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## **Humanistic employability management of employees whose health at work is impaired: The case of a French public organization**

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### **Abstract**

This paper aims to show how stakeholders are engaged to an approach of managing the employability of employees whose health at work is impaired. We study the concept of employability in the context of health impairment through the prism of humanism, which requires employability management. Our empirical study mobilizes a qualitative approach focusing on the case of a French public organization. Our results depict the engagement of key actors, who are aware of the need to manage employability in order to anticipate impairment of health in the workplace. This involvement is achieved through a common collective approach that enables actors to become stakeholders in managing the employability of employees for these vulnerable employees.

**Key words:** impaired health at work; humanism; employability management; inclusive organization; stakeholders; vulnerable employees.

# **Humanistic employability management of employees whose health at work is impaired: The case of a French public organization**

## **1. INTRODUCTION**

The purpose of this paper is to understand how stakeholders are engaging in an approach to manage the employability of employees whose health at work is impaired. By impairment of health at work, we mean a deterioration in health due to working conditions but also ‘life accidents’ (accidents, illnesses, etc.). We study this phenomenon of impaired health at work and its consequences towards the need for a humanistic management of its employability to foster the emergence of an inclusive organization. We consider that employability management refers to all managerial and organizational actions mobilized by organizations to enable employees to manage and develop their employability (Benson, 2006). This approach is a relevant and important topic in organization studies and in our contemporary society, particularly for vulnerable employees such as those with impaired health at work. Indeed, it involves not only managers but also other relevant organizations’ stakeholders as well as society and public authorities.

Reconfiguration of employment and careers, technological change which have an impact on employees’ expectations in terms of work experience (Tomlinson et al., 2018), flexible work with a protean career (Briscoe & Hall, 2006), and virtual work that have human and organizational implications (Lauring & Jonasson, 2018; Sewell & Taskin, 2015). These are the new realities that shape a new relationship between the employee and work, and affect HRM policies and practices. At the same time, HRM research currently focuses on well-being of employees (Guest, 2017), and clearly on the relationship between HRM, well-being and individual and/or organizational performance (Peccei & Van De Voorde, 2019), but also on the contributions that managers can make to the implementation of HRM practices (López-Cotarelo, 2018).

However, the professional career path can be hindered by an impairment of health and have a human impact because it affects employability of individuals at work. We are witnessing an awareness of the key issues of impaired health at work with the result the employees' employability is weakened. It is thus necessary to question the way in which actors manage and develop this employability. Despite numerous studies carried out about employability and health at work traditionally studied through quantitative studies, few studies have established a link between the health of employees and their employability, except for the case of older workers (Schröder et al., 2014), vulnerable groups like youngsters (Crisp & Powell, 2017), the long-term unemployed or the disabled (Forrier & Sels, 2003a) and the relationship between employability and both work-related and general well-being (De Cuyper et al., 2008). It is therefore necessary to question how various actors manage and develop the employability of vulnerable employees, especially for those who suffer from the impaired health at work and for whom job security can be precarious.

Our research aims to reflect on this question, which is still little explored in the literature and which concerns the awareness of organizations in terms of the impaired health at work of their employees and their responsibility and investment in managing the employability of these employees. In other words, we seek to discover how stakeholders are engaging in this approach and how are mobilized mechanisms facilitating and limiting the becoming of the actors into stakeholders in a structural and an operational implementation of an employability management of employees whose health at work is impaired. We can thus draw upon the principle of the 'becoming stakeholders' which underlines the engagement of key actors in a common collective action (Michaux et al., 2011). Thus, our research aims to respond to a contemporary call from researchers for a managerial approach to health at work by developing participatory approaches to create a culture of safety. Accordingly, we formulate our research question as

follows: *What are the various actors engaged and how do these actors become stakeholders into a humanistic employability management of employees whose health at work is impaired?*

The paper starts with an overview of the extant about the issue of impaired health at work through the prism of humanism. Then, the literature review charts the concept of employability, which can be weakened due to an employees' impairment health and therefore requires its management to enable the emergence of an inclusive organization. Thereafter, the paper outlines the frame of the principle of 'becoming stakeholder', our aim being to explain how actors become stakeholders. The method used in the study is then described, followed by its main findings. Finally, the paper discusses and concludes on the need to manage the employability through joint actions carried out by the organization's actors enabling them to become stakeholders, before outlining implications, limitations and suggestions for further research.

## **2. THEORETICAL BACKGROUND**

### **2.1. The issue of impaired health at work through the prism of humanism**

Traditionally, the question of health at work has been studied in a deterministic and positivist way, in psychology (Dejours, 1998) and in the sociology of organizations (Friedberg & Crozier, 1980). After years of research on the negative aspects that affect health at work, positive psychology focuses on optimal functioning and strengths (Seligman & Csikszentmihalyi, 2014), instead of continuing to focus on weaknesses and dysfunctions. It seems important to highlight the voluntarily broad definition of health at work. We define it as health problems linked to working conditions but also 'life accidents' such as diseases and accidents. It is only since the 21<sup>st</sup> century that health at work is became a management issue and contributes to the HRM literature (Topcic et al., 2016; Van De Voorde et al., 2012). Indeed, the emergence of deteriorating working conditions and new managerial approaches perceived as vectors for the

increase in occupational diseases, are leading to the issue of health at work becoming a key issue in HRM (Oppenauer & Van De Voorde, 2018). For example, the impairment of health at work has organizational consequences, particularly with absenteeism. The strategies deployed to facilitate retention and return to work of employees with health problems are receiving increasing attention in HRM and despite the few measures implemented by organizations to manage long-term absences, there is a growing awareness of the need to adopt a proactive approach to support the return to work of employees whose health is impaired in some countries (for example, Sweden, Australian, Netherlands) (James et al., 2002). In addition, the problem of health at work ‘put the spotlight’ on the issue of honoring human values. This trend grows a managerial concern and leads to more constraints and tensions for employees and also challenges their dignity. HRM practices would then be based on the prism of humanism which would question the management of individuals at work and organizations by referring to values such as human dignity. According to Taskin et al. (2016), the approach of Human Management would imply a renewal of its practices based on a necessary contextualization and a rejection of universalism, a multidimensional approach to work, the affirmation of a particular conception of the human being and its recognition that sees the employees and especially the manager as a benevolent person. This renewed perspective on HRM and managerial practices, summarized in Table 1, underlines the place of the human person and work at the heart of the organization instead of financialized management.

