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# **The wicked problem of employee wellbeing: creating safe space within a change laboratory**

## **Abstract**

This article sheds light on employee wellbeing, pre and during the Covid-19 pandemic in the UK. We reveal how an 'adapted' action learning intervention (a change laboratory) introduced prior to the Covid-19 pandemic, enabled learning and action to emerge within an educational programme. We utilise the theoretical lens of activity theory to illustrate the challenges and tensions of promoting and sustaining an employee wellbeing agenda. Follow up questioning (Q) of key informants, using the insights (P - programmed knowledge) generated during the change laboratory provide evidence of learning (L). The longitudinal nature of this data provides evidence that learning and action continued to occur after the initial intervention.

We explore employee wellbeing from a socio-cultural perspective and illustrate how action and learning are intertwined to produce goal-oriented outcomes. This socio-cultural perspective contributes to the theory of action learning by illuminating how activity is mediated by cultural means, the rules and tools operating in an activity system. This perspective provides a focus upon learning and agency in the workplace and supports a more complicated understanding of 'wicked problems', viewed as the challenges and tensions which emerge in practice as break-downs, clashes or problems (Edmonstone, Lawless & Pedler, 2019). The notion of a 'safe space' is central to action learning and we argue that these spaces must be protected if employee wellbeing is to become, and remain, integrated within an organisation activity system. Our article has practical implications for those who are responsible for the wellbeing of others.

Key words: Employee wellbeing; activity theory; change laboratory; action learning; safe space.

## **Introduction**

An agenda of employee wellbeing has become popular in recent years and the Covid-19 Pandemic has raised this agenda to the forefront. The Chartered Institute of Personnel and Development (CIPD) updated their Factsheet on employee wellbeing at the beginning of the Covid-19 pandemic stating that Covid-19 has placed wellbeing at the top of the business agenda. They argue that promoting wellbeing can:

...prevent stress and create positive working environments where individuals and organisations can thrive. Good health and wellbeing can be a core enabler of employee engagement and organisational performance. (CIPD, 2020:1)

A focus on employee engagement and organisational performance is a key driver for wellbeing initiatives. From this perspective, the relationship between the individual and the organisation is unproblematic. However, this unitary view fails to account for the complex nature of employee wellbeing and the 'wicked problem' of how wellbeing can be promoted and sustained within an organisational context.

This article focuses on an intervention, a change laboratory, utilised as an 'adaptive action learning' (Brook, Lawless & Sanyal, 2021) intervention during a masters educational programme. Follow up interviews with participants illustrate how this initial intervention acted

as a catalyst for expansive learning. We offer insights into the parallels between change laboratories and action learning, illustrating how activity theory is aligned with an 'ethos' of action learning. Action learning ethos being viewed as: "*a general approach to learning from experience through engaging with actual work challenges ...*" (Pedler, Burgoyne & Brook, 2005:58).

Both action learning and activity theory focus on 'wicked problems'; the challenges and tensions which emerge in practice as break-downs, clashes or problems (Edmonstone, Lawless & Pedler, 2019). This article considers the actual work challenges, the wicked problem, of employee wellbeing. In doing so, we address the following research questions:

- What are the challenges and tensions of promoting and sustaining an employee wellbeing agenda?
- In what ways is a change laboratory aligned with an ethos of action?
- What are the implications of our analysis for action learning as theory and practice?

The article is structured as follows. First, we discuss key arguments regarding employee wellbeing and conceptualise wellbeing as situated within an activity system. We draw attention to the alignment of activity theory and an ethos of action learning. Second, we explain how and why a change laboratory, a method that originates from Cultural Historical Activity Theory (CHAT), was utilised to explore employee wellbeing during a workshop on a Masters programme in a UK University. Third, we provide insight into wellbeing challenges, tensions, and initiatives, pre and during the Covid pandemic. In the discussion and conclusion, we address our research questions and contribute to the theory of action learning by illuminating how activity is mediated by cultural means, the rules and tools operating in an activity system. We argue that action learning has a role to play if employee wellbeing is to become, and remain, integrated within an organisation activity system. Our article has practical implications for those who are responsible for the wellbeing of others.

