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Is Social Innovation Fostering Satisfaction and Well-Being at Work? Insights from Employment in Social Enterprises Providing Long-Term Eldercare Services

Annalisa Casini¹  · Rachida Bensliman² · Ela Callorda Fossati³ · Florence Degavre⁴ · Céline Mahieu²

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Abstract Considering insights from socio-economics, work psychology, and occupational health, this study focuses on the job satisfaction and well-being of employees working in nonprofit social enterprises (SE). We question the idea suggested by the recent literature that working for a SE brings employees a high level of job satisfaction and well-being. We also investigate whether being involved in social innovation is associated with even higher job satisfaction and well-being. Indeed, understood as a manifestation of positive social change, social innovation is expected to improve outcomes such as the quality of life at work. However, because social innovation is an umbrella concept, it embraces different innovation-related concepts. **Here we explore the distinction between service innovation and workplace innovation.** This article applies a multivariate analysis to an original dataset covering 1134 employees working in the field of elder homecare in Wallonia. Its implications for social entrepreneurs and scholars are also examined.

Keywords Social enterprises · Social innovation · Satisfaction at work · Well-being at work · Domiciliary eldercare

Introduction

The present article addresses the question of the job satisfaction and well-being of employees working for nonprofit social enterprises in the field of long-term care.¹ It presents the results of a transdisciplinary² research conducted in Wallonia, the French-speaking region of Belgium, in 2016, the aim of which was to study the effect of social innovation processes on the well-being and satisfaction of employees at work. The central question of this research is: does social innovation influence the perceptions of workers regarding their quality of life at work and, if so, how?

Our purpose appears particularly demanding since the contested character of the concept is recognised. Indeed, social innovation embraces significantly different meanings across academic disciplines and schools of thought, as well as among non-academic actors (including SE, public authorities, and businesses). In other words, social innovation is a contested concept involving endless disputes about its proper uses (Ayob et al. 2016; Gallie 1956). Therefore, several aspects of this notion should be clarified from an epistemological standpoint.

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¹ Social enterprises (SE) hereafter.

² A transdisciplinary project involves researchers from various disciplines (in this case socio-economics, work psychology, occupational health, and sociology) and stakeholders (in this case, umbrella organisations of non-profit providers), which are considered partners in defining and implementing the research objectives (Popa et al. 2015).

First, social innovation appears a *strongly normative*³ concept (Ayob et al. 2016; Callorda Fossati et al. 2017). Most definitions identify social innovation with positive social change, i.e. with the valuation of what is good for society. One of the clearest examples of such strong normativity is provided by Pol and Ville (2009, p. 884): ‘We have proposed a new definition [...] based on the creation of new ideas displaying a positive impact on the quality and/or quantity of life. We are not declaring what social innovation “is” [...]. The ultimate end of social innovation is to help create better futures’. However, the problem with these definitions is that they omit the ‘dark side’ of social innovation—i.e. the risks, dangers, misuses, failures, resistances, oppositions, conflicts and oppressions involved in the (social) innovation process (Larsson and Brandsen 2016; Nicholls et al. 2016).

Second, both historical and methodological literature on social innovation point to the *internal complexity* of the concept. In this sense, social innovation is an umbrella concept—i.e. an attempt at an integrative perspective for innovation-related concepts (such as service innovation or workplace innovation). However, for contested concepts, internal complexity comes with ‘*diverse descriptibility*’ (Ayob et al. 2016; Gallie 1956). Researchers, as well as stakeholders, often focus on a single aspect of the (umbrella) concept and neglect its other dimensions. This is clearly the case for social innovation when dealing with the social aspiration of ageing in place. A recent systematic review of the literature on ‘innovations within eldercare’ (Schultz et al. 2015) notes that the issue of ‘work environment’ is seriously under-researched in the field. In other words, the literature seems biased in favour of service innovations—the search of improvements in the quality and/or efficiency of care—at the expense of workplace innovations—the search of improvements in the quality of life at work.

