

COMMUNICATION & LANGUAGE at work

Corporate social responsibility or corporate social control? A critical discussion of health-related employee initiatives as part of companies' CSR communication

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Abstract

In recent years, a new type of CSR initiative has gained momentum: employee health initiatives. While creating the best possible settings for ensuring employees' health sounds immediately appealing, there is a need for further research on potential critical aspects of incorporating health-related employee benefits into CSR programs. Based on the results and data from a previous study on the extent and nature of such initiatives, we present dichotomies and stages of health-related initiatives for employees within a CSR context before embarking on a critical discussion of the potential negative implications. The mere fact that health has entered the workplace in relation to CSR initiatives could have negative implications for employees in the form of stigmatization and blurred boundaries between work and private life. The question is whether such initiatives are truly corporate social responsibility or if they could be viewed as corporate social control.

Keywords

CSR; corporate social responsibility; health; workplace health promotion; employees

1 Introduction

Are employers entitled to demand that their employees adopt a healthy lifestyle? Within the last decade, this question has increasingly been debated in Danish media (Bavngaard, 2017; CSR.dk, 2015, 2016, 2017a, 2017b; Højgaard, 2008; Skytte, 2018; Petersen & Nygaard, 2023). This media attention has likely followed from a renewed focus on health in the workplace in recent years (see e.g., Alonso-Nuez et al., 2022), which has seen a significant intensification during the recent COVID-19 pandemic (Aguinis et al., 2020; Gorgenyi-Hegyes & Fekete-Farkas, 2021). Examples of health in the workplace include providing employees with a wide range of health-related offers – some more voluntary than others. One such example is an IT company that implemented mandatory exercise and participation in a boot camp during working hours (Søgaard, 2017). Many other companies have followed suit, albeit often in what seem to be more voluntary versions (Otto, 2017; Petersen & Nygaard, 2023). The public sector also seems to be following the same pattern of increasingly incorporating initiatives related to employee health both in and outside the workplace (see e.g. Olsen, 2021). The Danish National Research Center for the Working Environment recently suggested that

“health environment” may be the next concept that employers need to consider on a par with, or perhaps even as a new conceptualization of, the well-known concept of “working environment”, which is generally considered to be of great importance.

Health promotion in the workplace is not a new phenomenon (Noblet & Rodwell, 2010). For years, we have seen initiatives such as fruit schemes and access to a workplace gym. However, we are now starting to see health-related initiatives being framed, presented, and communicated as part of companies’ CSR programs. CSR implemented and operationalized by way of programs, initiatives, and activities is by now an integral part of doing business, and today, the majority of companies are engaged in activities designed to minimize environmental impact, secure employee benefits, and provide safe and fair working conditions throughout the supply chain (KPMG, 2015; Meier & Cassar, 2018).

As part of this development, corporate communication about CSR initiatives has also increased substantially as it is both expected and demanded that organizations communicate how they work with CSR in order to be considered legitimate actors in society, capable of attracting both customers, employees and investors (Brunner & Langner, 2017; Dhanesh, 2023; Ihlen et al., 2014; Schaefer et al., 2020; Weder et al., 2019). For this task, communication is of the utmost importance.

It has been argued that CSR and workplace health promotion are closely linked (Alonso-Nuez et al., 2022); however, seeing workplace health as CSR is a fairly recent phenomenon, requiring empirical investigation (Macassa et al., 2021) as well as critical reflection. Thus, we still need more research on the interface between CSR, communication, and occupational health management (Kuhn et al., 2021) and whether it may be perceived as just another addition to an already very heavy workload for the individual employee (Ryde et al., 2020). Moreover, it is important to look at this through a communication lens, especially if ascribing to the notion of communication having a constitutive character (also known as CCO, see e.g., Schoeneborn and Trittin, 2013; Schoeneborn et al., 2023). When we see communication as constituting organizations – and the world as such – it is also acknowledged that, in our particular case, CSR communication about health initiatives offered to employees is what makes the initiatives live and play a role in the lives of employees, negative as well as positive, which is what we seek to explore here.