### **Employee wellbeing: an activity theory perspective**

Employee wellbeing has been defined as: "*that part of an employee's overall wellbeing that they perceive to be determined by work and that can be influenced by workplace interventions.*" (Juniper 2011: 25). From an organisational perspective, there is a strong business case for good employee wellbeing as it is positively associated with better productivity and firm performance (Krekel, Ward & De Neve 2019). Good employee wellbeing has also been linked to higher levels of commitment and emotional attachment to the employing organisation (Jain, Giga & Cooper, 2009). Conversely, poor employee wellbeing is associated with work-related stress, high staff turnover, absenteeism, and reduced organisational performance (Gibreath & Montensino, 2006).

Throughout the Covid -19 period, there has been an increase in employee wellbeing issues as employees struggle to manage the work-home balance and the boundaries between work and home become increasingly blurred. For many people, this blurring has led to role related stress, burnout and motivational challenges (Rofcanin & Anand, 2020). We now have a much broader understanding of approaches to wellbeing in different workplaces. However, CIPD have again updated their employee wellbeing Factsheet (CIPD, 2021: 2) stating:

...there's an implementation gap, with many organisations not yet embracing the health and wellbeing agenda to full effect ... wellbeing initiatives often fall short of their potential because they stand alone, isolated from the everyday business.

Employee wellbeing has a social component which includes the relationships that people have with other individuals and wider communities (Guidetti et al. 2018). A focus on the individual and the socially situated nature of wellbeing is productive and draws attention to the pluralist nature of organisations and organising. A pluralistic perspective and the conceptual lens of activity theory enable a more nuanced understanding of employee wellbeing as a 'wicked problem'.

Cultural Historical Activity Theory (CHAT) has its origins in Russian psychology and was conceived by Vygotsky in the 1920's and early 1930's. The theory was initiated by Leont'ev in the 1970's and further developed by Yrjo Engestrom (Engestrom, 2000). CHAT is a work-focussed theory of practice and is constructive for looking at what people do and how they do it, within a historical and cultural context. (Blackler et al. 2000). The theory provides an interesting approach to the study and redesign of work and is especially helpful in exploring complex, dynamic and turbulent organisational practices. CHAT recognises that work practices are both developmental and inherent with inconsistency, paradox and tension. In this way, it provides a useful theoretical lens to explore complex and tentative developments taking place in work organisations (Blackler and Regan, 2009).

Whilst there is no prescribed method for how to utilise CHAT as a theoretical or methodological framework, a number of key principles have been proposed (Kaptelinin et al, 1999). These principles are:

1. Consider the object-oriented collective activity system as a unit of analysis
2. Consider the cultural means through which objects are constructed
3. Understand the activity system and its components historically (historicity)
4. Analyse the inner contradictions of the system, its challenges and tensions

These four key principles are considered below:

#### *The object orientated collective activity system*

CHAT draws attention to collective, task-oriented practices, within an object-oriented, activity system; the system is viewed as the primary unit of analytical concern. From this perspective objects are the things, or projects, that people work on collectively to transform; they are the activity's focus. Within the activity system, the people involved (the subjects) collectively enact their object of activity and produce certain outcomes. CHAT highlights that practices are always collaborative in nature and have a strong social and dialogic aspect (Engestrom, 1999). In this article, we explore the perceived relationship between the primary object of activity and employee wellbeing.

#### *Activity mediated by cultural means: rules and tools*

From a CHAT perspective objects can only be transformed into outcomes when people make use of certain cultural means, drawing upon a range of tools and artefacts to support their practice. These 'mediatory means' can be material in form. For example, technological tools, instruments and machines or more symbolic in nature such as sign systems and language (Blackler, 1993). In addition to tools, practice (activity) is also mediated by a set of rules, norms and conventions that either enable or constrain behaviour. In this article, we consider the 'mediatory means' employed by organisations to support employee wellbeing and the extent to which these wellbeing interventions enable or constrain the intended outcome.

#### *Historicity*

'Historicity' is the third key principle of CHAT and draws attention to the historical development of practice (Engeström, 2001). Activity systems continually change and transform over time and an analysis of history is necessary in order to comprehend the current situation. A historical analysis involves a consideration of how historical circumstances impact upon current practices and an exploration of the history of the activity systems constituent parts; objects, mediatory tools, subjects and division of labour. The change laboratory method, which we discuss in the next section, enabled us to understand the historical development of employee wellbeing within the system. This historical perspective of contextual factors enables a fuller understanding of inner contradictions.

