The International Journal of Human Resource Management

ISSN: 0958-5192 (Print) 1466-4399 (Online) Journal homepage: http://www.tandfonline.com/loi/rijh20

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To cite this article: Monique Veld & Kerstin Alfes (2017) HRM, climate and employee well-being: comparing an optimistic and critical perspective, The International Journal of Human Resource Management, 28:16, 2299-2318, DOI: 10.1080/09585192.2017.1314313

To link to this article: http://dx.doi.org/10.1080/09585192.2017.1314313

THE INTERNATIONAL JOURNAL OF HUMAN RESOURCE MANAGEMENT, 2017
VOL. 28, NO. 16, 2299–2318
https://doi.org/10.1080/09585192.2017.1314313

Routledge
Taylor & Francis Group

HRM, climate and employee well-being: comparing an optimistic and critical perspective

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ABSTRACT

A growing number of studies investigating the linkage between HRM and employee well-being largely supports a positive perspective on HRM (HRM positively affects employee well-being). There is only a limited body of empirical evidence that supports a critical perspective (HRM negatively affects well-being), or combines both perspectives. The present paper contributes to an understanding of the relationship between HRM and well-being, by testing both perspectives simultaneously. Following a positive perspective, we explore how HRM may enhance employee well-being via a climate for well-being; following a more critical perspective, we explore how HRM may negatively affect employee well-being via a climate for efficiency. Data from a Long-Term Care organization (N = 415 employees; 52 wards), provided support for the mediating role of a climate for well-being in the relation between HRM, ward commitment and need for recovery. In addition, climate for efficiency partially mediated the relationship between HRM and ward commitment, however the direction of the mediation was different than expected. Although the results of this study support a more optimistic perspective on HRM, it is argued that organizations need to be aware of the critical pathway in order to enhance employee well-being.

KEYWORDS
HRM; well-being; climate; commitment; need for recovery; health care

Introduction

Sustaining employee well-being is a challenging task for many organizations nowadays given recent organizational and environmental changes, such as organizational downsizing, restructuring and flexibilization (Kowalski, Loretto, & Redman, 2015). A growing body of research has shown that one factor which influences well-being is the organization's HRM system (Alfes, Shantz, Truss, & Soane, 2013; Kroon, van de Voorde, & van Veldhoven, 2009).

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To date, the majority of studies on the relationship between HRM and employee well-being are based on an 'optimistic' perspective that posits that HRM positively affects employee well-being (Peccei, van de Voorde, & Van Veldhoven, 2013). However, some studies have adopted a more 'critical' perspective, assuming that HRM is negatively related to employee well-being (see for an overview of studies Van De Voorde, Paauwe, & Van Veldhoven, 2012). What is common to these studies is that they have largely adopted one perspective within their study, without simultaneously considering the potential alternative pathway (see for exceptions Ramsay, Scholarios, & Harley, 2000; Zhang, Zhu, Dowling, & Bartram, 2013). Combining both perspectives in one study is an important step towards gaining more insight into the relationship between HRM and employee well-being. This is because it provides the opportunity to test whether the relationship between HRM and well-being might work via two opposing pathways, such that the conflicting perspectives might both be, to some extent, relevant in explaining how HRM impacts on employee well-being. The present paper aims to address this research gap by exploring two different mechanisms through which HRM influences employee well-being. Specifically, we draw from research on organizational climate to explore the role of two facet-specific climate types as mediators in the relationship between HRM and employee well-being (e.g. Kopelman, Brief, & Guzzo, 1990): (1) following a positive perspective, we explore how HRM may enhance employee well-being via a climate for well-being and (2) following a more critical perspective, we explore how HRM may negatively affect employee well-being via a climate for efficiency.

In our paper, we aim to make a number of contributions. First, we integrate the positive and critical perspectives on HRM to explore the extent to which both are able to explain the link between HRM and well-being.

Second, we contribute to climate research by focusing on two facet-specific climate types as mediators in the relationship between HRM and employee well-being. Although it is generally acknowledged that multiple facet-specific climate types exist in organizations, review studies have shown that multiple climate types have not been integrated and tested in HRM research (Kuenzi & Schminke, 2009; Schneider, Ehrhart, & Macey, 2013).

