Employee wellness on the frontline: an interactional psychology perspective

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Abstract

Purpose – Employee wellness is vital to creating high-quality employee–customer interactions, yet frontline service workers (FLSWs) do not typically engage in, or benefit from, wellness initiatives. This paper aims to conceptually model the interactive influences of organizational and employee factors in influencing FLSW involvement in wellness programs and provides suggestions on how service organizations can enhance wellness behaviors and outcomes.

Design/methodology/approach – This paper builds upon classical and contemporary management theories to identify important gaps in knowledge about how employees and firms engage with wellness. Interactive psychology, emphasizing multidirectional interaction between person (employee) and situation (organization) wellness orientation, is introduced.

Findings – The paper develops a model that can be used to assess organizational wellness program effectiveness by emphasizing the interaction of employee and organizational wellness orientation. The model illustrates that wellness effectiveness relies equally on employee agency through an active wellness orientation matched with the organizational wellness orientation.

Originality/value – This paper questions the dominant approaches to assessing the effectiveness of workplace wellness initiatives, arguing for a more humanistic and agentic perspective rather than traditional organizationally centered fiscal measures.

Keywords Wellness, Workplace Wellness Programs (WWP), Interactional psychology, Frontline service workers (FLSW), Employee Agency

Paper type Conceptual paper

Introduction

Wellness as a human and societal ideal is deeply rooted in historical notions of mental and physical harmony (Kleisiaris *et al.*, 2014). It has been defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organization Constitution, 2014, p. 1). Yet, in reality, societies are increasingly being characterized by a wellness deficit that can be attributed to a lifestyle that includes high levels of stress, low levels of physical activity and psychological isolation.

Governments have been challenged to advocate for healthy lives and well-being for people of all ages (United Nations, 2015); and a variety of tools and techniques including fitness wearables (e.g. Fitbit, Apple watch), meditation apps and exercise routines attempting to facilitate wellness have been introduced by the private sector. Further, organizations are beginning to offer workplace wellness programs (WWPs) to help employees maintain an active and stress-free lifestyle that facilitates personal health and reduces healthcare-related costs (Ott-Holland et al., 2019). These programs have grown significantly over the past 20 years, creating a US$8bn industry (Lieberman, 2019).

However, two significant issues related to these programs have been identified by recent studies. First, the evidence for the efficacy of WWPs is mixed, that is, while people in business units with such programs are more likely to engage in healthy behaviors (e.g. exercising more, managing their weight) than those in a control group, no significant differences have been observed on self-reported and objective health outcomes, nor do there seem to be any beneficial effects of wellness initiatives on employee withdrawal behaviors (Song and Baicker, 2019). These results highlight an important aspect of WWP interventions – the availability of a program does not automatically lead to its adoption by workers. Second, WWPs tend to be utilized less by those in low-wage and precarious jobs, which form the bulk of employment in the service sector (e.g. hospitality, travel, retail). Ironically, these are the very jobs characterized by "socioeconomic and racial disparities in health [...] greater exposure to physical and social hazards in the work environment [..] higher risk of chronic illness, such as heart disease or diabetes [...] precarious employment, job insecurity, and exposure to job-related hazards" (Stiehl et al., 2018, p. 2). Further, frontline service workers (FLSWs) are known to have lower levels of access to preventative care or health and often are ineligible to participate in programs and other health-related indicatives (Ross et al., 2007). Employees occupying these precarious and marginalized jobs (Robinson et al., 2019) often receive low, sometimes below poverty wages with few benefits or development opportunities (Ellington et al., 2016). All of these factors are likely to have negative impacts on wellness, creating a vicious circle where those likely to benefit most are also the least likely to access available initiatives or simply ineligible for WWP (Gordon and Adler, 2017).

Wellness (and its lack) can be attributed to the complex interplay between access, that is, opportunities in the workplace to engage with wellness offering (Swarbrick et al., 2011), and FLSW's own tendency to utilize or avoid such opportunities. Therefore, there is a need for a theoretically grounded model to help explicate these interactions and provide a clear path forward for researchers and practitioners to maximize the wellness of FLSW by considering both. The purpose of this paper is to explore how FLSWs engage with wellness programs, how service organizations can enhance employee wellness outcomes and to present a model aimed at explaining the wellness interactions between employees and their organizations. Building on interactional psychology, this paper provides a model illustrating the multidirectional interactions between FLSW and their workplace (Terborg, 1981), thereby providing a solution to the twin problems of (1) workplace access to wellness programs and (2) FLSW agency to engage with these programs.

