

Managing employee wellbeing in implementing modern methods of construction: the ethics of care perspective

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Introduction

Employee wellbeing has received growing attention in project management due to the increased fatigue, stress and burnout in projects and project business (Asquin et al., 2010; Cheung et al., 2019; Mubarak et al., 2022; Pinto et al., 2014; Zika-Viktorsson et al., 2006). Particularly, the construction industry is historically known for being unhealthy and bad for worker wellbeing. For example, between 2011 and 2015, the UK construction industry represented 13.2% of the total number of in-work suicides and the risk of suicide among construction male workers was three times higher than the male national average (ONS, 2017). By 2021, there were 74,000 construction workers suffering from work-related ill health, mostly due to musculoskeletal disorders, stress, depression and anxiety (HSE, 2020). Research in the US and Australia has also found that construction workers are at risk of hazardous alcohol consumption, illegal drug use and smoking (Chin et al., 2013; Cunradi et al., 2009; Minchin et al., 2006). The fragmentation of the construction supply chains, frequent use of employment agencies and of temporary contracts, loosen boundaries between work and leisure time, irregular and long working hours, and the masculine workplace culture affects construction workers' psychological, social and physical wellbeing (Hanna et al., 2020; Sherratt, 2018; Xu & Wu, 2023).

Meanwhile, modern methods of construction (MMC) have risen up the organisational agenda in the construction industry. MMC includes a wide range of offsite and onsite innovations, such as product platform approaches and design for manufacture and assembly, moving work from the construction site to the factory (Rahman, 2014). Digital technologies and manufacturing techniques provide alternatives to traditional methods and have the potential to improve productivity and efficiency by consolidating decision-making within the delivery phases (Jones et al., 2021). MMC is about better processes. However, existing studies are mostly interested in the technical side of MMC, and less so on the human and organisational side. The successful transformation requires changes in the working practices, decision makings and interactions across functions and along supply chains, which affects the wellbeing of those working in and interacting with new systems. An understanding of the

effects technologies have on the wellbeing of employees and managers is imperative to the success of transformation, but it is often neglected (Xu et al., 2021).

This paper aims to explore how project-based firms manage employee wellbeing in transforming to MMC. The ethics of care is used as an analytical lens to understand wellbeing management practices. A common underlying assumption of wellbeing management in the workplace is that wellbeing needs to be properly managed as it contributes to productivity, profitability and project outputs. Some scholars have argued that wellbeing management functions as a form of control that unreflexively promotes new wellbeing ethics in organisations and imposes 'appropriate' behaviour amplifying the moral values of leaders and facilitating managerial intentions (Johansson & Edwards, 2021; Thanem, 2013). Others pointed out that in the dominant neoliberal narrative of wellbeing, organisations tend to shift responsibilities to employees for their own wellbeing and take a 'supportive role' such as disseminating mental health messages and providing 'mindfulness' sessions (Murtola & Vallely, 2022). Such an approach has been criticised for being overly instrumental and normative (Sherratt & Sherratt, 2017; Xu & Smyth, 2022). It may satisfy instrumental compliance goals of the legislation and industry standards, but it does not fundamentally inculcate wellbeing. The instrumental and normative approaches can obscure the fundamental causes of poor worker wellbeing in organisations and detract attention from human care and dignity (Islam, 2013; Sherratt & Sherratt, 2017).

The feminist *ethics of care* (Gilligan, 1982; Held, 2006) redirects the research toward the moral dimensions of management by drawing attention to the role of caring in practice. It has increasingly been discussed in organisation and project studies (Johansson & Edwards, 2021; Lawrence & Maitlis, 2012; Liedtka, 1996; Nicholson & Kurucz, 2019; Smyth, 2008; Xu & Smyth, 2022) as part of an embodied ethical turn where relationships, care, responsibility and intersubjectivity are emphasised instead of judgements based on rationality, utility, regulations or policies. An ethics of care regards people as inherently relational and interdependent, morally and epistemologically (Held, 2006; Noddings, 2013). Individuals develop in networks of relationships, which help constitute who they are and are becoming, where the development process is ongoing. Care affects values, expectations, intentions and behaviour, hence the outcomes (Smyth, 2008). The central focus of care ethics is on mutual growth-in-connection (Fletcher, 1998), which leads to an integral view of the wellbeing of all parties involved. An orientation towards the ethics of care can foster a relational belief system that motivates relational behaviour and practices in order for positive interaction and mutual growth-in-connection (Nicholson and Kurucz, 2019). A caring organisation places people at the centre and treats employees as an end in themselves.

