Introducing the employee into employee silence: a reconceptualisation of employee silence from the perspective of those with mental health issues within the workplace

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Submitted in accordance with the requirements for the degree of Doctor of Philosophy

The University of Leeds
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August, 2017

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Acknowledgements

Abstract

In recent years, employee silence has emerged as an important construct and field of study. This thesis contributes to knowledge about the ontological foundations of silence, focusing firstly on who is remaining silent and secondly about what they are remaining silent, with a specific focus on mental health conditions. This has been achieved by conducting65 semi-structured, qualitative interviews within TransportCo, a large transport organisation. An alternate reading of silence is presented from the perspective of the employee, whilst interviews with those with managerial authority provide a platform to understand the significance of management and the role of other factors in structuring silence. Consideration is given to how employees perceptions on the procedural opportunities for voice can be influenced.

A disparity is found between TransportCo's commitments to giving a voice to those with mental health conditions and the company's practice is` found, demonstrating a lack of genuine commitment from management to develop their organisational strategies on mental health. The role of management in structuring silence through agenda setting, the absence of voice channels and through not building line managers' soft-skill and mental health knowledge, organises the issues employees' want to voice out of the voice process. Silence is shown not to be a communicative choice; rather that the employees' agency to make purposeful decisions regarding the voice process is constrained. This thesis contributes to the silence literature by offering an insight into how employees define their own silence by introducing an employee-oriented framework of silence. The thesis demonstrates how employees can regain their agency over the silence process through various silence practices, and that social voice plays a significant role in challenging aspects of employee-oriented framework of silence. A spiral of voice theory is presented, advancing

knowledge on the positive repercussions of social voice on employee perceptions of silence and organisational voice as a whole.

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Chapter One: Introduction

1.1   Introduction to the Debates central to the thesis

In recent years, employee silence has emerged as a key theme in both practitioner and academic concerns within organisational analysis (Pinder and Harlos, 2002; Brinsfield, 2003; Brinsfield et al., 2009; Morrison and Milliken, 2000; Bowen and Blackmon, 2003; Van Dyne et al., 2003). However, despite being pervasive in organisations, employee silence remains an enigma. As a concept in its infancy, this thesis presents a detailed enquiry into employee silence with regards to mental health in the workplace. Traditionally silence has been conceptualised from a management-focused perspective (Donaghey et al., 2011), with research focused on the silence of work related issues (Morrison and Milliken, 2003; Pinder and Harlos, 2001; Scott, 1993). These studies position silence and voice as communicative choices employees have the agency to navigate, bypassing the ways in which the employer can shape climates of silence within the workplace and not recognising the importance of considering the factors that shape employee perceptions of these climates of silence.

Departing from this perspective, the thesis refits this one-sided conceptual lens as to why employees remain silent about personal related issues; therefore offering an alternative reading of silence by enquiring into the ontological foundations of silence around mental health within the workplace. The ontology of silence refers mainly to what it is for silence to be or to exist (Creed, 2003). As Creed (2003) highlights, the ontology of silence is integral to academics' understanding of silence, with regard to what is being withheld and whom is remaining silent. The ontological foundations of silence are important, as they establish the nature of silence and ignite questions pertaining to the kinds of silence different employee groups are engaging in. Through examining the nature of silence, the thesis illustrates the importance

of acknowledging the ontological foundations that underpin silence, reframing the existing silence debate.

The aims of the research were as follows:

To explore the ways in which the employer can shape climates of voice and silence within the workplace.

To explore the factors that shape employee perceptions of the procedural opportunities for voice and silence regarding mental health issues within the workplace.

To reconceptualise employee silence to give more emphasis to the perspective of the employee.

The thesis develops these aims through an intensive review of the silence literature, drawing out gaps in conceptual and academic understanding. To present an understanding of the literature that informed these aims, the background to the thesis will be briefly explored.

1.2   Introduction to the background of the Thesis

Whilst academics have strenuously deliberated the concept of employee voice (Graham, 1986; Miceli and Near, 1991; Folger and Cropanzano, 1998; Dutton et al, 2011), the alleged 'antithesis' of voice – 'silence'– has received limited inquiry (Donaghey et al., 2011). In the last decade, employee silence has emerged as an important construct and field of study and has witnessed a gradual growth in attention within the organisational field (Morrison and Milliken, 2003). Employee silence has been defined as:

'The purposeful withholding of ideas, questions, concerns, information,
or opinions by employees about issues relating to their jobs and the
organisations in which they work'

(Brinsfield et al., (2009; p. 20).

Although academics' understanding of silence has grown significantly in the past decade, the literature remains focused on issues that have been addressed within the traditional voice scholarship. This was evident in the definition presented by Morrison and Milliken (2000), which clearly states that employees remain silent about *organisational* issues within the workplace. Whilst the content of employee silence can be a key tool in distinguishing between different forms of silence in a meaningful and functional way (Brinsfield, 2009), the silence literature observes silence through an institutional lens and thus restricts future research by placing a boundary on the issues about which an employee can remain silent (E.g. organisational justice and whistleblowing). Whilst organisational issues are at the heart of many employee silences, the assumption that the content of employee silence always concerns an organisational issue neglects the possibility that employees can withhold any other issues within the workplace, beyond that which relates to their jobs and the organisations in which they work (Morrison and Milliken, 2000; Van Dyne et al., 2003). Understandings of silence have therefore been shaped by a managerial bias of what employee silence means in theory and practice (Donaghey et al., 2011).

Silence scholars rarely articulate the ontology of silence (Creed, 2003). The employees themselves have often been neglected in prior analysis, for example who the 'employee' is in 'employee silence' rarely arises within the literature; on the contrary, the workforce is often portrayed as a homogenous group with little differentiation between employees. This thesis departs from this understanding and instead adopts a more inclusive understanding of silence that embraces the withholding of *personal* aspects of a person's life or identity (personal issues). Whilst

a growing body of literature has begun to focus on the silence of Lesbian, Gay, Bisexual and Transgender (LGBT) employees (Bell et al., 2011; Corrigan and Mathews, 2003; Creed, 2003; Bowen and Blackmon, 2003; Peters and Brown, 2009; Ragins et al., 2007), other personal issues, such as mental health, have been bypassed. There is a burgeoning sphere of practioner literature that argues that employees with mental health conditions remain silent about their ill mental health within the workplace (e.g. LRD, 1992; 1997; MIND 2011). However, an extremely limited number of academic studies have investigated how these employees can be encouraged to voice their mental health condition, or even what 'voice' or 'silence' means in this context (Corrigan and Mathews, 2003).

Donaghey et al., (2011) draws upon some conceptual weaknesses in the existing silence literature that this thesis intends to build upon. For Donaghey et al., (2011), the analysis of employee silence is constrained by a unitarist bias that forgoes the potential for management to fashion a climate of silence through agenda setting and institutional structures, revealing how management can perpetuate a climate of silence and organise out the issues that are of importance to the employee. Therefore, whilst the research has been predominantly employer focused, ironically the role of the employer in structuring silence has been neglected in the silence literature. This points to an important gap in the research that demands analytical investigation. This study presents an analytical enquiry into the factors that can establish a voice agenda within the workplace, contradicting the assumption that voice and silence are communicative choices. It expands upon the abstractions Donaghey et al., (2011) and draws upon from the existing silence literature and the theory it develops by observing the experiences of employees with mental health issues; therefore, unlike Donaghey et al., (2011), this thesis refits the conceptual lens to develop an understanding of silence from the perspective of the employee, and builds empirical knowledge through the gathering of primary data regarding the research phenomena.

In line with this argument, the various other factors that can shape employee perceptions of the procedural opportunities for voice within the workplace is a novel area that has opportunities for limited analytical enquiries. In reference to sexuality in the workplace, employee perceptions of the voice climate within the workplace have been influenced by cultural, heteronormative expectations of gender (Priola et al., 2013; Bell et al., 2011; Herek, 1993) and the visibility of other employees' sexual orientation within the workplace (Bowen and Blackmon, 2003). There are limited studies that have explored the factors which shape employee perceptions regarding their mental health condition within the workplace, presenting an interesting gap within the existing literature that demands academic attention.

Although this thesis recognises the significance of a collective understanding of voice, unions do not play a significant role in this thesis. This absence reflects the fact the union played no formal role in the organisational practices put in place to encourage voice regarding mental health; when contacted by the researcher, TransportCo's trade union responded that they had nothing to contribute on the subject of this thesis (a potential subject for a thesis in itself). Moreover, the role of the union was not raised in the participants' narratives. Therefore, rather than following understandings of employee voice that have conceptualised voice from an institutional collective angle, this thesis focuses on voice from an individual level. As this thesis intended to gain an insight into the employees' perceptions of the procedural opportunities for voice, the term voice is used to refer to the possibility for the employee to speak up about their mental health issue within the workplace. Different understandings of voice emerged throughout the thesis, which will be explored in greater detail in Chapter Five, yet the main understanding of voice related to the disclosure of an employee's mental health condition within the workplace. Disclosure is understood as "*the process of an employee informing their employer of a disability/impairment*" (Brunner, 2007a: p.8). Further, it is important to understand what is meant by climates of voice and silence. Workplace climate is a term that

refers to "shared and enduring perceptions of psychologically important aspects of a particular work environment" (Bagheri and colleagues, 2012: p.55), in this case these perceptions refer to voice and silence regarding mental health issues within the workplace. The meaning of silence will unfold throughout the thesis, however it is important to note that silence is understood to be a separate analytical construct from employee voice (Brinsfield, 2003; Brinsfield, et al, 2009; Morrison and Milliken, 200; Pinder and Harlos, 2001; Bowen and Blackmon, 2003; Van Dyne et al, 2003). Unlike the early silence literature that positions voice and silence as polar opposites, this thesis will explore voice and silence as two independent constructs that give meaning and significance to one another.

Lastly, although the term 'mental illness' is in common usage, it is a widely contested term that is disputed in this thesis as it represents derogatory terminologies (Reaume, 2002). Throughout the interview process it came to light that the majority of individuals dissociate themselves with the medicalised term mental illness, eschewing the term 'mentally ill' due to its negative connotations. Mental health issues and mental health conditions were terms that were embraced by the participants and therefore this thesis uses these terms interchangeably. 'Mental health conditions' and 'mental health issues' refer to a range of recognised disorders or disabilities of the mind, which impact mood, emotions, behaviour and thinking. This all-encompassing view of mental health conditions and mental health issues includes for example, schizophrenia, depression, bipolar disorder, anxiety disorder, obsessive compulsive disorder, personality disorders, eating disorders, dementia, brain injury and mental disorders due to drug use. A distinction is made between these two terms and mental health. The use of the term mental health has been made throughout the thesis as it has been institutionalised in the UK by the government, medical professionals, mental health charities and the employees with mental health issues themselves as an umbrella term to describe an individual's mental and psychological wellbeing. This includes an individual's capacity to realise their abilities,

cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their community (WHO, 2001). Conversely, mental ill health therefore refers to an individual's incapacity to engage in these activities and is used to describe when an employee's mental ill health interferes with an individual's cognitive, social and emotional abilities, and therefore daily functioning. Although an individual's mental ill health may not meet the criteria for a diagnosed mental health condition, it is often used by the employees interviewed to describe their inability to cope with daily life stressors and as a reflection of how they did not have what is considered 'good' mental health. Once more, this term is used in preference to mental illness throughout the thesis.

1.3   Introduction to the framework of this thesis

This thesis uses an inductive mode of inquiry to develop new theory. As it required a holistic, in-depth investigation, the use of a case study methodology was ideal. The case study chosen was a large organisation located within the Transport Sector, named TransportCo. 65 qualitative semi-structured interviews were adopted across a two layered sample within TransportCo; firstly, employees from a managerial level and from Occupational Health (layer one); and secondly, the employees with mental health issues themselves (layer two). Preliminary interviews with various external institutions that made up the contextual backdrop of the thesis - mainly not-for-profit organisations, charities, the government and other external organisations - informed the selection of TransportCo as the main case study. At this preliminary stage it was crucial that environmental agencies were included in the sample in order to gain a comprehensive understanding of the landscape of employee silence within the workplace and of the various pressures organisations were facing to acknowledge this silence regarding mental ill health. Although these were not workplace interviews, they laid the foundations for this thesis and presented an avenue to gain access to a case study that was relevant and appropriate.

The thesis is structured as follows:

Chapter Two reviews the literature around employee silence, exploring the history of its development. As the literature on this issue is scarce, the LGBT literature was chosen as a comparative tool of analysis because it has been the focus of several studies within the realm of employee silence, wherein this group of workers has been presented as an invisible minority who are articulated as employeesunable to express and voice their personal identity (Bell et al., 2011; Corrigan and Mathews, 2003; Creed, 2003; Bowen and Blackmon, 2003; Peters and Brown, 2009; Ragins et al, 2007). Thereafter, different silence conceptualisations and concepts that have been developed are discussed. Subsequently, the chapter moves on to discuss the numerous conceptual limitations that were identified by Donaghey et al., (2011), which argues that the literature poses a 'largely unremitting unitary bias' as managerial action has been bypassed or ignored in these studies. Managers' degree of power over determining the robustness of voice at the level of the workplace is discussed, exploring how management can 'organise out' the voice process for certain issues.

The thesis then turns to Creed's (2003) study on the ontology of silence, introducing the silence of personal issues into the silence debate. The experiences of LGBT employees are explored, followed by a review of the limited literature on mental health issues and silence within the workplace. The ways in which invisible minorities often face complicated decisions about disclosure and must employ discursive strategies to make their invisible characteristic apparent is then (Kooistra, 2008; Lingsomm, 2008; Valeras, 2010). The barriers to disclosure are drawn upon, establishing a link between stigma and silence. The imperatives for employees to encourage voice are drawn out, exploring the legal, business and social justicepressures that are encouraging employers to recognise the pervasive silence of mental ill health within the workplace. Taken together, this discussion illustrates

how the current literature on employee silence needs further exploration into the meaning of silence from the perspective of the employee and the factors that shape employees' perceptions regarding silence within the workplace.

In Chapter Three the methodology of the thesis is introduced. The aims of the thesis are set out, and followed by a philosophical discussion of the ontological and epistemological foundations of the thesis. Although this thesis refutes positivism, it does not fully embraced social constructivism either. Rather, this thesis recognises the importance of understanding the diversity of individual experience whilst also acknowledging the influence of structure on individual experience, therefore not adhering to one particular philosophical disposition. These philosophical assumptions determine the inductive and intensive qualitative design of the research strategy, demonstrating the need to understand employees' experiences of mental health from their own perspectives whilst also recognising the importance of structure and its influence on silence. Through a discussion of the need for a research design that presents an avenue to gain rich and detailed narratives, combined with the sensitive nature of the study, a justification of the case study design is presented, followed by a case for the use of semi-structured interviews. Within this, an in depth consideration is given to role of the researcher within this study and how her experience of the subject matter was an important tool that allowed access to more detailed and candid narratives. Issues of credibility, reliability, validity and transferability are discussed in detail, explaining the need for reflexivity as a predominant and consistent practice throughout the duration of the research. Lastly, a comprehensive overview of the ethical considerations of the study is presented andthe ways in which the research participants and the researcher herself were protected from harm are reviewed.

Chapter Four explores the stakeholder interviews that were conducted in order to situate the research in its contextual landscape. These interviews included an MP;

Trade Unions; support organisations, mainly the mental health charities Time To Change, MIND, SANE and Rethink Mental Illness; thenot-for-profit organisation Business Disability Forum; an NHS initiative called Mindful Employer; medical professionals; and various associates, consultants and advisors who worked actively within the field of mental health and/or disability. The ways in which organisations, charities and campaigns can create an imperative for voice, based on legalities surrounding reasonable adjustments, are introduced. From a legal standpoint, the need for employees to comply with equality legislation is discussed. Thereafter, the Time To Change pledge and Mindful Employer Charter are set out in detail, providing a full understanding as tohow these initiatives can encourage employees to make commitments to good practice regarding mental health within the workplace. How these initiatives informed the decision to choose TransportCo as the single case study for this thesis is justified. Finally, a comprehensive overview of TransportCo is put forward through the history of the organisation, its demographic makeup, and its recent attachments to these initiatives.

Chapter Five is the first of three empirical chapters. It examines the organisational and Occupational Health (OH) strategies around silence that aim to tackle the pervasive silence of mental health issues in the workplace; the implementation of various organisational strategies (attachment to good mental health practice and organisation wide communications and information provision), and OH strategies (support structures for those with mental health conditions). This chapter offers insight into the key obstacles to the successful implementation of these strategies; the enforcement of a narrow understanding of voice as disclosure, the lack of a formalised voice channel for employees with mental health conditions to supplement and reinforce these organisational and OH strategies, and how line management can reinforce the climate of silence through their response to an employee's disclosure. Explanations as to how these factors constrain the employees' agency to engage in voice are discussed in depth, revealing how despite the implementation of these

strategies the employer and line manager can reinforce climates of silence within the workplace.

There is a continuation of the presentation of empirical data in Chapter Six, which offers an alternate reading of silence that focuses on how an employee's agency to voice their mental health condition within the workplace can be constrained by culture and context. To begin with, this chapter delineates the cultural assumptions, values, beliefs, attitudes and rules that are particularly inhospitable for employee voice, presenting limitations to the organisational and OH strategies discussed in Chapter Five. Throughout the chapter the disparity between the cultural values espoused by TransportCo's organisational efforts to establish a climate of voice and the organisation's deep rooted cultural system is examined. To develop an understanding of the critical restraining forces that lead to a perpetuation of silence regarding mental health issues within the workplace, the concept of good worker and the good co-worker are presented. This notion of the good worker is based on the stereotyping of perceived traits that constitute a 'model' employee (MacKenzie and Forde, 2009), and Chapter Six explores the facets of the organisation's culture that reinforced this worker archetype: the organisation's military heritage; the precedence on performance; the gendered assumptions that pervade TransportCo and the stigma of mental ill health. Within this chapter, attention is drawn to how these cultural norms that inform a good worker ideal restricts employee agency through a prescription of silence.

Silence is shown to be a constrained communicative choice, circumscribed by ideal standards established from the top down and the bottom up. The ways in which the restructuring process within TransportCo, combined with the job-specific skill set of the employees of TransportCo, intensified the pressure to conform to the good worker archetype and remain silent within TransportCo is consequentially explored. Finally, the chapter illuminates the silence practices in which many employees

engaged to deliberately to regain their agency over the silence process, these being the disguise of good health; use of stress to mask their mental health condition; positioning mental ill health absences as a form of misconduct; and the use of humour as a silence practice within TransportCo.

These two empirical chapters set up the foundations for a new understanding of employee silence to be developed, which forms the basis of Chapter Seven. Abstractions are drawn from Chapter Five and Six to gain a deeper theoretical understanding of silence within the workplace. Departing from existing understandings of employee silence that define employee silence as the withholding of workplace issues that are of interest to the organisation (for example, Pinder and Harlos, 2001; Van Dyne et al., 2003; Brinsfield et al., 2009), this chapter challenges this managerial bias through expanding the concept of employee silence to incorporate the withholding of information, opinions, experiences and emotions regarding an issue that is personal to the employee. The chapter extends the existing silence literature by introducing an employee-oriented framework of silence, proposes three analytical categories in which to understand silence - unconscious silence, (silence based on a lack of awareness); institutionalised silence (silence enforced by management and/or society), and insubordinated silence (withholding information that management requests). Drawing upon Chapter Six, the ways in which employees can reclaim their agency are explained within this chapter, presenting a theoretical understanding of the various silence practices in which employees can engage, including insubordinated silence and employee engagement with social voice, a form of voice that is shown to exist along a continuum. A decision tree is presented to further illustrate how the employees consciously navigate institutionalised silence, providing an overview of how this framework can advance academic understanding regarding the silence process for personal issues such as mental ill health, particularly regarding the ways in which employees can reclaim agency over the silence process.

The second half of the chapter discusses how social voice can challenge aspects of the employee-oriented framework of silence, specifically institutionalised silence. Expanding upon social voice as a tool to challenge climates of silence within the workplace, an inversion of the logic of Bowen and Blackmon's (2003) spiral of silence theory is introduced to demonstrate the importance of employees speaking up about an important personal issue within the workplace, these being the horizontal and vertical spirals of voice. These spirals of voice suggest that when an employee engages in social voice, this voice can spread horizontally to other people and can spread vertically to workplace issues, leading to the liberation of organisational voice.This finding implies that organisations can reap the benefits of social voice within the workplace.

Chapter Eight draws some conclusions. The contribution to the silence literature about how strategies for employee voice regarding mental health issues require operational buy-in for senior management present an insight into why and how there can be a disparity between an employer's commitment to mental health and practice. The themes regarding the role of line management in structuring silence, the influence of culture and the impact of restructuring provide an invaluable insight into why voice agendas can be established within organisations, which organise out the issues that concern the employee, in this instance mental health issues. This thesis extends Donaghey et al.'s (2011) invaluable theoretical contribution to the literature by embedding the lessons learnt from this article into the employees' experiences within the workplace, revealing that silence can not only be structured by management, but can also be institutionalised by the employees' working cohort. Shifting to an individual level of analysis, the re-fitting of the conceptual lens to the perspective of the employee presents an interesting and novel way to conceptualise and understand silence. Through repositioning silence to the perspective of the employee, this thesis departs from existing literature that has had a unitary, managerialist focus that has confined silence to the articulation of workplace issues.

This thesis therefore builds upon existing understandings of silence through situating it within its context, illustrating how the employees' agency can be constrained by a lack of conscious awareness of the employees' mental health condition and/or institutional factors that can structure employee silence, mainly managerial and societal forces.

The contribution of the thesis to the literature concerns the relationship that this agency has with silence, expanding upon the silence debate by emphasising how silence is not a communicative choice. In doing this, it provides a platform for scholars to understand and recognise the ways in which employees can regain their agency within the workplace, particularly emphasising how employees can defy expectations of silence through social voice and claim back their agency over the silence navigation process. What this finding suggests is that social voice and the influence it has on reversing climates of silence can be beneficial to management. The final section of this chapter considers the implications this thesis has on future practice and further research to build upon the contributions of this thesis.

Chapter Two: Literature Review

2.1   Introduction

The aim of this review is to shed new light onto the unexplored issue of the concept of silence and to underline some conceptual limitations within existing understandings of silence. Similar to Barry and Wilkinson's (2015) criticisms of the managerial bias in Organisational Behaviour (OB) paradigms, in comparison to Employment Relations (ER) treatment of voice and silence, this thesis draws attention to the conceptual limitations regarding employee silence within the field of Management and OB. Within ER, consideration is given to how the relations between the worker and management can be unequal due to a divergence of interests. This, in turn, can create a power imbalance that limits the employees' capacity to engage in either voice or silence, reducing the employee's voice utility. However, in the OB and Management literature, there is a pervasive managerialist bias that has shaped employee silence to be centred on the silence of workplace issues (Morrison and Miliken, 2000; Pinder and Harlos, 2001; Brinsfield et al., 2009; Van Dyne et al., 2003). In addition, these disciplines understand silence to be a communicative choice. Through positioning silence as a discretionary activity, the ways in which an employee's agency can be constrained and silence structured are neglected from academic analysis (Barry and Wilkinson, 2015; Donaghey et al., 2011). The pitfalls of existing silence literature are weaved out throughout this literature review, firstly through drawing attention to the ways in management can institutionalise silence through various structures and agenda setting, and secondly through the expansion of traditional understandings of silence that define silence in terms of the withholding of workplace to include the silence of personal issues within the workplace.

Although the literature on employee silence is a relatively new phenomenon, indications of its concerns can be found within the voice literature. The theoretical

history of both voice and silence is first explored to provide a comprehensive understanding of the concept of silence, reviewing the ways in which employee voice and silence have developed over time. The literature review will explore the past three decades, during which silence emerged as an important concept; in particular the current wave of research that is at the forefront of academic discussion will be reviewed. In doing so, it will explore the existing interpretations and typologies of silence that are specifically tied to the silence of workplace issues (e.g. Milliken and Morrison, 2003; Van Dyne et al., 2003). Thereafter it will explore the potential for the silence literature to be reconceptualised to include the silence of personal issues alongside workplace issues, as suggested by Creed's (2003) paper on the ontology of silence. Within this, it is highlighted that the silence of invisible minorities remains unexplored - particularly the silence experiences of employees with mental ill health. The theory and process of the disclosure of personal issues will follow, alongside the barriers to employee voice regarding personal issues, such as the detrimental impact stigma and discrimination has on how an employee navigates the silence process, the impact of cultures of silence, and how the constitution of a good worker ideal can silence certain employee characteristics, assumptions and values. Lastly, the literature review will introduce the three different imperatives for developing voice mechanisms that aid the voice of employees with mental health issues: the legal imperative, the business imperative and the social justice imperatives.

Due to the novel nature of silence and mental health issues, the literature review compares the existing literature on silence and mental ill health with studies that explore the silence experiences of LGBT employees. The illustrative nature of the LGBT literature enabled the researcher to amalgamate findings and theory to expose any gaps and address unforeseen issues that have previously been overlooked. For this research to be fruitful, this thesis required a device to steer it as it was an unexplored terrain, and the LGBT literature provided insightful direction. The validation for this comparison was that both these social groups are invisible

minorities, with invisible attributes that distinguish them from the rest of the population. Another commonality is the parallel societal experiences of the two groups, as they both have invisible stigmas attached because of similar, society-wide misconceptions; therefore, they often face stigmatisation within the workplace because of their invisible minority status. However, there are some major limitations, as the parallel between the groups diminishes when treatment, recovery and identity are considered. Identity is the chief difference that presents challenges to this parallel, as sexual orientation and/or gender is an enduring part of a person's sense of self, whereas mental ill health is a medical condition that mainly does not define who a person is. Overall, this chapter illustrates how the introduction of the employee's perspective on employee silence warrants academic attention, specifically by expanding our understanding of silence to include the withholding of personal issues within the workplace, such as mental health issues.

2.2   Voice and Silence

Silence and voice are both argued to be inescapable phenomenona in organisations (Morrison and Milliken, 2000; Milliken et al, 2003; Pinder and Harlos, 2001; Scott 1993; Van Dyne et al, 2003), however only the latter has a rich history in the field of work and employment relations. One of the first definitions of voice was proposed by the seminal treatise of Hirschman (1970), *Exit Voice and Loyalty* who argued that employees face a conceptual ultimatum when they are dissatisfied, to either voice (i.e. making a grievance and actively attempting to institute change) or exit (i.e. withdraw relationship with the organisation). For Hirschman, voice represented "any attempt at all to change rather than to escape from an objectionable state of affairs" (1970: p30). Hirschman argued further that an employee's decision to either voice or exit the organisation is underpinned by a third variable, loyalty. Whilst Hirschman does not provide an explicit definition of loyalty, he delineates it into three types: 1) unconscious (i.e. not mindfully thinking about the imminent issue); conscious/passive (i.e. remaining silent, anticipating that things will improve); and 3) conscious/active

(i.e. speaking out to seek change or redress). Through this distinction of the different types of loyalty Hirschman presents an implicit articulation of silence, interpreting it as a form of loyalty whereby employees will "suffer in silence, confident that things soon will get better" (Hirschman, 1970: p38). Since Hirschman's (1970) seminal contribution, the organisational sciences have mainly equated silence with loyalty (see Farrell, 1983). Furthermore, it has been implicitly assumed that silence is an *in*action whereby individuals accept the status quo (Rousseau, 1995).

Although silence is clearly a discrete concept hidden within the exit-voice literature, academics continued to only present voice as an independent and meaningful construct. Since Hirschman's (1970) groundbreaking contribution, employee voice has been an important construct in employment relations, HRM, Industrial Relations and economics. Although these contending departments agree that employee voice warrants academic attention and understanding as a concept, a diverse range of academic interpretations of voice that expand, confirm or eschew this economic understanding of employee voice have entered the literature (Beardwell 1998, Sako 1998, Benson 2000; Roche, 2000). This literature founds a lengthy enquiry into voice as a construct and presents an ample account of the meanings, practices and purposes of employee voice (see Dundon et al, 2007). Definitions of voice have been broadened to include other manifestations of voice; nevertheless, these definitions can be all encompassing and imprecise. For instance, from a HRM perspective, employee voice has been defined as the possibility for employees to voice their concerns through two-way communication between management and employees (Bryson, 2004: p220).

However, as Boxall and Purcell's (2003) definition demonstrates, this broad understanding forgoes the possibility that employee's voice can impact management decision-making. Boxall and Purcell (2003: p162) define voice as

"A whole variety of processes and structures which enable, and at

times empower employees, directly and indirectly, to contribute to

decision-making in the firm".

McCabe and Lewin (1992) expanded upon this understanding of employee voice

from a HRM perspective by combining these two distinct definitions. McCabe and

Lewin (1992) delineated voice into two main components: firstly, the expression of

complaints or grievances within the workplace by employees to management, and

secondly,the participation of employees in the decision-making processes of the

workplace. Extending this definition, Lewin and Mitchell (1992) introduced the

distinction between mandated voice (such as co-determination and legislation) and

voluntary voice (such as collective bargaining). For those from a HRM tradition,

employee voice has been since found to be at the crux of organisational success

through its ability to reap beneficial returns, such as increased retention, motivation

and improved team working (see Bryson et al., 2007; Boxall and Purcell, 2011; Wood

and Wall, 2007). Within the 'best practice' HRM and high performance literature,

voice is perceived as a central facet of organisational commitment (Lewin and

Mitchell, 1992; Pfeffer, 1998), wherein employees feel they are having a say within

the workplace (Walton 1985; Dundon, 2002; Ackers et al. 2004).

Shifting to an Employment Relations (ER) lens, academic attention has tended to

focus on employee voice in terms of employee rights and employee democracy and

is closely tied to worker participation and representative participation (Johnstone and

Ackers, 2015; Kahn, 1990). This democratic understanding of employee voice is

motivated by the benefits that are associated with employee voice, namely in relation

to business performance. Many of these ER studies are centred on employee voice

as a form of employee engagement and stress how voice can be facilitated through

various *voice mechanisms* (Lukes 1974; Marchington et al., 1992; Johnstone and

Ackers, 2015; Wilkinson et al., 2004). Voice mechanisms within the traditional voice

scholarship can be understood as structures put in place that have the defined intention to increase voice of workplace issues. Attention on voice mechanisms dates back to Hirshman's (1970) understanding of employee voice, which made the distinction between an individual and collective petition.

Hirschman's model was the cornerstone for Freeman and Medoff's (1984) theory that popularised voice mechanisms as an academic concept. Freeman and Medoff claim that it makes good sense for both the employee and the employer to have a voice mechanism. For these academics, trade unions were the best vehicles for employee voice, defined as the institutions of collective voice in the labour market. This was primarily because trade unions offered legitimate means for employees to voice an issue without employer input. Within their seminal study, Freeman and Medoff claim that the 'voice/response' face on unionism has advantages that exceed the benefits of individual voice, as lower exit rates encourage the organisation to make investments in human capital and improve the productivity and skillset of the workforce. Additionally, they argue that trade unions provide an avenue by which employees can voice work related issues and provide a platform for employees to negotiate higher compensation packages. Their theory is supported by Batt et al., (2002), who state that employees who participate in collective bargaining are expected to have higher compensation than non-unionised jobs as they can have an input in appealing managerial decisions and influencing policies that reduce pay inequality.

Nevertheless, trade union membership has rapidly declined in numbers and in its impact on employer agreements (Kersley et al., 2007). The UK has adopted a more decentralised strategy to employee voice, advocating more direct and individualistic avenues for voice. In recent years, an employee voice mechanism has been described as "*any union or non-union based method of communication between employees and management*" (Townsend et al., 2013: p. 2). In addition to trade union

membership, three other channels of voice have emerged within the management literature: employee voice via indirect or representative participation mechanisms such as joint consultation and employee voice via direct employee involvement (Millward et al., 2003). The final strand, employee involvement, has come to the forefront of academic attention within work and employment relations (Heckshner, 1988; Wood and Wall, 2007; Dundon et al., 2004). According to numerous studies, there has been a rapid rise in the adoption of direct forms of voice over the past decade (Purcell and Georgiadis, 2007; Marchington et al, 1992; Wilkinson et al, 2004), with workplaces witnessing a shift from joint consultative voice channels to more direct forms of employee involvement (Kersley et al., 2006). This voice mechanism has grown enormously in coverage and has been identified as a central part of an organisations communication strategy within contemporary workforces (Wilikinson et al., 2004; Marchington, 2007). This surge in interest in direct voice mechanisms is centred around an employee's input in decision making and information sharing, yet, equally, it is a pivotal actor in high performance workplace systems wherein direct communication plays a vital role (Appelbaum, 2000). For example, the implementation of non-union mechanisms by employers is often driven by the aim to increase performance through information sharing (Dundon et al., 2005).

2.3   Introducing Employee Silence

Although these scholarly contributions do not explicitly articulate silence, they share the intent to unearth the reasons why employees are reluctant to voice and therefore remain 'silent', and how voice can be promoted through union and non-union voice mechanisms (see Dutton and Ashford, 1993; Edmondson 1999; Van Dyne et al; 1995; Morrison and Phelps, 1999). Silence has therefore inadvertently and implicitly been communicated within the voice literature as a concept that was presumed to be

the literal parallel to employee voice (regarding audibility), a synonym to loyalty, or a description of an instance wherein an employee decided not to engage with a voice mechanism. As Pinder and Harlos (2002: p331) elaborate:

> *"Employee silence is pervasive in organisations, its study has been neglected for a variety of reasons, including the assumption that it is a unitary concept meaning little more than inactive endorsement".*

Nevertheless, employee silence has since materialised as a major phenomenon of interest in its own right. A series of scholars have begun to criticise the belief that silence is merely the polar opposite of voice; on the contrary, this strand of analysis advocates that silence is an independent and meaningful construct on its own (Brinsfield, 2003; Brinsfield, et al, 2009; Morrison and Milliken, 200; Pinder and Harlos, 2001; Bowen and Blackmon, 2003; Van Dyne et al, 2003). There is an ongoing debate over whether employee voice and silence presume or assume one another (Van Dyne et al., 2003; Faphohunda, 2015), wherein the latter argues that these two independent constructs cannot exist without the other as they give meaning and significance to their counterpart. This argument illustrates the dynamic nature of employee silence and stresses that employees can have both voice and silence; this perspective draws attention to the agency of the individual regarding their voice and silence decisions in the workplace.

As the phenomenon of silence gained momentum with academics, numerous definitions were offered that aimed to capture the meaning and nature of silence within the workplace. Morrison and Milliken (2000) were the first to conceptualise silence as an independent construct and coined the term *Organisational Silence* within the field of management. Drawing upon the work of Hirshman (1970), Morrison and Milliken's conceptualisation claims that organisational silence is centred on collective-level dynamics and is characterised by organisation-wide silence norms such as decision-making processes, management processes or culture (Brinsfield et

al, 2009; Valoka and Bouradas, 2005). Within their paper, this collective form of silence hinders organisational change and can suppress pluralism, constituting a barrier to innovation and creativity. This was supported by Harquail and Cox (1993), who argue that silence is a significant barrier to increasingly pluralistic organisations, reducing the benefit that can be gained through the expression of a multitude of varying perspectives from different actors.

Further studies have drawn on this conceptualisation and concur that silence is best understood at the level of the organisation rather than the individual (Valoka and Bouradas, 2005). Nonetheless, a divergence from a collective perspective an individual level of an analysis shortly followed (such as Miceli and Near, 1992; Ashford et al., 1998; Zhou and George, 2001; Bowen and Blackmon, 2003), and *employee silence* entered organisational literature, defined by Pinder and Harlos (2001; p.334) as,

> *"As the withholding of any form of genuine expression about the*
> *individual's behavioural, cognitive and/or affective evaluations of his or*
> *her organizational circumstances to persons who are perceived to be*
> *capable of effecting change or redress".*

Parallel to their understanding of voice, they made the distinction between two meanings of silence, dividing silence into acoustic silence (the absence of sound waves) and pragmatic silence (speech related). In doing so, they made an important departure from previous studies on voice, arguing silence "*may not be limited to lack of speech or formal voice; in fact it may occur in the midst of sound or language*" (Pinder and Harlos, 2001: p.334). As a result, academics have begun to "differentiate between silence and forms of voice that may be heard on the surface as silence" (Bell et al., 2011, p.29).

Employee silence has since been defined as,

'The purposeful withholding of ideas, questions, concerns, information,
or opinions by employees about issues relating to their jobs and the
organisations in which they work'

(Brinsfield et al., 2009: p.20).

Applying employee silence as a response to injustice within the workplace, Pinder and Harlos (2001) criticise the unitary bias of previous research which claims that employee silence is little more than active endorsement. Pinder and Harlos continue to develop this conceptualisation of employee silence, delineating silence in two distinct forms: quiescent and acquiescent silence. Perceived as the face of pervasive worker injustice, quiescent silence refers to an uncomfortable, conscious state in which employees deliberately choose to remain silent about organisational issues. This form of silence has strong associations with negative emotions, such as anger, fear and cynicism, and is principally driven by the fear of the negative repercussions of speaking up about workplace injustice. In contrast to employee quiescence, employee acquiescence refers to a less conscious state, wherein employees are less likely to seek to change the situation through speaking up. It is equally as unpleasant as its counterpart, yet is distinct from quiescent silence in that acquiescent silence is characterised by hopelessness, resignation and the attitude that little can be done to change the situation. As noted, these two distinct forms of employee silence were driven by perceived organisational injustice, a term which was coined by Greenberg (1987) to refer to the employees' perceptions of fairness within the workplace. Pinder and Harlos state that the types of injustice by which these forms of employee silence are triggered are four-fold and can be understood as interactional injustice (mistreatment that can occur in the course of workplace relations between an employee and one or two authority figures); procedural injustice (perceptions of unfairness in the procedures that determine resource allocation decisions); distributive injustice (the actual decisions and/or outcomes perceived as a

misallocation or resources); and systematic injustice (employees' perceptions of unfairness within larger organisational contexts wherein work relations are enacted and allocation decisions are made and/or implemented). Whilst the link between injustice and employee silence has not yet been explored beyond a theoretical basis, they suggest that there is potentially an interesting relationship between the two, which requires a more detailed enquiry.

Van Dyne and his colleagues (2003) agree that umbrella definitions of employee silence are vague and fail to illustrate the many complexities surrounding employee silence that have since been uncovered. To provide a deeper theoretical understanding of the concept, Van Dyne et al., (2003) broke down the employee silence into three definitive types (Acquiescent Silence, Defensive Silence and Pro-social Silence), subsequentially revealing its multidimensional nature. Advancing the work of Pinder and Harlos (2001), Van Dyne et al., (2003) refer to *Acquiescent Silence* as an intentionally passive and uninvolved behaviour based on resignation; acquiescent silence is therefore identified as a disengaged behaviour. Conversely, the latter two forms of silence are both conscious and proactive activities. *Defensive Silence* is the deliberate withholding of information based on personal fear of the consequences of speaking up, for example to express ideas that are personally risky. Defensive silence involves employee awareness of the alternatives to voice, in which they make a conscious decision to withhold ideas, information and opinions to intentionally protect their psychological safety. *Pro-social Silence* is based on altruism and cooperation, motivated by the desire to benefit other people or the organisation. In direct contrast to defensive silence, pro-social silence is motivated by concern for others and the organisation and is incongruous with its counterparts as it is a fundamentally discretionary action.

Although silence as a construct attracted empirical attention initially from scholars like Van Dyne and his colleagues (2003), academic attention since then has diminished;

as a result, many conceptualisations of silence remain in their infancy. Few studies have challenged this and introduced more thorough and sophisticated conceptualisations of silence into the literature. Typologies of employee silence remain primarily absent within the HRM and work and employment relations literature, with those who do acknowledge silence as an independent construct interpreting it in its most unitary form: as the dichotomous counterpart to voice. Whilst Van Dynes et al., (2003) focus on employee motives as the basis for their typology, this thesis aims to explore other frameworks of silence that exist within the workplace. Through delineating silence into distinct forms, a foundation can be made for future research to better understand, observe and differentiate between the different types of employee silence.

Furthermore, although the aforementioned literature has offered many insights into employee silence, it is subject to numerous conceptual limitations. In particular, the analysis of employee silence is characterised by the premise that employee silence is a communicative choice (Donaghey et al., 2011). This suggests that employees have full agency over their voice, when they opt to use it and when they remain silent. However, by solely focusing on an employee silence as a communicative choice many studies forgo the procedural opportunities for voice within the organisation, which alludes to the assumption that within organisations voice mechanisms already exist (Donaghey et al., 2011). Alternatively, when studies do recognise these procedural opportunities they still downplay their importance within analysis. For instance, whilst within Milliken et al's (2003) study the participants cited that hierarchical structure and organisational characteristics had a fundamental impact on how they navigated the silence process, this finding was completed neglected within their analysis. Consequently, there is little insight into the institutions that provide the procedural opportunities for employee voice.

Donaghey and his colleagues (2011) critique the existing silence literature for this conceptual weakness, arguing that employee silence was the product of

> *"A situation where workers do not have avenues to pursue issues of concern to them, either because of a failure of a pre-existing voice mechanism or because of the absence of them altogether".*

Contrary to the assumption that employee silence is a communicative choice, they argue that managers have a degree of power over determining the voice climate within the workplace, the robustness of voice at the level of the workplace and can perpetuate a climate of silence. Donaghey et al., (2011) stress that management behaviour requires further adequate academic attention within the field of employee silence for numerous reasons. To begin with, the explanatory power of managerial behaviour firstly is associated with the existence of employee voice as the introduction of voice mechanisms, or the absence of such structures, is first and foremost the decision of management. Management is therefore responsible for whether employees actually have the avenues to engage in employee voice. Without these avenues employee silence is a likely outcome. However, when these voice mechanisms do exist, management often define what the expression of voice means to them (Dundon and Rollinson, 2004), creating voice mechanisms that only serve to channel these interpretations of employee voice. Donaghey et al., (2011) argued that within the silence literature, presence of a voice mechanism has traditionally been equated with voice utility, with little research being paved to review how micro-level institutional structures might be 'hollow shells' (Charlwood, 2003). These academics argue that, conversely, the presence of a voice mechanism might be shallow or deep due to the scope, range and embeddedness of these institutional structures. They plead for future studies to explore the procedural effectiveness of an organisation's voice mechanisms, a conceptual weakness that this thesis has recognised as an important theme that demands consideration.

Although within the silence literature employee silence has been interpreted as a product of employees' motivations, it has recognised that top management can have an influence on how an employee navigates the silence process. For instance, Morrison and Milliken (2000) found that there were cultural norms and forces conducive to silence. These relational dynamics can shape the organisations' climate around employee silence (Kuenzi and Schminke, 2009; Takeuchi, Chen and Lepak, 2009), a term which refers to "*shared and enduring perceptions of psychologically important aspects of a particular work environment*" (Bagheri and colleagues, 2012: p55). Within this theoretical paper, Morrison and Milliken (2000) argue that the concept of a 'climate of silence' is intrinsically bound to organisational silence and is characterised by two beliefs. The first belief is that a climate of silence can develop if it is not worth the effort to speak about workplace problems. Building upon this assumption, Morrison and Smith (2000; 2003) state that at the crux of a climate of silence is whether group members are able to use their voice, and if so, whether they can use their voice effectively. They termed this 'voice efficacy'. When group members have a shared belief that their voice will be listened to, taken seriously and potentially acted upon, voice efficacy will be high. Conversely, when group members feel that their voice will be disregarded and not taken into account, voice efficacy will be low. The second belief that characterises a climate of silence is that voicing one's opinions and beliefs is dangerous insofar as employees think they may be punished for speaking up (Morrison and Milliken, 2000). This can be understood as 'group voice safety' and is a form of outcome expectancy (Ashford et al., 1998, Piderit, and Dutton, 1998), whereby individuals fear they will be punished by management for challenging the status quo within the organisation (Detert and Burris, 2007; LePine and Van Dyne, 1998; Milliken et al., 2003). These climates of silence shape voice behaviour, increasing both an individual or group's inclination to remain silent (Morrison and Smith; Vakola and Bouradas, 2005)

Morrison and Milliken (2000) claim that a climate of silence is often a product of top management's fear of receiving negative feedback, particularly when it comes from subordinates. There is strong evidence that top managers resist negative feedback, dismissing it as less legitimate and inaccurate, or refuting the credibility of course of action associated with such feedback (see Ilgen et al., 1979; Meyer and Starke, 1982; Sachs, 1982; Swann and Read, 1981). Furthermore, several academics have argued that the existence of voice mechanisms should not necessarily ignite enthusiasm as an employee's voice can fall on 'deaf ears' (e.g. Milliken et al., 2003; Dundon et al., 2011; Peirce et al., 1998; Harlos, 2001). Peirce, Smolinski and Rosen (1998) coined the term 'deaf ear syndrome', describing it to be an organisational norm that can deter employees from openly and directly expressing their dissatisfaction. Peirce et al. (1998) identified three themes associated with deaf-ear syndrome: inadequate organisational policies; poor managerial rationalisations and reactions (i.e. minimising how serious the offense was; retaliating against the victim; protecting a chronic harasser; negatively reacting to disclosure); and organisational characteristics. Harlos (2001) was one of the first to incorporate the deaf-ear syndrome into the silence literature in her critical piece 'failing voice mechanisms'. She described the alleged avenues for employees' complaints as counterproductive, coercing employees to remain silent rather than strengthening their ability to exercise voice. Harlos argued that organisational failures to respond to employees' complaints was a form of workplace injustice that reinforced silence, as employees were reluctant to engage with a voice mechanism that was susceptible to failure. Procedural opportunities to voice were not enough; employees wanted not only to be heard, but also responded to, and for the appropriate remedial action to be put in place. Harlos therefore concluded that if a voice mechanism is not a legitimate avenue for employee voice, meaning employee voice is met with organisational inaction, it ironically contributes to the phenomenon these vehicles intend to prevent as it intensifies an employee's inclination to remain silent.

Whilst injustice has already been highlighted earlier in the chapter (Pinder and Harlos, 2001), other studies identify additional organisational antecedents of silence, such as supervisors' attitudes to silence, top management attitudes to silence, opportunities for voice and individual level antecedents such as workgroup identification, psychological safety, trust, implicit voice theories, professional commitment, and perceived supervisory status (Argyris and Shon, 1978; Korsgaard et al., 1998; Donaghey et al., 2011; Ashforth and Mael, 1989; Dutton et al., 1994; Detert and Edmondson, 2011; LePine and Van Dyne, 1998, 2001; Morrison and Milliken, 2000; Van Dyne et al., 2003; Meyer et al., 1993; Vakola and Bouradas, 2005). Molseed (1989) studied same and mixed gender work groups, reporting that women tended to engage in supportive silences, such as through nodding in agreement and smiling to encourage collaboration, whereas in order to compete or dominate others, men were more likely to adopt inexpressive silences and non sequiturs. Despite the recognition of gender as an antecedent of employee silence, however, there remains scope for further research to explore the influence of gender on how employees navigate their silence decisions within the workplace.

From a HRM standpoint, Donaghey and his colleagues (2011) criticise the existing contributions to the silence literature, arguing that they pose a 'largely unremitting unitary bias', as managerial action has been by-passed or ignored in these studies. Through analysis of literature on non-union employee representation (NER's), Donaghey et al., (2001) state that management can introduce institutional structures to limit the power of what is perceived as more intrusive forms of employee representation (Kaufman and Taras, 2009; Gall, 2004), namely through unions and collective representation. Expanding on the works of Bachrach and Baratz (1962) and Allen and Tuselmann (2009), employers can also 'organise out' the voice process for certain issues which concern employees through what Bachrach and Baratz (1963) call a 'mobilisation of bias', which refers to how voice can be manipulated through agenda setting, confining voice to 'innocuous' issues. This

results in "*silence reign[ing] supreme on a plethora of issues, which might be reasonably assumed to be of interest of employees*" (Donaghey et al., 2011 p.9). Donaghey and his colleagues argued that employee silence can therefore be understood to be a function of what they termed a 'frontier of control' in the workplace (*Figure 2.1*). The frontier of control is the fluid boundary between management's attempt to assert control over workers and resultant resistance from workers, - moving back and forth according to, for example, new management practices. This frontier of control stems from the ontological understanding that the employment relationship is contestable and that employee silence can be a form of this contestation (Edwards et al., 2007.
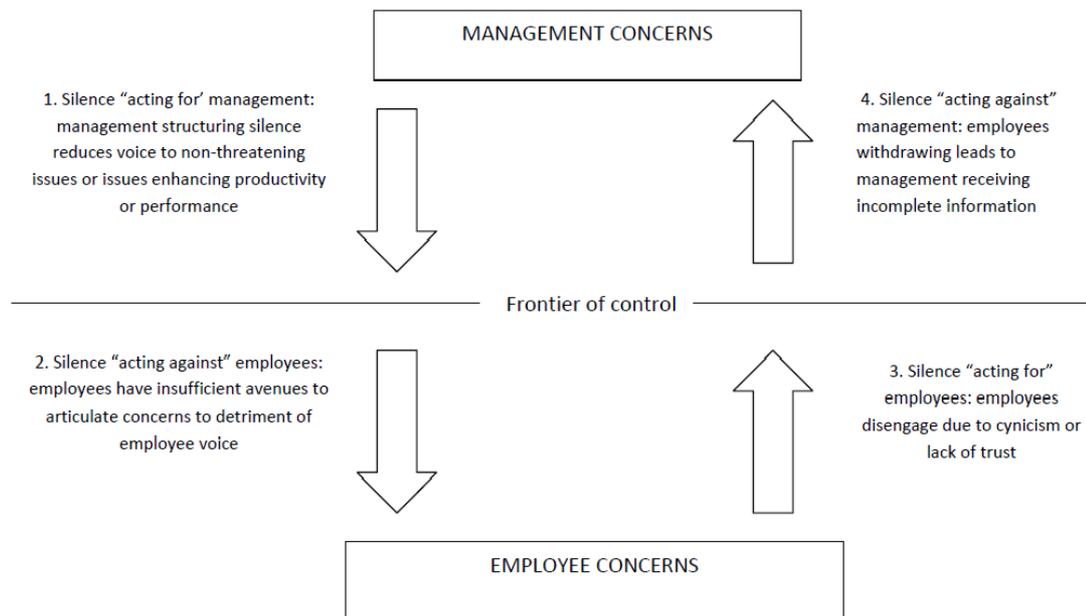
Figure 2.1: Frontier of Control (Donaghey et al., 2011; p.63)

Donaghey et al.'s (2011) diagram illustrates how the frontier of control can be set unilaterally by management, wherein management may choose to enclose the voice process and preserve their managerial prerogative (northwest) through some of the methods explained above. The researchers raise questions regarding how employees might respond to the consequences of the 'southwest' of the framework

and whether it is casually related to the 'southeast' of the figure. This frontier of control is therefore necessary to understand the important themes of voice and silence that are explored within this thesis, particularly as to how silence can spiral as employees recognise this power struggle between management and themselves. Whilst Donaghey et al., (2011) have laid the foundation for the consideration of the power of management in relation to silence, this thesis intends to deepen our empirical understanding of this phenomenon. In addition, Donaghey et al.'s paper also presents an interesting platform by which to study how management respond to legal or external pressures to institutionalise voice at work, and how they might limit the efficacy of these structures to preserve their managerial prerogative.

2.4   Reconceptualising Silence beyond Workplace Issues

Although employee silence has been recognised as a pervasive phenomenon within organisations, understanding of employee silence has generally been defined around issues that are of interest to the organisation and are traditionally understood to be of organisational value. Apart from some exceptions, which will be explored later in the chapter, definitions of silence have been primarily focused on the silence of organisational issues, as the definition of employee silence clearly states that these are "issues relating to their *jobs* and the *organisations* in which they work" (Brinsfield et al., 2011: p20). This pervasive one-sided interpretation neglects the possibility of other issues an employee might withhold within the workplace that are of interest to them as it only addresses issues that are of main concern to management. Whilst there are some exceptions, largely missing from the silence debate is an understanding of employee silence through the lens of the employee. This thesis aims to expand academics' understanding on the concept of silence and intends to re-conceptualise employee silence through refocusing the debate onto the employees themselves. Consequently, it departs from management's understanding of the sort of issues an employee can remain silent about and suggests that there are aspects of an employee's personal life and/or identity that employees can withhold.

Furthermore, this thesis aims not only to re-conceptualise employee silence through looking at the personal issues about which an employee can remain silent, but to address whom is withholding this information. Although the emergent literature offers a remarkable insight into when and how employees, as a uniform group, opt to remain silent or exercise voice, it tells us little of whom is remaining silent. This is arguably as important as the action of silence itself. In both voice and silence literature, employees have been treated as a homogeneous group, void of any individual attributes or traits such as personality, race, sex, disability, health and sexual orientation. This standardisation stems from Hirschman's (1970) framework, which treats 'silence' as a "*product of an abstract economic calculation*" (Creed, 2003: p.1504). This interpretation presents voice and silence as a universal phenomenon that is applicable to all workers regardless of who they are, ripping silence from "*its historical roots and social context*" (Benson, 1977: p.11).

This would fit with Creed's (2003) demand for the consideration of the ontological foundations of silence, which he argues are of fundamental importance to an employee's decision to remain silent. Within his study, Creed illustrates how silence cannot be generalised and interpreted as an abstract activity void of any consideration of *whom* is remaining silent and about what they are remaining silent. Central to his point is that the nature of silence differs between groups of employees as there are different historical and social processes that inform their decisions to remain silent or speak up. As Creed (2003 p.1507) argues, "*it matters whose voices and silences we consider.*"

Throughout his paper, the ontology of silence is explored in the context of tempered radicalism amongst LGBT ministers. Creed argues that through the exploration of ontological foundations of silence of LGBT protestant ministers he could continue to illuminate key issues in understanding employee silence and voice in organisations, demonstrating the value of ontological enquiry into the silence of certain groups of

workers. Nonetheless, few studies have introduced the personal silences of certain groups of workers into analysis; one exception has been the silence of LGBT employees within the workplace (see Bowen and Blackmon, 2003; Creed, 2003; Bell et al., 2011). These authors advocate that as an invisible minority, LGBT employees face a higher risk of silence than other employees with observable and readily detectable traits (Irvine, 2011; Milliken and Martins, 1996), as these "*individuals may choose to conceal or evade, rather than speak up about their differences*" (Bowen and Blackmon, 2003: p.1395). The studies show that this is because employees can remain within the 'workplace closet', as the invisibility of sexual orientation provides them with a "cloak" to hide behind (Peters and Brown, 2009). This closet is synonymous with the coming out narrative of LGBT individuals, symbolising the socially constructed division between heterosexual and non-normative sexual identities (Butler, 1991; Grierson and Smith, 2005).

A prime exemplar of a study that has departed from a managerialist interpretation of silence is Bowen and Blackmon's (2003) study on the withholding of an LGBT employee's sexual orientation and identity. These authors adapt Noelle-Neumann's (1974) 'spirals of silence theory', which influenced public opinion research in the late 1970's. Bowen and Blackmon (2003) applied Noelle-Neumann's (1974) theory to the organisational arena in his seminal study of gay and lesbian employees. Noelle-Neumann (1974) claims that individuals will engage in voice if they scan the working environment and confirm their opinion in line with dominant opinion of the workgroup; if not, a horizontal spiral of silence is triggered (*Figure 2.2*). This horizontal spiral of silence refers to the increasing pressure over time that employees feel to conceal their views or opinions when they think they are a minority. As the majority opinion gets re-enforced, the employee's inclination to remain silent about their opinion grows, much like a downward spiral.

