail', reported having more control than WERS SEQ counterparts in the same industries.

Differences between the samples are also evident in respondents' job level. For example, 31% of the SEEQ sample were 'managers, directors and senior officials' and in 'professional occupations', compared to 26% of the WERS SEQ. Also, just over 15% of WERS SEQ respondents worked as 'process, plant and machine operatives' and in 'elementary occupations', while only 0.5% of the SEEQ sample did so. This is important because non-manual, high-skilled occupations, as opposed to manual, low-skilled jobs, offer workers more control (Eurofound, 2012; García-Serrano, 2011; van Wanrooy et al., 2013). It is also plausible that people in these jobs would have more involvement in decision-making given their position in the organisation. This suggests that SEEQ respondents' higher levels of control and involvement in decision-making may be explained by this difference. However, it should be pointed out that SEEQ respondents at every level analysed[54], except 'administrative and secretarial', were found to have more control than their WERS SEQ counterparts working at the same level.

Finally, differences in educational attainment between the two samples suggest that SEEQ respondents would report higher levels of control. Almost 70% of the SEEQ sample had a university degree or higher, compared to 36% of the WERS SEQ. This is significant because cross-sectional studies report a positive association between job control and educational attainment (Bakker et al., 2010; Nilsen et al., 2014). It should be pointed out that

[53] Accommodation and food service; information and communication; administrative and support service activities; education; human health and social work activities

[54] Managers, directors and senior officials; professional occupations; associate professional and technical, caring, leisure and other activities

SEEQ respondents whose highest level of education was GCSE/O Level also had significantly more control than their WERS SEQ counterparts, yet those with no academic qualifications and GCE/A level as their highest level did not.

Thus, while it is evident that SEEQ respondents reported having more control, flexibility and involvement in decision-making, all of which are determinants of 'good' work longitudinally associated, and thought to be causally linked, with several positive health outcomes, the differences between the two samples with respect to factors known to influence work quality, e.g. organisation size, must be kept in mind. It is worth pointing out, however, that the survey findings in this regard are consistent with (i) the Stage Two interview findings, and (ii) the existing, if limited, social enterprise literature.

It is interesting to note that SEEQ respondents with 'no academic qualifications' (5%, n = 10), largely in contrast to other groups, did not score better than WERS SEQ counterparts (6%, n = 1,082) on the following scales: job control; job support; depression-enthusiasm and job satisfaction. This suggests that the apparent benefits, reported here, of working in a social enterprise, may be more likely to be felt by educated employees. This is a potentially significant finding given that participation in social enterprise activity has been proposed as a means to address social inequalities in health (Donaldson et al., 2011; Roy et al., 2013) as it suggests those disadvantaged in the labour market may not benefit. To the same degree, however, circumspection is needed given the low number of observations in this category (n = 10).

Having discussed the findings on demands, control, support, job strain, iso-strain, flexibility and involvement in decision-making, the discussion now turns to the remaining indicators of 'good' work assessed by the survey, i.e. (i) job security; (ii) work-life balance; (iii) number of hours worked, and (iii) amount of training received.

Given that fears over job insecurity were a prominent theme of the interviews conducted in Stage Two, and indications, in the existing literature (e.g. Austin et al., 2006; Moizer & Tracey, 2010; Teasdale, 2012b), that social enterprises offer insecure work, it was anticipated that SEEQ respondents' assessment of their job security would be worse than their WERS SEQ counterparts. However, this was not the case – there was no significant difference between the samples. This is also surprising given that responses to the open-ended survey question on 'the worst things about working for social enterprise' often referred to a perceived lack of job security. Indeed, as discussed earlier, many SEEQ respondents seemed to have concerns over organisation sustainability.

The lack of a difference between samples in this respect, could be, at least partly, explained by the fact that job insecurity is typically a feature of manual, low-skilled jobs

(Marmot et al., 2010; Siegrist et al., 2010), which the SEEQ sample, as stated above, had fewer of compared to the WERS SEQ. In addition, participants with low socioeconomic status are more likely to report job insecurity (Virtanen et al., 2013) and a large majority of the SEEQ sample (69%) had a university degree or higher, which suggests they were not of low socioeconomic status (Nilsen et al., 2014). Nonetheless, this is a surprising, and noteworthy, finding, given the many adverse health outcomes outlined in the literature review, e.g. anxiety (De Witte et al., 2016) and depression (Andrea et al., 2009; Ferrie et al., 2002; Meltzer et al., 2010; Park et al., 2009; Simmons et al., 2009), that are significantly associated and, theoretically, causally linked with job insecurity.

Both number of hours worked (Albertsen et al., 2008; Brun & Milczarek, 2007) and control over start/finish times (Nijp et al., 2012), are considered determinants of work-life balance. Given that SEEQ respondents were significantly less likely to work 'long' hours (more than 48 per week) and had more control over start/finish times than their WERS SEQ counterparts, it is, therefore, not surprising that the former were significantly less likely to agree that they found it difficult to fulfil commitments outside of work due to the amount of time they spend on their job. This is an important finding, given that work-life imbalance is longitudinally associated, and thought to be causally linked, with, for example, depressive symptoms (Frone et al., 1997; van Hooff et al., 2005) burnout (Demerouti et al., 2004; Leiter & Durup, 1996), and reduced wellbeing (Grant-Vallone & Donaldson, 2011). Also, a recent meta-analysis of six prospective and case-control studies, comprising 13,000 participants, reports that long working hours can lead to the development of depressive symptoms (Theorell et al., 2015). Thus, social enterprise employees may, potentially, benefit from a healthy work-life balance and a manageable amount of hours worked as it should allow them time to 'recover' from the demands of their work and 'unwind' (Gervais, 2016; Sonnetag, 2001; van Hooff et al., 2005).

It is, however, possible that SEEQ respondents were less likely to think that work conflicted with their personal life due to a higher proportion of young people, relative to the WERS SEQ, present in the sample. Older people are more likely to have dependents that they must care for, i.e. more demanding personal schedules, and it is plausible that they would be more likely to report work/life conflict on this basis. Also, the fact that SEEQ respondents were less likely to work long hours may be, at least partly, explained by the slightly higher proportion of them working part-time relative to WERS SEQ respondents: 31% compared to 24%. Lastly, it should be pointed out that these findings are, in some respects, inconsistent with the interview findings in Stage Two. Although interviewees, generally speaking, had

control over start/finish times, some reported work-life imbalance due to working too many hours.

Consistent with the interview findings, SEEQ respondents were more likely to have received training than WERS SEQ respondents during the last 12 months. This is, arguably, a reflection of one of the themes, arising from the interviews, relating to the perceived high levels of organisational support for professional and personal development. It is also consistent with available evidence from social firms (Ho & Chan, 2010; Morrow et al., 2009; Paluch et al., 2012; Williams et al., 2012), social enterprises (Bull & Crompton, 2006; Pestoff, 2000; Villeneuve-Smith, 2011) and Italian social co-operatives (Borzaga & Depedri, 2009; Borzaga & Tortia, 2006), that suggests social enterprises are committed to providing opportunities for professional and personal development. This is significant because NICE (2015) and the European Agency for Safety and Health at Work [EU-OSHA] (2013) recommend training and development as integral to workplace health and wellbeing. Cross-sectional evidence shows it positively correlated with job satisfaction (Jones et al., 2009; van Wanrooy et al., 2013), which may, in turn, improve mental health (Faragher et al., 2005; Fischer & Sousa-Poza et al., 2009).

Finally, although not a 'classic' determinant of 'good' work, the interviews suggested that some employees suffered from skill underutilisation, i.e. their job did not give them adequate chance to fully use their skillset, which they felt negatively affected their job satisfaction. This is, according to the findings of several cross-sectional studies (Allen & van der Velden, 2001; Bryson et al., 2014; Green & Zhu, 2010; van Wanrooy et al., 2013), associated with poor health-related outcomes, e.g. job dissatisfaction. However, the survey findings show no significant difference between the SEEQ and WERS SEQ samples in this respect and over half of the former felt their skills were either 'about the same' as what their job required or lower.

In sum, the findings discussed in this section show that, overall, SEEQ respondents rated the psychosocial quality of their work highly and, relative to their WERS SEQ counterparts, had more control over, and support at, work, were less likely to report job strain and iso-strain, had a better work-life balance, were less likely to work long hours, had more flexibility, received more training, and were more satisfied with their involvement in decision-making. These findings are, in the main, consistent with both the interview findings and existing social enterprise literature (as illustrated in the conceptual model on page 264). They are significant because all of these work-related outcomes are longitudinally associated, and thought to be causally linked, with many health outcomes. In particular, they have been

found to be protective against mental health problems, such as anxiety[55] and depression, and physical health problems like MSDs. This is important, given the considerable costs and rising number of workdays lost due to these issues, which affect both the national UK, and local GM, economy.

Despite the fact that these findings are largely consistent with existing social enterprise literature and elements of social enterprises' nature or ethos, i.e. giving employees control via participatory decision-making, the, overall, better quality of work found in the SEEQ sample may be, at least partly, attributable to important differences between the two samples regarding respondent and employer characteristics. All of the organisational-level variables, discussed in the literature review, known to influence work quality, i.e. organisation size, sector, industry and occupation, as well as respondents' educational attainment, suggest that SEEQ respondents would report higher levels of control, flexibility, and involvement in decision-making. This is because the SEEQ sample largely comprises small organisations, with similarities to non-profit sector organisations, active in 'human health and social work activities', with more respondents in high-ranking roles holding a university degree or higher.

While social enterprises in the UK do tend to be small and do share similarities with non-profit sector organisations, recent data suggest only 9% provide 'health care' (Villeneuve-Smith & Temple, 2015), yet 59% of the SEEQ sample worked in organisations involved in 'human health and social work activities'. Also, the mapping exercise carried out for the present research in Stage One found that only 23% provide 'health services'. Although the categories are slightly different, this does cast doubt on the representativeness of the findings: organisation types known to provide, in some respects, 'good' work, may be overrepresented in the SEEQ sample.

Also, non-manual, high-skilled workers with a high level of education may be overrepresented in the SEEQ sample. As discussed, 31% of the SEEQ sample were 'managers, directors and senior officials' or in 'professional occupations', and 69% had a university degree or higher. This is, to some extent, contrary to expectations. Although it is limited, existing evidence, discussed in the literature review, suggests social enterprise employees might have a relatively low level of education, given that they employ those disadvantaged in the labour market, operate in deprived areas, and recruit locally (Reid & Griffith, 2006; Spear & Bidet, 2005; Villeneuve-Smith & Temple, 2015). Also, it is often assumed that work in the social economy is "less skilled" than in other sectors (Amin, 2009, p. 34). The high proportion of SEEQ respondents with high educational attainment and in

[55] It should be pointed out, however, that female SEEQ respondents, on the ONS4 item, 'overall, how anxious did you feel yesterday?', were worse off than their APS counterparts.

high-ranking jobs, may, in part, be explained by the fact that only 2% of GM social enterprises, according to the mapping exercise (Stage One), identify as social firms, i.e. organisations that employ those disadvantaged in the labour market, compared to 14% nationally (Villeneuve-Smith & Temple, 2015). However, this does not explain why the proportion is higher than in the WERS SEQ sample. It may be attributable to another factor, e.g. the relatively low response rate to the survey, which is discussed in more detail in Section 6.4.4.

Despite these differences, it should be pointed out that even SEEQ respondents working in the largest (medium) organisations, active in areas other than 'human health and social work activities', and in low-ranking roles, were still significantly better off than their WERS SEQ counterparts. This suggests that differences in organisational characteristics between the two samples do not explain all of the variation and it is possible that some other factor, such as the aforementioned social enterprise ethos, may be responsible.

Lastly, it was interesting to note that, contrary to expectations, there was no significant difference between the samples regarding respondents' assessment of their job security; it was anticipated that SEEQ respondents might fare worse on this measure in light of the interview findings and existing social enterprise literature. Also surprising was the fact that, on the depression-enthusiasm, job satisfaction, job control and job support scales, SEEQ respondents without qualifications – in contrast to those with them – were not significantly better off. This suggests that the possible benefits of working in a social enterprise are less likely to be felt by those with a low level of education, which could have implications for social enterprises' potential to address inequalities through the provision of 'good' work environments conducive to employee health and wellbeing. However, caution is needed given the low number of observations in this category for the SEEQ sample (n = 10).

6.4.3. Discussion summary

Given the considerable number of different statistical tests carried out and results discussed, it is helpful, for clarity, to provide a brief summary of the key discussion points and how the research questions outlined earlier have been addressed. Firstly, the vast majority of SEEQ respondents were either in 'very good' or 'good' health. Although a chi-square goodness of fit test showed that the distribution was significantly different to that of APS respondents, it is unclear, on this measure, what sample was in 'better' health. In addition, compared to APS respondents, SEEQ respondents had higher levels of happiness, but also higher levels of anxiety.

Secondly, SEEQ respondents' agreement with the emergent statements from the interviews was generally high and agreement was positively correlated with respondents' health and wellbeing for several items, e.g. feeling trusted by management. This provides some support for the potential pathways, through which working in a social enterprise might influence health and wellbeing, identified by the interviews (as indicated by the conceptual model on page 264). Some caution, however, is needed when interpreting the levels of agreement with these items and their association with the health and wellbeing measures.

Thirdly, regarding SEEQ respondents' job-related wellbeing, they scored highly on the depression-enthusiasm (i.e. less likely to feel depressed due to work) and job satisfaction scales – significantly more so than WERS SEQ respondents. These are notable findings, given the costs associated with sickness absence due to depressive symptoms and the health benefits associated with job satisfaction. However, it is unclear whether SEEQ respondents' better scores are attributable to differences in work quality, or differences in respondents' individual characteristics.

Finally, SEEQ respondents, generally speaking, rated the psychosocial quality of their work highly. In addition, it seemed to be significantly better than WERS SEQ respondents'. However, some aspects may be attributable to differences in employee and employer characteristics between the two samples. Levels of job control, flexibility and involvement in decision-making vary according to organisation size, sector, industry, occupation, and level of education. Thus, it is unclear whether these differences between the two samples explain SEEQ respondents', overall, better quality of work, or whether it is attributable to another factor, such as the social enterprise ethos. It is also unclear whether the findings from the SEEQ sample are representative of social enterprises generally. Lastly, it is worth remembering here that even SEEQ respondents in the largest (medium) organisations, active in areas other than 'human health and social work activities', and in low-ranking roles, still reported a better quality of work than their WERS SEQ counterparts. Nonetheless, differences in organisation, and individual, level variables should be kept in mind.