Our research focusses on the field of long-term care, as it evolves in the Walloon context as the privileged answer to the aspiration of ageing in place. The path that the field followed since the Second World War (1939–1945) makes this research question particularly topical. Indeed, the development of the field alternates phases wherein latent social needs have been expressed, leading to collective experiments becoming new services and professions until being consolidated under specific modes of regulations by public authorities (Gilain and Nyssens 2001). For a long time, the majority of long-term care providers in Belgium were regulated by regional authorities through a ‘tutelary’ system. Developed over the years, first at national and then at regional level, the system supports the provision of

personal care services by allocating public funding to providers who comply with a set of standards and requirements, mainly regarding inputs. To be entitled to public support, providers must belong to either the public or the ‘nonprofit’ sector.

Social enterprises historically constitute the majority of long-term care actors. However, since the elderly population is growing and the aspiration for ageing in place is well-identified, a series of reforms have been implemented to encourage newcomers to enter the field (Degavre and Nyssens 2012). These offer more variation in terms of regulations (work integration, quasi-market, market, etc.), organizational forms, and practices—even if a large majority of these new actors remain nonprofit based. This is largely due to the emergence of such innovative projects in the specific context of Wallonia, which are closely connected with the institutionalised actors in long-term care. For example, most of the innovative practices that fall under our scope have been created within or in close connection with traditional homecare organizations.

Our work is based on insights from different fields—i.e. work psychology, occupational health, and socio-economics—in which concepts are discipline-specific or the same concepts are understood differently—such as the notion of innovation, for example. As such, **this paper starts by discussing and integrating the literature on employment in social enterprises, social innovation, and workplace innovation (1)**. This leads us to state several hypotheses. We then explain our methodology (2) and present the descriptive and multivariate analysis that we run to investigate the **link between social innovation—through the lenses of service and workplace innovations—job satisfaction, and well-being in social enterprises (3)**. Finally, we discuss these results and examine some implications for social entrepreneurs in the field of elderly homecare field, as well as the major limitations of the study and avenues of future research (4).

Conceptual Background

Employment in Social Enterprises, Job Satisfaction and Well-Being at Work

In 2014, Wallonia has an estimated 6 500 social enterprises providing 94 135 with full-time equivalent employment (Cayrol et al. 2016).⁴ This represents 21% of the total paid

³ Following Gallie (1956), Ayob and colleagues referred to strong normativity by using the criterion of ‘appraisiveness’.

⁴ In Cayrol et al.’s (2016) study, the scope for the selection of the SE comprises the following entities employing paid staff: Social Enterprises (‘Sociétés à finalité sociale- SFS’ under Belgian law), service co-operatives, national and international not-for-profit associations, de facto associations, private and charitable foundations, as well as mutual societies.

employment in the Walloon private sector, a higher percentage than the national average (17.1%). Moreover, the sectors of ‘human health activities’ and ‘social work activities without accommodation’, which are proxies for the field in which we are interested (i.e. nonprofit enterprises providing elderly homecare), present the highest rate of employment in social enterprises (Cayrol et al. 2016).⁵ Moreover, from a dynamic perspective, one can observe a high employment growth rate in social enterprises during the last years (7.2%, 2008–2014). This contrasts markedly with the fall in employment growth rate in the for-profit/private sector (– 0.5%) and public sector (– 4%) of this region (Cayrol et al. 2016).

The rapid growth of the number of people employed in SE notwithstanding, the lack of monetary and substantial incentives offered to workers is observed in the vast majority of western countries (Defourny and Nyssens 2010). This paradox has puzzled scholars. In order to make sense of it, research has focussed on what pushes employees to enter the SE universe and to remain in it; or, to follow Schepers et al. (2005), to understand the reasons employees experience adequate job satisfaction and well-being at work in a context that is adverse in terms of its financial rewards.

Several hypotheses have been put forward to explain this observation, and they all refer to the notion of motivation as developed within the framework of the self-determination theory (Gagné and Deci 2005). Hence, it has been suggested that employees of SE find alternative forms of extrinsic motivation, such as non-monetary rewards like opportunity for training (Amin 2009; Borzaga and Tortia 2006; Mirvis and Hackett 1983). However, the main argument for explaining the higher level of job satisfaction and well-being in employment in social enterprises relates to intrinsic and prosocial motivations.