The spiral is an effective metaphor as it illustrates how these fears continually build over a period of time for the minority opinion holder. Similarly, Bowen and Blackmon's (2003) theory argues that employees will assess whether they share the salient demographic attributes of their colleagues, and, if they possess different (or even deviant) attributes, will remain silent about this particular characteristic.
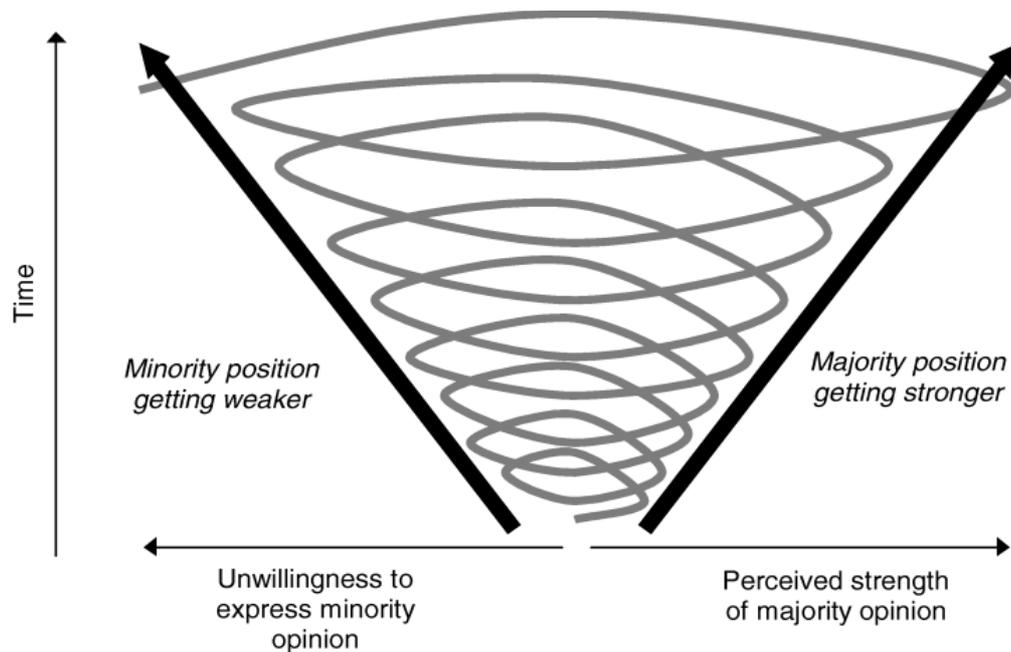
Figure 2.2: Horizontal Spirals of Silence (Bowen and Blackmon, 2003; p.1392).

In relation to gay and lesbian workers, Bowen and Blackmon (2003) argued that if a homosexual employee works within a predominantly heterosexual working environment a horizontal spiral of silence will be ignited, i.e. the individual would refrain from voicing his or her sexual orientation. The possibility of this spiral being triggered becomes stronger when there is a threat of social isolation, as this social isolation is a 'potentially powerful force' in silencing LGBT employees, particularly when the workforce is principally homogeneous. As this spiral continues, the employee begins to be more and more distanced from a place where they are comfortable to voice their opinion and begin to experience the aforementioned fears.

When a member of this minority is unable to express their sexuality a second vertical

spiral of silence is prompted (*Figure 2.3*). This second spiral of silence can transpire

in the context of the horizontal spiral proposed by Noelle-Neumann. However, what

separates these two spirals is that a vertical spiral of silence refers to the escalating

suppression of an individual's identity to wider, and increasingly important,

organisational issues. Silence escalates over time and becomes contagious,

spreading beyond disclosure to other organisational issues.
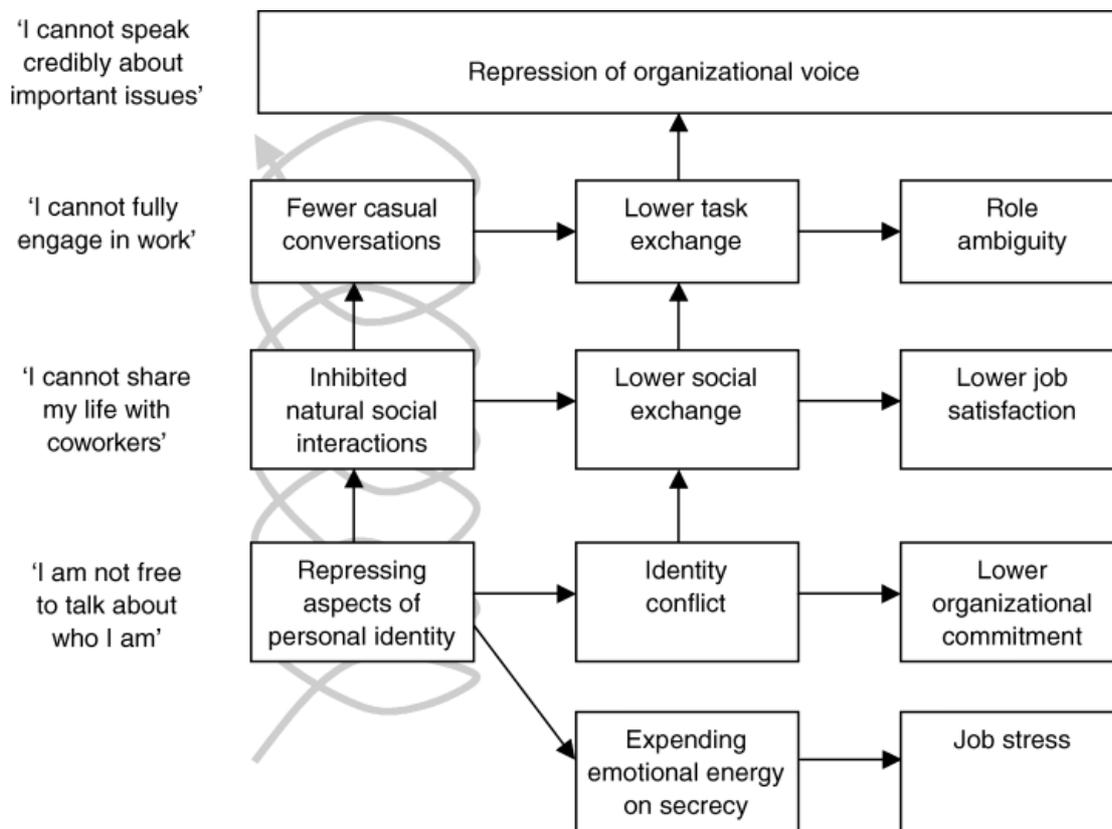
Figure 2.3: The vertical spiral of silence (Bowen and Blackmon, 2003; p.1404)

A vertical spiral of silence occurs as a result of self-censorship by an employee , as

this reduces their ability to fully express themselves and their lives at work, inhibiting

casual social conversations amongst colleagues. This inhibits social exchange, which

consequentially impedes task exchange, and as a result organisational silence

spirals to other, larger organisational issues. As a result, an employee feels more

stressed at work from exerting effort on concealing practices, has reduced

commitment and job satisfaction, and a higher role ambiguity, all negatively impacting organisational communication. This suggests that organisations can reap the benefits of encouraging employee voice in relation to personal issues, which in turn strengthens the demand for an analytical enquiry to be made into the personal silence of employees. Bowen and Blackmon's (2003) spiral or silence theory therefore illustrates that there is a strong impetus to study the personal silences of employees within the workplace and to provide an alternate reading of silence from this perspective.

2.5   Introducing Mental Health Conditions into the Debate

Whilst LGBT employees are an invisible minority that have received academic attention in the field of silence, other invisible minorities, particularly employees with mental health issues, have not received the same attention. The silence of ill mental health within the workplace has increasingly come to the forefront of many practioner studies and has been identified as crucial workplace issue that demands attention (SCMH, 2007; MIND (2011). It has been estimated that one in four people have a mental health issue, with the majority of these individuals being in paid employment and just as likely to be working as anyone else (SCMH, 2007). Furthermore, it has been found that one in six employees are affected by mental health conditions whilst in the workplace (Singleton et al, 2001), illustrating that mental health issues are as common as physical health issues within the workplace. However, research undertaken by the Sainsbury Centre For Mental Health (2007) reveals the shocking reality of silence within the workplace: 92% of respondents said admitting their mental health condition would worsen their mental health condition and trigger their symptoms; only 18.3% would reveal a mental health issue to HR; and just 34% of people would discuss their condition with their line manager. It is therefore important that academic research begins to recognise the silence of mental health within the workplace.

The silence of mental health issues is an interesting avenue in which to explore employee silence, as advocates and researchers argue that employees with mental health issues are parallel to LGBT employees as they both have a 'closet' to remain within or 'come out' of (see Corrigan and Mathews, 2003). The invisibility of an employee's mental health issue is a key factor in the voicing of their condition, as mental illness can be considered a discreditable difference that is not immediately apparent; this relative concealability gives employees the choice of voicing their unobservable illness to employers or their peers (Brohan et al., 2012).

2.5.1   Disclosure and Employee Voice

Although there are a limited number of studies exploring employee voice and silence in relation to invisible minorities, an important theme that has emerged within the sociology literature is that disclosure is the most crucial way voice can manifest itself for invisible minorities. Before exploring the literature that details the experiences of the disclosure process for marginalised employees, it is first crucial to understand what the term disclosure means. From an academic perspective, Brunner (2007a) defined disclosure as "the process of an employee informing their employer of a disability/impairment" (Brunner, 2007a: p.8), or similarly, "the deliberate informing of someone in the workplace about one's disability" (Ellison et al., 2003: p3). However, the seminal contribution of Corrigan and Mathews' (2003) refutes this unitary, rejecting the dichotomous view of disclosure (disclosure and nondisclosure) and regarding it as an inadequate way to characterise silence. On the contrary, they introduce a threefold conceptualisation of disclosure that distinguishes between selective, indiscriminate broadcasting disclosure and total non-disclosure through keeping mental ill health a secret. *Selective* disclosure is where the individual informs only a particular group and thus retains a degree of secrecy over their mental health issue. This can be beneficial to the individual, for example as they can gain support from those to whom they disclose. However, there is still an element of shame as they continue to refrain from disclosing to the rest of their working cohort.

Indiscriminate disclosure is when the individual makes no proactive efforts to conceal. They 'abandon the secrecy' and make no active attempt to conceal their mental health history and experiences. Lastly, *broadcasting* disclosure is through a philanthropic attempt to educate others about mental ill health.

Similarly, Peters and Brown (2009) found that in hyper-masculinised working environments LGBT men would 'play it straight', camouflaging their sexual orientation and gender identity by putting on a masculine façade to male co-workers. 'Playing it straight' is a constant theme that emerges from the experiences of LGBT employees within the workplace. The effort invested in these concealment practices inevitably has a negative impact on productive behaviours within the workplace and can cause emotional exhaustion, stress and a desire to quit the organisation (Bell et al., 2011; Hewin, 2009; Beatty and Kirby, 2006). There is therefore a need for continued voice that goes beyond disclosure, allowing employees to "be their true selves, not only in private but also the workplace" (Pless and Maak, 2004: p132). There is a lack of conceptual understanding of the other silences that exist beyond the various types of disclosure, and this is particularly limited with regards to the silences of employees with mental health issues. Many scholars do not fully grasp that employees may 'break the silence' through disclosure but engage in other silence practices thereon. This thesis aims to grasp the potential significance of these forms of silence for both the employee and the employer and provide an insight into the silence practices that employees with mental health issues may engage in beyond non-disclosure.

Furthermore, *how* employees voice their mental ill health is more complex than as is portrayed in the practitioner literature, as disclosure is often assumed to be a one-off event. On the contrary, the individual's decision to engage in disclosure is an ongoing decision (Cornwell and Ragins., 2007), wherein research studies suggest it is rather a series of selective and partial admissions that happen other a period of time (Jones et

al., 1984). As Brunner (2007a) states, disclosure is a process rather than an event. Akin to this understanding, Ragins and Cornwell (2007: p194) suggest that

> *"Disclosure is not an all-or-nothing phenomenon but occurs, rather, on a continuum that takes place in work and non-work settings".*

This continuum ranges from full-disclosure at one end to non-disclosure at the other, demonstrating the different degrees of voice and silence in which an employee can engage. For instance, employees may 'under-disclose' by underplaying the severity of their illness (Brunner 2007a). Disclosure can therefore be 'partial', as the individual can restrict the amount of information shared or only inform a limited amount of people (Brunner, 2007a; 2007b; Ragins 2008; Stanley et al., 2007). This decision process reflects a judgement wherein employees calculate the perceived benefits of voice on one hand versus the potential perils and risks of voice on the other (Goffman, 1963). In terms of the benefits, the mental health and vocational rehabilitation literatures generally encourage people will mental health issues to disclose their disability at work, mainly so that the employees can gain protection from government law and receive reasonable adjustments in the workplace, which include access to part-time work, flexible hours, changing the structure of the employee's work or making any physical changes to the employee's work (Equality Act, 2010; Goldberg et al., 2005).

However, Goldberg and his colleagues (2005) elaborate the intricate process of the 'disclosure conundrum' regarding mental ill health and argue that the situations around employment and disclosure "were more difficult to resolve than disclosure advocates have recognized". Goldberg et al., (2003) and other authors (Corrigan, 2005; Ragins and Cornwell, 2007; Legate, 2012) argue that employees with mental health issues are confronted by a major dilemma regarding disclosure. However, despite the prevalence of this 'disclosure conundrum', researchers have paid limited attention to the disclosure of mental health issues (Corrigan, 2005). Nevertheless,

these studies argue that one of the most difficult challenges employees with invisible identity traits face is whether or not to disclose their (often stigmatised) identity to others in the workplace (Corrigan, 2005; Corrigan and Watson, 2002; Goldberg et al., 2003; Legate, 2012; Button, 2011; 2004; Ragins, 2004).

The predominant definition of stigma is that it is a "social undesirable, deviant, or repulsive characteristics that discredit or spoil an individual's social identity" (Ragins et al., 2007: 1104). Goffman (1963) and Jones et al., (1984) both identified the concealability of the stigma as a critical element that impacts the target, the perceiver, and the social interaction. Unlike stigmas that are readily discernible, such as stigmatised racial identities, physical disabilities and gender (Jones et al., 1984), other individuals have indiscernible, invisible identities (such as LGBT employees) (Ragins and Cornwell, 2007), invisible disabilities (such as mental health issues, epilepsy and HIV/AIDS) (Corrigan and Penn, 1999; Crawford, 1996; McLaughlin et al., 2004) and stigmatised religious affiliations (Clair et al., 2005). A critical challenge faced by these individuals, therefore, is the decision to disclose their invisible stigma - unlike those with visible stigmas, these employees have the agency to decide whether or not to 'disclose' their discreditable difference (Beatty and Kirby, 2006; Bowen and Blackmon, 2003; Clair et al., 2005; Ragins et al., 2007). The threat of discrimination, devaluation, marginalisation, job loss and career derailment are just a few costs that complicate an employee's 'disclosure decision' (Friskopp and Silverstein, 1996; Griffin, 1992; Woods, 199; Ragins et al., 2007). As Ragins et al (2007: p.1116) describes, "many employees with invisible stigmas leave part of their identity at home when they come to work each day, and they live in fear that their true identity will be discovered". Although these studies have been focused on the challenges of disclosure for LGBT employees, akin to sexual orientation,the stigmatisation of mental health issues has been widely endorsed by many Western countries (Bhugra, 1989; Brockinton et al., 1993; Madianos et al., 1987). As Johnstone (2001: p201) states,

"People suffering from mental illnesses and other mental problems are

among the most stigmatized and discriminated against, marginalised,

disadvantaged and vulnerable members of our society."

This stigma appears to have remained constant throughout the years, as illustrated by Fine-Davis et al (2005). Fine-Davis compared his recent findings regarding employees with mental health issues to a finding presented in a similar study that took place ten years prior to his research, which found that 52% of respondents did not disclose their mental condition. In a conclusive statement, he argued that *"people are even more inclined to hide their illness now than they were ten years ago".* (Fine-Davis et al., 2005: p6). In reference to mental health issues, stigma can be understood as a multifarious construct which involves a diverse interplay of different feelings, attitudes and behaviours (Overton and Medina, 2008). Brohan and her colleagues (2010) made the distinction between the public stigma and personal stigma of mental health. Public stigma refers to the stigma of mental health from the general population. As Lapsley et al., (2002: p. 4) elaborate, the association between mental health issues and "unreason, excess, incapacity and unreliability are historically entrenched attitudes in Western societies". The terminology surrounding mental ill health triggers assumptions amongst employers that those who are mentally ill are more likely to exhibit negative behaviour such as being absent, dangerous, unpredictable, volatile, incompetent or threatening, that they lack a moral back bone and are even stereotyped to be murderous (Hayward et al, 1997; Link, 1982; Steadman et al., 1998; Roper et al.,, 2002; Beresford, 2002;).

The personal stigma of mental health issues, on the other hand, can be understood in three main ways: perceived stigma, experienced stigma, and self-stigma. Lebel (2008) states that perceived stigma can encompass both of the following: what an individual thinks most people believe about the stigmatised group generally, and how the individual thinks society views him/her personally as a member of the stigmatised

group. For instance, Goldberg et al., (2005) found that many employees perceived

that the stigma of mental health would be present within the workplace and that their

employers had negative views towards individuals with psychiatric illnesses. These

employees therefore feared their careers would be at risk if they revealed their hidden

stigmatised condition and feared the adverse consequences of doing so (Goldberg et

al., 2005). However, this perceived or felt stigma is not unfounded as it nearly 9 out

of 10 people (87%) with mental health problems have experienced discrimination due

to their mental health condition (Time to Change, 2009). Experienced stigma is the

"experience of actual discrimination and/or participation restrictions on the part of the

person affected" (Van Brakel et al., 2006). Evidence suggests that employers are

less likely to hire an individual who is labelled as mentally ill (Bordieri and Drehmer,

1986), as this label is accompanied by negative connotations. If the employee

discloses during their employment, the stigma attached to their mental ill health

means they are less likely to maintain their jobs (Corrigan and Watson, 2002). This is

what Levine and Leonard (1984) would term formal discrimination. The second,

informal discrimination, occurs at a more personal level and includes harassment,

loss of credibility, acceptance and respect within the workplace by co-workers and

supervisors (Levine and Leonard, 1984). Lastly, self-stigma can be described as the

internalisation of public stigma of mental ill health (Corrigan and Watson, 2002) and is

"the product of internalisation of shame, blame, hopelessness, guilt and fear of

discrimination associated with mental illness" (Corrigan, 2008). This stigma process

can either be an unconscious or conscious activity and has a catastrophic effect on

the individuals' own personal expectations of themselves (Caltaux, 2003). Whilst the

stigma of mental health has been at the forefront of academic enquiry from a medical

perspective (Wheat et al., 2010), specifically within the psychology literature (see

Brohan et al., 2010; Ellison et al., 2003; Thornicroft et a., 2007; Wahl, 2007), it has

not received adequate attention within either the field of work and employment

relations or the silence literature. How mental health as a stigmatised invisible

identity trait impacts the employee's navigation of the silence process within the workplace therefore presents a gap in the research that requires empirical attention.

The literature on LGBT employees and employee silence highlight another crucial barrier that obstructs employees' engagement with employee voice, namely disclosure. Although tailored to sexual orientation, there are numerous studies that claim that organisational culture can inhibit employee voice, institutionalising a climate of silence within workplaces (Priola et al., 2013; Bell et al., 2011; Herek, 1993). These studies explore how heterosexism within the workplace can reinforce a workplace culture that favours heteronormativity and excludes employees who do not fit the model of heteronormative, biological gender roles and sexual orientations. Heterosexism is "an ideological system that denies, denigrates, and stigmatizes any nonheterosexual behavior, relationship, identity, or community" (Herek, 1993, p.90), whereas heteronormativity can be defined as the expectations, pressures and constraints produced when heterosexuality is normalised within society, whereby the individuals biological gender roles reflect their sexuality (Priola et al., 2016). For Foucault (1976), the dominant heteronormative discourse reinforces unequal power relationships between those who fit the heterosexual mainstream and non-heterosexual minority groups and that the process of silencing these minority groups represents the power of heterosexist cultural assumptions. The culturally accepted norms that heterosexuality prescribes as the normalised and privileged standard results in institutional and interpersonal prejudice and social stigma for employees who do not fit this framework, silencing employees' sexuality within the workplace (Waldo, 1999).

Priola et al., (2013) examined the silencing power of heterosexism and heteronormativity on LGBT employees within five organisations that were shown to exhibit cultures of silence. This study explored these issues in the context of organisations that claimed to commit to inclusive practices and processes for LGBT

employees, aiming to support an employee's ability to contribute to the organisation fully and effectively (Roberson, 2006). However, in spite of these commitments, the organisations' established heterosexist culture led to discriminatory practices, such as silence, gossip and stigmatisation. This discrimination was normalised within the workplace, reproducing the deeply rooted heterosexist culture that denied employees the ability to voice their sexual orientation. Applying the theory of employee silence to LGBT employees within the military, Bell et al., (2011) reiterated how workplace culture can have a powerful silencing impact on LGBT employees. Using the 'don't ask; don't tell' ethos of the US military as a lens to explore the silence of LGBT employees within organisations, this paper explores how the policy reinforces heterosexist, cultural assumptions that perpetuate a climate of silence. These academics claim that many organisations have unwritten rules reflecting the prescriptions of silence ensconced within this policy and that lessons from the military reflect the experiences of LGBT employees in organisations within the US.

What these studies on the power of heteronormativity on silencing LGBT employees reflect is that there are certain assumptions, characteristics and traits that are privileged within the workplace, reinforcing an archetypal employee that conforms to the gender roles of their biological gender. Within the field of HRM, this notion of an archetypal employee has recently been introduced as a crucial concept, presenting an avenue to understand why certain characteristics, such as worker devotion (Blair-Loy, 2003; Williams et al., 2013), workplace ethic and reliability (MacKenzie and Forde, 2009) and temporary employment (Smith and Neuwirth, 2008, are praised and commended within the workplace). Williams et al (2013; p. 2011) examined how "work devotion schemas" (Blair-Loy, 2004) perpetuate stigma of flexible working within organisations, wherein this schema reflects deep cultural assumptions that work demands and deserves undivided and intensive allegiance. Drawing upon Blair-Loy (2010), this paper argues that organisations establish certain moral standards compelling employees to adhere to these prescriptions that are externally binding.

The work devotion schema dictates that workers are expected to centre their life around work, accepting workplace demands and working long hours to reflect their dedication to their profession. This schema is institutionalised by organisational policy and practice, perpetuating the assumption that employees will prioritise work over caregiving, or else be subjected to stigma or career penalties (Blair-Loy, 2003). Flexible working therefore suggests to the employer that the employee does not adhere to this workplace devotion schema, implying that their values are inconsistent with the social ideals of what constitutes a good worker. MacKenzie and Forde (2009) endorse the term 'the good worker', which refers to the perceived attributes of employees that reflects the 'business case' and 'resource based' arguments within the field of HRM. Applying the rhetoric of the 'good worker' to the experiences of migrant workers, these academics demonstrate how management favoured the work ethic of these employees and their reliability, which in turn made the employment of migrant workers an attractive alternative to the local labour market. This reflects the findings of Smith and Neuwirth (2008), who argue that society has historically established a good temporary worker ideal, wherein temporary employment is regarded as an attractive and cost-effective alternative to permanent employment. These academics claim that the historical and social construction of "the good temp" have diffused the norms of what typically constituted valuable employment practice, such as permanent employment, reinforcing precarious and contingent forms of employment that reworked the good worker ideal to favour temporary employment. Although these studies explore the rhetoric of the 'good worker' in relation to workplace issues, they resonate with the arguments on culture that claim employees are compelled to adhere to heterosexist assumptions, characteristics and biological gender roles. Exploring the concept of the 'good worker' in the context of mental health issues within the workplace lacks academic enquiry and presents an interesting avenue in which to explore the experiences of mental health within the workplace and the silencing processes to which this minority group is subjected.

What can be learnt from the literature on stigma, culture and the 'good worker' ideal is that an employee's decision to either speak up or remain silent about their mental health issues not an abstract activity, rather, it is embedded in a contextual backdrop and is governed by various organisational, societal and discursive factors. It is therefore important to understand the context in which these silence decisions take place on a multitude of levels. The context of employee silence can refer to the attitudes, assumptions, beliefs and behaviours of society, organisations or the individual, or it can be taken more literally to mean the environment in which employees navigate the silence process. The current economic environment for employees with mental health issues is one fundamentally important aspect of the contextual backdrop. A study by Winters et al. (2012) has revealed that job insecurity, pay cuts and redundancies have led to a sharp rise in the number of people suffering stress, anxiety and depression. Furthermore, a few studies have indicated that stigmatizing attitudes, particularly beliefs regarding dangerousness of individuals with mental health issues, worsen following a recession (Warner, 2004; Evans-Lacko, 2013c). However, rather than providing an insight as to why employees may remain silent within the workplace, these studies present an explanation as to why there has been a surge of mental health issues being documented within the workplace; the recent rise in mental health problems makes the study of mental health issues within the workplace ever more important and relevant. Whether the recession impacts how the employee navigates the employee silence process, and if so, why, are two questions that are also under-researched across many disciplines, specifically within the field of work and employment relations.

2.6   Voice Imperatives for Employers with Mental Health Conditions

Whilst knowledge of mental health issues has been strengthened over the years, employers have been shown to lag behind in their understanding of mental ill health and its impact on the workplace (Schott, 1999; World Health Organisation, 2000). However, over the last decade, the silence of mental health issues within the

workplace has come to the forefront of government, business and practitioner attention. There is a strong demand for employers to acknowledge mental health issues as a legitimate workplace concern and this need has gained momentum over the past few years; organisations are now facing increasing pressure to tackle the silence of mental ill health within the workplace. There are three main imperatives arguing unanimously that employers should acknowledge and prioritise the voice of employees with mental health issues. However, their reasoning comes from different disciplines, making them distinct from one another. Labelled the legal, business and social justice imperatives, these three imperatives create a framework by which to understand why organisations are facing pressure to encourage employee voice regarding mental ill health within the workplace, and who is compelling them to do so. It is important to explore the imperatives for employee voice regarding mental health issues as it provides a conceptual explanation as to why the silence of mental health issues is important for organisations and presents an insight into why organisations have begun to implement a variety of activities, structures, policies and practices aimed to challenge employee silence and promote employee voice.

2.6.1   The Three Imperatives

In Britain, and many advanced industrial economies, the social and employment rights of various minority groups have emerged as issues of great political importance, placing a mounting pressure on organisations to respond accordingly. Although legislation does not provide a voice for employees per se, it intends to alter the environment in which voice takes place through protecting an employee's voice within the workplace. Whilst there is a strong, established legal onus for the protection of visible minorities within the workplace, such as race and ethnicity, the legal case for invisible minorities is comparatively new. Because it is novel in comparison, many have argued that the anti-discrimination legislation that protects these workers is therefore weaker in contrast to that which protects other minority groups (Bell et al., 2011; Colgan et al., 2007). Nevertheless, equality legislation in

England and Wales has evolved greatly in the last 20 years; state intervention is now considered crucial to tackle the discrimination of both visible and invisible minority groups and promote equality.

The most important piece of legislation for employees with mental health issues is the Disability Discrimination Act, which was introduced in 1995 (DDA, 1995). This law makes it illegal to discriminate on the grounds of disability and, under the act's definition of disability, mental health issues can also gain protection if they meet the right criteria. Furthermore, this legislation enforces a duty upon organisations to provide reasonable adjustments for employees who would otherwise be at a substantial disadvantage within the workplace because of their disability. The Equality of Human Rights Commission (2015) argues that there are three requirements of the duty: changing the way things are done; removing any physical features that create barriers for the individual; and lastly providing additional equipment (an auxiliary aid) and/or providing someone to assist the individual (an auxiliary service). For example, if the individual is affected by their mental health issue sporadically, flexible working could relieve the pressure for the individual to work under strict hours. The organisation therefore demands detailed information that is specific to the person (relating the individual's disability) and the organisation (relating to the technical aspects of the individual's job role). To qualify for protection and reasonable adjustments under the DDA (1995), evidence must be given that the individual's condition has "a substantial and long term adverse effect on his [sic] ability to carry out normal day-to-day activities" (DDA 1995, S1 (1)). The terms 'substantial', 'long term' and 'normal' are widely contested terms that Goss and her colleagues (2000) have argued subjects employees to an 'impairment eligibility test' before discrimination is recognised by the state.

Nevertheless, it has been advocated by Barnes and Mercer (1997: 1) that through legislation the 'socially constructed barriers, 'which' have "disabled" people,' can be

challenged. The protection from marginalisation within the labour market and employees working environments permits disabled employees, including those with mental health issues, to use their voice without fear of discrimination and stigmatisation. This optimism is, however, naïve. There are many who are cynical of legislation's ability to remove discrimination within organisations. In spite of recent changes in the legislative framework and political climate, minority groups continue to experience discrimination, harassment and exclusion at work (Colgan et al., 2007; Guiffre et al., 2008). For example, Foster (2007) found managers can respond with hostility to disabled employees when they ask for adjustments to be made to their day-to-day job (Boxall et al., 2004; Oliver and Barnes, 1991). Foster (2007) continued to argue that there was often an absence of managerial systems wherein employees could request reasonable adjustments, which in turn meant this process was ad hoc and complicated as it did not directly relate to a particular department. When an employee's voice was finally heard, there was often a failure on management's part to abide by their legal obligations, as they misunderstood the medical terms and rules enunciated in the DDA. Overall, it has been found that management are poorly trained on how to respond to requests for reasonable adjustments. Negotiations on reasonable adjustments were "characteristically highly individualized and outcomes almost entirely contingent upon the knowledge, attitudes and goodwill of poorly trained line managers" (Foster, 2010: p1). Foster (2007) found that this led to misunderstandings between employees and managers over the individual's legal rights, which were also associated to instances of bullying, stress, sickness absence and, in one particular case, medical retirement. This research was focused on the broader nature of disability, rather than specifically mental ill health, and this thesis aims to ameliorate these findings by exploring how management has responded to the legal imperative, what voice mechanisms they have introduced for employees to gain reasonable adjustments, and the efficacy of these vehicles of voice.

Similar to the diversity literature is a persuasive business rationale driving the implementation of voice for employees with ill mental health within organisations by employers. The main driver is that there are significant economic and business costs regarding ill mental health at work. 2010 CBI data suggests that over 50% of long term absences are caused by mental health issues, and in 2009 NICE estimated mental health absences cost employers £28 billion per year (NICE, 2009), an increase of 2 billion since 2007 (SCMH, 2007). In this 2007 study by the Sainsbury Centre for Mental Health, the total cost of ill mental health in organisations was broken down into £8.4 billion a year in sickness absences; £15.1 billion a year in reduced productivity at work; and £2.4 billion a year in replacement of staff who have left their job due to ill mental health (SCMH, 2007). This study estimated that the cost of ill mental health to business was over £1,000 per employee per year. This takes into account the number of working days lost through sickness absence, presenteeism and the cost of replacement of employees who have left their jobs due to ill mental health.

Within this study and other practitioner reports, such as MIND (2011) and the Shaw Trust (2006; 2010), silence is suggested to play a crucial role in these costs as, by remaining silent, these employees are unable to obtain support within the workplace and necessary accommodations cannot, therefore, be made. These studies advocate that through alleviating silence, employees will be greatly more inclined to inform their employer of their mental health condition and to, receive support and any necessary reasonable adjustments. This in turn reduces the risk of them taking a mental health related absence, maintains their levels of productivity and ensures the organisation can get the best out of their employee. These studies therefore conclude that there is a strong business rationale for the development and implementation of policies and practices to improve the management of mental health within the workplace. As the Shaw Trust concluded in their 2010 publication, 'Mental health: still the last workplace taboo?': "mental health is a big issue for British business" (Shaw Trust, 2010: 15).

Confirming this statement, in their latest survey 78% of respondents agreed that British industry lost out because it doesn't know how best to deal with mental health in the workplace.

Within this a study, there was evidence that mental health awareness within the workplace was increasing, albeit slowly (Shaw Trust, 2010). Whilst in 2006 nearly half of employers thought that none of their employees would suffer from a mental health condition in their working life, with over two thirds put this relevant figure at 0-5 per cent (Shaw Trust, 2006), this figure had fallen to just over a quarter (26%) suggesting an increase in mental health awareness (Shaw Trust, 2010). However, despite this improvement, nearly four-fifths of managers reported that they do not work with someone with a mental health disorder. It was found that a quarter of employers still assumed that less than 5% of their workforce will suffer a mental health issue during their working life, combined with one in ten who are unable to give an answer. Their study found that senior management continue to underestimate the effect of mental ill health in their workplace and, as a consequence, are failing to acknowledge how they can support and promote good mental health within the workplace. The business imperative for the continuing recognition of ill mental health within the workplace is therefore still a fundamentally important rationale driving organisations to aid the voice of their employees with mental health issues.

However, it has been laboriously, and often acrimoniously, debated that equality action cannot be limited to arguments based on compliance with legislation or a managerially driven agenda (Dickens, 1999). Within the diversity literature, the business case particularly has received an influx of critical responses from numerous academics (Dickens, 1994; 1999; Forbes, 1996); at the heart of these arguments is that the business case is motivated by self-interest rather than morality.

As Dickens (1999:9-10) summaries,

"Business case arguments are inevitably contingent, variable, selective

and partial, and often underplay the wider context in which business

case rationales are having to be pursued."

This has led to an appeal for a social justice case that argues social justice is in itself

a desirable end (King and Cortina, 2010). Advocates of the social justice case argue

that as socially concerned moral agents (Joutsenuirta, 2009) we should provide

solutions in respect to social issues, rather than monopolise on extrinsic motivation

(Perriton, 2009; Colling and Dickens, 1998). King and Cortina (2010) state that

invisible minority groups, such as LGBT workers, are included under the definition of

a stakeholder, meaning organisations have a responsibility to LGBT workers if they

are affected by the actions of the organisation. Organisations, therefore, have a

social responsibility to "enact policies, practices, and procedures that prevent

discrimination toward LGBT people and rectify remaining instances of heterosexism"

(King and Cortina, 2010: p73). It could be argued that in dealing with a socially

disadvantaged and marginalised group, organisations have a social responsibility to

rectify the instances of stigma and discrimination through implementation of policies,

practices and procedures that protect these employees within the workplace.

2.6.2   Responses to these Three Imperatives

Despite the pervasive rationales for recognising mental health within the workplace, it

is unclear how organisations are responding to these imperatives. The increased

pressure to accommodate the voices of those with mental health conditions is

growing, yet the type of voice mechanisms being implemented by organisations

remains ambiguous. The responses to these three imperatives have been under-

researched and demand academic attention - particularly the responses of the

organisations themselves. Throughout this section, illustrative examples of the sorts

of responses that can aid the voice of invisible minority groups within the workplace

are provided, presenting potential interesting gaps in the research that this thesis

intends to explore. However, once more, the LGBT literature will often be used as a comparative tool to illustrate these potential responses because whilst little is known about the presence of voice mechanisms for employees with mental health issues, there has been a burgeoning pool of literature in recent years on how different parties have responded to the pressure to encourage LGBT employees to have a voice within the workplace (Bell et al., 2011; Dundon et al., 2005; Wilkinson et al., 2004).

Although trade unions have implemented numerous strategies to revitalise the labour movement, non-unionisation has been growing in certain sectors of employment (Heery et al., 2004; Colgan and Ledwith, 2002). One way in which organisations can directly respond to the three aforementioned imperatives is through implementation of formalised policies and procedures. Whilst formalised company policies designed to deal with mental health are not a voice mechanism in many respects, similar to legislation they are often an aid to voice as they give the employees voice official standing, endorsement and protection. However, it has been found that organisations' growing awareness of the cost of mental health within the workplace has not been matched by their adoption of formalised policies and procedures tailored to protect employees with mental health conditions (Shaw Trust, 2010). The Shaw Trust mental health report (2010) found that there has been a negligible increase since 2006 in employers with formalised mental health policies, with 72% of employers declaring that they do not have a stress and mental health policy in place. The results revealed that larger businesses were more likely to have a formalised stress and mental health policy, whereas the figures for small businesses were less encouraging and below the average at 19%.

What's more, this report in particular revealed a major concern for the effectiveness of the policies that are put into place, stating that "perceptions of policy effectiveness go in reverse" (Shaw Trust, 2010: 20). There remained a lack of awareness of company policies and procedures and a decrease in confidence in mental health

policies within the workplace. In comparison with their 2006 survey, fewer respondents agreed that the policy was 'well understood' by employers (83%, against 89% in 2006) and even fewer thought their policy was 'well understood' by employees (81% in 2006, and 70% in 2009). Furthermore, fewer respondents believed their policy to be 'effective' in helping staff with mental health disorders stay in work, falling from 83% to 76%. Whilst support systems were found to be more widespread than in 2006, they remained confined to organisations with a HR function and even within these organisations HR managers remained dubious of their non-HR colleagues' ability to deal with mental health issues.

Research into the existence and impact of mental health policies still paints an unclear picture of the effectiveness of these aids to voice within the workplace. Although these quantitative figures provide an indication of the progress of mental health awareness in the workplace, a deeper and more comprehensive understanding of the influence of these policies from a qualitative stance remains absent from the literature. However, valuable lessons can be taken once more from the LGBT literature. In parallel to employees with mental health issues, studies into the effectiveness of LGBT supportive policies show that there is mixed evidence that these policies will increase employee openness about their sexuality and/or gender (Badgett, 2001; Badgett et a., 2009; Rostosky and Riggle, 2002; Tejeda, 2006; Ragins and Cornwell, 2007) and that they will result in less discrimination (Badgett et al., 2009; Ragins and Cornwell, 2001; Waldo, 1999; Tejeda, 2006). On the contrary, the adoption of a formal policy does not always equate to good practice (Jewson and Mason, 1986; Cockburn, 1991; Young, 1992, Dickens, 2005). There has been evidence of a perceived implementation gap between policy and practice cited by LGBT employees in numerous studies (Young, 1992; Creegan et al., 2003); for instance Colgan et al., (2007) found that although one in three strongly agreed that their employer was gay friendly in policy, only one in five strongly agreed that this was the case in practice.

There are numerous explanations for this implementation gap between policy and practice on sexual orientation. Some studies claim that sexual orientation was a politically sensitive strand of the equality agenda that could provoke a negative response amongst stakeholders, which in turn made managers less enthusiastic to tackle LGBT issues within the workplace (Colgan et al., 2007; Colganet al., 2006). Others argue that the organisations' entrenched cultural attitudes and behaviours conflicted with the introduction of a LGBT policy, which impacted the effectiveness of the policy in practice (Young, 1987; Colgan et al., 2007). In addition, Hoque and Noon (2004) argued that some organisations adopt EO policies as a strategic ploy to manage their image, whilst behind the façade unfair practices continue to occur. This cynicism has been made apparent through numerous academic studies, as evidence suggests that the implementation of EO practices that support EO policies are uncommon (Industrial Relations Service, 2001; Commission for Racial Equality, 2006; Bishop and Levine 1999; Roberts, 2002). This has led Hoque and Noon (2004) to state that these policies are 'empty shells' with little substance.

As Dickens (2000:157) expands,

> *'Adopting a policy, therefore, does not necessarily indicate an intention*
>
> *to change the status quo. It can be seen, rather, as a declaration or*
>
> *symbolic ratification of current practice'.*

These lessons from the LGBT literature provide an insight into why policies and practices that aim to encourage voice for invisible minorities are failing. However, there is a limited body of work that applies this logic to employees with mental health issues. Research needs to explore this under-researched domain and determine the reasons as to whether the policies and practices implemented to encourage the voice of those with mental health issues are effective and, if not, for what reasons. An independent enquiry tailored to this particular invisible minority is important in order to explore whether these explanations reflect the experiences of LGBT employees or

whether there are accounts that are independent to the experiences of employees with mental health issues.

Shifting away from the responses of the employer, some charities and campaigns have increased their efforts to support employers in addressing mental ill health within the workplace (Lelliot et al., 2009; SHIFT, 2010; MOfMH, 2008; MIND, 2012). There is a growing acknowledgement amongst these organisations and charities of the pervasive nature of mental ill health within the workplace and the costs of employee silence. These practitioner-based studies understand employee silence as non-disclosure of the individuals' mental health condition, focusing on the negative ramifications of non-disclosure and why employers should address this form of silence from a business imperative perspective. This has led to an influx of 'disclosure toolkits' for different parties within employment (LRD, 1992; 1997; CIPD and MIND, 2011). CIPD and MIND (2011) are a primary example of these resources. These two organisations joined together to create a resource that was intended to equip managers with the necessary tools to encourage and handle disclosure regarding mental health issues within the workplace. This collaborative project was driven by their separate research projects, which revealed that managers felt like they did not have the correct tools to support an employee's disclosure within the workplace, as they state:

"Employers have told Mind and the CIPD that they recognise the need to act on mental health – but feel ill equipped to do so. Disclosure is seen as the biggest barrier, creating a 'vicious circle' for both employees and employers."

(CIPD and MIND, 2011).

CIPD and MIND therefore developed a resource to provide managers with the tools to address disclosure and mental health throughout the entire lifecycle of

employment, starting at recruitment, through to keeping employees well and managing mental ill health at work, to supporting employees in returning to work after a period of absence. The tools these organisations developed included the provision of information, practical advice and templates to help managers to handle an employee's disclosure, and additionally to facilitate conversations about stress and mental ill health. This disclosure toolkit detailed how managers could put in place reasonable adjustments so that the employee could stay well in work, which means in practice that the individual is able to perform for the organisation so that the employer can retain talent and expertise. Alongside these practice resources for management there have been numerous mental health campaigns within the England; a prime example is the Time To Change (TTC) campaign. This campaign is a national anti-stigma social marketing campaign aimed at reducing the stigma of mental health not just at work but also across England (Evans-Lacko, 2013a). Focusing on behavioural change, the anti-stigma social marketing campaign was established by TTC, service users and experts in such campaigns. Each year efforts were invested into two main surges of social marketing, utilising platforms such as national television, online or outdoor advertisements, print, radio and cinema. Similarly, Mindful Employer is a not for profit organisation that has established a charter for mental health that organisations can sign to illustrate their commitment, whilst also receiving support and guidance from the organisation on how to tackle the stigma of mental health within the workplace.

However, whilst there have been a few studies on the impact this has had on the public stigma on mental ill health (Evans Lacko et al., 2013a; Evans-Lacko et al., 2013b; Evans-Lacko et al., 2014; Henderson et al., 2013), there has been a limited amount of work that has tailored their enquiry to the workplace. Nevertheless, there are a few studies that have that explored the impact of the increase in resources from these charities and campaigns have had in the workplace. Little et al., (2009) studied whether the increase in resources had an impact on employer knowledge and

attitudes between 2006 and 2009. They found that the increase in resources arose simultaneously with the increase in workplace stressors regarding mental ill health, namely the economic recession. The impact of economic hardship held some explanatory power over why there had been improvements in employers' knowledge about the prevalence of mental health issues, yet that there had been typically no increases in the existence of formal policies regarding mental health within the workplace.

Expanding upon this work, Evans-Lacko et al., (2013) documented any further changes between 2009 and 2011, charting the overall direction of employer knowledge and attitudes between 2006 and 2011. The data collected from British employers indicated that there were improvements in employers' knowledge about the incidence and prevalence of mental health issues within the workplace, but that the majority of employers felt that they did not have an adequate amount of knowledge regarding the law surrounding mental ill health within the workplace. Conversely, the existence of formal mental health policies, policies that were relevant to mental health issues and the provision of workplace accommodations had improved, alongside low-cost strategies for monitoring stress levels, such as meetings with employees. There were further improvements in the number of employers who had established a specific route for managing employees with mental health issues, such as through employee assistance programmes, outsourced occupational health and the NHS. There were no changes regarding employer attitudes to disclosure in job applications, yet whilst employers expressed the need for disclosure, they indicated that in fact they would not feel comfortable discussing mental health within an application. This research provides an interesting insight into how these resources have impacted employer knowledge and attitudes - however, these studies have been tailored to the attitudes and knowledge of the employer. An interesting avenue to explore would be to study how these resources have, or have not, impacted line management's attitudes and knowledge of mental health within the workplace.

Within the LGBT literature there are suggestions that employers, charities and campaigns are not the only parties who have responded to these three imperatives. Although once more this argument is tailored to the experiences of LGBT employees, Bell and her colleagues (2011) found in their study of the strategies for the inclusion of LGBT employees within the US workplace that more novel platforms for employee voice have recently been introduced from the bottom up. Examples of the responses from some employees who identify as LGBT are affinity groups, network groups and employee resource groups. These groups, albeit distinct from one another, provide a space for employees who share a common identity and similar interests to gather with the opportunity to engage in networking, provide support to one another or share ideas. What is distinct about these groups is that they are self-organised and are run by employees, yet can be recognised by employers. In fact, ameliorating Bell et al's., (2011) findings, studies have shown that the initial impetus that drives organisations to increase and visibility and voice of certain groups, particularly LGBT workers, stems from the employees' own activism (Colgan, 1999; Humphrey, 2002; Colgan and McKearney, 2012). Self-organisation within the workplace is not a relatively new phenomenon - however, it has begun to gain momentum amongst minority groups. (Colgan, 1999; Humphrey, 2002; Colgan and McKearney, 2012). Colgan and McKearney (2012) identified a range of functions of SOGs within the workplace, the main three being visibility and community; individual and collective voice mechanisms; and tackling the "vacuum of responsibility". Focusing on the second benefit, they confirm the recommendations advocated by Bell et al., (2011), that new and different voice mechanisms are required to encourage the voice of minority groups.

The LGBT SOGs within UK workplaces provide an important means of establishing voice amongst LGBT workers (Humphrey, 2002; Colgan, 1999; Wright et al., 2006). It is a catalyst for individual and collective voice, creating a mechanism that gives workers a new pathway to raise issues within the workplace and develop strategies

for change. These SOGs are essentially a 'safe space' for LGBT employees, especially those who were not yet 'fully out', creating an environment to develop group identity and consciousness (Colgan and Ledwith, 2002b). However, Healy and Oikelome (2007) caution these SOGs that operate beneath the aegis of management, warning that management can implement these SOGs as replacements to their existing sanctioned channels or mechanisms, rather than as a complementary voice initiative. Furthermore, in Humphrey's (1999) paper into the emergent politics of difference with regard to disabled SOGs, he argues that SOGs often act as a double-edged sword. Through the implementation of SOGs, employees who have an oppressed identity can collectively gather to build a sense of understanding and solidarity but, equally, these oppressed employees remain contained within the space that is deemed 'safe' and 'appropriate' for them to have a voice. Employees can remain segregated and isolated from their working cohort and can be seen as ostracising those with the prevalent majority characteristics. This is an interesting perspective on the identity politics of SOGs and disability as difference that ignites many questions into the effectiveness of SOGs within organisations.

The introduction of a three-tiered framework detailing the legal, business and social justice imperatives for employee voice demonstrate that organisations and the employees with mental health issues themselves are compelled to respond to the pervasive silence of mental health issues within the workplace, albeit for very different reasons. However, much of this theory has been transferred from the LGBT literature, and whilst valuable and important lessons can be gained from research on this invisible minority, further research needs to pave the way for a study that is tailored to the experiences of employees with mental health issues. The responses of the employer in particular remains unchartered terrain and is a particularly interesting avenue to explore in light of Donaghey et al.,s (2011) study on the institutionalisation

of employee silence by management. Donaghey et al.,'s framework departs from the traditional voice scholarship and incorporates further research around mental health issues within the workplace. How management respond to imperatives aimed at institutionalising voice at work presents an interesting trajectory, expanding the works of Evan-Lacko (2013a; 2013b) through a qualitative lens by exploring the relationship between the responses of charities and that of organisations. Once more, introducing the employee into analysis could develop academic understanding of how and why employees might respond to these imperatives as individuals with a vested interest in their own mental health. Overall, whether these responses are effective at tackling employee silence regarding mental health issues and perpetuate a climate of voice within the workplace warrants ample enquiry.

2.7   Conclusion

This literature review has examined how the concept of silence has emerged and evolved over time. The research has laid the foundation to understand the nature of silence as an independent construct in its own right and distinct from voice, with academic attention being sparked over the definition of silence, its practices and antecedents. Whilst there is little doubt that these studies have made important and invaluable inroads into our understanding of silence within the workplace, the complexities and ambiguities of silence as a concept have yet to be fully addressed, and there are numerous limitations to this existing research. Many academics understand voice and silence to be a part of a dichotomy, wherein silence is the polar opposite of voice. There is a pervasive unitarist bias within the literature; this analysis is fundamentally one sided as it understands silence as a product of employee motivations wherein employee silence has been perceived as a communicative choice. This limited understanding of silence neglects not only the existence and effectiveness of the voice mechanisms within the organisation, but also forgoes

management's ability to perpetuate a climate of silence. Whilst Donaghey et al., (2011) have drawn out some important pitfalls of the silence literature, it is a theoretical piece that presents an interesting angle by which to deepen our understanding of silence and the role management plays in determining the voice climate within organisations. Silence as a concept and construct therefore remains an important and exciting area for this thesis to explore, with opportunity to conduct a more detailed enquiry into the power centred role of management.

However, the literature review reveals another large gap that warrants attention. The existing silence literature has primarily focused on the withholding of workplace issues and has neglected the potential for employees to withhold personal issues; the employee therefore demands to be introduced into the analysis. There is little academic attention that has yet focused on who is remaining silent; rather previous studies on employee silence have treated the workforce as a homogenous group. The LGBT literature is an exception, with some studies, albeit limited, paving a platform by which to understand how employees navigate the silence process. Attention has been drawn particularly to the disclosure of an employee's invisible characteristic within the workplace, presenting a case for organisations to encourage employee disclosure regarding their invisible characteristic or stigma. Although this minority group can be adopted as a comparative tool, this literature review has drawn attention to the silence of mental health issues within the workplace. The silence of mental health issues is widely seen in organisations and is recognised as a barrier to organisational success, productivity and employee well-being. However, whilst there are a vast amount of studies that have explored the stigma of mental ill health within the workplace, few have applied this knowledge to the silence literature as a potential barrier to employee voice.

In an attempt to resolve the gaps in our knowledge on this minority group, this thesis intends to introduce the employee into analysis and to study the silence of mental

health issues within the workplace. There is a demand for this academic enquiry to take place as employers face increasing pressure to tackle the climates of silence regarding mental health issues that pervade their workforce. The impetus to recognise the silence of employees with mental health issues is gaining momentum within the UK, with organisations increasingly recognising the legal, business and social justice imperatives for challenging the pervasive climate of silence that exists within many organisations. Academic knowledge of how and why organisations are responding to these pressures remains under-researched, with only a few studies enquiring into how this has impacted and shaped the response of employers within the UK. This reveals a significant gap within the literature that needs addressing. In a world where mental health issues are on the rise, identifying which institutions are standing up to silence and how is important, as ignoring the voice of employees with mental health issues impacts the economy, organisations, and the individuals themselves. This literature review has therefore laid down the foundations for this thesis.

Chapter Three: Methodology

3.1   Introduction

In this chapter, the primary research aims of this thesis will be discussed in more detail. Following this, the research approach and the philosophical foundations underpinning this thesis will be explored; these were adopted to gain an in-depth understanding of the phenomenon in its real-life context, whilst also recognising that certain structures can exist that impact the employee's experiences. Subsequently, there is an exploration of the foundations of a case study methodology, the generation of qualitative data, the research design including the sample, data access, collection and analysis, followed by a comprehensive discussion of the ethics of conducting a sensitive piece of research. Throughout this chapter, how the researcher reclaimed her subjectivity as a methodological tool will be described and referenced. This subjectivity emphasises the demand for continuous reflexivity throughout the research process.

3.2   Primary research aims

This research has three broad aims that lay the foundations for the exploratory nature of this thesis. These aims will guide the research and allow themes to unfold and develop inductively and are therefore part of a research journey that paves the way for novel insights to be gathered. These aims are as follows:

1. *To explore the ways in which the employer can shape climates of voice and silence within the workplace.*

2. *To explore the factors that shape employee perceptions of the procedural opportunities for voice and silence regarding mental health issues within the workplace.*

3. *To reconceptualise employee silence to give more emphasis to the perspective of the employee.*

3.3   Research Philosophy.

Numerous researchers argue that developing a philosophical paradigm creates the foundations upon which a context can be provided for the research process, grounding its logic and criteria (Crotty, 1998), whilst shaping the researchers approach to their theory and methods (Marsh and Furlong, 2002). This philosophical paradigm is the basic belief system that guides the investigation (Guba and Lincoln, 1994; p. 105) and entails the identification of a "*loose collection of logically held together assumptions, concepts, and propositions that orientates thinking and research*" (Bogdan and Biklan, 1982, p. 30). There has been a longstanding debate within social science research regarding the appropriate philosophical paradigm for social science research, namely what ontological stance the research adopts (the assumptions regarding the nature of reality) and its epistemology, which defines what the view of the research has about what we can know about the world and how we know it (Marsh and Furlong, 2002). The crux of this debate concerns the ontological assumptions pursued by the researcher in their research inquiry, namely regarding the nature of social phenomena being studied and the assumptions made about social realities and social entities within the research. Traditionally, researchers have prescribed the presence of a basic paradigm of ontological, epistemological and methodological assumptions within research (for example, Guba and Lincoln, 1994; Creswell, 1998; Creswell and Plano Clark, 2007), with objectivism on one side of the ontological spectrum and subjectivism on the other.

An objectivist ontology is closely tied to positivism, a philosophical belief system which argues that there is an external reality wherein the nature of this social reality and its meanings exist outside of the value free researcher. A subjectivist ontology, on the other hand, lays the groundwork for social constructivism, which argues that

social entities and social realities are both multiple and relative (Hudson and Ozanne, 1988), relying on other systems for meaning and making them challenging to determine (Lincoln and Guba, 1985; Neuman, 2000). This thesis embraces neither of these philosophical dispositions (Procter, 1995; Easterby-Smith et al., 1991). This rejection of a positivist ontology is founded on the aims of the research, which when observed reveals the disparity between objectivism and the understanding of the nature of knowledge this thesis adopts. Whilst a positivist ontological position claims that there is a universal truth and one reality in which generalisations can be made to other contexts, this thesis argues that reality and the social world cannot be viewed objectively and understood as a compilation of facts (Hudson and Ozanno, 1988), treated akin to the natural sciences in an attempt to investigate their universally governing rules (McKenna et al., 2008). This thesis aims to provide an insight into the different perceptions of the procedural opportunities for voicing mental health conditions within the workplace, demonstrating that there is an acknowledgement of the diversity of experience which exists regarding the social phenomena being studied. These experiences are shaped by a multitude of social and contextual forces and are subjective, complex and therefore not universal (Lincoln and Guba, 1985; Guba, 1990). No one experience of the real world can be the same, and activities only have the meaning that individuals ascribe to them (Giddens, 1976).

This should not suggest that these meanings exist within a social vacuum devoid of social constraints, cultural barriers, ideological influences or institutional structures. This thesis does not claim that the world is only socially constructed and that there is no reality that exists independently of our own social construction. Unlike extreme social constructionism, this thesis argues that although social reality is subjective, constraints exist within the individuals' social context that limit their agency (Giddens, 1976). These constraints can, to an extent, structure the individuals' experience of the real world and can influence the conditions that both enable and constrain human agency (Giddens 1976). This is what Giddens (1976) describes as the 'duality of

structure', recognising that to understand agency we must locate it within a structural context because these structures are the medium and outcome of agency. From an organisational perspective, Covaleski et al (1996) explains how workplace structures can influence an employee's understanding of the real world. Covaleski argues that when management implements workplace practices and structures, this influences employees' perspectives of "*what is important, what to prioritise and more radically, what constitutes reality*" (Covaleski et al., 1996: p.610). This assertion is key, as it illustrates the importance of recognising the impact workplace structures can have on an employee's experience of the real world. Structure, therefore, needs to be acknowledged when studying the multiple experiences that exist within these parameters so that a deeper understanding can be unearthed regarding ways in which employees may navigate the silence process in the context of the workplace.

It is important to note that not all structures existing within the real world are easily discernible; rather, this thesis argues that some of the structures are more implicitly embedded within the organisation, yet they can have an equally profound influence on the individuals' actions, behaviour, experiences and meaning. This thesis shares King and Horrocks (2010) perspective on structure, arguing that behaviour and experience are fashioned by biological, economic and social structures, some of which exist "*without the human actors involved having knowledge of them, conceptualising them, or constructing them in discourse*" (Ackroyd and Fleetwood, 2000:p.11); this should not suggest that these structures are not real or influential merely because they are social, intangible and invisible (Crotty, 1998; Maxwell, 2012). For instance, the stigma of mental health issues has been socially constructed throughout time and this stigma influences the experiences of those with mental health conditions within society. These are reflected and embedded in structures and consolidated over time in terms of what mental ill health means and whether it is "acceptable".