So, even though the notion of creating the best possible settings for ensuring workers’ health sounds immediately appealing, there is a need for further research that focuses on potential ethical, critical, and reflexive aspects of incorporating health-related employee benefits into CSR programs. The question is whether such initiatives are truly corporate social responsibility or if they could be viewed as corporate social control (Costas & Kärreman, 2013)? Moreover, critical studies of implementing workplace health promotion strategies and incorporating health-related initiatives into CSR programs tend to be explored and discussed separately, not combined. Only a few studies have explored the phenomena in combination. One example of this approach is Holmqvist (2009), who questions whether promoting health in the workplace is not more about control than responsibility, stating that “health promotion may be intimately linked to an idea of social control by shaping employee attitudes and behaviors according to company norms and values” (Holmqvist, 2009, p. 71). Moreover, Costas & Kärreman (2013, p. 394) argue that CSR, in general “works as a form of aspirational control that ties employees’ aspirational identities and ethical conscience to the organization”. It has also been questioned whether strengthening employees’ organizational identification through CSR initiatives may turn into employee work addiction (Brieger et al., 2019). Furthermore, it might be that some health initiatives are not necessarily confined to the work site as such but may cross over into the private lives of the employees. Thus, the initiatives may exemplify what is referred to as the “permutation” of the boundary separating the inside from the outside of the organization (Fleming & Spicer, 2004) and as ethical sealing (Costas & Kärreman, 2013). Ethical sealing, according to Kärreman and Alvesson (2010), can occur because of the naturalization of viewpoints in an organization. This means that certain viewpoints in relation to, e.g. how a good employee behaves are not questioned or debated, but rather just taken for granted and accepted by organizational members.

Based on the current developments presented above, we ask the following research question:

What are the potential critical perspectives of offering certain CSR-related employee health initiatives and communicating these as part of the corporate CSR program?

In order to answer this research question, we draw on the data and results of a recent study which investigated the kind of health-related initiatives Danish companies offer their employees and how these initiatives are communicated in CSR reports (Schmeltz & Nisbeth Brøgger, 2023). We use these data and results to conduct new analyses in order to discuss focal implications and potential blind spots for organizations and employees. In the context of this special issue on sustainable communication, this paper thus contributes by focusing on the communication of the social dimension of sustainability (see e.g., <https://unglobalcompact.org/what-is-gc/our-work/social>), which is concerned with how businesses impact not only the climate, the environment, etc. as perhaps traditionally understood by sustainability, but also how businesses impact and affect people, be it negative or positive, direct or indirect. In our particular case, the social sustainability or CSR communication aimed at employees will be our focus as we question and discuss this using ethical, critical, and reflexive perspectives (Ditlevsen & Johansen, 2024).

Before presenting these perspectives, we will introduce the important aspects of the field of CSR and CSR communication in relation to our study, as this is the field into which employee health seems to be moving.

2 CSR, communication, and employees

The concept of CSR has been discussed – and developed accordingly – since the concept first appeared in the 1950s when Bowen (1953) started a discussion about the responsibility of the businessman. Since then, societal and political developments have influenced and continuously changed how we look at the relationship between business and society. Consequently, there is no set or commonly agreed upon definition of the concept, but a broad understanding of CSR as referring to “a company’s voluntary assumption of social, economic and environmental responsibilities exceeding legal compliance for the benefit of society” (Bruhn & Zimmermann, 2017, p. 4) seems to exist and will be acceptable and recognizable within the field. There is, however, broad consensus that employees as a group are one of the three most important stakeholder groups to consider (the other two being customers and investors) in terms of both initiatives developed and the communication of these (Carlini et al., 2019; Crane & Glozer, 2016; Dhanesh, 2023; Jiang & Luo, 2020). CSR engagement and communication in relation to employees in general is linked with several organizational advantages, including stronger organizational employee identification, greater performance and productivity, positive impact on recruitment and retainment, etc. (Rupp & Mallory, 2015; Hejjas et al., 2019, Dhanesh, 2023). Further, it is predicted that the themes of employee health specifically, as well as workplace location and culture, will be high on the CSR agenda for many corporations in the years to come (Carroll, 2021). Interestingly, despite the fact that employees are considered as one of the most important target audiences of CSR communication and also key in the enactment and credible communication of CSR initiatives, research on CSR communication from an employee perspective is still relatively scarce (Dhanesh, 2022; Men, 2021). Specifically for our case here, we need to know more about how the health-related CSR initiatives targeting employees are communicated and also how this communication may potentially affect employees.

