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# **Companies should care about the health troubles of their employees.**

The results of a French survey on Medically Assisted Reproduction (MAR)<sup>1</sup>

## **1. Introduction**

Companies must consider the links between private and professional life of their employees. Better to understand what matters to them, including outside of work. The way they try to help employees with their personal issues is therefore a major HR issue (Delassus & Silva, 2016). Indeed, the managerial dimension is important since this link allows to support the performance of the teams and the company. Not taking into consideration this factor can lead to negative externalities like turnover, absenteeism, low talent acquisition... and lesser performance, the latter being a function of how effectively the company manages criteria such as staffing, structures, operational modes, job satisfaction, employee mobilization and the prevention and treatment of social risks through the allocation of corporate resources towards (Griep et al., 2021; Kraak et al., 2017). That is why Companies should better support employees by manifesting concern for their personal well-being, especially where this involves health troubles and an associated health care pathway (Gremillet et al., 2023). The present article attempts to evaluate the impact on employees' job performance when employers account for a health care pathway involving medically-assisted reproduction (MAR) (Ohannessian et al., 2017), a dimension encapsulated in metrics like job satisfaction or well-being as opposed to ill-being.

The matter of workplace well-being has received special attention in recent times and especially with the Covid-19 crisis (Xu & Chopik, 2020). With these studies, we know that Employees reporting feeling good at work will have better attendance; will be more autonomous, motivated and creative; and will entertain better relations with management and colleagues (Tenney et al., 2016). On the contrary, having a bad quality of life at work is a factor of stress for employees, thereby reducing their effectiveness. Notably in a crisis time, chronic stress can become a factor of under-performance when the individual concerned lacks sufficient coping skills (Li et al., 2021; Obrenovic et al., 2020).

With wellness paths, it seems crucial that employers account for factors that lead employees to feel stress and anxiety or depression. To be comprehensive, any approach in this area would have to incorporate issues like organization, environment and employee health, in order to prevent declining job satisfaction and maintain a relative state of well-being at work - nevertheless the particular hurdles that employees must overcome as part of the wellness path itself (Heavey et al., 2011).

Our field of research is the chronic disease in general and our study concerns patients following a process of Medically Assisted Reproduction. This research allows us to test several hypotheses linked to well-being at work and to job satisfaction regarding employees engaged in this healthcare pathway.

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<sup>1</sup> MAR: Medically Assisted Reproduction is a set of clinical and biological practices involving direct medical interventions in the reproductive process with a view towards helping patients to conceive.

First, we will present results from a qualitative survey of chronic health problem-related criteria perceived by employees as affecting their conditions of employment. It offers a research model linking people's perceptions of their life at work to their well-being and satisfaction levels (Allen & Meyer, 1996). In a second time we will present the results from an exploratory national survey which examines employer and HR employee support systems by testing the relationship between support and well-being, on one hand, and support and satisfaction at work, on the other hand – all within the framework of a particular wellness process, namely medically-assisted reproduction (MAR). Infertility and subsequent recourse to MAR have both psycho-social consequences that can weigh heavily upon couples in their job. Source of hope and anguish, care can be complex and time-consuming. It should become possible for companies, HR departments and managers to offer better support to employees concerned by a healthcare pathway – whether this involves MAR or another kind of intervention - thereby consolidating or even rebuilding bonds of trust. The conclusion speaks to the paper's research contribution plus the managerial implications, including the findings' potential applications for HR departments focusing on employee health issues.

## **2. Medically Assisted Reproduction pathway and impact on employees at work**

### *Why this field of study?*

In most industrialized countries, women are conceiving children later and later, even though natural female fertility declines from age 31 onwards, with a significant decrease after age 35. Currently, one in five couples seek advice for infertility, defined as women not falling pregnant after 12 months of intercourse without contraception. One in 30 children born in France in 2018 came after a MAR process. So, infertility and the use of MAR techniques are subjects of great interest for most employees, meaning a lot can be learnt from this field of study about healthcare pathway. The ILO counts 29.7 million persons in the French workforce, 70% of whom are between the ages of 15 and 49, hence potentially subject to an infertility and MAR process – an experience that often has heavy psycho-social consequences for couples due to the associated health risks. A source of hope and anguish, care can be complex and time-consuming (Ohannessian et al., 2017).

An initial exploratory survey was conducted in France involving 2,003 respondents with an engagement in a MAR process, meaning anyone with previous or current involvement in this program, irrespective of whether this resulted in the birth of a child, whether the person involved was a man or a woman and whether she or he was a spouse, partner, husband, or wife. 12% of the 2,003 people contacted responded. The questions they were asked included defining to what extent attention had been paid to the problems they faced because they were temporarily unavailable to work due to their engagement in a MAR process. Table 1 recaps some of these topics.

