

CASE STUDIES OF WELL-BEING PRACTICES IN COMPANIES DURING THE PANDEMIC

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Purpose: This paper aims to analyse and discuss well-being initiatives undertaken by companies during the pandemic. Well-being is considered an overall subjective evaluation of an individual's life, including three main areas: psychological (ability to cope with stressors and stay in a positive mood), physical (good health, fitness, beauty, sleep) and social (positive relationships, support). It influences work satisfaction, motivation and performance.

Design/methodology/approach: The applied method was a case study analysis. 21 companies and 105 well-being interventions were investigated in terms of the type, frequency, expected outcomes, implementation process, measurement methods and cooperation with employees.

Findings: Results show that the most common are interventions in mental health and physical activity improvements as well as building positive relationships between employees working remotely. Interventions usually suit the employees' needs; however, well-being and intervention effectiveness are not very well measured and investigated in a study sample. More reliable and evidence-based methods of implementation of well-being management are needed.

Research limitations/implications: A certain limitation may be the deliberate selection of the research sample – only companies operating in Poland were included in the study, which excludes generalisation of the results obtained.

Practical implications: Building a culture of well-being in an organisation should not be based on random, ad hoc activities, but rather on a long-term strategy in which both employees, leaders and managers play an important role.

Originality/value: The described research results prove that a large group of entrepreneurs in the country has entered the phase of business maturity and appreciate the role and importance of the organisational culture in terms of well-being at work during a difficult period of the pandemic. The article may be especially useful for HR managers and HR business partners.

Keywords: well-being, intervention, mental health, human resources, pandemic.

Category of the paper: Research paper.

1. Introduction

The topic of well-being at work has become one of the key issues during the Covid-19 pandemic in many organisations. The sudden situation of isolation, long-term remote work, the flood of negative news from media and the feeling of health, personal or professional insecurity were reflected in the deterioration of the physical and mental health of employees facing a prolonged tension (Craven et al., 2022; Escudero-Castillo et al., 2021). Research on mental resilience of Polish organisations (Human Power, 2021) indicates that nearly 80% of respondents reported experiencing panic attacks that were difficult for them to control in the last year, and 7 out of 10 respondents experienced more stress than before the pandemic. Nearly 40% of the surveyed employees were included in the group, which was characterised by a weaker mental condition. Other studies on the mental health of Poles during the pandemic indicate a significant increase in anxiety, depressive and sleep disorders and even post-traumatic stress disorder (Dragan et al., 2021; Gambin et al., 2021).

It should be emphasised that the costs of prolonged tension are borne not only by the employee but also by the organisation. These include absenteeism, presenteeism, counterproductive behaviour, staff turnover, or decreased productivity. (Buffet et al., 2013; Molek-Winiarska, 2020). Thus the sense of well-being strongly affects business results as well (Buffet et al., 2013; Harter et al., 2002). Attention paid to the well-being of employees becomes a key activity to ensure the company's survival in difficult, uncertain and unpredictable conditions. In this situation, it is essential to maintain the motivation and commitment of subordinates, which in the long run translates into the effectiveness of the entire organisation. (Isham et al., 2020). Therefore, it is necessary to provide employees with a sense of psychological security and take care of their physical, emotional, and social aspects through interventions to maintain or improve well-being at work. Scientific research shows links between well-being and employee effectiveness (Krekel, 2019; Nielsen et al., 2017). Well-being can be developed through diverse practices based on positive psychology, organisational psychology or occupational health psychology techniques (Luthans et al., 2007).

The article presents interventions aimed at strengthening the well-being of employees undertaken by organisations in Poland during the pandemic. The analysis was carried out for descriptions of case studies from 21 companies.