Finally, we contribute to research on employee well-being by focusing on two core dimensions of well-being as identified in a recent review study by Van De Voorde et al. (2012). Psychological well-being or happiness is focused on employees' subjective experiences such as their level of commitment. Physical well-being relates to employees' health and encompasses work stressors and strain such as need for recovery. By differentiating between happiness and health-related well-being we build upon recent studies on HRM and well-being (e.g. Heffernan & Dundon, 2016), which have demonstrated that HRM practices might have contradictory effects on both types of well-being (Van De Voorde et al., 2012). This research is conducted in a Long-Term Care setting in the Netherlands. Long-Term Care organizations are confronted with specific challenges, such as long waiting lists, which

will increase in the near future due to a higher life expectancy of (mentally) disabled people. Moreover, these organizations need to search for additional funding, as costs continue to increase whilst governments provide less financial resources (Eggink & Blank, 2001). As a consequence, the work environment in the Long-Term Care setting is often characterized by irregular work times, unsocial hours, overtime work, a relatively high workload and emotionally demanding interactions with clients and their families (De Prieëlle, Van der Velde, Smeets, & Leijten, 2010). Given these challenges, investigating the extent to which HRM practices can enhance employee well-being in the Long-Term Care context is of high relevance.

Theory and hypotheses

Research on Strategic HRM suggests that bundles of interconnected HRM practices, so-called High-Performance Work Systems, are specifically effective in enhancing employee motivation and performance, and in contributing to the competitive advantage of an organization (e.g. Combs, Liu, Hall, & Ketchen, 2006). Although there is variability with regards to the specific HRM practices that are considered part of High-Performance Work Systems, studies have commonly included training, performance management, information sharing, role clarity and work-life balance arrangements (Langevin Heavey et al., 2013). These practices also have high relevance in the context of health care (e.g. Veld, Boselie, & Paauwe, 2010). We focus on employee perceptions of these practices, implemented at their local work environment (i.e. the ward they work for), as employee responses to HRM practices depend on how they are perceived to exist in their immediate work environment (Nishii & Wright, 2008).

HRM and climate

Climate perceptions are a key mediating mechanism linking HRM to individual outcomes (e.g. Bowen & Ostroff, 2004; Kopelman et al., 1990). Climate refers to employees' perceptions of what the organization is like in terms of practices, policies and procedures (Ostroff, Kinicki, & Tamkins, 2003). These perceptions are likely to be shared among employees working in the same environment, as they share important information and experiences, and engage in dialogue and discussion, which leads to collective descriptions and joint interpretation of the work context (Babnik, Širca, & Dermol, 2014; Ostroff et al., 2003).

In this study, we draw on the idea of specific 'climates for something' in organizations by focusing on the concept of facet-specific climate (Schneider, 1975), which refers to employees' perceptions of the extent to which the organization emphasizes specific core values and goals that serve to define key expected behaviours and contributions at work. One of the strategic priorities for our study organization is to operate more efficiently. Creating a climate for efficiency, which reflects the degree of importance placed on employee productivity at work (Ostroff

& Schmitt, 1993), is therefore highly relevant for the organization. Next to being more efficient, the organization aims to be an attractive employer, and therefore strives to create a supportive and caring work environment for their employees. Hence, the second relevant climate type for this organization is a climate for well-being, which represents the extent to which the ward values and cares for employee welfare (Patterson et al., 2005).

The idea that HRM can be used for sending signals to employees is in line with arguments from signalling theory (Spence, 1973), which suggests that observable actions by an organization (e.g. the use of specific HRM practices) are interpreted as signals of less observable characteristics like goals and values. Bowen and Ostroff (2004) have developed these arguments further, by claiming that HRM practices are a means for management to communicate substantive and symbolic messages that employees use to make sense of their work environment. Put differently, these messages can help to ensure that employees have a perception of what is valued and considered to be important in the organization and the kind of behaviours and attitudes that are expected and rewarded.

Specifically, HRM practices can be used for signalling that the organization supports its employees, values their contribution and takes care of their well-being (Chuang & Liao, 2010; Van De Voorde & Beijer, 2015), thereby creating a climate for well-being. For example, performance appraisals are not only designed to provide employees with feedback on their performance and to determine their development needs, but also to communicate to them their relevance to the organization (Bernardin, Hagan, Kane, & Villanova, 1998), and to ensure that staff feel valued and supported (Veld et al., 2010).