Throughout this paper, we will use the terms wellness and well-being to encapsulate the broad and multidimensional complexity of these terms and acknowledge that there are many definitions offered in the academic and trade literature. For simplicity, we define workplace *wellness* as the complex and multifaceted nature of physical, mental and emotional health and well-being of employees and their personal resources (ability, knowledge, motivations) to strive toward well-being; and wellness *programs* as a process whereby firms offer wellness services to employees.

The specific focus of this paper is on FLSWs because of the crucial role they play in service delivery and customer experience and the inherent role of employees' wellness in service encounters (Jain et al., 2017). Specifically, evidence links physical wellness with employee

attitudes (Parks and Steelman, 2008) and job performance (Ford *et al.*, 2011); and a large body of research links these attitudes and work behaviors – especially among FLSWs – with customer outcomes (Subramony and Pugh, 2015). This paper makes a number of important contributions to both theory and practice. First, it highlights a disconnect between organizational wellness initiatives and the needs, capacity and ability of FLSW to engage with them. Next, it critiques the prevalent narrative about measuring WWP (organizationally focused) and the frequent focus on offerings, adoption rates and return on investment (ROI) to the firm. Rather, the paper argues that the effectiveness of wellness initiatives should rely significantly on the FLSW's wellness orientation and agency. By assessing the intersection of employee orientation to wellness with the organizational orientation toward wellness, researchers are able to rethink the mechanisms for evaluating WWP offerings and effectiveness.

Research background
Researchers have been interested in workplace wellness for many years (Sperry, 1984), with a multitude of prior studies, mainly related to economic impacts of employee unwellness. In this section, we highlight the principal themes evident from prior research, aiming to provide the research context for the introduction of interactional psychology as a remedial theoretical framework to help address existing gaps in prior research (see a number of meta reviews and relevant industry reports such as Berry *et al.*, 2010; Goetzel *et al.*, 2013; Jones *et al.*, 2019; Mattke *et al.*, 2013; Osilla *et al.*, 2012). The majority of prior research undertaken to investigate the effectiveness of WWP has generally focused directly or indirectly on economic metrics such as worker productivity (Gubler *et al.*, 2018), economic returns (Chapman, 2012) and cost savings from insurance and absenteeism (Baicker *et al.*, 2010; Parks and Steelman, 2008). Other studies have explored the relationship between employee participation in WWP and their job satisfaction and levels of stress (Abdullah and Lee, 2012). Despite extensive interest in effectiveness of WWP in terms of their monetary and economic outcomes, results have been mixed (Frakt and Carroll, 2014; Osilla *et al.*, 2012), with the effectiveness of WWP debated in the literature. For example, Baxter *et al.* (2014) concluded that the quality of study design and methodology are critical determinants, with higher-quality studies offering evidence of smaller financial returns. In contrast, a randomized clinical trial of WWPs in 160 worksites revealed nonsignificant relationships between these programs and a mix of work outcomes (Song and Baicker, 2019). However, it should be noted that only 20 worksites actually implemented wellness programming, and all outcomes were aggregated – providing no evidence for whether the employees within these worksites engaged with the program.

Another investigative focus of the effectiveness of WWP involves qualitative indicators, such as how and why employees engage (or do not) in WWP, instead of assessing outcomes that are situational or organizationally centered. There are some limited examples of research that takes this approach. For example, Ott-Holland *et al.* (2019) studied the psychological factors that promote program participation and the relationship between participation and employees' attitudes and behaviors over a period of three years. They identified the critical role of perceived organizational support and employee beliefs about the values of a wellness program on employees' participation, which may lead to lower turnover and higher performance. Further, Burke *et al.* (2017) found that coworker-perceived social support, communication and socialization are important factors in facilitating employees' health behaviors. The notion of perceived organizational support for wellness has been further conceptualized as a "climate" for health and wellness (Flynn *et al.*, 2018; Patterson *et al.*, 2004).