2. Theoretical background

2.1. Well-being at work

Well-being at work is a state in which a person feels comfortable, healthy and satisfied. It is associated with activities in all areas of life, including professional activity, as the sense of well-being in the workplace is crucial for general well-being (Mikołajczyk, 2021). Well-being at work sometimes is equated with job satisfaction; however researchers point out its three dimensions (Grant et al., 2007):

- psychological – subjective mental well-being (incl. job satisfaction, self-esteem, agency and capabilities),
- physical – an experience of body health (incl. physical safety and ergonomics of work, health care),
- social – the quality of relationships with other people (incl. trust, social support, cooperation).

Therefore, well-being at work can be defined as an employee's understanding of own capabilities, essential needs, and coping with stress. Therefore, he works productively, contributes to his community, and has a sense of security, meaning, and satisfaction with work (Van De Voorde et al., 2012). The very concept of well-being is a comprehensive, holistic approach to a human and satisfying his sense of security, meaningfulness, mental resilience, happiness and life satisfaction. Striving to achieve well-being is the essence of positive psychology, which aims to maximise personal development.

2.2. Well-being interventions at work

It has been established in the literature that stress can deplete the resources of an individual, and the depleted resources cause difficulties in coping with the requirements of the environment (Dewe, Cooper, 2020; Hobfoll, 1989). Therefore, a significant part of organisational interventions focuses on building the resources of employees so that they can cope with the requirements of work without harming their well-being. It has a significant impact on work productivity, rate of absence, number of accidents at work or staff turnover. Hence, it is reasonable to undertake well-being interventions in the organisational environment. Such initiatives may be targeted at three different aims (Dalgren, Gard, 2013; LaMontagne et al., 2007; Richardson, Rothstein, 2008):

- Primary that reduce or eliminate sources of psychosocial risk (e.g., work design and ergonomics).
- Secondary that support employees' ability to cope with stress and increase well-being.
- Tertiary are psychological or medical interventions coping with the negative results of psychosocial risk, burnout etc.

Well-being initiatives might be implemented on the organisational or individual level (Dewe, Cooper, 2020; Richardson, Rothstein, 2008). Organisational-level interventions (OLI) are mostly primary interventions intended to diagnose and eliminate or reduce potential risk factors (Nielsen, Noblet, 2018). These are often long-term activities related to the company's personnel strategy to improve the organisation and working conditions (Molek-Winiarska, 2020). Such initiatives are more beneficial to the organisation in the long run but are usually more time-consuming and can involve higher costs. Individual-level interventions (ILI) aim directly at improving employee well-being and increasing the ability to cope with pressure at work (Dalgren, Gard, 2013). Most often, they belong to the secondary and tertiary interventions. These include training in stress management, relaxation, attentiveness, building mental resilience, interpersonal training and promoting physical activity. Sometimes multi-level interventions are carried out, which may be particularly important due to the organisation's overall impact.

2.3. Measuring the effectiveness of well-being interventions

By assessing the effectiveness of interventions, it is possible to estimate whether and to what extent a given intervention has paved the way for achieving the intended objectives. It may also be considered as a ratio between profits from intervention and expenditure incurred (cost-effectiveness). These types of measurement use cost analyses or cost-benefit analyses based on the ROI measure, e.g., analysis of the return of costs resulting from lower absenteeism or accident rates or revenue growth analyses (Molek-Winiarska, 2020). It should be emphasised that in this approach, the cost-effectiveness of well-being is determined quite rarely. In many cases, organisations restrict themselves to analysing only the level of engagement or contentment from initiatives or simply the level of attendance.

According to some researchers (Kompier et al. 2000), the intervention evaluation focuses on observed changes in:

- attitudes, values and knowledge,
- development of individual resources, working procedures and conditions,
- psychological and physical health,
- quality and productivity and the level of occupational safety.

Nielsen and Noblet (2018) indicate that the process of assessing the effectiveness of the intervention should be carried out by evaluating not only the effects but also the implementation process.