Furthermore, HRM practices can be used by management to strengthen goal alignment and foster efficient work behaviours, thereby creating a climate for efficiency. For instance, during performance appraisal interviews supervisors provide employees with more clarity about their roles and objectives. This not only results in more effective work behaviour, but it also signals towards employees that efficiency is a relevant goal and that efficient behaviour is rewarded. In summary, we expect that HRM is used for sending multiple messages at a time, thereby creating climate perceptions:

Hypothesis 1: employee perceptions of HRM practices are positively related to a climate for well-being (H1a) and a climate for efficiency. (H1b)

Climate and employee well-being

Employee well-being is a multidimensional construct (e.g. Clinton & Van Veldhoven, 2012), and refers to the overall quality of an employee's experience and functioning at work (Warr, 1987). Researchers have highlighted two dimensions of well-being that are specifically focused on the individual, i.e. happiness and health well-being, and argued that possible trade-offs might exist between these types of well-being (Grant, Christianson, & Price, 2007; Clinton & Van

Veldhoven, 2012). For example, a quantitative review by Van De Voorde et al. (2012) demonstrated that HRM practices have positive effects on happiness, but negative effects on health-related well-being. Given that Long-Term Care organizations experience declining levels of employee commitment and increasing psychosocial problems (e.g. job strain) amongst their health care workers, more insight is needed on how HRM might have an impact on both types of well-being.

Happiness well-being relates to employees' subjective feelings of fulfilment and purpose (Grant et al., 2007). It is operationalized through affective ward commitment which refers to a positive affection for the ward, reflected in employees' desire to see the ward succeed in its goals and a feeling of pride about being part of that ward (Cohen, 2003; Meyer & Allen, 1997). Given that in large health care organizations, employees exhibit greater commitment to their immediate work environment rather than to the organization as a whole (Bhat & Maheshwari, 2005), we focus on ward commitment rather than on organizational commitment.

The health well-being dimension describes employees' experience of stress and is measured via need for recovery (Grant et al., 2007). Need for recovery is an important indicator of job strain, and refers to a short-term work-related fatigue which is characterized by temporary feelings of overload, irritability, social withdrawal, lack of energy for new effort and reduced performance (Van Veldhoven & Broersen, 2003). When employees do not have sufficient opportunities to recover from work, they start the next working day with a residual need for recovery. In the long run, this might cause more serious stress and adverse health outcomes, due to a cumulative process (Van Veldhoven & Broersen, 2003). Hence, employees with high need for recovery levels have the risk of becoming ill over time.

Social exchange theory (Blau, 1964) provides an explanatory framework to clarify how employee perceptions of both climate types are linked to affective commitment. A ward climate for well-being is an indication of employees' beliefs that the ward values and cares about them and their well-being. In line with the norm of reciprocity (Gouldner, 1960), employees are expected to repay commitment with commitment and to reciprocate the inducements, benefits and support provided by the organization by developing a stronger sense of affective commitment (Veld & Van De Voorde, 2014). Research by Takeuchi, Chen, and Lepak (2009) shows that a 'concern for employees' climate is positively related to affective commitment. Conversely, a climate for efficiency signals that the organization is focused on reducing costs and doing more with less, which is unlikely to induce the reciprocation of favourable attitudes such as commitment.

We draw from the job demands-resources model (JD-R; Demerouti, Bakker, Nachreiner, & Schaufeli, 2001) to explain the relationship between both climate types and need for recovery. Van De Voorde and Beijer (2015) suggest that employees who perceive that the organization is caring for employee well-being are provided with more resources. These resources play an intrinsic motivational role by encouraging employee growth, learning and development, and an extrinsic motivational role by helping employees to achieve their work goals, thereby

fostering employee well-being (Bakker & Demerouti, 2007). Consistent with the motivational process identified in the JD-R model, we expect that a climate for well-being reflects a resourceful work environment, which reduces employees' need for recovery.

In contrast, a climate for efficiency is expected to result in continuous high job demands. Job demands, like high work pressure or role overload, are aspects of a job that require sustained physical and/or mental effort and are therefore related to certain physiological and/or psychological costs (Bakker, Demerouti, & Verbeke, 2004). Along the lines of the JD-R model, an energy depletion process is activated when continuous feelings of demands are experienced, which gradually results in enhanced levels of job strain (Bakker et al., 2004). Previous studies have shown that employees who have been exposed to highly demanding work situations experience a higher need for recovery compared to individuals who have not been exposed to these situations (Sluiter, De Croon, Meijman, & Frings-Dresen, 2003). Thus:

Hypothesis 2: climate for well-being is positively related to ward commitment (H2a) and negatively related to need for recovery. (H2b)

Hypothesis 3: climate for efficiency is negatively related to ward commitment (H3a) and positively related to need for recovery. (H3b)

The mediating role of climate

We expect that HRM influences two processes simultaneously, depending on the type of climate that is enhanced. In line with a positive perspective on the HRM – well-being relationship, we expect a positive link between HRM and climate for well-being which in turn is linked to higher levels of commitment and lower levels of need for recovery. In contrast, based on a more critical perspective, we expect a positive relationship between HRM and a climate for efficiency, which in turn is linked to reduced commitment and enhanced need for recovery. On this basis, we suggest that:

Hypothesis 4: employee perceptions of a climate for well-being will mediate the relationship between HRM practices on the one hand and ward commitment (H4a) and need for recovery (H4b) on the other hand.