#### *Analyse the inner contradictions: challenges and tensions*

Analysis from a CHAT perspective focuses on a full exploration of the activity system's inner contradictions, the challenges and tensions. Contradictions are viewed as disturbances, troubles or breakdowns that emerge in practice between members of an activity system. The source of contradictions is usually a series of structural tensions within the system that develop over time. These challenges and tensions may initially appear negative and an indication of failure within the activity system. However, working through inner contradictions can lead to new creative and innovative modes of practice. This process of reflecting on current predicaments and re-configuring work is termed 'expansive learning'. Expansive learning defined as: "to learn something that is not yet there" (Engeström and Sannino, 2010: 2).

#### *An ethos of action learning*

A focus on 'expansive learning' aligns with the values and beliefs of action learning scholars (for example: Edmonstone, Lawless & Pedler 2019; Trehan & Rigg 2015; Trehan & Pedler, 2009). Similar to action learning, activity theory scholars are committed to understanding and enabling change, learning and the development of new practices. This action orientation and socio-cultural perspective is aligned with an action learning ethos as both approaches are interested in how action and learning are intertwined to produce goal-oriented outcomes (Gold & Yeo, 2012).

Bourner and Rospiglioso (2019) define an ethos of action learning as the values and beliefs that underpin action learning interventions. They discuss values of pro-social action, values-based behaviour and first-hand knowledge and a belief that useful knowledge is to be found throughout the organisational hierarchy. In addition, a belief that it is through reflecting on actions that we gain new knowledge. Activity theory and action learning complement each other as they focus on participants' first-hand experiences of work and organisational challenges, the 'wicked problems'. Both approaches are underpinned by values and beliefs, an ethos, which supports human flourishing.

This article focuses on a change laboratory, introduced as a tool within a Higher Education (HE) masters level programme to explore wellbeing and enable expansive learning. The change laboratory emerged from activity theory and emphasises positive social change for those involved (Bligh & Flood, 2015).

#### **The change laboratory: a catalyst for research**

The change laboratory was originally developed by Engeström et al. (1996) as a tool for supporting participants in redesigning their work practices. The aim being to enable 'expansive learning' where participants are able to analyse existing practice, focus on critical tensions

and contradictions, and collaboratively develop and implement new models or ways of working. Change laboratories have previously been implemented and researched in a variety of settings, including hospitals (Skipper, Musaeus, & Nøhr, 2016) and libraries (Engeström, Rantavuori, & Kerosuo, 2013). There is limited research on change laboratory interventions in a HE context, (Englund 2018).

As academics in HE we contribute to this gap and position ourselves as at-home ethnographers, utilizing our position as academics: “*for other, secondary purposes, i.e. doing research within the setting of which one is a part*” (Alvesson, 2003:175). This research emerged from our joint teaching on a Masters level programme prior to the Covid pandemic in the UK. The programme had been designed for experienced managers and an ethos of action learning underpinned the programme, valuing inquiry-based, action-oriented, experiential learning methods. The intention in this article is not to put ourselves at the centre, as in autoethnography (Richardson, 2000), but to draw attention to an adaptation of action learning (a change laboratory) within this cultural context.

### *The research context*

Participants on the Masters programme were all experienced managers, predominately from the National Health Service (NHS) and the HE sector. These participants had applied to attend the programme having obtained financial and time support from their employer. The programme was delivered on a module basis and each module involved three days attendance. Attendance was encouraged, but not mandatory. Support material and assessment material were available via a virtual learning platform. Participants were encouraged to form self-managed action learning sets, but varying attendance during modules and a lack of timetabled set meetings resulted in poor participation.

We have found that action learning sets, or interventions that require prolonged commitment to one group, have become increasingly difficult within a cost cutting HE environment. In particular when set meetings are not timetabled or facilitated. This experience aligns with Tosey and Marshall who suggest that approaches such as action learning can be viewed within Higher Education (HE) as: “*...too demanding, too costly, too risky, too different ...*” (Tosey & Marshall, 2017:377 ). However, we strongly believe that approaches such as action learning are essential to tackle the wicked problems encountered by our participants.