**Table 1: Comparative perspective of the traditional approach with the renewed approach of Human Management**

	Traditional HRM	Human management
Foundation	Contributing to the organization’s economic performance	(Re)humanizing work
Purposes	Create economic value	Produce meaning and recognition at work
Objects	Individuals, groups, performance (indicators), management and policies practices	Work and jobs (professional expertise), employees
Legitimacy	Justify the ROI (return of investment) of HR practices and policies	Fair, respectful and meaning HR practices and policies

Key actors	Strategic HR Director, HR Department, people manager	Benevolent manager, strategic HR Director (political actor, duo with CEO, member of the management committee)
Instruments	Speeches, HR practices particularly in the areas of engagement and disengagement, compensation and retention	Speeches, HR practices particularly in the areas of professional expertise recognition and in organization of work and modes of governance
Interactions with stakeholders	Top management, decision-makers, trade unions	Mobilization of all stakeholders, especially employees. Societal concern (playing a role in society)

Source: Inspired by Taskin et al. (2016), p. 96.

The rediscovery of the human character of work and the renewal of a financialized management into a more human conception of management command a central place (Taskin et al., 2016). However, Personalism contributes to the normative philosophical foundations for stakeholder theory and within this framework, all human stakeholders should be acknowledged and treated as fully human persons (Acevedo, 2012). We define stakeholders, as Freeman (2010, p. 46) did, as “any group or individual who can affect or is affected by the achievement of the firm’s objectives”. Today, there is a growing reflection on organizational responsibility on the issue of impaired health at work. Indeed, the construction of health management at work cannot be achieved without the inexhaustible problem of relations between the various stakeholders, such as managers and human persons, being repeated. The impaired health at work is therefore became a corporate and management affair and today, health at work must be managed in a volatile world of work, which respects the dignity of the person within an inclusive organization. Moreover, humanistic work, if one incorporates the notion of benevolence, is not limited to a posture or a supplement of soul, but it participates also in the effectiveness of the collective dimension of work and established a dynamic of recognition (Glaisner & Masclef, 2018). However, considering the dignity of persons is essential when their health is impaired and the organization responsibility involves managerial practices that enable employees to find meaning in their work in dignity. For example, organizational integration, particularly when an employee returns to work following a work stoppage, calls for this humanistic perspective because the dignity of the person is manifested through the solidarity of

the collective. The training of managers then appears crucial, particularly in terms of their competences, attitudes and practices in relation to mental health of employees (Quick et al., 2007).

The question of health at work therefore spontaneously raises the issue of job retention or the evolution of the professional trajectory, which can lead to professional exclusion in a situation of impaired health at work. This deterioration in job security leads to an emphasis on employability because this concept forms the basis of contemporary employment relationships (Clarke & Patrickson, 2008). Accordingly, the evolution of the professional trajectory due to a change in health interrogates the employability of these employees.

## **2.2. The inescapable concept of employability**

Although employability is not a new concept, it is central to the contemporary research and it pilots more and more the research agenda (Akkermans & Kubasch, 2017). However, despite of this interest in employability research, there is little work in management today that reflects on the employability of employees whose health at work is impaired and, if so, it is only recently. The employability has been considered both as the solution to employment uncertainly and as a management rhetoric (Hallier, 2009). It refers also to the individual character. Employability refers to the individual's chance of getting a job on the internal or external labor market (Forrier et al., 2015). The individual's character of employability also refers through the individual's ability to obtain or maintain employment (Berntson et al., 2006). Thus, it is generally accepted that employability concerns "an individual's chance of a job in the internal and/or external labor market" (Forrier & Sels, 2003b, p. 106). This concept is also a psycho-social construct because it subsumes a host of person-centered constructs needed to deal effectively with the career-related changes occurring in today economy (Fugate et al, 2004).

In addition, the concept of employability is linked to a set of competences (Van der Heijde & Van Der Heijden, 2006) and it refers to individual willingness to develop competences or

career success (De Vos et al., 2011). One approach to employability therefore focuses to personal strengths that improve the individual's chance in the labor market (Forrier et al., 2018) which appear seemingly indefinite (e.g. Fugate et al., 2004; Van der Heijde & Van Der Heijden, 2006). The other approach is based on outputs and inputs which have been often supported in terms of disagreeing view of on how to conceptualize employability (Vanhercke et al., 2014). The individual is therefore at the heart of these two approaches which are part of a dynamic chain (Forrier et al., 2018). The concept of employability thus refers to potential, personal employment dispositions and behaviors (Forrier & Sels, 2003b), environmental factors, professional competences and expertise (Forrier & Sels, 2003a). This version of employability places the person in a dynamic attitude towards employment. It then implies that the employee must be an actor in the stages of his/her professional life.

However, the strong agentic focus in employability literature brings up three blind spots: Employability is contextual and not exclusively a personal asset, relational i.e. employability is embedded in an interdependent unemployment relationship and is not just under the control of the individual, and polarizing with the risk of a potential Matthew effect, i.e. emphasizes a risk of polarization between the strong and the weak in the labour market (Forrier et al., 2018). However, an understanding of the dynamics of employability cannot free itself from the interaction between agency and structure, individuals and organizations and a potential Matthew effect which “opens up a dark side to employability” (Forrier et al., 2018, p. 518). Indeed, according to these authors, this Matthew effect, firstly, less employable have the greatest need for action but are less likely to do so. However, this inaction may be caused by a lack of capital or resources to initiate action. Secondly, less employable employees often attract fewer investments and their profiles thus become gradually more precarious. We are then faced with a weakening of the employee's professional career. Therefore, it seems essential to achieve a new ethical and humanistic managerial approach, and to question the engagement of all

stakeholders in an organization towards managerial and organizational responsibility for the management of employees' employability whose health at work is impaired. Indeed, a person's employability challenges the various stakeholders of organizations and becomes very important for organizations to engage in a Corporate Social Responsibility (CSR) approach. Moreover, a humanistic management is a real societal challenge.

### **2.3. A humanistic employability management to foster the emergence of an inclusive organization**

This managerial logic of employability is particularly relevant when it is addressed to employees in situations of fragility and vulnerability, and we have an illustration of this with employees whose health at work is impaired. Vulnerable groups receive little attention in HRM research. For example, research has been conducted on older employees (Schröder et al., 2014; Taylor & Walker, 1998), people in precarious jobs (Burgess et al., 2013), ethnic minorities (Kamenou & Fearfull, 2006), young people (Crisp & Powell, 2017) or long-term unemployed people and people with disabilities who have difficulties to find employment (Forrier & Sels, 2003b). It is therefore necessary to reflect on managerial actions that can respond to the call from the scientific community to manage the employability of vulnerable employees (Crisp & Powell, 2017; Vanhercke et al., 2014). However, managing the employability of vulnerable employees also involves employees whose health at work is impaired and for whom this health impairment may affect their job security and weaken their career path.