Hypothesis 5: employee perceptions of a climate for efficiency will mediate the relationship between HRM practices on the one hand and ward commitment (H5a) and need for recovery (H5b) on the other hand.

Figure 1 summarizes the proposed relationships in this study.

Methods

Procedure and sample

Data were collected in a Long-Term Care organization in the Netherlands, which provides care to approximately 5000 mentally disabled clients at different locations

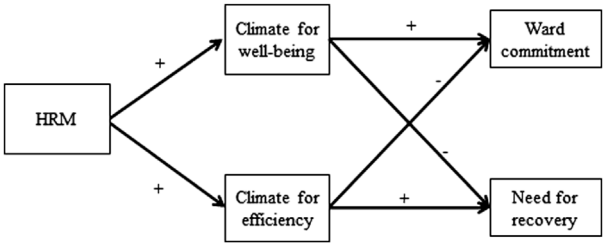

Figure 1. Conceptual model.

(i.e. wards) employing nearly 6000 employees. As described in the theoretical framework, the ward was the point of reference in our study. An email with a link to an electronic questionnaire was sent to 2398 employees working in the primary care process in March 2013. This email stated the relevance and purpose of the study, the confidentiality of the information being supplied and assured participant anonymity. Moreover, a statement was included that participation was voluntary.

The final sample consisted of 415 respondents from 52 wards (17.3% response). The size of the wards varied between 9 and 65 employees (mean = 24) and respondents within each team ranged from 3 to 20 (mean = 8). Response rates for each team varied between 20 and 81.3% with an average of 34.1%. 83.3% of the sample were female, and the average age of the respondents was 40.39 years (SD = 11.49).

Measures

Responses to all Likert-type scale items ranged from 1 (Strongly Disagree) to 5 (Strongly Agree), unless otherwise noted. Items were averaged to form each multiple-item measure, and we sometimes used shorter versions of existing measures to reduce survey length.

HRM system. To measure the HRM system, we assessed to what extent employees agreed that certain HRM practices were used in their ward. Each HRM practice that was part of the HRM system (training, performance management, information sharing, role clarity and work-life balance arrangements) was assessed with two items based on Kroon et al. (2009). An example item was: 'My ward offers formal internal training'. In line with previous HRM research (Baluch, Salge, & Piening, 2013), we computed this variable by averaging the responses for the different HRM practices, resulting in a measure reflecting each employee's perception that particular practices from an HRM system were used to manage employees in their ward. Cronbach's alpha was .71.

Climate. In order to measure climate perceptions two climate scales were included, i.e. *climate for well-being* and *climate for efficiency*. Climate for well-being was measured using a five-item focus on well-being scale by Van Veldhoven, Meijman, Broersen, and Fortuin (2002). A sample item was, 'This ward takes care

of its employees'. Cronbach Alpha was .82. Climate for efficiency was measured using a four-item focus on efficiency scale by Van Veldhoven et al. (2002). A sample item was, 'This ward is cost-conscious and acts on that'. Cronbach Alpha was 74. Both Dutch scales are largely comparable to the subscales used in the Organizational Climate Measure (Patterson et al., 2005), which is often used in other health care studies (e.g. Dawson, González-Romá, Davis, & West, 2008).

Need for recovery was measured with a six-item version of the need for recovery scale (Van Veldhoven et al., 2002). A sample item was, 'I find it difficult to relax at the end of a working day'. Participants were asked to answer on a four-point scale ranging from 1 (never) to 4 (always). Cronbach Alpha was 86.

Affective ward commitment was measured using a three-item scale from Baruch and Winkelmann-Gleed (2002). This scale was originally designed to measure team commitment, therefore items were modified using the word 'ward' instead of 'team'. A sample item was, 'I am proud to tell others that I am part of this ward'. Cronbach Alpha was 75.

Control variables. Gender and age were added as control variables in all analyses, as previous research has demonstrated that these variables are related to our study's dependent and independent variables (e.g. Kooij, Jansen, Dikkers, & De Lange, 2010; Zeytinoglu et al., 2007).