Furthermore, adopting an objectivist or subjectivist framework directly impacts how researchers can make practical inquiries into the social phenomena, often prescribing certain epistemological assumptions and shaping the methodology in accordance with the research's ontological position. This is in accordance with a positivist epistemology, which assumes that facts are drawn from scientific and objective knowledge (Ritchie et al., 2013). For positivism, the social world is reduced to scientific principles wherein findings can be generated by treating the social world akin to natural science (Hughes, 1990; Della Portar et al., 2008). Positivist epistemologies therefore advocate the use of quantitative research methods, with the intention of deriving universal facts from this numerical data (Kaldris, 2013). This position has significant limitations when applied to the thesis's aims, primarily because of the types of questions this thesis is addressing are not suited to a positivist epistemology. A positivist epistemological stance is therefore refuted on the grounds of the nature of the study, which argues that knowledge of social experience cannot be gained through the generation and testing of a hypothesis. The purpose of this thesis is not to produce regularities, predictions or law-like generalisations, rather to develop academic understanding and unearth new knowledge and a positivist epistemology would restrict the gathering of new, fruitful insights into mental health and employee silence within the workplace (Oakley, 2000; Gough, 2004; Fossey et al., 2002). A positivist epistemology would not permit an analysis that captures the complexity of human experience, mainly because human agency means that not all individuals respond in the same way (Morgan and Smircich, 1980; Keller, 1985; Mies, 1983; 1991); researching employees' experiences of mental ill health within the workplace cannot, therefore,be treated akin to the physical sciences. Further, a positivist epistemology fails to encapsulate the employees' ability to make their own interpretations of their experiences and construct their own meanings; the methods that are informed by positivism are therefore not suited to the nature of this thesis as

they presume that experience can be measured and quantified, leading to the assumption that all facts are universal.

In addition, such objectivist enquiries would miss the deeper meanings and contextual understanding of the social phenomena being studied as the environment, questions and answers are free from the structure of, for example, a questionnaire or survey. Sharing similarities with naturalism, the use of semi-structured interviews rather than attributed questionnaires provides a space for the participant to respond in a natural way that presents an avenue by which to access the individual's subjectivity (Given, 2008). This approach is important in order for the research to remain true to the nature of the phenomenon being researched, allowing observations to be made of the phenomenon in its natural state (Matza, 1969).

It is important that the researcher has the capacity to interpret the findings that emerge, particularly as the researcher is an "insider" and is researching a social group to which she belongs (*see section 3.8*). These findings are therefore mediated by the researcher's own postulations, experiences, theoretical assumptions and knowledge of the literature that informed the thesis (Symon and Cassell, 2012). The role of the researcher thus represents another crucial limitation on a positivist epistemology, which argues that the researcher must remain detached from the research process and its interpretation (Carson et al., 2001). In contrast to the objectivist epistemological perspective on the role of the researcher, a subjectivist epistemology perceives the social entity and its interpretation as shaped by the researcher's own prior experience, knowledge and understanding. Furthermore, a subjectivist epistemological standpoint intends to understand how the subject of the study 'makes sense of their world' (Merriam, 2009), whilst also generating an accurate representation of the individual's experiences and meanings (Willig, 2001). In accordance with these assumptions, a subjectivist epistemology fits with this thesis

and serves the aims' overarching intention to provide a detailed inquiry into the experiences of mental health and employee voice within the workplace.

However, ontologically, subjectivism has pitfalls for this thesis as it fails to recognise the role of structure in shaping and constraining individual actions, meanings and experiences. Objectivist and subjectivist ontologies and epistemologies are representative of two opposite perspectives on a continuum and both present limitations for this thesis. As Willig (2001; p.149) explains, these contrasting perspectives can present challenges for the researcher as it may be difficult for the researcher to "*identify and subscribe to clear-cut, unambiguous and epistemological perspectives*". This thesis is not committed to a singular epistemological perspective; on the contrary, it adopts a position that exists between these extreme perspectives, maintaining elements of the subjectivist epistemological position by acknowledging that knowledge is contextually, socially and culturally bound, whilst retaining the role of the researcher as an active agent in the research process. With similarity to Hammersley's (1992) argument on subtle realism, this thesis argues that absence of structure does not have to be a prerequisite for a subjectivist epistemology. This thesis simultaneously acknowledges the existence of social structures, actions and contexts within its epistemology and how they can shape the social phenomena under investigation. Overall this offers an alternative philosophical framework that serves the overarching purpose of the thesis and its aims.

3.4   Research approach

In accordance with the epistemological stance of the research, an inductive research approach is an appropriate way to gather knowledge on the subject of employee silence regarding mental health issues within the workplace. Lodico et al's (2010) describes inductive research as a "bottom up" approach to knowing (Creswell and Plano Clark, 2007), explaining that unlike deductive logic no hypotheses are made at the initial stages of the research; the logic of deductive reasoning is therefore

reversed. This serves the purpose of this research and its aims, primarily because it is exploring novel territory that is under-researched and relatively new; inductive reasoning therefore does not place any limitations on the generation of knowledge. When compared to its predecessor (employee voice), employee silence as a whole remains an under-researched field of study and a relatively novel phenomenon. This study aims to provide a fresh and unique insight into employee silence, by addressing some of the major conceptual weaknesses outlined by Donaghey et al., (2011), re-conceptualising the phenomenon of employee silence from the perspective of the employee. This thesis is therefore exploratory, aiming to develop theory and bolster a deeper, richer understanding of employee silence within the workplace; an inductive research approach was thus wholly appropriate for the investigation into employee silence within the workplace.

Furthermore, the adoption of an inductive approach to reasoning was suitable for this research as it supported the generation of theory over the course of the research process. This thesis began with a detailed enquiry into the individuals' perspectives on their own worlds (Marshall and Rossman, 1999; Creswell, 1998), and then moved towards more abstract notions, generalisations and ideals (Neuman, 2003), painting a detailed picture of the research phenomena (Lodico, et al., 2010). For example, over the course of the research process the participants' narratives were used to "*build broader themes and generate theory interconnecting the themes"* (Creswell and Plano Clark, 2007; p.23), such as the variations of employee voice. These forms of voice arose from the data over time as more narratives were recorded and more data were gathered that shed light on these distinct variations of voice. The inductive logic of this thesis allows these forms of voice to emerge, revealing the disparity between the definitions of voice adopted by the organisation, Occupational Health, line management and the employees with mental health issues themselves. Theory was developed over the course of the research process and would not have surfaced had this study pertained to a deductive process, such as the testing of a hypothesis.

The inductive reasoning that informs this thesis is therefore appropriate as it provides a method by which to understand the meanings in the employees' personal narratives (Miles and Huberman, 1994; Atkinson, 2005; Silverman, 2000) and to identify themes and patterns in the data, so that theory can be developed and abstractions can be made (Creswell, 2005). As Lodico (2010; p.301) describes,

"… This means that numerous small pieces of data are collected and gradually combined or related to form broader, more general descriptions and conclusions."

This is a crucial aspect of this research project as, without obtaining and analysing the detailed accounts that the participants of the research provided over time, new theory could not have been developed and the aims of the research to provide new theoretical insights into employee silence would therefore not have been met. An inductive research strategy is thus wholly appropriate for the investigation of mental health issues and employee silence within the workplace.

3.5   A Case Study Methodology

This thesis adopts a case study approach to its methodology. What is particularly pertinent about a case study approach is that it studies the phenomenon within its real-life context, wherein the boundaries between the context and the phenomena are not clearly visible (Yin, 2003; 2009). Bryman and Bell (2007) advocate that a key characteristic of case study research is that it can capture the complexity and particular nature of a specified unit. Although using a single unit of analysis presents a risk to the studies transferability, which will be explored later in the chapter, the case study approach elicits meaning and understanding, providing findings that are richly descriptive and paint a detailed picture of the research phenomena in their contexts (Kidder, 1982).

This introduces another reason a case study approach is appropriate for this thesis: case studies are advantageous because they support the development of new theory

and provide an avenue to strengthen academic understanding of employee silence as a concept from the perspective of the employee (Eisenhardt, 1989; Yin, 1989). A case study methodology advances theory development because it is an iterative research process (Feagin et al., 1991; Gersick, 1988), presenting a degree of flexibility that accommodates any unanticipated themes which emerge (Feagin et al., 1991). This serves the exploratory nature of the thesis, enabling it to expand and contract as new, emergent data shaped the research process, and adjustments could be made to reflect the major issues as they advanced (Gersick, 1988; Harris and Sutton, 1986). From the detailed accounts of the employees with mental health issues themselves, for example, it became evident that there was a difference between 'breaking the silence' and 'having a voice', advancing the development of theory regarding what it means to remain silent within the workplace.

The selection of the case study is of fundamental importance to the thesis, as it is the catalyst for knowledge, insight, and the development of theory. To reinforce the credibility and transferability of the study it was important that the case study selection process was not a haphazard activity (Yin, 1994), rather, a meticulous process that required transparency and reflexivity from the researcher. The selection process was purposive and strategic, wherein the case study chosen was justified on the grounds of its appropriateness and adequacy (Kuzel, 1999; Seawright and Gerring, 2008) for the study of the silence of mental health within the workplace. It was important to choose an 'information rich' case study so that the researcher could gain a greater understanding about the issues of central importance to the purpose of the inquiry (Patton, 2002).

Certain criteria were imposed to bolster the relevance of the case study to the theoretical framework and purpose of the study (Stake, 1994; Remenyi., et al., 1998) yet, equally, the case study needed to present an interesting opportunity to generate rich information of the phenomenon under inquiry. These criteria were as follows: to

be a large organisation; to be a 'typical' workforce; and to display some knowledge of mental health within the workplace. In reference to criterion one, because the research was studying a taboo subject that has traditionally been withheld within the workplace it was presumed that there would be barriers to the recruitment of employees with mental health issues in particular; it was therefore important that the chosen case study was large so that ample participants could be recruited to provide a gateway by which to understand the issues that were central to this thesis. For criterion two, the development of transferable theory presented a challenge when selecting an appropriate case study, primarily because it was difficult to define a 'typical' workplace in relation to employee silence within the workplace. It was difficult to determine what case study organisation would best represent employee silence because silence is invisible and indiscernible. This in turn meant it was hard to detect the sort of organisation which would be representative of this social phenomenon. Rather, meeting this criterion involved a pragmatic process of eliminating organisations that were atypical, mainly extreme or deviant case studies, because they would have distorted the manifestation of the phenomenon of interest. Examples of such organisations are those with well-established mental health policies and procedures, charities, and organisations specifically tailored to mental health, such as not-for-profit organisation Business in the Community and parts of the NHS. Lastly, building upon this last criterion, rather than choosing 'unusual' case studies it was crucial that the organisation neither completely embraced mental health through, for example, comprehensive mental health policies and procedures, yet equally did not display no vested interest in mental health. It was therefore necessary that the organisation presented knowledge of mental health and had taken some measures to challenge the silence of mental health within the workplace; these measures would provide an interesting context in which to explore ways in which the employer can shape climates of voice and silence within the workplace.

The challenges of choosing an appropriate case study that fitted the aforementioned criteria were partially overcome by the implementation of preliminary interviews. This was a pivotal part of the process of selecting a case as it gave the researcher a richer insight into the context of the case study and signposted the researcher to the chosen case study. Semi-structured preliminary interviews with 34 participants provided background information concerning mental health within the workplace, which in turn shaped the choice of the case study. These preliminary interviews included an MP; Trade Unions; two Mental Health Charities, Time To Change and Rethink Mental Illness; not-for-profit organisations such as Business in the Community and Business Disability Forum; an NHS initiative called Mindful Employer; medical professionals; and various associates, consultants and advisors who worked actively within the field of mental health and/or disability. This phase of the research was fundamental as it painted a picture of the landscape in which the organisation operated, situating it within its context and highlighting the external influences that were encouraging organisations to recognise mental ill health within the workplace.

The choice of case study was guided by this preliminary research, as it gathered knowledge as to which organisations would fit the purpose of the study, providing a pool of potential cases for the researcher to choose from, albeit purposefully with the above criteria in mind. This in turn presented an interesting avenue to identify and approach organisations that were suitable for this thesis. Through the interviews with those from Time To Change and Mindful Employer, suitable case studies were narrowed down to a select few as the accessibility of their charters and pledges provided the researcher with ample contacts to start researching possible case studies that suited the aims of the study. Thereafter, the researcher made contact with the organisations to discuss the research and their organisational responses, and through a process of elimination an appropriate, adequate case study was chosen. This process of elimination refers to the aforementioned case study criteria:

extreme or deviant cases and workplaces that displayed no vested interest in mental health was not categorised as potential case studies. However, it was also a process of determining what organisations were and were not interested in the research, in which the latter were removed from the list of potential case studies due to lack of access.

3.5.1   TransportCo

Through these preliminary interviews it came to light that a large transport organisation had just started engaging with these campaigns, which will henceforth be referred to as TransportCo and will be explored in greater detail in the background chapter. TransportCo is a local government body responsible for one of England's largest transport systems. TransportCo signed the employer pledge with Time To Change on 1st December 2011, and soon after signed the Mindful Employer charter. This suggested that TransportCo was an organisation that wanted to tackle the stigma and discrimination of mental health issues, encouraging the researcher to directly contact the organisation and enquire as to why they had made aspirational pledges to be a mentally healthy workplace. Whilst preliminary interviews were conducted to assist the selection of an appropriate case study, the researcher also had to rely on the information exchanged between the researcher and a gatekeeper for the case. The role of the gatekeeper within this thesis is understood in accordance to Dever and Frankel's (2000; p.266) definition, in which gatekeepers are considered to be

> *"Organizational officials in charge of research or specific departments*
> *the researcher wishes to study, or individuals who have control over*
> *subjects of interest".*

It was the role of the gatekeeper to warrant access for the research to be conducted within TransportCo providing "*the door to participants*" (Evans, 2012; p.96). This was an advantage of going through a gatekeeper as information was shared on the

structure of the organisation, numerous employee records, and most importantly insight was provided into whether the subject of study, in this case the pervasive silence regarding mental health issues, was prevalent within the organisation. The gatekeeper for the chosen case study [Jennifer] worked within Occupational Health. Through several conversations a strong rapport between the researcher and the OH manager was established. During these conversations, Jennifer expressed that TransportCo had formally institutionalised various organisational activities and support structures intended to tackle the prevalent climate of silence within the workplace. What made TransportCo an interesting case study to use was that despite the organisation's apparent efforts to create a climate of voice, employee silence remained pervasive within the organisation. As Jennifer explained, mental health issues were one of the main reasons for employees taking an official leave of absence; this imposed a high cost to the employer. Due to TransportCo's recognition of the importance of understanding the prevalent climate of silence within TransportCo, Jennifer agreed as a representative of the organisation to fully support and integrate the research within the organisation, meaning that TransportCo would promote the research throughout the organisation and support their employees' engagement with the study.

Whilst this endorsement granted full access to the organisation, greatly benefiting the study with regard to participant access, it also presented a threat to the focus of the study. As the gatekeeper shared similar concerns, there was pressure on the researcher to include other issues that were irrelevant to the study and to solve problems faced by the organisation. This lack of independence threatened the validity of the research and was a potential downfall of the access to TransportCo. However, this threat was lessened through a series of negotiations between the researcher and gatekeeper, wherein the researcher agreed that a condensed overview of the findings would be presented to the organisation as compensation for access to TransportCo's employees. In addition, after these informal conversations had taken

place, the researcher wrote a brief proposal addressing her own concerns, whilst detailing the aims of the study and its research design. This curtailed any potential bias, as it made the aims and focus of the research explicit, reducing the involvement of the gatekeeper has and providing the researcher with full autonomy over the direction and purpose of the research.

3.6 Research Design

3.6.1 Data Collection Methods

The philosophy of this research guided the adoption of semi-structured, in depth interviews because it shapes the selection of specific methods through relating them to the anticipated outcomes (Crotty, 1998). The ontological position of this thesis recognises the existence of multiple perceptions of an individual's experience of mental health within the workplace and emphasises how meaning can be gained through the exploration of these perceptions. Interviews were therefore appropriate for this research because they provide an avenue to elicit these perceptions within the participants' social world, allowing the experiences of these employees to be understood through their perspectives and within their context (Mason, 1996). As Mason (2002, p63) notes:

> *"If you choose qualitative interviewing it may be because your ontological position is that peoples' knowledge, views, understandings, interpretations, experiences and interactions as meaningful properties of the social reality that my research is designed to explore… most importantly, you will be interested in their perceptions."*

The decision to adopt in-depth semi-structured interviews was additionally guided by the nature of the research problem and the overarching aims of the research (Noor, 2008). The exploratory nature of the research informed the decision to adopt qualitative interviews, primarily because qualitative methods are interested in the 'meanings' in the personal narratives of respondents (Miles and Huberman, 1994;

Silverman, 2000; 2005; Atkinson, 2005). Semi-structured interviews allowed the researcher to elicit individuals' social experiences and enter their social world to derive meaning. This aided in the collection of rich dialogues from the respondents which were both 'real' and 'natural' to the individuals' experiences of silence within organisations (Mazeland and ten Have, 1996) and for the individual's understanding of silence to be uncovered (Kaplan and Maxwell, 1994). This was of crucial importance, as it has been well established that mental health issues are diverse and that each individual's experience with mental ill health is unique. This data collection method respects the differences between the individuals' interviews and recognises the distinction between people and objects of natural science (Bryman and Bell, 2007). Semi-structured interviews were therefore appropriate as they enabled the researcher to gather a range of fresh and potentially undiscovered insights into employee silence by understanding the perceptions of the participants. This lays the foundations for more sophisticated understandings of the meaning of silence and voice to be unearthed.

This research is driven by the imperative to untangle the complexity of employee silence and to advance academic understanding through the perceptions of the individuals interviewed within the study. Structured interviews would therefore not have been suited to the exploratory nature of the thesis, as, rather than focusing on describing or explaining general patterns and repetitions within the narratives, this thesis intends to explore employee silence and mental health in more detail (Mishler, 1986). In order to derive meaning from the interviews, the research aims need to be explored in more profundity, allowing discussion of the influence of context to take place (Kvale and Brinkmann, 2009). Although the use of semi-structured interviews hinders the comparability of this thesis, the research demanded a data collection method that would not restrict content or inhibit the issues raised by participants, but rather accommodate emergent and ongoing themes. The iterative nature of qualitative research meant that the themes explored were in a constant process of

evolution, as each interview was built upon those conducted previously. This chain of progression presented the researcher with an opportunity to advance understanding of the research issues, develop an awareness of areas that requiring further enquiry and identify any unforeseen avenues for exploration. This resulted in the emergence of a succession of research themes (DeVault and McCoy, 2002). One such emergent theme for employees with mental health issues was that the cultural expectations in relation to gender influenced the ways in which the employees navigated the silence process.

As DiCicco-Bloom and Crabtree (2006: p. 316) explain,

"The interviewer should be prepared to depart from the planned

itinerary during the interview because digressions can be very

productive as they follow the interviewee's interest and knowledge."

Whilst unstructured interviews are less likely to restrict the data by forcing it into strict and often artificial categories, they are time consuming and meant that attention was inevitably drawn away from the issues at the heart of this thesis (Bailey, 2008; Klenke, 2008). It was therefore important that the interviews sanctioned a degree of structure, whilst remaining relatively open and flexible to progress according to the participants' narratives. Use of semi-structured interviews meant that questions could be added, removed and modified to solicit more interesting narratives from the individuals interviewed. The researcher did not ask specific questions per se, nor were the questions asked in a certain order. Rather, the researcher adapted the order and wording of the questions during each interview to establish a rapport that was not disrupted by predetermined questions.

Initially both the management tier of participants and the employees with mental health issues themselves were presented with a 'grand tour question' (Spradley, 1979) that was not threatening and reflected the nature of the research. Essentially, this initial part of the interview was designed to 'break the ice' and establish a rapport

between the researcher and the participant. This opening narrative generally asked the participant to explain their history and position within the organisation. For employees with mental health issues, some of whom were of managerial status, this history related both to their role within TransportCo and to their mental health background. This was designed to get them talking about their mental health on their terms and in their own way, as some participants had previously remained silent about the issues that were to be explored. It also provided a narrative in which the researcher could use prompts rather than questions to gain relevant information from the participant.

The questions for the participants from management fell into two categories: the management of mental health issues within the workplace, and the barriers to the successful management of these strategies. Questions regarding the first category aimed to incite discussions about the managers' experiences of employees with mental health issues within the workplace, exploring the meaning and influence of these experiences in the context of the organisational and OH strategies for good mental health practice within the workplace. Questions were focused on the relationship between managerial expectations and real life implementation, and encouraged discussions regarding their personal experiences. These questions intended to build a rapport that implicitly elicited their understanding of the meaning of silence of mental health issues within the workplace. In reference to the second category, questions focused on understanding factors that may prevent the managers from engaging in voice with employees with mental health issues regarding their condition. This key theme emerged after two interviews with management described that management had to face numerous obstacles in supporting an employee with a mental health issue. The challenges faced by the line manager, such as the culture of the organisation and their own lack of training, were explored. The emergent nature of these questions once more represents how this

was an inductive process, whereby questions were added once new, unforeseen themes had come to light.

Different themes were discussed with the participants with mental health issues, primarily regarding their experience of mental health within the workplace; the practice of silence; what it means to have a voice; and the role of management, which will be explored below (*See Appendix One*).

Experience of mental health within the workplace
Given the purpose of the research, this section of the interview schedule aimed to elicit the participants' stories, harbouring a detailed conversation about their experiences in the workplace and how these impacted their navigation of the silence process. This question links very closely with the grand tour question, which will be discussed later in the chapter. However, it builds upon the initial rapport, delving deeper into participants' perceptions of mental health within the workplace from their own individual perspective. This section was an impromptu process, and no predetermined questions were necessarily asked. The researcher listened to the employees' narratives, then guided the research to follow participants down their trails (Riessman 2008:24).

Practice of silence
The majority of participants had remained silent within TransportCo to some extent, albeit at varying degrees. Questions within this section aimed to explore how the employees engaged in silence, with the intention that this will give great insight into the meaning of employee silence regarding mental health issues.

Voice
The questions on the practice of silence linked with how the participants understood the meaning of voice. Questions in this section focused on the participants' perceptions on voicing a mental health issue within the workplace, focusing on the

process of voice, the content of voice and how this corresponds with the organisational and OH strategies implemented within the workplace.

Management

Given that one of the research aims was to explore how the employer can influence climates of silence within the workplace, questions were raised as to how management shaped the participants' decisions to remain silent and/or voice their mental health issue. The role of management in the silence process was explored; many participants were asked to reflect on their experiences and the reasons they were often reluctant to engage in voice. For those who had voiced their mental health condition, a retrospective description of how they navigated the silence process in the context of these institutional structures was encouraged; the impact of management was found to naturally occur within these conversations. These questions were asked at appropriate moments during the interview with the employees with mental health issues to maintain a rapport; asking questions pragmatically could have stunted the conversation and would have impacted the non-hierarchical relationship between the participant and the researcher.

In addition, many of the individuals with mental health issues interviewed did not have a safe space in which to voice their mental health condition and discuss its impact on their working life. Some would steer the conversation to the history of their mental ill health and/or how it impacts their life outside of the workplace as their voice snowballed onto various issues and topics that were outside the parameters of this study. Although descriptions of the employee's mental health condition provided a gateway by which to build rapport and get the individual talking about mental health, without a set of pre-determined questions this could easily open what Dickenson-Swift et al., (2007) describe as 'Pandora's box', wherein the interview is a confessional situation that invites them to tell stories that they have found difficult to tell anyone outside of the interview. For example, one interviewee described how she

had not had the space to vocalise her mental health condition and therefore offloaded all the information, experiences and perceptions she had retained over the years. Such instances were common, and whilst the researcher was sensitive to these accounts it was crucial that the interview was steered in the direction of the social phenomena being studied.

Furthermore, semi-structured qualitative methods are widely recognised are well-suited sensitive research issues (Hutchinson et al., 1994; Lee, 1993; Liamputtong, 2007). One of the fundamental aspects of data collection regarding issues that are sensitive and in exploring issues that are 'intimate, discreditable or incriminating' (Renzetti and Lee, 1993) is the ability to build a rapport that encourages individuals to share their stories without fear or judgement (Johnson and Clarke, 2003; Lee, 1993; Liamputtong, 2007; Taylor and Bogdan, 1998). It is the ability to build this trust and rapport that makes semi-structured interviews an indispensable tool to elicit meaning from the employee's stories and makes it wholly appropriate for this research thesis. For Hutchinson et al (1994), the ability to develop rapport during in depth qualitative interviews means semi-structured interviews are a crucial method in providing a voice for participants, giving the research unique insights into the participant's illnesses and experiences, and the meaning attached to them. As Hutchinson et al (1994; p 162) notes:

"The interview gives the participant a voice. This voice may be

particularly meaningful for members of discredited groups such as the

elderly, poor, or chronically mentally ill".

Qualitative interviews therefore harmonise with the research focus on silence and voice; whilst the employees are not given a voice per se, they are given a space in which they feel more able to engage in voice. As part of a marginalised, and often silent minority, the majority of the participants had remained silent within the workplace and in their social lives to an extent, withholding their stories and

experiences. For many, this was the first time they had felt listened to and truly heard. As Hutchinson et al (1994; p.164) argues,

"In-depth research interviews can give a voice to the voiceless… and

others who have never been allowed to tell their story".

The reflection on the individual's own life and the expression of an individual's thoughts, feelings and experiences is shown to positively impact many participants. Firstly, this expression served as a catharsis (Hutchinson et al., 1994; Frank, 2000), as one participant stated, "*You are the first person to hear this, and it is like a weight has been lifted off my shoulders. Just talking – it does help, doesn't it?".* Many employees explained how they felt that talking about their mental ill health regarding the workplace alleviated some of the negative feelings and perceptions they had held, allowing them to gain some self-awareness over their thought processes. The pressure they had previously felt to remain silent and withhold their mental health condition was alleviated, with some experiencing relief from finally vocalising these thoughts, emotions and experiences. This 'healing effect' was a result of having someone listen to the employee's voice without any pretence or judgement, allowing the individual to defuse any secrets they had kept silent about how they felt in relation to the social phenomena.

The participants further explained that participation in the study accredited their experiences with a certain value and assigned their mental health issues a degree of meaning. Their active involvement in the study ultimately created a sense of empowerment and purpose, whereby their ill mental health could be utilised to improve the experiences, and ultimately the lives, of others. As Jacob, an employee with diagnosed depression, explained, "*I have struggled. It's been harder than it ever should have been, but if my experience can change the lives of even one person – I just feel like it will be worth it*". These altruistic concerns were the impetus for the sharing of their stories with candour and honesty, as employees felt like they were

'making a difference' and were committed to the study. The individuals felt positive about sharing this personal information because they truly cared about the outcomes of the research, which in turn meant they were more willing to share their personal feelings, thoughts and experiences.

3.6.2 Sample

An important step in the research process was to seek participants who would provide information-rich cases which could help the researcher learn about the issues of central importance of the research (Patton, 1990); the technique adopted was therefore purposeful sampling. Merriam (2002, p.62) gives an explanation as to why purposeful sampling is a valuable method for qualitative researchers to choose their participants:

> *"Since qualitative inquiry seeks to understand the meaning of a phenomenon from the perspectives of the participants, it is important to select a sample from which most can be learned. This is called a purposive or purposeful sample".*

Overall 65 participants were recruited. As the thesis aimed to understand the role of the employer and line management within TransportCo, yet also to enrich the understanding of the experiences of employees with mental health issues themselves, the sample was divided into two categories: those who had managerial authority within TransportCo (Layer One) and those who had experience of a mental health issue within the workplace (Layer Two) (see *Figure 3.1; See Appendix Two for list of respondents*).
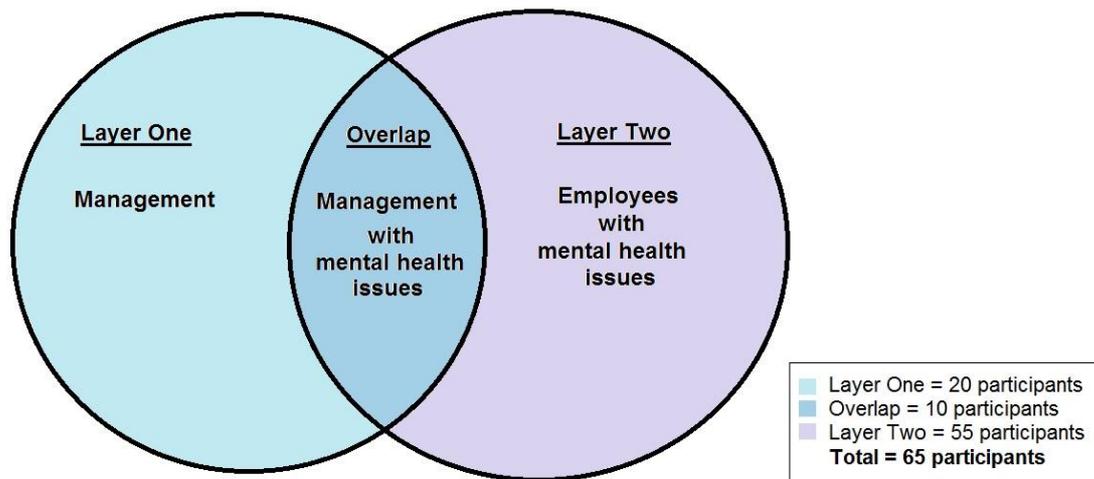
Figure 3.1. Breakdown of Participants

To understand how purposive sampling was conducted within this thesis, each layer

needs to be independently addressed. Layer One interviewees (20 participants) are

essentially those who have authority within the organisation, including management,

human resource managers, occupational health (OH) managers and line managers.

It was difficult to identify and negotiate access with these participants, therefore the

gatekeeper was used to help overcome these obstacles to participant recruitment.

However, the input and participant suggestions from this gatekeeper were invaluable

as it was through her contact that many employees agreed to be a part of the

research. Jennifer facilitated conversations and meetings, nominated employees as

potential participants and encouraged them to consent to the study, on the grounds

that it would be beneficial for the organisation and that their anonymity would be

protected. When contact was made, often through the individuals personal email

account, an initial rapport was built with these potential participants, wherein the

researcher provided a brief overview of the purpose of the thesis and forwarded them

consent form. These interviews mainly took place within TransportCo, however some

were conducted within local coffee shops. These interviews typically lasted between

30 minutes and an hour during their working hours, primarily because they had

permission to do so or had the authority to make this decision. The researcher reduced the threat of bias by doing her own independent investigation and enquiry into eligible participants within TransportCo, namely through researching the organisation and directly contacting potential participants, comparing and contrasting them with those suggested by this OH manager.

Layer Two (55 participants) was composed of employees who have or who have had a mental health issue within the organisation, 10 of whom could also be considered as Layer One participants as they were managerial employees with a mental health condition. The employee's mental health issue was either diagnosed by a professional or was self-defined. It was important not to dismiss those who do not have a professional diagnosis due to the nature of the study because as a group with an inclination to remain silent about their condition, they might not have spoken up about their illness to receive this formal medical classification. One of the main criterions was that the individual had not experienced a severe episode/relapse within the past two months. As explained in the section on ethics, this restriction was imposed to protect the individual and ensure that they had the relative stability to rationally consent to the research.

Recruiting Layer Two within TransportCo presented a series of potential obstacles for the researcher. It was challenging to locate respondents from this invisible minority group, as they were not easily identifiable. Those who confidently engaged in voice were essentially more 'visible' and therefore were easier to locate and were generally willing to participate in the research. Although these participants had a voice, and thus were not silent, they often provided a useful retrospective insight into their previous experience of silence. Nevertheless, both finding and recruiting those who were either relatively or completely 'silent' was more problematic and presented numerous overt ethical issues. It was fundamentally important that the participants showed a willingness to be involved in the study and openly consented to being

contacted. To overcome this barrier, recruitment was therefore in the hands of the participant, as they had to make contact with, as opposed to being contacted by, the researcher. This first contact was critical to the building of rapport between the potential participant and the researcher. Thereafter, it was the responsibility of the researcher to nurture and maintain the conversation and build trust with the participant so that they felt comfortable agreeing to take part in the research.

An advertisement was publicised within TransportCo through their available communication channels, mainly their intranet system, newsletters and emails. The advertisement provided a positive reinforcement for these employees, strongly emphasising the strict confidentiality and anonymity of the interviews. The employees with mental health issues were able to directly contact the researcher without the organisation knowing their identity, providing a safe space for them to be able to talk about their mental health issues. This guarantee was particularly critical for this marginalised group of employees, as many needed reassurance that their stigmatised identities would be protected (Baez, 2002). The potential for change to be harnessed within TransportCo was an outcome that made the research attractive to potential participants, making the research worthwhile and enabling the participant to feel like their experiences had purpose if it facilitated change. Once contact was made there was a careful ethical process of recruitment for these potentially vulnerable participants, which will be discussed in the ethics section of this chapter.

The response elicited by the advertisement was immediate, with over a third of the participants from this layer contacting the researcher within the first week. Thereafter, the response rate slowed, nonetheless continuing for the following two months. Typically, contact was made via their personal email, primarily to protect their identity and to ensure that management would not become aware of their participation within a mental health study concerning their employer. One employee explained how she would not even open any correspondence on her work computer, driven by the fear

that her manager would see the conversation and become aware of her condition. The privacy and anonymity of this contact was therefore very important, and after the research was explained in further detail the consent form was forwarded to the potential participant. Conforming to this process of private exchanges, the interviews mainly took place outside the workplace in cafes. These cafes were relatively quiet and were a suitable distance away from TransportCo to protect them from the anxiety that a colleague could recognise them. These interviews typically lasted an hour to an hour and a half.

In accordance with Strauss and Corbin (1998; 1990), this thesis argues that saturation is a matter of degree. This thesis understood that saturation occurs when the research interviews become counterproductive because the new emergent themes do not add to the researcher's understanding of the social phenomena and does not advance theory. It was more important that the data was detailed and provided a true insight into the lives of the participants interviewed than it was to have copious amounts of interviews. This natural process, whereby no new insights were made regarding the aims of the research, demonstrated that the sample was beginning to reach saturation.

3.6.3   Data Analysis and Coding

There is an abundance of different approaches to qualitative analysis within the social science literature (Bryman and Burgess, 1994; Coffey and Atkinson, 1996; Dey, 1993; Mason, 1996; Miles and Huberman, 1994; Silverman, 1993; Strauss, 1987). Whilst some authors advocate the adoption of a specific strategy, such as literal, phenomenological or reflexive approaches, others suggest that, in practice, researchers often incorporate facets of multiple methods (Mason, 1996). Within this thesis there is a dual purpose of the data analysis process: to emphasise an understanding of the narratives from the perspective of the participant so that a detailed insight can be made into "*the complex world of lived experience from the*

point of view of those who live it" (Schwandt, 1994, p. 118), and to reflexively review the contribution, role and impact of the researcher in the data creation and analysis process. This, in turn, paves the way for the researcher to develop theory regarding the ways in which the employer and line management could influence climates of silence within the workplace, to gain an understanding of the factors that shape employee perceptions of the procedural opportunities for voice within the workplace, and to re-conceptualise employee silence through the perspective of the employee.

As highlighted in the previous section on reclaiming subjectivity, the researcher was a "*passionate participant*" (Guba and Lincoln, 1994, p.115), and was integrated into the process of data collection and analysis (Creswell, 1998; Klein and Myers, 1999; Morgan and Smircich, 1980). Knowledge was co-created by the researcher and the participant, providing a deeper understanding of the meanings attributed by the participants to their experiences (Boud et al., 1985; Moon, 2004; Schwandt, 1997), wherein the value of the researcher's subjective experience was reviewed. For Wertz, (2005; p.168), intersubjective relationship permits the researcher to:

> "recollect our own experiences and to empathically enter and reflect on the lived world of other persons…as they are given to the first-person point of view. The [researcher] can investigate his or her own original sphere of experience and also has an intersubjective horizon of experience that allows access to the experiences of others."

This process, in turn, helps facilitate a more profound and multifaceted analysis of the data (Tufford and Newman, 2012). The researcher therefore focused her attention on how knowledge was acquired, organised, and interpreted (Altheide and Johnson, 1994) and crucially how her own orientation shaped the interpretation and focus of the findings (Miller and Crabtree, 1999: p.139).

Corresponding with the inductive process by which the thesis was conducted, the data analysis method involved an inductive analysis approach wherein a detailed

reading of the narratives was used to develop themes from the interpretations made by the researcher from the raw data (Thomas, 2006). The data analysis process started alongside the data collection stage, harboring an iterative process that provided an avenue for novel and unexpected themes to emerge (Stake, 1994). The raw data therefore continuously underwent a systematic reading and coding wherein potential significant, dominant and frequent themes were highlighted, recorded and introduced into the research process (Thomas, 2006). Links between the research aims and these themes were established, enhancing the transparency and defensibility of the research to others. The last stage of this inductive research process was to develop theory from the themes that were inherent to the data. These stages of the inductive approach endorsed by the thesis will hereon be explored in more detail.

Interviews were uploaded to NVIVO, a qualitative data program that electronically stored data securely. This software was adopted as it permitted a degree of flexibility with revision of analysis process and saved time (DiCicco-Bloom and Crabtree, 2006). More importantly, it assisted with the systematic organisation of data. NVIVO facilitated the identification and delineation of the key themes that emerged from the large amount of data that was collected. The analysis strategy which this thesis adopted stemmed from a Grounded Theory approach (Glaser and Strauss, 1967), which some have referred to as an 'editing approach' (Crabtree and Miller, 1999). The researcher reviewed and identified important segments of narratives, which were coded to permit analysis of particular themes. Identifying important key codes was a fundamental part of the iterative process of this qualitative research as it allowed a detailed interpretation of the narratives in a meaningful way. The distinction needs to first be made between static codes and dynamic codes. The former refers to the development of codes during the initial stages of the research, namely the literature review and research questions. Examples of static codes are disclosure, stigma, the role of management, and the meaning of silence. These aspects of the research

emerged during the literature review as important themes that have been at the forefront of many researchers' work. The prevalence of these themes indicated that they would also emerge within the data collection process of this thesis and may have some explanatory power regarding the research questions. These codes were therefore predetermined and established prior to the data analysis stage.

Dynamic codes, on the other hand, are codes drawn from the raw interview data. An example of a dynamic code was the influence of the military on employee silence decisions. This was an unforeseen theme that emerged from the data, introduced as a sub-category of "culture", which was a static code. There were numerous cycles of recoding and re-categorisation of these dynamic codes because of the emergent nature of this research, allowing a reflexive analysis of data (Abbott, 2004). NVIVO aided this iterative process, as Charmaz (2006; p.57) states that NVIVO codes

"Can provide a crucial check on whether you have grasped what is significant to the participants and may help "crystallize and condense meanings".

The first cycle of coding was primarily descriptive, summarising in a word or short phrase the basic subject of the passage (Saldana, 2009). These were not the main codes; rather, "*summaries of passages of qualitative data*" (Saldana, 2009; p.70) that laid the initial foundation for this qualitative inquiry. A systematic and rigorous reading of the narratives were made, wherein segments of the transcripts were coded to enable the development of key themes. After the raw data was condensed into key themes, a second cycle of coding took place, identifying the clear links between these codes and the research question and developing a framework of the underlying structure of experiences evident within the narratives. This category system was continuously revised and refined throughout the research process, as themes continued to emerge and new insights developed.

However, coding does not constitute a thorough and systematic analysis of data, but rather facilitates theory building from data. This rigorous coding process permitted a more detailed and parsimonious level of analysis to take place, enabling the researcher to develop theory taking into account the underlying meaning of the participants' experiences evident in the narratives; it was therefore the researcher who drew out important themes and findings. For instance, the understanding of voice as social voice from the perspective of the employees with mental health issues emerged as a key finding over the course of the data. This finding was not explicit within the employees' narratives; it emerged through the accumulation of narratives, often implicitly. It would have been difficult for coding software to pick up on this theme due to its subtlety in the employees' narratives; it was crucial that the researcher herself analysed the narrative and built important themes and theory from the raw data.

In order to identify themes within each code, a word processing document was created for each code during both the first and second rounds of coding. Within this, the questions to which it related were typed, followed by a detailed description of what was illustrated by the code. The key quotes were inputted, in conjunction with any diary entries of notes written in relation to the narrative. The use of a research diary was a vital reflexive writing practice adopted to prevent the researcher's subjectivity impacting the confirmability of the research. The compilation of a research diary became a tangible way for the researcher to critically think, analyse and reconsider the influence of her own subjectivity on the research process, particularly with regard to how her own experiences and beliefs influenced the research relationship and the findings gathered (Gall et al., 1996). As Nadin and Cassell (2006; p.210) described, the research diary provided a window for the researcher

"To continuously think about their own research practices and assumptions, by recording their thoughts in a systematic way".

Thereafter, word documents were grouped together to formulate a narrative consisting of three findings chapters: the managerial voice agenda; barriers to employee voice; and the employee-oriented framework of silence. For example, Chapter Seven grouped together codes that provided a sophisticated understanding of employee silence, developed through the refinement of different forms of silence within the participants' narratives. This organisation of data provided a platform for the researcher to draw out the important themes within the data and ultimately develop theory from these narratives and the linkages between themes. Additionally, it permitted the development of a theoretical narrative that described the process of reporting the research participants' narratives in terms of the theoretical constructs of the study, namely employee silence. As Auerbach and Silverstein (2003; p.73) explain, this theoretical narrative

"Uses your theoretical constructs to organise people's subjective experience into a coherent story. It employs people's own language to make their story vivid and real".

This process requires the integration of the employees' subjective world of meaning and experience with the abstract world of theory. The participants' stories were therefore told using their own words alongside theoretical constructs and themes, making the analysis process transparent and enhancing the validity of the analysis process. The analysis process was therefore true to the participants' narratives, whilst equally being clear and coherent so others could understand how theory was developed from the employees' stories.

3.7 Validity, Trustworthiness and Reliability

Nevertheless, quantitative researchers would question the reliability and validity of this inductive approach to research, particularly the use of case studies, as it does

not abide by the objective rules of hypothesis testing and measurement of variables. Quantitative theorists scrutinise qualitative approaches to research and analysis as they develop theory rather than test theory through measurable conditions and statistical analysis of numerical data. However, this view has since been questioned and refuted by qualitative theorists, who argue that qualitative research should be judged against different criteria than quantitative analysis (e.g. Guba, 1981; Lincoln and Guba, 1985). For example, Agar (1986) argues that terms such as reliability and validity are only relative to quantitative stances and positivist philosophies, and thus do not fit the details of qualitative research. In accordance with the study's epistemology, the issue of quality with regard to knowledge could not be understood in terms of verification procedures and the testing of knowledge through a hypothesis. In contrast to quantitative studies, within this thesis the researcher aims to understand, represent and explain employee silence regarding mental health issues within the workplace. The criteria applied to judge quantitative research therefore do not relate to this qualitative research study, and thus the thesis demands the introduction of different criteria. The criteria that are applied to this thesis adhere to Guba and Lincoln's (1985) criteria of rigor, legitimacy and trustworthiness (Mishler, 2000). In contrast to quantitative research studies, reliability is understood through an examination of trustworthiness. Lincoln and Guba (1985) argue that in the pursuit of a 'trustworthy' study four criteria should be met; credibility, transferability, dependability and confirmability. These have been widely written about across numerous fields (e.g., Krefting, 1991; Sandelowski, 1986, 1993). Validity, on the other hand, is perceived to be a 'contingent construct' (Winter, 2000:1). Each of Lincoln and Guba's (1985) criteria for trustworthiness will now be explored in succession, demonstrating how this thesis bolstered the trustworthiness of its research process and findings.

Firstly, for Lincoln and Guba (1985), *credibility* is central to the concept of trustworthiness, suggesting that researchers should establish various provisions to ensure they have accurately recorded the phenomena under scrutiny. To increase

the credibility of the findings, the author paid scrupulous attention to detail (Burns and Grove, 1997) through the use of a 'thick description' (Geertz, 1973). The researcher accurately described and interpreted the phenomenon of study within its social context, capturing the thoughts, emotions and interpersonal interactions of the participants. The researcher offered this detailed description to give the reader a sense of verisimilitude as they read the researcher's account (Denzin, 1989), providing a deeper understanding of the connection between the narrative and the theory. An example of this approach is the use of excerpts of dialogue between the researcher and participants, which are particularly important for this study as they provide employees with a "voice" (Ponterotto, 2006). Furthermore, through developing a thickly described *Discussion* section, the reader can question the extent to which conclusions drawn can be applied to other contexts, individuals and situations.

The role of a debriefer is also fully integrated into the study, whereby this "discussant" facilitated a personal discussion to give the researcher leverage to understand the phenomenon under investigation (Lincoln and Guba, 1985). The debriefer was a colleague selected according to the four main axes: equal status, trust, confidentiality and expertise (Spall, 1998). By using a 'third party', bias could be curbed and a meaningful understanding of the subjective representation of the employees' experiences could be gained. The use of a third party distinguishes between potential projections of the self into the subject matter and reality, illustrating the importance of the researcher owning her subjectivity throughout the whole research process. The debriefer had in-depth discussions throughout the transcription process, determining codes and themes that had been overlooked by the interviewer's own personal experience. The debriefer coded 10 of the interview transcriptions independently, without access to the researchers own interpretations of the relevant themes that surfaced from the data. Thereafter, both the debriefer and the researcher discussed their understanding and interpretation of the voices of the participants to create a set

of themes and codes that were representative of the employees' dynamic experiences. In retrospect, this process was beneficial to the research as it exposed any projections on behalf of the researcher (Kahn, 1996) and drew attention to any limitations resulting from the researcher's own blind spots (Drapeau and Letendre, 1996). In particular, the emotional nature of the interviews and the data often meant that this more objective input was welcomed as, unlike the researcher, the debriefer did not have any emotional ties to the research and its content. The role of the debriefer is therefore wholly appropriate to the study, enhancing the trustworthiness of its findings and theory.

Guba and Lincoln (1985) claim that undertaking member checks is one of the most essential provisions researchers can adopt to establish and enhance a study's credibility. The researcher made checks to confirm the accuracy of the data both after interviews and during the data analysis period. However, it was important that the researcher did not make checks during the research interview as this created the risk of interviewer bias, potential interruption of the interview and the possibility that the researcher could take the interview off in a certain trajectory. Participants were asked to read the transcripts of dialogues in which they participated. This was to ensure that informants' narratives matched what they intended to convey. Additionally, when appropriate, participants were asked if they could offer any insight and explanation for the patterns that were identified by the researcher post-interview. Through asking some participants to participate in the data analysis stage of the thesis, the power of the researcher was reduced and any disagreement over its interpretation was minimised, allowing the participant's voice to be heard during this important stage (Mauther and Doucet, 1998).

Whilst this particular case study is unique and specifically tied to the experiences of those with mental health issues within a large transport organisation, it is important that the prospect of *transferability* to other contexts is considered. The researcher has

a responsibility to ensure that a detailed account of the context of the fieldwork is presented in order to allow comparisons to be made; Lincoln and Guba (1985) advocate the use of a thick description of the phenomenon "*of all the contextual factors impinging on the inquiry*" for this reason. Chapter Four is therefore dedicated to providing this contextual information, wherein the researcher describes the environmental context of the research, the case study's location, the particular characteristics of the organisation and how it compares with other organisations and invisible minority groups, such as LGBT employees.

In accordance with Gasson (2004), the criterion of *dependability* is concerned with the core issue that "*the way in which a study is conducted should be consistent across time, researchers, and analysis techniques*" (p. 94). To address the issue of dependability, the researcher provided in-depth coverage of the process by which the findings were derived, which was made explicit through this thorough methodology section. The research design and its implementation, the operational detail of the research methods and reflective appraisal of the project are clearly stated throughout this chapter, which in turn permits the reader to develop an in-depth understanding of the methods and their effectiveness (Shenton, 2004). However, due to the qualitative nature of the research and its subjectivity, the thesis maintains that, unlike research using quantitative data, it would be difficult to repeat the research and replicate the findings that emerged from the thesis.

Lastly, *confirmability* is concerned with subjectivity and refers to the degree to which the findings of the research were shaped by the participants and not researcher bias or self-interest (Lincoln and Guba, 1985). To thoroughly understand how the researcher established its confirmability, it is important to firstly understand how the researcher utilised her own personal experience of mental health as an important research tool. Acknowledging the researcher's own experiences and predispositions

in sufficient detail ensures a degree of transparency that can bolster the confirmability of the research (Miles and Huberman, 1994).

3.8   The role of the researcher

Whilst quantitative researchers, particularly those who are founded in a positivist tradition, claim that subjectivity in research is a variable that demands control (Gilbert, 1998), this thesis argues that drawing upon one's own personal experiences can provide an interesting avenue to truly understand the experiences of those involved, and that researchers should make use of this subjectivity by claiming it as their own (Rennie, 1994). A growing body of work shares this perspective and argues that distancing oneself from the research subject will ironically only keep the subject at a distance (Patton, 1990; Scheider, 1999; Gilbert, 2001), which in turn will obstruct the researcher's ability to gain a deeper, more comprehensive understanding of the individual's experience. This is because the researcher will not gain an in-depth insight into the complexity of the social phenomena being studied, as they will not build a strong relationship with the participant. Reclaiming subjectivity permits the collection of rich and fruitful insights into the employees' stories and this in turn will deepen the researcher's understanding of the issues being discussed.

Reflexivity, therefore, was at the heart of this process. The researcher engaged in a reflexive, explicit self-meta-analysis of the entire research process, starting with the framing of the research issue, examining the researchers 'conceptual baggage' and concomitant life experiences (Coffey, 1999), which informed the research issues chosen. It was important for the researcher to understand her relationship to the thesis aims in order to be aware of how her own experiences, values and interests situated her within the research (Hertz, 1997). As Malterud, 2001; p. 483-484) stresses:

> *"A researcher's background and position will affect what they choose to*
>
> *investigate, the angle of investigation, the methods judged most*

adequate for this purpose, the findings considered most appropriate,

and the framing and communication of conclusions."

The topic of interest for this thesis was derived mainly from gaps in the existing academic literature. However, the researcher also utilised her own experience of ill mental health as a springboard for interpretations and general insight, which in turn informed the decision to study employee silence through a mental health lens. However, whilst this reflexivity provides an innovative angle to explore an under-researched area of study, it is important to recognise that this was "*neither an opportunity to wallow in subjectivity nor permission to engage in legitimised emoting*" (Finlay, 1998; p.455). The researcher moves beyond 'benign introspection' (Woolgar, 1988: 22) and explores how her own experience of mental ill health shaped the researcher-participant relationship to become more informed as to how this influenced the link between knowledge and knowledge claims (Finlay, 2002a).

Reflecting the findings of numerous studies advocating subjectivity as a research tool (Dickenson-Swift et al; 2007; Darra, 2008), the researcher's own personal experiences played a significant and valuable role in the research process, revealing that if the researcher is part of and sympathetic to the participants world, they may be more inclined to provide more detailed information. This is firstly because the researcher is 'humanised' to the participant and no longer seen as 'an outsider looking in'. This removes the formality of the research encounter and lessens the hierarchical position of the researcher, challenging the inherent power balance between the researcher and participant. Secondly, the researcher's own personal experience of mental ill health provided a platform upon which to build a relationship with the participants and presented an opportunity to establish a strong rapport. In relation to Ellis et al's., (1997; p.121) reflexive study of interactive interviewing, wherein the researcher's experience of bulimia was used as a catalyst to gain rapport, this reflexive dialogue can be described as

"Sharing personal and social experiences of both respondents and researchers, who tell . . . their stories in the context of a developing relationship".

The researcher found that in order to develop a rapport with many participants and build a non-hierarchical relationship with the participants, there often was a reciprocal sharing of personal experiences (Liamputtong and Ezzy, 2005). This sharing of personal stories regarding mental health created a platform whereupon participants felt that their experiences were validated, understood and listened to without the presence of stigma or discrimination. As Jane, an employee interviewed who had a mental health issue, stated,

"Talking to someone who gets it makes all the difference. I thought you might be a researcher who has had no experience and doesn't understand. Knowing this, I feel like I can talk to you."

The above participant further explained that she was reserved about talking about her experiences prior to the researcher's self-disclosure, but thereafter believed that the researcher respected her story and "truly wanted to know and understand" her experiences of mental ill health within the workplace. Similarly, Susan spoke formally about the subject matter at the start of the interview until the researcher disclosed her own experience of mental illness. Thereafter, Susan explained,

"Knowing you have had experience has changed everything. Knowing you understand this makes me feel that you are not looking at me as a corporate figure looking in at a monkey in a cage."

Although self-disclosure is not appropriate for all types of research, it has been advocated as good research practice by many feminist writers (see Oakley, 1981; Reinharz, 1992; Wilkinson, 1998; Burman, 1994). Within this debate, feminist researchers have argued that by appealing to common experiences and/or identities,

rapport can be established and power differences can be reduced (Oakley, 1981, Archer, 2002; Finch, 1993). It has been proposed, for example, that only women should research women's issues as this engagement provides a more accurate reflection of women's lives (Hurtado and Stewart, 1997). The foundation of this argument is that the shared identity trait between the researcher and the participant can heighten empathy and rapport because the researcher shares the necessary experimental knowledge to study issues relating to women (Hesse-Biber et al., 1999; Oakley, 1981). However, it is important to acknowledge that although the researcher may share one aspect of the person's identity it does not guarantee a mutually beneficial experience. Brown and Boardman (2010) argue that the 'matching' of identities between researcher and participant is founded on the assumption that certain social groups have underlying commonalities of experience, drawing attention to the need to acknowledge intersectionality within this debate, for instance race and gender (Archer, 2002).

The logic of this debate has been extended to invisible issues, such as sexuality (Platzer and James, 1997), disability (Barnes, 1992; Oliver, 1996), and mental health (Ellis et al., 1997). In an exploration of the researcher's own experience of bulimia, Ellis et al., (1997) demonstrate how self-disclosure can provide a gateway to gathering rich data that would otherwise have been withheld, as the researcher understands "*what goes on behind closed doors, because I know what goes on behind my own closed doors*" (Ellis et al., 1997: 128). For Ellis, disclosure extended beyond medical disclosure to the sharing of personal and social experiences of between the researcher and participant. In this study, self-disclosure was an important tool to break the silence between the researcher and the participant. In practice, within this study the researcher often disclosed that she had experience of mental health issues from the offset of the interview. This disclosure did not necessarily involve a declaration of her medical diagnosis; rather, attention was drawn to the commonality of experience between the researcher and the participant

without going into detail about specific experiences with regard to the researcher's mental health. This disclosure was, in some interviews, a process whereby the researcher discussed aspects of her mental health history to facilitate a research relationship; for instance, one of the participants explained that due to her eating disorder she finds the symptoms difficult to manage at work. In response, the researcher explained that she could relate to her story as it matched the experiences she had had prior to recovery..

As many of the participants had remained silent about their mental health issue to their employer prior to the interview, this tool was fundamental to the creation of an interview environment in which the employee could talk without fear or reservation. With the crux of this thesis being employee silence, self-disclosure was seen as almost necessary as increasing numbers of participants explained that they would not have shared as much with someone they knew had no experience of mental ill health. This self-disclosure therefore facilitated disclosure on the part of interviewees, and, as Swift el at., (2007) argue, this in turn created a 'level playing field'. This process of self-disclosure created a mutual relationship built on trust and understanding wherein the participants could talk about their experiences with candour and honesty. The degree of self-disclosure, detail and intensity depended on the participant and was determined by the researcher through conversation and observation. However, self-disclosure was not without risks. Self-disclosure was an emotional experience for the researcher, and involved a continual reliving of past experiences and explanation of difficult stories. The self-care procedures the researcher adopted to protect her well-being will be discussed at the end of this chapter.

However, re-claiming subjectivity through reflexivity can present various challenges and risks that threaten the credibility and 'truth value' of the research findings. These risks include projection on behalf of the researcher (Drapeau, 2002; Kahn, 1996),

self-deceptions (Salner, 1999; Devereux, 1980; Perry, 1990), and the potential barrier to gathering new data due to the researcher's own blind spots (Drapeau and Letendre, 2001). The reflexive exploration of the self can disguise emergent findings and detract from the researcher's ability to interpret the wider social world (Finlay, 2002b). As DeVault (1997; p.226) argues, reflexivity presents the danger of infinite regress,

> *"With researchers getting lost in endless narcissistic personal emoting*
> *or interminable deconstructions of deconstructions where all meaning*
> *gets lost, remains an ever-present threat".*

Given the challenges and contradictions inherent to the reflexive process described, pragmatic precautions are taken to increase the confirmability of the thesis. The key precautions this thesis adopts are the use of a thick description, the use of a debriefer, and the use of a research diary, all of which have been discussed in the previous section. The research diary in particular is widely advocated as an important measure by which to critically reflect on the research process and give a 'measure of perspective' to contribute to the trustworthiness of the research study (Jasper, 2005, Ellis, 2001; Koch, 2006; Wallendorf and Belk, 1989). The acknowledgement of the researcher's feelings, opinions and experiences within a written diary make them both visible and accountable (Ortlipp, 2008) and facilitates a deeper level of questioning that helped validate the authenticity of the data collective.