3. Method

The described research is of a qualitative nature. In the context of the theoretical premises discussed above, it appears crucial to recognise, identify and underscore some important initiatives that organisations in Poland have taken to maintain and enhance the well-being of their workforce during the pandemic. The research method was a case studies analysis. A case study is a research approach used to generate an in-depth, multi-faceted understanding of a complex issue in its real-life context. Through case study methods, a researcher is able to go beyond the quantitative statistical results and understand the behavioural conditions from the actor's perspective. By including both quantitative and qualitative data, a case study helps explain both the process and outcome of a phenomenon through comprehensive observation, reconstruction and analysis of the cases under investigation (Ragin, Becker, 1992).

21 case studies (companies) usually with multi practices were taken into consideration in this study. These organisations answered the open request to describe their well-being practises within the framework of the national contest for the best well-being organisation. 17 companies (81% of the sample) were large with 250 or more employees; 3 were medium-sized (14%); and one was a small company (5%). Companies described their initiatives based on a survey with ten open questions concerning the type of the initiative, well-being measurement, implementation procedures, accomplished goals and level of cooperation with participants. Each company sent additional materials such as a short presentation of all implemented initiatives and a description of the effects. The sent material was deeply analysed and evaluated to get answers to all survey questions. If doubts appeared, companies supplemented the needed information. Only practices undertaken in 2020-2021 were analysed.

The collection of such comprehensive data was available thanks to a consultancy company engaged in this study. It allowed the researchers to use their client base and encouraged enterprises to send descriptions of their initiatives within the framework of sharing best well-being practices contest. The best solutions were then awarded. The data was collected and analysed at the beginning of 2022. Seven well-being experts independently evaluated each case study, and the results were then discussed. Each case study was analysed on the basis of research questions stated below:

1. What kind of well-being activities were undertaken during the pandemic? What were the forms of those interventions?
2. What were the goals of such activities, and whether the needs of employees investigated thoroughly?
3. How was the effectiveness of those interventions measured?

4. Results

The conducted analyses clearly show that the well-being programs were introduced or the developments of existing programs were continued during the pandemic in all surveyed companies. They often took into account all three dimensions of well-being, i.e., physical, psychological, and social. Initiatives were undertaken to support employees in physical activity, good sleep and regeneration, and a healthy diet. Aspects related to the organisation and ergonomics of workstations of remote and hybrid work were also in focus. Employees (sometimes also their families) were provided with medical and psychological support and life insurance. Several diverse development initiatives were introduced relating to stress reduction, resilience building, adaptation to changes, work-life balance and combining various life roles. The focus was also given to integration activities, enabling the elimination of physical isolation of employees by organising various meetings and events with elements of gamification and promotion of a healthy lifestyle with the focus on maintaining employees' ties. Table 1 presents the actions undertaken, considering the types of interventions.

Table 1.

List of interventions undertaken in the analysed organisations

Type of intervention	Individual level (number of interventions)	Organisational level (number of interventions)
Primary	<ul style="list-style-type: none"> – promoting physical activity and a healthy lifestyle;(9) – supporting mental health;(7) – supporting work-life balance;(4) – fostering remote and hybrid work;(3) 	<ul style="list-style-type: none"> – providing preventive medical examinations and implementation of products in medical care and group insurance;(4) – maintaining favourable psychosocial working conditions;(3) – maintaining flexitime and adequate work schedule;(3) – improving the ergonomics of work processes and investment in equipment to improve the safety of workplaces;(2) – creating a work environment supporting the development and lifelong learning; (2)
Secondary	<ul style="list-style-type: none"> – informal integration meetings;(8) – stress-reducing training, attentiveness, meditation, relaxation training;(7) – physical exercise;(7) – supporting mental resistance;(4) – training in social and interpersonal skills;(4) – sports contests;(3) – first aid, pre-medical assistance training;(2) – change management training;(1) 	<ul style="list-style-type: none"> – improving communication processes (incl. remote) ;(3) – coaching, mentoring programs, career paths planning;(2) – creating space for physical activity;(2) – refurbishing of a home office;(2) – financing of part-financing of meals for employees;(2) – finance advisory, pay adjustments related to inflation;(2) – financial support for sports teams;(1) – support groups for employees;(1)
Tertiary	<ul style="list-style-type: none"> – sessions with a psychologist, dietary expert, physiotherapist;(6) – individual therapies and advisory;(5) – psychiatric support;(2) – health monitoring sensors;(2) 	<ul style="list-style-type: none"> – providing sabbaticals;(1) – employee vaccination programs;(1)

Source: own study.