Analytical procedure

As participants in this study were clustered in 52 wards, hierarchical linear modelling (HLM; Bryk & Raudenbush, 1992) in SPSS was used in the analyses. With nested data, observations are likely to be correlated, which violates the assumption of independence in ordinary least squares regression (i.e. error terms are not independent). Standard errors could therefore be underestimated, and estimates are more likely to be considered significant. Hierarchical linear modelling provides more conservative tests of significance (Snijders & Bosker, 2012), and also decomposes variance into individual vs. team effects. We followed the procedure described by Baron and Kenny (1986) to test for the mediating effect of both climate types on the relationship between HRM practices, ward commitment and need for recovery.

Results

Measurement models

As all measures in the present study were collected from a single source at one time point, a series of confirmatory factor analyses were conducted to assess the potential influence of common method bias and to establish the distinctiveness of our scales. A full measurement model was initially tested in which the five HRM practices loaded onto one HRM factor and the indicators for all other variables loaded onto their respective factors. All factors were allowed to correlate.

In all measurement models, error terms were free to covary between one pair of climate for efficiency and one pair of need for recovery items to improve fit and help reduce bias in the estimated parameter values (Reddy, 1992). Six fit indices were calculated to determine how the model fitted the data: χ^2/df, Incremental Fit Index (IFI), Comparative Fit Index (CFI), Tucker-Lewis coefficient (TLI), Root Mean Square Error of Approximation (RMSEA) and the Standardized Root Mean Square Residual (SRMR). The recommended thresholds are $\chi^2/df < 2.5$, IFI, CFI and TLI >.90; RMSEA and SRMR <.08 (Hair, Black, Babin, Anderson, & Tatham, 2005). The five-factor model showed a good model fit ($\chi^2/df = 2.5$; IFI = .91; CFI = .91; TLI = .89; RMSEA = .06; SRMR = .06). Next, sequential χ^2 difference tests were carried out. Specifically, the full measurement model was compared to alternative nested models where (a) climate for efficiency and climate for well-being ($\chi^2/df = 3.1$; IFI = .87; CFI = .87; TLI = .85; RMSEA = .07, SRMR = .06), (b) ward commitment and need for recovery ($\chi^2/df = 4.1$; IFI = .81; CFI = .81; TLI = .78; RMSEA = .07; SRMR = .10), and c) all variables ($\chi^2/df = 7.2$; IFI = .61; CFI = .60; TLI = .56; RMSEA = .12; SRMR = .12) were combined into a single factor. Results of the measurement model comparison revealed that the model fit of the alternative models was significantly worse compared to the full measurement model (all at $p < .001$). Overall, this suggests that the variables in this study are distinct.

In order to further assess the extent to which common method bias might influence our results, we carried out additional analyses, as suggested by Widaman (1985) and applied by Williams, Cote, and Buckley (1989). Specifically, we compared a null model, a measurement model, a single method factor model and a measurement model with an additional method factor. Results from our analyses showed that the common method factor improved the model fit. However, the changes of CFI and RMSEA values, comparing the measurement model and the measurement model with an additional methods factor, were .03 and .008, which does not exceed the suggested rule of thumb of .05 (Bagozzi & Yi, 1990). The method factor only accounted for a relatively small portion of the variance (16%), which is considerably lower than the amount of common method variance (25%) observed in Williams et al.'s (1989) study. This suggests that common method bias only explains a limited amount of variance, and therefore does not unduly influence our results.

Descriptive statistics

Means and standard deviations for each scale and inter-scale correlations for all variables are presented in Table 1.

Further exploration of our data revealed considerable variance across wards for HRM (mean levels ranging from 3.07 to 4.00) and both climate types, with mean levels ranging from 2.80 to 4.13 for climate for well-being and from 2.75 to 4.10 for climate for efficiency. Our data also showed that in some wards' employees

Table 1. Descriptive statistics, correlations and reliability coefficients ($N = 415$).

		Mean	SD	1	2	3	4	5	6	7
1	Age	40.39	11.49	–						
2	Gender (Female)	n/a	n/a	–.05	–					
3	HRM	3.60	.46	–.07	.04	(.71)				
4	Climate for well-being	3.58	.63	.04	.12*	.58**	(.82)			
5	Climate for efficiency	3.60	.58	–.01	.02	.47**	.52**	(.74)		
6	Affective ward commitment	3.85	.64	–.05	–.03	.35**	.38**	.34**	(.75)	
7	Need for recovery	1.82	.53	–.02	.00	–.15**	–.27**	–.14**	–.19**	(.86)

Notes: Cronbach's alpha's in parentheses.
*$p < .05$; **$p < .01$.