There is growing acceptance from researchers and industry that wellness programs can only be effective when there exists an overall organizational focus on health and wellness (Berry *et al.*, 2010; Payne *et al.*, 2018). This idea is conceptualized as a "climate" for health and

is defined as "employee perceptions of active support from coworkers, supervisors and upper management for the physical and psychological well-being of employees" (Zweber *et al.*, 2016, p. 250). Climate research is predominantly organizationally focused, studying the way employees perceive *organizational or workplace* practices and policies that are aimed at improving employee wellness. Existing research on health climate has netted relatively inclusive results in relation to explanatory power on health outcomes and behaviors. Some attribute this inconsistency in results to the multiple influences on employee wellness. In particular, some (e.g. Wright *et al.*, 2007) argue that there are unexplored *individual* factors that mediate the relationship between health climate and employee wellness outcomes. This dual – organizational and employee – discourse influences "the construction and enactment of wellness programs" (Dailey *et al.*, 2018, p. 621) and highlights the role of employee *agency* in WWP participation. Drawing on this call for employee agency to improve understanding of WWP effectiveness, this paper draws on interactional psychology, which highlights the role played by employees in perceiving and acting on their situation, as opposed to passively responding to organizational initiatives. Flynn *et al.* (2018) link organizational culture as a critical influencer of individual health practices, thereby signaling further evidence of the interaction between employee and organization in wellness outcomes. Abraham and White (2017) found that firms are beginning to redefine the business of employee health as a shift from ROI to "value" on investment, suggesting that healthy employees add value to a firm, even if intangible, so investment should be seen beyond direct financial benefits provided in the usual ways to measure return on WWP investments. This paper builds on this emerging stream of WWP research, taking an interest in workers, recognizing them as active agents in the way they interact and engage in workplace programs.

Theoretical foundation
Interactional psychology
Our conceptualization of workplace wellness is grounded in interactional psychology, which provides "an approach to the study and explanation of behavior that emphasizes a continuous and multidirectional interaction between person characteristics and situation characteristics... (that) draws attention to the complex transaction whereby individuals select, interpret, and change situations" (Terborg, 1981, p. 569). This theoretical approach recognizes that situations differ from each other in terms of "cues, rewards, and opportunities and that people vary in cognitions, abilities, and motivation" (Terborg, 1981, p. 569). Individuals are seen as intentional, active agents who assess their fit with the situation and the appropriateness of their behavior within the situation. Therefore, their perceptions and ascription of meaning to objective situations might vary both from the situational attributes themselves and between individuals (James *et al.*, 1978). This paper argues that employee wellness is an active product of access to WWPs that are driven by the organization's wellness orientation and FLSW's own orientation (i.e. perceptions and actions related to) to the WWPs. These two forms of orientations are described further.

Organizational wellness orientation
The body of literature linking employee perceptions of work situations to their attitudes and behaviors is long and vast. Particularly pertinent is psychological climate, referring to individual's cognitive representations of relatively proximal situational conditions, expressed in terms that reflect psychologically meaningful interpretations of the situation (James *et al.*, 1978, p. 786), which when shared and aggregated to employees within a unit or organization, takes the form of unit or organizational climate, that is, collective perceptions related to organizational policies and practices that support specific types of employee

behaviors (Schneider and Reicher, 1983). While early climate research treated climate as a molar construct containing multiple workplace dimensions, recent directions in climate research have emphasized facet-specific climates, that is, climates specifically related to organizational processes and outcomes including those for service, innovation, justice, ethics and diversity (see Kuenzi and Schminke, 2009). From the organization's perspective, each of these climates can be viewed as a set of consistent signals conveying the importance of an end goal or instrumental actions that support the attainment of that goal (Bowen and Ostroff, 2004); and viewed from the vantage point of an employee, climate represents the psychological environment within which they work (Ekehammar, 1974), which arguably is more important in guiding individual attitudes and behaviors than the objective aspects of the workplace because the latter are imbued with meaning and interpreted by individuals. Climate researchers have introduced climate strength (Schneider *et al.,* 2002) as an indicator of the salience of that climate and the level of agreement by employees, which has implications for understanding wellness.