6.4.4. Limitations of the research

In addition to the limitations outlined above that, primarily, drew on the differences between the two samples and how comparable they are, there are important methodological limitations that ought to be addressed. As mentioned, it is difficult to say how representative the SEEQ sample is of social enterprises in GM and the UK generally. In Chapter Four (the mapping exercise) it was shown that the majority of GM social enterprises (61%) are micro

organisations employing 1-9 people. This is consistent with national data, which suggest 57% are micro (Villeneuve-Smith & Chung, 2013). However, most responses to the survey (49%) were from employees working in small organisations employing 10-49 people (n = 104). Ideally, given the influence organisation size can have on employee health-related outcomes and work quality, the proportions of respondents working in different organisations would be equal, or close to, those found during the mapping exercise. Similarly, as discussed, organisations providing health services, which, according to the literature, give employees more control, may be overrepresented, relative to social enterprises generally, in the SEEQ sample.

There is also a risk of bias due to low response rates (Hox & de Leeuw, 1994). Indeed, Parkes and Sparkes (1998) claim that, for adequate representation of the employee group involved in a study, it is important to aim for a response rate of 60% or more. As outlined earlier, steps were taken to ensure the response rate was as high as possible. To some extent, this was successful, illustrated by the fact that, for employees whose individual email addresses were provided, i.e. employees the researcher was able to contact directly, 59 out of 74 employees completed the questionnaire (a response rate of 80%). However, when contacted, most organisations were not willing to share employees' email addresses, preferring to distribute the questionnaire themselves. A total of 205 questionnaires were received from the 53 organisations that did not share employees' email addresses. While it is not possible to calculate the response rate with complete accuracy, it is possible to get an estimate. Using data collected in the mapping exercise (see Chapter Four), it was determined that these 53 organisations employed (roughly) 850 staff; assuming questionnaires were sent to all 850 staff, then, this equates to an approximate response rate of 24% (205 out of 850). Thus, the overall response rate was relatively low, which casts doubt on the representativeness of the findings (Parkes and Sparkes, 1998).

The low response rate could help explain why the SEEQ sample had (i) a high proportion of women (69%) and (ii) high levels of education, with 69% holding a university degree or higher. Comparatively, the WERS SEQ comprised 56% women and 36% with the same level of education. It is possible that women were more likely to respond than men, and that this, partly, explains the differential – indeed, there is evidence that suggests women are more likely to respond to surveys than men, which can affect surveys with low response rates (Chang & Krosnick, 2001; Holbrook et al., 2008). However, the high proportion of women in the sample may be representative of the GM social enterprise sector, and social enterprises generally. As outlined in Chapter Two, available, if limited, data from the social enterprise and voluntary sectors suggests they employ significantly more women (Teasdale et al., 2011).

This does not, however, apply to the findings on education. As mentioned, existing evidence from the social enterprise sector suggests employees would, most likely, have a low level of education, given that they employ those disadvantaged in the labour market, operate in deprived areas, and recruit locally (Reid & Griffith, 2006; Spear & Bidet, 2005; Villeneuve-Smith & Temple, 2015). While a study on Italian social co-operatives concluded that employees were "highly educated" (Borzaga & Depedri, 2009, p. 75), this was based on the fact that 35% had a university degree – significantly below the 69% reported by the SEEQ sample[56]. One possible explanation is the fact that the SEEQ sample, relative to the WERS SEQ, is younger, with 28% of respondents being 'less than 30 years' old compared to 18%. Also, only 20% of the SEEQ sample are 'aged 50 or more' compared to 32% of the WERS SEQ. Recent data from the ONS (2013b) show that graduates' average age is around 30 years old. Thus, one would expect more graduates in the SEEQ sample on this basis. However, the proportion is very high and unlikely explained by this alone. Potentially, it is due to the fact that in surveys with low response rates people with a low level of education can be underrepresented (Chang & Krosnick, 2001; Retzer et al., 2004). Therefore, there is a chance that individuals with higher levels of education were more likely to respond – as a result, this group, which tend to have more job control and, in some respects, higher wellbeing (yet lower job satisfaction), may be overrepresented.

Another issue that could have biased the results, particularly with regards to the job control scale, which SEEQ respondents generally scored very highly on, concerns the length of questionnaire. It is likely that respondents completed the questionnaire at work given that they either received the questionnaire via their work email address or it was distributed via their chief executive or company secretary. As the questionnaire was quite long (16 pages in total), it is possible that respondents with a relatively high degree of control over their work, who were able to dedicate sufficient time to complete the survey during work hours, were more likely to respond, compared to those with less control, thereby, potentially, biasing the findings.

In addition to this, there is evidence of item non-response. Although 264 employees started the questionnaire, only 212 completed the vast majority of it. While high item non-response (relative to mail surveys) and so-called 'abandonment' have been reported as features of online surveys in general (see Saunders, 2011), there is reason to suggest that the particularly long length of the questionnaire, while considered necessary to assess employees' health, wellbeing and work quality, may have led to item non-response (Deutskens et al.,

[56] It should be pointed out here that Borzaga & Depedri's (2009) research is based on data from Italy where levels of education may not necessarily be comparable to the UK.

2004). Indeed, some respondents, in the open-ended question answer boxes, indicated that they felt the questionnaire was too long.

Concerning the measures used, although several were multi-item measures that formed scales, e.g. those used to assess depression-enthusiasm, job satisfaction, job control, and support, some, such as the health item and various indicators of 'good' work, e.g. work-life balance and control over start/finish times, were single-item measures. It has been suggested that single-items are at a disadvantage relative to multi-item measures as more items produce more replies that are more consistent and less prone to distortion (Bowling, 2005). Indeed, single-item measures can suffer from random measurement error and may not adequately assess the domain of a given construct (Netemeyer et al., 1996; Schriesheim et al., 1993). This limitation must be kept in mind when interpreting the results derived from these measures.

A limitation that applies to all the measures used is self-report bias, which is a potential problem when assessing, for example, work characteristics using questionnaires completed by study participants (De Lange et al., 2004; Schnall et al., 1994). The use of and reliance on self-report data for all measures, ranging from health to work quality, makes it difficult to draw definitive conclusions (Spector et al., 1988). It has been questioned whether self-reported data correspond to an 'objective reality', and whether employees' perceptions of their work quality are truly representative of their objective environment (Jex & Beehr, 1991; Karasek et al., 1998; Spector et al., 1988). Indeed, assessments of job demands, control and support, etc., and their relationship with certain health outcomes, have been shown to vary according to whether work characteristics are either self- or objectively assessed, with stronger relationships being reported for the former (Stansfeld et al., 2013).

In addition, personality traits, such as negative or positive affectivity, can either negatively or positively influence employees' perception of the work environment, e.g. how much control they have, how much support is available, etc. (Cheng et al., 2000; De Lange et al., 2004; 2003; Melamed et al., 2011). Given that respondents' personality traits were not measured it is not possible to account for any variation caused by these factors. If anything, there is reason to suggest that SEEQ respondents' affectivity may be more likely to be positive than WERS SEQ respondents', owing to the former's higher scores on the depression-enthusiasm scale and the nature of the work social enterprises do, i.e. their raison d'être being to improve the lives of individuals and communities (Roy et al., 2013). Should this be the case, this could, partly, explain SEEQ respondents', generally speaking, higher scores for wellbeing and work quality. However, this is conjecture. As respondents' affectivity cannot be accounted for, and objective measures of the work environment were not

used, it should not be assumed that the data collected necessarily accurately represent the objective work environment (De Lange et al., 2004; 2003; Jex & Beehr, 1991). This important limitation should be kept in mind.

On a related note, there are, as Stansfeld et al. (2013) point out, some drawbacks to the measurement of work characteristics, which, although generally reliable, may not fully capture the complex nature of individual jobs. In addition, it is worth pointing out that there are other conceptualisations of the relationship between work characteristics and employee health and wellbeing not used in the present study (Nyberg, et al., 2014; Theorell, 2014). For example Siegrist's (1996) effort-reward imbalance model suggests employees' health suffers when exposed to high-effort/low-reward conditions. Also, Kivimäki, Elovainio, Vahtera & Ferrie (2003), argue that working in a climate characterised by a lack of 'organisational justice', i.e. opaque decision-making procedures and inconsiderate treatment from supervisors, negatively impacts upon an employee's health and wellbeing. Inclusion of these measures would have offered a more comprehensive account of respondents' health, wellbeing and work quality. Furthermore, whether psychosocial work factors, i.e. demands, control, support, etc., explain variation in health independently of variables such as status in the community, income and health behaviours has also been questioned (Bartley, 2004; Egan et al., 2007). This may, potentially, be one reason why, despite scoring higher than WERS SEQ respondents on the work quality measures used in the questionnaire, SEEQ respondents' self-rated health was not significantly better than that reported by APS respondents.

Another methodological limitation concerns the cross-sectional nature of the study. While such studies are useful in that they are relatively inexpensive and easy to administer (Carlson & Morrison, 2009), they only provide a 'snapshot' of a group of individuals at a single point in time. As such, it is difficult, if not impossible, to differentiate cause and effect from simple association (Mann, 2003). As cross-sectional studies do not satisfy the temporal requirement necessary to infer causation (De Lange, 2005; Nijp et al., 2012), the correlations observed between respondents' health and wellbeing and, for example, agreement with statements derived from emergent themes in the interviews, such as the trust employees had from their organisation, while significant, do not imply causation. Due to the cross-sectional nature of the study one cannot infer the direction of the relationship.

In addition, that this study type only offers a 'snapshot' in time is potentially relevant for respondents' assessment of their job security. It was found, contrary to expectations, that SEEQ respondents' job security was not significantly different to the WERS SEQ. This may be, at least partly, explained by the fact that when the data for the WERS SEQ were collected, in 2011, the UK economy was in better shape. Between 2011 and 2012, growth averaged

1.1%, while in 2014, when the SEEQ respondents filled out the questionnaire, it was 2.6% (World Bank, 2015). The comparatively positive state that the economy was in when the SEEQ data were collected may explain why a difference, which was expected, was not found.

The absence of a significant difference between SEEQ and WERS SEQ respondents in this respect could also be explained, in part, by the small sample size. A small sample reduces the power to detect statistically significant differences (Marley, 2014). Thus, SEEQ respondents may have felt less secure in their jobs compared to WERS SEQ respondents but the small sample size meant that no difference was found.

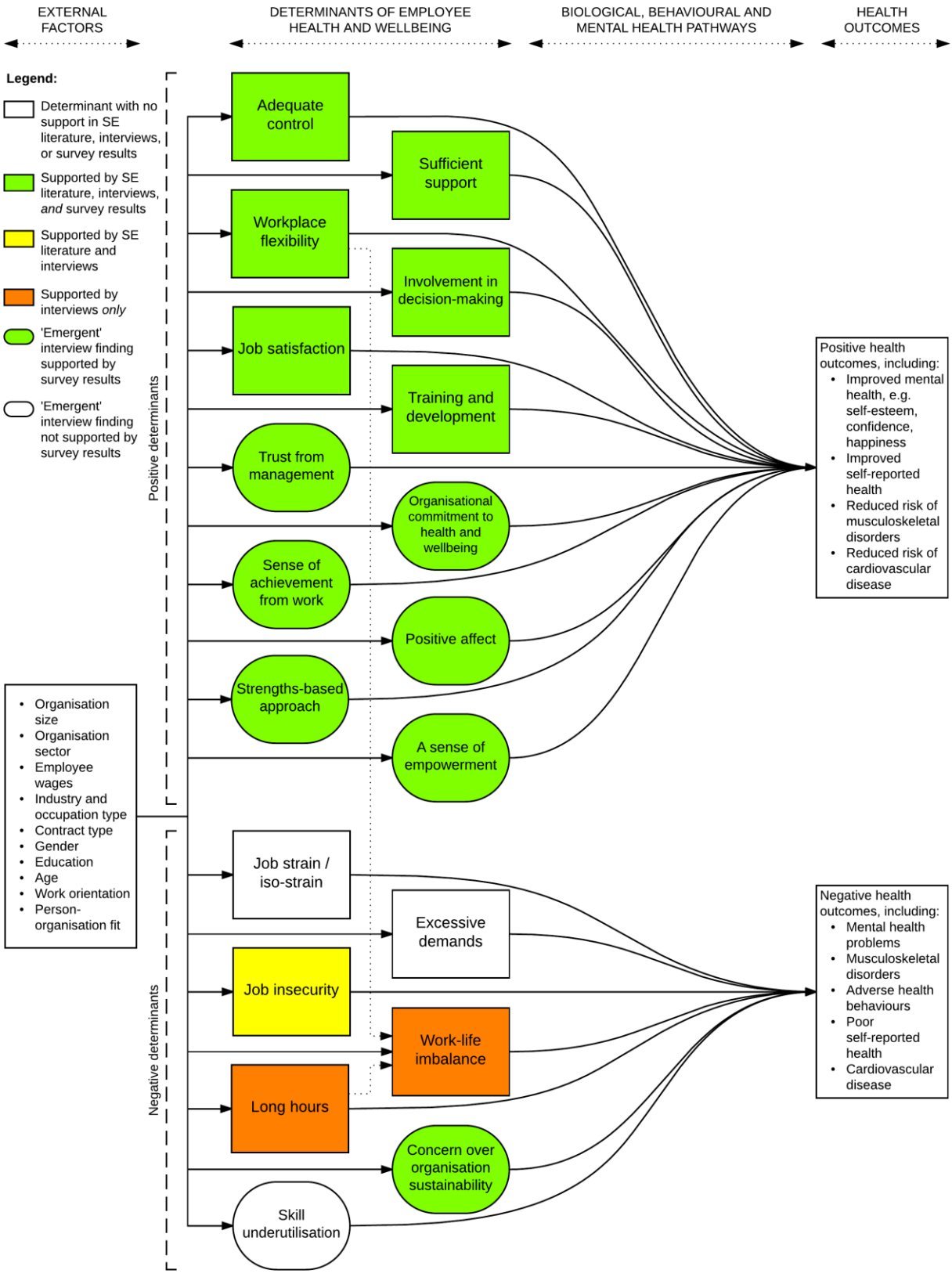
Finally, due to the large number of statistical tests conducted (in excess of 100), there is the possibility of type 1 error, i.e. the probability of rejecting the null hypothesis when it is in fact true (Cohen, 1992). An implication of this is that, at the $p < 0.05$ level, if 20 inference tests are carried out, then it would be expected that the null hypothesis (i.e. no difference between groups or associations between conditions) would be incorrectly rejected on one occasion. To attempt to reduce the number of statistical tests used, tests were only conducted (as outlined earlier) when there a rationale for them, i.e. when it was reasoned that two variables might be related in some way. For example, the interview findings (Stage Two), and the literature, suggested employees' experience of working in a social enterprise might vary according to the size of the organisation they worked for, thus, statistical tests were used to determine whether there was an association between these variables. Furthermore, the vast majority of the significant associations that were found were at the 0.01 level, rather than 0.05, which reduces the probability of type 1 error, as the chance of incorrectly rejecting the null would occur only 1 in 100 times. Using multivariate statistical models, where many variables are investigated simultaneously, can reduce the type 1 error rate. However, the relatively small sample size (212) compared to the large number of survey items meant that this was not feasible for this dataset (Tabachnick & Fidell, 2001).