Table 2. Predicting climate.

	Climate for well-being		Climate for efficiency	
	M1	M2	M3	M4
Variables	B (SE)	B (SE)	B (SE)	B (SE)
Age	.00 (.00)	.00 (.00)	.00 (.00)	.00 (.00)
Gender (Female)	.22 (.08)*	.17 (.06)*	.04 (.07)	.01 (.07)
HRM		.78 (.05)**		.60 (.06) **
Model fit (AIC)	730.72	571.73	699.36	604.44

Notes: Unstandardized estimates are reported; standard errors are inside parentheses.
*$p < .05$; **$p < .01$.

perceived higher levels of climate for efficiency compared to climate for well-being, whereas in other wards' climate for well-being was rated comparatively higher, thereby supporting the idea that multiple climates develop in the immediate work environment.

Test of hypotheses

Hypothesis 1 proposed that HRM practices are positively related to climate for (1a) well-being and climate for efficiency (1b). The results in Table 2 support hypothesis 1 since HRM was positively related to climate for well-being ($B = .78$; $p < .01$; M2) and climate for efficiency ($B = .60$; $p < .01$; M4). Moreover, the results showed that female employees were more positive about the climate for well-being than their male colleagues ($B = .17$; $p < .05$, M2, Table 2).

Climate for well-being was hypothesized to be positively related to ward commitment (H2a) and negatively to need for recovery (H2b). As shown in Table 3, climate for well-being was indeed found to be positively associated with commitment ($B = .32$; $p < .01$; M3) and negatively with need for recovery ($B = -.24$; $p < .01$; M7), lending support to hypothesis 2.

Climate for efficiency was hypothesized to be negatively related to ward commitment (H3a) and positively to need for recovery (H3b). Contrary to our expectations, climate for efficiency was positively related to commitment ($B = .20$; $p < .01$; M3), while no significant relationship was found between climate for efficiency and need for recovery ($B = .00$, n.s.; M7). Therefore, hypothesis 3 is rejected.

Table 3. Predicting ward commitment and need for recovery.

	Affective ward commitment				Need for recovery			
	M1	M2	M3	M4	M5	M6	M7	M8
Variables	B (SE)	B (SE)	B (SE)	B (SE)	B (SE)	B (SE)	B (SE)	B (SE)
Age	.00 (.00)	.00 (.00)	.00 (.00)	.00 (.00)	.00 (.00)	.00 (.00)	.00 (.00)	.00 (.00)
			(.00)	−.10				
Gender (Female)	−.04 (.09)	−.06 (.08)	−.11 (.08)	−.10 (.08)	.00 (.07)	.01 (.07)	.05 (.07)	.05 (.07)
Climate for well-being			.32 (06)**	.25 (.06)**			−.24 (.05)**	−.23 (.05)**
Climate for efficiency			.20 (.06)**	.16 (.06)**			.00 (.05)	.01 (.05)
HRM		.49 (.07)**		.20 (.08)*		−.20 (.06)**		−.03 (.07)
Model fit (AIC)	774.58	725.88	700.07	696.03	618.55	608.20	591.06	592.93

Notes: Unstandardized estimates are reported; standard errors are inside parentheses.
$^{*}p < .05$; $^{**}p < .01$.

Test mediating role climate

Hypotheses 4 and 5 suggested that climate for well-being and climate for efficiency mediate the relationship between HRM and employee well-being. For mediation to be present, the following conditions must be satisfied (Baron & Kenny, 1986): (a) HRM is significantly associated with employee well-being; (b) HRM is significantly associated with climate; (c) climate is significantly associated with well-being and (d) when entering climate in the regression equation, the relationship between HRM and well-being decreases significantly. Full mediation occurs if the effect of HRM on well-being becomes non-significant when controlling for climate. Partial mediation occurs when the effect of HRM on well-being becomes smaller but remains significant. The first two conditions for mediation were met, as HRM was significantly associated with both climate types (Table 2) as well as with affective ward commitment and need for recovery (M2 and M6, Table 3). The third condition for mediation has already been met as climate for well-being was related to affective ward commitment and need for recovery, and climate for efficiency was related to affective ward commitment. After entering both climate types in the final step, the effect size of HRM on affective ward commitment became weaker, but remained significant, indicating partial mediation of the effect of HRM on commitment (M4, Table 3). This mediation can be ascribed to both climate for well-being and climate for efficiency. It is important to note though that the partial mediation of climate for efficiency represents, in contrast to our expectations, a positive mechanism rather than a negative mechanism, as climate for efficiency was positively related to affective commitment.