<b>Issues raised by employees involved in a MAR process</b>	<b>Allusions to good or bad employer and/or HR practices vis-à-vis the interviewees</b>
"Workload adapted and rebalanced"	Shorter working hours
"Workload rebalanced but not adapted"	Longer working hours
"Workload adapted and rebalanced"	Work-from-home arrangement
"Employer refused to adapt and took disciplinary action"	Made redundant
"Employee refused to adapt; self-sanction"	Resigned to focus solely on MAR
"Employee refused to adapt; self-sanction"	Out of work for a finite period of time
"Impossible to accommodate employee"	Changed employer
"Adapted using statutory mechanisms"	Took one or more sick leaves
"Employee refused to adapt; self-sanction"	Rejected opportunities (promotion, mobility)
"Adapted using statutory mechanisms"	Got employer to authorize absence on an exceptional basis
"Adapted using statutory mechanisms"	Got employer to authorize MAR protocol
"No adaptation, pressure was exerted"	Pressured by employer and co-workers due to MAR process
"Adaptation and rebalancing, both statutorily and psychologically"	Felt understood by employer under all circumstances
"Adaptation using illegal means"	Lied to employer to justify absences

Table 1: HR practice questionnaire items asked of respondents undergoing a MAR process.

The survey's 240 respondents were then re-contacted via LinkedIn, which they had subscribed to during the first phase. For each of the themes chosen, a meeting was held remotely, with an item being agreed before its addition to the main survey.

### *About the research field*

With support from a French association of MAR patients<sup>2</sup> and other persons contending with infertility issues, a laboratory<sup>3</sup> helped conduct a survey looking at the experiences and perceptions of individuals embarked upon a MAR pathway. Questions were formulated after consultation with specialist reproductive doctors and the authors helped develop the questionnaire section regarding the impact on respondents' professional life, notably enquiring

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<sup>2</sup> Collectif BAMP.

<sup>3</sup> Gédéon Richter.

what constitutes good or bad MAR - related HR practice. The polling firm<sup>4</sup> administered the survey in October 2018, with a total of 1,045 women and men answering an online questionnaire. The results showed that a MAR process has significant psycho-social effects (Courbiere et al., 2020). The impact on professional life is relatively unidentified and companies and HR have yet to account for this factor sufficiently. Finally, MAR shows how hard it is for employees to help companies discover the best way of managing and supporting individuals embarked upon a healthcare pathway. 63% of the respondents undergoing a MAR process felt that it affected the organization of their working time, with 52% saying they were less motivated to go to work due to declining well-being in the workplace and 55% declaring an important increase in their stress levels due to their experience. This decrease in motivation and well-being at work cannot leave companies and managers indifferent given how important these two metrics are to work performance.

Our study aims to deepen these points by focusing on how employees engaged in a MAR process can be affected in terms of well-being at work and level of job satisfaction.

### **3. How a health pathway impacts employees?**

The relationship between the personal and professional spheres, the work-life balance, is reflected in two realities experienced by employees: well-being at work; and job satisfaction.

#### *Work-life balance*

An individual's personal and professional spheres are not hermetically sealed from one another, with the connection between the two being a decisive factor in many employees' senses of equilibrium (Greenhaus & Beutell, 1985). Since 2011, the OECD has described "better living" as an indicator of countries' economic performance. Its Better Life Index features 11 items, one of which is the equilibrium between an individual's work and family lives. Here the concept of family includes child rearing hence parental responsibilities and duties. In the professional sphere, role conflicts arise when employees contend with dilemmas such as whether to prioritize their work role over their parental role or vice versa (Aryee et al, 2005). Work-family conflict can also make it difficult for employees (Liu et al., 2019) to assume their familial role due to the professional constraints weighing upon them. On the other hand, this same conflict may explain certain professional difficulties that arise when people prioritize their family. Studies have shown that the greater the work-family conflicts that employees experience, the less well-being they felt at work (Pacheco et al., 2021) The direct connection between work-life balance and job satisfaction has been made even more evident in recent empirical research confirming the positive effects that family-work balance has on job satisfaction (Fotiadis et al., 2019). Having said that and even as more and more companies has shown an interest in people's work-life balance, it is crucial that HR departments determine how to create such an equilibrium insofar as family and work are far and away the two greatest contributors to the social connection that people feel with their employers. Whether or not this concept of family includes children, alongside of their work duties employees are clearly also focused on the way their exercise their responsibilities as parents or spouses.

#### *Subjective well-being*

Subjective well-being (SWB) derives specifically from the equilibrium, that is, the relationship between personal satisfaction and job satisfaction (Bowling et al, 2010). People reporting high

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<sup>4</sup> IPSOS.