Managing the employability of employees whose health at work is impaired calls for consideration to be given to the inclusion of these employees within organizations and not to their exclusion from the organizations. Indeed, this employability management must take into account what is perceived or felt by these vulnerable employees who may be victims of placarding when their health is impaired. In addition, a feeling of exclusion can have repercussions on cognition, behavior, health, emotions (DeWall et al., 2009). Accordingly, we

can back up our case through lenses of the reference framework of the inclusive organization. The place of inclusion is central to organizations and this concept's mobilization has developed in recent years (Shore et al. 2011), particularly in the field of social work (Mor Barak, 2019) and social psychology with work based on the theory of optimal distinctiveness (Brewer, 1991). The inclusive organization can be defined as an organization that configures its systems and structures to value and exploit the potential of differences and limit their disadvantages (Roberson, 2006). Furthermore, the inclusiveness of an organization is reflected through four complementary approaches identified by Dobush (2014), which refer to 'social order' or organizational inequalities shaped by context, social and historical circumstances, 'social exclusion' or the reference to social securities despite existing wealth for people in life precarious, 'inclusion and exclusion as a relation' or focus on the constitution of inclusion and exclusion itself, and 'inclusive organization' that it stresses the good practices for inclusiveness. Inclusion is also defined as the degree to which a person perceives him/herself as a member of the group in which his/her needs for belonging and uniqueness are met (Shore et al., 2011). These authors rely on Brewer's theory (*Optimal Distinctiveness Theory*) which holds that inclusion must meet two distinct needs in a fair balance: The *belongingness* and the *uniqueness*. We can rely on this theory because inclusion of employees whose health is impaired meets their need to belong, which meets a need for security and involves loyalty, trust, and cooperation between the different members of the group. This inclusive organization's concept thus calls for more humanistic management that respects the human person and in particular employees whose health at work is impaired. Indeed, this humanistic management can develop the feeling of belonging to the group and allows group members feel valued and respected.

### **3. THE PRINCIPLE OF 'BECOMING STAKEHOLDERS'**

In our research, we propose to adopt the principle of the 'becoming stakeholders' developed by Michaux et al. (2011). These authors highlight the crucial phase during actors become

stakeholders through the context of a territorial collective action. However, the identified actors are not immediately stakeholders. The specificity of the stakeholder approach applied to a collective action is then the importance of the engagement phase of actors in the same action: the actors are not part of a collective action or a project *a priori*, they become so by engaging themselves in joint actions over the long term.

The study of this phase of engagement and the mechanisms underlying the ‘becoming stakeholders’ (Michaux et al., 2011) can therefore be perceived as essential for the emergence of an inclusive organization. More broadly, our work aims to answer the call of some researchers to conduct empirical studies on this topic which remain poorly studied in the literature (Boehm et al., 2014; Dobusch, 2014). In addition, Mor Barak (2019) and Nishii (2013) encourage empirical studies of inclusive organizations in order to identify the levers for building a community of interests between the various actors and to study the dynamics of engagement. Our research is part of this still exploratory topic of the dynamics of engagement that make actors become stakeholders. Accordingly, sustainable engagement is considered as a necessary condition for the emergence of shared HRM collaborations and practices in an inclusive organization: transforming actors into stakeholders (Michaux et al., 2011) supposes creating a long-term relational dynamic in a network of stakeholders (Missonier & Loufrani-Fedida, 2015). However, studying the emergence of an inclusive organization requires a focus on stakeholder engagement to an approach of employability management of employees whose health at work is impaired.

Engagement, which is a long-term commitment by nature, is a structuring concept in HRM and organizational behavior research. Assessed at the individual level, it is mainly studied at the level of engagement in the organization. The organizational engagement of an employee is the combination of three dimensions (Mowday et al., 1979): the will to act for the benefit of the organization; strong belief in the goals and values of the organization; and finally, the desire to

remain a member. The engagement of an organization relative to other partners and/or a collective, is another level of analysis, with research work including strategic management and marketing, but which are, however, rare still. The combination of the individual and organizational levels of definition makes it possible to better understand the notion of stakeholder engagement at the heart of our work. This dual vision is also adapted to the study of an inclusive organization which is engaged to an approach of employability management of employees whose health at work is impaired, involving actors who are both organizations and institutions, but also leaders, employees and elected officials and who play a catalytic role in this approach. We are therefore interested in these mechanisms that make actors become stakeholders in an inclusive organization by addressing the following research question: *What are the various actors engaged and how do these actors become stakeholders into a humanistic employability management of employees whose health at work is impaired?*

## **4. METHODOLOGY**

### **4.1. Research context: The Metropole Nice Côte d'Azur**

To answer this question, we conducted an exploratory qualitative research, centered on the study of a single case: The Metropole Nice Côte d'Azur in France. This case study allows us to describe and explain the phenomenon of managing employees' employability confronted with a deterioration in their health and to understand the role of various actors in a given context and how realities are linked to each other (Miles et al., 2013; Yin, 2013).

French public organizations are divided into three areas: state-run services, regional and local government services, and the public hospital service. Specifically, the Metropole Nice Côte d'Azur is a French public organization was created on January 2012 following the decision of the elected officials from 49 municipalities to found this French public organization of 550,000 inhabitants. Its territory extends along a south-north axis from the Mediterranean coast

to the summits of the Mercantour, reflecting the desire to establish a strong link between the sea and the mountains. This French public organization is a local authority which provides regional and local services with the objective of efficiency at the service of its citizens. For example, among its missions, it seeks to enhance the value of local architecture and to promote urban renewal by focusing in particular on fragile neighborhoods. It also maintains the road network throughout its territory and ensures the collection of waste. In addition, it is active in the educational and cultural fields. These different missions are carried out by employees with a contractual relation with or are permanent officials.

The Metropole Nice Côte d’Azur is undergoing changes such as the pooling of resources (HR, finance, public procurement, etc.) which will make it possible to implement policies, particularly in favor of HR. Indeed, there is, within this French public organization, a real political will to make HR missions effective, with a particular interest in health and safety at work. It is therefore, as a result of this strong political will, in the person of the then President and Mayor, that a Department of Well-being and Occupational Health (in French: DBEST) was created. In concrete terms, this Department which is a key actor of the Department of HR, focused on people-centered development. It has a pivotal role, as shown by its position at the center of the organization chart of the HR Department. Within this department, which since 1 September 2019 has become the Well-being, Occupational Health and Social Dialogue Department, 92 employees aim to enable the 11,400 permanent and contractual employees in administrative, manual, medical and social positions to work under the best possible conditions. This Department makes its expertise in HR available to ‘operational’ units. Its main lines of action are to implement a proactive and multidisciplinary policy in favor of well-being and health at work and to enhance the value of all staff by implementing, in particular, actions to support staff who are experiencing difficult moments in their professional and personal lives. It is therefore different actors, for example, from its units, the Prevention, Health, Safety at

Work and Social Actions Unit, the Disability and Job Retention Unit, the Preventive Medicine department, the Absences Unit and the Internal Communication department, supported by different actors (psychologists, ergonomists, etc.), which work transversally to health at work and safety prevention. Services are also used to manage the employability of employees whose health is impaired, in particular through the role of the Disability and Job Retention Unit (in French: PHAME). This unit provides personalized support to employees to help them remain in employment or to help them find employment when they are recommended for medical mobility by preventive medicine. Indeed, we can see an increase in sick leave: The number of sick officials in 2015 is 1,820 and it has risen to 2,323 in 2017, an increase of 27,64 %. The mission of this French public organization is to provide an efficient public service which consists in meeting the needs of the population or users who are on the territory of this organization.