3.9   Ethics

The research was conducted in adherence with the British Sociological Association Statement on Ethical Practice, with particular reference to the sections on responsibility towards vulnerable research participants. The nature of the research poses numerous ethical issues that required in-depth consideration; the research was sensitive and involved the study of a marginalised group of employees. Raymond (1993) argues sensitive research has three characteristics: firstly, it may concern

issues which are private, stressful, or sacred, such as sexuality or death; secondly, the revelation of the issues under scrutiny could ignite stigmatisation or fear; and thirdly, it may explore themes that present a political or social threat and/or are controversial. The issues at the heart of this research could arguably fit each of these conditions, and thus it can be claimed that this research is indeed sensitive. The ethical issues of sensitive research have been raised by numerous authors and have sparked a discussion amongst researchers from different fields (Dickson-Swift et al., 2004; Langford, 2000; Lee-Treweek and Linkogle, 2000); these ethical issues will be reviewed hereon.

The first ethical consideration concerns informed consent. Regardless of the group to which the participant belonged, it was essential that the researcher gained informed consent from all the participants involved with the research prior to the data collection process, providing them with an adequate understanding of the intent of the investigation. The researcher described the research in an authentic manner and provided participants with enough information to ensure they were protected (Orb et al., 2000). However, due to the use of qualitative, relatively unstructured interviews, it was almost impossible for the researcher to predict all the issues which would be discussed during the interview, as unforeseeable themes might emerge (Richardson and Godfrey, 2003). This was also clearly communicated to all participants prior to the interview and, in addition, the researcher assured participants that verbal consent should be discussed throughout the research process. This gave the participant the right to disengage from the research at any time and/or request that their participation in the study was withdrawn; within this, the participant could request that any information that they shared during the research process, regardless of the stage, was kept confidential (Creswell, 1998).

Furthermore, this was a controversial issue when researching mental health issues as it was questionable whether participants with mental illnesses possessed the decisional abilities necessary for informed consent (Staden and Kruger, 2003; Elliot, 1997). This was addressed at the recruitment stage, as it was vital that the individual had not had any recent severe episodes in the past two months and had either received treatment in the past or was still receiving ongoing treatment. Although this may have restricted the sample, it was important that the well-being of the individual was protected and that the interview would not trigger the employees with mental health issues whilst they were recovering from their most recent episode. It was important to ensure that the research would not be a trigger, which was understood as an external event that would cause emotional or psychiatric symptoms for the employee, such as anxiety, despair, discouragement, distress or fear. These issues were considered alongside the individual's own account of their mental health issues and their diagnoses. The researcher informed the participants that additional protections could have been implemented if requested and/or required (i.e. involvement of a proxy and independent monitoring of the consent process). However, the researcher firmly believed that it was inappropriate to presume that if an individual has a mental health condition they are incapable of understanding the research and/or to what they are consenting. In line with the research, this was a disrespectful presumption and assuming this would contradict the basis of the research. As previously noted, consent was not understood as just the signing of a consent form:it was an ongoing process that was be continuously reviewed and renegotiated throughout the research process.

Secondly, due to the sensitive nature of the research the primary concern of the study was that none of the participants were emotionally harmed in the process (Drew et al., 2007). Despite signing a consent form and being informed of the research prior to the interviews, there were several participants who expressed grief and intense feelings. The act of listening itself had the risk of unanticipated harm, as

when the researcher listens and interprets the personal information back to the participant it may be looked at in an unforeseen way; this could have potentially jeaopardised the well-being of the participant. Additionally, Orb and his colleagues (2000: p.94) suggested such research might provoke the reoccurrence of old wounds which could have been upsetting or difficult for the participants; the alleviation of potential distress was thus an important ethical issue that required consideration. The researcher was mindful of any issues discussed that were distressing and refrained from pressurising the individual to disclose further information if they did not wish to. A final measure adopted by the researcher to protect the participants' well-being was the implementation of a follow-up procedure a few days post interview: researcher directly contacted the individual to enquire about their well-being.

In addition, the researcher utilised her counseling experience to make decisions regarding how the individuals' well-being could be protected. Having been trained as a Mental Health First Aider and in Suicide Alertness, the researcher was confident in her ability to identify risk and act accordingly. Although no large risk to the individuals' safety was ever identified, it was important that such safeguarding procedures were strategically designed to protect the employee in any possible scenario. The researcher ensured that she had crisis numbers available at all times and signposted employees to supportive material, websites and phone-lines both during the interview and post-interview via email.

The researcher was therefore aware that she was entering a personal and moral relationship with these individuals, and that their vulnerability should never be misused to gain further knowledge. To build this trust, the ethical challenges of anonymity and confidentiality had to be addressed and overtly articulated to the participant. The privacy of the participants was respected and personal information concerning these participants was always kept confidential. If it was difficult to disguise the participant's identity attributes, for example if the colleagues and/or

employer of the participant could potentially identify them through their narrative, the participant was contacted. A discussion would take place wherein the participant was informed that it would majorly distort the data if action took place to hide their identity. The only time the researcher would have made a breach of confidentiality was if the employee was a risk to themselves or others; this mostly concerned layer two employees. For example, if an employee had expressed any harmful behaviors or thoughts during the interview that suggested they, or others, were at risk, crisis numbers would have been used to ensure and preserve their safety. Although this breach of confidentiality was never required, due to the nature of the research it was important this strategy was put in place.

Although within qualitative research the researcher was seen as the instrument through which data is collected and analyzed, there was little attention on the emotional costs to the researcher (Behar, 1993; Wolcott, 2002). The qualitative researcher faced unique challenges when researching emotional and sensitive research areas. Tillmann-Healy and Kiesinger (2001; p.101) summarise these challenges, arguing that:

> "[Wh]en studying emotional topics, we become what Behar calls "vulnerable observers." By confronting the joys and horrors of others' experience, we face the joys and horrors of our experience. Because of this, we must ask ourselves before embarking on such a project: am I prepared to take on another's full humanity and to explore and unveil my own?"

Wincup (2001) argues that these costs need further academic attention, criticizing social science research for perceiving emotionality as parallel to rationality and professionalism, whereas Kleinman and Copp (1993) claim that the quality of the research can be hindered if the researcher does not consider their emotional responses. In line with Kleinmann and Copp (1993), this thesis thought it was an

imperative that the emotional responses of the research on the researcher were considered. If these responses were ignored the researcher's capacity to fully engage with the research process would be limited, the data that could be collected could have been hindered and ultimately the research could have resulted in an emotional dilemma.

Given that the research was emotionally laden, several pro-active self-care procedures were put into place for the researcher (Rowling, 1999; Rubin and Rubin, 1995; DeMarrais and Tisdale, 2002). As Dickson-Swift and colleagues (2008) argue, training, preparation, and supervision were taken into account so that any potential risk to researcher's well-being could be minimised successfully. The facilitation of open communication amongst peers provided a support network to ensure the researcher was not harmed in the research process. Furthermore, the researcher's supervisory team provided another avenue of support, which provided her with ways in which to prevent emotional exhaustion and process any sensitive information. One example of their support was their suggestion of limiting the number of interviews conducted within one day or a week. In addition, the researcher engaged in peer debriefing, which is a term coined by Lincoln and Guba (1985; p.308) that refers to *"a process of exposing oneself to a disinterested peer in a manner paralleling analytical sessions and for the purpose of exploring aspects of the inquiry that might otherwise remain only implicit within the inquirer's mind*". Debriefing was seen as "*a critical process for data collectors engaged in research focused on violent, disturbing, or sensitive topics*" (Pickett et al., 1994, p.252), particularly when the researcher has drawn on her own subjectivity during the research process. Drapeau (1992) argues that through the use of the debriefer, the researcher's own subjectivity can be better understood and can curtail the risks of the researcher's own blind spots (Drapeau and Letendre, 2001) and to reduce the risk to the researcher, mainly through reducing the researchers sense of isolation (Johnson and Clarke, 2003). The researcher often discussed the research interviews with one of her peers who was

studying an equally sensitive research subject. These discussions would take place face-to-face or via email and were an invaluable source of support wherein both the peer debriefer and the researcher could share equally distressing stories and empathise with the other. Lastly, as described throughout this methodology, diary writing was a vital tool with therapeutic benefits, permitting the researcher to unburden her emotions and experiences in a safe environment.

In addition, during the latter stages of the data collection process the researcher spent time reflecting on the stories that were told and maintained her diary entries to ensure her interpretation were not eschewed by desensitisation of the research issues. This was because after a while these distressing stories had an inoculation effect on the researcher wherein she was no longer affected by these difficult experiences. Whilst this estrangement from the researcher's feelings was important, as it indirectly protected the researcher from emotional harm, there was the potential that this desensitisation could have impacted the analysis of the narratives. This is a concern that has been particularly raised amongst those who conduct sensitive research (Campbell, 2002; Melrose, 2002; Morgan and Krone, 2001), wherein the extraordinary can become 'bizarrely ordinary' (Scott, 1998: p.22). As part of a reflexive process, the researcher spent time reflecting on the stories that were told and maintained diary entries to ensure her interpretation were not eschewed by desensitisation of the research issues.

3.10   Conclusion

This chapter has presented the research aims that this thesis intended to explore. The methodological approach for addressing these research aims has been discussed, whereby an inductive, qualitative case study methodology has been advocated as the most appropriate approach for gaining an in depth understanding of the silence of mental ill health within the workplace. The use of semi-structured interviews has been posed as the research method that is well suited to the collection

of rich and descriptive data, yet also presents an important avenue to gather sensitive data; this was crucial for this thesis as the participants with mental health issues were a disenfranchised group of employees that demanded a research method that would provide them with a voice regarding their experience of mental ill health. This approach was justified as it paved the way for the themes of the research to unfold, wherein the research design presented an avenue in which novel insights could emerge and be analysed inductively. As a critical part of this research design, the single case study provided an interesting platform to explore the pervasive silence of mental health issues within the workplace. The criticisms of a single-setting case study have been identified, however this has been addressed through a discussion of the strategic selection process of the case study, whereby preliminary interviews established the landscape in which the research took place and informed the selection of TransportCo as an appropriate case study for this thesis. A sample of 65 participants was purposefully gathered, with the sample being divided into two distinct layers: Layer One (employees with managerial, OH or HRM experience); and Layer Two (the employees with mental health issues themselves). The use of an inductive data analysis process was explained, with the aiding of the computer program NVivo. Thereafter the ways in which the researcher intended to bolster the validity, trustworthiness, credibility and transferability of the research findings were discussed, defending the importance of subjectivity and the role of the researcher. A thorough ethics section that determined the ways in which the participants and the researcher herself were protected was presented; this required adequate attention due to the sensitive nature of the research . The following three chapters will present a detailed analysis of the data gathered through this methodological approach and the themes that developed from the research aims.

Chapter Four: Background Chapter

Mental Health in the Workplace in the UK

4.1   Introduction

The purpose of this chapter is to provide context for the rest of the study through exploring data from the 34 preliminary research interviews conducted with stakeholders that had an interest in mental health issues in the workplace in the UK. Although detail was given to these interviews in the methodology, these interviews included an MP; Trade Unions; support organisations, mainly the mental health charities Time To Change, MIND, SANE and Rethink Mental Illness, and not-for-profit organisation Business Disability Forum; an NHS initiative called Mindful Employer; medical professionals; and various associates, consultants and advisors who worked actively within the field of mental health and/or disability. This phase of the research was crucial as it provided a detailed picture of the landscape in which the research took place, situating it within its context and highlighting the external influences that shaped organisations actions and activities around mental ill health within the workplace. This chapter highlights the pervasive silence of mental health issues within organisations, drawing initially upon a legal compliance perspective to gain a deeper, more detailed understanding as to why, and how, mental health has gained momentum within the UK. A brief overview of the landscape of support organisations and initiatives that encourage organisations to recognise the prevalence of mental ill health within the workplace is presented, including a more detailed description of the key initiatives in the UK that seek to guide and support employers to become mentally healthy organisations (Time To Change and Mindful Employer). This outline is followed by the strategies that these organisations and initiatives implement to gain interest and support from the employer and/or compel the employers to become signatories. The main strategies implemented by these organisations and initiatives

included placing precedence on the legal compliance case, the use of statistics that illustrate the pervasive nature of mental health within organisations, and by accentuating the financial implications articulated within the business imperative. Attention is drawn to one organisation in particular that in recent years has become a signatory of the Time To Change Pledge and Mindful Employer initiative: TransportCo. A more detailed backdrop of the case study organisation TransportCo that is the subject of the empirical work for this thesis is presented, using narratives drawn from top management to give a comprehensive overview of the organisation.

4.2   Mental health in the UK: a legal perspective

In recent years, the government has introduced a legal compliance case for the acknowledgement and protection of employees with mental health conditions. Paul, a Conservative backbench MP who was interviewed in the preliminary stages, explained how the societal, business and political pressures for organisations to encourage a climate of voice within the workplace had gained momentum within parliament. Paul discussed how the development of the Equality Act (2010) provided employees with mental health conditions with certain legal rights, such as protection from discrimination within the workplace. The introduction of this Act was an important measure to gain attention from employers with the intention that they would subsequently recognise and respond to various issues of equality, including mental health issues. This Act therefore instigated a degree of pressure on employers to acknowledge the pervasive nature of mental health within the workplace and to gain an awareness of their legal obligation to this group of marginalised employees. For Paul, the government had a responsibility to provide this legal protection and to put a degree of pressure on employers, and in recent years the disparity between mental health and physical health had come to the forefront of the government's agenda. Labelled the parity of esteem, governmental leadership over delivering parity for mental health had become a crucial part of a larger strategy within parliament to promote a holistic approach to mental health. Central to this approach was that the

needs of the individual, whether it by physical, mental or a combination of the two, were met with adequate, publicly funded services so that individuals' mental health was given equal status to their physical health needs. The relationship between poor mental health and physical are argued under the parity of esteem to be interconnected, therefore reinforcing the need for care that treats the individual as a whole person.

Although the MP interviewed could not provide further information into how the Conservative government intended to address this disparity, he explained that one way he used his legal platform to address the stigma of mental health within the UK was through speaking up about his own mental health condition within parliament, candidly disclosing his mental health condition to the House of Commons and, in turn, the public. He described how this process was important for mental health to gain publicity to reinforce that mental ill health is widespread within the UK and can impact anyone:

> *"Having been involved in mental health issues within parliament for seven years, well eight but seven actively, I thought it would be the right time to sort of be open about my own experiences, which to many people was surprising and on some level I can understand and appreciate what people with mental health problems can face. I wrote a piece that was pressed released by the House of Commons and there was a view that it might elicit hostile responses which hasn't happened which is encouraging because at the end of the day all employers and people have a responsibility for people working in organisations."*

> Paul, Conservative MP

Paul's voice instigated change through using parliament as a platform, addressing the stigma of mental health issues and normalising mental health conditions. Paul's public expression of his mental health condition meant that the population could see

that mental health affects a variety of different individuals, including MP's. Breaking down the biased and derogatory assumptions that are perpetuated within society, Paul was illustrating how it is OK to speak up about mental ill health; Paul's voice therefore intended to be a catalyst for change, promoting individuals across the UK to voice their mental health condition. Paul argued that it demonstrated to the public that, as a collective, employers, society and other members of parliament that the UK have an obligation to those who struggle with these conditions. This united responsibility referred to the societal onus to express compassion towards people who are suffering from illness, whether that's a physical or mental illness, as he continued to discuss:

> *"We're pretty good at throwing an arm around people with a physical illness but we've been less good at throwing our arms around those suffering from mental illness in fact, instead of a shoulder to lean on perhaps at times they've had a cold shoulder. So I think societies got to take the lead but we can protect employees through policy and influence organisations that way…. what we can help to do is normalise it but there's still a long way to go and mind and rethink mental illness and other charities have got a huge part to play in that."*

> Paul, Conservative MP

For Paul, society was the driver for change and was argued to play a key part in reaffirming the parity of mental and physical health within the UK. What Paul's narratives suggest is that whilst employers exhibit certain stigmatising attitudes, values and assumptions regarding mental health conditions, these perspectives are not employer-specific. Rather, mental health represented a larger problem that required a comprehensive, multifaceted approach from numerous levels, wherein employers were one, albeit a large part, of this overarching strategy. Challenging the universal assumptions regarding mental health that pervades society and

organisations was pivotal for the parity of esteem, highlighting how charities that challenge this stigma from multiple levels were crucial in enclosing the gap between physical health and mental health. The rise in charities, campaigns and not-for-profit organisations that were tailored to mental health represented a pivotal change in the UK to many participants. These support organisations signified a shift, wherein mental health awareness was encouraged and stigma regarding mental ill health was challenged, as the following narratives with mental health professionals illustrate:

"It's not entirely hopeless. We are seeing a societal shift, well we are moving towards one, as organisations like Time To Change and Mind are challenging the old fashioned assumptions that exist here. That never would have existed and I think it says something. I really do."

Simone, Mental Health Professional

"You're seeing it more now, mental health is now all over the media due to Time To Change and whatnot. We are beginning to see the word mental health in places we never would have seen them before, like the workplace."

Taylor, Mental Health Professional

What these narratives denote is how historically the words 'mental health' had negative and destructive connotations that prevented the public from engaging in voice. The introduction of mental health organisations signalled a shift in these assumptions: mainly that the UK was moving towards a society wherein mental health could be spoken about without stigma and discrimination. However, Taylor's narrative reveals how there was still a long way to go to challenge these long-standing assumptions. She describes how the words mental health can be seen, however she does not refer to how they are heard within the workplace. This suggests that whilst the mental health movement has gained momentum, it is yet to

reverse these historic assumptions. Further, Richard, an employee from a leading mental health charity, criticised the mental health movement for lacking what he labelled "substance", with the government's efforts being inauthentic vocalisations of good practice that were not supported by the governments actions, or inaction, regarding the mental health crisis:

> *"So, we have MP's, and even our prime minister, making statements about how the mental health system needs to change, needs to address the disparity between physical and mental health in the UK, but these are statements. They don't mean anything and they won't transpire to anything. Mental health services lack funding and support within the UK from the Conservatives… some people have to wait 9 months to be seen by a specialist. Some people can't get a bed on a psychiatric ward and have to stay in a prison cell under section. It's all mouth, all mouth and no action."*

> Richard, Leading Mental Health Charity

As Richard's narrative depicts, the governments statements regarding mental health did not equate to action and reflected the disparity between physical and mental health that the government intended to reduce. Furthermore, the prime minister at the time of the study had made a public commitment to end the stigma of mental health within 2017, specifically addressing the need for improved mental health services for children and young people within the UK. This too was greeted by criticism from various mental health organisations, service users and, in addition, the Labour Party. The Labour Party argued that the prime ministers needed to not just focus on the stigma of mental ill health, but also the demand for tangible action to be made to tackle the mental health crisis within the UK. Attention was drawn to the number of unexpected deaths of mental health patients that had risen by 50% from 2014 to 2017 and how mental health trusts had seen a reduction in funding by £150 million

from 2013 to 2017. Critics placed emphasis on the demand for improved mental health services for adults within the UK, whereby patients had to wait up to 9 months to receive a mental health assessment. The scrutiny the government received reaffirms the claims of various mental health organisations that the UK is currently experiencing a mental health epidemic.

4.3   Landscape of support organisations and initiatives in the UK

The initial stakeholder interviews conducted with mental health charities and not-for-profit organisations suggested that they shared a common purpose of challenging the stigma of mental health within society and the workplace; however, they had distinct aims and objectives that shaped how employers considered mental health within the workplace. A brief overview of the support organisations that encouraged employer recognition of mental ill health is provided hereon, followed by a more detailed exploration of two of the main mental health initiatives within the UK: the Time To Change and Mindful Employer pledges.

Business in the Community was a not-for-profit organisation that was centred on influencing employers to become "disability-smart", uniting businesses, disabled opinion leaders and government to improve business performance. Through providing access to general and tailored advice, expertise, training and networking opportunities regarding numerous disability issues, the intention was that organisations confidence, accessibility, productivity and profitability would be enhanced. Business in the Community had 330 members who tended to be large employers and overall their members employed 20% of the UK's workforce. Rethink Mental Illness was a leading UK mental health charity that challenges the stigmatising attitudes that are attached to mental ill health. This charity educated employers about mental ill health so that these prevalent, negative assumptions can be refuted within the workplace. SANE was a UK wide mental health charity that aimed to raise awareness, combat stigma, educate and campaign to improve the

quality of life for those impacted by mental ill health. Distinct from SANE and Rethink, MIND was another mental health charity that provided advice and support to individuals with mental health conditions; however, equally it campaigned to raise awareness and promote understanding about mental ill health.

Time To Change and Mindful Employer were two voluntary initiatives that aimed to encourage employers to become signatories as a demonstration of their commitment to mental health within the workplace and to attach themselves to good practice regarding mental health. They were therefore similar initiatives than aimed to assist and support employers in their aspirations to become mentally healthy workplaces. These initiatives therefore required action plans from the signatories to illustrate how they intend to fulfil this commitment. The distinction between the two initiatives was that Time To Change was more specifically tailored to challenging the stigma of mental health within the workplace, whereas Mindful Employer was a broader and more encompassing initiative that focused on numerous aspects of mental health at work, tailoring their attention to any specific issues that were pressing for the organisation.

Established in 2007, Time To Change was run by charities, such as Mind and Rethink Mental Illness, and was funded by the Department of Health, the big lottery fund and Comic Relief. Whilst primarily aiming to improve attitudes towards mental health, the campaign additionally solicited for the growing recognition of those that are within work and suffering with mental health issues, often in silence, encouraging organisations to sign an employer pledge. An employer pledge was a public statement of aspiration to reduce the stigma of mental health within the workplace. More than 400 employers had made a pledge, which was not a quality mark, accreditation or endorsement, but rather was an aspirational statement; employers therefore were not penalised if they did not achieve their goals. Nevertheless, they were a widely accessible, public and tangible display of the employers' commitment.

Time To Change had reported that 95% of their signatories have recorded improvements within the workplace regarding mental health.

The Employer Pledge was supported by an organisation-specific action plan that illustrated the tangible efforts employers were making to demonstrate their commitment. To discuss some of the key aspects of the plan that are required by Time To Change in more detail, the charity argued that it was important for the organisation to ensure that senior leaders buy-in to the premise of the pledge, as for Time To Change this was seen to be an imperative for success of an employer's action plan and for the culture of the workplace to see any permanent changes. Secondly, Time To Change argue that it was of crucial importance that line managers had the confidence to have conversations about mental health with their subordinates; they therefore demanded that the plan included a section on how the organisation would equip line managers with the necessary skills to have conversations about mental health. Social contact was argued to be key to normalise mental health issues and encourage other employees to speak up, and therefore a part of encouraging conversations about mental health was storytelling from those who have mental health issues. Thirdly, the plan needed to explain whether the organisation had a standalone mental health policy or was going to develop existing policies to ensure that employees were informed about what process to follow when they had a mental health issue. Other aspects of the plan included: the provision of information and signposting to services; accountability; the right team is required to maintain and implement the employer's action plan; and raising awareness about mental health issues.

Once the employer has signed the pledge they were required to submit an action plan online that would then be reviewed by Time To Change who would respond accordingly with feedback. The organisation thereafter had two weeks to re-submit their action plan, which once approved by Time To Change would permit the

organisation to use the Time To Change logo. Through signing the Time To Change Employer Pledge, the organisation had access to their Employers Accelerator Programme, wherein they would receive invitations to numerous master classes from top employers; would receive briefings on Time To Change's key campaigns so the organisation could have integrated them into their workplace; would provide connections to other employers; and would provide tailored support from Time To Change throughout the year.

Time To Change was in some ways similar to the Mindful Employer initiative, which aimed to provide employers with easier access to information and local support in relation to staff experiencing stress, anxiety, depression or other mental health conditions. Within this, the Mindful Employer initiative encouraged employers to sign a charter as a voluntary commitment towards being positive about mental health within the workplace. Since it was established within 2004 over 1, 460 employers had become signatories. One of the founders of this charter, Mark, explained one of the main principles of the initiative, which is

> *"Really about making work a safer place where people can disclose,*
> *they can talk about it. They can say well you know that fit note I sent in*
> *about back pain; well actually the real reason I was off was because of*
> *anxiety. Or the days when application forms can ask questions about*
> *health, that they had to tick the mental health box and sign at the end*
> *of the form to say it's all true, well it's about opening up that discussion*
> *about disclosure. So creating that kind of better culture around*
> *discussion and disclosure."*

Mark, Co-founder of Mindful Employer

As the above quote illustrates, at the heart of the Mindful Employer initiative was promoting a culture of voice within the workplace, wherein employees could disclose their condition with candour and honest. Through signing the charter, employers were

therefore visibly attaching themselves to the good practice standards that Mindful Employer instigated. These organisations committed themselves to the development of a workplace wherein employees could speak up about their mental health conditions. This emphasis on voice, that Mark discusses, was tied to employees' perceptions of voice safety. He explained that historically organisations perpetuated workplace environments that were hostile to voice, forcing employees to conceal their mental health condition from line management, such as through providing false reasons for absence or through not providing details in application forms. The development of the Charter intended to tackle the silence and stigma of mental ill health from multiple angles and required employers to commit to the following statements (Mindful Employer, 2016):

As an employer we recognise that:
• People who have mental health issues may have experienced discrimination in recruitment and selection procedures. This may discourage them from seeking employment. • Whilst some people will acknowledge their experience of mental health issues in a frank and open way, others fear that stigma will jeopardise their chances of getting a job. • Given appropriate support, the vast majority of people who have experienced mental ill health continue to work successfully as do many with on-going issues.

Through committing to these statements, employers were illustrating to their organisation that they were dedicated to putting these principles into practice. Post-signing, employers were required to demonstrate how they were working towards the commitments stated in the Charter. Mindful Employer undertook an online review, called On the Way, two years after the signing of the charter and every three years thereafter. The purpose of this review was for the employer to reflect on how they

were promoting the initiative, the good practice they had established, the areas that required improvement and an action plan that detailed how the employer intended to address those areas; the employer therefore could not pass or fail this review, a notion that both the Time To Change employer pledge and Mindful Employer charter shared. Nevertheless, this review places a degree of pressure on organisations to put their aspirations into practice, as Mark discusses:

"So, I think because the charter is completely voluntary there is that additional commitment there so actually yes we do want to make it work. So there is a bit of a drive behind it. That's not to dismiss in the slightest that the disability symbol, investors in symbol and the charter mark and other kind of markers like that, but I think I would say the majority of the employers we have contact with want to do the right thing… I'm only aware of a handful who maybe have done it for perhaps not the right reasons so in a sense that they actually wanted to show they were a signatory as part of something else they were doing, so they were bidding for funding for example or something like that. And I think that has happened in a handful or cases."

Mark, Co-founder of Mindful Employer

As Mark's narrative highlights, the use of the Mindful Employer logo was a tangible display of the employer's commitment to mental well-being. Akin to the Time To Change pledge, organisations were able to use the logo as a visible symbol of their aspirations for good practice. Though employers typically signed the Charter to make improvements within the organisation regarding mental health, Mark did not undermine the importance of this visible display that, for some, was used to window dress the organisation. The review process was also adopted to curtail the misuse of the Mindful Employer Charter, however as these organisations could not fail their review it was difficult to tackle those who committed to the charter for ulterior or superficial motives;

in comparison to Time To Change, the Mindful Employer charter instigated reviews that were centred on the provision of employer support, rather than setting targets that they could either pass or fail.

4.4 Operational level of support organisations and initiatives

The overarching aim of the support organisations and initiatives described was to gage interest from employers to encourage their involvement with the organisation or to influence their decision to become a signatory; they all shared this common purpose of encouraging organisations to engage with their work that was tailored to mental ill health. There were different tools that these organisations and initiatives adopted to achieve this aim. Daniel worked for Business in the Community and he articulated how he used the legal compliance case as a tool to gage interest from employers and for them to become members of Business in the Community. This legal compliance case was a compelling imperative for employers, as Daniel explained how employers could be at risk if they did not recognise mental ill health within the workplace:

> *"If you do bring it right back down to a legal basis, they have a duty to make adjustments for people if they know that someone is disabled like they have x condition or whether they could be reasonably expected to notice that somebody has a disability. I think that's really key as that means people aren't necessarily required to volunteer information. If somebodies clearly unwell then you do have a legal obligation to look at what you can do to make it easier for them to do their job… So I think there is a legal imperative, there's a lot in there about spotting signs so we would always advocate not to leave it until somebody tells you, because if you ever went to a tribunal and say well the person didn't tell me they had a mental condition so I didn't do anything about it , if somebodies crying at their desk and you know is acting erratically*

or has become stressed or there has been a real change in personality,

a manager wouldn't be able to say 'he didn't tell me had a mental

health condition so I didn't really do anything' as it wouldn't really stand

up."

Daniel, Business in the Community

For Daniel, when the severity of an employee's mental health condition increased, significantly impacting their daily emotional, physical or mental functioning, the visibility of mental health issues increased, which in turn made them more detectable. Albeit still discreet, he argued it was the responsibility of line management to recognise these signs and to respond accordingly. He had discussed that through adequate training line managers could learn and develop the necessary skills to detect symptoms of mental ill health so that they could initiate a conversation with these employees. Without these skills, organisations were under threat of being perceived by law as not adhering to their duty of care to their employees. Through Daniel's experience of being a consultant to organisations who had entered tribunals due to this lack of awareness, he argued that legally employers would be penalised for not providing reasonable adjustments, even if the employee had not disclosed their condition themselves. There was therefore a legal onus for employers to become reasonably enlightened about mental ill health, with emphasis being significantly placed on the requirement for line management to approach employees who displayed symptoms of mental health conditions. The responsibility to detect these conditions was placed on line management because he argued that line managers worked closely with their team and should be the first to recognise a change in an employee's behaviour. For this reason, line management was perceived to be a fundamentally important resource to prevent employers from being at risk of not fulfilling their duty to employees, and for employees to receive support and reasonable adjustments when required. The legal compliance case was

therefore one tool that was used by Daniel to influence employers and promote the benefits of becoming a member of Business in the Community.

Other support organisations and initiatives discussed how the numbers of employers who have an ethos of inclusion and diversity had risen, yet that they often neglected the experiences of invisible minority groups. It was claimed that these employers focussed their efforts on promoting diversity and inclusivity amongst groups that had 'visible' minority status, such as gender and race, rather than those with whose minority status were less detectable, such as LGBT individuals and those who have mental health conditions. To illustrate how widespread mental health issues are to employers, attention was drawn to the statistics of mental ill health within the UK, as the following narratives demonstrate:

> *"It's one in four and organisations need to wake up and realise that's a quarter of their workforce. That's a quarter of their office. When you think of it like that you realise that mental health is the person, beside you, the person on the bus, your family member, someone you know. And mainly, someone in your work."*

> Jill, SANE

> *"I think because [organisations] can't see it, they think 'oh [mental health] doesn't affect us'. But when you get them to think that it's one in four, you can tell they are shocked. That whole disbelief, that shock, it only then sinks in."*

> Peter, Rethink

These narratives suggest that thre was a sense of ignorance amongst employers, whereby employers were disenfranchised from the impact mental health issues have

on their workforce. The uses of statistical evidence demonstrated to employers how the invisibility of mental health issues could distort the reality of mental ill health and suggested to employers that mental health issues do impact their workplace. The response of employers, that Peter describes, illustrates how employers require this quantifiable evidence to acknowledge this marginalised group of employees. The words "*only then*" imply that other strategies to encourage their acknowledgement of mental ill health would fail and that this tool was central to engage with these employers. The use of statistical evidence was therefore a productive tool that assisted these support organisations in building a professional relationship with these employers. For Peter, statistical evidence was often successful because from his experience employers were fraught with scepticism that initially deterred them from engaging with Rethink:

> *"Employers who are cynical want evidence, oh 1 in 4 look that's a bit high. Look around, everyone seems all right. Erm but instinctively you know it's a spectrum as well, not everyone's going to be going off with schizophrenia. And I think employers fall in that trap often and think mental health or any disability in the most extreme cases in whatever spectrum it is. And that's everyone that's people you know, most people know someone who's had depression, anxiety, it's the majority of people."*

Peter, Rethink

The invisibility of mental ill health presented a barrier to organisations' understanding of mental health because it was not readily apparent and detectable, obscuring the organisation's ability to identify employees who may have fitted within this invisible minority group. Mental health continued to be undermined within organisations because the invisibility of this minority group meant that historical, socially constructed assumptions regarding mental ill health had not been challenged within

the workplace. From Peter's perspective, employers presumed they had not had contact with employees who have mental health issues and therefore continued to adopt a narrow understanding of mental ill health. The apparent stereotyping of employees with mental health issues represented how various derogatory assumptions were perpetuated by employers and that this reflected the ill-informed nature of organisations regarding what mental ill health. The most prevalent characteristics of these stereotypes were that individuals with mental health issues are unpredictable and dangerous, portraying mental ill health as a weakness and inherently a female issue; these stigmas will be explored in greater detail in the empirical chapters. The use of statistics was used as a strategic tool to challenge these assumptions and to confer to employers that mental health was pervasive within their workplace, therefore encouraging employers to improve their understanding of mental health.

The business imperative was a recurrent theme that suggested it was a primary and compelling case for mental health recognition within the workplace. Throughout the narratives it was implied that employers prioritised this business rationale above other imperatives. The support organisations interviewed used the business imperative as a tool in which to gage interest amongst organisations, to raise awareness and to encourage organisations to put in place appropriate policies and procedures that support mental health conditions within the workplace. Brent worked for a regional MIND charity argued that there was a persuasive business imperative that emphasised the financial impact of this silence on organisations:

> *"Because organisations can't see [mental health conditions], they don't*
>
> *realise that it costs them money, not just with their absence rates*
>
> *either. When someone has a mental health condition they often can't*
>
> *concentrate, can't cope with everyday tasks, aren't as productive, are*
>
> *less out-going. None of them things are good for business. If*

organisations want a number on it, that's hard to quantify, and they

often do. But if you think about it, that all adds up. It all adds up."

<div align="right">Brent, MIND.</div>

Once more the invisibility of mental ill health was emphasised, however this time it referred to the lack of awareness organisations had on the financial impact of mental health conditions on business performance. Although Brent personally did not obtain any numerical evidence of the costs of mental ill health, through his articulation of some of the effects of mental health conditions on employees he stressed the compelling argument that was at the core of the business imperative: that mental health does cost the employer in terms of financial costs and employee productivity. Managing the silence of mental health issues became a compelling avenue in which to improve employers' profitability and performance, which Brent explained, both of which were interconnected. He continued to discuss that for employers to retain the best talent within the workplace, there was a demand for the provision of support and reasonable adjustments within the workplace. This was a common rationale for the voice of mental health issues within the workplace, with many other participants accentuating the importance of the business case as a key tool within their strategy to influence employers:

"Whether or not we like it, the business case for mental health is what

organisations care about… if employees don't disclose, organisations

can't deal with the issue that is perhaps preventing them employee

from coming to work, or being on time, or from being productive."

<div align="right">Sarah, Time To Change</div>

"I think organisations are beginning to realise, fuck, mental illness is

costing us a fortune! I don't know how they haven't put the two

together, but you see employees going off work, sometimes not coming

back, and they are the organisations key workers. They are quite

literally losing their talent."

Tim, Mindful Employer

The toolbox used by these support organisations to raise awareness and encourage organisations to engage with their initiatives therefore was mainly focused on the business case, with less weight being placed on the legal compliance case and the use of statistics. As Tim's narrative illustrates, focusing on retaining talent and the financial impacts of mental ill health within the workplace was a compelling argument that encouraged employers to unite with these support organisations. This persuasive rationale was a crucial and primary tactic operationalised by the two support initiatives to capture interest by employers and to encourage them to become signatories. The promotion of the business case was imperative to influence the employers' decision to overtly display their commitment and to actively plan to become mentally healthy workplaces.

4.5   TransportCo

One organisation that had become a signatory to both Time To Change and Mindful Employer was TransportCo, which was the organisation that was the subject of the empirical research of the rest of the thesis; TransportCo's attachment to these good practice initiatives will be explored in greater detail later in the chapter. First, however, a brief overview of TransportCo will be presented.

TransportCo is an integrated body that is responsible for a London's transport system, working with the Mayor in the development and implementation of his transport strategy. TransportCo provides transport services for over 10 million people across the city, managing London's buses, underground, over ground, trams, rives services, the main coach station and the city's transport museum. The organisation administers the congestion charge scheme and is responsible for a 580km network of

main road and 6000 of the city's traffic lights. In addition, it regulates taxis, private car hire, promotes road safety, cycling and walking initiatives, funds local transport initiatives and improvements to the street environment of the city, operates a cycle hire scheme and door-to-door assisted transport services for disabled people. TransportCo works closely with the city's police and transport police to promote safe travel across the city. At the time of interview, the organisation was also responsible for the development and provision of a transport infrastructure for the 2012 Olympic and Paralympic games. History

The history of TransportCo's different services date back to 1863, wherein the world's first underground railway was opened. The underground has grown to 270 stations and 11 lines that network across the city's suburbs. The history of each service is comprehensive, with each service having different dates of nationalisation, expansion, technical innovation and integration with the wider city network. In 1948 London's transport services were nationalised and control was shifted from central government to the City Council in 1970. In 1986, the bus services outside of the city were deregulated, however within the city the transport system was brought under central government control again. In 2000, the city's authority reclaimed managerial responsibility of the city's buses and it thereafter was controlled by the mayor's transport organisation, TransportCo, in which it remains to the present day.

4.5.1   Demographic composition

According to an internal workplace demographic composition report in 2010/2011, TransportCo employed 23,478 people and aimed to have a workforce that reflected the city's diverse communities. The jobs at TransportCo are varies, some examples being customer services assistants, revenue inspectors on buses, train operators, lawyers, engineers and designers. 22.3 per cent of those employed were women, 29.5 per cent came from a black, Asian or minority ethnic group (BAME), 2.3% disclosed their sexual orientation as lesbian, gay or bisexual and a total of 603

employees told TransportCo they had a disability. Within senior management 22.7%
were women, 77.3% were men, 10.3% were from a BAME group, 76.1% were white
senior managers, for 13.7% the ethnic origin was not disclosed, and 13.5% had
disclosed a disability. The demographic composition of the workforce by faith (*Table
One*), sexual orientation (*Table Two*), transgender identification (*Table Three*), and
age (*Table Four*) can be seen below.

Table One demographic composition of the workforce by faith.

Faith/belief	2010/2011
Buddhist	81
Christian	4,811
Hindu	413
Jewish	59
Muslim	561
Sikh	133
Other	318
None	2,063
Prefer not to say	832
Unknown	14,207

Table Two Demographic Composition of the workforce by sexual orientation

Sexual orientation	2010/2011
Lesbian	101
Bisexual woman	29
Heterosexual woman	2,261
Gay man	386
Bisexual man	61
Heterosexual man	5,389
Prefer not to say	852
Unknown	14,371

Table Three Demographic Composition of the workforce by transgender identification

Transgender identification	2010/2011
Transgendered woman	9
Transgendered man	12

Table Four Demographic Composition of the workforce by age

Age classifications	2010/2011
16-24 years	3
25-34 years	21.7
35-44 years	30.4
45-54 years	30.5
55-64 years	13.8
65 years plus	0.7

4.5.2   Military Heritage

A key part of the organisations history is its recruitment of ex-armed forces personnel. Archives from 19 Jun 1940-23 Oct 1943 show correspondence between what was then CT and the UK army concerning the employment of military transportation personnel for construction work, repair of tunnels, and war damage repairs. This correspondence continued, building a strong relationship between TransportCo and the military that reinforced its aimed recruitment of ex-military workers. For example, in 2009 TransportCo recruited six former members of the Armed Forces as train operators. The direct recruitment of these train operators formed a part of a wider initiative between TransportCo and the Ministry of Defence, in which TransportCo expressed its longstanding commitment and support of the armed forces that will continue and expand in forthcoming years. From 2012 to 2016, TransportCo created 28 paid work placements to assist ex-Armed forces members who have been wounded, injured or sick to return to work. 27 of these employees have since entered full-time employment within TransportCo. In 2016, this commitment was further enforced by TransportCo's signing of the Armed Forces Covenant. The signing of the Covenant represented TransportCo's acknowledgement of the value that serving personnel, reservists, veterans and military families bring to organisation.

4.5.3   Occupational Health (OH)

OH was a core part of this thesis because it had the responsibility of developing and implementing a mental health strategy within the workplace. TransportCo has one of the largest OH services within the UK. Prior to 2000, TransportCo outsourced and existed separately within a welfare department. In 2000 OH was insourced and became an integrated body that provided a variety of OH services, ranging from physiotherapy, muscular skeletal services, drug and alcohol services and counselling services. The purpose of this department is to examine the effects of work upon employee health and to consider how the employee's health and fitness impacts the employees' ability to perform their job role. It is intended to promote and maintain the physical and mental well-being of the employees within TransportCo and to limit the

impact health conditions can have on the employees' work. During correspondence and interviews with Janet, the head of OH treatment services, she explained how OH was divided between medical services and treatment services, as she discusses in the following narrative:

"I know head up what we call treatment services so if you think of the building as being divided into two parts, there's the medical side and the treatment services side. So the treatment services side is counselling, physiotherapy, drug and alcohol. So I head that up from an overall perspective. So each team has its own manager but I manage the managers and kind of oversee the provision of those services."

Janet, OH Manager

Through her discussion of her job role, Janet explains briefly the structure of TransportCo's OH department. There is a long chain of command within TransportCo's OH department, with each team having a corresponding manager that continues to the Head of OH. The structure of TransportCo's OH department can be seen in *Figure 4.1*. There was a division between physical health services and mental health services within this OH department, presenting a dichotomy that reinforced the separation between invisible and visible health conditions. Through dividing health conditions into physical and mental the relationship between the two was not considered, creating two distinct pathways that individuals could follow. Janet was responsible for the treatment services for mental health conditions within TransportCo, managing the development and delivery of a variety of treatment services, from counselling to trauma support for train drivers who witness causality whilst at work:

"I lead on mental health, especially as my training is mental health so that takes several forms really. Its helping TransportCo to fulfil its duty of care of mental health but much more than that really. How we can

look after people well, how we can improve employee mental health,

how we reduce stress across the organisations."

Janet, OH Manager
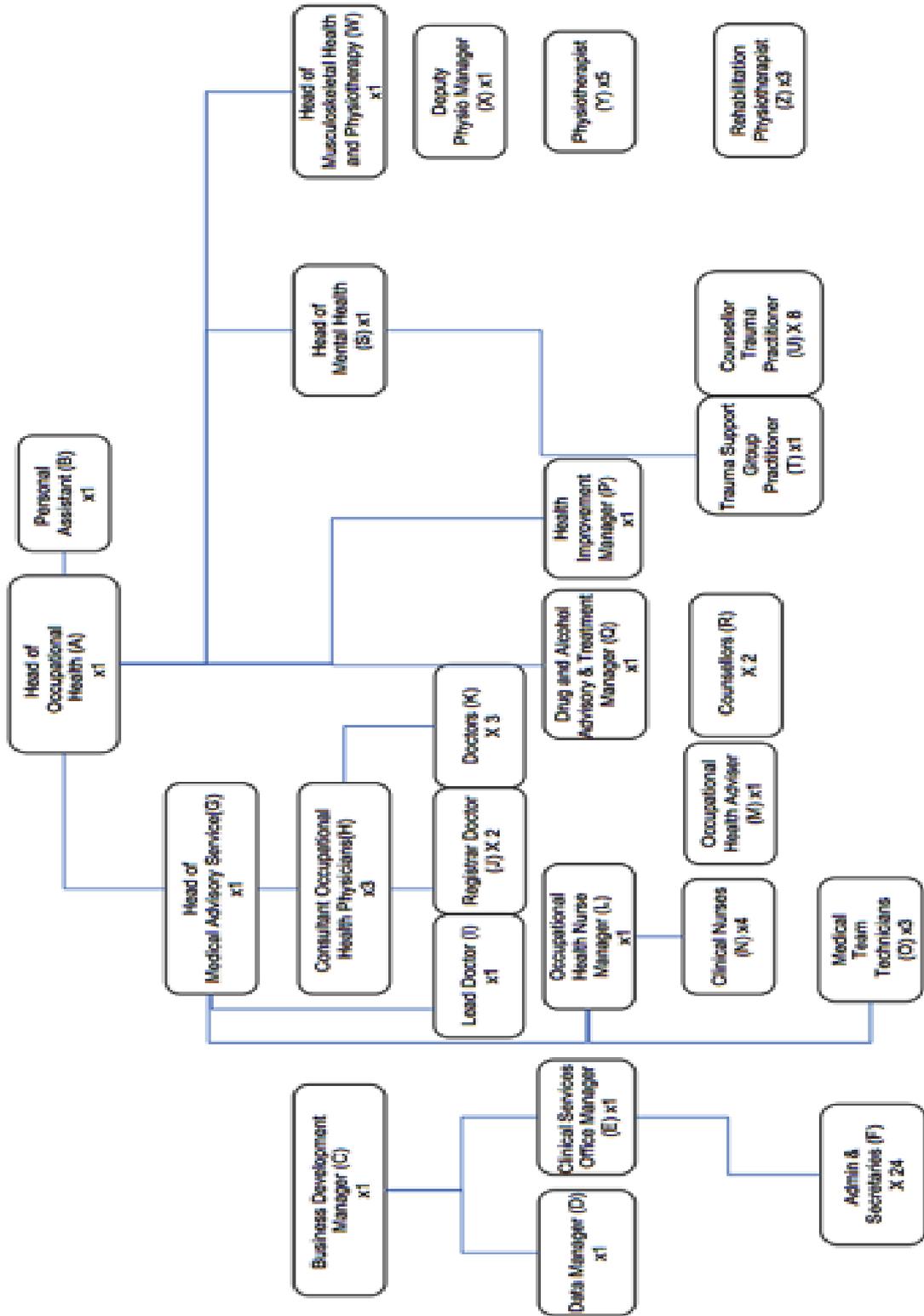
Figure 4.1: Structure of TransportCo's OH Department

Mental health was incorporated in TransportCo's OH strategy to help employees regain and maintain their daily functioning that has been impacted by their mental health condition. Although mental health conditions have always been recognised and support within TransportCo's OH department, the organisation had recently placed emphasis on the development and implementation of a more vigorous strategy for mental health within OH, which be explored in subsequent chapters. As Janet highlighted, TransportCo had a duty of care to its employees and mental health had come to the forefront of TransportCo's attention due to a report on its absence rate report. Chart One below illustrates the employee sickness absence in days per year for TransportCo. The overall average is absence per employee across TransportCo had increased from 9.5 days in 2013/2014 to 10 days in 2014/2015:
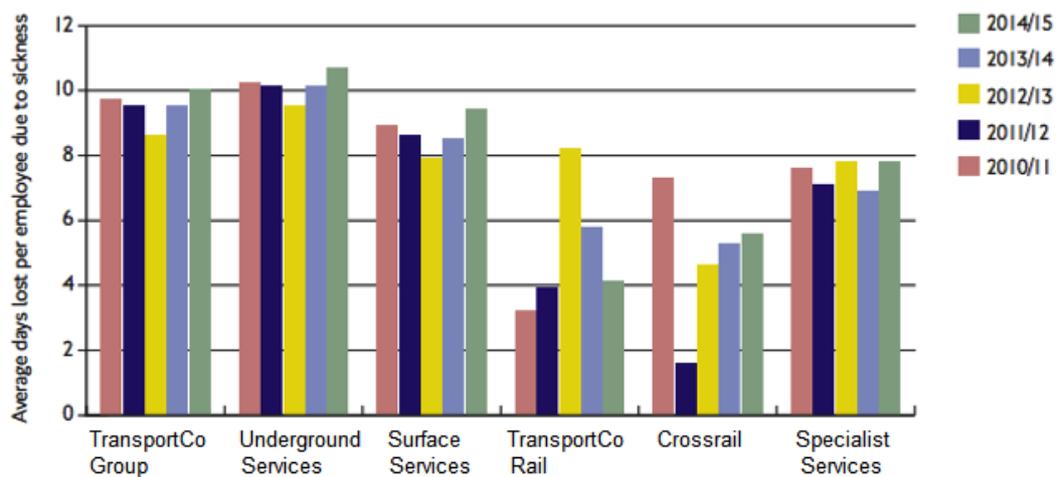
|Average days sickness absence per year by TransportCo business (2010/11 - (2014/15)

Chart Two below shows the reasons for absence as declared on self-certification and doctors' certificates.

Average days lost to sickness absence per employee, by category and business area (2014/15)
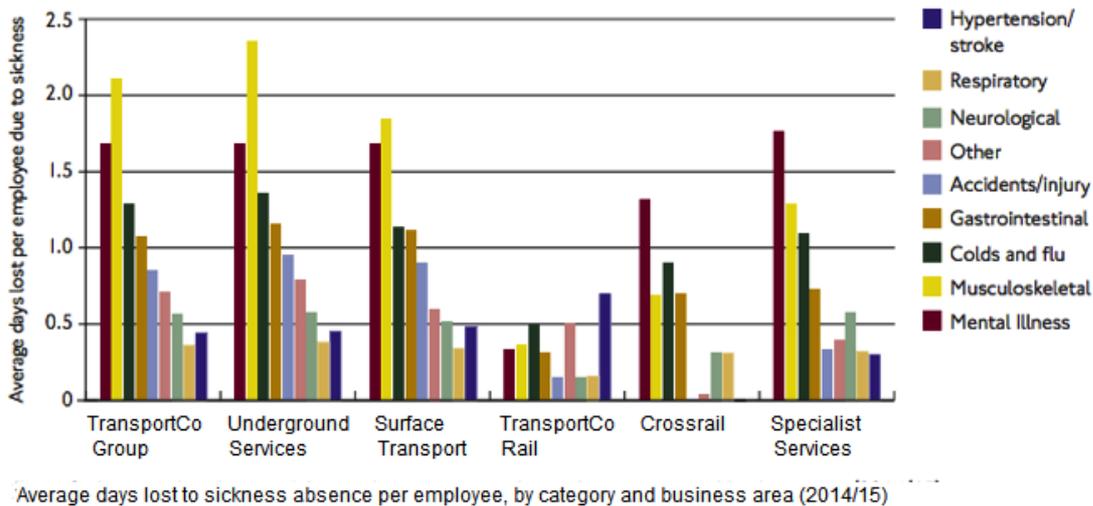
TransportCo focused on preventative strategies and health promotion is guided by these statistics. The top cause for absence in TransportCo was musculoskeletal absence. The second most prominent reason was mental ill health. In response to these statistics, OH had been governed by management to develop and establish a strategy to reduce the absence rates of mental ill health, and therefore consequentially to lessen the financial impact of these absences on TransportCo. There was recognition amongst OH that these figures do not reflect the reality of mental ill health and that the number of employees who went off sick for mental health reasons was higher than these figures portrayed. A key part of OH's strategy for mental health within TransportCo was the organisations attachment to good practice, primarily through signing the Time To Change Employer pledge and the Mindful Employer pledge in 2011. These signatories represented TransportCo's commitment to mental health and their aspiration to become a mentally healthy workplace.

4.6   Conclusion

This chapter has established the landscape in which the case study organisation, TransportCo, exists. Attention has been drawn to the contextual forces that have shaped TransportCo's strategy for mental health, with narratives from a broad array

of parties have been explored to demonstrate the increasing pressure for organisations to refocus their efforts regarding employees with mental health issues. The legal compliance imperative, combined with the business imperative, has been discussed to illustrate the external pressures TransportCo faced. Contextualisation of the case study was important to understand why TransportCo had begun to develop and implement its strategy for mental health, particularly through their signing of the Time To Change pledge and Mindful Employer Charter. In addition, a more comprehensive overview of the organisation has been presented within this chapter. Attention has been drawn to the history of TransportCo, its demographic composition, military heritage and OH department, providing a detailed understanding of the landscape in which the interviews took place. Overall, this chapter provides the background information that was necessary for an understanding of the context the case study and interviews were situated.

Chapter Five: The Managerial Voice Agenda

5.1   Introduction

This chapter looks at organisational and Occupational Health (OH) strategies around silence that aim to tackle the pervasive silence of mental health issues in the workplace. This is examined through a case study of TransportCo, a large transport organisation that has recently begun to make public and internal commitments to being an organisation that is inclusive of the voices of employees with mental health conditions. Attention is drawn first to the mounting pressures TransportCo has begun to face regarding the climate of silence that exists regarding mental health issues from a business and social justice imperative. This chapter seeks to explore how TransportCo sanctioned their OH department to challenge this pervasive silence and how their strategy developed two key responses to these pressures, which were the implementation of various organisational strategies (attachment to good mental health practice and organisation wide communications and information provision) and OH strategies (support structures for those with mental health conditions). The distinction between these two strategies was that the former was formally institutionalised by the organisation, meaning that the organisation endorsed OH's recommendations by deploying or taking part in the implementation of these strategies. OH strategies, on the other hand, were perceived to be almost separate to TransportCo and their implementation was perceived to be the solely the responsibility of OH; the employer therefore did not play an active role in the endorsement of these OH strategies.

The key obstacles to the successful implementation of activities and structures are explored thereafter, illustrating how line managements' narrow understanding of

mental health conditions as stress meant these strategies only tackled one facet of mental health. Line management understanding of employee voice as the disclosure of the substantive information regarding an employee's mental health issue is shown to limit more dynamic forms of voice, revealing a disparity between OH's and the employees with mental health issues themselves understanding of voice. OH understood voice as therapeutic voice, wherein the sharing of more intimate details regarding their condition intended to provide a level of catharsis for the employee, and the employees with mental health conditions themselves detailed how they had the expectation that these strategies would permit them to engage in social voice, which was characterised by friendly, day-to-day exchanges between colleagues and management. The prioritisation of line managements' understanding of voice is explored to demonstrate how management can determine what can establish a voice agenda that favours managerial understandings of voice and organises out therapeutic voice and social voice.

This chapter proceeds to gain an insight into how line management can reinforce the climate of silence through their response to an employee's disclosure. The fear that an employee's disclosure will fall on deaf ears, that their confidentiality will be breached and that they will be stigmatised or even discriminated against post-disclosure are explored in turn. The ways in which management feel ill-equipped to respond to voice accordingly is thereafter presented, mainly through a lack of training and through the limited precedence placed on soft-skills, provide a case for why there is a disparity between the organisations vision for a climate of voice on the one hand, and the practice around voice within TransportCo on the other. Overall, this chapter presents an interesting lens in which to explore how management can institutionalise a silence within the workplace, reinforcing the climate of silence regarding mental health issues rather than challenging it.