6.5. How the survey results contribute to the conceptual model

Before concluding, the model, arising from the literature review, interview findings, and survey results, of how working in a social enterprise might impact on employee health and wellbeing, is presented (see Figure 6.2 on page 264). As with the previous versions of the model, outlined in Chapters Two and Five, it illustrates the relationship between the components of 'good' work and various positive, and negative, health outcomes, and the potential role of social enterprise in that relationship. It shows that, in many respects, the survey results are consistent with the literature review and interview findings. Items in boxes,

e.g. ‘adequate control’, represent health determinants identified by the literature review and those in circles, e.g. ‘trust from management’ represent health determinants – potential pathways through which working for a social enterprise might influence health and wellbeing – arising from the interviews. Green shading indicates that the survey results provide supporting evidence for determinants identified by the literature review and interviews. With the exception of ‘skill underutilisation’, the survey results provided some support for all of the emergent interview findings. While the majority of the survey results were consistent with the interview findings, there was no indication, amongst SEEQ respondents, of job insecurity, work-life imbalance and long hours, relative to WERS SEQ respondents. As with the literature review and interview findings, the survey results did not find evidence of social enterprise employees experiencing job or iso-strain and excessive demands. Again, the model also depicts how the determinants of employee health and wellbeing are influenced by organisational- and individual-level factors.

Figure 6.2. The model of how working in a social enterprise might impact on employee health and wellbeing, following Stage Three



SE = social enterprise; the dotted lines going from 'workplace flexibility' and 'long hours' to 'work-life imbalance' indicate that, according to the literature review and interviews only*, the latter is determined, at least in part, by these two factors*

6.6. Concluding comments

This stage of the research further develops the model of how working in a social enterprise might impact on health and wellbeing. It has shown that, relative to respondents of the most recent WERS SEQ and 2014 APS, a sample of employees working in social enterprises across GM report, in some respects, better wellbeing and, overall, a better quality of work. It also provides support for the potential pathways, identified in the interviews, through which working in a social enterprise might impact on employee mental and physical health and wellbeing outcomes. These are significant findings, given the considerable economic costs and public health problems, e.g. sickness absence due to anxiety and depression, that are, theoretically, caused by adverse working conditions. These findings could be attributable to elements of social enterprises' nature or ethos, i.e. giving employees control via participatory decision-making – as suggested by the interview findings and some existing literature. However, they could also be explained by differences between the two samples with respect to individual-level factors, e.g. demographics and personality traits, or organisational-level factors, such as size, sector, and industry, all of which have implications for employee health-related outcomes and work quality. It is also unclear whether these findings are representative of social enterprises generally. Organisations active in health-related services, and well-educated employees in high-ranking jobs may be overrepresented. In addition, methodological limitations prevent firm conclusions: (i) many measures are single-item, which can be unreliable and (ii) all measures are based on self-report, which are prone to bias due to personality traits that have not been accounted for. Thus, it should not be assumed that the findings necessarily reflect respondents' objective work environment. Notwithstanding these limitations, this stage of the research offers valuable insight into the research questions set out at the beginning of the chapter and the results are, in the main, consistent with the interviews conducted in Stage Two and existing social enterprise literature.

CHAPTER SEVEN — CONCLUSIONS

7.1. Introduction

As the findings from each stage of the research have been discussed in their respective chapters, this chapter aims to draw out the key findings, and contributions, arising from the study overall. It begins with an overview of the thesis, which outlines the overall aim of the research and research questions that each stage set out to answer. This is followed by a discussion of the main findings, their contribution, and significance. Then, the key contributions to the social enterprise literature are addressed, before considering the main limitations of the study. Finally, the implications for practice and further research are outlined, followed by the conclusion.

7.2. Overview

Adverse psychosocial work environments, i.e. a lack of 'good' work, are implicated in the aetiology of both mental and physical health problems. As such, the importance of 'good' work, as a means of improving, and addressing inequalities in, population health, has been recognised at local, national and international level by government bodies including NICE, Public Health England (PHE) and EU-OSHA. It also underpins policy recommendations made by the recent Marmot Review. Increasing the provision of 'good' work could help address the considerable, and in some cases rising, costs associated with stress, depression, anxiety and MSDs, which are responsible for a significant proportion of sickness absence in the UK – which, given current demographic trends, could increase. With an economy recovering from a recent recession (in 2007-2008), government, and business, would welcome a reduction in these costs. The area of GM, too, may benefit in particular, given the prevalence of mental and physical health problems and the negative impact that the recession, and subsequent spending cuts, have had on the region.

Following the global economic recession, social enterprises have been able to advance their arguments for alternative forms of economic organisation and, in the context of austerity and reduced public spending, there is, arguably, an opportunity for social enterprises to 'step in' and 'fill gaps' where the state and markets have retreated or failed. They currently represent a significant, if small, share of the UK economy, numbering around 70,000 and have been attracting increased attention from policymakers in recent years; playing an increasingly important role in the delivery of public services. Many consider social

enterprises to be participatory in nature and some are set up to provide supportive work environments that benefit workers. Their social mission, the improvement of lives and communities, could, potentially, serve as an incentive to provide work environments conducive to employee health and wellbeing. Indeed, it has been suggested, recently, that participation in social enterprise activity may act as a health 'intervention' (Roy et al., 2013). There is some evidence, though limited, to suggest social enterprises do provide 'good' work – showing an 'ethic of care' towards staff – thought to positively impact upon employee health and wellbeing. However, it is subject to several limitations and there is, overall, a lack of knowledge on what it is like to work for a social enterprise.

Thus, the overall aim of the present study was to explore the impact of working in a social enterprise on employee health and wellbeing through the lens of 'good' work. To do this, a mixed-methods study was carried out, which answered the following research questions:

1. What existing evidence is there that social enterprises provide 'good' work conducive to employee health and wellbeing?
2. What is the existing evidence for how 'good' work positively impacts upon employee health and wellbeing?
3. What are the other factors that potentially influence the relationship between work and health?
4. How might the provision of 'good' work benefit the UK generally and Greater Manchester in particular?
5. What is the model, arising from the literature review, of how working in a social enterprise might impact upon health and wellbeing?
6. What is the profile of the social enterprise sector in Greater Manchester?
7. What factors do social enterprise employees perceive impact on their health and wellbeing at work?
8. Do social enterprise employees perceive that social enterprises provide 'good' work conducive to their health and wellbeing?
9. How do social enterprise employees describe their experience of working in a social enterprise and how does this compare to their previous work experience?
10. How do social enterprise employees rate their health and wellbeing?
11. How do social enterprise employees rate the psychosocial quality of their work environment?

12. How do social enterprise employees, in the above respects, compare with respondents to a UK survey of (i) employees (the Workplace Employment Relations Study Survey of Employees) and (ii) the population (Annual Population Survey)?

Questions 1-5 were addressed by the literature review. It found: some (limited) evidence that social enterprises provide 'good' work; a vast body of literature on the relationship between the components of 'good' work and health and wellbeing; that this relationship is affected by organisational- and individual-level factors, e.g. organisation size and demographic factors; and how the increased provision of 'good' work may improve population health, and, in part, reduce the costs of health problems associated with it. On the basis of the review, a model of how working in a social enterprise might impact on health and wellbeing was constructed (see page 80). This model was developed in, and partly evidenced by, subsequent stages of the research, which addressed the remaining research questions: 6-12. An overview of these stages is provided below.

The first stage (see Chapter Four), which answered question six, comprised a mapping exercise. Due to the lack of up-to-date information available on the sector, with the most recent survey being conducted in 2006, an updated directory was required. This stage aimed to identify the different types of social enterprise operating in the region, with respect to their size, type, origins and legal status. This provided some limited insight into the type of work GM social enterprises provide. The resultant directory served as a platform for the two subsequent research stages. It enabled the selection of a sample of organisations, that broadly represented the GM social enterprise sector, to draw interviewees from and, later, to distribute questionnaires to.

Stage Two (reported in Chapter Five), which answered questions 7-9, explored employees' experience of working in a social enterprise, how it compared with previous work experience, what impacted on their health and wellbeing at work and whether they perceived their work was 'good' work. Qualitative, semi-structured interviews were conducted with 21 social enterprise employees from a sample of organisations that broadly represented the GM social enterprise sector. Given the exploratory nature of this stage of the research, a qualitative approach was considered appropriate. The findings from the interviews, which contributed to the conceptual model (see page 182), informed the development of a bespoke questionnaire, distributed in the following stage.

The third, and final, stage of the research (see Chapter Six), which answered questions 10-12, involved the distribution of the questionnaire, developed with the qualitative findings in mind, to all of the social enterprises identified by the mapping exercise – and analysis of

the results. The SEEQ, which covered both the *a priori* and emergent interview findings, assessed social enterprise employees' health, wellbeing and perceived work quality. Questions on self-rated health, evaluative, eudaimonic and hedonic wellbeing (ONS4), were taken from the APS. Questions on work quality, job satisfaction, and job-related wellbeing (Warr's anxiety-contentment and depression-enthusiasm scales) were taken from the WERS SEQ. The APS and WERS SEQ have a sample size of 163,000 and 22,000 respectively. This provided a basis of comparison for the 212 questionnaires completed by social enterprise employees working in GM. The questionnaire results contributed to the final version of the conceptual model, on page 264.

7.3. Main findings

Given that the findings from each stage of the research, and how they answer the research questions outlined above, have been discussed in their respective chapters, they will not be repeated here. Instead, this section will focus on the study's main findings, their contribution, and significance, before outlining key contributions to the social enterprise literature.

The main contribution of this thesis is the conceptual model, which illustrates, in a number of ways, how working in a social enterprise might positively impact upon employee health and wellbeing, partly evidenced by the empirical research. The model was initially developed following the literature review, which shows the relationship between the components of 'good' work and a number of physical and mental health outcomes (page 80). It also highlights the components of 'good' work that, according to the social enterprise literature, may be present in social enterprises.

The findings from the qualitative interviews, carried out in Stage Two contributed to the model (page 182). By and large, they provided support for what was found in the literature review. Social enterprise employees reported having:

- Adequate control
- Sufficient support
- Workplace flexibility
- Involvement in decision-making
- Job satisfaction
- Training and development

Interviewees, in particular, cited the high levels of support they received, and workplace flexibility they enjoyed, as positively impacting on their health and wellbeing. These components of 'good' work are significantly, longitudinally associated – and thought to be causally linked – with a number of positive health outcomes. There was also no evidence that interviewees were suffering from job or iso-strain, or excessive demands at work. In addition, the interviews revealed a number of ways, not anticipated by the literature review, that suggest working in a social enterprise can positively impact on employee health and wellbeing. Interviewees, generally speaking, reported that they benefitted from:

- Trust from management
- A perceived strong organisational commitment to employee health and wellbeing
- A sense of achievement from work
- High levels of positive affect
- A strengths- and assets-based approach, applied internally
- A sense of empowerment

Despite these positives, interviewees spoke of fears over job insecurity, which was anticipated by the literature review. However, contrary to the literature, they also reported work-life imbalance and long working hours. In addition, interviewees were concerned about the financial sustainability of their organisation, and some complained about a lack of skill utilisation – both emergent findings.

The model was developed further, following analysis of the questionnaires distributed in the third stage of the research (page 264). The responses from social enterprise employees were compared to results from the APS (health and wellbeing) and WERS SEQ (work quality and job-related wellbeing). It was found that, overall, social enterprise employees reported a significantly better quality of work than WERS SEQ respondents. They had more control, support, flexibility, satisfaction with involvement in decision-making, job satisfaction and opportunities for training and development. They were also significantly less likely to report job or iso-strain. This is, perhaps, reflected in their significantly higher levels of happiness, relative to APS respondents, and better scores on the depression-enthusiasm scale, relative to WERS SEQ respondents. Thus, the findings from this stage were, by and large, consistent with Stage Two, i.e. social enterprise employees reported having 'good' work.

The questionnaire results also provided support for the emergent interview findings, i.e. potential pathways through which working in a social enterprise might improve health and wellbeing. For example, over half of the social enterprise employees surveyed agreed that

'social enterprises treat their staff better than other types of organisations', supporting the interviewees' claim that their employer was committed to employee health and wellbeing. In addition, almost 80% of social enterprise employee survey respondents agreed that (i) their organisation 'trusts its staff', (ii) their organisation 'focuses on employees' strengths, i.e. what they can do, rather than what they cannot do'; and (iii) they 'get a better sense of achievement working for a social enterprise than in other types of organisations'. Also, agreement with these items was positively correlated with SEEQ respondents' self-rated health and wellbeing. However, there was also support for one of the negative determinants highlighted by the interviews: concern over organisation sustainability. Some caution is needed when interpreting the levels of agreement with these statements. It is possible, due to the difficulties inherent in distilling a complex qualitative theme into a questionnaire item, that some of the meaning and context in which it emerged may be lost on survey respondents. In addition, the cross-sectional nature of the survey should be kept in mind when considering the correlations between agreement with these items and respondents' health and wellbeing.

While the survey results were, in the main, consistent with the interview and literature review findings, social enterprise employee respondents' assessment of their job insecurity, contrary to expectations, was not significantly worse than WERS SEQ respondents'. In addition, although interviewees reported work-life imbalance, working long hours and skill underutilisation, social enterprise employees that responded to the SEEQ were significantly less likely to report work-life imbalance, and long work hours, than WERS SEQ respondents. Also, SEEQ and WERS SEQ respondents did not differ with respect to skill utilisation.

Thus, the conceptual model, produced by the present research, illustrates a number of ways that working in a social enterprise might positively impact upon employee health and wellbeing. In one respect, social enterprise employees seem to benefit from the provision of 'good' work, the components of which are, theoretically, causally linked with a number of health outcomes. For example, high levels of control, support and flexibility have been found to be longitudinally associated with improved mental health and wellbeing outcomes and a reduced risk of developing MSDs and cardiovascular problems. These relationships are underpinned by the hypothesised causal mechanisms outlined in Chapter Two, which involve biological, behavioural and mental health pathways. Consistent with this, interviewees, generally speaking, cited the high levels of support and flexibility they had at work as positively impacting on their health and wellbeing.