### *Research intervention: the change laboratory*

Our joint teaching (the final day on a change management module) provided an opportunity to re-focus on an ethos of action learning, enabling participants to learn from experience by engaging with actual work challenges. One challenge participants engaged with was employee wellbeing, and this ‘wicked problem’ provides the focus for our article. During the module we re-introduced participants to the action learning formula of  $L=P + Q$ . This ‘robust formula’ (Brook, Lawless & Sanyal 2021) had been introduced to participants during induction to the programme. We emphasised that Learning (L) required a blend of P (participant’s prior experience) and Q (insightful questioning). We stressed that Q should take precedent over P.

We also introduced activity theory and the change laboratory as an experiential learning method which has emerged from activity theory. We invited the sixteen participants to gain hands-on experience of a three-hour change laboratory exploring employee wellbeing. Grounding the change laboratory in an action learning and activity theory framework enabled

us to emphasise the role of questioning and action. This approach ensured that the change laboratory was more than a data collection focus group.

Sixteen participants attended the final day of the change management module. Eight participants had senior roles within the National Health Service (NHS) and the second named author facilitated this change laboratory (CL), hence referred to as CL-NHS. The first named author facilitated the other change laboratory which consisted of five Higher Education (HE) managers and three managers from the private sector. We refer to this change laboratory as CL- mixed, to indicate the more diverse background of the participants.

During the first part of the change laboratory participants were asked to collectively reflect on the challenges and tensions they had experienced with regard to employee wellbeing. They were invited to discuss key issues in relation to promoting and sustaining employee wellbeing within their organisational context. During the second part of the change laboratory participants were encouraged to discuss the initiatives which could be utilised to promote and sustain employee wellbeing within this context; to collectively envision and design new approaches and initiatives to promote and sustain employee wellbeing within this context. Permission was given to record the discussions and these were subsequently summarised and circulated to the participants within one week of the intervention.

#### *Follow up interviews*

The purpose of the follow up interviews was to examine the perceived utility of the change laboratory intervention and to explore if expansive learning had occurred. To avoid unnecessary pressure to consent we waited until all participants had successfully completed the module before confirming that the change laboratory data could be utilised for our research purposes. Unfortunately, at this time (March 2020) the extent of Covid became clear and the UK went into the first lockdown. University ethics approval had been granted, and our practice was guided by the precepts of: avoidance of harm and deception, informed consent, privacy, confidentiality and anonymity (Bell and Thorpe 2013). Therefore, it was not considered appropriate to interview the NHS participants as they were already under considerable pressure.

However, we contacted the CL-mixed participants and all (five) of the HE participants were available for interview. The individual interviews were conducted in a spirit of enquiry, underpinned by an ethos of action learning. In particular, that it is through reflecting on experience and asking fresh questions that expansive learning occurs. First interviews were conducted in April 2020 with a follow up in February 2021. This constitutes the longitudinal aspect of this research.

#### *Data analysis*

The data generated in the two change laboratories was audio recorded and then transcribed verbatim by one of the researchers. Following transcription, both researchers read through the transcripts and independently undertook initial analysis.

Data analysis was undertaken using template analysis: "*a style of thematic analysis that balances a relatively high degree of structure...with the flexibility to adapt it to the needs of a particular study*" (King 2012, 426). Coding took place through the establishment of an initial set off a-priori codes derived from a CHAT perspective. This enabled us to explore the

challenges and tensions in shared work (contradictions), the factors contributing to these tensions (historicity) and the different perspectives and opinions within the activity system. From a CHAT perspective wellbeing initiatives were viewed as the 'mediatory means' employed by organisations to support employee wellbeing. We meet to share our initial analysis of the transcripts and identified four key themes relevant to our research questions:

- Different views of wellbeing;
- Excessive work-load and long working hours;
- Limitations of existing wellbeing initiatives and
- Envisioning new approaches: protecting safe spaces.

The four themes constituted our developed template and the five interviews provided an opportunity to 'test' the robustness of our analysis and to explore the perceived utility of the change laboratory as an 'adaptive action learning' intervention. As interviews were conducted at two different time intervals (April 2020 and February 2021) we were able to explore in what ways wellbeing initiatives had evolved within the activity system during the Covid pandemic. All interviews were audio recorded and transcribed, analysis was undertaken by both authors using the developed template.