5.2   The pervasive silence of mental ill health

Interviews with management and OH revealed that over the last 16 years attention had been drawn to the pervasive silence of different minority groups within TransportCo; employees with mental health issues were the latest marginalised group to gain momentum within TransportCo, with attention being focused on how this pervasive silence can be challenged and tackled from an organisational and OH level. Tanith was an employee from the organisations' executive board who described the numerous pressures TransportCo faced to become an inclusive organisation, the term inclusive and inclusion meaning that these marginalised groups had the ability to contribute fully and effectively to an organization, have a sense of belonging, respect, and be valued (Herek, 1993; Waldo, 1999; Bell et al., 2011). As Tanith explains, the organisation had begun to expand their inclusion agenda to incorporate mental health conditions:

> *"TransportCo have been trying to focus on those unheard voices, those minority groups that heard for quite a few years now. It started with looking at our ethnic minority employees, as we are a very diverse organisation being in London as you can imagine… then we looked at gender. Women's voices, women's groups, that sort of thing. Then the most recent campaign has been for our LGBT employees, which are different from the others as they are invisible. This group are therefore the most likely to stay silent as we don't always know who they are… Now we are introducing mental illness and mental health into the equation. As of 2011 that has been our focus."*

> Tanith, Senior Management

Tanith acted as a public representative of this organisational strategy. At the crux of this vision was the development of a workplace environment that was no longer conducive to a climate of silence regarding mental health issues, a pervasive silence

that understood to be not distinctly problematic of TransportCo. In accordance with Morrison and Milliken's (2003) understanding of this term, this climate of silence referred to the widely shared perceptions among employees that speaking up about mental ill health was not worth the effort, was futile or dangerous. For Tanith, these damaging attitudes towards employee voice were shared amongst TransportCo's employees and demanded attention from TransportCo to challenge these perceptions, as Tanith summarises:

> *"We have our employees scared of saying XYZ, whether they are gay, have certain religious needs or have a mental illness. We want to change those attitudes so that they think it is ok to speak up here, and that is what this is all about."*

> Tanith, Senior Management

From the perspective of management, silence was understood to be a communicative choice that was a result of fear; it was articulated that addressing this silence climate and the beliefs that were its foundations was key to shifting this climate to favour voice. The organisations vision of an inclusive workplace, wherein employees with mental health issues felt that speaking up about their mental ill health was a positive decision within TransportCo, was not arbitrary. Tanith explained that for each marginalised group of employees there were different imperatives that lay the foundations for the need to recognise the silence of that group. In relation to mental ill health, there were mounting pressures within TransportCo to address what Tanith labelled a 'silent epidemic' that was explored in more detail within Janet's narratives. Janet was an OH manager that who argued that TransportCo's rationalisation for establishing a climate of voice was twofold, arguing the purpose of this shift in perspective was:

> *"To have an organisation where people could say actually I am struggling a bit here and know that they could get the response that*

they need and the support that they need, I think that's it on one level. I

think on another level to have obviously lower absence for mental

health, to have that come down considerably… we now know what

silence is costing the organisation more and more each day."

Janet, OH Manager

The first reason for this shift was centred on the virtue that all marginalised groups of employees should have the ability to express their differences without fear of the adverse effects of doing so. Janet details the importance of providing employees with support from the perspective that it is fair, reasonable and moral to do so. This suggests that as a social institution TransportCo should endeavour to do what is good for the organisation and the individual to keep in line with what many other organisations are doing. However, little reference was made to this imperative throughout the interview process with line managers; rather, it was an assumption that was more inherent within the OH department. The reason for the prominence of the social justice imperative within OH and not other departments and groups of workers within TransportCo will become clearer as this chapter progresses.

The latter statements made within Janet's narrative refocuses these pressures through a business lens. The business imperative was the pervasive rationale driving the recognition of the silence of mental health issues within TransportCo, which all line managers repeatedly cited in interviews. The impetus for this recognition was the 'costs' affiliated with the silence of mental health issues and this was recurrently raised by participants from TransportCo's OH department, such as Susan who worked alongside Janet on the organisation's strategy for mental health. Susan explained that TransportCo's newfound interest in voice for those with mental health issues was partially driven by a quantitative report she had written in 2011 regarding the organisations absence records. This report articulated ill-mental health was

responsible for a significant number of working days lost a year, costing TransportCo considerable amount of resources. As Susan stated:

"Remaining silent means they [the employees] continue to remain unwell, or even get worse… it all adds up. It might not seem that much but then multiply that, it's different if it is one employee but the reality is it isn't… Absences mount and we still don't know what is going on. I've seen in some cases, employees have to leave as it gets so bad. Do you know how much it can cost to replace an employee?"

Susan, OH Manager

The language used by Susan during the interview illustrates the financial implications of employee silence that drew mental health to the forefront of the managerial agenda. Nevertheless, there was the assumption held by both Janet and Susan that mental health was more pervasive within TransportCo than these figures first suggested, which obscured how much these absences cost the organisation, as Susan explained:

"As I work with employees within OH as well, I hear them say "I daren't put down [on their sick note] that I have a mental illness. They say they have a muscular skeletal problem or something. The organisation is becoming aware that there is [pause] there is something going on under the surface and this costs them money, time and even employees in a worst case scenario."

Susan, OH Manager

Susan argued that employees often went off sick but provided a false reason of absence, which meant that mental health conditions were more pervasive than the report initially suggested. Susan continued to express that the cost of ill mental health went beyond absenteeism and described the potential negative impact it could have

on productivity, punctuality, morale, and in extreme cases on an employee's decision to leave the organisation:

"I've known employees through working with them who don't tell their line managers anything, they just take the hit for being late, or for not reaching their target, or for having the 'wrong attitude'. The line manager has no idea, they just think that they have a difficult employee, when really the employee is struggling and these are signs of that struggle.. at the end of the day these cost us. It doesn't serve us to let this silence continue, we want productive employees who work hard, are on time, are at work and enjoy it."

Susan, OH Manager

As Susan's narrative illustrates, the business imperative for building a climate of voice within TransportCo was a pervasive underlying rationale that argued that employee voice could reduce costs and yield improvements for organisational functioning. Without this voice, the employee was negatively branded as a 'difficult employee', providing no explanatory basis for the negative behaviours, attitudes and circumstances that cost TransportCo capital. From a business lens perspective, voice was therefore seen to positively serve the organisation and the need for an organisational strategy to challenge this pervasive silence gained momentum within the organisation.

5.3   Organisational strategies: attachment to good practice and organisation-wide communication and information provision

Janet and Susan's team within OH was given the responsibility to develop an organisational strategy that endeavoured to create a supportive workplace environment that was conducive to the voices of those with mental health conditions, which could be institutionalised by and credited to the organisation. This strategy included implementing various organisational-wide activities within TransportCo,

which were focused on attachment to externally validated notions of good practice around mental health, and information provision and communications.

Starting with the former, TransportCo made public and formal commitments to two main mental health initiatives that were seen as representations of good practice around mental ill health within the workplace to demonstrate their growing prioritisation of the voice of this marginalised group of employees. In 2011, TransportCo became a signatory of the not-for-profit organisational Mindful Employer charter. The charter represented that TransportCo was working towards a set of predetermined principles set by the Mindful Employer initiative that were focused on making it healthier to talk about mental health within the workplace, whilst simultaneously helping the organisation to deliver their aspiration. Through being a signatory, they received support from Mindful Employer to achieve their vision through their provision of general and tailored advice that gave the organisation guidance on how to meet these principles.

Shortly after signing the charter, TransportCo made a pledge to tackle the stigma of mental health issues through their attachment to the mental health campaign, Time To Change. Akin to Mindful Employer, Time To Change assisted TransportCo in developing an action plan to get the organisation talking about mental health through, once more, providing both general and tailored advice on how to achieve this overarching goal. Both attachments to good practice marked TransportCo's commitment to the voice of this marginalised group that were not accreditations, a set of quality standards nor an award of good practice. Rather through the use of the Mindful Employer and Time To Change logo, these were visible displays that implied that TransportCo were, as Susan described it, "*starting the conversation*" around mental health, indicating to the public and their employees that they were an organisation that was dedicated to creating a positive working environment for

employees with mental health issues. These emblematical representations represented a pivotal turning point within TransportCo, as Janet describes:

> *"It [signing the Mindful Employer Charter and Time To Change pledge]*
> *is the kind of symbolic of what we want, and in an ideal world we would*
> *like to have an organisation where people could talk openly about it,*
> *could say when they're starting to struggle."*

<div align="right">Janet, OH Manager</div>

As this quote implies, TransportCo's newfound interest in the voices of those with mental health was reinforced by the need to reduce the distance between TransportCo and this ideal. These two independent attachments were driven by the notion that through challenging the stigma of mental health conditions employees can have 'conversations' about mental health. The word conversation was repeatedly used throughout the interviews with Susan and Tanith, and was a word that was continuously adopted throughout both the Time To Change and Mindful Employer supporting documents. This word suggests that employee voice was understood by the employer to be an informal exchange of information, thoughts, feelings and opinions shared by two or more individuals. This was reinforced by the campaigns that were conducted within TransportCo to support these signatories, which will now be explored in greater detail

TransportCo ran an internal campaign to raise awareness of mental health issues and offer information and advice to their employees, mainly through organisation-wide communication and information provision. The overarching aim of this campaign was to eventually normalise the voice of mental health issues, wherein conversations with line managers regarding these issues would become commonplace and natural. For Janet, this was required to "*put our promises into practice*" as without any supplementary campaigns she argued that these commitments would only be "*skin deep*". This internal campaign was the responsibility of Occupational Health and was

developed and enforced by Janet and a small team from the diversity department. To an extent this suggests that TransportCo considered the silence of mental health to be a diversity issue, primarily because they incorporated it into their inclusive workplace agenda. Tina worked within this team and her role was to compliment the organisations overarching aim championed by attachments to good practice.

Tina explained that the team's strategy was to establish a continuous stream of communications that embodied these values and educated employees and line management about mental health. For her, this duel strategy was key to challenge what she labelled 'prehistoric views', which referred to the widespread stigma and discrimination of mental health that she explained had been traditionally entrenched within society. Tina explained that communication was an essential tool that was used to tackle these views, beliefs and opinions, as through communication the employees could be educated about mental health within the workplace. These organisation-wide communications were continuous and were driven through various media platforms within TransportCo:

> *"We've got two company magazines so articles in those. We've just had one published in one of the magazines and we're going to get one in the other. The underground part of the team have one called 'on the move' and they quite like writing about us and the work we do… And then the surface part of TransportCo, that's the name we give to the bit that runs everything, buses, taxis, private hire, river boats... they've got their own magazine and we've just had an article published in that so they are really good vehicles as they get distributed to every employee at home. But yes we've got the intranet, we've got bulletins, there's a weekly round-up... Last week's had a whole page on mental health."*

> Tina, Diversity Manager

The forms of media detailed in the above narrative were mechanisms that could alter the perceptions of employees across the organisation at all levels. This was accompanied by the development of a leaflet called 'ride the wave'. Two versions of this publication were made, one for the employee and one for the line manager. The analogy in the title reflected what it is like to deal with a mental health problem, an image that was particularly pertinent for Tina as it represented overcoming the brutal force of many mental health issues. For employees, the publication was primarily about managing stress to prevent employees from experiencing burnout. It detailed practices that employees can adopt, information on the stress cycle and in addition it also included a relaxation CD for employees to reduce the symptoms of stress.

The second publication was centred on the provision of information for line managers that intended to encourage line managers to listen to the voices of those with mental health conditions:

> *"So, the guide for managers has all the stuff that's in the employee guide…the manager one has managing conversations with an employee, it has a role play of a return to work interview so the kind of thing managers should be asking in return to work… The manager one also has the stress standards broken down into everyday language, so these are the six causes of workplace stress and then do's and don'ts against each of them in really everyday language."*

> Tina, Diversity Manager

Educating line managers was perceived to be crucial because the knowledge, attitudes and response of line managers were important to create this supportive work environment. If line managers were perceived as unsupportive, or did not respond accordingly, they were seen by OH and the diversity team to reinforce employee silence. As Susan goes into more detail:

"This part of our strategy was important. Line managers can make or

break an employee's silence, literally. If the employee thinks they have

zero knowledge, that they are ill equipped, that they have this stigma

we speak of or will discriminate against them because of their illness,

what is the employee going to do? Remain silent. But if we educate our

line managers, get that information out there and challenge that stigma

then maybe, just maybe more employees will think its ok to talk about

[mental ill health] at [TransportCo]."

Susan, OH Manager

Through communicating this information in layperson terms, the understanding was that line managers would be able to ingest the information and apply it to their line managerial duties. Line management was thus a vehicle for change, as they were perceived to be representations of the organisations commitments to the inclusion of mental health. Yet, more importantly, line management education was seen as key to OH as through this training it was expected that it would provide the groundwork for line managers to have these conversations with their line manager. As Susan's narrative suggests, even if the employees' voice broke the silence the employee could choose not to voice their condition thereafter due to the response of their line manager. This implies that from the perspective of OH and the Diversity department, employee voice was not a one-off activity or all-or-nothing phenomenon, but rather a continuous process that could be stunted by certain responses, which will be explored later in the chapter.

5.4 Supportive structures

In contrast to TransportCo's organisational strategy to tackle the pervasive silence of mental health issues within the workplace, OH had a longstanding commitment to mental health. OH had pre-existing support structures, focused on individual-level interventions that reinforced these organisational-wide activities. These support

structures were formally sanctioned voice systems from TransportCo's OH department that, from a therapeutic lens, served to support the mental health of the individual. Whilst OH was a part of TransportCo, these support structures were perceived to exist separately from the organisational strategy that was endorsed by line management. The distinction between these strategies was that these support structures were institutionalised by OH and took place in a different building. Within OH there were services that were specialised in supporting train drivers who have witnessed a death on the train line, yet there were also counselling services for employees with mental health problems that impact an individual's work. To access the services offered by OH, TransportCo employed an upward voice requirement wherein employees had to request a referral to OH through their line manager, reaffirming the importance of line management in this process that will be explored in greater detail later in the chapter.

TransportCo implemented another key supportive structure within OH, a telephone counselling service. Although still run by OH, the counselling service was a short-term, confidential route for employees to receive psychological help, guidance and support, designed to assist the individual in identifying the key problem, develop solutions and essentially navigate their crucial issues constructively. This supportive structure was seen as a cost-effective response to the increasing demand for mental health services within TransportCo, as Cora, an OH manager explains:

> *"The decision was taken two years ago to make some changes to the*
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> *way in which we provide our counselling services. We wanted to*
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> *introduce a 24 hour helpline, as our employees work 24 hours, and*
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> *also to expand the range of advice and support available*
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> *for employees. However this has also meant changing from face to*
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> *face counselling for some employees, as you say those who are coping*
>
> *at work, to telephone counselling."*

Cora, OH Manager

The telephone counselling service provided employees with an avenue to engage in therapeutic conversations with medical professionals without an official referral to OH from line management. From a business rationale, the provision of this service meant that TransportCo could reap the potential benefit of condensed OH costs, reduced absenteeism and increased productivity. This counselling service was completely confidential and the vast majority of employees with mental health issues themselves that were interviewed within this research reported use of this service in one way or another. For some, they primarily called the helpline during moments of distress or during a crisis; for others, it was a one-off activity as they felt it did not provide them with the level of support that they needed to recover from their mental health condition; and for a select few they were offered six sessions with the same person over a short period of time.

In addition to this supportive structure, OH also had implemented a six-week programme that aimed to challenge workplace stress, once more focusing on stress and therefore negating more serious mental health conditions. This programme aimed to provide a safe environment for employees to voice their mental health conditions with their peers and a medical professional. This programme included Cognitive Behaviour Therapy (CBT) and mindfulness with the intention of assisting employees to master their symptoms, understand the stress cycle and how to interrupt it, and enable employees to develop a healthier toolbox of coping mechanisms to minimise workplace stress. CBT is a talking therapy that is a psychosocial intervention that assists individuals to develop coping strategies for destructive or negative cognitions, such as stress, and assists healthy behaviours and the regulation of emotion.

Mindfulness, on the other hand, is a practice that is growing momentum within the UK in which the employee takes part in a psychological process that is similar to meditation. Attention is actively and consciously drawn to the present and the individual observes their internal experiences, such as their thoughts and emotions, and any

external experiences, such as bodily sensations, sounds and smells, for the purpose of raising an employee's mental wellbeing. Similar to the telephone service, this was completely confidential and the employees who attended would agree to respect the confidentiality and privacy of the group, including both the individuals' identity and the issues discussed. Working as a representative of this scheme, Janet explained that since introducing this group OH had witnessed the number of absences taken because of stress, anxiety and depression reduce. Through this group, OH claimed to reap numerous benefits, including heightened emotional intelligence amongst employees, improved decision-making and strategic-thinking abilities, a heightened ability to focus and enhanced innovation.

5.5   Limitations of organisational strategies and support structures for mental health conditions

Nevertheless, the success of these strategies and support structures were restricted within TransportCo. This section will explore the ways in which these were thin prescriptions for change that were limited by unitary preconceptions of what is understood to be mental health and employee voice within the workplace; how the lack of officially sanctioned voice structures provided employees with few avenues in which to engage in voice; and how line managerial responses illustrated that TransportCo's organisation-wide communications did not have a significant impact on the knowledge and behaviour of line managers. This critical reading of the employees' narratives demonstrates how TransportCo's organisational strategies had limited influence over the climate of silence regarding mental health issues, and could in fact be seen to reinforce the silence they were attempting to challenge.

As has been highlighted, emphasis was placed on tackling stress as a facet of mental health within TransportCo by both the organisational strategies and support structures endorsed within the workplace. This simplistic understanding of mental ill health forgoes the differences that make mental health and mental health conditions

distinct from each other, failing to challenge the silence of mental health conditions that were shown to be prevalent within TransportCo. Whilst everyone has some level of mental health all of the time, mental health conditions are medically diagnosable conditions that typically last longer than six months. These clinical conditions are mainly determined by their symptoms and the severity of their symptoms, that is how much they inhibit the individual's daily life and functioning. Impacting a smaller number of individuals, these conditions usually require treatment so that the individual can recover from their mental health condition and can even be a condition that continues to impact the individual for the rest of their life. By narrowly confining their understanding of mental ill health to stress, the silence of mental health conditions was excluded from these organisation-wide communications and support structures leaving the climate of silence unchallenged.

Further, for Tanith the understanding of employee voice that was perpetuated throughout the organisation contradicted the form of voice communicated by the aforementioned organisational activities and support structures:

> *"There is an inconsistency in our understanding of voice. We [referring to her team] want employees to speak openly and freely, similar to physical health conditions, you know? I was off because of XYZ and saying the honest answer, the real answer. That to us is voice. But really, [TransportCo] only care about employees formally telling line management that they have a condition, and that's driven by these business benefits of voice. That we need declarations, for records to be made, so there is an inconsistency and it is frustrating. Really bloody frustrating."*

> Tanith, OH Manager

For Tanith, the promotion of OH's understanding of voice was limited due to the power centred role of management in the determination of what voice means in

relation to these voice systems; this was a limitation that was recognised by OH who acknowledged the importance of more dynamic forms of voice for employees within the workplace. For her, whilst the support structures had successfully provided a degree of catharsis and support for many employees, the climate of silence persisted within TransportCo because of the narrow, business orientated understanding of voice that persevered within the organisation. For example, engagement with the aforementioned support structures was a seen as a form of *therapeutic* voice by OH, in which the content was often intimate and personal details shared confidentially with a professional from OH. However, whilst employees may engage within the aforementioned support structures, this did not equate to them having 'a voice' at work. This type of voice activity did not constitute employee voice because the individual had a voice as a patient or participant rather than as an employee. Employee voice was a form of voice wherein the employee spoke up about their mental health issue as an *employee*, as the name suggests, specifically to line management. TransportCo was seen to give priority to aspects of employee voice that were centred on essentially business-related issues, and therefore they simultaneously structured silence over a range of issues, reducing the richness and resourcefulness of these voice campaigns from the perspective of OH, and creating a voice agenda that determined what issues could be voiced within TransportCo. This voice agenda referred to the schema of issues that TransportCo had determined were of precedence and required a voice within the organisation, such as disclosure. The employer therefore also chose what issues silence reigned supreme within TransportCo, prescribing what can and cannot be voiced within the workplace.

The process of structuring employee silence through the development and maintenance of a voice agenda that only includes certain voice issues can be seen more explicitly through line management understanding of employee voice. It was found that despite the organisational strategies and support structures that were established regarding mental health within the workplace, there was a rigid

understanding of employee voice that was adopted by line management that remained unchanged, which can be explored through the perspective of Jackson. Jackson worked within line management and described how he had directly encountered the costs of silence through his experience within the role. Although Jackson had only been in his line management position for a year, he had managed an employee who had stated that she had a physical health ailment that impeded her productivity and impacted her punctuality. In reality, the employee was using a physical condition as a disguise to hide her mental health condition from management. As Jackson described, this employee's silence hampered his ability to effectively manage her condition, which in turn meant his resources, that is his time and expertise, were erroneously invested in managing the wrong condition.

> *"This one employee, well she kept saying she had a 'physical health*
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> *problem' and I spent time having meetings with her to try and get a*
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> *grips on it. Control it, get her back to performing how she used to as*
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> *she was a high performer. After spending months on this she went off*
>
> *sick. Only then did it come out that it was bi-polar and she just didn't*
>
> *want to say… I'd spent all that time managing a made-up illness. It was*
>
> *frustrating actually."*

Jackson, Line Manager

Within Jackson's narrative, there was a strong emphasis on controlling the situation and regulating her behaviours, which he was unable to do as a result of her silence. Referring to her bi-polar disorder as 'it' he almost discredits the human, emotive nature of mental health issues, reducing them to issues that simply require managing and addressing within organisations. By suggesting "*she just didn't want to say*" implies that her silence was a casual, blasé decision that had no rational justification. Consideration of why the employee engaged in silence remained absent from his argument, reiterating how line managers perceived employee voice through a

business lens. This was strengthened by the continual references Jackson made to performance, demonstrating that the purpose of employee voice was determined by the business need.

Similarly, other line managers expressed that they had been oblivious to an employee's mental health condition due to the employee's engagement in silence. This was interpreted as a lost opportunity to adopt measures to prevent their subordinates from taking a leave of absence, or to re-establish their normal level of productivity. The managerial understanding of voice was thus centred on voice as a transmission of information required to improve business efficacy. Thomas, a line manager, alluded to what this voice would mean in practice:

> *"We just need disclosure, that is disclosure of the real condition… If we know what we are dealing with we can begin to manage it."*

<div align="right">Thomas, Line Manager</div>

The purpose and content of voice was narrowly defined through a business imperative lens, wherein employee silence was understood as a barrier to effective management. This illustrated the inconsistency that was highlighted by OH between the notion of voice publicised by the organisational activities that had been implemented and the understanding of employee voice practised within TransportCo by line managers. Disclosure was the most frequently mentioned and stressed manifestation of voice amongst line managerial participants, with the foundations of disclosure matching the rhetoric of the business case: disclosure was generally understood as the act of declaring substantive information that would be beneficial for the organisation.

Line managers gave a limited number of examples of such information, depicting the precise, limited and rudimentary details they required employees to state. This act mainly involved the disclosure of the individual's medical diagnosis, an informative

understanding of how this diagnosis impacts their work, medication and in some select cases whether any reasonable adjustments can be made. The content of the employees' disclosure was therefore tailored closely to the needs of the business, reaffirming the business case rhetoric that management perpetuated. Emphasising this institutional focus, participants from line management made the statements "we need" and "I need" repeatedly when describing the content of disclosure, reiterating that the concern for the organisation appeared to be at the forefront of managements' objectives:

"We only need the nuts and bolts. Not a life story, not a big grand speech, just "this is what I have, this is what I am prescribed', and sometimes 'this is what you can do for me Jim'".

Jim, line manager

"Some people want to tell you more, believe me not many but a few do. You invite them, sit them down and they start telling you 'in the beginning…'. I don't need to know that, it won't help me do my job."

Hugh, line manager

For many participants, this disclosure was seen to be a one-off activity between management and the employee that provided the manager with the information required to proceed. This was conveyed by the language chosen by managerial participants, such as Jim's use of the word 'just' when describing the information he required. The first two types of disclosures he refers to, regarding the employee's medical diagnosis and prescription medication, are closed responses that require no further detail elaboration as more elaborate descriptions were perceived to be redundant on the grounds it offered no value to TransportCo. Some participants from line management explained that disclosure was presumed to be limited to one instance. As Greg (line manager) noted, once the employee had disclosed it was

permanently on their HR records, often alongside any information the manager may require. These were the individual's official personal files that were used for internal purposes, wherein anyone with authority, such as those in HR, management or line management, could access the file and read the employees personal details. This, in turn, made it unnecessary for disclosure to reoccur, confining it to a one-off act. Voice thereafter was thus presumed to be unwarranted and excessive, without any benefit to the organisation.

The problem with the understanding of employee voice offered by line management was that it pertained to a simplistic understanding of disclosure that did not accommodate the multifaceted and complex nature of mental ill health. This became evident when the employees with mental health issues explained both disclosure and their experiences with mental health conditions. There was the assumption shared amongst these employees that TransportCo was treating the disclosure of mental health issues akin to physical health, disregarding the major differences that made the disclosure of mental health distinct from its perceived counterpart. The disclosure of mental health was described by the employees with mental health issues to be a process rather than act, with a series of exchanges, stories or experiences being shared over time to result in a more all-encompassing understanding of the individual's condition. For example, numerous employees explained how their mental health issue was a permanent problem that continuously went through waves of deterioration and recovery. A one-off disclosure was not sufficient to depict their continuous navigation of their mental health condition, wherein sometimes they needed extra support and other times they did not. As Jacob explained, his mental health issue was in a constant process of fluctuation:

> "It changes throughout the year. I am fine most of the time, but it seems
> that twice a year it [his depression] just comes back. Its kind of like the
> weather, I know a storm will come, I just don't know when. And then I

know the sun will soon follow. I need to say when things are fine and

when things aren't, as when its bad I begin to be late, not do all of my

work, it just gets too hard."

Jacob, Depression

Through his metaphorical language, Jacob details the importance of being able to re-disclose his mental health condition and reaffirm when he is stable and well. The fluctuations and unpredictable nature of their mental health condition meant that disclosure was in a continual process of renegotiation. The act of disclosure was therefore not an all-or-nothing phenomenon as the line managerial understanding of voice suggested, but a perpetual, interactive *process.*

From the perspective of the employees, the disclosure iterative process referred to the series of disclosures that the employee engaged in that often needed to be continuous so that they could achieve a certain end, such as receive support, reasonable adjustments or simply for their line manager to remain updated on the state of their mental health. However, for Danni, an employee with post-traumatic stress disorder, disclosure was a far more intricate and personal process than TransportCo perceived, which was entirely subjective and dependent on the employees own experiences and mental health issue. This intricacy referred to the complicated and detailed elements of disclosure that were determined by her experience of PTSD, which meant that her experience and voice could not fit or conform to this narrow understanding of disclosure, which can be seen in the following narrative:

"I got PTSD because of [a trauma] that happened to me. Sitting in a

room with a man asking me stupid questions that don't even scratch

the surface of what it's like to live with this just isn't appealing to me. I

don't want to tell someone who doesn't care about my well-being: hey I

have PTSD, as I've been through hell. I'm not just disclosing so they

can write it down, put it on my file and do nothing about it for me."

Danni, Post-Traumatic Stress Disorder

Danni was unwilling to, as she put it, "indulge [TransportCo]" with her diagnosis because of managements narrow, "uncompassionate" understanding of disclosure that she felt was determined solely for the needs of the business. For Danni, disclosure needed to be more loosely understood to encompass the subjective experience of mental ill health and the sensitive information that often is shared during this process. She explained that through stating she had PTSD she was revealing that she had experienced a trauma, which stirred feelings of vulnerability and exposure for Danni. The disclosure of her medical condition meant she had to relive her past experiences and process them again; this information could not be shared within the confines of an act of disclosure, that is a one-off declaration of the crux of an individual's condition.

The narratives above illustrate how the richness of the voice process was restricted by line managements predetermined focus on the disclosure of an employee's mental health issues, constraining the employees' agency to voice issues that did not fit within the parameters of voice set by management. Silence beyond disclosure was not a communicative choice because it was not on the agenda to begin with; TransportCo's rigid understanding of disclosure organised out the issues they wanted to voice from the voice agenda, which in turn made voice less attractive and shaped their decision to remain silent within TransportCo. This voice agenda became clearer when the employees with mental health issues themselves explained their understanding of employee voice regarding what they wanted TransportCo to recognise, acknowledge and include on the voice agenda, albeit this was not reflected.

5.6   Employee expectations

The organisational strategies the employees had seen TransportCo engage in, and the support structures OH had implemented, built an expectation that TransportCo pertained to a more supportive understanding of voice that was partially founded on a morally grounded, social justice imperative. As Emily explained, she expected a moral supportive voice process that would benefit both TransportCo and her needs:

> *"I kind of feel a bit stupid. Like, I know that all organisations always put the business first because that is how business works, but because I'd seen their campaign for mental health and that they were now working with Time To Change I thought it would have been different. I sat down with my line manager and told her that I had bi-polar… I don't know what I expected but I know it wasn't this. And she didn't care about how it impacts me, no, she cared about how it impacted the business, so she only wanted the bear minimal from me… I felt like an idiot, so I said to her I didn't want to talk about it again and to not bring it up with me."*

> Emily, Bi-polar Disorder

As Emily's narrative illustrates, there was a clear disparity between the purpose of voice and what the employees' expectation of what voice would mean in reality. She wanted to go into more detail regarding her bi-polar for the purpose that the information would be used to support her within work; instead she was only asked to disclose certain details for the purpose of the business. Similarly Ben, who was diagnosed with depression, explained that from his own experience of depression within the workplace TransportCo did not accommodate or encourage his voice beyond disclosure even though he wanted to go into more detail about his condition:

> *"I don't want to disclose only what [TransportCo] want. I don't want it to be just that: "I have depression", cue end of conversation. No, I want to*

be able to really talk about it, you know actually have a conversation

about how it effects me and how they can support me."

Ben, Depression

What Ben wanted was to build a rapport with his line manager and others who had mental health issues within TransportCo, wherein he could talk more freely about aspects of his condition without restriction. For him, in an ideal world line managements' conceptualisation of voice would include open dialogue, which refers to any exchanges that occurred between a manager and a subordinate in which more private and personal information could be shared. This is evident through his use of the word conversation, which indicates that he wanted informal interchanges of information, thoughts and feelings to take place. For many, including Ben, voice was described in relation to the social exchanges they had with their peers. For these participants, the content of voice and to whom voice could be directed was therefore wider. This form of voice was termed social voice as it was namely characterised by friendly, day-to-day social exchanges between colleagues that were everyday conversations that were social in nature. These social exchanges were repeatedly described as 'small talk', wherein rather than serving a functional purpose the topics of conversation were namely uncontroversial and often happened in social settings, such as at lunch or during breaks. These social exchanges presented employees with opportunities to voice their mental health condition to their colleagues in which they had the agency and power to choose what they voiced and how much they voiced; this made it distinct from line managements understanding of voice that compelled employees to disclose their condition. An example of social voice frequently described was when the employees colleague enquired into the employees' well-being through asking how they were or why they were off work, or simply during conversations that arose organically within work. Such exchanges reflected the notion of voice that employees held revealing a stark contrast between

line managements understanding of voice and the employees' definition of voice within the workplace.

These social exchanges were mainly closed-circuit exchanges wherein the employees would consciously only choose to engage in a candid conversation with the colleague/s they were close to, which Samantha describes:

> *"You get so many people ask: 'how are you?' at work every day. I say that I lie to 95% of them. When those I am friends with outside of work, or just those I trust generally, ask: I tell the truth… sometimes I will pull my friend at work aside and ask if I can talk to her if I am having a particularly tough day. But again, only because I trust her. "*

> Samantha, Depression and anxiety

For Samantha, trust was a pre-requisite for an honest response during these day-to-day conversations that arose organically, which in turn meant she only engaged in a few closet-circuit exchanges regarding her well-being each working day. However, sometimes she initiated the conversation with the colleague she was closest to within TransportCo, wherein she had more detailed conversations with her colleague. These intimate exchanges happened with colleagues that were considered friends to the employee, reaffirming the foundation of trust in which these conversations took place. Whilst it was indicated that closed-circuit conversations were driven by the impetus to receive support, suggestions were made that open-circuit exchanges were motivated by altruistic motives. Open circuit conversations were exchanges that were characterised by candour and honesty; rather than being limited to a few employees, the employee would engage in these exchanges freely and openly with a wider number of employees. Less information was withheld within these exchanges, with information and experiences being voiced and discussed without hesitation or censorship. As Jacob explained:

"I am open about my mental health in the office in the hope it will make

a difference… All the shit I went through, if it made a difference to one

person then it was worth it".

Jacob, Depression

From the perspective of employees like Jacob, having open and candid day-to-day conversations was a tool to challenge the stigmatising attitudes and beliefs that permeated TransportCo. There was the attitude that stigma needed to be challenged from the bottom up as it these daily conversations could also perpetuate a climate of voice within the workplace. For Jacob, through engaging in these open-circuit conversations he was contributing to the normalisation of mental health conditions within the workplace, breaking down the stigma that made employees choose to refrain from being honest about their condition to their colleagues. Although mental health and physical health were perceived to be distinct from one another, when several other employees spoke about how they wanted to engage in voice they made this comparison to physical health conditions. What they were referring to was not the similarities between physical and mental health conditions per se, but how it was spoken about within TransportCo. The employees wanted TransportCo to understand voice in the same way they understood voice for physical health conditions; it was suggested that TransportCo had a climate of voice for physical health ailments wherein more informal exchanges could take place in private or public arenas without the fear of stigma and discrimination.

Further, these employees explained that unlike physical health conditions there was a lack of a formal voice structure for employees with mental health issues within TransportCo, which are any officially sanctioned voice channels particular (a vertical channel of communication that is directed upwards to the line manager and has an established structure and protocol) that are tailored to employee voice regarding mental ill health, such as disclosure, and also the existence of specialised mental

health policies and procedures. The richness of the disclosure was restricted because the absence of a formalised voice channel meant that the employees' disclosure arose organically and in different ways. For example, Tamsin, an employee with a personality disorder, this two-way communication happened over email, whereas for Jacob, an employee who was diagnosed with depression, this conversation happened in person during a Personal Development meeting. For Thomas, TransportCo developed and meticulously executed various voice structures for the expression of other personal issues, yet neglected the implementation of voice structures tailored to mental health issues, as he explains:

"People don't care about mental health really. It's all bravado. The say disclose, but how? There isn't a formal process, like if you disclose that you are an alcoholic or if you are gay or transgender (pause) there are channels especially for that with actually policies and procedures tailored to that issue. Mental health, well you just have to take the jump and hope for the best."

Thomas, Depression

Thomas's reference to disclosure as a 'jump' illustrates how the lack of a predetermined structure posed an element of risk because the process thereafter was uncertain and unplanned. Within his narrative there was a sense that this was unjust, primarily because other invisible issues and characteristics had formalised and agreed structures to support the employees' disclosure, revealing a disparity between mental health and other invisible minority groups, such as LGBT employees. The scope, range and embeddedness of TransportCo's organisational strategies were therefore understood to be only shallow deep and not truly integrated throughout the organisation. This illustrates how TransportCo served to inhibit voice and enforce silence through not providing avenues for employees to officially disclose their condition and highlights the disparity between their strategy and practice.

For Jane, another stark contrast between the treatment of physical health conditions and mental health conditions within the workplace were the responses voice received from colleagues and particularly line management:

"If my manager asked how I was and I said actually I feel like shit because I have the flu, they would say "Go home! Get yourself better!". If you were in hospital with a broken leg you'll get a card, flowers, whatever on your desk when you return but if you are in hospital with depression all you'll get is silence. Nothing, except the pressure to pretend it didn't happen at all. You'll return and you'll get crickets. Wouldn't it be nice if we could voice mental health like we do physical health? No second thoughts about it, just to be able to say "this is how I feel" and that be OK, to even receive sympathy."

Jane, Depression

Jane's narrative demonstrates the way in which peoples' response to voice greatly impacted the employee's perceptions of voice and silence within TransportCo. Her comparison reveals the contrasting experiences of voice between those with mental and physical health conditions and how a climate of silence continued to reign supreme within TransportCo over both employee voice and social voice. In addition, Jane's narrative introduces how line managerial responses played a role in perpetuating a climate of silence over mental health issues. The following section highlights the ways in which management can fashion a climate of silence through their responses to an employee's voice despite the toolkits they received as part of TransportCo's strategy to educate line managers on how to respond to an employee's voice regarding mental health issues. Described are the ways line management reinforced the climate of silence through mainly deaf-ear syndrome, breaking confidentiality and discrimination.

5.7   Line managerial responses to voice

5.7.1 Deaf ear syndrome

Jane's narrative highlights one of the key responses of line management that fostered a climate of silence within TransportCo, reinforcing the perception that disclosing a mental health condition to line management was not worth the effort. As Jane explained in the narrative above, an employee's disclosure can be met by silence from the line manager. Her use of the metaphorically descriptive phrase regarding crickets suggests that management were totally unresponsive to her disclosure. This phrase is often used to describe how voice is greeted with complete silence, suggesting that because of this degree of silence you can even hear crickets chirp. A few other respondents used similar metaphors to describe their experience of disclosure, in which the most pertinent and widely used metaphor described silence as tumbleweed:

"I had said it, and like it was just a tumbleweed moment. I was waiting for my manager to say something, anything, but no there was nothing. Not for a good few minutes, until it was almost like I'd not said anything at all."

Emily, Bi-polar Disorder

"I remember sitting there and thinking please say something, like the anxiety of waiting for that initial response is unreal. I can't put it into words. There was tumbleweed in the room, it was so awkward, and I just thought "please say something!". God, it was awful."

Tim, Bi-polar Disorder

Both the above narratives use this metaphor to depict the pervasive silence of line management during their first instance of disclosure, wherein the employees described their experience in which their voice fell on what can be termed 'deaf ears' (Peirce et al., 1998). Deaf ear syndrome can be understood as line managerial

inaction once a mental health condition is disclosed. This inaction was found to have two different manifestations: a lack of response; and managerial inaction. Firstly, and as Emily and Tim's narratives depict, many employees felt their words fell on deaf ears because of the lack of response that their disclosure was met with. In such instances, the line manager remained completely silent and did not appear to formally or informally acknowledge the employees' disclosure. As Emily continued to explain, her line managers silence meant that there was no official recognition of her attempt to disclose her depression within TransportCo; this in turn meant that there no action taken by line management to support her voice, a response that Emily expected she would have received:

"I walked away from that meeting and it was literally like I'd said nothing. He never brought it up with me and nothing was organised like I thought it would have been, you know, some sympathy or support as I went through that awful ordeal. It was strange, and to be honest I will never get over how it was dealt with, or rather that it wasn't at all. At all."

Emily, Bi-polar Disorder

As Emily's narrative illustrates, it was not only her line manager's literal silence that characterised her experience of deaf ear syndrome, in which her manager refrained from vocally responding to her disclosure. In addition to this, her line manager did not acknowledge her disclosure thereafter, mainly through making no enquiries into her well-being and by not taking any action to support her at work. As she stated, *"it was like it never happened".* This links to the second form of deaf ear syndrome: some employees explained that whilst their line manager acknowledged their disclosure it did not materialise into anything thereafter. This manifestation of deaf ear syndrome refers primarily to the inaction of line managers post-disclosure, which impacted the perceived authenticity of disclosure within TransportCo, as Nancy illustrates:

"I thought that you know, you disclose and something will be done.

There is no point in disclosing something as personal as PTSD if

nothing is done. Like it is all good and well that my line manager

listened, or appeared to listen, to my voice if nothing is done… they

have all these campaigns that tell you to disclose and that you can etc

etc but what is the point if nothing comes of it? I didn't disclose for fun."

Nancy, Post-Traumatic Stress Disorder

The word 'appeared' used in the narrative above implies that Nancy felt that her line manager did not genuinely listen to her voice as nothing was established post-disclosure. The disclosure of the employee's mental health condition fell into a vacuum as if they had not disclosed in the first place, and this fostered the perception that disclosure was an ineffectual activity that brought little to no benefit to the employee. For the most part, there was an assumption shared amongst the employees with mental health issue, which Nancy's narrative demonstrates, that the organisation had made implicit promises to listen to the voices of those with mental health conditions, as conveyed through the attachment to good practice TransportCo had made and the organisation-wide communications they had implemented. Almost predictably, this inaction systematically generated a feeling of injustice amongst the employees with mental health conditions, fostering an environment that discouraged other employees from disclosing their mental health condition to line management. The silence, lack of response and inaction on the part of line managers meant that many of these employees described their experience with disclosure with a considerable amount of cynicism, rendering disclosure as an ineffective form of voice. For instance, Sara offered a critique of the organisational commitment TransportCo made by signing the Time To Change pledge. Through her rhetorical question she queries the authenticity of TransportCo's attachment to good practice regarding

mental health in the workplace and in doing so she reflects on her feelings of injustice:

"How can you sign a pledge if you are not actually going to carry it through? I actually thought things would change. I feel stupid for even thinking that."

Sara, Depression

Similarly, Tim explained how due to his experience he has now become cynical of disclosure within TransportCo:

"I decided that I wasn't going to do that again. Nothing came of it, it was just a waste of my time and made me anxious for days... Before, I thought that its important to speak up about these sorts of things, and I would have always encouraged others to I reckon. Now I know what happens, which is fuck all, I'd say don't waste your time."

Tim, Bi-polar Disorder

Tim reduces his disclosure to 'that', reinforcing how to him disclosure was a futile activity as employee voice fell on deaf ears. There was a sense of frustration and disappointment within Tim's narrative that depicts how he rendered disclosure a waste of an employee's time and energy, as not only did deaf ear syndrome lead to inaction but it consequentially heightened his anxiety symptoms. The act of not being truly listened to had a snowball effect on the voice climate within TransportCo, as many employees, such as Tim, described how they would actively discourage employees from disclosing to their line managers. As these attachments to good practice and organisation-wide communications raised employee expectations, when they were not met feelings of injustice meant that these strategies strengthened the

climate of silence regarding mental health issues; these shortfalls therefore rendered voice as ineffective, ironically reinforcing the phenomena it was trying to challenge.

Whilst the employees whose narratives have been explored above had disclosed their mental health condition to line management this did not equate to them having a voice per se. The employees' experience of deaf ear syndrome significantly shaped how they navigated the silence process, and for the most part these employees made the conscious decision to remain silent thereafter, reclaiming their agency through proactively choosing to withhold the information that management demanded. For these employees' disclosure was confined to a one-time phenomenon, however for a few employees interviewed they repeatedly attempted to be heard by their line management, albeit each time their disclosure fell on deaf ears. For instance, James was an employee in operations who openly expressed concern over his own mental health condition, explicitly stating several times that he needed help and support from the organisation's OH department. This was until finally he recognised that his line manager would continue to minimise the seriousness of his mental health condition and discharge any attempt he made to seek support from OH; thereafter James made the conscious decision to remain silent from his manager, as he explains:

> *"He was very dismissive and it got to a point where I begun to say to him something is really wrong here. I said I want to speak to occupational health and he repeatedly say well it doesn't really work like that, dismissing it almost… I realised i was going to get nowhere, so I just shut up. It's quite funny you just get my heart beating just thinking about it. I think and feel awareness of managers is very, very, very lacking."*

> James, Depression

The continuous dismissal of James's mental health issue from line management was clearly a very stressful and negative experience for James that caused him to get anxious and upset during the interview, which he vocalised above. James's line manager was unresponsive and failed to listen and support him until he was signed off work with severe depression, or as James described he "*eventually fell off the cliff*". This expression alludes to intense emotional suffering that James felt, implying that there was a continual decline in James' mental state that in the end meant he could no longer cope with his depression at work. The word 'eventually' suggests that James expected this to ultimately happen because he expected the intensity of these symptoms would continue to worsen James felt his absence could have been prevented but that line management actively ignored the amount of stress and work they were placing on subordinates. Angered and frustrated by the response of his line manager, James exposed the lack of understanding from line management on his return to work. He actively engaged in open circuit conversations and informed his colleagues of what he called "*the dangers of disclosing*", which spread across the office perpetuating the assumption that TransportCo has a hostile climate when it comes to the disclosure of mental health issues.

Keren described a similar experience, in which she explained that her line manager repeatedly dismissed her disclosure despite her stressing that her symptoms were worsening and that she could no longer cope. Eventually Keren reached a point where she had to take a leave of absence, as illustrated in the following dialogue between the interviewer and Keren:

> Interviewer: "Had you said it was all getting a bit too much?"

> Keren: "Oh I said it loads of times, yeah loads of times".

> Interviewer: "And did he take any notice?"

Keren: "Not until one day I went into work crying and that continued for

three days so I saw my GP and that's when it was all set in motion and

I went off sick".

Keren, Depression and anxiety

Keren's disclosure continually fell on deaf ears until the day she was signed off work by her GP; akin to James, she felt that only then did her voice get heard in terms of it being acknowledged and that action was put in place. For both Keren and James, this was argued to be primarily because line managers "*had to*" listen to an employee as there were endorsed policies and procedures that a line manager needed to enact when an employee was signed off sick from work. This once more suggests that there were no officially sanctioned structures for when an employee disclosed their mental health condition that was discussed earlier in the chapter.

Nevertheless, what was pertinent about these two employees' experiences was that it fostered a feeling of injustice amongst the employees, which in turn impacted the perceptions within the employees working group that disclosure was not worthwhile. Although Keren had not disclosed to her working cohort, her colleagues became aware of her condition because her mental health condition had become no longer invisible, as she visibly and noticeably had symptoms of emotional distress whilst in the workplace. This refers to the three days she explained she had spent at work crying, which she labelled her 'breakdown', wherein her had severe and incapacitating symptoms were marked, visible indicators of her depression. This suggests that whilst mental health conditions are considered invisible, there are discernible symptoms that are clear representations of mental ill health and mental distress, such as being tearful or changes in an individual's behaviour. As Keren's colleagues had witnessed her 'breakdown' within the workplace and the lack of support she received, the negative perceptions regarding voice within the workplace were reinforced, as Keren asked rhetorically:

"When people can see what's happened and knows that happens it doesn't encourage you to come out with it, does it?"

Keren, Depression and anxiety

When Keren returned to work her colleagues enquired how she was, Keren explicitly explained her "ordeal" to her colleagues, a description which denotes her feelings regarding her experience as both prolonged and painful. Her engagement in open circuit conversations regarding her injustice had the potential to intensify her colleagues' negative perceptions about the utility of voice, as she explained that it prompted a general reluctance amongst subordinates to disclose any information regarding mental health. The following narrative describes some of the responses she received when she explained her experience to her colleagues:

"One of my colleagues told me that she'd never trust our line manager with personal information and that if she ever, god forbid, had a mental illness she'd not disclose it. Ewan who's on my team was the same. He told me that sometimes he has really bad anxiety… He'll never disclose now, I think I scared him and rightly so, it's really fucking scary that you can't confide in your manager about these things".

Keren, Depression and Anxiety

Keren's injustice generated a feeling of fear amongst some of her colleagues about the potential responses they could receive for disclosing their mental health condition. There was a great sense of mistrust that emerged from her engagement in social voice, her experience exposing that employee voice can fall on deaf ears that in turn reaffirmed that voice was not only not worthwhile but potentially dangerous insofar it can have negative repercussions for the employee.

5.7.2 Confidentiality

In addition, there was also mistrust of line management in reference of confidentiality. For many they had not directly witnessed this was a line managerial response, rather it was a response they feared. The employees expected the information they disclosed to be recorded by the line manager privately, but that this information would not to shared further without their permission and could not be accessed by other employees; however, it was rumoured that line managers were not respectful of an employee's confidentiality and would potentially share their personal information without consent if it would benefit the business. For example, James was reluctant to disclose his mental health issue to his line manager mainly because he feared that TransportCo's organisational focus would impact how his line manager would share this information post-disclosure:

> *"It's definitely about the confidentiality aspect there is still a lot of mistrust in the business … [TransportCo] will always work to their benefit and not the benefit of the person."*

> James, Depression

Once again, employees such as James explained how the business imperative overrode any moral imperative for employee voice and illustrated how this precedence negatively impacted the voice climate; this in turn meant that disclosure was presumed to only serve the organisation within TransportCo. This scepticism meant that many employees had little or no confidence that their disclosure would be kept confidential within TransportCo and refrained from engaging in employee voice as a result. Yet, for other employees they themselves had witnessed others or their own confidentiality being broken. One employee, Sara, explained that she had consciously chosen to return to silence post-disclosure when she was informed that her confidentiality was not at the standard she had presumed it would have been, which was that information regarding her mental health condition could not be

accessed by another employee. This breach of confidentiality emerged after she had spoken to her colleague about her line manager making an official record of her mental health condition in her own personal employment records. Unlike her line manager's records, any other employee with authority could access these records, which meant that they could become aware of her mental health condition. This breach of confidentiality meant Sara became mistrustful of her line manager and began to retain any information regarding her mental health condition, as she explains:

> *"He said there should be nothing on your staff records anywhere about you having a mental illness, it should not be on your staff records, but my boss publicises this, he's writing down and stays in his record on my performance. It makes me scared that if something goes wrong he may not be sympathetic."*

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Sara, Depression

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From a different perspective, Henry was both a line manager and an employee with a mental health condition who explained that due to this dual understanding he therefore had an insight into how an employee's personal information was dealt with post-disclosure. Confirming the experience of Sara, he himself had witnessed that information was not always kept confidential amongst line managers. Henry explained that the privacy of the individual was not always respected amongst line managers and that included his own. He had seen and heard other employees' mental health condition being voiced informally amongst line management and he was aware that he would be no exception. In fact, Henry had evidence that confirmed this: his line manager had been informed of his attendance to mental health services by someone on his behalf, despite not being asked if he was comfortable for them to do so. This made him regret sharing any information regarding his mental health

issue in the first place and closed the voice process for him thereafter, illustrating how, once more, the perception that voice was not worthwhile was reinforced.

5.7.3 Stigma

However, not only was there the perception that employee voice was not worth the effort, there was also the perception that was dangerous insofar the employee will be stigmatised by their line manager for having a mental health issue. Similar to confidentiality, for many employees this fear was speculative and was not grounded on the any experience of stigmatisation for having a mental health condition by management. Rather, this fear was built upon the culture of stigma that perpetuates various negative assumptions regarding mental ill health. Whilst Chapter Two will go into greater depth about how the stigma of mental health has historically being embedded within society, for the purpose of this Chapter the line managerial response of stigma itself will be explored, illustrating how the experience of stigma reinforces that the perception that disclosure is a dangerous insofar it can have negative consequences for the employee.

Whilst the majority of participants explained that they were fearful of facing stigmatisation for having a mental health condition, for some their fear was not speculative. These few participants explained that some of their line managers had responded negatively to their formal disclosure regarding mental health issues, stigmatising them for having a mental health condition and had discriminated against them as a result. A key example was Mike, whose formal disclosure during an absence with depression initiated a series of potential discriminatory practices from his line manager that could be perceived as tantamount to his constructive dismissal, which was in process at the time of interview. Mike returned to work after a mental health related absence and was first informed that he had been removed from his original role on a temporary basis to protect his well-being, primarily because his project was of high responsibility and was particularly stressful at that moment in

time. However, despite wanting to return to his original post, Mike was organised out of his role slowly, confining him to a role with less responsibility, fewer skill requirements and with less enriching job content:

> *"My manager just used it [his mental health condition] as an excuse for taking me out of my job and when I first came back he said you need to take it easy for a few weeks, then months, then at Christmas he said we've got a special project for the team; let that run for the Olympics and well sort it out during the Olympics I went and they had appointed someone else for the job …they then just used it with no process and sort of just removed me from the job and still paid me."*

> Mike, Depression

As Mike explains, his line manager had appointed someone else to his job without informing him and subtlety assigned him tasks that he was over qualified to do and he did not enjoy; this in turn caused him more stress as Mike's competency had not been effected by his mental health condition. On the contrary, Mike was an employee whose value was recognised throughout the organisation as he had invested time into the organisation to improve its management and efficiency, such as his implementation of an apprenticeship scheme. He was put forward for a National Rail Award and an Internal Thank You Award as a result, which illustrated his capability and innovative thinking. Regardless of this recognition and his "*countless good appraisals*", he remained confined to a job of less importance:

> *"They gave me same other tasks to do which I am happy to do and I am paid by the company… but they just sort of use it as an excuse to move me out which added more stress."*

> Mike, Depression

As his narrative demonstrates, post-disclosure he was demoted, treated differently during social interactions with line management and was no longer considered to be an employee of high value. Mike felt that his line manager had purposefully structured his work in such a way that would organise his reassignment through creating an environment that was unappealing and less gratifying. For him, this was an example of the discrimination and stigmatisation that can occur after disclosing a mental health condition as he strongly felt these responses were clearly a direct consequence of his absence with depression. Mike explained that in response to his line manager's conduct he intended to terminate his employment through requesting that they gave him voluntary redundancy. Mike's experience exposed how line management could, in extreme cases, constructively dismiss an employee because of their mental health issue. Although constructive dismissal was clearly a unique managerial response that was not the norm within TransportCo, this scenario was exactly what many participants explained they were fearful of. The responses of line managers, both perceived and experienced, therefore contributed to the climate of silence that was perpetuated within TransportCo.

5.8   Line managerial explanations

Shifting back to the perspective of the line manager, amongst a few line managers there was recognition of these negative line managerial responses and the impact it had on employee perceptions of disclosure. Some of the line managers interviewed explained that although these responses were damaging and unproductive there was an explanation for these negative actions, or lack of in the case of deaf-ear syndrome. Despite the organisations endorsement of communications tailored to educating line managers on mental health issues, which were explored at the start of the chapter, many line managers still did not know how to respond to conversations regarding mental health on an interpersonal level. This consequentially meant that they could not manage these conversations beyond the disclosure of mental health issues, thus restricting voice to the narrow understanding of voice described.

One explanation stated by some of the line managers interviewed was tied to the assumption that employee's tenure adequately prepared them for the role of line management. TransportCo's internal promotion process was tied to seniority, which meant employees often were promoted to the role regardless of their relevant skills, personality traits, capability to problem solve, or ability to manage effectively. As one line manager described it, this unintentional career choice arose organically and therefore line management was a role he "just fell into" without any understanding of what the role entailed. For this line manager, tenure was the main contributing factor to the promotion process, wherein the prospects of promotion were perceived as rewards to employees who demonstrated a commitment to the organisation over time.

However, the internal promotion process itself was not inherently problematic. Most line managers accepted their line managerial position without any knowledge of what the role entailed beyond delivery management. This was partially because TransportCo had structured line managerial roles to be centred on hard management skills, for instance Terry (line manager) explained that when she was recruited to line management there was "*little or no training beyond the basics of managing a team to get to targets, to get results and to deliver*". She described that there was a predetermined focus on the technical aspects of the line managers' role, 'the basics' referring to their responsibility to day-to-day management their employees, such as the monitoring of work, checking the quality of an employee's work, developing employees to reach their targets, and measuring employee performance. The overarching operational objective that underpinned these activities was delivery, the term delivery meaning the efficient execution of their line managerial responsibilities so that the benefits to employee performance and organisational performance could be reaped, such as reduced absences, increased punctuality, improved output and efficiency.

As Frank's narrative illustrates, there was a long chain of command within TransportCo whereby all layers of the hierarchy had pressure placed on them to deliver certain 'promises', these being the targets that their team were set:

> *"So you have the peer managers managing it and then the peer's boss, the line managers and there is an awkwardness there as it goes up the chain in management. You've got managers making promises to their managers and then them making promises to theirs all the way up the chain and that's all that matters… if you don't deliver your promise, then well you are buggered. So, you need your team to do well as you will be the one who gets the hit if they don't."*

Frank, Line Manager

This pressure was heightened by the threat of being reprimanded if they did not deliver their targets, such as receiving criticism from their superior or having their credibility tarnished. One line manager, Ewan, explained that TransportCo's delivery objective was measurable, quantifiable and time-based with rigid boundaries that gave no space for line managers to provide any explanations for delays in their achievement; for example, if an employee had a certain target that they were unable to meet line managers were not given the opportunity to explain the reasons behind this failure to meet this target. As Ewan explains, the fear of penalisation meant that line managers were continually preoccupied and focused on meeting their delivery targets:

> *"A line manager is always focused on the delivery aspect because if he doesn't deliver he gets penalised then those who manage their performance have a problem; it can be quite an uncomfortable place to be. You have to bear in mind that the focus of line management is on delivery, not necessarily on the individual's own ability to deliver it."*

Ewan's narrative denotes the difficulty line managers can face when they have an employee with a mental health issue, primarily because the targets set are determined by the organisations expectations of what should be achieved by an employee, rather than what the employee can deliver at a particular time. There was no scope for him or any of his team to fail to meet these benchmarks, even if an employee had a legitimate reason for not delivering to TransportCo's standards. From Ewan's perspective, this emphasis on delivery significantly shaped how the line manager managed his/her staff, as their job role pressured line managers to place precedence on delivery over the employees' own personal reasons for not meeting their targets:

"If an employee goes off work and that period of time off work is extended, the line manager instinctively becomes annoyed 'you look fine, why are you not at work delivering?"

Ewan, Line Manager

The line managers interviewed explained that if they were not in a workplace environment they would have offered the individual support and empathy, but when they were within work and adopted the façade of a line manager, they would often get angry or frustrated with the employee because of the pressures on them to deliver. For instance, Dorothy (line manager) felt that outside the workplace she would never respond to mental health conditions the way she would in work:

"It's not who I am. But I am not who I am when I am in work, I am a line manager and that means I can't have a big heart to heart or tell them it's going to be ok because I still need them to do the work… If my team isn't delivering then my job goes under scrutiny, then I'll be on the opposite side of the table stressed out."