In another respect, social enterprise employees also seem to benefit from aspects of working in a social enterprise not anticipated by the review, i.e. in addition to 'good' work. For example, while the importance of trust in the workplace has been recognised as important

for employee health and wellbeing, little is known about the mechanisms involved. The interview findings, however, provide some insight: interviewees reported that feeling trusted by management improved their confidence, happiness and self-worth. In addition, they perceived that their organisation was strongly committed to employees' health and wellbeing, manifested, in part, by the very high levels of personalised support they received, which helped them deal with stress and generally improved their sense of wellbeing. The importance of a caring workplace culture is underlined by recent NICE guidelines and it is hypothesised that such an approach can help employees deal with health problems, such as aches and pains presented by MSDs, and prevent them from escalating. Furthermore, strengths- and assets-based approaches, in other contexts such as community development, have positive mental health implications, e.g. improved self-esteem, pride and motivation and high levels of positive affect have been shown to protect against adverse health outcomes and promote healthier lifestyles.

Each of these components of 'good' work, and the emergent aspects of working in a social enterprise, represent potential pathways through which working in a social enterprise might improve employees' health and wellbeing. The overall findings are consistent with the high 'ethic of care' that social enterprises have been reported to show towards staff and reflects what several interviewees considered integral to the social enterprise 'ethos': treating staff 'well' and 'putting people first'. This is, arguably, reflected in the significantly higher levels of happiness reported by SEEQ respondents, compared to APS respondents, and their significantly higher scores on the depression-enthusiasm scale compared to WERS SEQ respondents, i.e. SEEQ respondents were less likely to report feeling depressed, gloomy or miserable as a result of their job.

However, the model also illustrates that social enterprise employees may be concerned about the financial sustainability of their employer, which could negatively impact on their health and wellbeing. That SEEQ respondents were more likely to report feeling anxious than APS respondents is arguably a reflection of this. In addition, the results on the self-rated health measure were inconclusive: it was not clear whether SEEQ respondents reported significantly better health, or not, than APS counterparts.

Some caution is needed when interpreting the model because, as it indicates, the determinants of employee health and wellbeing are influenced, in part, by certain organisational- and individual-level factors. Some of these are particularly relevant to this study. For example, organisation size, and type, affect work quality: smaller organisations, providing social, public and personal services, tend to give staff more control, flexibility and opportunities to be involved in decision-making. This is relevant because interviewees,

exclusively, worked in either micro or small organisations and, primarily, health and community services. Stage Three, to some extent, addressed this: survey respondents worked in micro, small *and* medium-sized organisations in a number of industries (though mainly health-related). Nonetheless, it suggests that the findings may not be applicable to employees working in larger social enterprises active in different industries. For example, an employee working in a social enterprise in the manufacturing industry may be less likely to report a 'sense of achievement from work' than one in the health services industry.

Having said that, it should be pointed out that all SEEQ respondents, regardless of what size organisation they worked for, or what industry they worked in (except those in 'wholesale and retail'), had significantly more control over their work compared to WERS SEQ respondents. In addition, SEEQ respondents' satisfaction with involvement in decision-making did not vary by employer size, yet, for WERS SEQ respondents, it did. This suggests that the high levels of control and satisfaction with involvement in decision-making reported by SEEQ respondents may not be contingent on organisation size and industry and, therefore, may – potentially – be applicable to those working in larger social enterprises in different industries.

In addition to the influence of organisational-level factors, the model indicates that those at the individual-level also play a role. The interviews gave some insight into the type of person that works in a social enterprise. Most interviewees were female (13 of 21), aged 25-44, well-educated and worked full-time. SEEQ respondents had similar characteristics. The literature suggests that women tend to report higher job satisfaction than men and educational attainment is positively correlated with job control. This may, partly, explain the high levels of job satisfaction and control found in the interviews. Also, SEEQ respondents' higher levels of satisfaction and control, relative to WERS SEQ respondents, who comprised fewer women and had lower educational attainment, may be attributable to these differences. However, SEEQ men were more satisfied than their WERS SEQ counterparts. Having said that, SEEQ respondents without a degree (except those whose highest attainment was GCSE/O Level) did not report more control.

The influence of personality characteristics should also be considered. Interviewees seemed to have an intrinsic orientation and share their employers' values, i.e. P-O fit. Although respondents' personality was not directly assessed, the SEEQ results suggested the same. Intrinsically oriented employees draw more satisfaction from intrinsic aspects of work, e.g. job control, and P-O fit is positively correlated with job satisfaction. This could partly explain interviewees' high job satisfaction. Also, it could explain why SEEQ respondents' job satisfaction was significantly higher than WERS SEQ respondents', who may be less likely to

be intrinsically motivated or share their employers' values. As such, the high level of job satisfaction reported by interviewees and SEEQ respondents, as indicated by the model, may not necessarily extend to those with a different work orientation or limited P-O fit.

Thus, some of the benefits of working in a social enterprise, as illustrated by the model, may be dependent, at least to some degree, on these organisational- and individual-level factors. It is difficult to draw firm conclusions on the basis of this study alone. Nonetheless, the findings are consistent with the view that social enterprises are participatory in nature and provide supportive work environments (even though few sampled organisations identified as a social firm or WISE). They also suggest social enterprises' social mission may, in fact, serve as an incentive to provide working conditions that benefit workers, and support the, albeit limited, evidence that indicates social enterprises show an 'ethic of care' towards staff, providing 'good' work environments that positively impact upon employee health and wellbeing.

The findings from the present research, therefore, provide tentative evidence that social enterprises provide 'good' work and that working in a social enterprise can, potentially, improve, particularly mental, health and wellbeing in a number of ways. This is significant for several reasons. Firstly, from a policy point of view, the importance of 'good' work and the contribution it can make to improving population health, and addressing health inequalities, has been recognised at local, national and international level. Both Manchester and Salford City Councils, and Health and Wellbeing Boards, have cited the provision of 'good' work as a means of addressing some of the health problems faced by the region, e.g. prevalence of mental and cardiovascular health problems. Recently published NICE guidelines also stress the importance of giving workers adequate control, sufficient support, and involvement in decision-making. In addition, PHE, and policy recommendations from the recent Marmot Review, highlight the need for increased access to, and provision of, 'good' work to improve population health and address inequalities. This is further underlined by calls from international health organisations, including the International Labour Organization, Eurofund and EU-OSHA, to improve the psychosocial quality of work.

These recommendations are based on the vast body of literature that shows the link between the components of 'good' work and several physical and mental health outcomes. For example, job strain, which, as the model indicates, social enterprise employees did not report, is, theoretically, causally associated with poor mental health outcomes, e.g. anxiety and depression, and physical health outcomes, e.g. MSDs and cardiovascular disease. In addition, high levels of control, support and flexibility, which as the model shows, social enterprise employees enjoyed, is longitudinally related, and thought to be causally linked,

with improved mental health outcomes and reduced risk of MSDs and cardiovascular disease. Furthermore, there is also support in the literature for the positive health implications, primarily mental, of job satisfaction, involvement in decision-making and receiving training and development – all of which were reported by social enterprise employees.

The emergent aspects of working in a social enterprise, which were identified in the interviews and largely supported by the survey results, also have the potential to positively impact on social enterprise employees' mental health. SEEQ respondents' higher levels of happiness than APS respondents, and better scores on the depression-enthusiasm scale than WERS SEQ respondents, arguably reflect this. Although social enterprise employees did report concerns over organisation sustainability, it is particularly significant that these organisations, overall, were found to provide work environments considered conducive to improved physical and mental health and wellbeing given the considerable economic costs attributed to a lack of 'good' work.

In the UK, MSDs and mental health problems including stress, anxiety and depression, comprise a large proportion of workdays lost, and, in recent years, the number of days lost to depression and anxiety has increased. Mental health problems now account for an increasing amount of Employment and Support Allowance and Incapacity Benefit claims and the most common causes of work-related stress, anxiety and depression are excessive demands, a lack of support and control. Also, while premature deaths due to cardiovascular disease have declined in recent years, they still represent an important public health concern. These problems present considerable economic costs and reducing exposure to adverse psychosocial work environments, and increasing the provision of 'good' work, could, in part, go some way towards addressing them. Both government and business, in the context of recovering from recession and public spending cuts, would welcome this. Areas like Manchester, in particular, may benefit, given the prevalence of mental health problems and large proportion of Incapacity Benefit claimants citing mental illness. In addition, cardiovascular disease is the greatest cause of premature death in Manchester – significantly more so than in the rest of the UK, with it being dubbed the 'heart disease capital of England'.

These already significant costs could increase. Current demographic trends, combined with an increasing statutory retirement age, suggest the workforce of the future will be older. Older people are at greater risk of MSDs and cardiovascular disease. Also, health problems in general, as well as sickness absence from work, increase with age. The importance of providing 'good' work that protects and promotes employees' health and wellbeing will, therefore, become increasingly important.

By providing work environments that, as illustrated by the model, may positively impact on employee health and wellbeing, social enterprises could, potentially, represent an innovative solution, in part, to these significant public health problems and economic costs. One of the main obstacles to increasing the provision of 'good' work, according to Siegrist et al. (2010), is resistance from employers, who are unwilling to invest in measures, over the long-term, to improve employees' work quality and, in turn, their health and wellbeing. The findings from the present research suggest there may be less resistance, in this regard, from social enterprises, given their strong commitment to employee health and wellbeing reported in this study.

To contribute on a larger scale, social enterprises would need to grow in number – there is scope for this to happen. The most recent 'crisis of capitalism', manifested by the 2007-2008 global recession, allowed alternative forms of economic organisation, such as social enterprises, to advance their cause. Subsequent public spending cuts in many countries across the world, including the UK, could represent an opportunity for them to grow. Where markets, and the state, have retreated, or failed, social enterprises may be able to 'step in' and fill this void. They have been attracting increased attention from policymakers in recent years and successive governments have promoted their involvement in delivery of public services. Although some claim this is a cover for reductions in state spending, it is also seen as a chance for social enterprises to grow and a 'space' to fill. Already, they are involved in the delivery of public services and play an increasingly important role in the delivery of NHS-funded care. Their explicit social mission may be of particular benefit following the recent passing of the Public Services (Social Value) Act 2012, which requires commissioners to consider the wider social impact that organisations can provide.

Areas like GM may (i) be fertile ground for social enterprises and (ii) have a lot to gain from them playing a bigger role in the region. On the first point, if one accepts the argument that public spending cuts give social enterprises space to develop, then Manchester, whose council, between 2010/11 and 2015/16, experienced the eighth largest cut per resident to its spending power out of all councils in England, may be a suitable location. Also, the recent 'devolution agreement' between UK government and GM, which has seen power over a range of public services devolved to the region is considered by some in the local social enterprise sector as an opportunity to increase their involvement in, and help shape, the delivery of local services.

On the second point, the benefits of 'good' work, as stated, have been recognised by Manchester and Salford City Councils, and their Health and Wellbeing Boards, as a possible solution to some of the health problems faced by the region. The 'good' work social

enterprises provide, and the additional ways that working in a social enterprise might improve health and wellbeing – as indicated by the model – could, therefore, be particularly welcome in an area with prevalent mental health and cardiovascular problems.

In sum, the findings from the present study provide tentative evidence that social enterprises provide 'good' work and that working in a social enterprise might, in a number of ways, potentially improve employees', particularly mental, health and wellbeing outcomes. This is significant, primarily, because of the considerable costs presented by health problems associated with adverse psychosocial work environments. However, some caution is needed given the concern social enterprise employees had over organisation sustainability.

7.3.1. Contributions to the social enterprise literature

In addition to providing a model of how working in a social enterprise might impact upon employee health and wellbeing, this thesis makes several contributions to the social enterprise literature. Firstly, the mapping exercise, carried out in Stage One (see Chapter Four), by combining data from a range of different sources, represents the most recent and comprehensive attempt at mapping the GM social enterprise sector to date (the last attempt was made in 2006). It identified 177 organisations in various organisational and legal forms, pursuing their social mission in a number of different ways. Given the growing interest in social enterprises from policymakers in recent years, and their increasing involvement in the delivery of public services, an interest in the scale and size of the sector, and what proportion of the economy it may represent, has grown (Lyon et al., 2010; Lyon & Sepulveda, 2009). Thus, this stage of the research addresses, in part, this important gap in the current knowledge.

Secondly, the qualitative, semi-structured interviews, carried out in Stage Two (see Chapter Five), represent one of few attempts made to explore the experience of what it is like to work in a social enterprise. Much of what has been written about social enterprise has focused on their definition and theories to explain their recent proliferation. As Amin (2009) points out, little is known about the experience of working in a social enterprise. Even less, as indicated by the recent systematic review by Roy et al. (2014), is known about what impact it might have on employee health and wellbeing. Thus, this stage generated valuable insight into the experience of working in a social enterprise in GM, whether employees perceived that their work was 'good', or not, and what impacted on their health and wellbeing.

Thirdly, the survey, conducted in Stage Three (see Chapter Six), which used a unique, bespoke questionnaire, developed specifically for social enterprise employees, represents the

first quantitative account of UK, GM social enterprise employees' health, wellbeing and work quality. It is comparable, in some respects, to the work of Pestoff (2000), who looked at the work quality of Swedish social enterprise day care centre workers relative to municipal day care centre workers, and, to some extent, surveys of Italian social co-operative workers (Borzaga & Depedri, 2009; Borzaga & Tortia, 2006). It also offers unique insight into how social enterprise employees' health, wellbeing and work quality, compares with respondents to a UK survey of employees (WERS SEQ) and the population (APS).

Fourthly, the interviews and the survey, combined, provide an indication of what type of person works in a social enterprise. Currently, there is a lack of information available on this. From what was available, it was surmised that social enterprise employees would, largely, be female and, to some extent, have low levels of education. In line with expectations, the majority of employees were women, comprising almost 70% of SEEQ respondents. However, contrary, in some respects, to expectations, almost 70% of SEEQ respondents had a university degree or higher. These characteristics have important implications for employees' assessment of their health, wellbeing and work quality, which were addressed in the previous chapter. Given the lack of knowledge on the type of person that works in a social enterprise, these findings represent an important contribution.

The interviews and the survey also offered insight into social enterprise employees' personality. Interviewees derived satisfaction from intrinsic aspects of their work, e.g. its social impact, having control, being involved in decision-making, and they seemed to share their employers' values, goals and mission. Survey findings indicated that SEEQ respondents shared these characteristics. This finding was in line with expectations – existing evidence, from Italian social co-operatives (Borzaga & Depedri, 2009) and UK social enterprises (Amin, 2009), suggested social enterprise employees might have an intrinsic orientation and benefit from P-O fit. This evidence is, however, limited, therefore, the findings from the present research make a contribution in this regard. Having said that, caution is needed given that the SEEQ did not directly measure these characteristics.