If employee perceptions of the work environment are treated as the unit of analysis, it is easy to see why wellness programs and initiatives might not translate into employee attitudes and behaviors that are wellness focused. Employees with differing abilities (i.e. previous experience with wellness, knowledge of the behaviors that constitute wellness and skills related to translating this knowledge into wellness-related behaviors) and motivations (i.e. wellness-related goals, needs and values) are likely to differ in their perceptions and interpretations of the programs and initiatives. For instance, employees who feel consumed by work-related demands might view a wellness check as a distraction or a gym membership as a luxury, instead preferring increased resources (e.g. a cash payment) to offset these demands. In contrast, those placing a high value on fitness and health might have a propensity toward participating in wellness initiatives. There is also evidence that employee attitudes and behaviors also result from the motives they attribute to the organization, that is, why specific policies and procedures are implemented (e.g. are these practices meant to increase employee performance/well-being, or are they designed with a view to exploit employees or reduce costs?; Nishii *et al.*, 2008). These attributions of motives form an integral aspect of employee perceptions of wellness programs, as well as the messages sent by the organization to the employees regarding the desirability of wellness. For instance, employees who attribute an organization's focus on wellness to healthcare cost-savings as opposed to employee well-being might have a more cynical view of wellness programs and choose to not invest their time and effort in them.

Moving up to a group level of analysis, interactions between employees set the stage for shared perceptions regarding the organization's emphasis on wellness. If wellness-related policies and practices are distinct, consistent and strong, multiple employees within the organization are likely to develop similar perceptions and through their social interactions develop shared meaning translating into an organizational climate for wellness (Bowen and Ostroff, 2004). Together, psychological and organizational climate for wellness accounts for employees' idiosyncratic and shared perceptions of how and why organizations emphasize wellness in the workplace. This view helps account for a large portion of the between-individual differences and consistencies in reactions to or participation in wellness programs and initiatives. However, perceptions are only part of the story – interactional psychology emphasizes the *reciprocal* relationship between situations and individuals – employees go beyond actively perceiving and interpreting the situation, they also play a part in shaping it.

Employee actions for wellness orientation
An interactional psychology explanation for workplace wellness also includes employee *behaviors* relevant to wellness. Specifically, we highlight the interactionist assumption that

employees "select themselves into and out of situations based on the general fit of themselves to the situation" (Schneider, 1983, p. 13). Developed further into the attraction–selection–attrition model (ASA, Schneider, 1987), this perspective highlights the fact that people "behave the way they do because they were attracted to that environment, selected by it, and stayed with it" (p. 440). Viewed thus, workplace wellness emerges from the wellness-related values, traits and preferences of the people (founders, executives and employees) who choose to work and stay in that workplace. The organization's own emphasis on wellness is likely to evolve from the values of its founders (e.g. Jim Goodnight at SAS and Yvon Chouinard at Patagonia), but over time employees who value wellness are likely to be attracted to, selected into and stay in these organizations and likely to engage in actions such as designing, implementing and participating in initiatives that enhance wellness. In other words, this form of interactionism highlights employee volition and initiative in shaping a workplace that emphasizes their values.

But what about those situations where wellness-focused employees do not find the workplace to be conducive to wellness? ASA predicts that such employees – if wellness is sufficiently core in their value-set – will leave the organization to find one where they perceive better fit. Alternately, employees might engage in actions that challenge and modify the organization's wellness-related policies and practices, that is, serve as "internal change agents. . . proactive in creating interest in, experimenting with, and validating the management innovation in question" (Birkinshaw et al., 2008, p. 832). Particularly relevant here is the literature on issue selling that highlights the process by which middle managers frame, package and communicate (sell) personally relevant issues in ways that occupy the attention of senior leaders, thereby compelling substantive issue-based action (Dutton and Ashford, 1993). For instance, wellness could be packaged with initiatives that improve organizational performance (instrumental logic) or its reputation (symbolic-logic) and sold to various stakeholders utilizing formal channels such as proposals and presentations or informal ones such as one-on-one persuasion (however, see: Dale and Burrell, 2014 for a critique of the economic focus of wellness initiatives). In addition to "selling upward," employees might create an attractive enough case for wellness among their peers, thereby creating a critical mass that compels the organization to engage in wellness-related actions.