The Metropole Nice Côte d'Azur appears to be a revealing case because it has a proactive and multifunctional stakeholder policy in favor of managing employability of employees whose health at work is impaired. Indeed, its Well-being, Occupational Health and Social Dialogue Department, which is specific to the Metropole Nice Côte d'Azur, demonstrates the willingness to establish, through a transdisciplinary and transversal dimension, a proactive policy in favor of the health and well-being by different actions, including personalized supports following a medical prescription from the internal medicine department. It therefore seemed appropriate to us to study, within this French public organization, how its multifunctional actors are engaging to foster the emergence of an inclusive organization by managing employability of employees whose health at work is impaired and how, through their interactions, they become stakeholders in this engagement.

## **4.2. Data collection and analysis**

Our data collection, begun in 2018, follows the common recommendations on qualitative case studies (Eisenhardt & Graebner, 2007; Siggelkow, 2007; Yin, 2013). It combines four sources, which ensures the richness of results and the aim of triangulation (Yin, 2013): individual interviews, informal dialogues, observation, and documentation.

The main source of information for our research is individual semi-structured interview. We conducted 45 interviews, lasting from 15 minutes to 2 hours, between September 2018 and March 2020 with multifunctional actors in the Metropole Nice Côte d'Azur. We sought to ensure a representative sample since the respondents are involved in resource or operational functions at all levels of the hierarchy: (1) 18 interviews with Resource actors (RA); (2) 5 interviews with Decision-Makers (DM); (3) 2 interviews with Social Partners (SP); (4) 6 interviews with Steering actors (SA); 14 interviews with Operational actors (OA). We have chosen to classify the respondents by categories of actors: resource actors; decision-makers; steering actors; operational actors; social partners. We opted to include of resource actors, HR actors in operational department, social and medical actors, top management actors of Well-being, Occupational Health and Social Dialogue Department and a training actor. These actors provide both support and guidance to operational departments or directly to employees in their field of expertise. Social partners from various French trend unions support these resource actors. They are in contact with all actors of the organization but also with elected officials. We considered the top managers of the operational departments as decision-makers because they make key decisions. Middle managers and front-line managers appeared to us as steering actors because they manage the top manager's decision. Finally, it seemed appropriate to us to integrate operational employees with administrative, social or manual jobs in the category of operational actors because they implement decisions of middle or front-line managers.

These interviews have been transcribed in full. Different interview guides, structured according to different topics, were used to support the successful completion of these interviews. During the interviews, for example, we asked the operational people we met to tell us about their job and their role, the actions taken to manage their career, particularly to prevent wear and tear or their expectations of their hierarchy. Other topics were discussed with other actors (Resource actors, Decision-Makers, Social Partners, and Steering actors) such as the actions implemented to improve the employability of employees, particularly in the context of impairment health and in the context of a return at work following an impairment of health and their perception of the various actors regarding employability management when an employee encounters a health problem. In total, a total duration of 35 hours and 16 minutes of interviews were recorded and 522 single-spaced pages were transcribed. Quotations corresponding to text segments illustrate the first result.

We collected also data from informal dialogues with people met during the study, *via* email, phone or any other conversation without prior agreement complete the data collected. Moreover, a non-participant observation was conducted during interviews with respondents or during more informal dialogues, on site or at meetings. More precisely, our research is based on 39 days of observations which were transcribed in a daily journal.

Finally, a documentary analysis was carried out on the Metropole Nice Côte d'Azur, its organization and its politics of HRM. Indeed, 44 documents were recorded in a table with the date of its delivery, its provenance, the context in which the document was delivered (during an interview or a meeting), the type of document (digital or paper), its contribution. For example, we collected public and official documents such as the state of play and the results of the Metropole Nice Côte d'Azur in 2012; and internal and private documents such as report on the activities of the Prevention and Safety at Work Unit for 2016 and 2017, legal documents, etc. We also collected articles and press releases and digital social networks. Each document

was annotated, sometimes summarized and systematically listed (by computer and/or in binders) according to the themes it addressed.

For data analysis, we used the standard tools of a qualitative methodology (Miles et al., 2013). We opted for development of summary sheets that were sent to each respondent to strengthen the internal validity of the research. We did a manual thematic coding that allowed us to identify from the data content analysis, the themes and sub-themes: (1) The multiplicity of actors carrying out different missions within the Metropole Nice Côte d'Azur; (2) the need to manage employability to anticipate health impairment of employees; (3) the mobilization of facilitating and limiting mechanisms underlying the evolution of actors into stakeholders, i.e. the becoming stakeholders. Moreover, for the sake of the validity of the construct of our research, we used data of different natures and exchanged regularly with the Disability and Job Retention Unit's manager on our approach and our findings. To ensure the internal validity and the relevance of the research findings, we made a permanent round trip between the field and the literature.