### **Employee Wellbeing: pre Covid and during Covid**

In presenting our analysis, we illustrate each theme with quotes from the change laboratories and the interviews. We refer to CL- NHS and CL - mixed. The purpose of the quotes is to illustrate each theme by representing the views that emerged during the CL and the interviews.

During the first part of the change laboratory participants were asked to collectively reflect on the challenges and tensions they had experienced with regard to employee wellbeing. They were invited to discuss key issues in relation to promoting and sustaining employee wellbeing within their organisational context. This led to a lively conversation where different views of wellbeing emerged.

#### *Different views of wellbeing*

Differences were particularly evident within the mixed change laboratory as illustrated by a discussion between participants who worked in the private sector:

Wellbeing in my organisation is about keeping people safe, as with health and safety...yes my context is also more physical wellbeing, eye sight, screens, typing, obviously health and safety with lifting so more aligned with physical. (CL- mixed).

Other participants in the mixed change laboratory viewed wellbeing as being aligned with stress rather than physical health. As expressed by one participant;

We have an annual monitoring exercise where teaching teams come together and it's called the stress report ...you're supposed to talk about how the environment is and how everyone is getting on with each other. (CL- mixed).

A mental health / stress view of wellbeing aligned with the NHS change laboratory discussion where a shared view on wellbeing existed. However, participants identified tensions related to attitudes towards stress and mental health:



I know a lot of people who suffer stress in the workplace but may not necessarily leave or go off sick and I think the reason often is attitudes to anything mental health related ... yeah, I still think there's that bit of stigma around mental health ... (CL-NHS).

During the change laboratories a key contradiction emerged regarding the focus of a wellbeing agenda. For some participants the focus was physical health and for others the focus was mental health. Exploring different views on wellbeing during the change laboratories provided a catalyst for further questioning and indeed action. As illustrated by a follow up interview:

It really surprised me that people, even in HE, had such different views on what wellbeing was ....it made me realise I needed to ask my own staff what wellbeing meant for them and what could we do to promote wellbeing in the team (April 2020 interview)

CHAT draws attention to collective, task-oriented practices, within an object-oriented, activity system (Engestrom, 1999). From this perspective objects are the activity's focus. The things that people work on collectively to transform. Our findings illustrate that the relationship between wellbeing and the primary object of activity is problematic with competing views regarding what employee wellbeing could and should be.

The change laboratory provided an opportunity to develop a shared understanding by enabling participants to collectively reflect on the challenges and tensions experienced with regard to employee wellbeing. This led to a discussion emerged regarding excessive work-load and long working hours

#### *Excessive work-load and long working hours*

This discussion occurred within both change laboratories and was further explored in the interviews. Participants began to question the difference between what organisations needed to be seen to be doing with regard to wellbeing and the root causes of wellbeing related challenges.

Many of the participants identified excessive work-load challenges as a significant tension that negatively impacted on an employee wellbeing agenda. As one participant expressed it:

I think some of the main tensions, particularly in the NHS, are that we are all so stretched ...there's no give in the system. When somebody is off sick it has a ripple effect and that negatively impacts on other people's wellbeing...it's in every area, clinical, non-clinical, everybody is working at full capacity. (CL-NHS).

Participants in both change laboratories also discussed how they, and their colleagues, typically worked well above their 'normal' working hours as illustrated by the following discussion:

So we do have all this wellbeing thing but the demands of work can be quite difficult ...Yes, we work over and above, probably at about 110% capacity really ...I struggle in my job because if you are a conscientious person and you like to meet your deadlines, but you can't do everything, it's just the volume. (CL-mixed).

A related issue to excessive work-loads was an (initially unquestioned) acceptance of long working hours. As discussed within CL-mixed:

...technology means access to work wherever, whenever, ...it's like who can send the latest email and who can send the earliest one in the morning; it's almost like a trophy

From a CHAT perspective objects are transformed into outcomes when people make use of certain cultural means. These 'mediatory means' include the rules, norms and conventions that either enable or constrain behaviour. Our findings illustrate a tension between excessive workload, long working hours and wellbeing initiatives introduced by the employing organisations.

The change laboratory provided a 'safe space' for participants to share their experiences of excessive workloads and to begin questioning the limitations of existing wellbeing initiatives.