In summary, interactional psychology replaces a situational orientation emphasizing the primacy of the WWP and an employee emphasis on wellness as a solely individual initiative, with *a focus on the perceptions and actions that form points of intersection between employees and their organizations*. A key consideration in analyzing and predicting these intersections is the extent to which the situation enables or constrains employee perceptions and actions – a characteristic that is referred to as situation strength (Meyer et al., 2010; Mischel, 1968). Weak situations provide inconsistent cues and weak reinforcers related to desired or undesired behaviors. As a result, individuals vary in their perceptions of the situation (e.g. some consider the workplace to be wellness focused, while others do not) and display actions that are consistent with their own predispositions (i.e. wellness-focused employees engage in actions that increase their own wellness). We conject that employee perceptions are unlikely to be shared or reach consensus, and employee actions with regard to wellness initiatives would range from passive or minimal acceptance to none at all and attrition. In stronger situations, employees receive consistent cues regarding desired behaviors and powerful reinforcement (e.g. rewards, recognition, resources) that encourage requisite actions and enable the emergence of a shared organizational climate.

We adapt the aforementioned facets of situation strength to the workplace wellness context and suggest that organizations might approach workplace wellness utilizing either a *passive* orientation where (1) managers mimic wellness programs implemented by other organizations (or suggested by consultants) without considering its own unique needs and values and (2) implement these programs without significant input and participation from

employees; or an *active* orientation characterized by (1) the design and implementation of wellness programs or initiatives that are distinctive (i.e. visible) in the minds of employees and implemented consistently across employees and overtime and (2) alignment of wellness programs with employee needs (e.g. accessibility, relevance).

The choice of wellness orientation is likely to set the stage for employees' perceptions and actions with regard to wellness. This could include, for example, their own personal motivations and commitment to wellness (or not), their orientation (or not) toward fitness, healthy eating and other healthy lifestyle choices. In addition, one's personal capacity to translate their wellness needs into behaviors (e.g. supervisory support for wellness, job demands) is also important and leads to idiosyncratic psychological climate.

However, when the organization adopts an active wellness orientation, employees are likely to perceive consistent and personally relevant benefits of wellness, which will then translate into a positive shared climate for wellness. In terms of actions, a passive wellness orientation on the part of the organization is likely to be reciprocated by employee behaviors such as passive or shallow acceptance of the wellness initiatives characterized by low levels of participations and high levels of attrition. An active wellness orientation, on the other hand, will provide employees with the opportunity to proactively participate in the design and implementation of wellness programs and initiatives and mobilize influence among their peers to drive positive wellness-focused changes within the workplace.

Discussion of configurations

This paper presents the case that to understand wellness and effectiveness of WWP, there are more considerations than only the type of wellness program or initiatives offered by an organization – that employees and organizations *intersect*, cocreating wellness outcomes. Like value cocreation, the role of actors and resource integrators is critical to the quality of the result (e.g. Vargo and Lusch, 2004). Figure 1 summarizes four basic conditions or configurations that take into account the level of support and engagement for wellness offered by organizations, intersecting with either an active or a passive wellness orientation of the employee. While such configurations exist for any type of employee–organization combination, our focus is on FLSW, a group vital to service organizations on the one hand, yet so handicapped by work and employment challenges that can negatively impact wellness and engagement with WWP. We contend that employee agency has been missing from prior conversations about wellness. Service organizations can benefit from identifying ways to understand the motivations and wellness orientation of future and current employees. Each of the four quadrants in Figure 1 has implications for service organizations and employees.

Avoidance/neglect/deficit

This configuration (Figure 1, upper left quadrant) occurs when an organization provides weak support for wellness, while employees are passive in their wellness orientation. The likely result is a wellness avoidance, neglect and deficit. In this quadrant, neither the organization nor employees are oriented to wellness, which may manifest in an unhealthy orientation or workplace climate. Cues, rewards and opportunities for wellness are limited or nonexistent.

For one of many possible reasons, perhaps linked to a company founder or due to long-term focus in other areas, wellness has not become an organizational priority, is not promoted as part of employer branding to attract certain types of employees and there is limited shared understanding or commitment to wellness in the organizational climate. This passive wellness orientation aligns well with an employee who also has limited or no concern for wellness and are themselves not motivated to act in ways that improve wellness. Employee