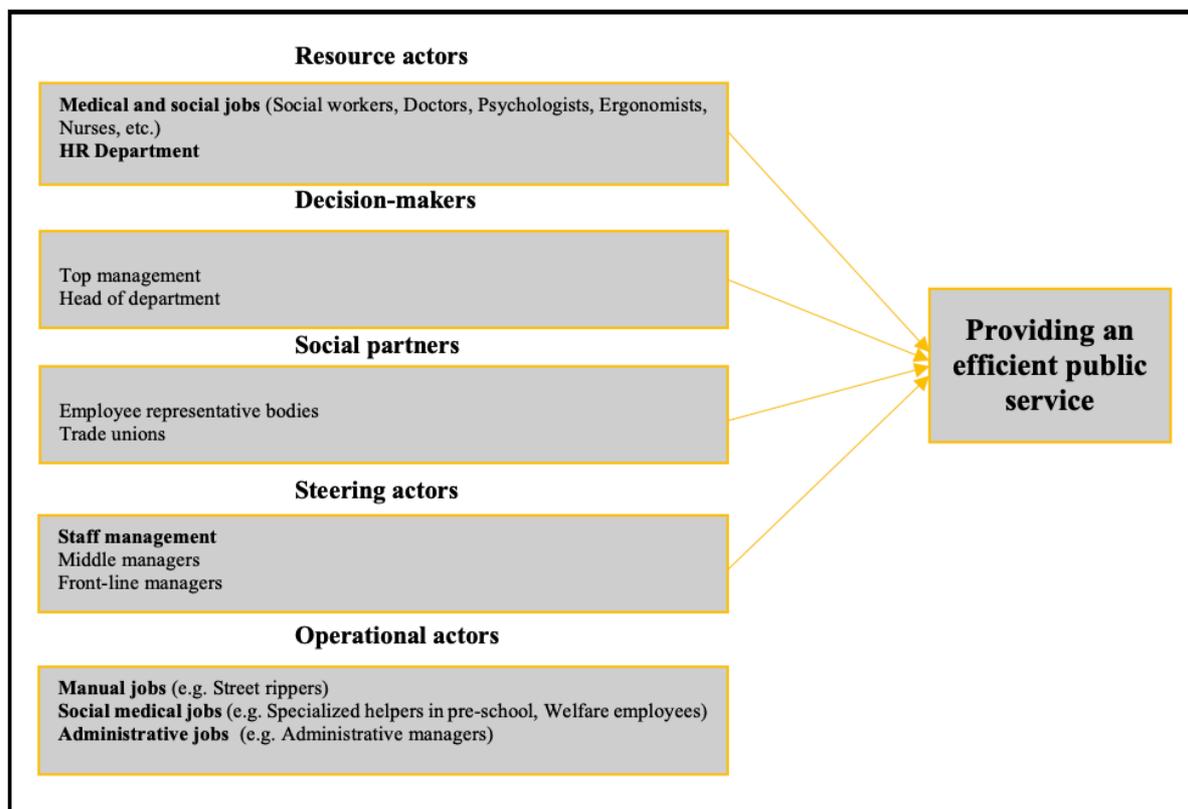
## **5. FINDINGS**

The first findings of data analysis show us that the Metropole Nice Côte d'Azur (1) is distinguished by the multifunctional dimension of its actors with administrative, manual and socio-medical jobs. Some manual jobs lead to professional wear and tear with individual (difficult return to work, etc.) and organizational consequence (absenteeism, etc.). As a result, due to these topical issues, the different actors are conducive to (2) an awareness of the need to manage employability to anticipate changes in employee health. Thus, (3) mechanisms facilitating and limiting the evolution of the actors into stakeholders in the structural and operational implementation of the employability management of employees whose health at work is impaired are mobilized.

## 5.1. Identification of multifunctional actors

This French public organization is distinguished by the plurality of its actors. Administrative, manual and social medical jobs within different departments are shaping its landscape with the objective of providing an efficient public service and meeting user's expectations. After the acknowledgement of these multifunctional actors, we have included them into the following categories: (1) Resource Actors (RA); (2) Decision-Makers (DM); (3) Social Partners; (4) Steering Actors (SA); (5) Operational Actors (OA). Figure 1 summarizes these categories.

**Figure 1. Multifunctional actors within the Metropole Nice Côte d'Azur**



This question of multiple professions leads to real difficulties for the users and employees of the Metropole Nice Côte d'Azur, including those from manual jobs, which lead to professional wear and tear and damage health: *“The community is aging and there is a lot of physical and mental wear and tear”* (RA). The impairment of an employee's health, because of its employability, often leads up to a difficult return to employment. These employees have

difficulty to the return to work: *“We are out of step. So we can indeed have behaviors that are not entirely adapted. In the meantime, regulations have changed”* (RA). Moreover, in the context of a rehabilitation at work, the post is not always available: *“What is complicated is the time it takes for staff to find a post”* (RA). Maintaining contact with an employee who has stopped work is also sometimes complicated for the manager or HR actors. This raises the question of how to support this employee in order to facilitate his or her return to work. A real reflection is therefore being carried out on the employability management of employees in a proactive way: *“It means starting to anticipate already. I believe that there is really a lot of support, reflection and important support to do on a community where there are many highly technical professions”* (RA). Because of all these difficulties, the Metropole Nice Côte d’Azur is becoming aware of the need to anticipate the weakening of the employability of employees due to programmed professional wear and tear. There is therefore, within this French public organization, a real reflection since the creation of the Well-being, Occupational Health Department in 2014 by the President of the Metropole Nice Côte d’Azur, the first department of its kind created in France. Indeed, there is a real political will within this French public organization to support HR missions, particularly in the field of health and safety at work and which also translates into the issue of employability management, in an anticipative way, for these agents: *“It means already starting to anticipate. I believe that there is really a great deal of support, reflection and guidance to be provided in a community where there are a lot of highly technical jobs”* (RA).

## **5.2. Managing employability to anticipate the impairment of employees’ health**

Faced with this question, the actors were led to ask themselves how to manage employability of employees in a proactive way. This need to manage employability in order to anticipate the impairment of employees’ health appears to be necessary due to lengthening of working life

and jobs where professional wear and tear is inevitable for people who, in many cases, are poorly qualified. It is therefore necessary to support the employee in a second part of his/her career and in particular to train him/her because of new jobs that are emerging on the labour market: *“It requires more and more adaptation. We have the need to support the agent in the change because we do not the same job throughout his career”* (DM). However, addressing this professional wear and tear cannot be done without mentioning the problem of recruiting poorly qualified people who will not necessarily have sufficient competences for the jobs offered by the organization: *“Except that these people are not necessarily going to have profiles that are easily transposable to our territorial trades”* (RA). Hence, it needs to have a good sense of employability management, with a focus on identifying potential, from the recruitment stage onwards. In addition, this support is essential because of the new jobs that are emerging on the job market: *“We are moving towards more and more technicality”* (DM). This need for versatility, combined with support in the field of training, then takes on why it is done: *“It requires more and more versatility. We need to accompany the agent through change because we don’t do the same job throughout his career”* (DM).

This employability management aims to humanize management necessary for the emergence of an inclusive organization, in particular by setting up training courses for managers and the creation of a booklet enabling them to better understand the difficulties encountered by the members of their team. Employees are also supported by modules that enable them to acquire, for example, the ability to apply for a new job (e.g. updating their CV, preparing for a recruitment interview, etc.). Among the actors involved in managing the employability of employees whose health at work is impaired, the manager plays a key role: *“Managers are more and more actors in mobility management”* (DM). Thus, managerial competences, including those of the line manager or the supervisor who have a relay role, are essential: *“The measures will already come from the line manager who must pass on the*

*information to their n+1, n+2*". (DM). In order to enable optimal employability management, the establishment of a dialogue between the manager and the employee is therefore essential. An effective manager must then be equipped with specific professional competences and an ability to adapt: *"Each management adapts to a situation. We adapt according to contexts, according to people, according to individuals"* (DM). In addition, according to decision-makers, it is the responsibility of operational managers (e.g. middle and front-line managers) to detect warning signals when a person is in difficulty because of their proximity with employees: *"You have a spotting role"* (DM). The Metropole Nice Côte d'Azur is therefore investing in the support of its operational managers, including its front-line managers, to steer the employability management towards a more human and responsible employability management of employees whose health at work is impaired and accordingly to better prepare them to deal with vulnerable employees and create an inclusive organization.