Contrary to the employee perspective, the discussion of the business case for CSR has received considerable attention and has been the focus of many studies within CSR since the 2010s (Carroll, 2021). The discussion centers around the balance between corporate social performance and corporate financial performance. In other words, what, if anything, do businesses get out of working with CSR, and is it worth the effort? Many studies have been carried out with a view to answering that question (see e.g., Carroll & Shabana, 2010; Wójcik, 2018) with results pointing towards both yes and no. Arguments supporting the business case for CSR are often centered around the same overall themes: *cost and risk reduction*, *gaining competitive advantage*, *developing reputation and legitimacy*, and *win-win outcomes* (see e.g. Carroll & Shabana, 2010; Kurucz et al., 2008). When focusing on the business case for CSR in relation to employees, this group could be included and discussed in relation to all of the four themes, but employees are very rarely explicitly mentioned in business case studies. It is, nevertheless, relevant to include employees – and also employee health – in several of the categories. When discussing cost and risk reduction, it goes without saying that healthy employees have fewer sick days and thus cost less. In relation to gaining competitive advantage, employee benefits (also in terms of health) can also help attract the “right” employees (Bhattacharya et al., 2009; Lis, 2012; De Silva & Lokuwaduge, 2019, Dhanesh, 2023) and provide them with both functional, psychosocial, and value-related benefits, just as employees increasingly state their preference for working for socially responsible companies (Chen et al., 2019; Klimkiewicz & Oltra, 2017; Lis, 2012, Dhanesh, 2023), which can be linked to reputation and legitimacy. Finally, in terms of win-win outcomes, it seems immediately obvious to incorporate the employee perspective since this theme is about the company pursuing their own interests while simultaneously satisfying stakeholder demands – here, employee expectations towards what the company offers in terms of health-related activities.

The tradition of discussing and evaluating CSR by way of the business case approach thus seems very compatible with the recent focus on employee health as part of CSR. Even though employees are rarely mentioned explicitly in studies of the business case for CSR, they can easily be included in existing frameworks as “communicating CSR is good for business throughout the employee lifecycle” (Dhanesh, 2022, p. 240). In consequence, attention must be paid to the extent and nature of both CSR initiatives and the communication of them.

There are, however, also some concerns when it comes to including and addressing the employees very explicitly in the development and communication of CSR initiatives related to employee health, which this study will provide a critical perspective on.

3 Data

In order to discuss the ethical, critical, and reflexive implications of specific health initiatives directed at employees and presented as part of corporations’ CSR communication, we draw on the results of Schmeltz & Nisbeth Brøgger (2023) and the empirical data collected in connection with that study. The empirical data consist of two data sets from a Danish corporate context. Denmark is an interesting case as the Danish healthcare system is fully tax-financed and offers almost all services free of charge to citizens. This means that corporations are not traditionally a source of healthcare.

The first data set (data set 1) is based on a short email questionnaire sent out to the top companies on the Danish Sustainable Brand Index 2018 list (Sustainable Brand Index, 2018), who were asked to list and describe which health-related initiatives they offered their employees and also to attach any written material on the initiatives that they might have (e.g., pamphlets, descriptions, slide shows, etc.). We kept contacting companies until we reached 11 responses. The second data set (data set 2) consisted of CSR reports from 2018-2020 from the top 15 companies (brands) from the Sustainability Brand Index 2020 (Sustainability Brand Index, 2020). In total, 45 reports were analyzed. CSR reports were chosen as they represent one of the most formalized ways of

communicating CSR initiatives (Gonçalves, Gaio & Costa, 2020). Furthermore, investigating employee health in the CSR report illustrated whether also such initiatives are framed explicitly as CSR.