Dorothy had to disguise her normal emotive response, such as compassion and understanding, and respond in a way that was not a part of her normal persona. This cognitive dissonance stemmed from their job role as line managers to always put delivery first, wherein her identity within TransportCo was first and foremost a line manager. Her true self, that is who she was outside of work, was left at home due to her fear that it would otherwise threaten her position if she did not adhere to the expectations that was placed on line management. Some line managers expressed guilt for responding to an employee's voice with hostility, or by only focusing on how they can return them to work and their normal levels of productivity. The line manager had to remove the 'person' from the equation and view the employee simply as a resource they had to deploy and manage to extract the most amount of value from.

Line managers were therefore able to solve and operational problems yet were inept with dealing with "*human problems, such as mental health, a family breakdown or grief*" (Megha, line manager). As Phillip (line manager) described, line managers received training on the general tasks, functions and responsibilities of being a line manager, yet the soft management side of the job role was clearly neglected within these training sessions:

> *"The basic objectives are sort of different for a line manager. You have*
> *peer reviews, peer timetables, peer budgets that you have to deliver*
> *within the time frame and that's the cycle of life where the focus of a*
> *manger is. If by and by amongst that you have to manage people and*
> *generally speaking is that managers are well prepared on programmes,*
> *programme management and all the physical aspects of delivering. But*
> *they are exceptionally badly prepared and training in terms of actual*
> *people management. There is a big deficit there in knowledge and the*
> *struggle of managers is to handle these sorts of affairs."*

The line manager's narratives revealed that delivery was at the forefront of line managements' agenda, which detracted the significance of the softer side of line management. TransportCo's primary focus on delivery detracted from the line manager's ability to perform activities that were not written in their job description. The delivery aspect of a line manager's role was given precedence over any other aspect of their role, which in turn impeded line managers' ability to support their staff with a mental health condition. One line manager, Laura, explained how TransportCo failed to take a vested interest in the employees as "*humans*" and instead the organisation perceived employees to be impassive "*cogs in a machine*", reducing them to parts of the organisation rather than as individuals with emotions who could have mental health issues. Consequentially, there was little focus on the intangible interpersonal soft skills and traits that line managers needed to embody to manage mental health conditions within the workplace, as Laura explained:

> *"The actual softer management is something I am thinking is severely lacking from the conversation, that development always gets put on the back burner for delivery."*

Laura, Line Manager

The conversation that Laura is referring to relates to the ongoing prescriptions that are conferred to line managers by TransportCo, establishing the traits, attitudes and skills they should utilise to line manage effectively from the perspective of the employer. Line managers expressed the need to have the skills, traits and knowledge to engage in conversations regarding mental health issues and relative problem-solving skills to address what needs to be done to support that individual. Henry was a line manager who argued that TransportCo failed to inform line managers that in these softer skills were detrimental to their role, emphasising the unwritten role and duties of a line manager to support their employees:

"To be a line manager you need to be a bit of a amateur counsellor, psychiatrists, GP and friend… you need people management skills".

Henry, Line Manager

The comparison Henry makes to these other types of job roles and relationships demonstrates the breadth of a line manager's responsibility. These job titles are indicative of a therapeutic relationship built on trust, wherein the information shared relates to the individual's feelings and experiences within a confidential setting. His suggestion was that managers need to be trained how to listen empathically and provide guidance thereafter, much like a GP or a friend, providing employees with a safe space to talk openly and candidly about their emotional pain without any judgement. There was a clear disparity between the explicitly communicated role of a line manager and the unspoken, invisible aspects of a line managers job role that the above narratives describe; this demonstrates demonstrating a need for training and insight into this implicit part of a line manager's job.

As TransportCo did not provide soft skill management training, the participants explained that they had to independently learn these skills through experience on the job; progress was therefore being made organically, albeit slowly. Daniel described his history of line management within TransportCo, recalling the moments he became aware that his line managerial responsibilities extended beyond policy and procedure enforcement:

"I can remember one of my first line management jobs in my mid-to late-twenties that I found that quite daunting and I regularly I would be very weak and do the minimum necessary and hide from the because it was just too difficult. Grown men in their 50s going through divorces and having a breakdown in front of me and I didn't know what to do. How would you know? How would you be prepared to support somebody who was going through difficult thing like that?"

Daniel, Line Manager

Albeit now Daniel felt he had a strong soft skillset to draw upon, at first this lack of knowledge, understanding and awareness meant he felt too overwhelmed to manage mental ill health and refrained from doing so. Daniel found it extremely difficult to manage the situations he described and at first explained that he was completely ill-equipped to provide interpersonal support that went much deeper than he had anticipated. This was not because he did not want to provide this support; rather he claimed that it was his lack of training and experience that consequentially made him disheartened and demoralised. Daniel therefore had to go through the strenuous and overwhelming process of learning as he continued his line management role, developing his soft skills over time.

5.9   Conclusion

This chapter has explored the ways in which the case study organisation, TransportCo, has responded to increasing pressures to challenge the pervasive silence of mental health issues. Through the implementation of an overarching organisational strategy to tackle the climate of silence around mental health issues, namely through attachments to good practice, organisation-wide communications and information provision, and OH support structures, TransportCo was shown to be proactively advocating the voice of employees with mental health conditions. However, what has been a central thread of analysis throughout this chapter was that these organisational efforts were not embedded within the organisation. On the contrary, this chapter has highlighted the ways in which TransportCo as an institution served to inhibit voice and enforce silence over mental health issues, revealing a series of contradictions between the organisations strategies and practice. What is pertinent in this analysis was that management established a voice agenda that prescribed their narrow definition of employee voice as the disclosure of substantive information regarding an employee's mental health condition. This voice agenda

silenced other more dynamic forms of voice, such as therapeutic voice and social voice, that were seen as important to OH and the employees with mental health issues themselves.

Despite the emphasis placed on employee disclosure, there are a series of contradictions that limits an employee's ability to engage in the disclosure process. Unlike other minority groups, the lack of a formally sanctioned voice structure meant that employees did not have the avenues in which to voice their mental health condition to management; rather these voice activities occurred organically within the workplace. These contradictions generated a feeling of injustice amongst the employees with the mental health issues themselves, which in turn perpetuated a climate of silence within TransportCo; the organisations strategies therefore ironically reinforced the silence it was attempting to tackle. The ways in which line management responded to voice (deaf ear syndrome; breaching confidentiality and stigmatisation of employees) reaffirmed employees' perceptions that voice was either not worth the effort or was dangerous. Explanations from line managements' perspective as to why line managers respond negatively to voice highlights another shortfall of TransportCo's strategy for mental health. Although TransportCo had implemented communications specifically tailored to line management, in which knowledge and guidance regarding conversations about mental ill health was presented, line management continued to feel like they were ill-equipped due to the precedence placed on delivery and hard skills.

Overall this chapter re-focuses the silence debate by emphasising how silence can be institutionalised within the workplace, restricting employee agency. The unitary bias regarding what it means to have a voice within the workplace, combined with the lack of a formalized voice structure, line managements' response to voice, the lack of specialized training for line managers and the precedence placed on hard skills within line management presents an interesting and critical lens in which to understand why

climates of silence continue to be perpetuated despite the implementation of organizational strategies and support structures that claim to tackle the climates that it conversely reinforces. Further, this chapter, alongside Chapter One, sets up the foundations for our understanding of employee silence and provides fruitful insights into what it means to remain silent.

Chapter Six: Barriers to Voice within TransportCo

6.1   Introduction

The purpose of this chapter is to determine and understand the barriers to voice and the impediments to the successful implementation of organisational strategies and support structures. These issues are examined from the perspective of the employee with mental health issues, and therefore the workers' own understanding of employee voice is embraced. This broad understanding, as presented in the previous chapter, includes the formal articulation of an individual's mental health condition to management through disclosure, mainly through the statement of a medical diagnosis. It also incorporates the informal social exchanges employees can engage in with their working cohort, in which the content of voice can be broader and more intricate than its formal counterpart. However, precedence is given to exploring the barriers to the disclosure of mental health to line management as impediments to the organisations success in challenging the pervasive climate of silence.

This chapter offers an alternate reading of silence that focuses on how an employee's agency to voice their mental health condition within the workplace can be constrained by culture and context. To begin with, this chapter identifies cultural assumptions, values, beliefs, attitudes and rules that were particularly inhospitable for employee voice, making strategies to build a climate of voice ineffectual. It is important to note the conceptual distinction between culture and climate: culture signified the assumptions, characteristics, expectations, values and beliefs that existed within TransportCo; whereas climate referred to the widely shared *perceptions* among employees regarding voice within the organisation.

The disparity between the cultural values espoused by TransportCo's organisational efforts to establish a climate of voice and the organisation's deep rooted cultural

system will be explored: the concept of good worker and the good co-worker are introduced to develop an understanding of fundamental restraining forces that perpetuate a climate of silence regarding mental health issues. This notion of the good worker is based on the stereotyping of perceived traits that constitute a 'model' employee in relation to migrant workers (MacKenzie and Forde, 2009), and is applied to the current case using four facets of the culture of TransportCo: the organisation's military heritage; the precedence on performance; the gendered assumptions that pervade TransportCo; and the stigma of mental ill health. Attention is drawn to how these facets of the organisation's culture, alongside broader cultural norms, reinforce the archetype of the good worker and good-co-worker, thereby restricting employee agency through a prescription of silence.

The mounting pressure to conform to the good worker archetype and remain silent within TransportCo is thereafter explained in regards to the continuous reorganisation of TransportCo's organisational structure by management. These reorganisations, combined the pressures to maintain in employment due to the recession and with the job-specific nature of the employees skill-set, are explored to illustrate the ways in which context can constrain employee agency and perpetuate a climate of silence regarding mental health issues is considered. Lastly, the silence practices that many employees engaged in to deliberately withhold aspects of their mental health condition to either line management or their colleagues are discussed, these being the disguise of good health; how stress is used to masquerade their mental health condition; positioning mental ill health absences as a form of misconduct; and the use of humour as a silence practice within TransportCo.

6.2   Culture of Silence

Although TransportCo had implemented various organisational strategies and support structures to perpetuate a climate of voice, as discussed in the previous chapter, the employees with mental health issues themselves described how there

was a clear disparity between the values they espoused and the deep-rooted attitudes, beliefs, opinions, behaviours and rules that permeated the organisation; this, in turn, created a significant obstacle to the success of their implementation. Jesse, an employee who was self-diagnosed with depression, emphasised that whilst TransportCo presented itself as a supportive organisation that accommodated voice, through its pledges and its recent mental health campaign, this was cancelled out by the cultural assumptions that were entrenched within TransportCo that reinforced a climate of silence, as he explains:

"I guess there is a lot to do with the culture of the company; it's not in the culture. Whilst all of the management tell you "we're very open, you can tell us anything"- you can't… this silence you speak of, it's in the culture."

Jesse, Depression

The use of the words '*in the culture'* to illustrate his argument suggests that this climate of silence could not be easily changed or challenged because employee silence was a concrete facet of the organisations culture. The culture of TransportCo was perceived to constrain his agency to exercise his voice within the workplace, enclosing the voice process and enforcing silence. Similar to Jesse, Daniel highlighted the incongruence that existed between the message TransportCo presented on the surface and the belief system that it embodied beneath this. Daniels scepticism of TransportCo's value commitments was grounded on his negative experience of mental health within the workplace, as he discusses:

"I decided to tell my line manager that I was depressed. He did jackshit. He looked at me, judged me, then told me he'll make a note of it... It is just how the organisation is. They put on this make up and underneath it all is just another organisation, a business, with values that just don't fit with this 'lets get mental health' thing."

Daniel, Depression

Through the use of the makeup metaphor, Daniel reaffirms his argument that TransportCo only changed the organisations culture cosmetically, critically reducing these organisational commitments to "a *thing*". This reference has various connotations that depict these organisational efforts as trivial and insincere, suggesting that from Daniel's perspective these activities and structures were never taken seriously within TransportCo. The employees interviewed repeatedly raised this contradiction throughout the interview process. The iceberg metaphor used by Laura was a pertinent analogy that describes how the invisible aspects of the organisations culture were in conflict with the visible manifestations of its cultural system:

"Beneath the surface you'll find something else. It's like an iceberg, you look at all these articles and shit and think they get [mental health]. Then beneath all that (pause) beneath all that is a whole other world entirely".

Laura, Anxiety

The image of the iceberg depicts how beneath the surface there was a far more complex and intricate cultural system that could not be changed solely through visible symbols and displays that represented the organisations attachments to good mental health practice, such as through the use of the Time To Change and Mindful Employer logo's. As illustrated by her description of TransportCo's embedded culture as a "*whole other world"*, contrary to TransportCo's public commitment to mental health the organisations cultural assumptions were unsupportive and obstructive to employee voice.

During discussions on the culture of TransportCo, it emerged that there was a permanent, unwritten set of rules that institutionalised a culture conducive to silence regarding mental health, which an employee "*just knows" (Trudy, depression).* It was

suggested that the employees unconsciously shared these cultural assumptions and recognised these unwritten rules, which determined the beliefs, behaviours and norms amongst TransportCo's workforce. As Trudy illustrates, this expectation to conform to these prescriptions was not explicitly articulated, but rather was implied within the organisations culture:

> *"There is no rulebook. It doesn't say anywhere that you have to work this way or be this sort of person to work in [TransportCo]. I can't explain it, you just know. I think that's the way it's always been, and it won't change anytime soon… you just don't talk about it [mental health]."*

Trudy, Depression

The '*sort of person'* Trudy refers to suggests that within TransportCo there was an implicit expectation for employees to abide to a certain archetype. It was expressed that there was a set of assumptions, characteristics, attitudes and values that employees were expected to conform to in order to be recognised and labelled as a valuable employee. In the context of these cultural assumptions, such perceptions therefore represented a 'good worker ideal' as the prescribed standard. This rhetoric of the good worker refers to an archetypal employee that was based on the stereotyping of attributes, assumptions, values and behaviours that were praised within TransportCo; this conceptualisation was developed throughout the interview process.

This chapter will explore what constitutes this good worker ideal, however to introduce the core traits that characterised this archetype, strength and mental resilience were two attributes that repeatedly arose throughout the interview process. Although they were used interchangeably, these characteristics were not synonymous. There were slight nuances between the use of these two words within the employees' narratives: strength was perceived to be an innate personal trait that

reflected the employees' emotional stability, the ability to deal with difficult situations and ability to withstand emotional and workplace pressure. Resilience on the other hand referred to an employee's ability to quickly recover from emotional hardship and to adapt to adversity and calamity with ease. Grace, who had been diagnosed with depression, explained how her decision to remain silent was strongly influenced by the pressure within TransportCo to appear mentally resilient and strong:

"Obviously you can't talk about it because people either don't want to know or just can't cope with this person who is "weak" and the impression could be that person could be the weakest link in the team… there is no space for weakness here [TransportCo]. It's at your own peril, and believe me it's just not worth it. Why bother?"

Grace, Depression

Her reference to the limited amount of space for difference implies that employees did not have the capacity to engage in employee voice because of the overriding expectation to conform to an image of mental resilience. What was important about this worker ideal was that employee silence was explained and justified by this expectation, which implicitly communicated various unspoken traits and rules that denied the voice of those with mental health issues. Mental health and its articulation was perceived to hamper an employee's ability to fit the worker model; this was because of the discriminatory assumptions that were attached to mental health issues, depicting it as a symbol of weakness. For example, Judith described an incident at work that signified the importance of emotional resilience and strength that was at the centre of the good worker ideal:

"There was this horrific moment where I had to contain myself when I heard my manager talking to one of my team members after being ate and she was sitting there trying to explain and this was in an open area where people have lunch and such, and she was trying to explain

things and she was very upset, living and looking after her sick mother

and her reasoning was she was about to leave and she needed

support. And he said I appreciate that, but you have to come to work

and let's face it, your mother will still be ill when you get home. That's a

manager! That's a manger! It's just seen as "your weak for showing

emotion". And I find that quite scary and I think if I had been her I would

have probably lashed at him physically. I could not believe it. I was

stunned- I'm still stunned whenever I mention it. That set an example to

everyone: "buckle up and get on with it, that's what we expect here."

Judith, Depression

Judith's narrative illustrates how the widely shared assumptions of what constitutes a good worker promoted a perception that speaking up was dangerous, insofar that it detracted from their ability to conform to this archetype. These display rules were implicitly endorsed through day-to-day socialisation with her line manager within the workplace, as through his response the line manager prescribed the expectation that employees refrained from showing emotion within the workplace, implying that emotions were deemed a weakness. Four major facets of the organisations culture perpetuated this worker ideal and in turn determined how employees navigated the voice process, which will be explored in greater detail in the following section: these were the cultural assumptions that were associated with TransportCo's military heritage; the precedence placed on employee performance; the appraisal of masculine traits; and more generally the stigmatised attitudes regarding mental health that permeated TransportCo.

However, a culture of silence was not only structured from the top of the organisation downwards by management but was equally reinforced from the bottom up by TransportCo's working cohort, prescribing a good co-worker ideal as Judith discusses:

"It's not just management who think like this, it's your colleagues.

Those you sit in an office with. The pressure to be 'sane' is everywhere

because that is the culture here and in the world: 'we reward

conformity'. You don't conform as a worker or as a person... it's that

pincer effect. It wears your down... the difference is I think

[TransportCo] does it on purpose whereas everyone else does it

because that is what we are taught to do."

Judith, Depression

Judith's narrative introduces the concept of the good co-worker ideal and identifies a major distinction between this and the good worker ideal: the good worker ideal institutionalised by aspects of the organisations culture and was seen as deliberate, whereas the good co-worker was an unconscious activity characterised by compliance with universally prescribed assumptions, attitudes, behaviours, beliefs and values that were institutionalised within society and were shared amongst the employees working cohort. The employees' colleagues also reaffirmed the stigmatised attitudes and assumptions that have been historically tied to mental health issues, implicitly, and often explicitly, through their language, everyday behaviour and attitudes towards mental health issues within the workplace. Alongside the cultural values and beliefs that the good worker ideal inferred, the universal assumptions regarding gender and the stigma of mental ill health will be explored in greater depth later in the chapter. Whilst conformity to an ideal was what united these dichotomous forces, an understanding of the duality of these worker ideals will be deepened as each aspect of the organisations culture highlighted is studied further. How these good worker ideals constrained the employees' agency to engage in voice will be discussed throughout this chapter, illustrating how culture played a significant part in perpetuating a climate of silence within TransportCo.

6.3   Military heritage

In exploring how TransportCo institutionalised a climate of silence first, attention was drawn by some employees to its military heritage. Shortly after World War II, TransportCo began to recruit and rehabilitate ex-military workers, a tradition that they maintained in their recruitment strategies. Through providing ex-veterans with opportunities to work, TransportCo deliberately re-habilitated them back into society. TransportCo signed the Armed Forces Covenant with Minister for Defence Personnel and Veterans in 2016 to demonstrate their continuous recognition of the value of ex-armed forces individuals within the workplace. Numerous employee accounts described how the historic employment of people from the ex-military had left a set of predetermined ideals, values, attitudes and beliefs within the organisations culture. For example, Danny went into detail about how TransportCo's traditional military heritage was still alive and well, albeit implicitly within the organisations culture:

> *"Definitely in this company there has been an input from the military*
> *and there are traces of it around… Sub-survival, societal norms, a get*
> *on with it culture, what do you do anyway? So you talk up about it?*
> *What do you expect to happen no? Reasonable adjustments in the*
> *workplace? I don't know what would happen if you said these issues. I*
> *do like the idea of silence for those things that are beyond what we can*
> *talk about"*

Danny, Depression

For Danny, TransportCo's input from the military emphasised discipline and hierarchy with a predetermined focus on mental resilience, constituting what he termed "the get on with it ethos" of TransportCo. His use of the term 'sub-survival', a word that confers images of endurance within the army, illustrates this demand to continue to persist and persevere even after adverse circumstances or hardship; however Danny refitted the military focus of this word and transferred its attention to the organisation.

These sub-survival norms were therefore understood as the requirement to continue work despite any mental health issues the worker may have, wherein silence was a representation of this perseverance. The use of rhetorical questions stresses the assertion that this military influence shaped TransportCo's voice climate, wherein silence of mental health issues was a prescribed social norm. For him it was undeniable that this focus on employee perseverance perpetuated a climate of silence within TransportCo. This "get on with it" ethos emphasised the importance of strictly abiding to the organisation's implicit rules. This was symbolic of the organisations assumption that employees should be resilient to hardship and remain within work, persisting despite any challenges that existed outside of the confines of work.

During the interview process one event was repeatedly brought up as an example of this 'get on with it' ethos. There was an instance whereby one employee with a history of ill mental health committed suicide on the premises. There was a perception that, as Jake (Anxiety) said, that this tragedy was "*brushed under the carpet and forgotten about*" and, similarly, Jenny felt anything regarding ill mental health was "*brushed under that giant metaphoric rug*". Although this was an isolated case, TransportCo silencing of this incident was seen as a primary exemplar of the implicit rules and assumptions that these employees argued stemmed from the organisation's military heritage that were conducive to silence. As Jenny illustrates:

> *"We are dealing with a person here. An actual life was lost, right here. Right here! And what do they [TransportCo] do? Pretend it didn't happen. They keep going, ignoring it and its impact by being like "just move on". And you know what's bloody sad? We do. We carry on like nothing ever happened and keep our chins up."*

> Jenny, Bi-polar Disorder

Jenny explains how TransportCo was not responsive to the incident, demeaning the significance and tragedy of the employees' suicide. She felt that TransportCo's response was impassive and almost insensitive, neglecting the weight of this event and the emotional responses it stirred within the workplace. Albeit employees were resistant to these attitudes, this overarching attitude endorsed within TransportCo built the presumption that employees should continue regardless of the event, epitomised in her use of the idiom 'chin up'. This symbolised and mirrored the underlying expectation within TransportCo's culture to remain resilient and strong during a difficult period, wherein employees were expected to leave the incident in the past and continue. Jenny continued to discuss how this 'get on with it ethos' was reminiscent of the attitudes that pervade the armed forces:

> *"It's kind of like the whole "don't ask, don't tell" attitude that is in the US*
>
> *[army] and a massive part of that is to just move past it, get on with it,*
>
> *don't make it a big deal. And it is a big deal. It's a massive deal… when*
>
> *you look at the history of the organisation you can see the influence of*
>
> *the military. Is it a coincidence? I don't think so."*

Jenny, Bi-polar Disorder

The pressure to overcome adversity of hardship is pertinent in Jenny's narrative, a quality that she disputes through her discussion of the importance of recognising mental health conditions within the workplace. Her narrative strongly portrays the pervasive silence of mental health issues that can partly be attributed to the organisations military heritage, a silence that can be institutionalised through attitudes that reflect that of the US 'don't ask, don't tell policy. Until 2011, the "don't ask, don't tell" policy of the US military prohibited LGBT employees in the military service from voicing their sexual orientation and others from asking questions regarding the employees' sexuality (Lubensky et al., 2004). Historically, articulation of an member of the armed forces sexuality within the US meant that they could legally

be Mandated by US federal law, expression of an individual's sexuality while serving in the US armed forces meant that they could be discharged from service; this form dismissal has since become illegal within the US. Reference to this policy and its application to TransportCo and mental ill health convey that TransportCo denied the voice of employees with mental health issues and suggests implies that TransportCo rejected, denigrated and stigmatised the voice of those with mental health conditions wherein the articulation of an employee's mental health condition could lead to negative repercussions. It sent out a strong message that mental health and hardship were not spoken about within TransportCo, removing it from the voice agenda and perpetuating a culture wherein such issues were kept silent

Nevertheless, there was another facet of TransportCo's military influence that pervaded the organisations culture and influenced the assumptions that perpetuated the good worker ideal. It was suggested that TransportCo's military heritage imposed the expectation that employees should respond to orders without question and comply to this good worker ideal; voicing a mental health issue would indicate disobedience to these traditional unwritten rules, exposing that the employee did not fit the standards prescribed by TransportCo. As Andrew describes, this mirrored traditional military styles of working that had been entrenched within the organisation over time:

> **"***But the culture changes do not challenge that long established military power … it's kind of- let's get people who will respond to orders, people who will do as they're told.***"**

> Andrew, Depression

In comparison to the military, Andrew stresses how obedience to a given set of 'orders' within TransportCo fostered a culture of silence regarding mental health issues. These orders referred to the execution of their job role and an employee's mental resilience, which inadvertently placed the instruction on employees to remain

silent about their mental health issue. For instance, one line manager described how it was estimated that every year TransportCo incurred 130 fatalities on the train line. Although there were well-developed protocols put in place to support the train drivers who witnessed a fatality, TransportCo still "*expects you are resilient and can just get back on with the job*" (Tim, Train Driver). Train drivers felt that TransportCo pressured employees to be compliant and that it was their responsibility to return to work quickly; voice was interpreted as disobedience that represented a lack of commitment to maintaining the resilient and strong image employees were expected to display, as Tim continues to discuss:

> *"[Train drivers] are expected to get back to work almost immediately, just get back up again and carry on… if you don't get back to work or it takes you longer than the norm then you're seen to not be good at your job, you're not doing what the big man tells you to do… there is the expectation that you can witness shit and for it to not affect you. And it's heavy stuff, suicide or accidents when people accidentally fall. It's happened to me a few times and it's really fucking awful, you feel responsible almost."*

Tim, Bi-polar Disorder

The 'big man' refers to Tim's employer and suggests that there is a prescribed set of 'orders' that employees are required to follow to be recognised and/or praised for their work within TransportCo. Although witnessing a casualty was clearly an emotionally distressing experience for employees like Tim, an unwritten part of being a trainer driver was to portray resilience outwardly through returning to work quickly and silently, withholding the emotional responses that were triggered by the casualty. Remaining silent was therefore crucial for the employee to manage the presentation of themselves as one that conforms to the military heritage of the organisation,

embodying traditional traits that were stereotypically perceived to be rewarded within TransportCo.

6.4   Performance presentation

Another facet of TransportCo's culture that presented an obstacle to employee voice was its emphasis on performance presentation. The employees described how their line managers placed a significant amount of pressure on employee performance, in which performance referred to the rate of physical and/or mental input to work tasks performed during a working day. Whilst line management explained that they faced pressures to deliver, interestingly the Layer Two employees used the word performance to describe these pressures. The irony was that the employees with mental health issues themselves explained performance in terms of how they purposefully managed the presentation of performing outwardly and explicitly to management; this conveys that although the employees had a mental health condition they had to act as if it did not exist so that they could present themselves as employees who were capable to perform. Through her description of what she termed "the perfect worker", Lucy explains how TransportCo constrained employee agency through prescribing silence as a part of employee performance:

> *"The perfect worker is one who performs, you know: gets the work*
>
> *done efficiently and silently. They don't value you if you can stand up*
>
> *and say proud 'I am bipolar'. They don't care. Reach your targets and*
>
> *that's it. We are just cogs in a well-oiled machine and cogs aren't*
>
> *meant to have a lot to say."*

Lucy, Depression

Through describing TransportCo as a machine, Lucy emphasises how the employees within TransportCo felt that they were reduced to mere components of a larger entity, removing the employee's individuality and human nature. The objectification of employees as 'cogs' stressed how there was an implicit expectation that employees

were not meant to have a voice such personal issues, primarily because it detracted from their primary function within the overall organisation. Through such attitudes and through placing precedence on performance related targets, line management dictated what issues could be communicated upward institutionalised a climate of silence, establishing the social norm that employees remained silent as a part of their performance within the workplace.

Equally, many employees explained that due to the prejudice that was tied to mental health that portrayed those with mental health issues as unproductive and poor performing employees. Gary, an employee with PTSD, described how he purposefully remained silent to protect his image out of fear of the negative repercussions of breaking away from this employee archetype. Gary's narrative conveys the precedence placed on the need to both perform at work and present an image of performance at work. The image of performance was equally as important as the actual conduct of the work itself, principally because it serves as a platform to conform to the appropriate worker identity endorsed by TransportCo.

> *"[Management] only see what you want them to see. They want someone who can work hard and get them these results so they can look good, and that is what they see: "oh Gary is always in working hard, working extra hours, taking on extra work", and that image is so important here. So, so important. But they don't see the PTSD, I can hide it and remain in the closet as it's all in my mind. The racing thoughts, the anxiety… it's not like a broken arm. You only can see it if you are shown it."*

> Gary, Post-Traumatic Stress Disorder

Silence was therefore was a code of behaviour that was sanctioned by TransportCo, yet was also a strategic decision independently made by Gary to project a specific identity within the workplace. Gary used silence to create a favourable image of

himself in light of the ideal employee attributes that TransportCo expected him to convey. The invisibility of his mental health issue therefore provided a platform to masquerade as an employee who was mentally healthy; the non-visibility of mental health conditions therefore was an important tool that employees could use to exercise their agency over what they portrayed in the face of the managerial expectations discussed. Helen's narrative depicts how for her it was crucial to consider the negative assumptions that were tied to bipolar when she was navigating the silence process as she thought her mental health issue would damage her image as an employee who could perform:

> *"People think bi-polar is a life sentence. Like if I don't say anything they just don't know any different. They think I can do my job and do it well, but I know the moment I say anything then peoples' perceptions will change. You know? Bipolar means unreliable, uncommitted, erratic, crazy… just saying those words changes everything. I don't want my manager thinking I can't do my job."*

> Helen, Bi-polar Disorder

Albeit these assumptions were erroneous and were ill-informed, she felt that the damage that would be done from disclosing her mental health condition to her line manager would be permanent and detrimental to her career within TransportCo. Helen's decision to remain silent silence was driven by her fear that this label would remain attached to her throughout the duration of her employment, branding and defining her by the negative stereotype that employees with mental health issues are not as high performers as those without. The use of silence as protection from the prejudice of mental health issues regarding performance was a common experience amongst the employees with mental health issues, which Jane describes:

> *"There are such pressures to reach targets, perform, perform, perform and well mental health issues would give you a big fat stamp on the*

forehead: I can't do my job. Well we all know that's wrong, but people

just don't want to risk it. So it is almost like being gay, you remain in the

closet. Through remaining in the closet you are safe, you are still the

hard working, amazing employee you have always been (laughs)."

Jane, Depression

As the metaphor of the 'stamp' implies, the disclosure of mental health issues branded employees and segregated them by placing them into a category of employees that are construed as employees who are unable to perform to a high standard. Whilst the rhetoric of the closet is inextricably tied to the history and social dynamics of LGBT individuals, Jane transfers this metaphor and applies it to her experiences as an employee with mental health issues. This description grasps the forces and pressures of both society and TransportCo as an institution in silencing her mental health issue, as the closet was safe from the derogatory assumptions that could taint an employee's image of performance. These extreme examples stress the silencing power of the pressure to perform combined with the prejudice of mental health issues, illuminating the importance of fitting the image of the archetypal employee within TransportCo.

6.5 Gendered assumptions

Through discussing workplace performance Jane also introduced another important facet of the organisations culture that was conducive to employee silence:

"As a woman in a male dominated workplace I need to stress that I can

do my job even more. It's an extra pressure as they favour a masculine

way of working here… if I disclosed my depression it would be a death

wish."

Jane, Depression

As both a woman and an employee with mental health issues Jane felt a duality of pressures to remain silent, exposing the gendered assumptions that pervaded TransportCo and how this influenced her decision to remain silent. She felt that if she disclosed her mental health condition it would lead to the metaphorical death of her career within TransportCo because of what she termed the "macho culture" of TransportCo designated and stigmatised mental health issues as a feminine issue. The dominated corporate culture was seen to be one of the biggest barriers to employee voice within TransportCo for both men and women because the various cultural assumptions, attitudes, rules and characteristics that have traditionally been assigned to men were favoured, namely performance and strength. Jane's assertion that assumption that men largely dominated the composition of the workforce was supported by the workforce figures provided by TransportCo, which revealed with male employees making up 77.7% of TransportCo's labour force. The prominence of men within TransportCo was extended across all levels of TransportCo's hierarchy. Women's representation in senior management reflected their representation across the organisation, with 22.3% of senior managers being women. Whilst these figures provide a numerical overview of gender within TransportCo, it was the assumptions attached to a person's gender that established a culture wherein silence was an institutionalised norm.

The under-representation of women within TransportCo established a structure of dominance and oppression of women and femininity within the organisation, mainly through the reinforcement of this '*masculine way of working*'. These processes and cultural assumptions determined the reproduction and institutionalisation of heterosexuality. Heterosexuality was taken as normative within a TransportCo whereby biological gender roles and culturally accepted norms prescribed certain attitudes, values and characteristics based on the employees' gender. Heterosexuality was normalised within TransportCo: the employees' narratives

stressed how TransportCo was dominated by a masculine cultural style, wherein

precedence was placed on masculine qualities and characteristics. When asked what

masculine traits, attitudes and behaviours were commended within TransportCo, the

following response repeatedly arose: the participants felt that this notion of

masculinity implied strength, which referred to restricted emotions, mental resilience

and tenacity; showing any emotion or vulnerability was perceived as an unfavourable

feminine trait that represented weakness. At the crux of the masculine ideal was

therefore mental strength, primarily because of strength was identified as a natural

characteristics that has historically been presumed to be intrinsic to men; men were

therefore seen to be naturally impervious to any emotional issue, such as mental

health issues. Whilst the employees were subject to these gendered assumptions,

which influenced how they presented their gender in the workplace, they also

internalised these values themselves. This internalisation of heteronormativity is

illustrated in Thomas's narrative, wherein he talks collectively, almost as a

spokesperson for his male working cohort, insinuating that this is an experience that

men share as a collective group based on their gender:

> *"[Men] don't bring their problems to work. We just aren't wired in that*
>
> *way. We talk about daft shit, nothing that we are struggling with… I*
>
> *think men feel the need to seem like they are coping. 'Be a man', that*
>
> *sort of thing."*

Thomas, Depression

There is a clear bias within Thomas's narrative that assigns the expression of

emotion as a female characteristic. The expression of vulnerability, such as mental

health issues, was therefore perceived to be an inherently female activity that men

did not engage in to reinforce and accentuate the characteristics that constitute their

masculinity. The colloquial phrase 'be a man' was repeatedly used amongst the male

participants and was emblematic of the pressures men faced to conform to the

archetypical traits that were tied to their gender. Mental health issues was presumed to be an obstruction to the employee's masculine performance, which referred to how an employee presented themselves within the workplace through employee voice, social interactions and facial and bodily displays. For Ben, this presentation of mental strength and resilience had a major influence on how he navigated the silence process. Employee silence was therefore a crucial tool that was adopted so that Ben could masquerade as a stereotypically masculine employee portraying himself as resilient to hardship and emotional adversity. The pressure to conform to this notion of masculinity and convey strength was further illustrated by:

> *"When I was going through a rough patch I constantly said to myself:*
> *"I'm a real man. I can deal with it". I needed to just keep going and*
> *going… this is just what we [men] do".*

Ben, Depression

Ben's expression of a 'real man' signifies a culturally endorsed set of internalised standards that men have to adopt to reaffirm and strengthen their masculinity, reflecting the understanding of masculine characteristics previously discussed. Ben felt that he had to engage in silence to maintain a masculine gender identity within TransportCo, an implicit norm and rule sanctioned by this masculine worker ideal. When discussing the influence of gender on employee silence, the participants' narratives were often accompanied by other interesting and influential mantras, such as "*man up*" and "*grow a pair*"; these highly gendered phrases that suggested the individual should adopt masculine characteristics and avoid any emotional display that could be deemed feminine, as Phil's narrative illustrates:

"When I feel crap at work I feel like I just need to grow a pair. Like for Christ sake, I am a 42 year old man with kids and I want to cry at my desk. But I don't. I can't. I just carry on"

Phil, Depression

For Phil, silence was not a communicative choice because of the pressures to perform masculinity and conform to heteronormativity, which inadvertently required the repression of any emotion deemed feminine. Masculinity was a detrimental part of Phil's identity, which was portrayed in his description of himself in terms of his gender role and age. He strongly internalised the values that were seen to be typically masculine and described himself through his male gender role. Phil describes himself as a father, which demonstrates how he felt the need to reaffirm his masculinity by justifying his sex role as a provider and head of the family, and by citing his age it was also suggested that he understood masculinity to mature over time. This suggests that for Phil the pressures to be a strong, resilient male were not only institutionalised through TransportCo but also were internalised through his own understanding of masculinity. TransportCo was not the sole force that created this masculine ideal; rather, the employees of TransportCo overtly favoured masculine behaviours, suggesting that the notion of a masculine, heteronormative worker ideal was also constructed at a grassroots level. Logan explained that within TransportCo the male working cohort would reaffirm their masculinity through how they socially interacted with other male colleagues, what he called "*the bravado effect*". Logan described how his male colleagues, including himself, would display their masculinity and over emphasise masculine qualities, mainly through initiating jokes to reinforce their gender identity. The performance of masculinity through humour was linked to being an employee with status within the work group, in which femininity was undermined. As Logan describes:

"Men have this thing where they want to be seen as the joker. If you

can make people laugh you gain popularity almost. It's a constant

competition of who is the funniest. And of course it's always not exactly

politically correct and offensive. Not on purpose or anything; it's just

that sort of humour. You know, "you're such a girl", that sort of thing."

Logan, Depression

There was a sense that masculinise humour performances provided a platform for employees to establish their power within their work group and reinforce their gender; through endorsing their masculinity they therefore could be a "real man". As a result, Logan did not feel comfortable breaking away from the strong male image by disclosing his depression to his colleagues. However, this humour often expressed powerful social taboos, reiterating stigmatising attitudes and assumptions that contrasted with TransportCo's espoused values. For instance, Logan described how those who expressed emotions were labelled "*a sissy*", a word that alluded to the image of someone who was effeminate, timid and essentially the opposite of the masculine worker ideal within TransportCo. Similarly, despite being perceived as a humorous statement, being called "such a girl" implied that being called female was an insult, degrading the opposite sex and rejecting femininity. This ignited a stream of jokes which de-masculinised the individual and perpetuated oppressive and patriarchal cultural assumptions.

This culture that placed precedence on heteronormativity and masculinity did not just silence men. Numerous female participants explained how they needed to remain silent about their mental health condition, as through voicing their mental health condition they exposed further that they did not conform the prescription of masculinity within TransportCo. Jenny expressed how she remained silent about her bi-polar disorder because of what she termed "*the gender thing*".

"As a sector it is seriously male dominated… There are a lot of issues

of being a young woman in a male dominated environment. I think I

have played the part in feeling that I can't come forward to speak about

my depression and how it was affecting me at work.**"**

Jenny, Bi-polar Disorder

Jenny withheld her condition from her male cohort to protect herself from being seen as "*just an emotional woman*". The word 'just' was key in her narrative as it emphasised the heavily gendered assumptions that existed within TransportCo, diminishing the importance of her condition. She accepted that this was the norm by stating that she played the part by not coming forward. The female participants interviewed continuously justified these gender norms as it was seen as the status quo. For example, Tanya dismissed the negative response she received from her colleagues when she had a conversation with them regarding her mental health issues and defended their actions by arguing

"*But that's the macho culture. It's in the culture. It all makes sense."*

Tanya, Depression

Tanya's narrative expresses an attitude that was shared by the female participants that the organisations culture was resistant to change and would continue to praise heteronormativity. There was the risk that if a female employee did voice their mental health issue within their work group, they would no longer fit in with the majority; their feminine traits would have been reinforced and exposed, reiterating that they conformed to the characteristics, assumptions and traits assigned to their biological gender role. For Donna, she felt that she was clearly alienated by her male working cohort after taking a period of time off for her mental health issue:

"The whole thing was like, she's not the strong one anymore. Walking

on eggshells, wearing kid gloves. They'd tell me to get over it… I just

saw that change when I returned to work."

Donna, Anxiety

As a result, Donna was labelled when she returned to work and treated differently by

her male colleagues as her mental health condition presented her as feminine. She

was no longer seen as 'strong', the central masculine attribute, which hindered her

image and position within her male dominated work group. Donna was not the only

employee who was labelled, and in many ways alienated, from her working cohort for

displaying feminine qualities. During a training day Gabby and her colleagues were

asked to do a personality test to explore the ways in which they worked and dealt

with issues. Gabby was the only employee amongst her male cohort who was pigeon

holed as "the feeler" and who was thereafter the subject of humour and ridicule for

her test result, drawing attention to her embodiment of what TransportCo perceived

to be 'feminine traits':

"It's also very male dominated. They are just so practical. Its not the

strong look after the weak or we look after each other. It's wrong. Like

we did a team personality test to see how we fit together and I come

out as a feeler and they said that is very rare here. We don't get many

of 'them' here. Then my boss would ask me how do you think this

person feels?"

Gabby, Depression

When her line manager referred to employees who deviated from the predominant

masculine personality of TransportCo as "them", she implies employees who were

feelers, being those who embodied emotional personality traits, were separated from

the majority who displayed what was perceived as typically masculine personality

types, creating a 'us' and 'them' polarisation. Those who did not abide to the prevailing culture of masculinity within TransportCo were marginalised and alienated from the rest of their working cohort, as Gabby explained,

"*It was a bit like you are on the naughty step for wearing this colour.*

'She's the feeler'."

Gabby, Depression

The metaphor of the naughty step reveals how Gabby felt ostracised from her work group and stigmatised for her engagement with her emotions. She, like many others, remained silent about her mental health condition to protect herself from segregation from the male majority. Gabby's experience was a pertinent example of how TransportCo's macho, heteronormative culture impacted female employees decisions to remain silent. Nevertheless, similar to the male employees, the female participants cited how they performed masculinity and remained silent about their mental health issue, as Jenny describes:

"Imagine this: you're sitting in a room full of men and you are the only woman. I couldn't say anything… I had to 'act man'. Suck it up and just keep it to myself."

Jenny, Bi-polar Disorder

The precedence placed on masculine norms silenced Jenny, pressuring her to appear strong and impervious to mental health issues similar her male working cohort. There was an understanding that Jenny could perform masculinity, regardless of her biological gender, suggesting that masculinity was more strongly defined by the characteristics, assumptions and norms that an employee could adopt. For example, Jessica adopted what was presumed to be masculine traits in order to overcome this gender barrier, despite internally struggling with a mental health condition:

"I just didn't feel able to talk about it with anyone really… I think it

probably is you know on a general level something that can affect

women in a male dominated environment quite substantially. I think you

have to have a certain confidence in order to operate effectively, I

guess, as a woman in a male dominated environment, if you are not

necessarily able to take that sort of attitude it and be quite sort of

confident then it could really impact whether you talk about your mental

health."

Jessica, Borderline Personality Disorder

In comparison, Diane explained that when she joined TransportCo she had to change the way in which she worked to fit in with her male working cohort. This included the hours she worked, how she ran meetings, how she dealt with various issues and how she presented herself to her colleagues. For Diane, she described how she had to adopt a masculine persona to not only be successful in her job role but also to be able to deal with the ways in which men worked together. She was seen as "*one of the lads*", engaging in office banter and hiding any characteristics that could be labelled feminine, such as her anxiety. Masculinity was therefore a trait that was not exclusive to men, but could be performed by women to distance themselves from femininity. Being subject to these gendered assumptions therefore institutionalised a culture of silence regarding mental ill health within the workplace, wherein an integral part of performing masculinity was remaining silent about mental health.

6.6   The Stigma of Mental Health Issues

At the crux of the three facets of TransportCo's culture that have been discussed was the stigma of mental ill health within the workplace. This has been a running theme throughout the narratives and can account for the negative attitudes the employees explained silenced them within TransportCo. The majority of participants stressed the egregious impact of the stigma of mental health had within TransportCo, particularly

how it created a hostile environment for the expression of mental ill health. There was a common understanding that TransportCo traditionally endorsed a set of stigmatised values, attitudes and assumptions in relation to mental health issues that significantly marginalised this vulnerable group of employees, such as Jessica who stated that:

"The culture here just is a feeding ground for stigma. Whilst the stigma of race, background, sexuality – that's changing. Well mental health hasn't, it still is stigmatised here. That's just how it is."

Jessica, Borderline Personality Disorder

As Jessica explains, the organisations cultural values, assumptions and attitudes provided a foundation for the stigma of mental health to accelerate. It was the stigma of mental health issues that provides an understanding as to why many employees remained silent within TransportCo, as employees feared being stigmatised and labelled as weak, not being resilient, being poor performers and being feminine. The cultural system did not challenge the stigmatised beliefs regarding ill mental health; on the contrary they provided a platform for the stigma of mental health to permeate the workplace. However, it was explained by the participants that this stigma was not idiosyncratic of TransportCo. On the contrary, these employees felt that this stigma was a reflection of the public stigma of mental health that was entrenched and preserved within society, and that the main components of this stigma (prejudice, stereotypes and discriminatory behaviours) were transferred to the organisation, as Andrew describes:

"It's society values of how we think we should be in the workplace, so on the whole [mental health] is a difficult subject… Our society means that this stigma still there and whilst that's there it will continue to be a difficult subject within the workplace, as the workplace is to blame here

too, [TransportCo], management, those in power, you know? They

keep that stigma going just as much [as society]."

<div align="right">Andrew, Depression</div>

Andrew illustrates how this stigma was pre-existing, yet despite its origins within wider society TransportCo also had an amount of responsibility for strengthening these stigmatised attitudes. His description of those with authority as "those in power" suggest that there are those within TransportCo who have a degree of control and dominance over this organisational stigma, which he demands should take responsibility for the negative attitudes that are tied to specific groups of employees. Examples of enacted stigma can be seen in the accounts of discrimination described in the previous chapter, such as the constructive dismissal of one employee who had a mental health condition. Whilst, to some extent, the individual's line manager enacted these accounts of discrimination, the organisation was seen as largely responsible for the actions of its employees and any stigma they acquired. For Andrew, emphasis needed to be placed on these widespread stigmatised assumptions because they were conducive to silence:

"There is a silence. It's a societal silence, not just a [TransportCo]

silence. And this silence is driven by the fear of the unknown. People

fear what they don't understand. The build an image up in their head

and that's that. There's no facts."

<div align="right">Andrew, Depression</div>

Andrew's narrative illustrates the poignant relationship between silence and stigma. This silence snowballed, informing the organisational norm that employees remain silent and censor conversations regarding this taboo subject. This silence was therefore seen to operate on a collective level with the employees' colleagues

reinforcing the widespread withholding of information, opinions, ideas or issues regarding mental health, based on the fear of engaging in taboo subjects of conversation. Andrew felt these universal assumptions adopted by his colleagues perpetuated the endorsement of certain stereotypes, wherein mental health issues were portrayed as "the unknown". This description suggests the experiences of those with mental health issues were deemed foreign, and this unfamiliarity and lack of understanding created a sense of fear and distrust. Andrew provided the explanation for the construction of this fear, arguing that the assumed complexity of mental health issues reinforced individuals' illiteracy of ill mental health, and this lack of understanding meant individuals had to rely on generalisations. Andrew highlighted a key stereotype that was painted with negative terminology, presenting those with mental ill health as dangerous:

"People think "psycho". All these horrible words that say someone is unstable and even dangerous, like "crazy", "mental", "lunatic". If these are the words people used to describe mental illness, I think that's more bloody scary."

Andrew, Depression

These derogatory terms were a part of the emotionally charged prejudice towards mental ill health, suggesting that those with mental health issues were unpredictable and potentially violent, served as objects of fear. These labels are representative of the process of categorisation, wherein an employee is perceived to be an outsider and part of "the unknown". Another stereotype highlighted among these employees was that those with mental health issues were incompetent, detracting from their ability to engage in skilful work. Jack argued that this stereotype had a detrimental impact on the employees' navigation of the voice process and recovery, as he describes:

"It is because a mental health issue is regarded as a weakness and

that's why unfortunately a load of people do not voice their illness or

seek treatment and that's why unfortunately a lot of people self-

medicate and try to develop outlets and that becomes an issue,

particularly for people with a mental health issue. They feel no one

should know about it and think a lot of people do not admit to anything

and unfortunately the more and more you try and hide it, the harder

and harder it will bite back."

Jack, Depression

Jack's narrative illustrates how this marginalised group have been managing their invisible stigma through engaging in silence, as through concealing their mental health condition they were able to avoid prejudice and discrimination within the organisation. Employee voice was not a communicative choice because the stigma of mental ill health structured silence within TransportCo.

For Jack, he believed this stigma had a pernicious effect on employees as it shaped the individuals behaviour to engage in potentially harmful behaviours, such as the use of self-medication, self-harm or even suicide, as previously discussed. The employee continues to struggle within the organisation and refrain from engaging in voice, energy that Jack felt could be invested in an employee's recovery. The reference to self-medication indicates the use of substances, either prescribed or those that have an exogenous influence, such as alcohol or illegal substances, to self-treat their condition. Although Jack did not directly define what substances are used to self-medicate, or what these outlets are, it can be suggested that he is referring to the use of drugs, alcohol or prescription medication, all of which can have adverse consequences. In addition to mental health issues, this substance use "becomes an issue", adding to the problem the individual was trying to alleviate. This illustrates the catastrophic effect the public stigma of mental health can have on

employees with mental health issues and, from the employee's perspective, explains in part the climate of silence that pervades TransportCo.

6.7   Contextual forces

Essentially, employees abided to the implicit rules of the good worker and the good co-worker discussed throughout this chapter out of fear of the negative consequences of breaking away from these archetypes. However, various contextual pressures also structured employee silence. Numerous employees explained that TransportCo's structure was in a constant state of flux wherein it continually revisited and restructured the design of jobs, the design of departments and the size of its workforce. There were suggestions within the employees' narratives that numerous forces, for example the downturn of the economic climate, drove these incessant reorganisations; the pressure on the business to perform at a lower cost; and the organisations preparation for the then forthcoming Olympics. The key feature of these reorganisations was the modernisation of the workplace, in which technology replaced employees and reducing the size of the workforce considerably. As Emily explained from the perspective of a ticket officer, the impact of Technological advancement in TransportCo had become more prominent in recent years and meant that TransportCo required less staff to function efficiently, as Emily describes:

> **"***There is a lot of stress as well, like there was the thing last week, which was about them having to cut 950 people. They are changing the way to buy tickets mainly through credit cards, which will get rid of a lot of staff because you don't need to manage the schemes if it is through that method of payment… you wouldn't talk about [mental health conditions] in this climate.***"**

> Emily, Bi-polar Disorder

Emily explained how this labour replacing technology was being installed to perform routine, service functions, wherein these new or upgraded automated machines

could issue tickets, provide refunds and resolve incomplete journeys. Further, as stated in her quote, TransportCo had introduced contactless payment wherein customers could use this form of payment on a pay as you go basis, reducing the need for them to buy tickets that in turn reduced the need for ticket officers. This shift symbolised a greater change in the way in which TransportCo organised and managed its workplace, however it through these technological changes it installed a climate of fear amongst employees. Emily continued explained that traditionally TransportCo had been an organisation that prized itself on seniority, securing an employee with lifetime employment through offering "a job for life" to employees. However, this had changed in recent years. TransportCo had recruited Emily at 19 and for the past 25 years she had worked in a variety of job roles across the industry, as her narrative clearly depicts:

> **"**I joined up at 19 and of course at 19 I was suddenly going into a career and I sort of stuck to it. It was just a job to join but then I was a supervisor at a station, then a train driver and instructor and head controller. Now, with my team I can't imagine us fitting anywhere. I can't see us fitting in the structure at all… it's a takeover, just with machines. They are the ones taking our jobs at the end of the day**."**

> Emily, Bi-polar Disorder

The implicit indication that TransportCo offered job security and employment no longer protected her from redundancy, as TransportCo had shifted its emphasis towards having a technological workforce. Her narrative portrays the antagonistic attitudes of the employees of TransportCo towards these 'machines', which were almost seen as seizing the organisation through a hostile takeover. The anthropomorphisation of the machine emphasises how the employees perceived this technological shift as an actual threat that they acrimoniously opposed. It was understood that the technology was their competition, in which they needed to

reaffirm their competence and value as an employee within TransportCo. The constant threat of dismissal, due to the continuous instalment of automated technology, was therefore disconcerting and meant that employees, such as Emily, had invest their time and energy into the maintenance of their jobs. A core part of this job maintenance was remaining silent about their mental health condition, as there was the fear that through articulating their mental health condition they would be more susceptible to redundancy. The threat of another imminent reorganisation reinforced this fear, as Simon describes:

> **"** *The worst thing to go through is to maintain a job, which can be hard because there's going to be new job cuts and we [the workforce] can't deal with the threat of 950 voluntary redundancies. It's just continuous and I know people who have been through a reorganisation and have to reapply for their jobs and then its 12months, and they get told to reapply again and now it's happening and they are reapplying again… right now is not the time to say anything.* **"**

Simon, Depression

As this employee explained, the atmosphere and morale within TransportCo was clouded by insecurity and anxiety that in turn enforced the perception that employees should not engage in voice in the context of these reorganisations. The employees were literally competing with machines to maintain their jobs and these threats of organisational change were incessant.

The majority of participants explained that their fear of redeployment and redundancy were a yearly phenomenon, as even if they were informed that their jobs still existed one year they knew this security was only temporary and could be removed instantaneously. A central theme that emerged from the interviews was these contextual forces placed pressure on employees to reaffirm their value; one way that employees tried to preserve their employment was through remaining silent about

their mental health condition. Through voicing her mental health condition Megha argued that she would impede her chances of being redistributed to another part of the workforce as "*[TransportCo] are making it more asset based rather than people based*". Megha explained that she was fearful that her employer was controlling selection of those who were made redundant by targeting particular groups or categories of employees that were what she labelled 'unfavourable'. This negative perception of how TransportCo managed their reorganisation process was not confined to one employee's experience; on the contrary, nearly all employees interviewed with mental health conditions stated that they thought that voicing their mental ill health would instantly pigeonhole them as disposable employees. As Patrick states,

> *"If you voice your condition (pauses) as in if I just disclosed by depression to my manager it would be the same as handing in your notice. They are looking for people to make redundant, and not just a few. Hundreds! Hundreds! If you remain silent you may be one of the lucky ones that gets to keep their job. So screw disclosure, keep up the act. Be what they want. Keep my depression to myself and hope for the best."*

Patrick, Depression

Patrick's narrative demonstrates a view that was shared by many employees: that voice regarding mental health conditions made the employee more vulnerable and susceptible to redundancy. The description of silence as an "act" suggests that Thomas invested time and energy in preserving his employment through performing TransportCo's understanding of what constitutes a 'good worker'. "*What they want*" refers to this archetype that has repeatedly been raised to describe the set of strict and rigid rules in that TransportCo dictates, wherein voice regarding mental ill health illuminates the employee as one that diverges from this good worker ideal. Silence

thus served as a tool to reaffirm an employee's compliance to the requirements and needs of TransportCo, driven by the need to maintain their job role.

There were two imperatives expressed by the employees that greatly intensified the pressure for them to maintain employment within TransportCo and remain silent about their mental ill health, these being economic climate at the time of interview and the skill specific nature of the many of the employees' job roles, as Tim's narrative articulates:

> *"We are also in a bloody recession to make matters worse… I'm not just anxious: I am scared. I keep thinking that I am going to have to go home to my wife and tell her that I no longer have a job. Me and my family rely on this job, I have two young boys. In times like these there are no jobs. If I lose this one, excuse my language but I'm fucked. So yeah, I play the game. In work I'm 'normal', I don't have bi-polar there."*

> Tim, Bi-polar Disorder

The economic climate placed pressure on Tim to remain silent and play what he called '*the game'*, indicating that in order to protect his job he had to behave and act in a way that was accepted and expected by his employer. Tim felt inclined to manage his mental health condition in accordance with TransportCo's organisationally defined rules and guidelines, separating his mental health condition from himself when at work. Numerous participants claimed that the state of the economy was a fundamental contextual force that shaped how they navigated the silence decision that greatly impeded the employees' inclination to voice their mental health condition. As Sara describes, the recession had ignited an "*atmosphere of fear*" amongst TransportCo's workforce, and this was particularly intensified for employees with mental ill health:

"Everyone is scared in [TransportCo], we all are. The redundancies are

huge and they are happening at a time where the economy is bleak.

The recession has just made an instant change here, like now

everyone is trying to be more productive, or at least look like they are,

or are doing more hours or extra work etc. Everyone wants to be that

'perfect' employee so they don't get the sack, and then there are those

of us with mental health conditions. I know a few other people with

depression and such, and there is no way we would say anything

during a time like this. We would be mad to. The reality is this: if you

have a mental illness you get a big label on your forehead and you will

be the first to go. We would be… so what do else can you possibly do

apart from keep your mouth shut?"