Furthermore, the findings from this thesis contribute to the debate regarding social enterprises' participatory nature. As stated, it is, for many, a defining characteristic of social enterprise (e.g. Defourny & Nyssens, 2010a; Pearce, 2003; Pestoff & Hulgard, 2016; Ridley-Duff & Southcombe, 2012), while others, such as Ohana et al. (2012, p. 1093), suggest participation in decision-making is "far from pervasive in social enterprises". The interview and survey findings provide support for the view that social enterprises are participatory, i.e. they "*internalise* a social orientation" (Ridley-Duff et al., 2008, p. 7). Interviewees spoke of their ability to contribute to decision-making and SEEQ respondents were very satisfied with

their involvement in decision-making – significantly more so than WERS SEQ counterparts employed in similar sized organisations. This is an important finding given that, as shown by the mapping exercise, fewer than one in five (17%) GM social enterprises identify as co-operatives, i.e. organisational forms one would expect to embrace participatory governance.

The findings are also consistent with qualitative research by Amin (2009) on social enterprise employees in Bristol, UK. He found that they "spoke of an ethic of care and social participation" (Amin, 2009, p. 46). This is reflected in key themes emerging from the interviews. Interviewees perceived a strong organisational commitment to their health and wellbeing and several attributed this to the social enterprise 'ethos', which they considered to be treating staff 'well' and 'putting people first'. The survey findings provided some support for this; the majority of SEEQ respondents agreed that 'social enterprises treat their staff better than other types of organisations'.

Finally, the overall findings from the present study align with recent research that suggests social enterprises have the potential to make a positive contribution to population health, not by 'delivering' health services to service users (Donaldson et al., 2014), but instead through involvement in social enterprise activity itself (Roy et al., 2014). In this sense, Roy et al. (2013) argue that participation in social enterprise activity can be thought of as an 'upstream' health intervention, acting to improve health outcomes and address inequalities. The present study, therefore, partly evidences a potential mechanism – the provision of 'good' work environments conducive, in a number of ways, to employee health and wellbeing – by which working in a social enterprise may result in improved health outcomes. However, whether they can address inequalities, on the basis of this research, is less clear (as discussed in the previous chapter and in the following section).

7.4. Limitations of the research

As the limitations of each stage of the research have been discussed in their respective chapters, they will not all be repeated here. Instead, this section will focus on the key limitations of the research that should be kept in mind when considering the work presented in this thesis. Firstly, an important limitation concerns the size of the social enterprises studied, the industries they operated in, and the type of person they employed. This was discussed above, in Section 7.3, so details will be spared here.

Secondly, several interviewees expressed a preference for working in social enterprise, rather than in a private, public or voluntary sector organisation. Indeed, interviewees' experience of working in social enterprise generally compared favourably with their previous

experience in other sectors. Such comparisons must be treated with some caution given they are being made by people that no longer work in those sectors and, possibly, left them with the intention of finding something better in social enterprise. This may also apply to SEEQ respondents, who could have been inclined to report, for example, a high level of satisfaction, for similar reasons.

Thirdly, regarding the measures used: single-item measures, which were used to assess survey respondents' health, and some aspects of 'good' work, are considered less consistent and more prone to distortion compared to multi-item measures (Bowling, 2005). Thus, results derived from the scales, i.e. depression-enthusiasm, job satisfaction, job control, job support, may be more reliable than the single-item measure on self-rated health, for example. However, all measures, being self-report, are prone to self-report bias. Personality traits, like negative affectivity, influence employees' assessment of their work environment (Melamed et al., 2011). As this study did not fully account for personality differences between respondents, it should not be assumed that the data collected necessarily represent the objective work environment (De Lange et al., 2004).

Fourthly, the interview and survey findings are not, necessarily, representative of social enterprises generally or even those in GM. The survey had a relatively low (estimated) response rate and there is reason to suggest the following groups were overrepresented: well-educated, non-manual, high-skilled workers in organisations providing 'human health and social work activities'. While it is the case that, as shown by the mapping exercise and existing national data, social enterprises are often active in 'social, public and personal service industries' (Villeneuve-Smith & Temple, 2015), the, overwhelmingly, high proportion (59%) of SEEQ respondents in 'human health and social work activities' suggests the findings may not be applicable to employees in different types of social enterprises. Furthermore, existing evidence, though mixed, suggests social enterprise employees might have low educational attainment and work in low-skilled jobs. Thus, groups that tend to report high job satisfaction, control, flexibility and involvement in decision-making may be overrepresented amongst SEEQ respondents relative to UK and GM social enterprises.

The nature of the survey sample also makes it difficult to draw any conclusions regarding social enterprises' potential to address the social gradient in the psychosocial quality of work and, in turn, health inequalities. Most SEEQ respondents were well-educated. To the extent that educational attainment is an indicator of socioeconomic status (Nilsen et al., 2014), this suggests the 'good' work these social enterprises provide is not reaching those disadvantaged in the labour market. SEEQ respondents with 'no academic qualifications' comprised only 5% of the sample and, in contrast to better educated counterparts, did not

outperform uneducated WERS SEQ respondents on the depression-enthusiasm, job satisfaction, job control and job support scales. However, as discussed above, question marks regarding the representativeness of the sample should be kept in mind.

Finally, a general limitation that is applicable to all three stages of the present research – and, to some extent, research with social enterprises generally – concerns the controversy, addressed in Chapter Two, surrounding the definition of social enterprise and its operationalisation. The lack of consensus after more than a decade of academic debate is well-known (Pestoff & Hulgard, 2016) and has been lamented (Young & Lecy, 2014). Thus, although guidelines, set out by authors of previous mapping exercises (e.g. Dart et al., 2010; Lyon & Sepulveda, 2009), were followed, it is impossible to say, with certainty, that all of the social enterprises identified by the mapping exercise are 'genuine' social enterprises that, for example, reinvest their profits and generate income from trading. It is, of course, difficult to say, exactly, what a 'genuine' social enterprise is. To some extent, this issue cannot be completely resolved and it was certainly not the intention of this study to do so. However, awareness of it is important and the findings from the present research must be considered with this in mind.

7.5. Implications for practice and future research

Given the exploratory nature of this thesis, its limitations, and the lack of existing empirical research on social enterprises in general, the work presented here inevitably raises more questions and, therefore, recommendations for future research. It is, however, possible to make two recommendations for practice. From a policy perspective, the evidence presented in this study that suggests social enterprises provide 'good' work, is significant. Policymakers have already recognised, and acted upon, social enterprises' potential for addressing public health problems through the delivery of healthcare and NHS-funded services. This research highlights how social enterprises might contribute in another way: by providing 'good' work environments that, in a number of ways, potentially positively impact on employee health and wellbeing. Thus:

- To improve the health and wellbeing of the working population, government, and employers, could learn lessons from the ways that social enterprises treat their employees and, potentially, borrow from their approach. As indicated by the model, emergent themes from the interviews, supported by the survey results, suggest that social enterprises create working conditions that positively impact on, primarily

mental, health and wellbeing. In particular, employees seem to benefit from: (i) high levels of trust from management; (ii) a strong organisational commitment to health and wellbeing; (iii) a sense of achievement from work; (iv) high levels of positive affect; (v) an emphasis, and focus, on employees' strengths and assets; and (vi) a sense of empowerment.

- To increase the provision of 'good' work, there is scope for government to consider exploring the ways that the creation of social enterprise organisations can be encouraged, given that the results of this study suggest that they provide employees with adequate: (i) control; (ii) support; (iii) temporal flexibility; (iv) involvement in decision-making; (v) job satisfaction; and (vi) opportunities for training and development.

Of course, it is recognised that these recommendations are derived from a small sample of interviewees and a survey sample of social enterprise employees that may not be representative of social enterprises generally or those operating in GM. Thus, the following recommendations for future research, which could further develop, or refine, the model, are also made:

- Given that this study's survey sample is relatively small and cross-sectional, there is scope for a larger scale study, of longitudinal design, to determine what aspects of working in a social enterprise are associated, over time, with employees' health and wellbeing. This would offer more insight into possible causal relationships.
- A survey using a sample of social enterprise employees that is more representative, than the one used in the present research, of the GM sector and UK social enterprises, with a higher response rate, would make the results more generalisable.
- The quality of work social enterprises provide could be explored using different conceptualisations of the relationship between work characteristics and health, e.g. the effort-reward imbalance model (Siegrist, 1999), or the organisational justice model (Kivimäki, Elovainio, Vahtera & Ferrie, 2003).
- Future research on the quality of work social enterprises provide should include employees working in large organisations (employing more than 250 people), given that, generally speaking, employee health-related and work quality outcomes are negatively correlated with size.
- As this study was unable to fully account for the role played by personality differences, e.g. work orientation, further research should explore the extent to which

these differences moderate employees' levels of job satisfaction, e.g. do employees working in social enterprises identifying with an extrinsic orientation have significantly lower levels of wellbeing?

7.6. Conclusion

The work conducted in this thesis had led to the production of a conceptual model, partly evidenced by the empirical research, that illustrates how working in a social enterprise might impact upon employee health and wellbeing. The findings from the present study provide tentative evidence to suggest that working in a social enterprise has the potential to have, overall, a positive impact, through the provision of 'good' work, and in a number of ways highlighted by the interviews, which were supported by the survey findings. This thesis, therefore, has added to the understanding of how working in a social enterprise might impact on employee health and wellbeing. Further research, however, is required to better understand the processes involved.

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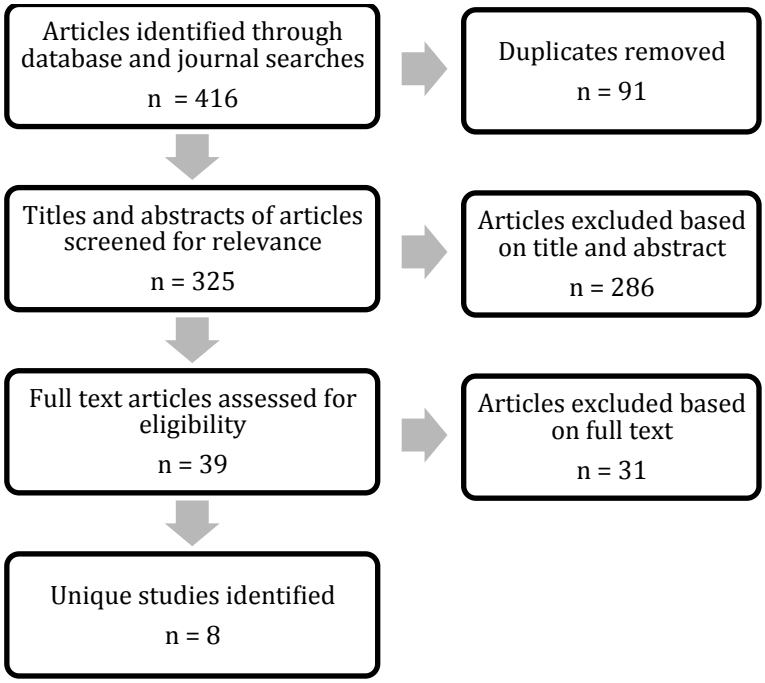
Appendix A: Empirical evidence from studies conducted in social enterprises with social enterprise employees



Appendix B: Interview guide

1. Could you tell me about your experience of working for [name of organisation]?

2. How does working here compare to other organisations you have worked for? [prompt…do you feel part of/committed to the organisation]

3. Could you tell me what your job is like/ways of working? [prompt…support/control, job satisfaction, able to influence your job/the organisation]

4. Do you feel that working here has an impact on your health and wellbeing? [prompt….in what way - positive or negatively?]

5. In terms of health and wellbeing, have you noticed any differences working for a social enterprise?

6. How did the organisation's social and environmental aims influence you in choosing to work here? [prompt…how does this differ to previous jobs you've had]

7. How do you feel about the organisations commitment to reinvest any profits back into the company?

8. What do you like about working for [name of organisation]?

Research Participant Consent Form

Title of Project: A study to explore the impact of working for a social enterprise on employee health and wellbeing in Greater Manchester

RGEC Ref No:

Name of Researcher: James Chandler

(Delete as appropriate)

➢ I confirm that I have read and understood the information sheet for the above study (version x- date) and what my contribution will be.	**Yes**	**No**	
➢ I have been given the opportunity to ask questions (face to face, via telephone and e-mail)	**Yes**	**No**	
➢ I agree to take part in the interview	**Yes**	**No**	**NA**
➢ I agree to the interview being tape recorded	**Yes**	**No**	**NA**
➢ I agree to digital images being taken during the research exercises			**NA**
➢ I understand that my participation is voluntary and that I can withdraw from the research at any time **without giving any reason**	**Yes**	**No**	
➢ **I agree to take part in the above study**	**Yes**	**No**	

Name of participant ……

Signature ……

Date ……

Name of researcher taking consent ……

Researchers e-mail address ……

Participant information sheet

Study title
A study to explore the impact of working for a social enterprise on employee health and wellbeing in Greater Manchester

Invitation
I would like to invite you to take part in a study that will explore the impact of working for a social enterprise on employee health and wellbeing. However, before you decide you need to understand why the research is being done and what it would involve for you. Please read the following information carefully. Ask questions if anything you read is not clear or would like more information. Take time to decide whether or not to take part.

What is the purpose of the study?
Employee health and wellbeing is an increasingly important public health issue. Social enterprises represent a new, growing part of the UK economy which differs from the established private/public/voluntary sector organisational models. The purpose of the study is to explore whether this model of organisation has an impact on employee health and wellbeing in Greater Manchester.

Why have I been invited?
As this study explores the impact of working for a social enterprise on employee health and wellbeing you have been invited to take part because you work for a social enterprise in the Greater Manchester area. This study will involve face-to-face interviews with the researcher.

Do I have to take part?
Your participation in the study is entirely voluntary. This information sheet provides the important details of the study. If you are willing to participate you will be asked to sign a consent form. However, you have the right to withdraw from the study at any point without the need for an explanation.

What will happen to me if I take part?
The study will be carried out over a period of three months. You will be invited to attend an interview with the researcher at a time and place which is convenient for you (e.g. your place of work or at the university). The interview will last approximately 1 hour and consist of open-ended questions allowing you to describe what it is like to work for a social enterprise. The interview will be recorded for transcription at a later date. Your responses will be treated as confidential and your anonymity is guaranteed; the data will only be accessible to the researcher and kept on a password-protected computer.

Expenses and payments?
Given the study involves voluntary participation of members and the researcher plans to visit the participant at a location/time convenient for them, it is expected that no expenses and payments will be needed.

What will I have to do?
You will be required to participate in a face-to-face interview with the researcher for up to one hour (although it will probably take less time) and expected to talk freely and openly about your experience working for a social enterprise.

What are the possible disadvantages and risks of taking part?
Given that data from the interview will be treated as confidential and anonymous and stored securely on a password-protected computer there is no risk of any data being traced back to the participant.

What are the possible benefits of taking part?
Given that there is very little existing data on what it is like to work for a social enterprise this research will contribute to a new, growing knowledge base. It will help inform what impacts on employee health and wellbeing in all organisations, not just social enterprises.