3.1 Results from previous analyses of the data sets

These two data sets have, as mentioned, been analysed in another study which aimed to create a typology of the extent and nature of Danish employee health CSR initiatives (Schmeltz & Nisbeth Brøgger, 2023). Here, we found 50 different types of health-related initiatives, which we clustered into 10 content categories, as seen below in Table 1. We also assessed their relative size and prevalence in relation to one another as represented in data set 1, i.e., either widespread, regular, or rare occurrence. For a full overview of the categories identified in the mapping, please see Schmeltz & Nisbeth Brøgger (2023).

Table 1: Categories of health-related CSR initiatives (based on Schmeltz & Nisbeth Brøgger, 2023)

Content category	Relative prevalence	Examples
Insurance	Widespread	Extra health insurance paid by the company (in Denmark everybody has basic health insurance covered by the state, but the additional paid one secures faster treatment, more options, etc.)
Physical exercise	Widespread	Gym at the workplace, sports tournaments, running clubs, etc.
Physical treatment	Widespread	Massages, physical therapy, etc.
Food	Widespread	Healthy food, fruit schemes, etc.
Disease prevention	Regular	Different types of health checks and screenings, free flu shots, etc.
Lifestyle optimization	Regular	Courses on weight loss, smoking cessation, etc.
Psychological treatment	Regular	Stress prevention, access to psychologist, etc.
Mental exercise	Rare	Challenge your brain bootcamp, mindfulness, etc.
Personal development	Rare	Personal development/value courses, health-related trips, etc.
Miscellaneous	Rare	Sleep aps, midwife consultations, etc.

These content categories provided us with the analytical framework for the study of CSR reports. It was found that the extent to which the health initiatives are communicated in CSR reports is quite limited. A few of the CSR reports included no mentioning of employee health-related CSR initiatives at all, but in general, we did see an increase over the three years, with more companies including information on employee health. Often, employee health was communicated using vague terms such as “We aim to create a healthy, attractive and safe working environment for all employees” or “We will continue to take steps to ensure the health, safety and mental well-being of all colleagues” (for further details, see Schmeltz & Nisbeth Brøgger, 2023). In other reports, very specific initiatives were communicated, such as the provision of cheap fruit and vegetables in the cafeteria, access to a well-equipped gym, free COVID vaccines for all employees, physiotherapy, and psychological counselling.

All in all, the CSR reports illustrate a broad spectrum of how employee health was included, defined, and communicated as part of the corporate CSR program, ranging from health as keeping the employee safe and alive to promoting the best version of the employee, physically, socially, and mentally.

Below, we built on these descriptive results by analyzing data sets 1 and 2 from a critical perspective. We will present new analytical understandings of these employee health initiatives before providing perspectives on what the potential implications of such initiatives may be.

4 Analysis

4.1 Dichotomies of employee health initiatives

Based on the numerous initiatives identified (data set 1) and the broad spectrum of health conceptualisations found in the CSR reports (data set 2), we here provide analytical conceptualisations with inspiration from Saldaña’s qualitative data analysis strategies of *values coding* and *versus coding* where struggles, conflict or power issues on both the observable and the conceptual level can be identified (Saldaña, 2014). Approaching and understanding the data (data sets 1 and 2) in this round of analysis had the purpose of identifying any conflicts, dilemmas, or struggles that the employees might experience by way of being offered these initiatives. Thus, we examined and assessed the underlying consequences or implications of the initiatives offered to the employees and the initiatives communicated in CSR reports, which resulted in a list of dichotomies or oppositions. Table 2 illustrates the four identified dichotomies.