	Weak Organizational Support for Wellness	*Strong Organizational Support for Wellness*
Passive Employee Wellness Orientation	**Avoidance/Neglect/Deficit** Employees perceive low or inconsistent concerns for wellness and are themselves not motivated to act in ways that improve wellness. Wellness will not be a priority in these settings and little attention will be paid to the adoption & implementation of wellness initiatives.	**Acquiescence / Imposition** Employees perceive the organization as having a strong and consistent focus on wellness, and participate in wellness-related initiatives only in order to meet organizational requirements. These actions arelikely to diminish in potency when the employee is confronted with workload, role-conflict, etc.
Active Employee Wellness Orientation	**Contention / Employee ambassador** Employees are motivated to engage in wellness, but perceive the organization as having a low or inconsistent wellness-orientation. Employee behaviors might include: focusing on wellness in spite of the organization, acting as a change agent to shape organizational wellness practices, or quitting.	**Coproduction / Harmony** Employees are motivated to engage in wellness, and perceive the organization as having a strong & consistent wellness-orientation. A positive and strongly shared climate for wellness will emerge in the organization characterized by a collaborative effort of employees & the organization to promote wellness all around.

Figure 1.
An interactional analysis of workplace wellness

wellness is likely to be low in this quadrant, with negative impacts on the organization through subpar employee–customer interactions.

Contention/employee ambassador
This configuration (see Figure 1, lower left quadrant) occurs when there is weak organizational support for wellness, coupled with an active orientation toward wellness by the employee. Here employees are motivated to engage in wellness, but perceive the organization as having a low or inconsistent wellness orientation, and as a result it diminishes their wellness enthusiasm. Employees in this quadrant will either focus on their own wellness in spite of the lack of organizational orientation to wellness and may serve as an employee ambassador and adopt a change agent role to shape organizational wellness practices. Conversely, frustrations about low wellness importance could cause the employee to leave the organization or stay but become disengaged. Employee wellness could be either high or low in this quadrant, depending on the way in which the employee copes with the imbalance of wellness orientation. In some cases this could have positive impacts on the organization through positive employee–customer interactions; however, if employee wellness suffers due to the imbalance, employee–customer interactions are likely to suffer.

Acquiescence/imposition
This configuration (see Figure 1, upper right quadrant) occurs when there is strong organizational support for wellness, coupled with a passive orientation toward wellness by the employee. Employees perceive the organization as having a strong and consistent focus on wellness with more than just a one-size-fits-all approach to wellness offerings. However, due to the passive nature of the employee wellness orientation, the employee will either participate in wellness-related initiatives only in order to meet organizational requirements or

become frustrated, feel outcasted and either remain as a disengaged employee or possibly depart the organization. Wellness actions by the employee are likely to be low priority especially if the employee is confronted by other work challenges such as role conflict or stress. However, in some cases, employee wellness orientation could turn active as a result of the strong organizational wellness orientation, in which case more positive outcomes are likely. Employee wellness is likely to be low to moderate in this quadrant, with neutral to negative impacts on the organization through apathetic employee–customer interactions, unless the employee orientation to wellness can be turned around by the organizational orientation.

Coproduction/harmony
This configuration (see Figure 1, lower right quadrant) occurs when the orientation to wellness is equally strong from the organization and the employee. This is the *sweet spot*, where true harmony exists in terms of wellness outcomes, where employees are motivated to stay well, where customers are likely to interact with employees who feel good about themselves and can convey that positive emotion. A positive and strongly shared climate for wellness will emerge in the organization characterized by a collaborative effort of employees and the organization to promote wellness all around. Employee wellness is likely to be high in this quadrant with push and pull forces ensuring a match between active wellness orientation of the firm and employee. This will likely have positive impacts on the organization through enthusiastic and engaged employee–customer interactions. It is this quadrant that will lead to positive outcomes and to where all organizations should strive.

Future research
There are a number of possible future research directions for the integration of interactive psychology with the study of FLSW wellness. The majority of existing research on this topic focuses on the outcomes of wellness programs (Baicker *et al.*, 2010; Chapman, 2012; Gubler *et al.*, 2018; Parks and Steelman, 2008). While acknowledging this stream of work, this paper attempts to address the critically important issue of FLSW participation, viewing it as an outcome of the interaction between the workplace and employees. Future research can empirically investigate the proposed four-quadrant model, involving the measurement of organizational and FLSW orientations toward wellness and the consequences of their match or mismatch.