SWB are rarely absent from work and generally self-reliant and highly motivated. They also experience increased creativity, positive interpersonal relationships as well as low turnover. Studies on the simple connection between job satisfaction and performance have been carried out, for instance, on bank employees with high job satisfaction scores and above-average productivity rates (Dotson & Allenby, 2010) or else in CRM centers where employees starting the day with higher job satisfaction scores average more calls per hour than their dissatisfied colleagues (Rothbard & Wilk, 2011). But, meta-analyses have shown that unhappiness and anxiety at work result in significant individual productivity losses (Ford et al., 2011), and other research revealing an inverted U-shaped curve between stress and cognitive performance in work activities that require memory and attention (Kagan, 2016). Well-being at work is therefore an important part of employee performance (Lan et al., 2021). The present study highlights the connection between operational consideration of employees' MAR pathway and the well-being they feel at work, mediated through employer and HR department accommodation of employees' public and personal spaces alike. So, our first two SWB-related research hypotheses are:

**Hypothesis A:** The employer's failure to account for an employee's MAR pathway affects the well-being (or ill-being).

**Hypothesis B:** There is a positive impact on employees' well-being (hence a negative impact on their well-being) when the employer has been innovative in the way it accounts for their MAR experience.

### *Satisfaction at work*

Above and beyond employee well-being, other studies have shown that job satisfaction is a major issue for business and HR (Hackett, 1989; Sagie, 1998), reducing, for instance, overall absenteeism, which is itself a big problem. One study has found, for instance, lower absenteeism among bus drivers who reported well-being at work as opposed to their more dissatisfied colleagues (Kohler & Mathieu, 1993). There is also an impact on job satisfaction, one of the explanatory variables in people's commitment to work, with literature delineating several different approaches in this area (Kahn, 1990; Megha, 2016), who found that people work and express themselves physically, cognitively and emotionally through the performance of their roles. It is a definition that affirms the three dimensions of this concept: a cognitive aspect relating to the employee's beliefs about the company, its HR approaches and general working conditions; an emotional aspect representing their feelings towards these different facets of work; and a conative aspect pertaining to the physical energy expended in the performance of a professional role. Job satisfaction also has an important part to play in employees' performative orientations (Janssen & Van Yperen, 2004). Studies of job satisfaction determinants have uncovered many significant connections at this level, presenting notably two fundamental concepts: commitment to work (Fung et al, 2015) ; and perceived support from the employer, HR department and manager, on the one hand, and from co-workers, on the other (Zeng et al., 2020). Although we have not chosen to test perceived organizational support (POS), these merits being noted as a contextual element hence as a possible extension of the present study. POS might be defined as "*an employee's perception of an organization's concern about their welfare, reflecting their overall belief about how the organization values their contribution and how interested it is in their well-being*". This translates the social exchange (Eisenberger et al., 1986) between a company, its HR department and the employee. Many studies have found a significant link between POS and job satisfaction (Giorgi et al., 2016; Kurtessis et al., 2017) or else equate social support with professional and emotional support from management, HR and co-workers (Karasek, 1979). Perceived support from colleagues, on the other hand, incarnates a constructive industrial relationship in which solidarity has taken

precedence over rivalry (Maffesoli, 1995). Indeed, many studies point out that perceived management and HR support, as well as perceived support from colleagues, both correlates positively with job satisfaction. POS is indicative of a corporate culture that promotes work-family balance since it embodies a company’s level of involvement with its employees and/or interest in their professional contributions and personal well-being alike (Thakur & Kumar, 2015). This is further confirmed in other studies averring that perceived support from management and co-workers helps to balance people’s personal and professional lives. These findings suggest that it is HR's role to manifest a company's interest in its employees by offering them personalized measures enhancing their work-life balance and offering them what they want most, i.e. flexible working hours and schedules – all of which becomes particularly important in the context of people’s healthcare pathway (Currivan, 1999).



Schema 1 : Simplified model of connection between SWB and performance - Source (Tenney et al., 2016).

Consequently, the following hypotheses are being used to test the link between companies’ accounting for employees’ health pathway (social support) and their job satisfaction.

**Hypothesis C:** An employer's failure to account for an employee's well healthcare pathway affects the latter’s level of dissatisfaction.

**Hypothesis D:** Where an employer accounts for an employee’s healthcare pathway via innovative HR practices, there is a positive effect on the latter’s satisfaction.