#### *Limitations of existing wellbeing initiatives*

This led to a discussion regarding the potential usefulness, but limitations, of existing interventions. This is illustrated by a comment made by a participant during the mixed CL:

Recently, I saw there has been one on stress management and one on mindfulness and I thought they look interesting but I thought oh its two hours for three weeks in a row. I don't have the time for that so it comes back to the key problem; if we had the time we would be able to come on these sorts of things. (CL-mixed).

The problem of a 'lack of time' and 'workload' was a common issue raised within both CLs as illustrated by an NHS participant:

yeah ...those things that they put on at lunch time ...I don't have time for lunch never mind a! (CL-NHS).

Indeed, during the February 2021 interviews it was clear that while participants were aware of the continued focus on wellbeing initiatives. For example, on-line yoga, choir, mindfulness courses. The challenge of an excessive work load and long working hours remained as illustrated below:

We use the term wellbeing a lot and we now have zoom yoga sessions at lunchtime, but I still don't have time to go to these and fit in home schooling etc....I feel guilty not going but ... , it feels like another thing to do in front of a screen when you already feel very busy. (February 2021 interview)

In addition, initiatives to manage workload were not universally welcomed:

We've now been told not to send or read e-mails after 5pm or at weekends. But that's the time that works for me (February 2021 interview).

Indeed one participant stated:

I feel as if it's just lip service really, they talk the talk but ... (February 2021 interview).

CHAT focuses attention on 'historicity', the historical development of practice. Our findings illustrate that organisational initiatives (pre and post Covid) aimed at managing employee wellbeing were regarded as limited and not aligned with the object of the activity system.

During the second part of the change laboratory participants were encouraged to collectively envision and design new approaches and initiatives to promote and sustain employee wellbeing within an organisational context.

### *Envisioning new approaches: protecting safe spaces*

The need for staff to have access to a 'safe space' was considered vital for employee wellbeing. The discussion focused on a physical space away from the work area. Participants shared some of the creative solutions they had developed. One HE participant shared with the others:

Next to my office there's a meeting room and it's literally a kitchen table and chairs that we got from one of my friends...that's our meeting room and its dead convenient ...we go and sit ...we have this Friday lunch and we have a proper laugh. (CL- mixed)

A similar theme emerged within the NHS change laboratory:

...we have a high number of staff who were under occupational health and needed time away from their desk to break out and there was a store cupboard that wasn't used ...we converted that into a sort of staff breakout room ...it literally fits a table with three chairs around it. ...it's the best thing that we have done...the volume of staff going off sick has reduced, it's still high, but it has reduced because they feel that they can step away from the desk. (CL-NHS)

All participants agreed that a shared 'safe space' was more important for wellbeing than planned organisational interventions. However, for many participants their 'safe spaces' were being eroded. Indeed, since the middle of March 2020 the NHS has been under considerable pressure further eroding both physical and psychological safe spaces.

Follow up interviews with HE participants also revealed a potential erosion of 'safe space' as illustrated by one informant:

Staff's homes are their offices and so the blur reflected pre Covid, is much more significant. ... This is heightened during peak times as there is not that practice of leaving the office and your work behind and it is very easy to continue working and then doing very long hours. (April 2020 interview).

However, the change laboratory was acknowledged as a catalyst for change:

The change laboratory really made me think about wellbeing ...how it is different for different people .... What's stressful for one isn't for another (April 2020 interview).

Interviewees discussed that managers (including themselves) needed to role model better working practices to minimise the expectation that staff are present physically or via email at all hours.

At the beginning, I was very stressed trying to fit everything in. Then I realised, these really are unprecedented times and I'm at home trying to work. I can only do my best...my staff can only do their best. (February 2021 interview).

Interviewees also discussed the creation of 'virtual safe spaces':

We also use Teams to have coffee and catch-ups or if out of hours wine and a natter. (February 2021 interview).

Overall, the flexibility of working from home had positive benefits for the HE participants. We acknowledge that we have been unable to explore wellbeing with our NHS participants and recognise this as a limitation.

However, as illustrated by our findings, working through inner contradictions (together) can lead to new and creative modes of practice. We argue that the change laboratory provided an initial catalyst for envisioning new, more personalised, approaches to wellbeing.