Previous research has shown that SE employees have greater opportunity for self-fulfilment compared to those working in private or for-profit enterprises. They are thought to gain satisfaction from elements like contributing to society (Borzaga and Tortia 2006), putting ‘into practice their own ideas’ (Lanfranchi and Narcy 2008), having a social mission to fulfil (Devaro and Brookshire 2007), or finding more utility in their work because they ‘produce a quality service [...] and a public good they see as desirable for society at large’ (Benz 2005). Similar results have been reported for public sector employees (Borzaga and Tortia 2006; Lee 2016). All these motivations have been labelled as either intrinsic (Gagné and Deci 2005) or prosocial (Brolis and Angel 2015). The former can be defined as a ‘state in which the work is inherently enjoyable’, whereas the latter refers to a ‘state in which the work is instrumental

to a (social) purpose or goal’ (Grant 2008, p. 49). de Cooman et al. (2011) have criticized the dichotomous conceptualization of intrinsic versus extrinsic motivation, and propose a distinction between intrinsic motivation and value-based regulations instead. Certainly, for these authors, the specific social mission of the enterprise plays an essential role in the motivation of employees in nonprofit firms. In any case, the SE capacity to respond to employee motivation seems to be a key element in explaining their job satisfaction and well-being. As such, our first hypothesis states that:

Hypothesis H1 In accordance with the literature, we expect that employees in every kind of SE experience high levels of job satisfaction and well-being because SEs generally endorse a social mission (here they provide nonprofit care services).

Social Innovation, Job Satisfaction, and Well-Being at Work

Our study provides a direct continuation of the aforementioned line of research. Indeed, we are primarily interested in better understanding the antecedents of motivation, job satisfaction, and well-being in social enterprises. However, and contrary to previous work, we will not compare SE employees to those in other types of organisations (like for-profit or public organisations). Rather, we only consider SE employees and differentiate them based on how likely they are to experience greater intrinsic and prosocial motivations. Following Ryan and Deci’s argument (2000, p. 71), we assume that employee motivation is reinforced by ‘activities that have the appeal of novelty, challenge, or aesthetic value’. Similarly, we assume that employee motivation should be sensitive to the context driving the social mission (Brolis and Angel 2015, p. 5). In this sense, the different facets of innovation—such as service and workplace innovation—provide an interesting perspective by which to explore how SE employees experience motivation, and how the context influences the perception of the quality of life at work.

This study proposes a comparison between SE employees that are actually engaged in what a pool of experts consider socially innovative and thus prosocial, novel, and challenging projects (SI), on the one hand; and employees that have not been identified as being involved in on-going innovative projects (NSI), on the other. The latter are thus working in more institutionalised environments within SE and function on a stable routine basis. This will possibly allow us to evaluate whether different levels of prosocial and intrinsic motivation—theoretically assumed to be higher in SI, and lower in NSI—engender different levels of job satisfaction and well-being. By doing

⁵ An average of 28 and 23% respectively at the national level.

so, we intend to initiate a dialogue between the concepts of prosocial and intrinsic motivations, as well as job satisfaction and well-being, in the context of innovation in social enterprises. As noted earlier, much has been written on the motivation of SE workers, as well as their satisfaction and well-being at work. However, to our knowledge, this is the first contribution linking this issue to that of social innovation. This study thus aims to fill this gap in the literature. Indeed, the SE sector ‘self-identifies as being active in social innovation, [whose] major purpose is to create new solutions to complex social, environmental, cultural and economic problems’ (Barraket and Furneaux 2012, p. 233). The potential impact of SI on the actual work experiences of employees is in urgent need of research.