The effect size of HRM on need for recovery became non-significant, after entering both climate types, indicating that climate for well-being fully mediates the relationship between HRM practices and need for recovery (M8, Table 3). We also carried out a Sobel test (Sobel, 1982) in order to test the significance of the indirect effects between HRM practices and employee well-being via both climate types. The test results confirm that the relationship between HRM practices and affective ward commitment was mediated by climate for well-being (Sobel z-statistic = 3.90, $p < .01$) and climate for efficiency (Sobel z-statistic = 2.64, $p < .01$). Moreover, the relationship between HRM practices and need for recovery was mediated by climate for well-being (Sobel z-statistic = −4.07, $p < .01$), but not climate for efficiency (Sobel z-statistic = .17, $p = .86$, non-significant). Based on these results, we can confirm hypothesis 4 and 5a.

Discussion

The results of our study contribute to the literature on HRM and well-being in a number of ways. First, the findings in this study show that HRM can be used for enhancing different types of well-being, thereby supporting the more 'optimistic' perspective of HRM. HRM is not only positively related to higher levels of commitment (happiness well-being), the results in this study show that there is also

a significant negative relationship with need for recovery (health well-being), suggesting that employees who receive more High-Performance Work Practices feel more committed and feel less strain. These findings are particularly interesting, as they demonstrate that HRM practices have the potential to influence both health and happiness dimensions of well-being in a positive way, thereby shedding new light on the suggested trade-off between health and happiness dimensions (Clinton & Van Veldhoven, 2012).

Second, our study showed that both climate for efficiency and climate for well-being were positively related to affective ward commitment. The positive relationship between a climate for well-being and affective commitment is in line with our expectations and previous research (Takeuchi et al., 2009), however, the direction of the relationship between a climate for efficiency and affective ward commitment is contradictory to our expectations. Although we hypothesized that employees feel less attachment for a work environment that is focused on efficiency, our results showed the opposite. A possible explanation for the positive relationship between a climate for efficiency and affective ward commitment might be that a 'climate for something' (i.e. in this case efficiency) implies and involves greater goal and role clarity. If goals, like efficiency, are clearly perceived and their achievement is emphasized, employees' psychological attachment to these goals is stimulated, thereby increasing employees' commitment (González-Romá, Peiró, & Tordera, 2002). Further, although a climate for efficiency might not be attractive for health care professionals on first sight, employees are likely to create some attachment to this goal, as they seek self-consistency and self-justification. Based on processes of retrospective rationality (Meyer & Allen, 1988), employees may seek to adjust their attitudes towards the goal of efficiency, in order to bring their attitudes more in line with their behaviour, thereby reducing any potential dissonance between their attitudes and behaviour at work.

Contrary to our hypotheses, climate for efficiency was not significantly related to need for recovery. A possible explanation for this finding is that the high demands in terms of the expectation that employees should work efficiently and in a more productive way are in balance with the support they receive to deal with these demands. This support, as reflected in a climate for well-being, might compensate for possible negative effects of a climate for efficiency. More research on a possible interaction between a climate for efficiency and a climate for well-being is needed, as research on climates has not untangled whether different climate types mutually influence and reinforce each other (Schneider et al., 2013).

Third, our findings provide direct support for the idea proposed by different scholars that climate is a relevant mediator in the relationship between HRM and employee outcomes (e.g. Bowen & Ostroff, 2004). Specifically, this study extends this line of theorizing in two ways. First, our findings demonstrate that HRM can be used for creating different climate types. Second, our results showed that specifically climate for well-being is an important mediator which explains the process through which HRM practices influence employee well-being. Whilst