A significant part of the interventions was carried out online in the form of webinars, video meetings or using various mobile applications. As a rule, the duration of intervention was up to 3 months or it was temporary (78%), although there were also several long-term activities and ongoing initiatives (26%).

A total of 105 well-being interventions were carried out in the surveyed companies. The average number of interventions in an organisation was 5, with 38% of organisations conducting more interventions than the average and 62% below average. Most of the interventions were carried out at the individual level. The vast majority of them concerned the organisation of workshops on mental health, building mental resilience, and coping with stress. These were reported in 19 out of 21 analysed companies, with 8 organisations implementing both OLI and ILI programs and in 12 implementing one or more ILI initiatives (see: Table 2). The reasons pointed out as a justification for this type of intervention included the need to take care of the physical and mental health of employees in long-term remote work and social isolation and the need to reduce turnover caused by high levels of stress and sickness absenteeism, as well as to increase satisfaction and commitment to work and productivity.

Table 2.
Characteristics of the interventions in a study sample

Characteristics of the initiatives	No (%) of the sample
No. of short-term initiatives (3 months or shorter)	78 (74%)
No. of long-term initiatives (longer than 3 months or ongoing)	27 (26%)
No. of ILIs	74 (70.5%)
No. of OLIs	31 (29.5%)
No. of organisations implementing only ILIs	12 (57%)
No. of organisations implementing only OLIs	1 (5%)
No. of organisations implementing both types of initiatives simultaneously	8 (38%)

Source: own study.

Most of the offered programs were addressed to all employees, but sometimes the division took into account the specific character of work positions (for managers, remote employees, executive employees). 13 (62%) of the analysed organisations introduced programs with the support of external partners, and 7 (33%) independently, using inner resources of HR departments. In one organisation, well-being activities were prepared entirely by an external company.

Well-being interventions were usually preceded by recognising and analysing employees' needs. The most frequently reported needs included: lockdown fatigue, weight gain, back pain, loss of concentration, loneliness, isolation, concern for health, fear of returning to office, and difficulty in maintaining a work-life balance. Details are presented in Table 3.

Table 3.*Input analysis for the interventions in a study sample*

Type of diagnosis "entrance" (analysed factors)	Tool	Number of organisations that conducted the diagnosis (%)
Analysis of needs reported by employees	Interview, surveys	13 (62%)
Analysis of the level of engagement and/or satisfaction (annual)	Surveys or standardised questionnaires	9 (43%)
Analysis of psychosocial risk factors, stress level	Standardised questionnaires	8 (38%)
Analysis of turnover and/or absence	Spreadsheet	2 (9.5%)
Ergonomic analysis of workstation	Standardised questionnaires (RULA and REBA method)	1 (5%)
none	-	2 (9.5%)

Source: own study.

The needs were analysed through the use of surveys, interviews with employees, or psychosocial risk assessment and standardised stress questionnaires. The data from exit interviews, competency analysis, salary analysis, turnover and absence rates were used slightly less frequently.

The measurement of the effectiveness of the actions taken was largely limited only to determining the first level – the reaction of the intervention participants. Organisations monitored employee attendance and their satisfaction from participating in the initiatives. Several organisations measured absenteeism and turnover or analysed revenue growth. A comparative analysis of mental resilience before and after the intervention and analysis of stress level were rarely conducted. A detailed list of all methods is presented in Table 4.