Where healthcare pathway is part of a MAR process, the model tries to determine the connection between employees’ Negative Professional Experiences (NPEs) and their ill-being or well-being (Junça Silva et al., 2020) because it is strongly significant to measure the impact of the pathway on the mood of concerned employees. It also looks at the impact that Innovative (Human Resource-related) Professional Situations (IPSS) has on employee well-being or ill-being (Lewandowska & Stopa, 2020). Otherwise, satisfaction is mobilized here as a final dependent variable because it enables an indirect measurement of the affected employees’ performance (Judge et al., 2020; Vroom, 1962). These complementary links seem important to us to test and justify the addition of a matching hypothesis. Note that the model also questions the mediating nature of ill-being or well-being on the satisfaction of employees with health issues. Hence our additional hypothesis is:

**Hypothesis E:** Ill-being (or well-being) mediates the relationship between an employee’s level of satisfaction and whether his/her health situation was accounted for.

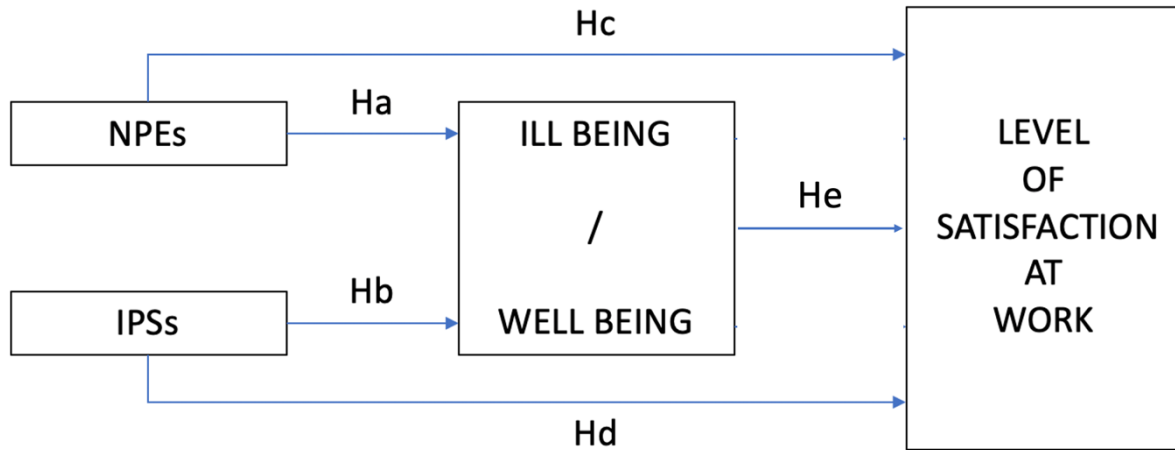


Figure 1: Research model

#### 4. Methodology

A quantitative approach was selected and the questionnaire was built using items adapted from two existing scale (Baudier, Ammi & Deboeuf-Rouchon, 2020). In Figure 2, we detail these two main scales (Maslach’s Burnout Scale, 1996 ; Satisfaction at Work Scale (Weiss and al., 1967)). Moreover, we used results from exploratory study (Table 1) to propose two main HR practice: Negative Professional Experiences (Factor 1 / NPEs); and situations considered Professionally Innovative by respondent employees (Factor 2 / IPSs). A five-point Likert scale was mobilized from “Strongly Agree” to “Strongly Disagree”. The Partial Least Approach was then mobilized, using SmartPLS3 software, to analyse the 1045 questionnaires collected. Our sample size is good enough for structural equation modeling with PLS (Hair, Ringle, and Sarstedt, 2011).

Before testing our model, we checked the reliability and validity of the chosen scales. The Alpha’s Cronbach and the composite reliability values, all above the recommended thresholds, confirm the reliability of the research model (Figure 1). The convergent validity was controlled by verifying that all Average Variance Extracted (AVE) of our constructs was above 0.5. The discriminant validity was confirmed by controlling that the square root of the AVE of all variables was superior to the correlations of this variable with the other variables.

#### 5. Exploratory descriptive analysis

Initial exploratory analysis looked at the nature of a wellness journey’s impact on affected employees’ working lives. Towards this end, the 1,045 respondents were asked two sets of questions. The first step was to clarify sample characteristics before specifying the nature of said impact.

The sample was 34.1% male and 65.9% female. About half of all respondents were between the ages of 35 and 44. 75.3% had studied beyond secondary school (A-level plus 2 years; plus 3 or 4 years; Postgraduate). Married couples represented 53.5% of the relationship status category, with common law partnership and high-income couples accounting for a further 37%. 84.5% of all couples here tended to work on a full-time basis 75.8% of the time, in their capacity either as senior managers (27%), middle managers (25.6%) or staff operatives (31.9%). The low percentage of farmers (1.1%) and independent professionals (3.5%) confirmed the value of the data analysis as regards the problem defined above, i.e., to what extent employers take

account employees undergoing medical supervision, specifically in relation to the latter group’s availability and level of commitment. Note as well that the French regions were almost all equally represented (about 20% except for the South-West, which amounted to 9.3% of the total workforce).