Table 2: Dichotomies of health-related CSR initiatives

Dichotomy	Initiatives
Employee-driven initiative vs employer-driven initiative	Suggested by employees vs decided by management
At the workplace vs outside the workplace	Offered within the company (e.g. healthy food in canteen) vs outside the company (asking employees to participate in sport events) (focus on geography)
During working hours vs outside working hours	Offered within working hours (e.g. exercise during working hours) vs outside working hours (e.g. use a sleep app) (focus on time)
Voluntary vs involuntary	Perceived as voluntary vs perceived as being difficult to opt out of

The dichotomies listed illustrate potential conflicts or power struggles between the organization and employee in the sense that the degree to which the activities impact or interfere in the private lives of employees differ. In some CSR reports, it is very difficult to assess how potentially intrusive the health initiatives are as generally very vague descriptions are provided (such as “we support our employees every day so that they can be at their best, both at home and at work”) whereas, in other reports, it was very clear that the initiative would cross over into the private lives of employees. An example of this is a company that, in their CSR report, presents a table of “CSR goals”, which includes percentages of smokers, overweight and obese employees, and percentage of employees who are active in their spare time. The surrounding text emphasises the need for the company to work on improving those percentages, in other words, improving the lifestyle of the individual employee.

An important point here is that the boundaries between work life and private life are challenged and perhaps crossed more in some instances than in others. For example, one might argue that there is a difference between offering healthy food in the company canteen and strongly encouraging employees to use a sleep app at night. The latter type of initiative seems to cross further over into the private lives of employees who may find themselves faced with the dilemma of whether or not they wish to submit to the organization’s interpretation of a healthy life. Also, for some initiatives that clearly exceed the boundary of the workplace, such as providing a sick leave app, which “is available to all employees to inspire and encourage a healthier lifestyle”, issues of data protection become relevant. Furthermore, while some initiatives might be presented as voluntary, as described in a CSR report: “Our initial experience shows that most employees accept the offer for a health check”, from an individual employee perspective, it might not feel like a voluntary choice. Similarly, the offer to get a COVID vaccination might be voluntary, but if not accepted by the employee, calling in sick might put the employee in a difficult position.

4.2 A proposed stage approach

A last way of approaching the two data sets is to combine the content categories identified with the period of time that the company had been engaged in offering health initiatives as part of their CSR engagements. When doing so, the data sets seem to indicate that there might be a pattern to the typical way in which the nature and content of health-related CSR initiatives develop over time. There seems to be indications of a pattern in the progression of initiatives in terms of the stages that companies go through when working strategically with health-related CSR initiatives aimed at employees. The more advanced and complex the initiatives are, the longer the company has typically worked with this area.