### **5.3. Facilitating and limiting mechanisms underlying the becoming stakeholders**

#### **5.3.1. Facilitating mechanisms**

The Metropole Nice Côte d'Azur clearly claims a policy in favor of this employability management in a structural way by dedicating a department, the Well-being, Occupational Health Department became the Well-being, Occupational Health and Social Dialogue Department on September 1, 2019 within HR Department. This policy is characterized by a transversal and humanistic approach for all its multifunctional actors (e.g. ergonomist, doctor, administrative manager, psychologist, etc.). Indeed, this department aims to enhance the value of all the Metropole Nice Côte d'Azur's employees, implements a proactive policy in favor of health and well-being at work, makes its HR expertise available to the operational departments (e.g. education department, road-related department, etc.), but also supports these employees in

the difficult moments of their home and work life. The actors of this department, through a transdisciplinary and transversal dimension, therefore focus on person as a human being and aim to enable the 11,400 employees who work in administrative, manual and social-medical jobs to work under the best possible conditions and with the greatest dignity. Indeed, they allow including to support decision-makers to drive a proactive policy for managing the employability of employees whose health at work is impaired. It thus carries out a reflection in order to anticipate the occurrence of impaired health (in particular for strenuous jobs which lead to professional wear and tear, e.g. manual jobs and social jobs). Nevertheless, this role is intended to be preventive rather than curative: *“It is therefore imperative to be able to propose and promote something else and not just respond to the demand and urgency of the situation. [...] we can play a role in anticipating and directing the first signals identified by our professionals”* (RA). The roles played by each one also aims to professionalize the support of people with disabilities but also for other vulnerable persons whose employment is threatened because of an impairment of their health at work. It improves training for managers and employees to better support and raise awareness of this issue, arranging organizational, technical or human workplace layout. In addition, this department tries to give more responsibility to steering actors, and achieving a balance between quality and performance in through competences development. To enable the development of competences, the ‘School of Managers’ unit offers training for these actors. It is also in line with the political will of this French public organization to improve the quality of life of its citizens and voters through its HR missions for operational departments to improve working conditions which allows to provide an efficient public service.

By deploying guidance and support mechanisms for operational departments, this structure resource, because it provides these departments with resources to improve the management of employees in terms of health and well-being at work, allows the actors in this department to become stakeholders in the employability management, especially when the health of

employees is impaired. This issue is essential because of the Metropole Nice Côte d’Azur is faced ageing employees with many women and laborious manual jobs, a recurrent digital divide among less qualified employees in a working life where the evolution of professions requires more competences: *“A reception officer can no longer be unfamiliar with computers, can no longer be unfamiliar with a set of things, the culture of the organization, it's not possible”* (SP). This department therefore plays a key role in bringing together actors, provides its expertise to the operational departments and drives practices: *“there’s a real guidance role to be had towards other branches in the community [...]. A resource department for the other departments, but a department that does not respond exclusively to requests but that gives impetus”* (RA).

However, the deployment of this engagement for managing employability of these employees cannot take place without giving a central place to social dialogue. Indeed, the collaboration of the social partners strengthens policy in favor of this issue as joint forces. Indeed, their role is essential because of their proximity to operational departments, employees but also to elected officials. The social partners are in contact with employees, front-line managers, middle managers and top managers and also elected officials. These social partners are thus actors who become key stakeholders through their listening role and negotiating role with resource actors, decisions-makers and steering actors. In particular, they recall the need to develop competences of employees. Steering actors are also at the heart of the team organization. They are in close proximity to employees. The Metropole Nice Côte d’Azur has therefore decided to operationalize this engagement from a managerial point of view through the implementation of practices that are part of a desire to professionalize the support of employees: *“Managers are increasingly involved in mobility management”* (DM). There is therefore a willingness on the part of resource actors and decision-makers to raise awareness and train and support steering actors in managing the employability of employees of their team.

These steering actors become stakeholders by initiating sustainable mechanisms in favor of employability management of employees whose health is impaired especially by establishing close relationships with these employees and by collaborating with resource actors and when they identify professional risks, raises awareness and supports the team. By mobilizing these mechanisms, steering actors therefore have the opportunity to establish a humanistic working environment and foster the emergence of an inclusive organization. For example, it is necessary that they make the team involved, supportive of each other and responsible and they make the employee feels good about his/her work. They play also a warning role in anticipating wear and tear. In addition, a humanistic management is essential when an employee has been off work due to an impairment of his/her health. These actions are reinforced when they are carried out in collaboration with Well-being, Occupational health and Social Dialogue Department, in particular through a warning role. By engaging with this department, the steering actor becomes a stakeholder in the employability management of employees whose health at work is impaired. The steering actor plays also a strategic role when the employee returns to work. It is then essential to make working conditions and relations more human in order to humanize the working environment.

The operational actors also take actions to manage their employability and this engagement is all the more essential when their health is impaired. Despite the fear of change, or the lack of competences, or a difficulty returning to work after a work stoppage, operational actors can play an undeniable role in the orientation of their professional trajectory. In order to do so, it is essential to follow training courses to develop competences and the employee therefore becomes an actor of his/her employability: *“So there, I asked for training in reception and secretarial services because I don’t have the basics”* (OA) (see Box 1).

### **Box 1. A career path**

“So before I got to the town hall, I temped at Carrefour supermarket. Then, in 2007, I came back to the town hall, as a cleaning employee in the nurseries, then I went to the kitchen in cold liaison and afterwards I had big health problems and a big depression. And I stayed 5 years off, 3 years in long illness and 2 years on call. Then the Disability and Job Retention Department found me, in September 2018, a training course from September to the end of October. Yes that is, administrative and reception work. And at the end of this training, to find me a small 3 weeks integration course. So, X found me an internship at X Department and finally they kept me. So from Ville de Nice, I moved to Metropole Nice Côte d’Azur. From technical employee, I moved up to administrative employee. Everything changed”

These actors then become stakeholders in their employability management. However, in order to make this evolution easier, working conditions and relationships are required as well as mutual support between team members. It is also necessary to facilitate their contact with the resource actors who offer, with the help of tools and knowledge, support and guidance to employees.

It appears that the multifunctional actors of the Metropole Nice Côte d’Azur work closely together and develop mechanisms that enable them to become stakeholders in employability management of vulnerable employees, especially for whose health at work is impaired. In this way, they therefore foster the emergence of an inclusive organization. Nevertheless, the multifunctional actors of the Metropole Nice Côte d’Azur who tend to engage in actions to manage employability of vulnerable employees, especially employees whose health at work is impaired, may be faced with difficulties of several kinds. These difficulties appear within each category of actors and limit their engagement in favor of an employability management of employees whose health at work is impaired.