The matrix of correlation, the VIFs (“Variance Inflation Factors”) and KMO are measured to detect and avoid problems of multicollinearity. Correlation coefficients greater than 0.5 are indicative of problems of multicollinearity between items. We checked whether the correlation matrix relating to the variables collected was acceptable with regard to the Barlett sphericity test and if the KMO was above of 0.5. Then the Barlett test was significant, and score of KMO was 0.879. Then it was possible to persue the factor analysis.

The first determination was whether the MAR pathway could have a significant impact on how smoothly the affected persons’ professional lives were unfolding. Table 2 recaps the relevant items, being a measurement scale ascertaining the extent of the healthcare pathway’s impact on people’s working lives (5 levels). Note firstly the responses’ very high internal coherence (Cronbach Alpha - 0.941), with Oblimin factor analysis detecting one single factor where three items stood out as being relatively disabling for patients embarked upon MAR pathway. These noteworthy items - identified by measuring their variance from the average score - were (a) aspects relating to the organization of working times; (b) stress levels; and (c) well-being at work. In addition, (d) denoted that interviewees following a MAR pathway also seemed to suffer from impaired motivation levels. The conclusion is that people engaged in MAR pathway recognize a real and lasting disruption of their professional lives, one that can affect their well-being while generating dissatisfaction.

<b>MAR plan items affecting people’s professional life</b>	<b>OBLIMIN Extraction</b>	<b>Average</b>	<b>Standard deviation</b>
Professional responsibility impacts	.751	3.28	1.615
Wage impacts	.698	3.39	1.641
Working time arrangements	.620	<b>2.65</b>	1.503
Stress levels at work	.729	<b>2.73</b>	1.497
Well-being at work	.774	<b>2.90</b>	1.538
Quality of work	.798	3.09	1.547
Motivation to go to work in the morning	.748	<b>2.88</b>	1.553
Intellectual/physical ability to work	.764	2.93	1.513
Socio-emotional relationships with colleagues	.742	3.11	1.560

1: Very significant impact; 2: Significant impact; 3: Less significant impact. 4: Insignificant impact; 5: No impact.

**KMO - 0.952 and Cronbach Alpha - 0.944**

Table 2: Items measuring MAR plan impacts on professional life.

The second exploratory analysis consisted of administering the (Negative) Experiences measurement scale comprised of items relating to HR practices that were good or bad in

respondent employees' eyes (see Table 1). This was a 5-level agreement scale covering all the suggested situations, with the items involved being carried over to Table 3. Two of the situational groups described here appeared to be strongly correlated: Negative Professional Experiences (Factor 1); and situations considered Professionally Innovative by respondent employees (Factor 2).

<b>Professionals situations as experienced by employees embarked upon a health journey</b>	<b>Factor 1</b>	<b>Factor 2</b>
Resigned from job to focus on MAR	<b>.820</b>	.334
Made redundant	<b>.800</b>	.382
Changed employers	<b>.778</b>	.285
Temporarily inactive	<b>.762</b>	.365
Pressured by employer and co-workers	<b>.729</b>	.336
Rejected opportunities (Inc. promotions)	<b>.688</b>	.417
Longer working hours	<b>.681</b>	.310
Lied to employer about absences	<b>.642</b>	.121
Shorter working hours	<b>.586</b>	.312
Got employer to reschedule working times	.221	<b>.773</b>
Felt understood by employer	.224	<b>.768</b>
Used statutory absence allowances	.442	<b>.677</b>
Got employer to reschedule working times	.441	<b>.647</b>
Took sick leaves once or more than once	.421	<b>.500</b>
<b>Cronbach Alpha</b>	<b>.883</b>	<b>.723</b>
<b>Factor contribution</b>	<b>41.15%</b>	<b>11.15%</b>

Table 3: Common and innovative management practices

Factor 1 therefore combined all negative propositions regarding the connections between employees and employers (41.15% of variance expressed). Factor 2, on the other hand, encompassed all possible management situations following on from MAR-related disruptions, replete with an empathetic understanding on the employer's part (11.15% of the variance expressed). This exploratory step made it possible to verify the bifactorial nature of the scale being tested, which could then be used as part of the ensuing confirmatory analysis.

## 6. Research model

The exploratory approach was followed by a confirmatory approach helping to assess the research model (Figure 1). As a reminder, the research hypotheses had focused on the effects of having HR practices adapted or not to employees with health issues, together with the effects on their well-being and levels of satisfaction or dissatisfaction. Analysis in this area was implemented using Smart PLS.