Figure 1: Stages of health-related initiatives for employees

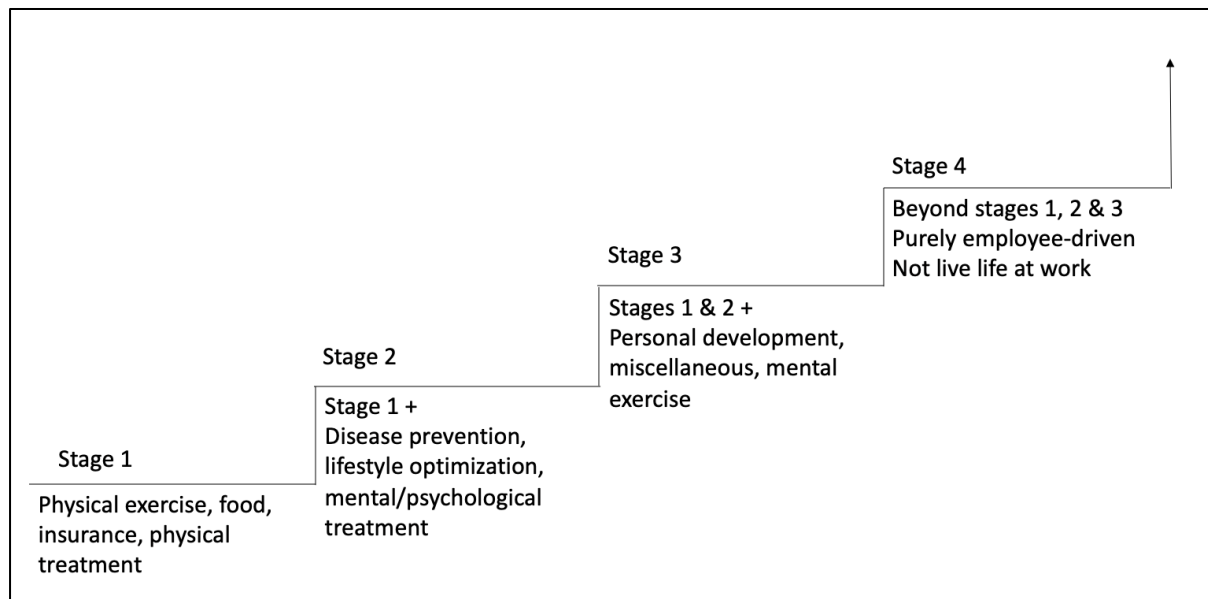


Figure 1 illustrates how companies that have only just started working with health-related initiatives typically offer initiatives related to the classical (and largest) content categories of physical exercise, healthy food, etc. The next stage adds the middle-sized category of disease prevention (e.g., free flu shots) and psychological coaching and treatment. In the third stage, this is further complemented by initiatives such as personal development courses (e.g., values journeys) and mental exercise. The final and perhaps most interesting stage is when companies more or less return to the original setting in which health is a matter solely pertaining to the employees in their private lives and not something that the workplace seeks to influence or control. This approach to employee health was seen in one response from Study 1. Here, the company had made a conscious choice to limit their employee health initiatives in light of some of the dangers of employees “being able to live their entire life at work”, and then in the case of layoffs or similar, the employee’s “entire life suddenly disappears”. Here, the workplace holds the view that it is not healthy to live your life at work, and thus, health issues can be supported by the company only if employees actively seek it, and only to a limited extent.

The next section will discuss how incorporating the identified health-related activities as part of a CSR program directed at employees might involve the same dangers and the potentially negative implications that we know from the field of workplace health promotion. We discuss how these implications might even be intensified when occurring in a CSR context.

5 Discussion: Potential negative implications

When health promotion at the workplace is presented as part of a CSR program in the data sets, it is often (if not always) presented as something positive that will benefit the employees (Schmeltz & Nisbeth Brøgger, 2023) and thus as something that adds to the attractiveness of the organization as a workplace. In other words, with CSR, we hardly see any critical discussion of potential negative aspects for employees who are offered these initiatives. As the potential negative effects of workplace health promotion have been discussed before (see, e.g. Conrad, 1987; Conrad & Walsh, 1992; Alexander, 1988), in the following, we discuss the specific results of our study in the corporate CSR context in relation to concepts of healthism, medicalization, stigmatization, and social control. These concepts were deemed most relevant in relation to the initiatives offered and communicated in the two data sets.

The mere fact that health has entered the workplace in relation to CSR initiatives could have negative implications for employees. Workplace health promotion initiatives might add to the current dominant discourse in society promoting health as a value, also known as “healthism” (Crawford, 1980; Mackert & Schorb, 2022). Our previous study of the CSR reports (Schmeltz & Nisbeth Brøgger 2023) shows an increase over the three years, with more companies including information on employee health. Such strong emphasis on the importance of health as an overriding value might have an adverse impact on individuals, i.e. it “may turn the pursuit of health into a crusade with moral overtones that may do more harm than good” (Guttman & Salmon, 2004, p. 551). The ideology of health promotion can create a “new health morality”, where the individual is responsible for their health, and their character and moral worth are judged based on their health (Becker, 1986). Furthermore, a focus on healthism in the workplace mimics societal trends that signal that good health increasingly signifies virtue, and thus, employees who are “unhealthy” may be made to feel that they are unworthy, which in turn can lead to feelings of guilt, shame or frustration if they feel they cannot adopt the recommended practices.