Further, because of low adoption rates of WWP, particularly for FLSW, more research is necessary that can comprehensively assess the *process* of wellness throughout the full employee journey. Drawing from contemporary literature on customer experience highlighted the importance of capturing the experiences of customers *throughout* the journey (McColl-Kennedy *et al.*, 2019). Researchers of employee wellness may consider how and when employees experience wellness "touchpoints" and the relative importance of each of these to their overall wellness journey. Similarly, researchers can draw on service-dominant logic's value cocreation (Vargo and Lusch, 2004) and expand the focus of wellness research to seek to gain greater understanding of the mechanisms, integrators and ecosystems involved in the employee wellness journey and how these differ by employee groups, particularly those who have been notoriously low adopters of WWP and whose roles most benefit from well-being.

Interactional psychology places importance on employee agency in the wellness journey, suggesting that researchers seek to enhance knowledge on understanding of the nature of employee agency in relation to engaging with workplace wellness initiatives. Building on the work of Dailey *et al.* (2018), who argued the importance of a dual discourse in the meaning of

wellness between employees and employers, we see opportunities for researchers to expand the scope to deepen our understanding about the role of employee *agency* in WWP participation and outcomes researchers. Such exploration can lead to insights that can improve our understanding of how employees view wellness and the way work, wellness and self- intersect. This requires researchers to adopt a more humanistic "agentic" approach (Bandura, 2001) to wellness, where researchers gain insights into roles, attitudes and motivation of wellness can inform future development of wellness programs and sharpen offerings to be in greater alignment with employee needs.

Implications for managers
This paper uses an interactional approach to theorize employee wellness and proposes that the behavior of individuals is a function of some set of personal attributes together with some set of situational attributes that occur in an interaction (Endler and Magnusson, 1976). This has significant implications for human resource and wellness managers involved in the design of wellness programs and line managers implementing WWPs. For instance, the four-quadrant model highlights distinct configurations between employee wellness orientation and that of their organizations, concluding that wellness outcomes are best served when the firm and employee interact and have shared commitment to wellness. One implication for managers might be to ensure alignment between all recruitment messaging about wellness and actual organizational practices, policies and procedures, that is, providing potential recruits with clear and realistic previews of the wellness behaviors expected in the workplace. Similarly, applicants' wellness orientation might need to be an essential criterion for their selection (to ensure that that applicant wellness orientation is not in conflict with that of the firm). Simultaneously, the organization might need to invest in creating an employer brand that emphasizes wellness, through the availability of wellness resources, as well as job design that reduces "hindrance stressors" that get in the way of goal attainment and personal fulfillment (LePine *et al.*, 2005). Similarly, formal and informal socialization techniques implemented by the HR function and line managers might assist in inducing FLSWs into the wellness-related expectations of the organization (e.g. benefits of participating in wellness activities, fitness and mindfulness training).

Line managers can also play an important role in promoting wellness by (1) modeling wellness behaviors (e.g. themselves engaging in wellness, promoting efficiency as opposed to simply "face time" at work, avoiding celebrating overwork), (2) supporting wellness (e.g. giving time off for fitness, encouraging FLSWs to seek counseling when they feel strained) and (3) treating wellness (and not just productivity) as a positive end in itself. Managers and employees serving as exemplars of the organization's wellness orientation might also be rewarded and recognized for these behaviors. Together, the aforementioned practices are likely to promote a strong wellness climate within the organization.

Limitations and conclusion
This paper, conceptual in nature, has some acknowledged limitations. First, our organizational wellness focus has been on wellness *programs* (WWP), which may unintentionally ignore the many small to medium-size businesses (SME) who may not offer any kind of formal wellness program (even if they are wellness-orientated). This can be problematic because many of the organizations that employ FLSW are in fact these smaller firms. Secondly, we have taken a broad definition of FLSW and condensed a large and heterogeneous group into a single category. In reality, many FLSWs, such as health professionals, educators and even professional hospitality employees, may not fit with some of the challenges presented in this paper about FLSW and wellness. There are other factors

that fall outside the scope of this paper but which should be acknowledged. For example, macroeconomic factors such as free access to health care (socialized medicine) can make a significant impact on employee wellness (Australian and Canada, for example, have lower rates of employee health issues than the United States). Also, national and regional economic conditions, minimum wage rates and unemployment levels can also have an influence on employee wellness and the capacity for employers to offer wellness support.

This paper has only scratched the surface of the ways that employees and service organizations interact with wellness and may raise more questions than answers. It has been our aim to stimulate discussion on this important issue in the context of growing societal unwellness and hope that the paper leads to further important conversations and debate about frontline service workers, contemporary challenges and societal pressures, organizational needs and employee wellness.

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