Sara, Depression

For Sara and the colleagues she speaks of, the recession was paramount to their decision to remain silent and placed a colossal amount of pressure on them to do so. The fact that complete silence was seen to be the only solution to these contextual pressures emphasises the fear shared by these employees, implying that this form of silence was used as a tool to protect their jobs and career within TransportCo. This fear was exacerbated by the firm-specific skills that were non-transferable to other organisations. Many employees explained that they had developed skills and knowledge that confined them to the Transport industry, or even more specifically, that restricted them to a narrow part of the Transport sector, the underground. In relation to the latter, Fiona explained that due to the nature of her job, working as an underground train driver, was another pressure for her to maintain her employment within TransportCo:

"*But again- the trouble is now that's my career map. It's [TransportCo]*

and there are not many undergrounds around the world. So I'm fairly

stuck to the underground in that respect unless I leave the underground

and retrain completely and I toy with the idea a lot but right now, what

with the recession I just can't. I can't tell you much about accounting

*but I can tell you every circuit of every [x] line tube stop.***"**

Fiona, Post-Natal Depression

Fiona felt restricted to TransportCo as an employer as her skill-set was so narrowly tailored to the underground. The firm-specific skill set that many employees described was not just a perceived risk; Joseph described that the untransferable nature of his skill set became apparent when he left the organisation prior to the recession. Despite being unhappy within his job in TransportCo, Joseph explained that even when he did leave the organisation he returned thereafter as he found it difficult to find a job in another line of work. Now in the context of the recession, Joseph stated that he remained silent due to his knowledge of how narrowly tailored his skill-set was to not only the transport sector but to TransportCo in particular:

"Knowing what I know, I just can't risk it. I need to talk to my line

manager about my depression; I know that in a perfect world I would. I

am currently lying to cover up where I am going when I have my CBT

(cognitive behavioural therapy), I am crying in the toilets, I am shaking

from anxiety in meetings, but I would never say anything. I can't just

pack my bags and leave. I am an underground driver. I will always be

an underground driver. Different line, perhaps, but job? This is it for

me."

Joseph, Depression

Joseph made the conscious decision to remain silent, albeit it is important to note that this was not a communicative choice. Joseph wanted and needed to disclose to receive reasonable adjustments within his job role, however his voice process was

curtailed by the climate of silence that was perpetuated by TransportCo. Joseph's narrative exposes how silence was the only option because if he were made redundant he would be unemployable elsewhere due to the nature of his skill-set that was exclusive to TransportCo. The impact of context on employee agency to exercise their voice played a fundamental part in how they navigated the silence process, institutionalising a silence over mental health issues within the workplace.

6.8 Silence Practices

As has been discussed throughout this chapter, the culture of TransportCo, universal cultural assumptions and the context in which the employees' silence decisions took place constrained the employees' agency to voice their mental health condition within TransportCo, institutionalising a climate of silence. As a consequence, the employees reported the ways in which they deliberately remained silent within the workplace, to both line management and their colleagues, engaging in various silence practices to either conceal their condition or manage social situations; these silence practices refer to the activities employees consciously engaged when they navigated the silence process, such as through adopting a 'disguise' by masquerading their mental health condition as either a physical health condition or by labelling it as stress; by presenting their mental health condition to their working cohort as a form of misbehaviour; and/or by engaging in humour practices to control social situations. These distinct silence practices will be discussed in succession.

6.8.1 Physical health conditions

The disguise of physical health was repeatedly raised during interviews with employees with mental health issues, whereby the provision of a physical health diagnosis to either, or both, line management and their colleagues provided employees with an avenue to remain completely silent, curtailing the negative

responses that they believed voice entailed. For Grace, this was an important silence practice as it meant she could continue her employment without stigma or discrimination from her line management and her colleagues:

> *"I went off sick in 2010 with clinical depression for about 3 or 4 weeks…*
> *You obviously have to tell management why you are off, and I just said*
> *that I had tonsillitis. Easy. No questions asked… your peers always ask*
> *questions when you return; there's that curiosity isn't there? They can*
> *see you haven't been in work and they want to know why. So I said*
> *exactly the same thing to them as I did to management because word*
> *spreads and they were really sympathetic. If I said the real reason it*
> *would be a whole different story, and if it happens again – god forbid –*
> *I'd do the same thing".*

Grace, Depression

Although Grace used a physical health condition as a façade to masquerade her depression to both her line manager and her colleagues, the reasons why she engaged in this silence practice are nuanced. In relation to line management, there was a requirement for Grace to provide a reason for absence. Disclosure was, to an extent, compulsory and this placed pressure on Grace to provide an explanation. Through masquerading her mental health condition as tonsillitis, Grace felt that her line managers understood physical health conditions to a greater extent and that tonsillitis would not invoke a stigmatised response. Unlike deaf ear syndrome, which was explored in the previous chapter, the silence of her line managers represented their understanding and acceptance of her condition, albeit false, demonstrating how she adopted this silence practice to strategically avoid conversations regarding her mental ill health. Similarly, Grace used this silence practice to evade stigmatisation within her team and conversely receive positive responses from her colleagues, such as support and sympathy. The use of a physical health condition was a frequently

used silence practice amongst the employees with mental health conditions, allowing employees to remain silent to both line management and their colleagues, as these two narratives demonstrate:

> *"So sometimes I can't get out of bed for a while, not like you know most people do. My depression just makes the day seem unbearable and I freeze: it can take me a few hours to rustle up the energy to move. On these days I tell my manager that my back seized up again. For about a year he's been thinking I have a bad back problem, he even offered me a different chair (laughs)".*

<div align="right">Edward, Depression</div>

> *"Sometimes with my anxiety I just hide in the toilet until the symptoms get easier to cope with and manage. My team used to ask why I took so long, and this is gross but I said I have bad [irritable bowel syndrome]. People don't ask questions about that! (laughs). Now they just think I'm in the bathroom… you know."*

<div align="right">Trudy, Depression</div>

These two narratives highlight how the use of physical health conditions as a disguise was not always a one-off activity; rather the employees preserved this explanation through continuously renegotiating the voice process through establishing further their false health condition to deter further conversations and enquiries. The acceptance of Edwards's line manager and Grace's colleagues meant that that they no longer had to actively engage in this silence practice because it had become a norm. Their false physical health conditions provided them with a long-term route in which to remain permanently silent about their mental health conditions, illustrating how these silence practices provided them with an effective way in which to conceal their condition.

For some employees they had multiple diagnoses, some of which were physical health conditions. These physical health conditions provided employees with an avenue in which to strategically conceal their mental health condition. For example, Dan struggled with a muscular skeletal health condition that his line manager and colleagues were aware of, and this permitted him to refrain from voicing his depression. Through declaring his physical health condition as his reason for his absence in 2009 he was able to avoid any additional questions or concern and return to work without his line manager or his colleagues being aware of the real reason for his absence, as he describes:

> *"For the past 5 years I've had lower back pain that can get unbearable*
> *at times. Everyone knows this, its no secret or anything. It's great*
> *because when my depression flares up and I have to go to various*
> *appointments, you know with my GP or my therapist, I can just be like*
> *"I have an appointment with the chiropractor", or "my back was giving*
> *me grief". I don't want people knowing I suffer with depression. It's not*
> *a risk I am willing to take. And I don't feel so bad saying it's my back,*
> *as it's kind of a white lie then."*

<div align="right">Dan, Depression</div>

Through deliberately voicing his back condition instead of his depression Dan felt less guilty for giving a false reason for his absence. It provided him with a platform to remain silent to his line manager and his peers and was perceived to be a harmless lie that negated the negative consequences of telling the truth. In comparison to his back problem, his mental health condition remained a secret within the workplace, allowing him to navigate his recovery without any barriers, such as the need to disclose to his line manager to receive the time off work he required. This was an attractive option for those in Dan's position, such as Phil who used his previous cancer diagnosis to conceal the existence of his depression. He felt that cancer was

taken more seriously than mental health conditions, instigating a "humane response" from his line manager that was characterised by empathy and compassion:

> *"I had cancer last year, prostate cancer, and now I'm fine but there seems to be more of a stigma- I find it harder to talk about mental health conditions than I do about cancer as people care about cancer, so I've used it as an excuse before. I know that's awful but I am afraid people will treat me differently. I don't want people to treat me differently and I kinda think they will, they inevitably will, and it will always be at the back of mind".*

Phil, Depression

For Phil, he felt guilty for using his previous history of cancer as a false explanation for the weekly appointments he went to for his depression. However, the fear of stigmatisation was greater than the emotional responses this silence practice invoked. Voice, once more, was perceived as a dangerous activity that some employees avoided through their engagement in this silence practice. The employees' decision to use their physical health condition to suppress, conceal and disguise their mental health condition was embedded in a backdrop of stigmatisation that significantly impacted how they perceived the voice process and whether silence was a choice.

In contrast to the use of physical health conditions as a disguise, there was a general assumption amongst TransportCo employees that stress was the acceptable face of mental health; therefore many employees often used the diagnosis of stress when disclosing to mask their mental health condition. For example, when Michael was asked what he put on his absence documents when he was off from work with chronic depression, he said he was not honest about the reason for his medical absence. He explained that: "*I just put off with stress at the time*" and when asked if this was deliberate he answered:

"Yes, on behalf of myself, definitely. It's not something I feel that you

can bring up in [TransportCo] generally. I've suffered from depression

because there is a stigma attached to that and my personal medical

history I feel shouldn't be the talk of the general workplace."

Michael, Depression

Similarly, Ellis made a deliberate decision to remain silent about his personality disorder. Ellis felt that people do not have much knowledge about personality disorders and did not understand how he felt; he therefore thought that he would be stigmatised by line management if he put down his real mental health condition, as he explained:

"[Silence] delves into an area beyond the obvious ones, the easy one

stress, but sometimes we say that because it's easier. It gets onto the

topic but not the difficult topics, it's the visible tip of the iceberg because

we all feel a bit stressed and you can see when someone is having a

really bad day, you can imagine ourselves stressed but the more

extreme… its more difficult."

Ellis, Borderline Personality Disorder

For Ellis, stress was more "visible" than his borderline personality disorder. The iceberg was a powerful metaphor used by Ellis as it symbolised how talking about stress was visible because it was a recognised and relatable aspect of mental health. This visibility was a result of one facet of the organisations strategy to promote mental health, which, as discussed in the previous chapter, was the continuous stream of communications relating to stress within the workplace. Ironically, these campaigns therefore silenced his mental health condition as it institutionalised the perception that stress was supported and listened to within the organisation, which consequentially provided Ellis with an avenue in which to conceal his mental health

condition, using stress as a disguise for his depression. In addition Ellis also argued stress was in many ways visible because it was perceived to be a part of mental health that most employees had experienced, allowing employees to "*put themselves in the shoes of someone who is stressed*". Various other employees explained how the majority of people can relate to and be empathetic towards stress, as the following narratives illustrate:

"Everyone's been stressed at some point in their lives. Not everyone has experienced bi-polar or depression for example. They can relate to stress but mental illness? Not a chance."

Becca, Bi-polar Disorder

"If I say I'm bulimic, god people would never know what to say. They don't get what it means to be bulimic or how it impacts me every day. So I say I'm stressed, people get stress. It also means that the days when I can't eat, on one of my restriction days, they think 'ah she's just stressed'. When stress impacts your appetite its fine, but bulimia is a big no go."

Elaine, Bulimia Nervosa

Stress was therefore used to masquerade the employees condition so that they could withhold their condition and, for Elaine, also provided her with a way in which to explain some of her symptoms of her bulimia. Similarly, Fiona explained that she felt other employees would notice and comment on her absence from work, her decline in punctuality or on the instances when she had to take time off work to attend appointments regarding her post-natal depression. Fiona used stress to remove herself from the "spotlight", as she thought people would respond to her absence more positively if it emerged that she was absent with stress rather than post-natal

depression. Fiona argued that the stigma of post-natal depression would mean she would be judged as a worker, a mother and a person. Fiona was fearful of the response she would get from management and her colleagues:

"Those who cannot understand or even relate. I was angry with myself, disappointed. I didn't want anyone else to think the same as me".

Fiona, Post-Natal Depression

This was the case for many TransportCo employees who have mental health conditions, as by strategically remaining silent through the use of the disguise of stress the likelihood of being compelled by either management and/or the employee's peers to share more information reduced significantly. There were employees, such as Ellis, who used stress to ensure that during future social exchanges no social cues would be made in regards to their well-being as the employees peers would assume that they were already enlightened about why the employee had, for example, been going to appointments during work, as Ellis explains:

"I think the word stress comes up and you stop asking questions and say oh ok stress right and ok you don't need to question, interrogate and ask why".

Ellis, Borderline Personality Disorder

As the word "*interrogate*" implies mental ill health invoked a certain response amongst the employees' colleagues, such as cross examining the individual through asking further questions and requesting details, whereas stress did not typically incur further questioning. Stress was a deliberate response made by employees to control the direction of social exchanges between themselves and colleagues, permitting the employee to withhold their medical diagnosis and any conversations it might have invoked.

6.8.2 Misbehaviour

However, for a few employees they masqueraded their mental health condition as a form of misconduct to their colleagues, as Laura explains. Laura informed her peers that her mental health condition was a lie intentionally told to management to receive a leave of absence. Through positioning her absence as a form of misconduct to her colleagues, Laura was simultaneously adopting the disguise of good mental health to her colleagues. This duality illustrates how employees could adopt multiple disguises to conceal the reality of their mental health condition within the workplace. For Laura, the risk of being negatively labelled by her colleagues for her alleged misconduct outweighed the perils of voicing her mental health condition:

"I wasn't ready to tell my colleagues, it was easier for me to be like

"yeah I just wanted a day off" than to tell them the truth, that actually I

was at home contemplating whether my life was worth living anymore.

No one wants to see that darkness. So yeah, I'd rather seem like a

skiver than for people to know the truth".

Laura, Depression

Within her narrative it is demonstrated that she felt that her colleagues did not want to hear the truth for her absence because of the severity and nature of her mental health condition. Equally, Laura did not want to respond with honesty, as for her this candour would expose her vulnerability and would provide her colleagues with an insight into her private sphere that she wanted to keep separate from her work. Positioning her mental health condition as misconduct was therefore a personal and intentional decision made by Laura to keep her experiences of mental ill health isolated from the workplace.

Similar to Laura, Theo explained many of his colleagues would approach him about why he was off and in order to maintain his own privacy he would often "shrug off" the

existence of his mental health condition through positioning it as a lie to "receive extra holiday time":

> *"Everyone pulls a sickie now and then. I kind of have just labelled it as*
> *that, try and be all nonchalant about it and yeah some people laugh*
> *and other people think I'm a bit of a dick and that I'm letting the team*
> *down. But I'd rather be called a dick than insane, you know?"*

<div align="right">Theo, Depression</div>

Although the consequence of this disguise was that he could invoke negative responses from his colleagues, receiving a derogatory label that was unfavourable within the workplace, it still outweighed the negative connotations tied to having a mental health conditions. The casual and blasé attitude Theo attempted to display during these social exchanges with his colleagues reflects how he was trying to prevent further enquiry about his mental health condition, representing how the reduction of his mental health condition to a form of misbehaviour was consciously used to manage social situations. The reason these employees had to adopt this deceptive outward appearance as a defensive measure implemented to prevent stigmatisation and discrimination within the workplace.

From a different perspective, one OH manager, who herself had a mental health condition, had engaged with employees who had used misbehaviour as a disguise to their colleagues. Chrissie had experience of employees with mental health issues as she often advised employees who had been referred to the service on how to manage how they spoke to their peers about their condition within their working environment:

> *"Clients would say I'm actually telling all my colleagues that I am just*
> *pulling a fast one and I just want a bit of time off because I can't bare*
> *for them to know just how bad it is and what a state I am in. you know,*

and they'd be in the session in a terrible, terrible place but to their

colleagues they'd say oh I just want a bit of time off as they think it's

acceptable to say".

Chrissie, OH Manager and Depression

Through her own experiences, of herself and other employees, Chrissie explained that employees sometimes disguised their mental health condition through positioning it as a form of misbehaviour to their peers so that they weren't stigmatised; conversely they had informed her that they received credit for what was seen as a 'trick' to management. As Chrissie elaborated, the positioning of mental ill health as a form of misbehaviour was seen as a last resort for employees with mental health conditions and illustrates the hostile environment in which these silence decisions took place. Through engaging in this silence practice, the employees were inadvertently reinforcing the negative climates of silence that pervaded TransportCo, as Chrissie discusses:

"And that kind of feeds into the belief that mental health is a myth, they

say 'I'm just pulling a fast one' when I can see perfectly well they're not,

they are in bits. But it was the only way they could think of to handle it

and protect themselves. That is somebody without a voice but almost

doing the worst possible thing".

Chrissie, OH Manager and Depression

This silence practices illuminates the disparity between what TransportCo had aspired to challenge and the reality of the climates of silence that continued to be embedded within TransportCo, pressurising employees to adopt disguises that damaged the employees adherence to the good worker ideal and the perceptions

that voice regarding mental ill health was a far more dangerous activity than misbehaviour.

6.8.3 Humour

In addition, employees often protected themselves through using humour as a silence tool to camouflage the severity and reality of their condition. For example, when having an informal email conversation with his line managers about his mental health condition, Alan jokingly titled the subject 'the big D. (No, not that D)", using sexual innuendos to remove the seriousness of his depression. Similarly, David, an operational member of staff, noted that when his colleagues approached him about his mental health condition he "*does the finger thing*" to make a joke out of "*being mad*". What David is referring to is a derogatory action that is used to insinuate insanity and a loss of reasoning. Through the use of humour the conversation regarding his mental health was more manageable and optimistic, aiding voice in some regards. This was an interesting paradox, as although Alan and David attempted to reduce the severity of their mental health conditions through humour, they ironically made their mental health condition a more manageable topic of conversation that could thereafter take place. This silence practice ironically provided an avenue to discuss their mental health conditions in a light-hearted fashion, aiding employee voice through the trivialisation of the topic of conversation. Humour could therefore be perceived as an avenue to remove the negative connotations of mental health and to ensure that such conversations were less serious and, in many ways, light hearted.

However, humour only operated at a superficial level, curtailing more serious conversations and providing employees with an avenue to avoid important, albeit often sombre, conversations, as Phil describes:

> *"I'd just laugh it off and be like "oh you know me!" Office nutcase. It's*
> *what I guess we call banter."*

Phil, Depression

Through the use of humour these employees avoided elaborating on their conditions and evaded any in depth conversation about why they were off, what their condition was, and how it affected them. The trivialisation of the employees' mental health condition was a strategic decision made to permit them to remain silent thereon. Humour was therefore one type of silence practice that was not a disguise per se, but rather was also a tool used redirect conversations away from their mental health condition and manage social situations so that they could withhold information from their peers.

Humour was more commonly used as a silence practice by the male employees with mental health issues interviewed. Many male employees reported the use of humour was a tool in which they could re-claim their masculinity if they had voiced their mental health condition. Through engaging in masculinised humour performances, these employees could make their mental health condition light-hearted and protect their masculinity, professional image and workplace relationships by actively removing the seriousness, and therefore importance, of their mental health condition. As John explained, he did not reject his label as "*the office fruit loop*" by his male colleagues because this in turn detracted from the severity of his condition:

> "*I'd rather that. I'd much rather be seen as this fruit loop than*
>
> *something else. If people are laughing and it's a joke people forget it's*
>
> *an emotional illness. We laugh, they take the piss and I'm just bloody*
>
> *happy for them to do it as it makes my depression less of the centre*
>
> *stage, well the bits that I'd not want to be known for.*"

John, Depression

For John, the jesting between his colleagues and himself reclaimed his mental health condition as a source of humour and banter, wherein his masculinity was not

threatened or even maintained; in some ways, his masculinity could have been seen to be bolstered by this comedy act. Through being the initiator and receiver of this banter John could actively engage in this gender performance and build his public display of masculinity, becoming the 'joker' who was the target for workgroup banter. This performance of masculinised humour shielded him from judgement and critique, protecting him from negative consequences of ridicule. Humour strategically influenced the nature and topic of this interpersonal exchange and was used as a tool by employees to divert the conversation away from their own mental health and exert control over the conversation. Nevertheless, whilst this was a protective strategy adopted by employees such as John, it also reinforced the dominant masculine culture and trivialised mental health issues as jokes to highlight someone's 'femininity'.

6.9   Conclusion

This chapter has explored the barriers to employees' engagement with employee voice, which has limited the success of the organisation wide activities and support structures that TransportCo had implemented. The perception that speaking up about mental ill health was either not worth the effort or was dangerous was founded on the rules, beliefs, attitudes and assumptions that TransportCo engendered through the varying aspects of the organisations culture, which created conditions that were hostile to the voice of mental health issues. This chapter has explored the main facets of the organisations culture that created obstacles to employee voice: the military culture; performance culture; macho culture; and the stigmatised culture that unites these three elements. How these aspects of the organisations culture perpetuated a climate of silence has been explained from the perspective of the employees with mental health issues themselves. What united these aspects of the organisations culture was that they established a good worker and good co-worker ideal why there was an organisation-wide silence that was predicated on employee fear, cynicism and mistrust, communicating a message contradicted that of the

organisational activities and support structures that TransportCo implemented. These worker archetypes explain why TransportCo favoured strength, resilience, performance and masculinity as model worker traits, interpreting mental ill health as a symbol of weakness, poor resilience, incompetent and as a feminine trait. In order to conform to this worker archetype the employees therefore remained silent so that they could present themselves as a good worker and/or good co-worker and the employees could therefore escape stigmatisation and discrimination.

In addition to the organisations culture, there were numerous contextual barriers that obstructed employee voice. The economic climate, combined with the continuous process of reorganisations that TransportCo was implemented, created a hostile environment for employee voice and increased the pressure on the employees to conform to the good worker ideal. The incessant fear of dismissal, employees as heightened by the skill specific and untransferable nature of the employees' roles, limiting them to the industry. Through engaging in various silence practices the employee could conceal their mental health condition and present themselves as a model employee, such as disguising their mental health condition as either a physical health condition or by labelling it as stress; by presenting their mental health condition to their working cohort as a form of misbehaviour; and/or by engaging in humour practices to control social situations. Overall this chapter contextualises employees' voice decisions and demonstrates how the employees' agency to engage in employee voice can be constrained by the organisations culture and contextual forces. This chapter, in addition with Chapter Six, therefore sets up the foundations for our understanding of employee silence and provide fruitful insights into what it means to remain silent.

Chapter Seven: The Employee-Oriented Framework of Silence

7.1   Introduction

This chapter draws upon the findings presented in the former two chapters, some of which are implicitly embedded in the narratives, as a platform to gain a deeper theoretical understanding of silence within the workplace. The purpose of this chapter is not to explain the reasons as to why an employee remains silent; rather, it aims to determine and delineate between the different types of silence the employees of TransportCo engaged in and to develop theory. Shifting away from previous understandings of employee silence, which narrowly perceive employee silence as the withholding of workplace issues that are of interest to the organisation (for example, Pinder and Harlos, 2001; Van Dyne et al., 2003; Brinsfield et al., 2009), this chapter extends employee silence to incorporate the withholding of information, opinions, experiences and emotions regarding an issue that is personal to the employee. By focusing on the mental health issues an employee can withhold within the workplace, this chapter aims to offer a theoretical conceptualisation of silence that challenges the managerial bias that exists within previous definitions of employee silence.

This chapter extends the existing silence literature by introducing an employee-oriented framework of silence that proposes three analytical categories in which to understand silence; unconscious silence (silence based on a lack of awareness); institutionalised silence (silence enforced by management and/or society); and insubordinated silence (withholding information requested by management) (see *Table One*). The forms of silence that emerged from the employees' narratives are distinct from one another, characterised by the direction of silence (vertically to management; and/or horizontally to peers) and the content of the silence. Agency in

particular is a characteristic that is shown to be crucial in determining these forms of silence and the ways in which employees can reclaim their agency are discussed within this chapter, mainly through various silence practices, insubordinated silence and through renegotiating their social voice decisions, a form of voice that is shown to exist along a continuum. A decision tree is presented to further illustrate how employees consciously navigate institutionalised silence, providing an overview of how this framework can advance academic understanding regarding the silence process for personal issues, such as mental ill health, particularly regarding the ways in which employees can reclaim agency over the silence process.

In the second half of this chapter, a model is developed to demonstrate how social voice can challenge aspects of the employee-oriented framework of silence, specifically institutionalised silence. Drawing upon this understanding of silence, an inversion of the logic of Bowen and Blackmon's (2003) spiral of silence theory is presented in an attempt to frame the analysis and to make the abstract construct of silence more concrete. Two models of voice that adapt the spiral of silence theory will be explored to illustrate the importance of employees speaking up about an important personal issue within the workplace, these being the horizontal and vertical spirals of voice. These spirals of voice suggest that, like silence, voice can be equally infectious and spread horizontally to other people, and what is more can spread vertically to workplace issues and lead to the liberation of organisational voice; this therefore suggests that organisations should address personal silences as they could potentially reap the benefits down the line as a result.

7.2   Employee Silence

Through observing the findings of the previous two chapters, it was found that employee silence was not confined to workplace issues, as many existing conceptualisations of employee silence have traditionally been focused on; rather, silence regarding personal issues was shown to be a pervasive form of silence within

the case study organisation, TransportCo. This understanding of employee silence was developed through questioning the ontological foundations of silence, specifically regarding whom is remaining silent (employees with mental health issues) and what they are remaining silent about (their mental health issue). Silence was understood as the withholding of information, opinions, experiences and emotions regarding an employee's personal issue within the workplace, in this instance mental health conditions. This overarching definition captures the content of this form of employee silence, presenting an umbrella term in which to understand the silence of issues that are personal to the employee. However, although this definition reconceptualises employee silence through introducing the employee back into employee silence, it does not reflect the multifaceted and complex nature of employee silence within the workplace. In order to understand the intricacy of the silence process within TransportCo, a framework of employee silence is presented that was developed from the experiences of employee silence presented in Chapter Five and Chapter Six.

7.3   Unconscious Silence

The research presented within this thesis deals with the silence and silence practices employees engage with once they are aware of their condition and make a conscious decision to remain silent. Nevertheless, although it was not the purpose of this thesis to explore the experiences of employees who remained unconsciously silent, many employees provided a reflexive account of their mental health issues in order to chronologically navigate their experiences of silence within the workplace. Through the provision of this reflexive overview of their experiences of silence within TransportCo, the employees illustrated how their silence began as a completely unconscious activity, with employees often having no knowledge of the existence of their condition. Unconscious silence therefore refers to the withholding of information, opinions, experiences and emotions regarding an employee's mental health condition based on a lack of awareness of their own mental health issue (*See Table One*). Characterised by unfamiliarity, a lack of awareness and a disregard of the presence

of their condition, this form of silence is neither an active nor passive decision; rather it is an involuntary activity and an automatic response that is not rooted in any conscious thought. This form of silence therefore represents those employees who are disengaged from making deliberate and intentional choices when navigating the silence process as they have little agency over their silence.

This lack of conscious thought regarding the individuals' mental ill health, however, is neither static nor rigid. The employees' awareness of their silence can increase as the employees gain consciousness of their mental health condition. Reflecting on the employees' description of how, over a period of time, they gained an awareness of their mental health condition, as explored in Chapter Two, this form of silence is shown to exist along a continuum, with unconscious silence on one end, moving towards more conscious forms of silence. Employees could move along the continuum depending on their awareness of their condition, as employees could regain awareness depending on where they were in their recovery. Through relapse employees could often, once more, be unaware that their condition had deteriorated and worsened; the employees could therefore return to remaining unconsciously silent. This implies that unconscious silence is a fluid silence behaviour whereby employees can revert back to this unconscious activity.

The fluid nature of this form of silence illustrates how an employee's agency over their silence or voice decisions is dependent on how aware they are of their mental health. When the employee lacks the awareness to make deliberate decisions they therefore cannot exhibit agency over this silence process. How aware an employee is of their mental health, that is how conscious they are of their current mental health, greatly impacts whether they intentionally choose to engage with silence or voice and whether they have a degree of agency over their silence decisions. When an employee gains - or regains - awareness of their mental health condition, they can

consciously engage in other forms of employee silence, deliberately, actively and proactively navigating the silence process. However, this should not suggest that the employee has full agency over these silence decisions. On the contrary, the employees' agency to engage in these more conscious forms of silence can be restricted by management and/or society, as institutionalised silence explains.

7.4   Institutionalised Silence

One form of conscious silence that emerged from the narratives was institutionalised silence (*See Table One*). Institutionalised silence refers to when certain forces perpetuate a climate of silence and establish what can and cannot be said within the workplace, creating a form of silence that is determined by these restrictions. Within this thesis, two types of institutionalised silence emerged: managerial institutionalised silence and societal institutionalised silence, both of which will be discussed subsequently.

Institutionalised silence is characterised by the processes, structures, attitudes and beliefs that establish and reinforce a climate of silence within the workplace and are enforced by management and/or society. Reflecting the pitfalls of the silence literature identified by Donaghey et al., (2011), these forms of silence expose the theoretical weakness of existing conceptualisations of silence that implies silence is a communicative choice. On the contrary, these forms of silence refer to the ways that silence can be prescribed and how these silencing forces can restrict the employees' agency. It is important to note that both forms of institutionalised silence, managerial and societal, were shown to be mutually reinforcing and could work simultaneously to institutionalise silence within the workplace. For example, an employee may feel like their silence process is enclosed because of the precedence placed upon employees from management to conform to a masculine worker ideal, and also because of gendered assumptions that are tied to mental health and perpetuated within society, as discussed in Chapter Two.

Focusing initially on managerial institutionalised silence, throughout the employees' narratives it emerged that management perpetuated a climate of silence within TransportCo and organised out issues that were important to the employee, such as mental health issues. Reflecting Donaghey et al.'s (2011) argument that management can determine the meaning of voice within the workplace, management defined what the expression of voice was taken to mean regarding employee voice and therefore simultaneously defined employee silence also, restricting the content of disclosure to the declaration of the basic components and practical details regarding the employee's mental health issue. Any further information, opinions, experiences or emotions, such as the way the employee's condition impacted them on a daily basis or more intimate details regarding their experiences, were silenced. Consequently, the content of this form of managerial institutionalised silence included any further information that extended beyond the employees medical disclosure.

As explained in Chapter Five, management was shown to establish a climate of silence through circumscribing the existence of any formal structure for employee voice and through line management's responses to employee voice, limiting the effectiveness of any other organisational activity or structure that promotes employee voice by defining what can and cannot be expressed on the voice agenda. Through these actions, or lack of in the case of deaf-ear syndrome, management institutionalised silence over issues that were important to the employee; this form of silence therefore refers to silence that has been forced upon employees vertically by management. Management further institutionalised this form of silence through their prescription and praise of conformity to the good worker ideal, perpetuating a climate of silence over any information that expanded beyond an employee's disclosure, such as more detailed discussions regarding the employees' mental health condition. This good worker ideal was embedded within the organisation's culture, which was equally conducive to a climate of silence, once more reflecting a way in which management could institutionalise silence from the top down. Expanding upon the

existing silence literature, this form of silence has been absent in the field of silence and requires its own analytical category for further investigation. It is important that this silence behaviour is formally categorised as a distinct form of silence within the field as it presents an understanding of silence that draws attention to the actions of management, which impact the employees' engagement with silence and voice; managerial institutionalised silence therefore provides insights into instances of employee silence whereby silence is not necessarily a communicative choice, but rather a constrained choice.

Whilst management institutionalised silence was centred on how management can determine what can and cannot be voiced within organisations, societal institutionalised silence refers to the societal beliefs, values and assumptions that regulate and determine what can and cannot be expressed by employees within broader society and the workplace. Societal institutionalised silence was more prevalent in Chapter Two, whereby certain cultural assumptions were found to not be unique to TransportCo, but rather were societal forces that institutionalised what employees felt they could and could not voice. This form of institutionalised silence is distinct from its counterpart as the content of silence is primarily focused on the withholding of information, opinions, experiences and emotions during *every day social exchanges* within the workplace from either management and/or peers. A primary characteristic of institutionalised silence is the employee's constrained agency to express their mental health condition within the workplace, illustrating how silence cannot be removed from its structurally constrained context. Although the employees' motivation to engage in voice behaviour might be high, their capacity to make a free choice regarding their voice is restricted by the limitations institutionalised by management and/or society. This insight into the constrained agency of institutional silence that differentiates it from other forms of silence illustrates the importance of embedding the employees' silence within the organisation's broader context.

Unlike management institutionalised silence, the employees themselves served to reinforce certain cultural assumptions that were conducive to a climate of silence, such as through reinforcing the social stigma of mental health issues. The social stigma of mental health conditions perpetuated a stereotype of negative attributes and beliefs that encouraged individuals to fear, reject and discriminate against others who have a mental health condition (Corrigan and Penn, 1999). These stereotypes were reinforced from the bottom up, as explored in Chapter Two, whereby the social stigma of mental ill health implied that voice was a dangerous activity insofar as the individual could be stigmatised for having a mental health condition; silence was institutionalised, constraining an employee's ability to freely navigate the silence process. Another way in which silence was institutionalised by society was through the dominance of masculinity within TransportCo. The societal prescriptions of what it means to be male restricted how many employees navigated the silence process by perpetuating the assumption that the expression of an issue that is perceived as feminine would be dangerous or not worthwhile. The research participants detailed how they refrained from speaking up about their mental health condition during social situations to preserve their image of masculinity and therefore protect themselves from being ostracised and ridiculed. This is a key example of how society can institutionalise a climate of silence within the workplace, expanding upon the literature that critiques the silence literature for not recognising the ways in which agency can be restricted within the workplace. Although both managerial and societal institutionalisations of silence serve to reinforce these gendered assumptions, there is a difference as to where the pressures come from to conform to this masculine ideal. Nevertheless, this demonstrates how both these forms of silence can appear to overlap and can work simultaneously to perpetuate a climate of silence through prescribing certain assumptions and worker behaviour.

At the crux of the institutionalisation of employee silence regarding personal issues is the employees' fear of the negative repercussions of employee voice, constraining

the agency of employee silence by presenting voice as a dangerous activity that employees should refrain from engaging in. The employees were shown to withhold information out of fear of being judged for not conforming to the institutional prescriptions of what can and cannot be voiced within the workplace. This fear is distinct for both categories of institutionalised silence. Whilst both forms of institutionalised silence were centred on an employee's fear of being judged and stigmatised for having a mental health issue, these fears were nuanced and motivated by different reasons. Managerial institutionalised silence was centred on the fear that the employee's progression would be stunted or that they would be organised out of their role, or even their job, if they did not conform to the prescriptions presented by the good worker ideal, such as being resilient and strong. Conversely, societal institutionalised silence was based on the assumption that voice would exclude them from the majority of their working cohort and label them as different. Employees described how they felt the pressure to adhere to certain social prescriptions on how to act and behave within the workplace and what characteristics they should adopt, such as adopting a mentally healthy persona due to the social stigma of mental ill health, or through conforming to the gender roles that society and management perpetuates, reflecting the interconnectedness of these two forms of silence. This fear was motivated by the need to fit in with the general working cohort and specific teams; silence was therefore a protective measure to ensure that their mental health issue was not revealed. Therefore, unlike unconscious silence, these silence behaviours were deliberate and conscious, albeit in the context of oppressive institutional forces that significantly restricted and shaped the employees silence decisions within TransportCo, constraining the employees' agency to engage in voice.

In relation to societal institutionalised silence, there were a range of silence practices that employees intentionally employed to conceal their mental health condition during social exchanges: using stress as a disguise; using misbehaviour as a disguise; and

using humour to deter conversations and/or reduce how serious their mental ill health was. Described in more detail in Chapter Two, these silence practices were conscious and proactive decisions made by the employee to conceal their mental health issue from their co-workers. These silence practices expand upon the silence literature through demonstrating how employee silence is not simply non-engagement in verbal voice. It reveals how employees can deliberately and innovatively navigate the silence process and use a variety of tools to disguise their mental health condition. It explores how employees can regain their agency, to an extent, through their engagement in such practices, presenting an interesting lens through which to explore the silence of issues that are personal to the employee within the workplace. Furthermore, through engagement in social voice, a construct that will be discussed later in the chapter, the employees could challenge the perception established within society that mental ill health should be silenced.

With regard to managerial institutionalised silence, the employees either adhere to the prescriptive nature of this silence or seek ways to defy management's prescription of what can and cannot be voiced within TransportCo. As managerially institutionalised silence enforces a voice agenda, prescribing the disclosure of mental health conditions within the workplace and silencing other more dynamic forms of silence, employees could defy management through either withholding the information demanded (insubordinated silence) or by engaging in voice beyond what management expected (social voice). The ways in which employees could defy managerial prescriptions of silence and voice through insubordinated silence and how both forms of institutionalised silence could be challenged through social voice will be discussed hereon.

7.4.1 Reclaiming Agency through Insubordinated silence

Although management compelled employees to voice the substantive information regarding their mental health conditions, mainly to improve business efficiency, not all

employees complied with these expectations, defying management through withholding the information that they were expected to voice; this alludes to a distinct formal category of silence, insubordinated silence, whereby employees regained some agency over the silence process through withholding information from line management relating to their mental health issue that management demanded (*See Table One*). This form of silence is characterised by the employees' defiance of management's prescriptions for disclosure, withholding the information that is expected of them, namely their medical diagnosis. It builds on existing theory that tends to presume that the existence of institutional arrangements for voice can be equated with voice utility and an employee's engagement with voice (Van Dyne et al., 1995; Morrison et al., 2003; Harlos, 2001; Van Dyne et al., 2003). These institutional opportunities do not guarantee voice (Harlos, 2001) and procedural opportunities for voice do not necessarily suggest that an employee will therefore provide the details that are requested of them.

For numerous reasons, many employees did not want to disclose their mental health condition to management. Some employees deliberately and strategically defied TransportCo's prescription of disclosure, making a communicative choice to completely refrain from disclosing their mental health condition. For others, this strategic decision arose when they had to explain their reasons for absence, their lack of punctuality and/or why they needed time off work to attend an appointment. When these situations arose, the employees faced a complex decision regarding how much detail they went into, if any. This therefore introduces a form of silence that is distinct from those in the existing silence literature, providing a platform to understand how employees can respond to the institutionalisation of silence within the workplace, particularly from management.

There were some key silence practices employees engaged in to remain silent from management which were similar to institutionalised silence; however, these practices

represented ways in which employees could reclaim some agency over their silence process. For example, numerous employees with mental health issues explained that they were deceitful when they provided a reason for absence, often fabricating a new condition entirely, masquerading their condition as a physical health condition, or disclosing it as stress. This silence often required employees to maintain their façade for an extended period of time or even for the remainder of their employment, and to change how they behaved in order to support their disguise. Insubordinated silence therefore represents the employees' resistance to these disclosure pressures that management perpetuate within the workplace and presents an interesting formal category for further investigation.

7.4.2   Reclaiming agency through social voice

Despite the managerial and societal institutional forces that made voice beyond disclosure unfavourable, or arguably made silence mandatory, within Chapter One there are illustrations of some employees deliberately engaging in social voice as a way to reclaim their agency over their own voice; social voice is characterised by friendly, day-to-day social exchanges between colleagues that were informal and could be closed circuit or open circuit conversations. This form of voice illustrates how voice behaviour can be a manifestation of management and/or societal defiance and a representation of reclaiming agency over the voice process. As management enforced silence beyond disclosure, and society perpetuated a climate of silence over mental health issues, through engaging in social voice the employees could defy these prescriptions of silence. The deliberate decision to engage in social voice represented the employees' resistance to these institutional pressures and norms regarding employee silence. This builds upon existing understandings within the voice and silence literature that tend to focus on how employees engage in voice for the benefit of the organisation (Morrison and Milliken, 2000; Tangirala and Ramanujam, 2008), and refocuses the debate to look at how employees can use social voice to regain their agency over their silence and voice.

Social voice was evidently a complicated and intricate process that was primarily characterised by the employees' resistance to these institutional managerial and societal pressures to remain silent. Social voice was not an all-or-nothing, absolute phenomenon; rather, employees often strategically navigated these social exchanges, making critical decisions regarding how much they shared during social exchanges and to whom they divulged information, reclaiming their agency in the context of the societal institutionalisation of silence within the workplace. It was demonstrated that employees could remain partially silent about their mental ill health, characterised by the people the employees chose to voice their condition to; this is what Chapter One termed 'closed circuit' conversations.

The employees were shown to moderate who they engaged in social voice with, making active decisions regarding how they navigated the silence process. Some employees felt able to engage in social exchanges about their mental ill health to the peers they had a strongest relationship with, refraining from engaging in conversations in as much depth with the rest of their working cohort. These conversations were typically characterised by the employees' need for support from those they considered close peers, or even friends. The employee would describe their mental health condition and its impact on them. These closed-circuit conversations were therefore defined by whom the employee engaged in social voice with, yet there was another dimension of this voice behaviour. The content of this voice could be moderated by the employee: some employees felt that they could voice certain fragments of their mental health condition, whereas others felt that they could speak about their mental ill health in greater depth. Through engaging in these closed-circuit conversations, employees were refuting the numerous forces that advocated silence over mental health conditions, representing their ability to reclaim their agency over their own voice and silence and make their own conscious decisions regarding both these phenomena.

Although partial social voice resisted the parameters of voice set by management and/or society, the content of their social voice and to whom they voiced their condition were also shaped by their context - that is, the multiple forces that made voice beyond disclosure to management unfavourable. These pressures impacted the employee's partial voice significantly and can be better understood through exploring why the employees made that particular decision. For instance, it was often shown that employees might only reveal the fragments of their condition that were socially acceptable or only voiced their condition to their friends at work, as they knew that within the boundaries of these relationships they would most likely escape judgement. Fear of the negative consequences of engaging in social voice, due to the hostile institutional forces that perpetuated a climate of silence within TransportCo, continued to manipulate how they navigated the voice and silence process; this illustrated that whilst some employees may resist these silence prescriptions they did not have full agency over their own voice, as these institutional forces continued to impact the content and direction of their partial voice.

In contrast, in an attempt to deliberately claim ownership over their voice, there were instances within Chapter One wherein employees completely resisted these pressures through having 'open circuit' conversations about their mental health issues within the workplace. These open-circuit conversations were determined by whom the employee voiced their condition to within the workplace, with employees openly speaking about their mental health condition to their working cohort, and could vary in how much depth the individual went into. These open-circuit conversations represented the employee's conscious decision to regain agency over their voice and to defy the societal and managerial prescriptions of silence previously explored. The employees' motives for these open-circuit conversations were distinct from closed-circuit conversations, for, rather than being grounded on the employee's need for support, these conversations were mostly driven by altruistic motives. Through engaging in open-circuit conversations, the employee was deliberately resisting the

pervasive climate of silence by actively and purposefully engaging in social voice with the intention of breaking down the forces and stigma that prescribe silence over an employee's mental health condition within the workplace. Through reclaiming agency by engaging in social voice openly, employees intended to challenge the multiple forces that institutionalised silence over mental health, attempting to normalise mental ill health within the workplace and encourage others to reclaim their agency and voice their conditions within TransportCo.

The influence of agency on the forms of silence explored above can be illustrated in the diagram below (Diagram One), which is a decision tree that illustrates how employees can consciously navigate the silence process within the workplace and reclaim agency over their silence and voice. The decision tree begins by determining how much employees are aware of their mental health condition, which is how conscious they are of their mental ill health. As the purpose of this decision tree is to explore the ways in which employees can reclaim their agency over the silence process, unconscious forms of silence are not incorporated. The issue of agency is important given the possibility of silence originating from a lack of awareness, as employees can only make purposeful decisions regarding their agency when they have a level of consciousness regarding their mental health condition.

THE INSTITUTIONALISED SILENCE NAVIGATION TREE

Institutionalised Silence

Societal Institutionalised Silence

- Acceptance/Compliance
- Regain Agency
  - Silence Practices
    - Physical
    - Stress
    - Humour
    - Misbehaviour
  - Social Voice
    - Closed circuit
    - Open circuit

Managerial Institutionalised Silence

- Acceptance/Compliance
  - Insubordinated Silence
    - Complete Silence
    - Silence Practices
      - Physical
      - Stress
- Regain Agency
  - Social Voice
    - Closed circuit
    - Open circuit

Shifting the focus to institutionalised silence, the employee can remain silent because of the societal pressures that enforce silence and/or the managerial prescriptions of silence that are perpetuated within the workplace. It is important to note that this decision tree does not suggest that this is a binary model of institutionalised silence; on the contrary, the employee can simultaneously make decisions in relation to managerial institutionalised silence and societal institutionalised silence. These forms of silence can co-exist and therefore the employee can be making multiple decisions during the silence process regarding different forms of silence.

Regarding the decisions employees made in relation to societal institutionalised silence, the employee can comply with these prescriptions that enforce silence over social exchanges within the workplace; this compliance is therefore a passive activity based on resignation. Conversely, the employee can deliberately choose to regain their agency over the silence process. For societal institutionalised silence, employees can either adopt various silence practices (using physical health or stress as a disguise; using humour to conceal aspects of their condition; or using misbehaviour to conceal their condition) to reclaim their agency, or they can engage in social voice to defy the societal assumptions that perpetuate a climate of silence within the workplace. The type of social voice the employee can engage in can either be closed-circuit or open-circuit conversations with their colleagues. As in societal institutionalised silence, employees can defy managerial prescriptions of silence through their engagement with social voice to regain agency over their silence decisions. However, unlike in societal institutionalised silence, the employees can choose to engage in insubordinated silence. The employee can deliberately defy managerial prescriptions of disclosure through remaining completely silent or through engaging in silence practices to reclaim their agency over what they do and do not want to voice.

Although this decision tree simplifies complex concepts and abstracts the forms of silence from their context, it provides a useful way by which to understand how the employee navigates the silence process. It is important to note that these decisions are not communicative choices per se, but rather vary in their degree of agency and how much the employee can exercise or regain their agency. It presents an overview of how employees can respond to institutionalised silence in particular, and how employees can deliberately reclaim their agency through silence practices, insubordinated silence and social voice. This decision tree therefore demonstrates the relationship between the forms of silence discussed in the employee-oriented framework of silence that has been developed throughout this chapter, illustrating that these are interrelated concepts that are mutually supported. For example, insubordinated silence is a response to managerial institutionalised silence and therefore is not likely to exist separately from this form of silence. Social voice, on the other hand, is a response to institutionalised silence that is distinct from other ways in which employees regain their agency. Instead of using silence and/or silence practices to defy these institutionalisations of silence, the employee proactively engages in voice as a way of reclaiming agency in the workplace. This concept of voice is an interesting organisational response because it can actively challenge the climates of silence these institutions perpetuate. Social voice therefore can influence, or even change, these institutionalisations of silence from the bottom up and reverse the silence process.

7.5   Spirals of Voice

Expanding upon these ideas, the second half of this chapter illustrates how the employee-oriented framework of silence can be used to expand academic understanding of silence. The development of a model that illustrates the importance of social voice regarding personal issues within the workplace, in this case mental health issues, will be explored, demonstrating how social voice can challenge specific aspects of the employee-oriented framework of silence, namely institutionalised

silence. A horizontal and vertical spiral of voice is presented to demonstrate the potential positive repercussions of social voice within workplace, namely that it can challenge both societal and managerial institutionalisations of silence and lead to the liberation of organisational voice (when employees voice workplace issues within organisations). Firstly, however, the theory at the core of these spirals of voice will be briefly introduced to provide a conceptual understanding of their theoretical foundations.

The ideas at the heart of this theory are an adaptation of Bowen and Blackmon's (2003) spiral of silence theory. Bowen and Blackmon (2003) applied Noelle-Neumanns (1974) theory to the organisational arena in their seminal study of gay and lesbian employees and found that homosexual employees will remain silent about their sexuality if their working cohort is mainly heterosexual. The threat of social isolation will build if the employees' demographic attributes deviate from that of their work group, igniting a horizontal spiral of silence (See *Figure 7.1*).
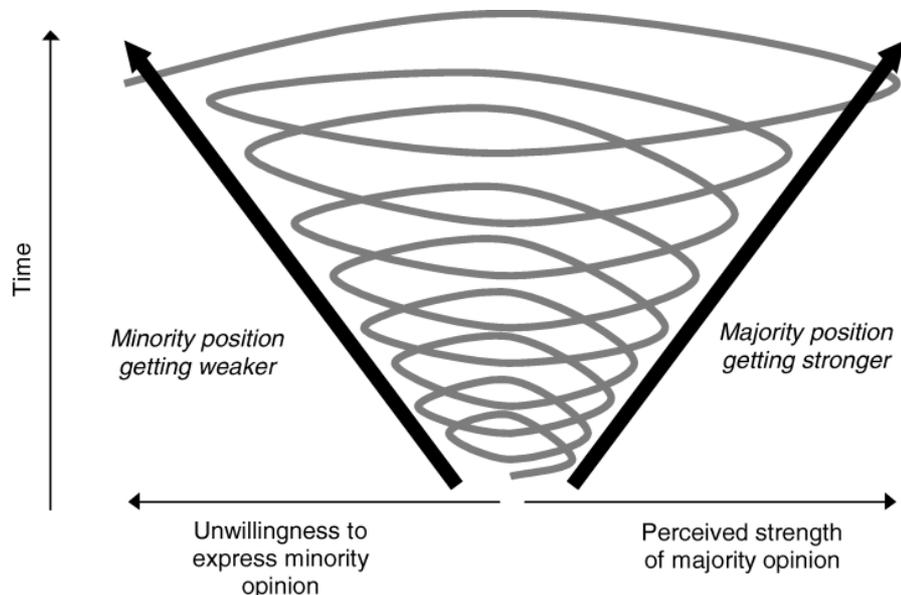

Figure 7.1: The horizontal spiral of silence (Bowen and Blackmon, 2003; p.1392)

When a member of this minority is unable to express his or her unique attribute, such as their sexual orientation, a second, vertical spiral of silence is prompted as the

suppression of an individual's identity spreads to wider organisational issues (*Figure 7.2*). Simply put, silence becomes contagious and spreads beyond non-disclosure to other organisational issues. Bowen and Blackmon (2003) claim that this is because workers feel socially isolated from their working cohort as they are unable to express their true personal and social identities. They become less committed, have lower job satisfaction, more role ambiguity, more job stress and more role conflict, all because of the social isolation which results from keeping their sexuality a secret (Day and Schoenrade, 1997, p 150). This vertical spiral inhibits organisational voice and impedes the employee's communication, particularly task communication, social exchange (social interactions between employees) and instrumental exchange (professional interactions between employees).
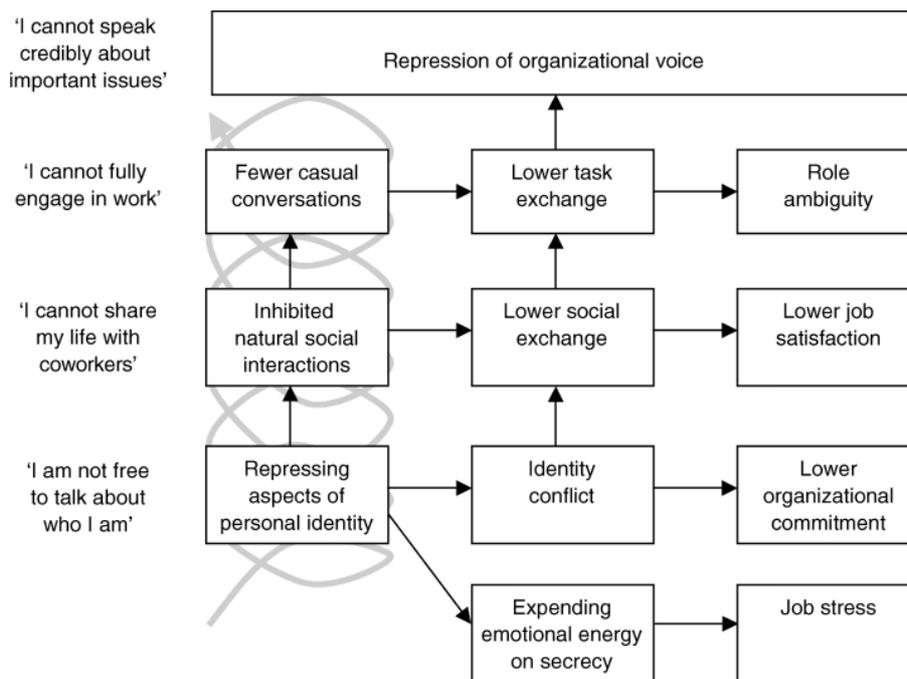
Figure 7.2: The vertical spiral of silence (Bowen and Blackmon, 2003; p.1404)

Through inverting the logic of this horizontal spiral, a conceptual spiral of voice can be introduced (*See Figure 7.3*). This spiral of voice theory is particularly pertinent for individuals who are at risk of social exclusion due to a characteristic, trait, or in this case mental health issue, that separates them from their working cohort., It has been

argued throughout this thesis that those who run the risk of being excluded from the majority are likely to engage in silence within the workplace. The institutionalisation of silence from a managerial and societal level reinforce their decision to remain silent as they withhold their conditions so that they appear to be 'normal' within the workplace due to their fear of segregation, being tarnished by their mental health condition and the various other negative repercussions of voicing a mental health issue. This horizontal spiral of voice argues that when an employee speaks up about their mental health issue through social voice, despite the threat of the negative consequences of voicing their condition, their voice can spread to other employees who share this invisible minority status; it is therefore horizontal because it influences the voice decisions of the employee's working cohort and challenges societal institutionalisations of silence.
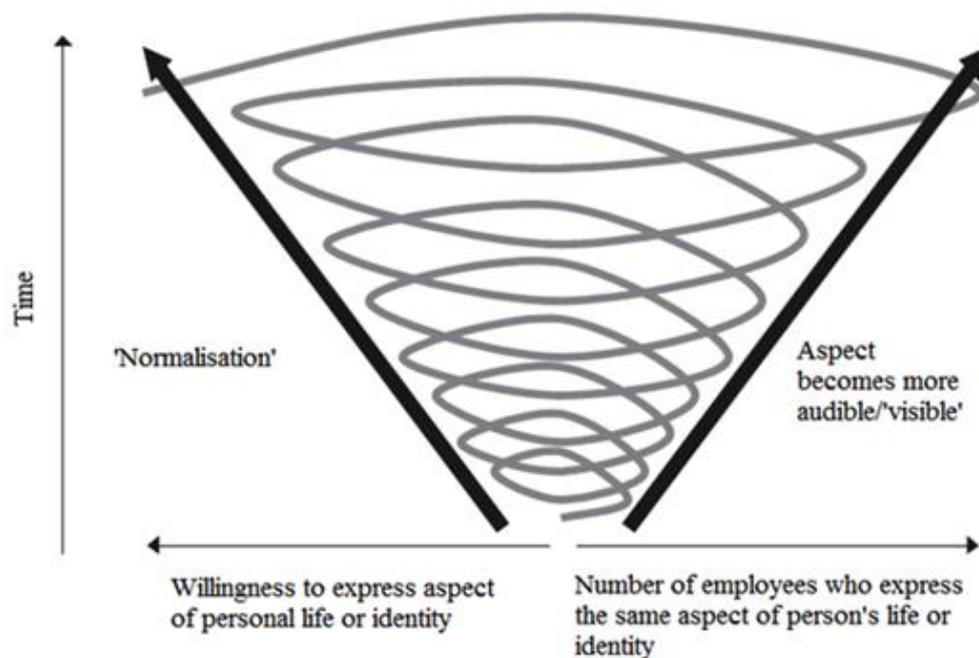
Figure 7.3. The horizontal spiral of voice.

At the heart of this theory is the notion of 'normalisation', which can be understood as the process of normalising a personal issue within the workplace through influencing

individuals' perceptions as to whether mental ill health is experienced by others. This theory argues that when an employee speaks up about a personal issue through social voice it triggers a horizontal spiral of voice as it 'normalises' the aspect of a person's life or identity that was previously assumed to deviate from 'the norm'. The action of speaking up does not just concern disclosure like Bowen and Blackmon's (2003) spiral of silence theory, but extends this idea of speaking up to social voice, which refers to everyday social exchanges that occur between employees within the workplace, differentiating it in another way from existing theory. Social voice has been developed as a response to institutionalised silence throughout this chapter and is a way in which employees can regain agency over the silence process. Although both closed-circuit and open-circuit conversations can normalise dialogue regarding mental health within the workplace, the latter has a wider and more influential impact as it actively challenges the assumptions upon which institutionalisations of silence are grounded.