What if there is a problem?
In the case of any issues or complaints about the research study, feel free to speak to the researcher or contact him at: j.d.b.chandler@edu.salford.ac.uk or his supervisor, Dr. Margaret Coffey: m.coffey@salford.ac.uk. If the issue is not resolved, then the participant may feel free to pursue the matter with the university complaints procedure.

Will my taking part in the study be kept confidential?
All data from the interviews (recordings, transcripts, etc.) will be treated as confidential and anonymous and stored securely on the researcher's password-protected computer. Participants will be identified with numeric codes instead of their actual names so nothing can be traced back to the individual participant. The data will be kept for a period of three years in case any issues arise following the study. The procedure for maintaining confidentiality will be in accordance with standards defined by the 1998 Data Protection Act.

What will happen if I don't carry on with the study?
Participation is entirely voluntary and participants are entitled to leave at any point in the process without giving any reason whatsoever. Should you request it, any information collected from you during the study will be destroyed.

What will happen to the results of the research study?
The research will be used to inform the design of a questionnaire to be sent to social enterprises in the Greater Manchester area. It will also be published as part of a PhD thesis and submitted to the University of Salford. Confidentiality and anonymity will be maintained throughout. Results of the study will be made available on request. Participants will not be identified in any publication unless they have given their consent.

Who is organising or sponsoring the research?
The research is part of a PhD thesis organised and carried out by the researcher on an individual level.

Further information and contact details

1. The research is being conducted as part of a PhD thesis in the School of Health Sciences at the University of Salford. The researcher can be contacted by email at j.d.b.chandler@edu.salford.ac.uk, or his supervisor: m.coffey@salford.ac.uk.
2. If any problems or concerns arise, the participant is entitled to contact the researcher or his supervisor using the details provided above.

Appendix E: Overview of existing questionnaires and work characteristics covered

Survey name	Well-being		Questions on work characteristics													
	Job satisfaction	Illness	Hazards	Employee-management relations (support)	Management behaviour / bullying / harassment	Job security	Employee participation	Communication	Working patterns	Flexibility in working hours	Work-life balance	Fulfilment	Demand / effort	Control / decision latitude	Role	Reward
Isles (2005)	X															
EWCS 2005 (Fourth)	X	X	X		X		X		X	X	X		X	X		
WERS 2004	X	X		X		X	X	X	X	X	X		X	X		X
BHPS 2002	X															
Self-reported work-related illness…		X														
WHASS 2005		X														
Mental health of adults in private households in GB		X														
THOR		X		X									X			
The Bristol Stress and Health at Work Study 2000		X	X	X				X	X				X	X		X
British Social Attitudes Survey 2003				X		X		X			X			X		
Psychosocial Working Conditions in Britain in 2008				X									X	X	X	
The First Fair Treatment at Work Survey 2007					X											
Absence management 2008		X														
Skills at Work, 1986 to 2006													X	X		
The Work Foundation (2006)	X											X				

Appendix E: Overview of existing questionnaires and work characteristics covered

Survey name	*Found In*
Isles (2005)	Isles, J. (2005) The Joy of Work? The Work Foundation
EWCS 2005 (Fourth)	Eurofound (2007) Fourth European Working Conditions Survey
WERS 2004	Kersley et al (2004) Inside the Workplace: First Findings from the 2004 WERS
BHPS 2002	British Household Panel Survey
Self-reported work-related illness…*	HSE (2010) Self-reported work-related illness and workplace injuries in 2007/08: Results from the Labour Force Survey*
WHASS 2005	Hodgson et al (2005) Workplace Health and Safety Survey Programme
Mental health of adults in private households in GB	Singleton and Lewis (2003) Better or worse: a longitudinal study of the mental health of adults living in private households in Great Britain
THOR	?
The Bristol Stress and Health at Work Study 2000	Smith et al (2000) The scale of occupational stress- The Bristol Stress and Health at Work Study
British Social Attitudes Survey 2003	Kaur (2004) Employment attitudes: Main findings from the British Social Attitudes Survey 2003
Psychosocial Working Conditions in Britain in 2008	Webster and Buckley (2008) Psychosocial working conditions in Britain in 2008
The First Fair Treatment at Work Survey 2007	Grainger and Fitzner (2007) The first fair treatment at work survey
Absence management 2008	CIPD (2008) Annual survey report: Absence management
Skills at Work, 1986 to 2006	Felstead et al (2007) Skills at Work 1986-2006
The Work Foundation (2006)	?

*Version in Baxter et al (2009) is 2006/07

WERS The Workplace Employment Relations Study

BIS Department for Business Innovation & Skills

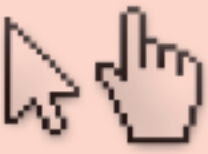
Workplace Employment Relations Study 2011

Carried out for the Department for Business, Innovation and Skills*

SURVEY OF EMPLOYEES

Completing this questionnaire

This is a national survey of people at work. We are interested in your views about your job and your workplace.



You can also complete the questionnaire online. Please see the accompanying letter for information on how to do this.

Everything that you say in this questionnaire will remain confidential.

The questionnaire should take no more than 15 minutes to fill in.

Please use a blue or black pen to complete the questionnaire, and try to answer every question.

Please try to return the completed questionnaire within the next two weeks.

Thank you for your help.

*In collaboration with Acas, UK Commission for Employment and Skills, the Economic and Social Research Council, and the National Institute of Economic and Social Research.

A. ABOUT YOUR JOB

A1 **How many years in total have you been working at this workplace? By workplace we mean the site or location at, or from, which you work.**

Less than 1 year	1 to less than 2 years	2 to less than 5 years	5 to less than 10 years	10 years or more
☐	☐	☐	☐	☐

A2 **Which of the phrases below best describes your job here?**

Tick one box only

- Permanent ☐
- Temporary – with no agreed end date ☐
- Fixed period – with an agreed end date ☐

A3 **What are your basic or contractual hours each week in your job at this workplace, excluding any paid or unpaid overtime?**

Contracted hours (to nearest hour) ☐☐

A4 **How many hours do you usually work in your job each week, including overtime or extra hours?** *Exclude meal breaks and time taken to travel to work.*

Usual hours per week (to nearest hour) ☐☐

A5 **Do you agree or disagree with the following statements about your job?**

Tick one box in each row

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
My job requires that I work very hard	☐	☐	☐	☐	☐	☐
I never seem to have enough time to get my work done	☐	☐	☐	☐	☐	☐
I feel my job is secure in this workplace	☐	☐	☐	☐	☐	☐

A6 **Think about how people in your kind of job progress – for example get a promotion. Do you agree or disagree that people in this workplace who want to progress usually have to put in long hours?**

Tick one box only

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
☐	☐	☐	☐	☐

A7 **In general, how much influence do you have over the following?**

Tick one box in each row

	A lot	Some	A little	None	Don't know
The tasks you do in your job	☐	☐	☐	☐	☐
The pace at which you work	☐	☐	☐	☐	☐
How you do your work	☐	☐	☐	☐	☐
The order in which you carry out tasks	☐	☐	☐	☐	☐
The time you start or finish your working day	☐	☐	☐	☐	☐

A8 **How satisfied are you with the following aspects of your job?**

Tick one box in each row

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Don't know
The sense of achievement you get from your work	☐	☐	☐	☐	☐	☐
The scope for using your own initiative	☐	☐	☐	☐	☐	☐
The amount of influence you have over your job	☐	☐	☐	☐	☐	☐
The training you receive	☐	☐	☐	☐	☐	☐
The opportunity to develop your skills in your job	☐	☐	☐	☐	☐	☐
The amount of pay you receive	☐	☐	☐	☐	☐	☐
Your job security	☐	☐	☐	☐	☐	☐
The work itself	☐	☐	☐	☐	☐	☐

A9 **Thinking of the past few weeks, how much of the time has your job made you feel each of the following?**

Tick one box in each row

	All of the time	Most of the time	Some of the time	Occasionally	Never
Tense	☐	☐	☐	☐	☐
Depressed	☐	☐	☐	☐	☐
Worried	☐	☐	☐	☐	☐
Gloomy	☐	☐	☐	☐	☐
Uneasy	☐	☐	☐	☐	☐
Miserable	☐	☐	☐	☐	☐

B. ABOUT YOUR WORKPLACE

B1 **In the last 12 months, have you made use of any of the following arrangements, and if not, are they available to you if you needed them?**

Tick one box in each row

	I have used this arrangement	Available to me but I do not use	Not available to me	Don't know
Flexi-time	☐	☐	☐	☐
Job sharing (sharing a full-time job with someone)	☐	☐	☐	☐
The chance to reduce your working hours (e.g. full-time to part-time)	☐	☐	☐	☐
Working the same number of hours per week across fewer days (e.g. 37 hours in four days instead of five)	☐	☐	☐	☐
Working at or from home in normal working hours	☐	☐	☐	☐
Working only during school term times	☐	☐	☐	☐
Paid leave to care for dependents in an emergency	☐	☐	☐	☐

B2 **Now thinking about both your commitments at this workplace and outside of work, do you agree or disagree with the following?**

Tick one box in each row

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I often find it difficult to fulfil my commitments outside of work because of the amount of time I spend on my job	☐	☐	☐	☐	☐
I often find it difficult to do my job properly because of my commitments outside of work	☐	☐	☐	☐	☐

B3 **Apart from health and safety training, how much training have you had during the last 12 months, either paid for or organised by your employer?** *Please only include training where you have been given time off from your normal daily work duties to undertake the training.*

Tick one box only

None	Less than 1 day	1 to less than 2 days	2 to less than 5 days	5 to less than 10 days	10 days or more
☐	☐	☐	☐	☐	☐

B4 **How well do the work skills you personally have match the skills you need to do your present job?**

Tick one box only

	Much higher	A bit higher	About the same	A bit lower	Much lower
My own skills are	☐	☐	☐	☐	☐

B5 **Did any of the following happen to you as a result of the most recent recession, whilst working at this workplace?**

Tick all that apply

- I was not working at this workplace during the recession ☐ → Go to **B6**
- My workload increased ☐
- My work was reorganised ☐
- I was moved to another job ☐
- My wages were frozen or cut ☐
- My non-wage benefits (e.g. vehicles or meals) were reduced ☐
- My contracted working hours were reduced ☐
- Access to paid overtime was restricted ☐
- I was required to take unpaid leave ☐
- Access to training was restricted ☐
- None of the above ☐

B6 **In general, how good would you say managers at this workplace are at keeping employees informed about the following?**

Tick one box in each row

	Very good	Good	Neither good nor poor	Poor	Very poor	Don't know
Changes to the way the organisation is being run	☐	☐	☐	☐	☐	☐
Changes in staffing	☐	☐	☐	☐	☐	☐
Changes in the way you do your job	☐	☐	☐	☐	☐	☐
Financial matters, including budgets or profits	☐	☐	☐	☐	☐	☐

B7 **Overall, how good would you say managers at this workplace are at…**

Tick one box in each row

	Very good	Good	Neither good nor poor	Poor	Very poor	Don't know
Seeking the views of employees or employee representatives	☐	☐	☐	☐	☐	☐
Responding to suggestions from employees or employee representatives	☐	☐	☐	☐	☐	☐
Allowing employees or employee representatives to influence final decisions	☐	☐	☐	☐	☐	☐

B8 **Overall, how satisfied are you with the amount of involvement you have in decision-making at this workplace?** *Tick one box only*

Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
☐	☐	☐	☐	☐

C. YOUR VIEWS ABOUT WORKING HERE

C1 **To what extent do you agree or disagree with the following statements about working here?**

Tick one box in each row

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
Using my own initiative I carry out tasks that are not required as part of my job	☐	☐	☐	☐	☐	☐
I share many of the values of my organisation	☐	☐	☐	☐	☐	☐
I feel loyal to my organisation	☐	☐	☐	☐	☐	☐
I am proud to tell people who I work for	☐	☐	☐	☐	☐	☐

C2 **Now thinking about the managers at this workplace, to what extent do you agree or disagree with the following?**

Tick one box in each row

Managers here…	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
Can be relied upon to keep to their promises	☐	☐	☐	☐	☐	☐
Are sincere in attempting to understand employees' views	☐	☐	☐	☐	☐	☐
Deal with employees honestly	☐	☐	☐	☐	☐	☐
Understand about employees having to meet responsibilities outside work	☐	☐	☐	☐	☐	☐
Encourage people to develop their skills	☐	☐	☐	☐	☐	☐
Treat employees fairly	☐	☐	☐	☐	☐	☐

C3 **In general, how would you describe relations between managers and employees here?**

Tick one box only

Very good	Good	Neither good nor poor	Poor	Very poor
☐	☐	☐	☐	☐

D. REPRESENTATION AT WORK

D1 **Are you a member of a trade union or staff association?**

Tick one box only

Yes	No, but have been in the past	No, have never been a member
☐	☐	☐

D2 **Ideally, who do you think would best represent you in dealing with managers here about the following?**

Tick one box in each row

	Myself	Trade Union	Employee representative (non-union)	Line manager	Another employee
Getting increases in your pay	☐	☐	☐	☐	☐
If your employer wanted to reduce your hours or pay	☐	☐	☐	☐	☐
Getting training	☐	☐	☐	☐	☐
If you wanted to make a complaint about working here	☐	☐	☐	☐	☐
If a manager wanted to discipline you	☐	☐	☐	☐	☐

D3 **How would you describe management's general attitude towards trade union membership among employees here?**

Management is....