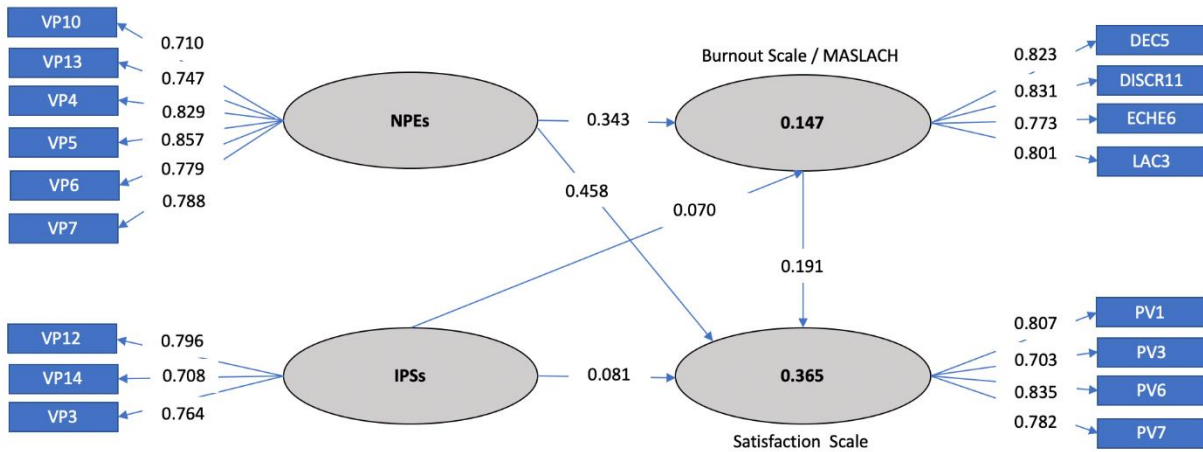


Figure 2: HR practice effects on employee ill-being and satisfaction

The first instrument used was a five-level Maslach agreement scale measuring an MAR plan’s potential psychological effects on ill-being – as well as another one measuring personal satisfaction in professional settings. Items here were adapted to assess people’s dissatisfaction levels. The results were collected from 1,045 patients embarked upon wellness journeys.

The internal model was evaluated by analysing endogenous variables’  $R^2$  and  $f^2$  size effects. Relationships between these variables were measured by ensuring that their parameters or path coefficients were above the recommended threshold of 0.200; that the t value was greater than 1.96; and that the p value, measuring significance, was less than 0.05. The result is that the null hypothesis cannot be rejected (Table 4). Convergent validity was confirmed by the AVE, all above the threshold of 0.5 (minimum 0.610, maximum 0.820). The discriminant validity was controlled by verifying that the indicators of each variable did not load higher with another variable.

In addition, a blindfolding procedure was implemented to measure the model’s predictive validity by analyzing the  $Q^2$  (Cross-Validated Redundancy). All  $Q^2$  s were greater than 0, indicating a good predictive validity for the model. Lastly, a 0.41 Good of Fit score confirmed the model’s high quality, with a Smart PLS score of under 0.10 indicating, according to (Latan & Ghazali, 2012) low model quality; 0.25, average quality; and 0.36 or above, high quality. Statistical analysis enabled validation of the research hypotheses (see Table 4). The table below details each of these model variables.

Dependent variables	Predictor variables	A <sup>2</sup>	f <sup>2</sup>	Path coefficient	t-Value	p-Value	H	
<b>DISSATISFACTION</b>		0.365						
	NPE		0.223	0.458	9.928	0.000	X	Hc
	IPS		0.008	0.081	0.917	0.359	O	Hd
	BT		0.049	0.199	5.331	0.000	X	He
<b>BURN OUT</b>		0.147						
	NPE		0.102	0.343	6.565	0.000	X	Ha
	IPS		0.004	0.070	1.093	0.275	O	Hb

Table 4: Internal research model analysis and hypothesis validation (X validated, O not validated).

***The Ha hypothesis is validated.*** The model suggests that professional situations that do not account for MAR patients' particularities create ill-being.

***The Hb hypothesis is invalidated.*** Accounting for the situations experienced by employees dealing with MAR did not have a significant effect on their ill-being (Maslach scale). It can therefore be inferred that this is a finding in and of itself.

***The Hc hypothesis is validated.*** Failure to take employees' MAR pathway into account increased their level of dissatisfaction. Employees' negatively experienced professional situations had a big effect on them.

***The Hd hypothesis is invalidated.*** Professional situations with little or no regard for what MAR employees were experiencing had no impact on satisfaction levels. These innovative practices would therefore seem to benefit the employees concerned.