#### **5.3.2. Limiting mechanisms**

The Metropole Nice Côte d’Azur does not escape the organizational locks that exist within public organizations. It appears as factors limiting actors to become stakeholders in managing

the employability of the employees. Indeed, employees are facing tensions related in particular to increased requirements. Steering actors are particularly affected by these tensions and these organizations locks can lead to their demotivation: *“There is a lack of interest in the work itself, which is very much in evidence among executives, i.e. there is a feeling that one no longer has the ability to make things happen, to do one’s job, to exercise one’s technical skills”* (SA). In addition to these tensions, their role is ambiguous. Indeed, these actors therefore have both an anticipatory role to prevent occupational wear and tear, in particular, and they must offer efficient public services. They are caught up in the overload of work: *“We don’t have any specific actions. We’d like to, but we’re not equipped to. We don’t have the time to do”* (SA). In addition, these difficulties are exacerbated by a greater requirement: *“And then the building sites are more and more technical, more modern”* (OA) and by new realities of work: *“Jobs change too. A reception officer can no longer not be computer literate, can no longer not be familiar with a set of things, the culture of the community, the organization of the community, it’s not possible”* (SP). These tensions are also exacerbated due to a lack of time often occupied by multiple meetings and the growing digital presence. The digital presence (e.g. checking emails) or the absence of an employee in the department strengthen the difficulties and limit the engagement of the actors with an even more deleterious impact on vulnerable employees.

These limiting mechanisms are also reflected in few vacant posts within the Metropole Nice Côte d’Azur: *“I think on the volume of the employees; they are a little jammed up too. They cannot get all the employees to have a station layout”* (SA). In addition, many jobs are reserved for women (e.g. education-related jobs, receptionists), within the Metropole Nice Côte d’Azur, and can lead to discrimination: *“In terms of training, promotions and compensation schemes, there is discrimination. The Department of Education is a department where promotions are the lowest in the entire community, the lowest in the entire community, and unfortunately, 99.9% of them are women”* (SP). Indeed, according to a trade union, in 2018,

only 25 per cent of women were promoted from within, even though they represented 35 per cent of the workforce.

An another limiting mechanism underlies the engagement of actors to become stakeholders: the lack of preparation of steering actors. Specifically, it is not always legible within the operational departments. *“Afterwards, I still have the impression that at the community level, a lot of things are being done. Now, can everyone benefit from it? Does everyone really benefit? I don't know”* (SA). Indeed, steering actors and especially front-line managers do not always seem to be aware of the impairment in the health of one of the members of his/her team: *“I have the impression that she has a little more pain because, I always have pain so it means frequent stops anyway and then it doesn't go away. That's where it started to get a negative atmosphere. The tone changed”* (OA). Moreover, steering actors are often not sufficiently prepared to welcome the return to work of an employee, or the management of the division of labour between team members, or to support an employee who experiences a health problem and who is afraid of change: *“These are the agents who refused. For the changing hours. Or too far because you have to go to Nice where the employee likes to do his/her job”* (SA).

Several limiting mechanisms therefore constrain the engagement of actors become stakeholders to manage employability in particular for employees whose health at work is impaired. Despite of this limiting mechanisms, facilitating mechanisms reflect the engagement of multifunctional actors to promote efficient employability management of employees whose health at work is impaired within the Metropole Nice Côte d'Azur. The mechanisms facilitating and limiting the evolution of the actors for becoming stakeholders are developed in Table 2.

**Table 2. The engagement of the multifunctional actors: Facilitating and limiting mechanisms for becoming stakeholders**

Actors	Key roles	Action levers for becoming stakeholders	Limiting factors for becoming stakeholders	Assessment of interest in the issue
Resource actors (social and medical jobs, training jobs, human resources jobs)  (18 interviews)	Advising the public organization's authority on preventive and protective measures for employees  Ensuring that the employee's state of health is compatible with his/her work station  Improving skills of employees	Identification of occupational risks and implementation of medical restrictions  Implementation of training courses for managers and employees. Raising awareness and supporting the team and the manager	The deadlines: "What is complicated, is the time it takes to find a work place for the employees"  Staffing is limited due to budgetary constraints  Intervention of resource actors once the impairment of health has been identified  Insufficient anticipation of difficult situations	Good communicators  High awareness
A dedicated structure: Well-being, Occupational Health and Social Dialogue Directorate  Decision-makers  (5 interviews)	Matching the work required of the employee with his/her difficulties and finding way on compensating for them  Information and guidance role  Instilling a proactive policy for managing the employees' employability whose occupational health is impaired  To carry out a reflection in order to anticipate the occurrence of impaired health  Coaching managers, taking into account the policy	Supporting people with disabilities and preventing wear and tear  Giving a strategic place to social dialogue and importance of cross-cutting work  Anticipating professional reconversion for difficult jobs  Listen to managers  Regular exchanges with resource actors (e.g. occupation medicine or Disability and Job Retention Department)	Integrating employability management into the culture of the organization  Lack of time to carry out support actions	Good communicators  High awareness
Social Partners  (2 interviews)	Be in contact with employees, directorates, elected officials  Joining forces	Listening role  Negotiating role with management  Recall the need to train low-skilled employee	The issues priority in budget  Priority given to internal mobility and not to employees with an impaired health  Brake on the habits and customs of the administration	Good communicators
Steering actors  (6 interviews)	Working as part of a team  Fostering a dynamic collective, to organize activity's team  Reception of a employee following a labour disruption  Enhancing users satisfaction  Coordinate the activities of the department  Strategic role in the employee's return to work in particular by getting the team to join	Make the team involved, supportive of each other and responsible. Consultation with the team on the division of labour upon an employee return's to work  Establishing a humanized working environment. Making the employee feels good about his/her work. Taking into account the employee's difficulties.  Alert role of the manager for anticipate wear and tear. Actions carried out in collaboration with occupational medicine	Division of labour when an employee is absent or when he/she returns to his/her workstation Increase administration and heavy regulation. Team unprepared to welcome the employee back to work  The digital presence (e.g. checking email on the weekend)  Absence of a human resources person in the department  Possible trade unions intervention when the manager hears from the employee who is off work  Lack of specific actions and lack of time for action. Burden of work, indifference to work, insufficiently trained managers, lack of information on multidisciplinary work.  Public organization culture	
Operational actors  (14 interviews)	Working as part of a team  Being an actor of his/her professional life	To humanize working conditions and relationships  Mutual aid between team members  To take training courses  Possibility to be in contact with resource actors	Difficulty returning to work after a work stoppage  Passiveness  Fear of change  Lack of skills (digital divide, etc.)  Evolution and requirements of the jobs  Burden of work  Influence of personal and family life  Mourning the loss of one's old job  Important delay to benefit from a reconversion  Managers who are unsympathetic to an employee whose health is impaired  Public organization culture	Good communication or not  The communication is not always easy  Low motivation or high motivation