## **Discussion and conclusion**

Exploring our findings from a CHAT perspective has enabled a fuller exploration of the activity system's inner contradictions. These challenges and tensions can initially be viewed as negative or an indication of failure. However, the process of reflecting on current predicaments and re-configuring work enables 'expansive learning' defined as: "*to learn something that is not yet there*" (Engeström and Sannino, 2010: 2).

Revens placed a high value of the usefulness of new knowledge (Bourner and Rospigliosi 2019). This article provides new knowledge and sheds light on employee wellbeing from the perspective of our research participants, employees who are also managers: NHS, Higher Education (HE) and private sector. We structure our discussion and conclusion by returning to our three research questions:

- What are the challenges and tensions of promoting and sustaining an employee wellbeing agenda?
- In what ways is a change laboratory aligned with an ethos of action?
- What are the implications of our analysis for action learning as theory and practice?

Our findings provide insight into the challenges and tensions (the contradictions) inherent in promoting and sustaining an employee wellbeing agenda, pre and during the Covid pandemic. A key challenge concerned different concepts of wellbeing. For some participants wellbeing was about health and safety and a focus on physical health. For others wellbeing was more about perceived stress and mental health. Interestingly, NHS participants' expressed a view that mental health continued to be an 'uncomfortable issue'. This is a concern given recent research that NHS staff are facing unprecedented levels of stress during the Covid pandemic (Wise, 2020). Tensions existed with participants expressing concerns that excessive workload and overlong hours undermined the perceived value of organisational wellbeing initiatives. For example, classes which were offered during lunch or after work hours. These organisational initiatives were viewed as 'yet another thing to do'. This aligns with CIPD's recent research, which states that:

wellbeing initiatives often fall short of their potential because they stand alone, isolated from the everyday business ...employee wellbeing priorities must be integrated throughout an organisation, embedded in its culture, leadership and people management.(CIPD, 2021: 2).

Our article illustrates how a change laboratory intervention contributed to a more integrated perspective of wellbeing. This approach aligns with an 'ethos' of action learning (Pedler, Burgoyne and Brook, 2005) in that participants learnt from experience through engaging with the actual work challenge of employee wellbeing. During follow up interviews the contradiction of different conceptualisations of wellbeing was explored further. Several participants cited this as a key insight from the change laboratory, which challenged them to question a 'one size fits all' view of employee wellbeing. This questioning then enabled them to identify wellbeing priorities for themselves and their team. In this way new knowledge emerged from the change laboratory. This new knowledge aligns with an ethos of action learning, valuing

pro social action, deeds more than words and useful knowledge gained from first-hand knowledge and hands-on experience (Bourner and Rospigliosi 2019).

Our article explores employee wellbeing from a socio-cultural perspective and reinforces that action and learning are intertwined to produce goal-oriented outcomes. This socio-cultural perspective contributes to the theory of action learning by illuminating how activity is mediated by cultural means, the rules and tools operating in an activity system. From this perspective action is conceptualised as socio-cultural mediated practice and operates through the ongoing process of sensemaking, (Gold & Yeo, 2021). This perspective provides a focus upon learning and agency in the workplace and supports a more complicated understanding of 'wicked problems', viewed as the challenges and tensions which emerge in practice as break-downs, clashes or problems (Edmonstone, Lawless & Pedler, 2019). In addition, activity theory emphasises the need for greater collaboration across boundaries with 'knots of collaboration and coalition' (Colville 2021) becoming reconstructed over and over according to the shifting goals of work systems.

We remain strong advocates of action learning and have experienced 'knots of collaboration and coalition' develop within the sets we have facilitated. However, as educators we have found that action learning sets, or interventions that require prolonged commitment to one group, have become increasingly difficult within the current HE environment. Participants on the Masters programme were all experienced and extremely busy managers, predominately from the NHS and the HE sector. Our article contributes by illustrating how one key intervention, a change laboratory, enabled action learning to flourish by providing a safe space to question the challenges and tensions of promoting and sustaining an employee wellbeing agenda. A key insight from participants was the vital role of physical and psychological safe spaces. Such spaces provide psychological safety, which is particularly critical in complex organisations (Edmonstone et al. 2016).

The notion of a 'safe space' is central to action learning as such spaces enable participants' to speak their truth without fear of negative consequences. We argue that these spaces need to be protected if employee wellbeing is to become, and remain, integrated within an organisation activity system.

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