Depending on which health initiatives companies decide to offer, a certain type of “health” is constructed, and therefore also potentially how a healthy employee acts (and maybe even what a healthy employee looks like). As we saw in both of our data

sets, in some companies, health means exercising, remembering to eat fruit, not smoking, and checking your health status. In other companies, their health offers signal that health includes all of these while also taking care of your mental health by seeing a psychologist, challenging your brain, tracking your sleep, and participating in personal development activities, as seen in the following example from a CSR report: “employees can access offers, services, and initiatives for mental and physical well-being, including professionally managed fitness centres; inspirational podcasts on sleep, stress” Further, it might also be relevant to discuss the degree to which it is acceptable for companies to hold definitory power in relation to “health”.

Many of the content categories of health initiatives offered by the companies focused on the health of the individual. This focus on the individual disregards evidence that sociodemographic factors, including class, gender, and race can affect health. It sends the message that bad health can be remedied by changing personal habits, thus creating a causal link between a person’s behavior and their health, which can lead to a victim-blaming discourse. Examples of initiatives that show individual responsibility for health are health checks, exercise, vaccines, and courses for overweight employees. In addition, Olsen (2021) emphasizes the importance of discussing the legal aspects of employee health initiatives such as mandatory exercise. Olsen questions whether it is justifiable from a legal perspective as mandatory exercise can “put employees in a vulnerable position as employers potentially interfere with some of the fundamental rights of the employees, namely their bodily autonomy and privacy” (Olsen 2021, p. 338).

Workplace health promotion as part of CSR programs can be seen as medicalization. The fact that the included Danish companies offer “disease prevention”, which includes vaccines and health checks, is an example of medicalization. Medicalization means that “more and more of everyday life has come under medical dominion, influence and supervision” (Zola, 1983, p. 295). Getting an influenza vaccine or blood pressure measurement involves practices traditionally associated with a doctor’s consultation. The same is the case for midwife consultations or assisted reproductive technologies. These have now moved into the realm of the corporation. This is especially interesting in the Danish context, where such health services are part of the tax-funded healthcare system and thus available free of charge. Making these health services a corporate issue when it is not a necessity could thus be viewed as more invasive into the private sphere of the individual employee. We further see from the findings that mental health is now a corporate health issue, e.g., psychological help. While the reason for offering such initiatives is unquestionably to do good, the movement of such elements traditionally from the medical domain into the workplace might create anxiety. We know that people are increasingly preoccupied with their health, and even when they are not ill, many are the ‘worried-well’ (as opposed to ‘worried sick’), constantly seeking ways of improving their health and worrying that they are not healthy (enough) (Barsky, 1988; Kini, Karkal & Bhargava, 2020). If an employee has negative results in a health check, there is no safety net to help with further investigations or medication within the organization, and the employee would have to start over within the established healthcare system, which would not have access to the corporate health data.

Studies on stigmatization in the workplace have revealed that not living up to generally expected or desired ideals in terms of health or looks can have severe consequences for employees (Powroznik, 2017). One such example is a recent study by van Amsterdam and van Eck (2019, p. 54), who argue that as “health ideals are becoming ever more strictly applied in workplaces through healthism, the demands on individuals to manage their embodied identity increases, placing more stress on their workload”. Similarly, Powroznik (2017) found that overweight and obese employees are rated more negatively and receive lower hiring recommendations when evaluated for companies with health promotion programs. The found health-related CSR initiatives related to changing the body (such as communicating the percentage of employees with a high body mass index in the CSR report) could thus potentially lead to even higher levels of stress and the idea that the company consists of A-teams and B-teams depending on participation in activities and satisfactory outcomes. This might have consequences for employability as it might become more difficult for future applicants to obtain employment if they do not live up to the “right” health requirements.

A final theme in our discussion is social control. The few studies (e.g., Holmqvist, 2009; Costas & Kärreman, 2013; Holmqvist & Maravelias, 2018) that have addressed the potential negative consequences of CSR for employees also call for further research into social control in CSR. We saw health initiatives that were outside the workplace and working hours, where the boundaries between work life and private life are challenged. It is a concern that such CSR initiatives might support organizations’ control over their employees – including their spare time – rather than simply supporting the agenda of offering tools and possibilities for leading a healthy life. The analysis presented in this article further supports that concern, as some of the initiatives identified, as well as the extent of initiatives among the companies, may indicate that these initiatives will spread further. Therefore, further reflection on whether this is really a desirable direction for organizations to move in is needed. For example, it is desirable that organizations potentially dictate and influence employees’ private lives by transcending the professional-private distinction (Maravelias, 2014, pp. 279-280).