Tick one box only

- In favour of trade union membership ☐
- Not in favour of trade union membership ☐
- Neutral about it ☐
- Don't know ☐

D4 **Is there a trade union or staff association at this workplace?**

Tick one box only

- Yes ☐ → Go to **D5**
- No ☐
- Don't know ☐

→ Go to **E1**

D5 **Do you agree or disagree with the following statements about unions or staff associations at this workplace?**

Tick one box in each row

Unions/staff associations here...	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
...take notice of members' problems and complaints	☐	☐	☐	☐	☐	☐
...are taken seriously by management	☐	☐	☐	☐	☐	☐
...make a difference to what it is like to work here	☐	☐	☐	☐	☐	☐

E. FINALLY, ABOUT YOURSELF

E1 **Are you male or female?**

Male ☐ Female ☐

E2 **How old are you?**

Tick one box only

16-17 ☐	22-29 ☐	50-59 ☐
18-19 ☐	30-39 ☐	60-64 ☐
20-21 ☐	40-49 ☐	65 and above ☐

E3 **Which of the following describes your current status?**

Tick one box only

Single	Married or living with a partner	Divorced/separated	Widowed
☐	☐	☐	☐

E4 **How many dependent children do you have, if any, in the following age groups?**

	Enter number of children		*Enter number of children*		*Tick if applies*
0 – 2 years		8 – 11 years		No dependent children	☐
3 – 4 years		12 – 15 years			
5 – 7 years		16 – 18 years			

E5 **Do you look after or give help or support to any family members or friends who have a long-term physical or mental illness or disability, or who have problems related to old age?**

Tick one box only

No	Yes, 0 – 4 hours a week	Yes, 5 – 9 hours a week	Yes, 10 – 19 hours a week	Yes, 20 – 34 hours a week	Yes, 35 or more hours a week
☐	☐	☐	☐	☐	☐

E6 **Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?** *Please include problems related to old age.*

Tick one box only

No	Yes, limited a little	Yes, limited a lot
☐	☐	☐

E7 **Which, if any, of the following academic, vocational or professional qualifications have you obtained?** *Tick all that apply*

- GCSE grades D-G/CSE grades 2-5, SCE O grades D-E/SCE Standard grades 4-7 ☐
- GCSE grades A-C, GCE 'O'-level passes, CSE grade 1, SCE O grades A-C, SCE Standard grades 1-3 ☐
- 1 GCE 'A'-level grades A-E,1-2 SCE Higher grades A-C, AS levels ☐
- 2 or more GCE 'A'-levels grades A-E, 3 or more SCE Higher grades A-C ☐
- First degree, eg BSc, BA, BEd, HND, HNC, MA at first degree level ☐
- Higher degree, eg MSc, MA, MBA, PGCE, PhD ☐
- Other academic qualifications ☐
- No academic qualifications ☐
- Level 1 NVQ or SVQ, Foundation GNVQ or GSVQ ☐
- Level 2 NVQ or SVQ, Intermediate GNVQ or GSVQ, City and Guilds Craft, BTEC First/General Diploma, RSA Diploma ☐
- Level 3 NVQ or SVQ, Advanced GNVQ or GSVQ, City and Guilds Advanced Craft, BTEC National, RSA Advanced Diploma ☐
- Level 4 NVQ or SVQ, RSA Higher Diploma, BTEC Higher level ☐
- Level 5 NVQ or SVQ ☐
- Completion of trade apprenticeship ☐
- Other vocational or pre-vocational qualifications, e.g. OCR ☐
- Other professional qualifications, e.g. qualified teacher, accountant, nurse ☐
- No vocational or professional qualifications ☐

E8 **What is the full title of your main job?**
e.g. Primary School Teacher, State Registered Nurse, Car Mechanic, Benefits Assistant. If you are a civil servant or local government officer, please give your job title, not your grade or pay band.

E9 **Describe what you do in your main job. Please describe as fully as possible.**

E10 **Do you supervise any other employees?** *A supervisor, foreman or line manager is responsible for overseeing the work of other employees on a day-to-day basis.*

Yes ☐ No ☐

E11 **How much do you get paid for your job here, before tax and other deductions are taken out?** *If your pay before tax changes from week to week because of overtime, or because you work different hours each week, think about what you earn on average.*

Tick one box only

- £60 or less per week (£3,120 or less per year) ☐
- £61 - £100 per week (£3,121 - £5,200 per year) ☐
- £101 - £130 per week (£5,201 - £6,760 per year) ☐
- £131 - £170 per week (£6,761 - £8,840 per year) ☐
- £171 - £220 per week (£8,841 - £11,440 per year) ☐
- £221 - £260 per week (£11,441 - £13,520 per year) ☐
- £261 - £310 per week (£13,521 - £16,120 per year) ☐
- £311 - £370 per week (£16,121 - £19,240 per year) ☐
- £371 - £430 per week (£19,241 - £22,360 per year) ☐
- £431 - £520 per week (£22,361 - £27,040 per year) ☐
- £521 - £650 per week (£27,041 - £33,800 per year) ☐
- £651 - £820 per week (£33,801 - £42,640 per year) ☐
- £821 - £1,050 per week (£42,641 - £54,600 per year) ☐
- £1,051 or more per week (£54,601 or more per year) ☐

E12 **Which of the following do you receive in your job here?**

Tick all that apply

- Basic fixed salary/wage ☐
- Payments based on your individual performance or output ☐
- Payments based on the overall performance of a group or a team ☐
- Payments based on the overall performance of your workplace or organisation (e.g. profit-sharing scheme) ☐
- Extra payments for additional hours of work or overtime ☐
- Contributions to a pension scheme ☐

E13 **To which of these groups do you consider you belong?**

Tick one box only

White	British	☐
	Irish	☐
	Any other white background	☐
Mixed	White and Black Caribbean	☐
	White and Black African	☐
	White and Asian	☐
	Any other mixed background	☐
Asian or Asian British	Indian	☐
	Pakistani	☐
	Bangladeshi	☐
	Chinese	☐
	Any other Asian background	☐
Black or Black British	Caribbean	☐
	African	☐
	Any other Black background	☐
Other ethnic group	Arab	☐
	Any other ethnic group	☐

E14 **What is your religion?**

Tick one box only

- No religion ☐
- Christian (including Church of England, Church of Scotland, Catholic, Protestant, and all other Christian denominations) ☐
- Buddhist ☐
- Hindu ☐
- Jewish ☐
- Muslim ☐
- Sikh ☐
- Another religion ☐

E15 **Which of the following options best describes how you think of yourself?** 2020

Tick one box only

Heterosexual or straight	Gay or lesbian	Bisexual	Other	Prefer not to say
☐	☐	☐	☐	☐

E16 **Do you have any final comments you would like to make about your workplace, or about this questionnaire?**

Thank you for taking the time to complete this questionnaire.

Please now return the questionnaire by using the freepost envelope provided.

This publication is also available on our website at http://www.bis.gov.uk

Any enquiries regarding this publication should be sent to:

Department for Business, Innovation and Skills
1 Victoria Street
London SW1H 0ET
Tel: 020 7215 5000

If you require this publication in an alternative format, email enquiries@bis.gsi.gov.uk, or call 020 7215 5000.

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University of Salford MANCHESTER

Social Enterprise Employee Questionnaire

Completing this questionnaire:

This questionnaire was developed using the findings from a series of interviews with social enterprise employees across Greater Manchester. It is designed to explore the impact that working for a social enterprise has on employee health and wellbeing.

Everything that you say in this questionnaire will be kept confidential.

The questionnaire should take around 20 minutes to fill in.

You can return the questionnaire using the stamped return envelope provided.

If you have any questions, please send me an email at:
J.D.B.Chandler@edu.salford.ac.uk

Thank you for your help.

A. ABOUT YOUR JOB

A1 **How many years in total have you been working at this workplace? By workplace we mean the site or location at, or from, which you work.**

Less than 1 year	1 to less than 2 years	2 to less than 5 years	5 to less than 10 years	10 years or more
☐	☐	☐	☐	☐

A2 **Which of the phrases below best describes your job here?**

Tick one box only

- Permanent ☐
- Temporary – with no agreed end date ☐
- Fixed period – with an agreed end date ☐

A3 **What are your basic or contractual hours each week in your job at this workplace, excluding any paid or unpaid overtime?**

Contracted hours (to nearest hour) ☐☐

A4 **How many hours do you usually work in your job each week, including overtime or extra hours?** *Exclude meal breaks and time taken to travel to work.*

Usual hours per week (to nearest hour) ☐☐

A5 **Do you agree or disagree with the following statements about your job?**

Tick one box in each row

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
My job requires that I work very hard	☐	☐	☐	☐	☐	☐
I never seem to have enough time to get my work done	☐	☐	☐	☐	☐	☐
I feel my job is secure in this workplace	☐	☐	☐	☐	☐	☐

A6 **Think about how people in your kind of job progress – for example get a promotion. Do you agree or disagree that people in this workplace who want to progress usually have to put in long hours?**

Tick one box only

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
☐	☐	☐	☐	☐

A7 **In general, how much influence do you have over the following?**

Tick one box in each row

	A lot	Some	A little	None	Don't know
The tasks you do in your job	☐	☐	☐	☐	☐
The pace at which you work	☐	☐	☐	☐	☐
How you do your work	☐	☐	☐	☐	☐
The order in which you carry out tasks	☐	☐	☐	☐	☐
The time you start or finish your working day	☐	☐	☐	☐	☐

A8 **How satisfied are you with the following aspects of your job?**

Tick one box in each row

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Don't know
The sense of achievement you get from your work	☐	☐	☐	☐	☐	☐
The scope for using your own initiative	☐	☐	☐	☐	☐	☐
The amount of influence you have over your job	☐	☐	☐	☐	☐	☐
The training you receive	☐	☐	☐	☐	☐	☐
The opportunity to develop your skills in your job	☐	☐	☐	☐	☐	☐
The amount of pay you receive	☐	☐	☐	☐	☐	☐
Your job security	☐	☐	☐	☐	☐	☐
The work itself	☐	☐	☐	☐	☐	☐

A9 **Thinking of the past few weeks, how much of the time has your job made you feel each of the following?**

Tick one box in each row

	All of the time	Most of the time	Some of the time	Occasionally	Never
Tense	☐	☐	☐	☐	☐
Depressed	☐	☐	☐	☐	☐
Worried	☐	☐	☐	☐	☐
Gloomy	☐	☐	☐	☐	☐
Uneasy	☐	☐	☐	☐	☐
Miserable	☐	☐	☐	☐	☐

B. ABOUT YOUR WORKPLACE

B1 **In the last 12 months, have you made use of any of the following arrangements, and if not, are they available to you if you needed them?**

Tick one box in each row

	I have used this arrangement	Available to me but I do not use	Not available to me	Don't know
Flexi-time	☐	☐	☐	☐
Job sharing (sharing a full-time job with someone)	☐	☐	☐	☐
The chance to reduce your working hours (e.g. full-time to part-time)	☐	☐	☐	☐
Working the same number of hours per week across fewer days (e.g. 37 hours in four days instead of five)	☐	☐	☐	☐
Working at or from home in normal working hours	☐	☐	☐	☐
Working only during school term times	☐	☐	☐	☐
Paid leave to care for dependents in an emergency	☐	☐	☐	☐

B2 **Now thinking about both your commitments at this workplace and outside of work, do you agree or disagree with the following?**

Tick one box in each row

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I often find it difficult to fulfil my commitments outside of work because of the amount of time I spend on my job	☐	☐	☐	☐	☐
I often find it difficult to do my job properly because of my commitments outside of work	☐	☐	☐	☐	☐

B3 **Apart from health and safety training, how much training have you had during the last 12 months, either paid for or organised by your employer?** *Please only include training where you have been given time off from your normal daily work duties to undertake the training.*

Tick one box only

None	Less than 1 day	1 to less than 2 days	2 to less than 5 days	5 to less than 10 days	10 days or more
☐	☐	☐	☐	☐	☐

B4 **How well do the work skills you personally have match the skills you need to do your present job?**

Tick one box only

	Much higher	A bit higher	About the same	A bit lower	Much lower
My own skills are	☐	☐	☐	☐	☐

B5 **Did any of the following happen to you as a result of the most recent recession, whilst working at this workplace?**

Tick all that apply

- I was not working at this workplace during the recession ☐ → Go to **B6**
- My workload increased ☐
- My work was reorganised ☐
- I was moved to another job ☐
- My wages were frozen or cut ☐
- My non-wage benefits (e.g. vehicles or meals) were reduced ☐
- My contracted working hours were reduced ☐
- Access to paid overtime was restricted ☐
- I was required to take unpaid leave ☐
- Access to training was restricted ☐
- None of the above ☐

B6 **In general, how good would you say managers at this workplace are at keeping employees informed about the following?**

Tick one box in each row

	Very good	Good	Neither good nor poor	Poor	Very poor	Don't know
Changes to the way the organisation is being run	☐	☐	☐	☐	☐	☐
Changes in staffing	☐	☐	☐	☐	☐	☐
Changes in the way you do your job	☐	☐	☐	☐	☐	☐
Financial matters, including budgets or profits	☐	☐	☐	☐	☐	☐

B7 **Overall, how good would you say managers at this workplace are at…**

Tick one box in each row

	Very good	Good	Neither good nor poor	Poor	Very poor	Don't know
Seeking the views of employees or employee representatives	☐	☐	☐	☐	☐	☐
Responding to suggestions from employees or employee representatives	☐	☐	☐	☐	☐	☐
Allowing employees or employee representatives to influence final decisions	☐	☐	☐	☐	☐	☐

B8 **Overall, how satisfied are you with the amount of involvement you have in decision-making at this workplace?** *Tick one box only*

Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
☐	☐	☐	☐	☐

C. YOUR VIEWS ABOUT WORKING HERE

C1 **To what extent do you agree or disagree with the following statements about working here?**

Tick one box in each row

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
Using my own initiative I carry out tasks that are not required as part of my job	☐	☐	☐	☐	☐	☐
I share many of the values of my organisation	☐	☐	☐	☐	☐	☐
I feel loyal to my organisation	☐	☐	☐	☐	☐	☐
I am proud to tell people who I work for	☐	☐	☐	☐	☐	☐

C2 **Now thinking about the managers at this workplace, to what extent do you agree or disagree with the following?**

Tick one box in each row

Managers here…	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
Can be relied upon to keep to their promises	☐	☐	☐	☐	☐	☐
Are sincere in attempting to understand employees' views	☐	☐	☐	☐	☐	☐
Deal with employees honestly	☐	☐	☐	☐	☐	☐
Understand about employees having to meet responsibilities outside work	☐	☐	☐	☐	☐	☐
Encourage people to develop their skills	☐	☐	☐	☐	☐	☐
Treat employees fairly	☐	☐	☐	☐	☐	☐

C3 **In general, how would you describe relations between managers and employees here?**

Tick one box only

Very good	Good	Neither good nor poor	Poor	Very poor
☐	☐	☐	☐	☐

D. REPRESENTATION AT WORK

D1 **Are you a member of a trade union or staff association?**

Tick one box only

Yes	No, but have been in the past	No, have never been a member
☐	☐	☐

D2 **Ideally, who do you think would best represent you in dealing with managers here about the following?**

Tick one box in each row

	Myself	Trade Union	Employee representative (non-union)	Line manager	Another employee
Getting increases in your pay	☐	☐	☐	☐	☐
If your employer wanted to reduce your hours or pay	☐	☐	☐	☐	☐
Getting training	☐	☐	☐	☐	☐
If you wanted to make a complaint about working here	☐	☐	☐	☐	☐
If a manager wanted to discipline you	☐	☐	☐	☐	☐

D3 **How would you describe management's general attitude towards trade union membership among employees here?**

Management is....