this study did not confirm the more critical pathway of climate for efficiency, it did partially substantiate the optimistic perspective on HRM and well-being. Based on the results in this study, one can question whether the critical pathway necessarily leads to lower well-being levels. Testing the joint effects of both a climate for well-being and a climate for efficiency in this study provided a first indication that positive and negative mechanisms have a counterbalancing effect on employee well-being. This suggests that employees working in austere environments, such as Long-Term Care organizations, which are characterized by increasing levels of work intensification and the notion of 'doing more with less' can nevertheless experience high levels of well-being if their organization fosters a climate in which they feel valued. Hence, organizational interventions designed to support employees can offset, at least to some extent, the demands presented in changing workplaces to create sustainable levels of well-being. Organizations that intend to prioritize efficiency, therefore simultaneously need to be concerned with maintaining some degree of employee well-being (Peccei et al., 2013), in order to overcome possible risks of putting too much pressure on employees. This is aligned with findings from a recent study demonstrating that the demands presented by the introduction of a performance management system in the Irish public sector were counterbalanced, when employees were simultaneously provided with voice opportunities (Conway, Fu, Monks, Alfes, & Bailey, 2015). In the light of recent organizational and environmental changes in the Dutch Long-Term Care sector, like the focus on quality management, the overkill of registration and the burden of rules and regulations (Slaghuis, 2016), counterbalancing potential negative and positive effects of HRM on well-being is more important than ever (Kowalski et al., 2015).

Limitations

Like most research, our study is not without limitations. We used self-report, cross-sectional data in the present study. In order to minimize the risk of common method bias, we took steps in line with the recommendations by Podsakoff, MacKenzie, Lee, and Podsakoff (2003). First, we created a psychological separation between the measures in the questionnaire. Second, we guaranteed anonymity of respondents, thereby reducing the possibility of social desirable answers. Finally, we employed statistical techniques to assess whether common method variance was an issue in our data. Although our analyses suggested that common method bias did not cause a major concern in the present study, we encourage future research to include other sources of information. Employees' assessment of the extent to which their ward implements different HRM practices is likely to differ from supervisor ratings of the implementation and availability of these practices. This is because supervisors have a broader perspective on their organization's HRM intent, and are typically involved in deciding which HRM practices to deliver. Moreover, supervisors can also decide which information they want to

pass on to their employees, and provide employees with their own interpretation of the goals and intentions of an organization (Townsend, Wilkinson, & Allen, 2011). It is likely that supervisors play an important role in influencing climate perceptions at the ward level, and consequently employee well-being. Thus, future studies exploring how supervisor ratings of implemented HRM practices, as well as their role in communicating about organizational goals, influence organizational climate and employee well-being, would be valuable. We would expect a strong correlation between supervisor interpretation of organizational intent and the development of respective climate perceptions within their ward.

Second, all data were collected at the same time and therefore caution is required with regard to causality. We therefore welcome studies that test our theoretical model over various time points.

Third, in this study, we focused on two types of well-being, thereby ignoring an important third category, i.e. social well-being (Van De Voorde et al., 2012). Further studies, which take this type of well-being into account, will need to be undertaken.

Finally, the data were collected in a large Dutch health care organization. This approach enabled us to tailor the HRM measure in a way that it was contextually valid, and to cover a large part of the organization. Nevertheless, it limits the generalizability of our findings. Testing our model in other (health care) settings is important to give further support to our results.

Practical implications

The first practical implication of this study is that employee well-being can be enhanced by offering a set of HRM practices which resemble a High Performance Work System. HRM practitioners are therefore encouraged to offer training, performance management, information sharing, role clarity and work-life balance arrangements to their employees as these practices are likely to enhance the well-being of the workforce. These HRM practices are important means to communicate key strategic values and goals of the organization to employees, thereby creating facet-specific climate perceptions. Different messages can be sent simultaneously, depending on the way these HRM practices are implemented by direct supervisors. For example, performance interviews can be used to provide feedback on the efficient work behaviour of employees and to inform employees about their value for the organization, thereby signalling that efficiency is important *and* that the organization cares about the well-being of her employees.

Second, the results in this study suggest that employee perceptions of the intended HRM practices and climate types varied per ward, suggesting that extra efforts may thus be needed to ensure that HRM practices are implemented and used in a more consistent way. This is not only relevant in terms of procedural justice (Kroon et al., 2009), but also in terms of sending consistent messages across wards in which desirable values, goals and priorities at work are emphasized.

As argued by different researchers (Townsend et al., 2011; Veld et al., 2010), line managers play an important role in sending consistent messages towards employees. First, they are responsible for ensuring that employees receive the necessary support and information at the local level, like providing sufficient training or work-life balance arrangements. Second, they are largely responsible for communicating to employees that the organization cares about their employees, and that efficiency is a relevant goal. Hence, organizations could invest in line managers' abilities to implement HRM in such a way that the intended signals are communicated to employees (Knies & Leisink, 2014), thereby creating positive climates.

Acknowledgement

We thank Carol Houtman for help in collecting the data.

Disclosure statement

No potential conflict of interest was reported by the authors.

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