An Exploration of Wellbeing:
A Case Study of Feedback Employees in Healthcare

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1. Context and Aims

Why feedback employees?

• Some job roles, for example customer service representatives, are considered high risk groups (Johnson et al., 2005).
• However participants in these samples (e.g., Bakker et al., 2003; Belt, 2002; Holman, 2002; Holdsworth and Cartwright, 2003; Wegg et al., 2010; Zapf, 2003) were employed in call centres.
• Fewer studies such as Boles and Babin (1996) researched face to face customer service.
• Large parts of the feedback occupation is largely ignored, even in face to face customer service samples, is a distinct type of customer service that involves customer feedback.

Research Aim:
To explore the wellbeing of feedback employees

Research Objectives:
1. To assess current levels of wellbeing
2. To determine particulars of job role that may impact on wellbeing
3. To understand how feedback employees may cope with their job role

2. Methods

Methodology

Data Collection

- Mixed-methods
- Focus Groups
- Interviews

Data Analysis

- Interpretative Phenomenological Analysis
- Reflectivity

Quality

Research Philosophy

Hermeneutic Phenomenology

Research Design

Case Study

Purposive sampling

Sampling

Feedback Employees

Inadequate managerial support

Boundary-less job design

High expectations but under-resources

Emotion Work

Role Conflict

Difficult relationships with clinicians

Change

High stakes associated with patient safety

3. Analysis and Discussion

Findings

Low reported wellbeing

High strain

High and conflicting demands

Difficult relationships

Insufficient support

51% of participants above GHQ12 threshold (>4)

73% report 'rather more' or 'much more' strain than usual

46% report demands that are hard to combine

31% report being subject to personal harassment

46% indicate not feeling supported through emotional work

Low reported wellbeing of participating FE more comparable to professions such as the police force and civil service/social workers than to call centre, sales and customer service, and administrative roles (table 1).

Table 1. GHQ12 Benchmarks

<table>
<thead>
<tr>
<th>FE Participants</th>
<th>n</th>
<th>% ±</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mixed industry call centre</td>
<td>137</td>
<td>51%</td>
</tr>
<tr>
<td>Sales and customer service</td>
<td>1095</td>
<td>32%</td>
</tr>
<tr>
<td>Police force</td>
<td>1729</td>
<td>28%</td>
</tr>
<tr>
<td>Civil service and social work</td>
<td>152</td>
<td>47%</td>
</tr>
<tr>
<td>Civil service and social work</td>
<td>307</td>
<td>45%</td>
</tr>
</tbody>
</table>

Next steps

Qualitative studies: To explore in-depth meanings of findings from study one while remaining open to additional inductive themes that may emerge.

1. Why feedback employees in healthcare are comparable to high strain professions such as the police force and social workers?
2. These findings may impact on the conceptualisation of the FE job role and the extent of psychological strain associated with managing patient feedback.

4. Implications and Impact

• Findings indicate that although FE job descriptions allude to customer service and administrative tasks, the low level of wellbeing experienced by the case study participants is more comparable to high strain professions such as the police force and social workers.

• These findings may impact on the conceptualisation of the FE job role and the extent of psychological strain associated with managing patient feedback.

5. References