Tick one box only

- In favour of trade union membership ☐
- Not in favour of trade union membership ☐
- Neutral about it ☐
- Don't know ☐

D4 **Is there a trade union or staff association at this workplace?**

Tick one box only

- Yes ☐ → Go to **D5**
- No ☐
- Don't know ☐

→ Go to **E1**

D5 **Do you agree or disagree with the following statements about unions or staff associations at this workplace?**

Tick one box in each row

Unions/staff associations here...	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
...take notice of members' problems and complaints	☐	☐	☐	☐	☐	☐
...are taken seriously by management	☐	☐	☐	☐	☐	☐
...make a difference to what it is like to work here	☐	☐	☐	☐	☐	☐

E. HEALTH AND WELLBEING

E1 **How is your health in general? Would you say it was...**

Tick one box only

- Very good ☐
- Good ☐
- Fair ☐
- Bad ☐
- Very bad ☐

E2 **Overall, how satisfied are you with your life nowadays?**

Tick one box only

Completely satisfied — Not at all satisfied

☐ 10 ☐ 9 ☐ 8 ☐ 7 ☐ 6 ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0

E3 **Overall, to what extent do you feel that the things you do in your life are worthwhile?**

Tick one box only

Completely worthwhile — Not at all worthwhile

☐ 10 ☐ 9 ☐ 8 ☐ 7 ☐ 6 ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0

E4 **Overall, how happy did you feel yesterday?**

Tick one box only

Completely happy — Not at all happy

☐ 10 ☐ 9 ☐ 8 ☐ 7 ☐ 6 ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0

E5 **Overall, how anxious did you feel yesterday?**

Tick one box only

Completely anxious — Not at all anxious

☐ 10 ☐ 9 ☐ 8 ☐ 7 ☐ 6 ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0

F. SOCIAL ENTERPRISE QUESTIONS

These questions were developed using the findings from a series of interviews with social enterprise employees across Greater Manchester

F1 **To what extent do you agree or disagree with the following statements about working here?**

Tick one box in each row

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
The organisation has a flat structure, as opposed to a 'top-down', hierarchical structure	☐	☐	☐	☐	☐	☐
The head of the organisation has a positive impact on my working experience	☐	☐	☐	☐	☐	☐
I am concerned about the financial sustainability of the organisation	☐	☐	☐	☐	☐	☐
The organisation actively helps me to achieve my personal goals	☐	☐	☐	☐	☐	☐
The organisation encourages staff to be innovative in their work	☐	☐	☐	☐	☐	☐
The head of the organisation has a positive impact on the organisation	☐	☐	☐	☐	☐	☐
I rarely lose sight of the organisation's aims and objectives	☐	☐	☐	☐	☐	☐
The organisation provides its staff with good benefits (e.g. gym membership, annual leave, etc.)	☐	☐	☐	☐	☐	☐
The physical working environment could be improved	☐	☐	☐	☐	☐	☐
I get sufficient supervision	☐	☐	☐	☐	☐	☐
It is important to me that profits are reinvested in the organisation or community, rather than paid to shareholders	☐	☐	☐	☐	☐	☐
The head of the organisation is the driving force behind it	☐	☐	☐	☐	☐	☐
I get sufficient feedback	☐	☐	☐	☐	☐	☐
The organisation focuses on employees' strengths, i.e. what they can do, rather than what they cannot do	☐	☐	☐	☐	☐	☐
Generally, my job involves monotonous tasks	☐	☐	☐	☐	☐	☐
The organisation is true to its ethos/values	☐	☐	☐	☐	☐	☐
The organisation trusts its staff	☐	☐	☐	☐	☐	☐
I get sufficient recognition for good work	☐	☐	☐	☐	☐	☐

G. COMPARISONS

G1 **To what extent do you agree or disagree with the following statements?**
If you have only ever worked for a social enterprise and cannot answer these questions, please move on to → **H1**

Tick one box in each row

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
Social enterprises trust their staff more than other types of organisations	☐	☐	☐	☐	☐	☐
Social enterprises treat their staff better than other types of organisations	☐	☐	☐	☐	☐	☐
I have greater scope for using my own initiative in this organisation than I would in a similar public sector organisation	☐	☐	☐	☐	☐	☐
Social enterprises combine the best bits of the public and private sector	☐	☐	☐	☐	☐	☐
I get a better sense of achievement working for a social enterprise than in other types of organisations	☐	☐	☐	☐	☐	☐
Social enterprises are less risk-averse than public sector organisations	☐	☐	☐	☐	☐	☐
There is less emphasis on chasing funding than there would be in a similar organisation in the public or third sector	☐	☐	☐	☐	☐	☐
There is less stigma attached to time off work due to ill health in a social enterprise than there would be in a similar private or public sector organisation	☐	☐	☐	☐	☐	☐

G2 **How does working for a social enterprise differ to working for a conventional private/public/third sector organisation?**

H. YOUR VIEWS

H1 How would you describe the ethos/values of your organisation?

H2 What would you say are the best things about working for a social enterprise?

H3 What would you say are the worst things about working for a social enterprise?

I. ADDITIONAL QUESTIONS

I1 **Overall, how would you describe your experience of working for a social enterprise?**

Tick one box only

Mainly positive										Mainly negative
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
10	9	8	7	6	5	4	3	2	1	0

I2 **Does your work affect your health, or not?**

Tick one box only

- Yes, mainly positively ☐
- Yes, mainly negatively ☐
- No ☐

I3 **What size organisation do you work for?**

Tick one box only

- Medium-sized (50–250 employees) ☐
- Small (10–49 employees) ☐
- Micro (1–9 employees) ☐

I4 **How would you describe the purpose of the organisation you work for?**

Tick all that apply

- Community development ☐
- Training for individuals ☐
- Health/health care ☐

Other (please specify):

I5 **If there were a general election tomorrow, which political party do you think you would be most likely to support?**

Please note, this question is optional

Tick one box only

- Conservative ☐
- Labour ☐
- Liberal Democrat ☐
- Other party ☐
- None ☐
- Green Party ☐
- Don't know ☐

J. FINALLY, ABOUT YOURSELF

J1 **Are you male or female?**

Male ☐ Female ☐

J2 **How old are you?**

Tick one box only

16-17 ☐ 18-19 ☐ 20-21 ☐ 22-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60-64 ☐ 65 and above ☐

J3 **Which of the following describes your current status?**

Tick one box only

Single ☐ Married or living with a partner ☐ Divorced/separated ☐ Widowed ☐

J4 **How many dependent children do you have, if any, in the following age groups?**

	Enter number of children		*Enter number of children*		*Tick if applies*
0 – 2 years		8 – 11 years		No dependent children	☐
3 – 4 years		12 – 15 years			
5 – 7 years		16 – 18 years			

J5 **Do you look after or give help or support to any family members or friends who have a long-term physical or mental illness or disability, or who have problems related to old age?**

Tick one box only

No ☐ Yes, 0 – 4 hours a week ☐ Yes, 5 – 9 hours a week ☐ Yes, 10 – 19 hours a week ☐ Yes, 20 – 34 hours a week ☐ Yes, 35 or more hours a week ☐

J6 **Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?** *Please include problems related to old age.*

Tick one box only

No ☐ Yes, limited a little ☐ Yes, limited a lot ☐

J7 **Which, if any, of the following academic, vocational or professional qualifications have you obtained?** *Tick all that apply*

- GCSE grades D-G/CSE grades 2-5, SCE O grades D-E/SCE Standard grades 4-7 ☐
- GCSE grades A-C, GCE 'O'-level passes, CSE grade 1, SCE O grades A-C, SCE Standard grades 1-3 ☐
- 1 GCE 'A'-level grades A-E,1-2 SCE Higher grades A-C, AS levels ☐
- 2 or more GCE 'A'-levels grades A-E, 3 or more SCE Higher grades A-C ☐
- First degree, eg BSc, BA, BEd, HND, HNC, MA at first degree level ☐
- Higher degree, eg MSc, MA, MBA, PGCE, PhD ☐
- Other academic qualifications ☐
- No academic qualifications ☐
- Level 1 NVQ or SVQ, Foundation GNVQ or GSVQ ☐
- Level 2 NVQ or SVQ, Intermediate GNVQ or GSVQ, City and Guilds Craft, BTEC First/General Diploma, RSA Diploma ☐
- Level 3 NVQ or SVQ, Advanced GNVQ or GSVQ, City and Guilds Advanced Craft, BTEC National, RSA Advanced Diploma ☐
- Level 4 NVQ or SVQ, RSA Higher Diploma, BTEC Higher level ☐
- Level 5 NVQ or SVQ ☐
- Completion of trade apprenticeship ☐
- Other vocational or pre-vocational qualifications, e.g. OCR ☐
- Other professional qualifications, e.g. qualified teacher, accountant, nurse ☐
- No vocational or professional qualifications ☐

J8 **What is the full title of your main job?**
e.g. Primary School Teacher, State Registered Nurse, Car Mechanic, Benefits Assistant. If you are a civil servant or local government officer, please give your job title, not your grade or pay band.

J9 **Describe what you do in your main job. Please describe as fully as possible.**

J10 **Do you supervise any other employees?** *A supervisor, foreman or line manager is responsible for overseeing the work of other employees on a day-to-day basis.*

Yes ☐ No ☐

J11 **How much do you get paid for your job here, before tax and other deductions are taken out?** *If your pay before tax changes from week to week because of overtime, or because you work different hours each week, think about what you earn on average.*

Tick one box only

- £60 or less per week (£3,120 or less per year) ☐
- £61 - £100 per week (£3,121 - £5,200 per year) ☐
- £101 - £130 per week (£5,201 - £6,760 per year) ☐
- £131 - £170 per week (£6,761 - £8,840 per year) ☐
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- £521 - £650 per week (£27,041 - £33,800 per year) ☐
- £651 - £820 per week (£33,801 - £42,640 per year) ☐
- £821 - £1,050 per week (£42,641 - £54,600 per year) ☐
- £1,051 or more per week (£54,601 or more per year) ☐

J12 **Which of the following do you receive in your job here?**

Tick all that apply

- Basic fixed salary/wage ☐
- Payments based on your individual performance or output ☐
- Payments based on the overall performance of a group or a team ☐
- Payments based on the overall performance of your workplace or organisation (e.g. profit-sharing scheme) ☐
- Extra payments for additional hours of work or overtime ☐
- Contributions to a pension scheme ☐

J13 **To which of these groups do you consider you belong?**

Tick one box only

White	British	☐
	Irish	☐
	Any other white background	☐
Mixed	White and Black Caribbean	☐
	White and Black African	☐
	White and Asian	☐
	Any other mixed background	☐
Asian or Asian British	Indian	☐
	Pakistani	☐
	Bangladeshi	☐
	Chinese	☐
	Any other Asian background	☐
Black or Black British	Caribbean	☐
	African	☐
	Any other Black background	☐
Other ethnic group	Arab	☐
	Any other ethnic group	☐

J14 **Please state the post-code of your home address in the box below.** *This is in order to define the general characteristics of the area in which you live. It will not be used to identify you in any way or to contact you.*

☐☐☐☐☐☐☐☐

Thank you for taking the time to complete this questionnaire.

Please return the questionnaire by using the stamped return envelope provided.

This questionnaire has been developed using information from: 'Workplace Employment Relations Survey: Survey of Employees', Department for Business Innovation & Skills, 2011; 'Initial Investigation into Subjective Well-being from the Opinions Survey', Office for National Statistics, 2011; and 'European Working Conditions Survey', Eurofound, 2010. This information is licensed under the terms of the Open Government Licence. To view this license, visit http://www.nationalarchives.gov.uk/doc/open-government-licence/version/2

Appendix H: Correlations between agreement with statements derived from emergent questions and APS health and wellbeing measures

Statement	Self-rated health	Life satisfaction	Worthwhile	Happiness	Anxiety	Job satisfaction
The organisation has a flat structure, as opposed to a 'top-down', hierarchical structure	.027	.107	.080	.061	-.127	.347**
The head of the organisation has a positive impact on my working experience	.097	.240**	.177*	.221**	-.092	.465**
I am concerned about the financial sustainability of the organisation	-.168*	-.093	-.097	-.168*	.153*	-.274**
The organisation actively helps me to achieve my personal goals	.123	.242**	.183**	.177*	-.197**	.686**
The organisation encourages staff to be innovative in their work	.095	.169*	.168*	.172*	-.091	.552**
The head of the organisation has a positive impact on the organisation	.143*	.222**	.211**	.219**	-.101	.511**
I rarely lose sight of the organisation's aims and objectives	.168*	.106	.135	.152*	-.101	.517**
The organisation provides its staff with good benefits (e.g. gym membership, annual leave, etc.)	.123	.068	.054	.146*	-.150*	.297**
The physical working environment could be improved	-.070	-.206**	-.189**	-.152*	.155*	-.237**
It is important to me that profits are reinvested in the organisation or community, rather than paid to shareholders	.094	.083	.077	-.001	-.056	.218**
The head of the organisation is the driving force behind it	.096	.158*	.183*	.149*	-.003	.265**
The organisation focuses on employees' strengths, i.e. what they can do, rather than what they cannot do	.139	.236**	.221**	.250**	-.078	.534**
The organisation is true to its ethos/values	.105	.229**	.175*	.171*	-.089	.494**
The organisation trusts its staff	.167*	.233**	.165*	.181**	-.129	.471**
Social enterprises trust their staff more than other types of organisations	.020	.103	.000	-.001	-.129	.299**
Social enterprises treat their staff better than other types of organisations	.107	.084	-.026	-.030	-.101	.282**
I have greater scope for using my own initiative in this organisation than I would in similar public sector organisation	.187*	.228**	.198**	.111	-.105	.484**
Social enterprises combine the best bits of the public and	.133	.171*	.157*	.084	-.101	.355**

Appendix H: Correlations between agreement with statements derived from emergent questions and APS health and wellbeing measures

Statement	Self-rated health	Life satisfaction	Worthwhile	Happiness	Anxiety	Job satisfaction
private sector						
I get a better sense of achievement working for a social enterprise than in other types of organisations	.187*	.234**	.205**	.149*	-.121	.434**
Social enterprises are less risk-averse than public sector organisations	-.006	.142	.120	.076	-.136	.254**
There is less emphasis on chasing funding than there would be in similar organisation in the public or third sector	.104	-.020	-.021	.002	-.065	.196**
Less stigma attached to time off work due to ill health in a social enterprise than in a similar private or public sector org.	-.019	.003	.052	.031	-.043	.211**

Appendix I: The result of a chi-square goodness of fit test on whether there was a significant difference between the study and population sample on agreement with the item: 'I share many of the values of my organisation'

SPSS output:

Frequencies

'I share many of the values of my organisation'

	Observed N	**Expected N**	**Residual**
Strongly agree	129	34.1	94.9
Agree	67	104.2	-37.2
Neither agree nor disagree	12	56.1	-44.1
Disagree	2	15.7	-13.7
Total	210		

Test Statistics

	I share many of the values of my organisation
Chi-Square	324.272[a]
df	3
Asymp. Sig.	.000

[a]0 cells (0.0%) have expected frequencies less than 5
The minimum expected cell frequency is 15.7.