***The He hypothesis is validated.*** Ill-being among MAR employees strongly affected their dissatisfaction levels – due in part to employers' failure to account for their wellness journeys.

## **7. What managers and HR can learn from these results**

The validation of the **Ha** and **He** hypotheses shows a significant connection between corporate HR support and employee well-being. This is clearly crucial where employees dealing with health problems follow a healthcare pathway that is psychologically difficult. This has real meaning in a work world that has often – for cultural reasons - had the unfortunate habit of separating people's personal and familial spheres from their professional sphere. Returning to a society based on the primacy of emotionality (Goleman, 2012; Goleman & Boyatzis, 2002) would make this stance – one in which emotionality is contrasted with rationality and the personal with the professional - almost untenable in terms of maintaining employee performance. The boundaries being these states have become porous. The support, empathy, and capacity for listening that management and HR can provide have been transformed constructive variables, ones that employees expect if they are to trust their company. Indeed, the desire to be respected and listened to attentively and compassionately by one's manager and HR department seems to have become a foundational value guaranteed by a psychological contract (Cooper & Rousseau, 1998; Griep et al., 2019; Kraak et al., 2017; Rousseau, 1995), i.e. one that can no longer be sidelined - not even in the world of work (Lacan, 2019). Manifesting and feeling respect for employees is a precondition of well-being and commitment to work (Bernard et al., 2021; Biétry & Creusier, 2017). A survey of thousands of employees worldwide has shown that employees who are treated with respect feel better at work and say they are more confident and safe - with 89% saying that it is at work that they feel the greatest satisfaction. Similarly, employees who report being treated with respect are 55% more engaged than others (Porath & Erez, 2009). In the context of an employee's healthcare pathway, it would be regrettable to avoid this motivation lever. After all, respect does not require a great deal of investment from managers or HR professionals. In actual fact, only 4% of sampled populations tend to say that they have been knowingly disrespectful, with the rest not measuring if or how their attitudes cause damage to other people, largely because they tend to neglect the fact that respect is a variable kind of subjective construct, one that depends on the persons involved (Porath, 2016) Respect therefore seems circumstantial to cultures, generations and personal situations – in short, to different emotional states.

Hence the need to question the marginalization of emotionality in the business world, viewing it instead as a key factor that managers and HR professionals would do well to inject into their professional relationships. It is the price of creating trust. Rather than asking colleagues, quite

unpleasantly, to leave their emotions at home, the better way is to view their personal problems for what they really are: professional problems (Stinglhamber et al., 2020). This is all the more important when managing younger generations that tend to have very different expectations of employers (Chatzopoulou & de Kiewiet, 2021). 86% of all graduates from France's leading universities feel that future managers must be capable of listening to their teams and showing them respect.<sup>5</sup> By demonstrating the impact that a healthcare pathway has on employee well-being and job satisfaction, the IPSOS Gideon-Richter study of people's MAR pathway identifies a need to adapt to co-worker's psycho-social difficulties, thereby minimizing any negative effects for the company and building bonds of trust instead. Towards this end, a company through its HR department and management must construct emotional relationships with employees that are more supportive and caring. That is the only way to earn their trust. Where health issues are concerned, this requires expressions of compassion and support. It is by acknowledging employees' vulnerability and manifesting a willingness to support them that companies and HR professionals can reduce the effects of these vulnerabilities and maintain or rebuild an acceptable relationship of trust and well-being at work, synonymous with ongoing commitment and efficiency (Gabriel et al., 2021).

A few short propositions might serve to reorient managers' mindsets and roles to better meet employees' new expectation that their employer take their personal situations into account, especially in a particular moment of life such a healthcare pathway.

***Proposition 1. From a monitoring to a regulating culture.***

First, we want to handle the **Ha** hypothesis by taking into account the MAR patients' particularities to create well-being. For this, managers must abandon the culture of surveillance of people and instead develop a culture of support of each. To meet colleagues' expectations managerial mindsets must become more collective and supportive. This implies an ability to comprehend a counterpart's emotional dimensions. In turn, this requires a new mindset as regards work relations, one based on the pleasure of exchanges with others. Managerial regulation is a real relational act that encourages and structures personal relationships, envisioned here as a source of wealth and guarantee of collective performance, especially where the employees are being plagued by personal difficulties that can easily tip in a "work-family" type conflict. So, employees confronted to a healthcare pathway need a management based on regulation and not on monitoring because regulation presupposes understanding and care, whereas surveillance only needs rational tools. This type of management makes it possible to support collaborators, including by adjusting their work arrangements to focus on their healthcare pathway, increasing their job satisfaction (Sehgal et al., 2021).