Furthermore, the generally very positive framing of such initiatives might support *ethical sealing*, i.e., when “CSR works as a form of aspirational control that ties employees’ aspirational identities and ethical conscience to the organization” (Costas and Kärreman, 2013, p. 394). According to Costas and Kärreman (2013), ethical sealing can lead to either technocratic control, which attempts to control workers’ behavior directly, or socio-ideological control, which attempts to control workers’ mindsets. Socio-ideological control, for example, where corporations persuade people to adopt certain values, norms, and ideas about what is good, could be indicated in our data sets, e.g., by initiatives related to changing your lifestyle. In the case of employee health initiatives communicated and hence enacted as part of the corporate CSR program, several types of ethical sealing could materialize. For instance, that organizational members do not question or debate if it is good or bad that everybody is encouraged to participate in corporate sporting events in order to stay healthy, or that the organizational definition of healthy implies eating only vegetarian, or that everybody is tracking sleep, mood, etc. using apps offered by the employer. Behaviors that may all potentially impact not only the work life of employees but also how they view and perform their lives in general. Consequently, according to Costas & Kärreman

(2013), managers can potentially control not only employee actions in relation to their health but also how they think about their health through communicated CSR initiatives and agendas.

6 Conclusions

When analyzing the two data sets, we can detect several places where the initiatives undoubtedly can add positively to the lives and general well-being of employees. But we also see that there is a potential ethical dilemmas and important critical and reflexive points to be considered relating to healthism, medicalization, stigmatization, and social control, as discussed above. If we turn to what is perhaps most important to the employees, maintaining employability could be challenged. Because what are the consequences if an employee does not wish to participate in the activities or initiatives offered? On the surface, the initiatives are presented as offers that workers can accept or refuse, but the question is whether that is really the case. For example, one of the respondents, when asked about the degree of voluntariness in relation to smoking cessation and weight-loss programs offered, explained that, of course the organization did not force employees to accept them but that it was “sort of expected” that they did since the offer was there. In other words, good employees would participate in those courses. As such, it could be argued that the introduction of health-related CSR initiatives in organizations could lead to a change in the psychological contract (Mirvis, 2012) between the company and the employee. One might speculate that employees not interested in participating in the weight-loss programs for obese people or the courses designed to find “the sports activity that you love” could feel more vulnerable and perhaps at risk in times of layoffs and redeployment.

Furthermore, new employee roles and responsibilities seem to present themselves in the analysis of the data sets. Several of the companies represented in the sample use the notion of “ambassadors” or “coaches,” who are employees who function as frontrunners and are especially adept at recruiting and persuading colleagues to participate in health programs. It seems reasonable to assume that appointing select employees as ambassadors or coaches for their colleagues might disturb or at least change, the power balance between coworkers. Inevitably, participating in health initiatives attributes more power to ambassadors and coaches regardless of their professional skills. Moreover, an organization offering and promoting initiatives among employees suddenly assumes a role normally only granted to true professionals and specialists within health. We acknowledge that the intentions behind offering and communicating health-related initiatives are to do good and that such initiatives are likely to be on the rise (especially in the light of well-known pressure on healthcare systems globally); therefore, we encourage corporations to carefully consider potential implications of their initiatives. The two models presented here, i.e., *dichotomies of health-related CSR initiatives* and *stages of health-related initiatives for employees*, may serve as starting points for such considerations and reflections.

In conclusion, we argue that the well-known negative consequences of health in the workplace are exacerbated when occurring and being communicated in a corporate (CSR) context. Employees have a certain role in relation to the organizations in which they are employed and thus are in a potentially vulnerable position. Corporations thus have a responsibility not only related to what health initiatives they choose to offer their employees but also related to how they communicate about employee health as part of their CSR initiatives.

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