Care is not only a value but also a practice (Held, 2006; Tronto, 2013). In construction project management, an early marker has been put down to argue for shifting stakeholder management towards a caring approach (Smyth, 2008). In relation to wellbeing management, Xu & Smyth (2022) introduced the ethics of care and its implications in project contexts. By centralising employees' wellbeing in transforming to MMC, we extend the previous studies and explicate care practices that help employee wellbeing in project contexts. The specific research question is:

How do project-based firms care about employee wellbeing in implementing MMC?

Methodology

This study uses a qualitative methodology to explore wellbeing management practices in the UK construction industry. The fieldwork has two stages. The first stage involves an industry-university advisory workshop consisting of experts who had experiences with wellbeing management and/or MMC in the construction industry (Table 1)

Table 1 Advisory Workshop Participant Information

Participant	Organisation Type	Position
1	University	Senior Lecturer in Project Management
2	Infrastructure Management Consultancy	Senior Director
3	Engineering Professional Services Firm	Knowledge and Skills Operations Manager
4	Construction Management Technology Start-up	Founder and Researcher in Product Platform and Industrialised Construction
5	University	Lecturer in Management in Built Environment

The purpose of the advisory workshop was to understand the state of MMC in the construction industry and to refine the scope of the study. The advisory workshop also helped identify three types of firms that have the motivations to develop MMC capabilities: 1) construction consultancy firms; 2) main contractor firms; and 3) construction material or component manufacturing firms. Therefore, this study purposively selected companies that have experience with MMC in designing or delivering construction projects within the three categories. The advisory workshop was followed by pilot interviews with companies to understand the implementation of MMC in individual organisations and the role of MMC in the business in the long term to determine the suitability of the company for the case study.

The first stage resulted in the selection of construction organisations to proceed with the main interviews (Table 2).

Table 2 Schedule of Organisations and Interviews

Organisation	Organisation Type	Interviewee Roles	Subtotals
1 Consultancy 1	International firm providing engineering, design, planning, and project management consulting services	Managing Director	2
		HR Lead	1
		Designer	2
		Procurement Manager	1
		Construction Manager	1
2 Consultancy 2	International firm providing engineering, design, planning, and project management consulting services	Designer	1
2 Contractor 1	Construction and civil engineering firm	Head of MMC	1
3 Contractor 2	International firm providing construction and project management consulting services	Head of Health and Wellbeing	1
4 Contractor 3	International construction firm, civil engineering and infrastructure branch	HR Director	1
		Bid Manager	1
		Digital Construction Specialist	1
5 Contractor 4	Construction firm delivering new build, refurbishment, project management and design and build construction services in building sectors.	Managing Director	1
		Project Manager	3
		Designer Manager	1
6 Contractor 5	International firm providing construction and project management consulting services	Technical Director	1
		Head of MMC	1
		Health, Safety and Wellbeing Manager	2
Interview Total			22

The second stage, between January and May 2023, involves 22 semi-structured interviews. Each interview lasts approximately one hour. The interviews are guided by the interview protocol to ensure consistency among three researchers and include four main topics: 1) the description of the current organisation; 2) the impact of MMC on the existing organisational practices; 3) the impact of MMC on employee wellbeing, and 4) relationship management in implementing MMC. The participants include roles such as programme manager, technical director, bid manager, health and wellbeing director, human resource director, and designer. The interviewees are selected through snowball sampling (Goodman, 1961). Main interviews are recorded and transcribed.

An interpretative and thematic approach will be used in the data analysis, supported by MAXQDA 2022, a qualitative data analysis software. Data analysis is an abductive process involving a constant comparison between data and theories (Dubois & Gadde, 2002). A list of potential themes is created based on the theory of the ethics of care and this initial list changes as new ones emerged from the data and unused themes are discarded.

Key findings and implications

The findings generate a greater understanding of the relationship between an ethics of care and employee wellbeing. The research empirically demonstrates care practices to help employee wellbeing in project-based firms in the context of MMC. It provides a relational and people-oriented perspective in the management of projects and project businesses. The study also has practical implications for construction organisations in terms of developing organisational capabilities for wellbeing management and successful implementation of MMC.

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