*Example of action : coaching managers to review their obsolete management model.*

***Proposition 2. Motivating Communities at Work.***

Then we want to take into account the **HC** hypothesis and avoid the failure to take employees' MAR pathway into account increased their level of dissatisfaction. Employees' negatively experienced professional situations had a big effect on them. It's through team spirit and a spirit of solidarity that things can change (Mandayam et al., 2023). That is why the management must develop a real sense of community. Employees are not isolated atoms within a corporate social body. Instead, they need to situate and anchor themselves in a community where they might find support. But there is nothing automatic about this community dimension. Rather, it must be organized, and it is incumbent upon managers responsible for motivating their teams to do

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<sup>5</sup> IPSOS (2017). "Talents: what they expect from their jobs". Study of 3,266 students, done on behalf of GCE and the Boston Consulting Group.

so. As such, their real job is animating work communities. Managers' real role nowadays is to create the conditions for a kind of cooperation that gets everyone to create a common output and do this in everyone's interest. Because cooperation is a kind of collaboration enhanced by further meaning and care, it is up to managers to create the conditions that can shift their teams from the latter vision to the former (Ashkenas, 2015). The manager must drive this reshaped mindset, one culminating in a friendly and caring working atmosphere. He must guarantee and incentivize the quality of "working together" in a way that respects the balance between work and family spheres. Today, the ability to create this atmosphere is a key expectation of the managerial mission - especially given a newfound awareness that feelings of well-being at work are synonymous with better performance. This is even more important as employees involved in a healthcare pathway are sensitive to the support of their colleagues and their manager, in short, their whole work community.

Example of action: create communities of listening, sharing and mutual aid at work.

***Proposition 3. Mentor is a good inspiration to manage communities at work.***

In the end we would like to treat the **He** hypothesis because we know that ill-being among MAR employees strongly affected their dissatisfaction levels – due in part to employers' failure to account for their health pathway. So we need a new manager now. The kinds of managers being envisioned here – ones who view part of their role as supporting troubled employees – clearly bear no resemblance to "little tyrannical managers" whose power resides mainly in mentoring information, possessing technical expertise, and wielding coercive power over staff. Today, managers' legitimacy depends on a completely different stance, one emphasizing the ability to get teams up and running, using communicational and relational actions to collectively achieve the objectives that best serve their company's performance. It can be advantageous for this kind of manager, when developing his or her mindset, to draw inspiration from certain mythological figures insofar as this might help them to become aware of who they need to be (and to place their faith in the kind of relationship that they are about to initiate with colleagues.) Said figure is Ulysses' old companion Mentor, chosen to help train Ulysses' own son Telemachus while he himself was away. If Mentor was chosen, it was because he was known for being demanding but also benevolent, providing a motivation that could be both structuring and reassuring. Similarly, today's managers must also be rigorous when carrying out their duties of organizing and supporting both team and individual performance. Because managers know what kind of support needs vulnerable people develop whenever problems arise, they too must be benevolent and supportive at such times. It is this equilibrium that protects collective performance and saves employees from enduring "family-work" conflicts – thereby maximizing their well-being and job satisfaction even in particularly complex situations when a MAR wellness journey is involved. As Mentor, the manager must base his leadership on his ability to stay rigorous in his work while being attentive and understanding towards employees facing a health problem (Amah, 2018). His ability to be resilient and to encourage the resilience of these employees in pain then makes it possible to better support them by maintaining their motivation at work (Lacan, 2020).

Example of action : training in empathy and assertiveness.

## **8. Conclusion**

Even our research has some limitations such as the uniqueness of the disease, the duration of the follow-up or the cognitive bias of the patients, all in all, this analysis has highlighted the need to re-consider intra-personal relationships – including the singularities thereof - within organizational contexts. It is a crucial question for HR and management because on the answer

depends the performance at work of their employees. The links between health, well-being, and motivation, are just essential for companies. The subject then becomes how to learn to trust hence re-build social ties in such a way as to motivate singular individuals; and how might situations like a MAR process can be used to re-legitimize hierarchical relations.

Beyond the MPA process, all chronic illnesses (cancer, depression, neuropathy, endometriosis...) require such support for employees. In a resolutely inclusive and sustainable society, management and HR must develop their capacity for attention, understanding and support to enable their employees to maintain their job satisfaction while avoiding the pitfalls of a conflict between personal and professional life. Today, companies have the technological tools to enable them to meet these expectations with remote work tools and increasingly flexible organizations, especially in a post-Covid-19 society. This is a major challenge for the performance of their employees involved in a health program, whatever it is, physiological or psychological chronic disease. This is certainly a future project for HR and management sciences and a huge improvement path.

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