Table 4.*Analysis of the effectiveness of interventions in a study sample*

Methods/ways of measuring the effectiveness of the initiative	Number of organisations that applied a given measurement (%)
Employee attendance (number or percentage of employees participated in initiatives)	12 (57%)
Satisfaction from participation in initiatives	12 (57%)
Level of well-being, occupational health, risk factors after the completion of initiatives	9 (43%)
Absence and/or turnover, and/or productivity before and after the completion of an initiative	4 (19%)
Sales growth or revenue growth	2 (9.5%)
Customer satisfaction or loyalty	3 (14%)
Employer branding analyses	2 (9.5)

Source: own study.

The results indicate the need for knowledge and understanding the idea of measuring the cost-effectiveness of well-being interventions. The level of attendance and satisfaction from the initiative are not hard evidence of the effectiveness of the outcomes. More “objective” data such as sick leave rates, productivity level, number of accidents/errors, and turnover might be better indicators for the effectiveness of the outcomes of interventions.

5. Discussion

The case studies showed that the most common interventions were ILIs focused on improving employees' mental and physical health. Programs to support mental health, physical activity, healthy diet and lifestyle as well as activities related to the integration of employees dominated among all the activities undertaken. This approach can be justified in two ways. Firstly, many organisations have previously provided employees with access to medical care, so now only a tiny percentage have introduced this type of activity. Similarly, when it comes to creating an ergonomic workplace or organising the communication channels, these already took place in the first half of 2020 due to the lockdown.

One-and-a-half years of remote or hybrid work led to a number of negative consequences related to mental health, physical condition, interpersonal relationships, to which the studied organisations responded in the form of preventive actions (primary interventions) or rehabilitation (secondary and tertiary). These were the main reasons for undertaking well-being activities in the surveyed companies.

Organisations, or actually HR departments, also responded to the ongoing needs reported by employees, examining them mainly through conversations and surveys, as well as sometimes standardised tools diagnosing various dimensions of well-being. Most organisations coped very well with accurate identification of employees' expectations. However, studying the efficiency and effectiveness of the actions taken proved much more problematic and imprecise in the majority of the analysed cases. The level of well-being was often examined randomly, or the study was limited to satisfaction checks with a given program. Attendance was also measured, which is a very unreliable way to assess the effectiveness of interventions. The levels of absence and productivity were estimated and compared to assess the effectiveness of the actions only in a few organisations. In one case, a relatively precise analysis of the return on investment was made by comparing the sales and revenue figures. In this respect, organisations undoubtedly need support both in terms of the methodology of conducting such comparisons and, perhaps more importantly, with the awareness that the assessment of the intervention effectiveness is possible, useful and needed in managing well-being projects in the company.

6. Conclusions

Well-being at work is a set of practices for creating a healthy and engaging work environment that can become one of the central tenets of a company's business strategy. Therefore, well-being is a key decision made by the employer – starting from the choice of a building, through the design of a workspace, and ending with management in the area of

organisational culture. In a knowledge-based economy, the most important capital of an enterprise is people. Creating an optimal environment in which employees realise their full potential is one of the key factors influencing the long-term effectiveness of the organisation.

The pandemic contributed to undertaking various activities and interventions in organisations aimed at the mental support of employees on a much larger scale than had been before. At this time, key challenges that had already existed were revealed, but it was the pandemic that made them more intense. Problems with coping with professional, family and/or educational responsibilities directly or indirectly exacerbate the perceived stress which manifests itself in the workplace. The growing recognition of well-being in organisations in Poland also results from the challenges that employers face in the labour market these days, i.e., problems with retaining employees and their commitment and, at the same time – competition for talents in conditions of low unemployment and constantly growing demand for specialists. The company's culture is the most crucial factor in creating a business case for the idea of well-being; however, one of the biggest challenges for starting or expanding well-being initiatives, beyond financial resources and investments, is the engagement and interest on the part of employees. It is worth emphasising that building a culture of well-being in an organisation should not be based on random, ad hoc actions but rather on a long-term strategy in which employees and managers play essential roles.

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