## **6. DISCUSSION AND CONCLUSION**

We explore in our research how a French public organization becomes aware of the need for humanistic management in order to manage the employability of vulnerable employees (Crisp & Powell, 2017; Forrier & Sels, 2003a; Schröder et al., 2014), such as employees whose health at work is impaired to foster the emergence of an inclusive organization (Dobusch, 2014). The empirical study conducted for this research first highlights multifunctional actors of the Metropole Nice Côte d'Azur in administrative, manual and social-medical jobs within different departments. It suggests that some manual jobs lead to professional wear and tear and often requires the development of employees' competences. Second, we argue that these actors are conducive of the need to manage employability in order to anticipate an impairment in the health of employees. To do so, this French public organization adopts a structural engagement by dedicating to this humanistic management: The Well-being, Occupation Health and Social Dialogue Department which brings its expertise to operational departments and its actors. This policy thus responds to the renewal of HR policies such as making HRM in the public sphere similar to business policies among the various modalities that can be adopted by NPM in OECD members countries (Pichault, 2007). We can therefore consider that the actors of this department mobilize facilitating mechanisms underlying actors to become stakeholders towards the operational departments. We can then rely on the principle of 'Becoming stakeholders' (Michaux et al., 2011). This engagement to manage the employability also translates into supporting its employees to prepare them towards a second part of their career when their health is impaired. The support of operational managers which play a strategic role into the organizations (Rouleau & Balogun, 2011) is then essential. However, our findings reveal that middle managers and front-line managers (Steering actors) seem to be less aware of managing the employability of their team members than top management (Decision-makers).

Finally, we look at how facilitating and limiting mechanisms underlying actors to become stakeholders in managing the employability of employees whose health at work is impaired. The operational actors are also engaged in managing their employability despite the fear of change or the lack of competences. Accordingly, our findings reveal that these actors become stakeholders in the management employability of employees whose health at work is impaired thanks to joint collective action driven mainly by resource actors, decision-makers and social partners.

However, the Metropole Nice Côte d'Azur has to deal with mechanisms that limit the evolution of the actors into stakeholders in this employability management and constrains the emergence of an inclusive organization. Accordingly, the Metropole Nice Côte d'Azur is a public organization influenced by the new modes of governance resulting from New Public Management and its search for performance (Hood, 1998). As Pichault (2007) points out, public organizations are increasingly facing ideological and political pressures for new modes of governance marked by greater efficiency and customer orientation and it is faced with paradoxes called by Hood (2000) 'the paradoxes of public managerialism' resulting in bureaucratic measures to liberate managers from bureaucratic rules leading more regulation in public organization. These ideological and political pressures generate role tensions as role ambiguity and role conflict that can arise in managers (Miles & Perreault Jr, 1976). We can rely on the role theory developed by Kahn et al. (1964). These limiting mechanisms underlying actors to become stakeholders in managing the employability of employees are accentuated by the new ways of working today, illustrated in particular by a greater digital presence. Moreover, these limiting mechanisms can lead to less human managerial and HRM practices. The role played by multifunctional actors is also essential because they contribute to the satisfaction of the population by providing efficient public services. These multifunctional actors are therefore

more or less engaged to actions to manage employability of employees whose health at work is impaired.

### **6.1. Contributions to the research on managing employees' employability whose occupational health is impaired**

Our research contributes to the literature review in three ways. First, our paper contributes to a better understanding of the issue of vulnerable employees' employability (Crisp & Powell, 2017; Forrier & Sels, 2003a; Schröder et al., 2014). This vulnerability of employees is accentuated by the economic, social and contemporary labour market changes resulting from globalization and financialization which are having deleterious effects on this cohort of vulnerable groups (Thompson, 2011). We extend these researches by exploring the employability issue of other vulnerable group, which, as far as we know, has not yet been studied: employees whose health at work is impaired.

The second contribution of our research is the mobilization of the principle of 'Becoming stakeholders' (Michaux et al., 2011). By focusing of this principle, we highlight the need to a sustainable engagement of actors to become stakeholders in employability management. Our research is then in line with the HRM literature by suggesting the need of sustainable managerial and HRM practices through mechanisms of collaboration mobilized by all the actors of an organization.

Finally, we contribute to research on development on inclusive practices. In particular, we are in line with inclusive practices for age-diverse employees and employees with disabilities (Burmeister et al., 2018; Moore et al., 2017). However, as Nishii (2013) suggests, the inclusive environment is characterized by a collective approach designed to integrate diverse cultural identities (e.g. gender, age, ethnicity) to create new competences. But what about impairment health at work, which is also a subject for inclusion? Indeed, an organization cannot claim to be inclusive without taking into account a humanistic employability management of its

employees and in particular with regard its employees whose health is impaired. Accordingly, it develops an equity approach within the organization. It is also interesting to approach the issue of inclusive practices from the perspective of social legitimacy, following the example of Moore et al. (2017).

## **6.2. Implications for HRM practice**

Our findings provide relevant practical implications. From a HRM point of view, our research lies on the need to develop humanistic management for vulnerable employees. However, we can consider that employees whose health at work is impaired are a vulnerable group. This humanistic management is essential in employability management especially for this vulnerable employees and questions on the competences of these employees (Audenaert et al., 2019). It is an engagement of all actors of an organization before disinvestment and absenteeism, which are costly for the organization and society. Indeed, employees in the Metropole Nice Côte d’Azur, as in any French public organization, are both permanent employees, i.e. they benefit from a lifetime grade in the administrative hierarchy that sets their remuneration and is independent of the job held, and contractual employees who do not benefit from this lifetime grade. In 2017, about 85% of employees are permanent and about 15% of employees are on contract in the Metropole Nice Côte d’Azur. This practical contribution in particular underlines the importance of ‘identifying’ employees whose health at work is impaired, but also employees likely to see their health deteriorate, in particular due to occupational wear and tear. In addition, as professions evolve, a reflection on career paths is accordingly conducted. The aim is then to anticipate the second half of the career for these employees by setting up training courses and by enhancing the value of the annual appraisal interview mainly for employees who suffer a significant impairment of their health requiring prolonged absences. It should be stressed that the preparation of employees for the second part of their careers mainly concerns low-skilled employees from technical professions who will inevitably experience professional wear and

tear that may affect their health. This preparation is crucial because new professions are emerging with the rise of digitalization. This engagement cannot be implemented without involving the managers and the employees. Indeed, our findings highlight the key role of middle managers and front-line managers in the accomplishment of strategic role into the organizations (Rouleau & Balogun, 2011). Accordingly, it is necessary to prepare them for this issue and make them aware of their responsibilities.

### **6.3. Limitations and suggestions for further research**

Our research presents several limitations and research perspectives. Following for a longer period the employability management approach seems necessary in order to deepen our knowledge of how to raise the awareness of managers, in particular front-line managers, about this issue. Future studies should also attempt to understand how the current health crisis is shaping the new realities of work which may lead to an impairment health of the employee and impact his/her employability. Indeed, this crisis develops precarious jobs and changes the work-family balance, sometimes a feeling of isolation, which can lead to stress phenomena for example.

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