For invisible personal issues regarding an individual's life or identity, such as mental ill health, engagement in open-circuit conversations is particularly pertinent as, although these marginalised conditions cannot be seen, they can become 'audible'. Despite the invisible nature of mental health issues, once an individual has come forward and spoken up on mental health issues with regard to him or herself, they are no longer silent or invisible. Thereafter, when employees scan the working environment to determine whether a certain invisible aspect of their life or identity is shared amongst their working group they can hear, rather than see, that they are not alone; they become a socially included member of their working cohort. Put simply, the verbal articulation of a personal issue strengthens its visibility by making it audible, which reduces the perceived threat of social exclusion within the workplace and thus encourages others to use their voice. This spiral suggests that this voice can significantly influence employees' perceptions regarding whether others struggle with mental health issues within the organisation and whether it is, to an extent, a

normal or common condition within the workplace. Once one individual has 'spoken up' during these social exchanges, this voice can become infectious and other workers can choose to also speak up if they share the same personal issue. Conversations regarding that personal issue become commonplace and natural; once they know this issue is one that faces other colleagues, employees may choose voice rather than silence. This spiral of voice can facilitate open and honest discussions through open-circuit conversations, which is important as through normalising that personal issue that was previously deviant, stigma, self-stigma and climates of silence can be challenged and the spiral of silence can be reversed. This horizontal spiral of voice challenges aspects of societal and managerial institutionalisations of silence through perpetuating a workplace climate that is conducive to the voice of employees with mental health issues. The prescriptions of what can and cannot be voiced are eroded, creating a workplace environment wherein employee voice regarding mental health issues is perceived to be the norm. As societal institutionalised silence is focused on how silence is perpetuated from the bottom up by employees, this form of silence can be directly challenged by social voice as more employees engage in this form of voice. The negative attitudes, beliefs and stereotypes can be confronted due to the normalisation of mental ill health within the workplace. In turn, managerial institutionalisations of silence are challenged as voice regarding mental health becomes normalised, refuting the assumption that mental health should be kept silent within the workplace. The agenda set by management is confronted, as there are increased pressures to recognise the voice of those with mental health issues and to refit the voice agenda to be inclusive of these voices.

Like the spiral of silence theory, a vertical spiral of voice can be prompted whereby this voice escalates over time to organisational issues (*see Figure 7.4*). The vertical spiral demonstrates the dynamic effects of social voice on a stigmatised invisible minority trait regarding communication within the workplace and is based upon the

assumptions that voice is good for organisations (for example, Pinder and Harlos, 2001; Bowen and Blackmon, 2003; Morrison and Milliken, 2000). Whilst nondisclosure has been shown to be associated with lower organisational commitment, because individuals cannot be themselves within the workplace; lower job satisfaction, because their social exchanges are inhibited; role ambiguity, as through avoiding social exchanges they have less access to information regarding workplace issues; role conflict, through sacrificing a part of their self-identity; and job stress, due to the individuals emotional investments into remaining silent about their invisible minority status (Bowen and Blackmon, 2003), the vertical spiral inverts this logic and argues that speaking up about an individual's minority trait can not only reverse these limitations but can promote wider organisational voice. Based on the theory of Bowen and Blackmon (2003), this spiral of voice illustrates the mechanisms by which engagement in social voice regarding an employee's mental health, for example, can affect workplace communications.

LIBERATION OF ORGANISATIONAL VOICE

Increase in open circuit conversations that are candid and honest between employees → Challenge managerial institutionalisations of silence → Higher instrumental exchange → Clarity of job role

More natural open circuit conversations between employees → Challenge societal institutionalisations of silence → Higher social exchange → Higher job satisfaction

Engagement with social voice: open circuit/open circuit conversations → Challenge societal institutionalisations of silence → Acceptance → Higher organisational committment / Sense of empowerment

Figure 7.4. The vertical spiral of voice.

Although this vertical spiral of voice has been introduced by inverting the logic that founded Bowen and Blackmon's vertical spiral of silence, it has also drawn upon numerous findings presented throughout Chapter Five and Chapter Six that have provided evidence of such vertical spirals of voice. Whilst there are no explicit, direct quotations that demonstrate that an employee's social exchange regarding their mental ill health can lead to the liberation of organisational voice, numerous implicit indications can be seen to reveal that an employee's personal voice can indeed spread to organisational voice. The findings of this thesis need to be reviewed as a whole in order for the connection between an employee's personal, social exchanges between colleagues and the voicing of workplace issues to be understood.

The findings explored in Chapter Five and Chapter Six reveal that, for the most part, the employees of TransportCo felt disenfranchised, ostracised and neglected by their employer and line managers because they were unable to express their mental health issue due to the culture and climate of silence within the workplace. There was the understanding that there was a direct connection between the development of an inclusive workplace, wherein a climate of voice existed, and morale and organisational commitment. As demonstrated within other marginalised groups of employees, building a safe environment for employees to express personal issues or aspects of their identity within the workplace was therefore beneficial for the organisation. This connection can be seen throughout the narratives made by the OH managers, yet in addition it can be found within the narratives of some of the line managers. For some of the line managers, there was a demand expressed that TransportCo should recognise and encourage employees to voice their mental health condition as it impacted their conduct and relations with others. This demand was one that was equally expressed by the employees with mental health issues themselves, who frequently articulated how their commitment to, and morale within TransportCo were being negatively impacted by the pervasive silence of mental health within the workplace. The reversal of this, that is, the establishment of a

climate and culture of voice regarding mental health within the workplace, was implied to potentially have the opposite effect. If the employee could, theoretically, have a voice that was heard and listened to within TransportCo, for the employees this would indicate that their voice was important and would negate their feelings of disenfranchisement and marginalisation. The vertical spiral of voice is therefore mainly theoretically derived, based on the inversion of the theoretical contributions of Bowen and Blackmon, yet also supported by numerous suggestions of this vertical spiral of voice that are displayed throughout the findings chapters of this thesis.

Figure 7.4, the vertical spiral of voice, illustrates how the feeling of acceptance that accompanies being able to speak up about a personal issue, rather than remaining silent about it and concealing it, encourages employees to speak up about organisational issues. As social exchanges between colleagues can establish competence and trust, this reinforces instrumental exchanges to take place within the organisation (Bowen and Blackmon, 2003). Elsass and Graves (1997, p. 953) defined instrumental exchanges as the task-related interchange between the individual and the group. This form of exchange is characterised by the employees' readiness to share information within their work group, the extent to which the work group shares information with the individual and whether the individual solicits their contributions through social exchange.

Through reversing the spiral of silence, this theory argues that if the employees' social voice was not greeted acrimoniously by their colleagues, small personal voices could be supported and mushroom, and subsequently escalate to stimulate instrumental exchanges, challenging aspects of managerial institutionalisation of silence. The employee would have higher organisational commitment because they could communicate their true personal and social identities within the workplace and, knowing that their voice would be listened to and recognised, the employee could feel empowered to be him or herself within the workplace, strengthening their feeling of

commitment and loyalty to the organisation. This vertical spiral encourages self-expression and sanctions voice on organisational issues with the belief that this voice to will be heard rather than falling on 'deaf ears', aiding social and task exchange, and ultimately leading to organisational voice. The employee will therefore not input energy into concealing the aspect of their life or identity that they previously remained silent about and will transfer it to more fruitful purposes that are beneficial for the organisation. The individual's work and home lives become harmonious as they feel like they can be themselves in both spheres. As Pless and Maak (2004, p. 134) state, when an employee can openly speak up about their personal issues/characteristics they can "be their true selves, not only in private but also the workplace".

7.6   Spirals of Voice and the framework of Employee-Oriented Silence

To summarise, the spirals of voice challenge societal and managerial institutionalisations of silence. Based upon the inversion of the assumptions of Bowen and Blackmon (2003), when an employee feels like mental health conditions and conversations regarding them are normal within the workplace, they are more likely to engage in social voice themselves, particularly open-circuit conversations, which in turn directly challenges the assumption of societal and managerial institutionalised silence that that mental health should remain silenced within the workplace. These institutionalisations of silence are challenged as the expression of the individual's mental ill health can lead to higher levels of acceptance of themselves within the workplace, which in turn can increase the employee's sense of empowerment and organisational commitment. Through witnessing others' engagement with social voice, institutionalisations of silence can be challenged and employees' own social voice can lead to higher job satisfaction as they feel like they are able to be themselves within the workplace and can speak openly about their mental health condition to others. As the employee has experienced that mental

health conditions can be spoken about freely within the workplace, their confidence in their voice regarding workplace issues is increased. The employees' social voice therefore challenges managerial institutionalisations of silence and spirals to workplace issues, whereby employees are more confident about engaging in task exchanges with their colleagues. Consequently, through the increase in task exchange within the workplace, the employees' job role becomes clearer and organisational voice regarding workplace issues can become more liberated and widespread.

It is also important to note that this vertical spiral is more effectively sparked if the voice climate within the workplace is supportive and inclusive of the voices of different minority groups; however, if the organisation continues to harbour a hostile environment for voice, the effectiveness and breadth of this vertical spiral will be hindered. This suggests that these spirals ignore theoretical abstractions which need to be embedded within their context. In order to understand how these spirals are limited within the workplace, it is important to contextualise these spirals in light of the managerial and societal institutionalisations of silence that this chapter has explored. These spirals of silence are progressive and take time to spread to other employees and to challenge these institutionalisations of silence. When only a few employees have engaged in open-circuit conversations, these institutionalisations of silence remain powerful silencing forces within organisations and the assumptions at their core will take time to reverse and challenge. As more employees engage in open-circuit conversations, these prescriptions of silence can be refuted and voice can begin to be perceived as a voice behaviour that is not tied to negative consequences, such as stigmatisation from peers. These open-circuit conversations will reverse these assumptions, albeit slowly, and create a positive working arena in which voice regarding mental ill health is listened to and supported. Managerial prescriptions of silence will be challenged as employees feel like they are able to be themselves

within the workplace, creating a workplace environment that is conducive to voice of workplace issues.

Furthermore, through embedding these spirals in their context of the pervasive institutionalisations of silence that exist within the workplace, an explanation as to why employees with mental health issues may not freely engage in social and instrumental exchanges can be provided. If employees are not engaging in social exchanges regarding their mental ill health, this points to external forces that are institutionalising silence within the workplace, creating a hostile environment for issues that do not conform to the voice agenda defined by society and management and consequently makes the organisation inhospitable to other forms of voice. It suggests that silence is the norm, whereas when larger quantities of employees engage in social voice regarding their mental ill health it implies that voice is the norm. These spirals of voice therefore present the benefits of challenging these institutionalisations of silence that perpetuate a climate of silence within organisations, providing an incentive for organisations to tackle the societal and managerial assumptions that establish employee perceptions that voice is dangerous or not worthwhile.

The spiral of voice models provide an interesting lens through which to explore the relationship between social exchange and instrumental exchange and how being honest and candid about an employee's personal issue can actually be beneficial for organisations overall. Based on the assumption that voice is beneficial for organisations, this vertical spiral of silence provides an insight into how voice regarding personal issues can positively impact organisations through challenging the societal and managerial prescriptions of silence. By recognising the sources of personal silences, employers could potentially reap organisational benefits, such as higher social exchange, task exchange, commitment, job satisfaction and clarity of job role through the liberation of organisational voice. This inversion of Bowen and

Blackmon's (2003) theory therefore reinforces the assumption that silence is negative for organisations and that institutionalisations of silence can inhibit workplace communications.

7.7   Concluding Remarks

To conclude, through observing the experiences of employees with mental health conditions, a more sophisticated understanding of silence can be developed that extends academic understanding of silence beyond the withholding of workplace issues. Refitting the conceptual lens to the employees' perspective, employee silence can be understood as the withholding of information, opinions, experiences and emotions regarding an issue that is personal to the employee. Unlike other frameworks of silence (Van Dyne et al., 2003; Morrison and Milliken, 2003; Pinder and Harlos, 2001), this chapter emphasises the important role of agency, or lack thereof, in establishing certain forms of silence, illustrating the distinction between unconscious silence (when employees unconsciously remain silent about their mental health issue), institutionalised silence (silence that is forced upon employees by structures and agenda setting from either management or society) and insubordinated silence (when an employee withholds information about their mental health condition to their employer that is often expected of them). Through exploring the parameters of each form of silence in relation to employee agency, silence is often shown to be a prescription within organisations wherein voice beyond disclosure is inhibited, constraining the employees' agency over the silence process and perpetuating a climate of silence within the workplace.

The development of a decision tree, which depicts the ways employees can deliberately navigate the silence process, has been discussed, emphasising the ways employees can comply with these institutional prescriptions or how they can regain their agency through defying managerial or social institutionalisations of silence by not adhering to these prescriptions through various silence practices, insubordinated

silence and social voice. These decisions were deliberate, seen as proactive responses to these institutionalisations of silence to regain agency in arenas where their choice to engage in silence is confined and constrained. Social voice was introduced as another way by which employees chose to regain some agency over their voice and silence decisions, resisting the institutionalisation of silence from management and society by engaging in social exchanges within the workplace. The ways in which employees can reclaim their agency over the silence process therefore reflect how employees can refute the prescriptions of silence that are perpetuated within organisations and with their need to make deliberate and intentional decisions over their silence. They depict how these institutionalisations of silence are not accepted by employees, portraying how the employee can attempt to regain agency over what and how much they voice.

Expanding on the concept of social voice, the chapter thereafter offers a new pathway within the silence literature. It introduces an inversion of Bowen and Blackmon's (2003) Spiral of Silence that conveys the importance of these 'small personal silences' for organisations. Building upon this theory of silence, the Spiral of Voice theory that is presented departs from the existing silence literature by exploring the relationship between silence and voice regarding personal issues and workplace issues, illuminating how the recognition of the silence of personal issues within the workplace makes good business sense. Inverting the vertical and horizontal spirals of silence that Bowen and Blackmon (2003) developed, voice regarding a personal issue, such as mental ill health, is shown to be equally transmissible and can spread to other people and wider organisational issues through a horizontal and vertical Spiral of Voice. The essence of this framework is the process of normalisation, whereby a previously stigmatised personal issue becomes 'normalised' within the workplace through social voice. The notion of normalisation was the primary focus of open-circuit conversations. Through proactively refuting the existing norms and assumptions regarding mental health issues within the workplace, the employees

were attempting to remove these prescriptions so that employees could have agency over their voice and freely converse about their mental health condition without the restrictions set by management or society. This concept of normalisation provides an interesting insight into how these exchanges can influence how employees navigate the silence process, how employees can reclaim their agency, and how a climate of voice can be gained within the workplace. By inverting the assumptions of Bowen and Blackmon (2003), these social exchanges can spread to instrumental exchanges as employees begin to feel empowered and their organisational commitment is increased. This theory draws attention to the overall benefits, such as job satisfaction and role clarity, that can be reaped and the liberation of organisational voice that can be gained, which in turn presents an interesting case for a climate of voice regarding issues, such as mental health, to be fostered and maintained within the workplace. The emphasis on social voice within the theory contributes to the literature by addressing how institutionalisations of silence can be challenged and why it is beneficial for organisations if climates of voice, rather than climates of silence, are encouraged within the workplace.

There are some boundary conditions to this framework, which refer to the restrictions of the employee-oriented framework of silence and the spiral of voice theory. Boundary condition one is that they are focused on the withholding of information, opinions, experiences and emotions regarding an employee's *personal issues* within the workplace, in this instance mental health conditions. As within the existing silence literature precedence has typically been placed on the withholding of workplace issues within the workplace, this framework introduces an interesting new angle in which to explore silence within the workplace as it reframes the silence debate by refitting the employee back into employee silence; however, in doing so, the framework's considerations of silence are limited to this type of issue. Whilstthe framework is focused on employees with mental health issues, it does present interesting lessons that can be transferred to the knowledge on the silence of other

minority groups, particularly invisible minority groups, such as LGBT employees. Secondly, this framework develops these forms of silence from a case study in which they are present and active. This should not suggest that they are applicable to all organisations. Thirdly, it draws upon abstractions from research findings, which were explored in Chapter One and Chapter Two. This encourages further research to engage with the framework with the intention of developing it further, inductively researching the theory in greater depth. Lastly, its main emphasis is on the agency, or lack of, that employees have over the silence process. The degree of agency the employee has introduces an innovative way of exploring how and why employees engage in silence within the workplace regarding personal issues, as well as presenting insights into how employees can regain agency through engaging in various silence practices, social voice or insubordinated silence.

Table Five: Employee-orientated Framework of silence

Form of silence	Definition	Defining characteristics	Agency	Ways to regain agency
Unconscious Silence	Refers to the withholding of information, opinions, experiences and emotions regarding an employee's mental health condition based on a lack of awareness of their own mental health issues	Passive Employees unaware of mental health condition	Little agency	N/A
Institutionalised silence	Institutionalised silence is characterised by the processes, structures, attitudes and beliefs that establish and reinforce a climate of silence within the workplace that are enforced by either, or both, management and society	Enforced and prescribed	Constrained agency	Insubordinated silence Social Voice Silence Practices
Insubordinated silence	Defiance of management's prescriptions for disclosure, withholding the information that is expected of them, namely their medical diagnosis.	Active, intentional and purposeful	Regaining agency	Complete Silence Silence Practices
Social voice	Characterised by friendly, day-to-day social exchanges between colleagues that were informal and could be closed circuit or open circuit conversations.	Active, conscious, intentional and purposeful Informal	Regaining agency	Closed circuit social voice Open circuit social voice

Chapter Eight: Conclusions

8.1   Introduction

This thesis has introduced the employee back into employee silence debates,

refitting the conceptual lens to develop a conceptualisation of silence that has been

developed from the perspective of the employee. The factors that shape climates of

silence and voice within the workplace have been analysed, with a particular focus on

the ways in which the employer, cultural and contextual forces can shape employee

perceptions of the procedural opportunities for voice. The key contribution of this

thesis is that despite an organisational commitment to mental health within the

workplace, represented through the implementation of various organisational and

occupational health strategies, in reality an agenda can be established that restricts

the agency of those with mental health conditions to engage in voice within the

workplace, reinforcing the climates of silence that these strategies intend to

challenge. These strategies include, at the organisational level, an attachment to

good mental health practice and organisation wide communications and information

provision, and at the OH level, support structures for those with mental health

conditions.

The second main contribution of this thesis is focused on the employees' experience

of silence within the workplace at an individual level. The thesis provides new insights

into the meaning of silence regarding mental ill health and conceptualises employee

silence from the perspective of the employees with mental health issues themselves.

Through exploring the ontological foundations of silence - that is, whom is remaining

silent and what they are remaining silent about - a multifaceted employee-centred

framework of silence has been developed that is distinct from other

conceptualisations that are observed from an organisational lens and are concerned

with the silence of workplace issues within the workplace. This framework presents

an insight into how an employee can not only have their agency constrained by institutional forces, but can also challenge and regain their agency through various silence practices and social voice. This thesis thereafter has made a convincing case for employers to perpetuate climates of voice within the workplace, as, through introducing a spiral of voice theory, the benefits management can reap from voice are realised and emphasised.

This thesis has provided new insights into the meaning of silence regarding mental ill health within the workplace and into the factors that shape employee perceptions regarding voice and silence within the workplace. In order to do this, three primary aims were posed and addressed in three empirical chapters. This concluding chapter draws out and synthesises the major findings of each consecutive chapter and the contributions these make to the silence debate. In section 8.2 the ways in which the employer and line management can shape climates of voice and silence are discussed. In section 8.3 the factors that shape employee perceptions of the procedural opportunities for voice and silence are addressed. Thirdly, to build upon conceptual frameworks of silence, the employee-oriented framework of employee silence was proposed to develop a theoretical understanding of silence regarding mental health issues within the workplace, alongside the ways in which employees can regain agency over the silence process. Agency is shown to be a theme that is argued to be a common thread running throughout this thesis. The second half of the chapter presents a discussion of the further implications of the research project for future research and workplace practices. Lastly, concluding considerations regarding the wider contribution of the project are presented.

8.2 To explore the ways in which the employer and line management can shape climates of voice and silence within the workplace

Informed by the work of Donaghey et al (2011), the first main aim of this research was to understand how the employer and line management can influence climates of voice and silence within the workplace. Chapter Six mapped out the organisational and OH strategies the case study organisation, TransportCo, had implemented to encourage the voice of the employees with mental health issues within the workplace. This analysis demonstrated how the authenticity and effectiveness of these strategies can be limited due to the institutionalisation of a voice agenda that favours a narrow definition of what it means to have a voice within the workplace. This detailed analysis provided an insight into the ways in which silence can be perpetuated within the workplace, developing the theory of Donaghey et al., (2011), which argues management can deliberately fashion a climate of silence through removing procedural opportunities to voice and through narrowly defining what the expression of voice is taken to mean. Whilst Donaghey et al.'s (2011) study was focused on workplace issues, reflecting the traditional voice scholarship, this study made an application of this theory to the personal issues that employees can withhold within the workplace, in this case the silence of mental health issues, making an empirical investigation that applied this theory to the experiences of employees within TransportCo. Furthermore, this research study applied the notion of the voice agenda in the context of how the employer had responded to numerous imperatives that aimed to institutionalise voice at work, mainly the business case and social justice case, through the implementation of various organisational strategies and OH strategies. Although studies have explored the strategies and structures that these imperatives have encouraged, this thesis applied Donaghey et al.'s (2011) theory by exploring how employers can limit the efficacy of these responses and the reasons why the employees of TransportCo were reluctant to engage in voice within the organisation.

Despite these strategies for good mental health practice within the workplace, Chapter 6 presented a detailed understanding of the contradictory understandings of what it meant to have a voice within the workplace and how management's understanding of voice as disclosure was prioritised, whereas more nuanced understandings of voice by OH (such as therapeutic voice) and the employees with mental health issues themselves (such as social voice), were neglected and silenced by management. By praising disclosure and through ostracising the issues that employee wanted to voice within the workplace, narrow definitions of what it means to have a voice pervaded TransportCo. This reveals how employers and line managers can dictate the type of issues voiced by employees and the content of their voice. This managerialist understanding of voice demonstrates how management can structure silence and determine the content of what is voiced. Additionally, the implementation of various strategies to encourage employees to engage in voice regarding their mental health issue establishes employee expectations, which, when not met, reinforce the climates of silence these strategies intended to challenge. This paradoxical finding illuminates the power-centred role of management in determining silence and how increasing employee expectations can exacerbate silence if they are not met by the organisation. The tensions this inconsistency creates reinforces employee silence, building the perception that the strategies for voice within TransportCo were inauthentic and contradictory.

This voice agenda was further reinforced by the lack of a formalised, direct voice structures for voice within the workplace. Although TransportCo had implemented strategies to encourage voice regarding mental health issues, unlike other minority groups within TransportCo, there was not direct voice channel that was established for the employees with mental health issues within the workplace. The absence of these voice channels, combined with establishment of the voice agenda to favour disclosure, contributes to academics' understanding as to how management can organise out the voices of those with mental health issues. This was an important

finding, as it illuminates an inconsistency between the commitments made to mental health issues within the workplace and the structuring of silence beneath the surface. These commitments were visible and made public - however, the employer limited the efficacy of these strategies through the omission of formal voice channels and through the adoption of a narrow understanding of silence within the workplace. This adds a new level of understanding as to why employees do not necessarily have the agency to engage in voice, particularly the issues they want to voice, revealing that voice and silence are not always communicative choices.

The responses of line management to employee voice, mainly around disclosure, add another level to this analysis. Line management could significantly influence how employees navigated the silence process, revealing that unfavourable line managerial responses can reinforce a climate of silence within the workplace. Through deaf-ear syndrome, breaches of confidentiality and discrimination, line management were shown to be an important factor in an employee's decision to remain silent within the workplace, particularly shaping many employees' decisions to return to silence due to line management's response, or lack of, with regard to deaf-ear syndrome. This finding reveals that line management play a crucial role in determining the voice and silence climates within the workplace and could influence employees' decisions to return to silence, revealing how silence is not an all-or-nothing phenomenon; on the contrary, it illuminates the intricate nature of the silence process, demonstrating the fluidity of the concept of silence. Whilst employees could 'break the silence' through disclosure, this should not imply that the employee has a voice within the workplace. Rather, the employees with mental health conditions continuously navigated the silence process, and those who did voice their mental ill health within TransportCo re-evaluated their voice decision due to line management response and made the conscious choice to remain silent thereafter. The silence navigation process was therefore continuously re-negotiated by the employees with

mental health conditions, illustrating how employee voice cannot be equated with a one-off voice decision within the workplace.

8.3   To explore the factors that shape employee perceptions of the procedural opportunities for voice and silence within the workplace

The second research aim explores other factors, both internal and external to the organisation, that influence climates of silence within the workplace, and the notion that voice is either not worth the effort or is a dangerous activity. There were numerous contradictions and tensions between policy and practice, conflicting with the cultural assumptions, values and characteristics that were embedded within TransportCo. The culture of TransportCo played a crucial role in creating the perception that the archetypal employee should not voice their mental health condition within the workplace (MacKenzie and Forde, 2009). The 'good worker' and 'good co-worker' were characterised by silence of personal issues, particularly those that could represent weakness or a lack of resilience. This contribution to the debate illustrates how, regardless of any organisational or OH strategies for employee voice for employees with mental health issues, silence was a prerequisite for being a model worker.

Four aspects of TransportCo's culture established this worker ideal; the military heritage of TransportCo, the gendered assumptions within TransportCo, the emphasis placed on performance presentation and the stigmatised assumptions that were attached to mental ill health. These aspects of TransportCo's culture created the perception that voice regarding ill mental health would damage the employees' professional image and invite assumptions that the employee was incompetent. Compliance with the prescription of silence has been discussed within the silence literature in relation to LGBT employees. For example, in their analysis of the experiences of LGBT employees within the military, Bell et al., (2011) argued that

silence was an inevitable aspect of the employees' position within the US military, as institutionalised by the 'Don't ask; don't tell' policy. However, limited studies have applied these findings to other invisible minority groups; within TransportCo, the organisation's military heritage established an expectation that the employees within TransportCo should remain silent about any characteristics that could be considered a 'weakness'. Reflecting the work of Bell et al., (2011), there was a strong emphasis on resilience and strength, exacerbated by the expectation that employees should respond to orders and these prescriptions, all of which influenced the employees' perceptions that silence of mental ill health was requirement within TransportCo. This contribution illustrates how there can be implicit prescriptions of silence that can significantly shape how employees navigate the silence process.

Continuing from this analysis, the good worker ideal was characterised by gendered assumptions that prescribed subscription to a masculine or male worker archetype. Priola et al., (2013) explored how heterosexism and heteronormativity can silence LGBT employees within organisations that are shown to exhibit cultures of silence. In alignment with Priola et al.'s (2013) study, despite organisational commitments to encourage voice for, in the case of this thesis, employees with mental health issues, the organisation established a heterosexist culture that normalised silence within the workplace. Building upon such studies, (Priola et al., 2013; Bell et al., 2011; Herek, 1993), masculinity was favoured within TransportCo, whereby the deeply rooted heterosexist culture labelled mental ill health a woman's issue, thus organising it out of the voice agenda. What this contribution represents is the power of heteronormativity in establishing a culture that is conducive to silence within the workplace, reflecting how there are specific assumptions, attributes and traits that are tied to mental health issues that position it as a 'feminine' issue that would prevent employees from performing masculinity within the workplace. Silence was therefore an important activity that permitted the employees to conform to the masculine prescriptions that TransportCo's culture reinforced, pressurising men to subscribe to

their biological gender role and encouraging women to adopt silence so that they could fit with the masculine majority.

Furthermore, mental ill health was related to incompetency and inefficiency, pressuring employees to comply to the prescriptions of a good worker who performs through silencing any issue that could lead them to be perceived as under-qualified or inadequate to perform their job role. Whilst the voice literature has historically related employee voice to improved employee performance and employee commitment (Lewin and Mitchell, 1992; Pfeffer, 1998; Walton 1985; Dundon, 2002; Ackers et al. 2004), this finding illustrates how the workplace issues are not treated akin to personal issues within the workplace as, conversely, employee voice regarding mental ill health was associated with an employee's inability to perform. The traditional silence literature argues that employee voice is a crucial part of a high-performance work system, and is advocated within these studies (Appelbaum, 2000; Dundon et al., 2005). This finding, however, demonstrates how employee voice regarding mental ill health represented the opposite, linking mental ill health to an ability to perform. This finding goes against the idea that voice is necessary for good performance and provides an invaluable contribution to the silence literature by illustrating how silence can be a deliberate strategy to promote a favourable image of performance.

The last aspect of TransportCo's culture united these themes of the good worker ideal. The stigmatised assumptions tied to mental ill health were embedded within the organisation's culture and reinforced the understanding that employees with mental health issues were unable to achieve the favoured characteristics that were at the crux of the good worker ideal. As many academics have discussed, a crucial challenge the employees with mental health issues faced was whether to 'disclose' their discreditable difference (Beatty and Kirby, 2006; Bowen and Blackmon, 2003; Clair et al., 2005; Ragins et al., 2007). However, what this finding contributed to the

debate was that these stigmatised assumptions lay the groundwork for prejudice to spread to other aspects of the organisations culture, establishing various assumptions that underpin an employee's decision to remain silent. The stigmatised assumptions that pervaded society presented mental ill health as a weakness, suggesting that employees with mental health conditions were not resilient or competent to perform their job role effectively. These stigmatised assumptions informed the derogatory beliefs that were at the heart of these three aspects of the organisations culture, providing an insight into the relationship between stigma and silence and how these assumptions can restrain an employee's agency to engage in voice. Once again, silence was shown to not be a communicative choice; rather, the ways in which employees felt compelled to remain silent as a compulsory act to maintain their image illustrates how employees' agency can be constrained by internal and external cultural assumptions, values and beliefs; stigma was therefore shown to unite these three aspects of the organisations culture as it informed the assumptions that characterised them.

The restrictive culture placed on an employee's agency was further exacerbated by certain contextual forces, which entrenched the perception that employees did not have the procedural opportunities to engage in voice within TransportCo. The implementation of continuous reorganisations was found to be a key factor in establishing the perception that voice was neither an activity that was worthwhile or was a safe activity devoid of negative consequences because it created a hostile environment for voice. The threat of technology, through the modernisation of the workplace, informed employees fear that they were disposable employees at risk of job loss. This restructuring process contributes to our existing knowledge surrounding the role of reorganisations and climates of silence, as the reorganisation of TransportCo's workforce, combined with the job-specific nature of the employees' skill-set, resulted in perceptions that voice would put the employee at risk of job loss. The threat of redundancy drove employees to remain silent out of fear, creating an

unfavourable environment for employee voice. Although studies have revealed a relationship between job insecurity, redundancies and an increase in stress, anxiety and depression (Winters et al., 2012), this thesis adds to understanding on how these factors influence an employee's agency to engage in voice and shape the perception that voice would threaten the employee's position within the workplace.

In Chapter Six, the silence practices employees can engage in to remain silent were explored, including using stress as a disguise; using misbehaviour as a disguise; and using humour to deter conversations and/or reduce how serious their mental ill health was. The employees' experiences of these silence practices were analysed from the perspective of the employees themselves, which in turn laid the foundations for abstractions to be made in Chapter Seven to develop a deeper understanding and conceptualisation of silence within the workplace. This lens presented an interesting and novel way to observe how silence can extend beyond inaction, revealing how there are deliberate and strategic decisions employees make as they navigate the silence process to conceal their mental health condition.

8.4   To reconceptualise silence to give more emphasis to the perspective of the employee.

Whilst Creed (2003) probed the ontology of silence with regard to the experiences of tempered radicals, illuminating the importance of considering whose voices and silences are being explored, this thesis explored the ontological foundations of silence in the context of mental ill health within the workplace. Through reflection on chapters Five and Six, the key issues for understanding silence were unearthed so that a more comprehensive and detailed understanding of silence was presented. These chapters laid the foundations for an employee-oriented framework of silence to be developed, whereby three distinct forms of silence emerged: unconscious silence, managerial institutionalised silence and societal institutionalised silence. The

contribution of this framework was that it understood employee silence from the perspective of the employees themselves, presenting a new and interesting lens in which to conceptualise silence within the workplace. Unlike previous studies that understood employee silence to be a communicative choice (Tangirala and Ramanujam, 2008; Van Dyne et al. 2003; Dyne and Lepine, 1998), this framework builds upon Donaghey et al.'s, (2011) study by arguing that employees can lack the agency to engage in voice when silence is an unconscious silence, characterised by a lack of awareness, or they can have their agency constrained by managerial and/or societal factors, such as the widespread stigma of mental ill health, that create a hostile environment for employee voice. Silence was shown to not always be typified by submission and resignation; rather, in reference to institutionalised silence, the silence of mental health issues could be a deliberate activity made by the employees and shaped by the organisation's employer, line management, the organisation's culture, and contextual factors. These forces, outlined in the previous two sections, influence the employee's perception that the procedural opportunities for voice either did not exist or were not supported by the organisation, reinforcing these two forms of silence that deterred employees from engaging in voice. This contradicts studies that suggest that employees possess the agency to freely undertake decisions as they navigate the silence process (Tangirala and Ramanujam, 2008; Van Dyne et al. 2003; Dyne and Lepine, 1998). The factors that silenced mental health issues discussed in chapters Five and Six meant that the employees' conscious decisions were significantly shaped by different forces that institutionalised a climate of silence within the workplace.

Furthermore, by analysing employee silence through the perspective of the employees with mental health issues themselves, the ways in which employees re-gained their agency through various silence practices has been drawn out of the findings. While numerous studies have explored the concealment practices of LGBT employees within the workplace (Peters and Brown, 2009; Bell et al., 2011; Hewin,

2009; Beatty and Kirby, 2006), these studies have been limited to the silence practices of one minority group. Building upon the silence practices that were demonstrated in Chapter Five, Chapter Six conceptually developed these practices and embedded them within the employee-oriented framework of silence. These silence practices included using stress as a disguise; using misbehaviour as a disguise; and using humour to deter conversations and/or reduce how serious their mental ill health was. These silences practices illuminated the ways in which employees can regain their agency over the silence process regarding how they remain silent. In addition, they represented the ways in which employees can reclaim their agency over aspects of the employees' condition that TransportCo expected employees to disclose, this being the substantive information regarding the employee's mental health issue. Therefore, silence did not always represent a disengaged and passive activity; on the contrary, it could be an intentional, strategic decision to gain agency over how the employee remains silent and defy managerial expectations to disclose within the workplace.

In addition, another formal category of employee silence, insubordinate silence, was shown to be a silence practice that was adopted as a response to institutionalised silence. Whilst studies have shown that employees can use silence to remain within 'the workplace closet' to conceal, for example, their sexuality, this form of silence emphasised that employees could make deliberate decisions regarding how they defied managerial expectations for disclosure of substantive information regarding the individual's mental health condition (Butler, 1991; Creed, 2003; Bowen and Blackmon, 2003; Grierson and Smith, 2005; Bell et al., 2011). This reflects the arguments of Corrigan and Mathews (2003) and Brohan et al., (2012), illustrating how both sexual orientation and mental health are discreditable, invisible differences that provide an employee with a degree of agency over whether they voice their minority status or withhold this information. This form of silence therefore presented a

conceptualisation of silence that presents a platform to understand and analyse silence when it is a purposeful and protective measure within the workplace.

Conversely, whilst studies have shown that employees can respond to hostile environments for voice through concealment practices (Peters and Brown, 2008; Bell et al., 2011; Hewin, 2009; Beatty and Kirby, 2006), this study presents a new and interesting contribution to the literature. In addition to the numerous silence practices that employees could engage in to regain agency over the silence process, there was a form of voice that some employees with mental health conditions engaged in to exercise their agency over the prescriptions of silence beyond disclosure within TransportCo. This constitutes an interesting departure from the silence practices outlined and presents a fruitful contribution to the silence debate. The use of social voice as a practice to reclaim agency within the workplace demonstrated that employees could make the deliberate decision to candidly and openly voice their mental health condition in defiance of the silencing forces that existed within TransportCo. How employees could altruistically engage in social voice was a key and important finding that adds knowledge about how employees can respond to climates of silence within the workplace, demonstrating how social voice can challenge aspects of the employee-oriented framework of silence. However, although this finding was novel it was not unsurprising. The feelings of injustice described throughout Chapter 5 in particular founded the employees' decisions to speak out against the actions, or inactions, of line management especially. Therefore, in contrast to Pinder and Harlos (2001), who highlighted the use of silence as a response to workplace injustices, social voice was argued to be an important force used to tackle the pervasive silence of mental health.

The influence of social voice on employee perceptions of the voice climate within the workplace was developed by the application of a reversal of Bowen and Blackmon's (2003) spiral of silence theory, introducing a spiral of voice. The power of social voice

to create a more open workplace climate, in which employees can scan the workplace environment and see that employees can speak openly about their mental health issue, provided an understanding of how social voice can be used to tackle the silence of mental health issues. Yet, contrary to the vertical spiral of silence introduced by Bowen and Blackmon (2003), this social voice was argued to be beneficial to organisations, encouraging task and social exchanges to take place within the workplace, which led to the liberation of voice regarding workplace issues. This empirical model has therefore added deeper knowledge to the role of employee voice regarding personal issues and the importance of having a workplace climate that is centred on voice rather than silence. This finding extends debates and contributes to knowledge regarding how social voice can challenge the absence of a voice centred workplace culture through the normalisation of mental health issues within the workplace, and the potential benefits of voice that can be gained through this process.

8.5 Main contribution of the thesis

There are two key contributions of the thesis, one that operates an organisational level of analysis and the other being centred on an individual level of analysis. The first main contribution adds to the silence debate by presenting a deeper understanding of the pitfalls of the organisational and OH strategies outlined in Chapter Five. Despite organisational commitments to mental health, as displayed in the organisation's attachments to good practice and organisation-wide communications, these workforce strategies can conversely reinforce the climates of silence that they initially intend to challenge. When these strategies are not supported by the necessary voice channels, training, education and cultural assumptions regarding voice and mental health within the workplace, they can establish the perception that these strategies are not authentic displays of organisational commitment to mental health. The disparity between these strategies and practice suggest that, unlike the commitments made to other invisible and visible minority

groups, there is a lack of genuine commitment to mental health issues from management. This is emphasised by the poorly thought-through implementation of these strategies, whereby the transition into practice is half-hearted due to the lack of support these strategies receive from management. These ineffectual strategies for change in turn created a sense of injustice amongst the employees with mental health conditions, as employees' expectations for change and support were not met.

The factors that institutionalise silence, as discussed in Chapters Five and Six, ameliorate academic understanding of how silence can be reinforced by poorly thought through, ineffectual strategies for change. This contribution adds to Donaghey et al.'s (2011) argument that management can structure employee silence through the provision, or lack of, voice channels and without the support of management in the endorsement of voice within the workplace, mainly by exploring the diverse array of factors that can structure silence from both the top down and the bottom up. This thesis draws upon the abstractions made by Donaghey et al., (2011) and presents an insight into how, without operational buy-ins from management, culture change and education and training for line managers' silence can remain unchallenged and pervasive within organisations. The central argument of this thesis is that employee silence has traditionally been positioned as a choice, a conceptual weakness that neglects the constraints management can impose to restrict the employees' agency to make a deliberate choice regarding their voice within the workplace.

Furthermore, the silence literature has forgone the importance of how the employees' colleagues can reinforce silence and present limitations to employee voice. How these actors constitute a voice agenda that details what can and cannot be voiced within the workplace expands upon the existing literature through a refitting of the conceptual lens to understand how silence can be prescribed within the workplace by the employer and the employee's working cohort, organising the employee's voice

out of the voice agenda. These prescriptions of silence are the expectations of management and the employees' peers to withhold their mental health conditions, referring to the silence requirements that were either institutionalised by the employer or by societal forces, such as the stigma of mental health that construes it as a weakness, or even dangerous.

In addition, this thesis explored the employees' experience of silence from the perspective of the employee, presenting an individual level analysis of employee silence. Through exploring the ontological foundations of silence as advocated by Creed (2003), a more detailed understanding of employee silence regarding personal issues, in this case mental health issues, has been unearthed. This thesis presents an interesting and novel angle in which to understand employee silence and departs from the existing literature that explores silence that has analysed silence from a managerialist perspective, which consequentially limits the kind of questions they posit and the explanations they develop (Donaghey et al., 2011). This unitarist assumption overtly focuses on the deliberate withholding of ideas, information and opinions with relevance to improvements in work and work organisation (Van Dyne et al. 2003). The conclusions drawn in Chapter Seven refocus debates regarding the meaning of employee silence through introducing the employee's own perspective on the issues that they withhold and why. Through this individual level analysis, a more comprehensive analysis of silence has been developed, whereby an employee-oriented framework of employee silence has been introduced. However, this thesis has argued that whilst employee silence is not always a communicative choice, the employee can regain their agency through engagement with various silence practices. Despite these silencing forces, employees can find innovative and unique ways to challenge the prescription of silence within the workplace and can reaffirm themselves as active agents who still have the ability to make deliberate and intentional decisions. Rather than focusing solely on how the articulation of voice within the workplace can benefit management, although this did emerge as a key

finding tied to the spirals of voice that social voice can trigger, the different forms of silence employees can engage in regarding mental ill health were delineated. This employee-oriented framework of silence therefore bypasses this managerialist bias and presents a unique and fruitful perspective in which to encapsulate silence within the workplace and the ways in which employees still maintain agency when facing prescriptions of silence.

8.6   Implications for practice

The contributions of this thesis hold significant implications for practice within organisations. As the lessons learnt from the spiral of voice theory illustrate, climates of voice regarding mental ill health within the workplace could allow organisations to reap numerous organisational benefits that are good for business. This suggests that it is beneficial for organisations to address the silence of mental health and therefore the implications for practice within organisations is important to review. For employers, the main lesson learnt within Chapter Five was that voice requires strategic and operational buy-in from senior level management. The implementation of organisational strategies and OH strategies are not enough if they are not embedded within the organisation and supported by line managers. Without operational-level buy-ins, the impact and effectiveness of these strategies will remain restricted. The commitments that organisations make through these strategies need to reflect the organisation's values and assumptions. For example, the commitments that these strategies represented, in particular the organisation's attachments to good practice through their signatures of the Mindful Employer charter and Time To Change pledge, suggested that TransportCo adopted a broad understanding of what it meant to have a voice and remain silent about mental ill health within the workplace. A more comprehensive understanding of silence and voice throughout the organisation could reduce the conflict between employers' understanding of voice and silence and the perspectives held by the employees with mental health issues themselves.

Furthermore, the larger implication of this work for employers concerns line managerial training. Chapter Five revealed that, from the perspective of line managers, those recruited to this position lacked the necessary skill-set to manage employees with mental health conditions, have conversations regarding ill mental health and have negotiations on reasonable adjustments. Whilst Foster (2007) argued that line managers are poorly trained on disability, leading to a lack of understanding of an employee's legal rights, the findings of this research imply that employees require training to develop their soft-skill set to have these conversations in the first place. The demand for soft-skills was a prominent theme and training to develop these people-management skills would curtail the inefficient, organic method of training through experience that some line managers described. However, education on mental ill health was found to be crucial for line managers to effectively manage their employees who had mental health conditions. Education on mental health conditions could challenge the misconceptions regarding what it means to have a mental health issue, and could therefore limit instances of prejudice and discrimination. Although TransportCo had organisation-wide communications regarding line managing an employee with mental health conditions, these communications did not directly train line management and were shown to be an unsuccessful strategy due to the prominence of negative line managerial responses the employees with mental health issues described. The education and training of line management would therefore tackle some of the challenges that organisations can face regarding mental ill health within the workplace.

In addition, bottom up self-organisation within the workplace could be an important platform for employees to engage with voice for LGBT employees (Colgan, 1999; Humphrey, 2002; Colgan and Aiden; 2012). As Bell et al. (2011) recommends, new and different voice mechanisms are needed to encourage voice amongst minority groups. Self-organised groups could provide an individual and collective level voice mechanism for employees with mental health issues, which could enhance visibility

and community, provide a safe space for employees to raise issues within the workplace and develop strategies for change, (Conley et al., 2007; Brook et al., 2002; Wright et al., 2006) and promote social voice amongst employees, which, as discussed, could be beneficial for the organisation. Through encouraging self-organisation within the workplace, the organisational commitment that has been shown to emerge from spirals of voice could be manifested. However, as cautioned by Healy and Oikelome (2007), it is important that these self-organised groups are not replacements to any existing voice channels or mechanisms within the workplace. This leads to the next implication for practice within organisations: formally sanctioned voice channels that provide employees with an avenue to voice their mental health condition to management is necessary within organisations. Without these formal channels, as shown in Chapter One, employees will not have a direct avenue in which to engage in voice to line management, which, in turn, promotes organic conversations to take place between the employee and their line management that are neither efficient or effective. As the traditional voice literature suggests (Lukes 1974; Marchington et al., 1992; Johnstone and Ackers, 2015; Wilkinson et al., 2004), albeit in relation to workplace issues, it is important that employees have the necessary voice channels in which to express their voice; this is no different to the voice of personal issues such as mental ill health. This is because whilst the employee was expected to disclose the substantive information regarding their condition, there was no formal process they could follow to do so to line management. The employees, therefore, did not know how to navigate the disclosure process, in which a formal voice channel could provide the necessary process and procedure by which the employee could voice this information.

One of the last, yet equally important, implications for broader practice is that organisational strategies, OH strategies and voice mechanisms need to be embedded in a conducive culture within the workplace. Studies have shown that culture can inhibit voice (Brinsfield et al, 2009; Valoka and Bouradas, 2005; Priola et

al., 2013; Bell et al., 2011; Herek, 1993), and this thesis confirms that the culture of the workplace needs to be conducive to climates of voice. If the assumptions, characteristics and traits of the workplace perpetuate stigma, prejudice and/or discrimination, such as painting mental health issues as a weakness, perceptions that voice is not worthwhile, or even dangerous insofar as an employee will face discrimination within the workplace, then the voice of these employees will be stunted. The culture of the organisations needs to be challenged to support the voice of employees with mental health issues, ensuring that the surface layer and deep-rooted cultural beliefs are united. However, this implication for broader practice within organisations is not straightforward (Priola et al., 2013); as this study has shown, changing the cultural beliefs, values and assumptions embedded within the organisation is not as easy as altering the surface layer. This thesis therefore recognises the complexity of shaping company culture to be conducive to the climates of voice within the workplace.

8.7   Implications for future research

The findings that emerged in this thesis present a useful direction for future research into employee silence, the factors that inform employees' decisions to remain silent within the workplace and employment and relation studies concerning mental health issues. The review of the silence literature discussed the meaning of silence; its development over time; its antecedents; and the concepts that have been developed from this understanding, such as climates of silence and deaf-ear syndrome. These research studies were shown to confine to a narrow understanding of silence, defining silence as the withholding of workplace issues within organisations, therefore restricting the content of employee silence. The argument for the recognition of the silence of personal issues within the workplace, such as mental health conditions, has been strengthened throughout this thesis, presenting a new lens through which analytical enquiries can be made to introduce the employee back into employee silence. Whilst some studies have explored the silence of sexual orientation within

the workplace (see Bowen and Blackmon, 2003; Creed, 2003; Bell et al., 2011), this understanding of silence could incorporate further research around other personal issues that could be withheld within the workplace, such as sexual orientation, transgender identity, and other invisible illnesses or disabilities, as well as laying the groundwork for further investigations to be made regarding mental health within the workplace. This is novel territory that can be further addressed by future studies to provide fruitful insights into what it means to remain silent within the workplace.

The employee-oriented framework of silence presented within Chapter Seven has been developed from Chapters Five and Six, building a conceptualisation of silence in which an understanding of employee silence regarding personal issues has been illustrated. Whilst this framework is drawn from empirical data, it remains a theoretical and abstract conceptualisation that future studies could expand upon or integrate into further research. This framework could therefore be used to deepen academic understanding of silence and could assist in making advancements regarding how employees can regain agency over the silence process. Akin to this framework, the Spirals of Voice theory presented in Chapter Seven was a theoretical inversion of Bowen and Blackmon's (2003) model. The spiral of voice model that has been developed has interesting applications to the issue of speaking up within the workplace through social voice regarding personal issues that has not yet been explored within the field of work and employment relations. Building upon the findings of the Spiral of Silence theory (Bowen and Blackmon, 2003), these spirals of voice demonstrate the importance of speaking up regarding personal issues for organisations, illustrating the potential benefits that could be reaped from this voice. Future empirical research could investigate and apply this model in practice. In particular, how employees' perceptions can change as a result of normalisation could be further explored, as this indicates that these perceptions regarding voice and silence are not fixed and can change over time or as a result of social voice within the workplace.

The findings presented regarding the gap between organisational and OH strategies and practice presents inroads for further analysis as to why some systems fail to promote voice and can actually reinforce the phenomenon they are trying to challenge. This insight could be used in future studies to understand how and why employers can limit the efficacy of their strategies and whether they deliberately fashion these climates of silence within the workplace. This finding could be advanced in the context of how management are responding to the imperatives for voice regarding mental health issues and could be used to understand why employers might intentionally limit the efficacy of their strategies for voice.

Lastly, this thesis has presented an interesting case for the active role of the researcher within sensitive research. Numerous studies have argued that researchers are inevitably emotionally involved with their subject of study (Van Heughten 1998; Perry et al., 2004). However, this thesis demonstrates how the employees own experience of the subject matter can provide a gateway to gain insights into the phenomena that would not have been possible without this experience. The researcher was able to build a rapport with the employees with mental health issues that was built on a mutual understanding, trust and honesty. As in the research done by Ellis et al. (1997), the researcher's own experience of mental ill health was used as a catalyst to build rapport. Once the employees were aware of the researcher's history of mental health, their willingness to provide detailed answers and share personal experiences that were private and sensitive increased. The shared understanding played a significant and valuable role in the research process, humanising the researcher through a reciprocal sharing of personal experiences (Liamputtong and Ezzy, 2005). This reciprocal relationship provides the employees with a safe environment in which to voice their experiences without fear of stigma or discrimination, facilitating what Swift et al. (2007) term a 'level playing field'. This thesis therefore presents an interesting case for self-disclosure within research,

arguing that it creates a platform to access employees' experiences of the subject matter that would not exist without the researcher's own personal experience.

8.8   Conclusion

This thesis has explored unchartered territory in numerous ways. The introduction of personal issues into the analysis of employee silence within the workplace, combined with the refitting of the conceptual lens to grasp the employees' perspective on silence, has allowed this thesis to depart from the existing silence literature. This thesis has contributed to a deeper understanding of how commitments to employee voice regarding mental health issues can be limited and ineffectual, thereby reinforcing the pervasive silence it intends to challenge by raising employees' expectations for change. These strategies for change are derailed by a lack of genuine commitment from management and are limited a poorly thought out strategy for implementation, reinforcing the silence these strategies intended to challenge. It provides an insight into how silence can not only be structured by management but also institutionalised by the employee's colleagues, and argues that the employees' agency to engage in voice and silence demands academic attention. As a consequence, this research is of high significance to academic inquiries into employee silence as it stresses the need readdress the traditional assumption that silence and voice is a communicative choice; on the contrary, this thesis contradicts previous assumptions by drawing upon all the factors that can constrain an employee's agency to make purposeful decisions regarding the silence process.

The thesis extends and deepens theoretical knowledge regarding what it means to be silent through the exploration of ontological foundations of silence from the perspective of the employee, reintroducing the employee back into analysis. Refuting the managerial, unitarist bias of previous research studies, this thesis has made a case for developing theoretical understandings of silence from the employee experience, presenting a unique framework to understand employee silence: the

employee-oriented framework of silence. Yet, whilst this framework draws attention to the forces that silence employees within the workplace, it emphasises how employees can continue to regain their agency and challenge these forces through engaging with various silence practices, or by engaging in social voice. Whilst this thesis is primarily concerned with silence, it presents an interesting insight into how employees can defy these prescriptions of silence and voice their condition to their colleagues during social exchanges. This thesis therefore presents a convincing case as to why employee voice regarding mental health conditions should be encouraged within the workplace, revealing how the organisation can reap the benefits from this climate of voice. This thesis therefore has important implications for practice and provides a platform for future studies within work and employment relations to research the silence of personal issues within the workplace.

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Appendix

Appendix One: Interview Schedule

An example of the inductive interview process

Introductions, including the personal disclosure of the researcher's mental health issue

1. Can you please explain your mental health issue in your own words and how it impacts you?
2. Within TransportCo, what are your experiences of your mental health issue?
3. Have you spoken about your depression to your line managers?
4. What did you disclose instead when you went off sick? Why?
5. Why did you make the decision to withhold your depression when you went off sick?
6. Can you elaborate on why you feel they would not listen to you if you disclosed your depression?
7. Can you tell more about why you think that this is a widespread problem in TransportCo?
8. What parts of TransportCo's culture are you referring to?
9. What do you mean by 'macho culture' and how does it impact your decision to remain silent?
10. Although you have not spoken about your depression to your line manager, have you spoken about your mental health to your colleagues?
11. Why can you only tell [Jerry] about your depression?
12. Do you mind going into more detail about that [why she felt Jerry understood mental health issues and her other colleagues did not]?
13. Is there anything else you would like to raise?

Personal thanks made and information regarding any support that is required post-interview is shared.

Appendix Two: List of Respondents

Layer One: Management

Name	Gender (M/F)	Managerial Position
Susan	F	OH Manager
Janet	F	OH Manager
Cora	F	OH Manager
Tina	F	Diversity Manager
Tanith	F	Senior Manager

Jackson	M	Line Manager
Thomas	M	Line Manager
Jim	M	Line Manager
Hugh	M	Line Manager
Terry	M	Line Manager
Frank	M	Line Manager
Ewan	M	Line Manager
Fiona	F	Line Manager
Julie	F	Line Manager
Philllip	M	Line Manager
Laura	F	Line Manager
Daniel	M	Line Manager
Jacob	M	Line Manager
Dominique	F	Line Manager
Trudy	F	Line Manager

Layer Two: Employees with Mental Health Conditions

Name	Gender M/F	Mental Health Condition
Jackson	M	Mental Health Condition
Jacob	M	Depression
Danni	F	PTSD
Emily	F	Bi-polar Disorder
Ben	M	Depression
Samantha	F	Depression and Anxiety
Thomas	M	Depression
Jane	F	Depression
Tim	M	Bi-polar Disorder
Nancy	F	PTSD
Sara	F	Depression
James	M	Depression
Keren	F	Depression and Anxiety
Henry	M	Mental Health Condition
Mike	M	Depression
Jesse	M	Depression
Daniel	M	Depression
Laura	F	Anxiety
Trudy	F	Depression
Grace	F	Depression
Judith	F	Depression
Danny	M	Depression
Edward	M	Depression
Dan	M	Depression
Michael	M	Depression
Ellis	M	BPD
Becca	F	Bi-polar Disorder
Elaine	F	Bulimia Nervosa

Laura	F	Depression
Theo	M	Depression
Chrissie	F	Depression
Jake	M	Anxiety
Jenny	F	Bi-polar Disorder
Andrew	M	Depression
Tim	M	Bi-polar Disorder
Lucy	F	Depression
Gary	M	PTSD
Helen	F	Bi-polar Disorder
Phil	M	Depression
Logan	M	Depression
Tanya	F	Depression
Donna	F	Anxiety
Gabby	F	Depression
Jessica	F	PTSD
Diane	F	Mental Health Condition
Jack	M	Depression
Susan	F	Depression
Megha	F	Mental Health Condition
Patrick	M	Depression
Fiona	F	Post-natal Depression
Dominique	F	Depression
David	M	Depression
Janet	F	Depression
John	M	Depression
Frank	M	Mental Health Condition

Overlap

Name	Gender M/F	Mental Health Condition	Managerial Position
Jackson	M	Mental Health Condition	Line Manager
Megha	F	Mental Health Condition	Line Manager
Trudy	F	Depression	Line Manager
Janet	F	Mental Health Condition	OH Manager
Dominique	F	PTSD	Line Manager
Fiona	F	Post-natal Depression	Line Manager
Jack	M	Depression	Line Manager
Laura	F	Depression	Line Manager
Frank	M	Mental Health Condition	Line Manager
Daniel	M	Mental Health Condition	Line Manager