Although social innovation does not have a stabilized definition, at its most basic it can be described as ‘innovative activities and services that are motivated by the goal of meeting a social need and that are predominantly diffused through organizations whose primary purposes are social’ (Mulgan 2006, p. 146). Moreover, they are considered ‘disruptive’ in the sense that they force people to reconsider their ‘routines’ (Evers et al. 2014, p. 11). As such, SI are thought to be good for society because they produce positive social change (Shier and Handy 2015). They are also deemed good because, according to Sen (1993), they increase the capacity of both individuals and society to act based on actual lasting changes in social functioning. Under this alternative vision, both the ends and means of SI are inherently linked and have a significant impact on social norms and values (Nyssens 2015). Socially innovative projects are fundamentally connected with SE because SI is thought to update or reinforce the social mission of SE.

The present contribution specifically focusses on **service innovation** defined as ‘new possibilities for mediation between the contexts of production and usage’ (Jacobsen and Jostmeier 2012, p. 110). In this sense, services innovation is a new option for action aimed at providing immaterial or material and interactive (i.e. co-produced) products (Djellal and Gallouj 2012). The starting point of our consideration is that SEs are not homogenous in terms of the type of services they offer—they can be technological or non-technological, for instance. Nonetheless, all SEs are charged with a clear social mission (e.g. providing services to vulnerable people), which appears to be the strongest driving force intrinsically and prosocially motivating employees and thereby increasing their job satisfaction and well-being at work. However, if we return to the seminal definition of intrinsic motivation—understood as ‘the inherent tendency to seek out novelty and challenges, to extend and exercise one’s capacities, to explore, and to learn’ (Ryan and Deci 2000, p. 70)—then this

cannot be disentangled from innovation. This suggests that a SE that holds a particularly visible social mission *and* also offers novelty and challenge as built-in elements should further strengthen both the prosocial and intrinsic motivation of their employees, as well as their job satisfaction and well-being.

What is at stake here is how SI can influence the intrinsic and prosocial motivation of employees within the context of a certain type of organization (in this case, SE) operating in highly socially oriented and institutionalized—and thus routine driven—field (i.e. elderly home-care), and whether this source of motivation results in improved job satisfaction and well-being.

We are thus able to formulate a second hypothesis at this stage.

Hypothesis H2 Because SI in services conveys a social mission *and* novelty and challenge (e.g. a new service or a renewal in the design of an existing service), thus potentially strengthening both prosocial and intrinsic employees motivations, we expect that employees involved in these SI experience higher levels of job satisfaction and well-being compared to NSI employees.

Workplace Innovation, Job Satisfaction, and Well-Being at Work

Given its normative characteristics and its noble aim of reforming and improving social and welfare services, SI is most often perceived by both politicians and the literature as the ideal solution to meet the emerging societal needs and changes, improve the quality of life, and strengthen social relations. However, the problem with this generally optimistic tone in the discussion of social innovation is that it can ‘mask a set of problems, both in the concept and in practice’ (Larsson and Brandsen 2016, p. 293). Indeed, several authors agree on the necessity of taking a critical stance on the concept of social innovation, and point to several ‘dark sides’ of this concept (Larsson and Brandsen 2016; Nicholls et al. 2016). For instance, sometimes a SI can envisage or respond to an emerging need with socially divisive or destructive strategies. While SI is supposed to improve social relations, in some case, innovative projects can engender social conflict between the local political, business, and civil sectors that do not share the same vision or interests regarding an issue. The deployment of a SI can also lead to deviant or unintended consequences that have negative social effects. This is the case, for example, when some groups are excluded from the focus of the innovation, or when the optimization of the service for the beneficiaries does not suit the demand of the employees in terms of quality of life at work. This is aptly summarized by Nichols, who notes,

[C]learly, social innovation is a complex and multi-faceted institutional space that is still subject to competing discourses and definitions. [...] It is important, therefore, to be aware that social innovation from one stakeholder perspective may look and feel very different from another – social benefit is always contingent [as] it will create value for some and destroy it for others (Nicholls et al. 2016, pp. 5–6).

In addition to these ‘dark sides’ of SI, one might also consider that organisational change in itself is often associated with job stress (Vakola and Nikolaou 2005), low job satisfaction, and turnover intention—especially when changes are frequent or not well planned (Rafferty et al. 2006).

Indeed, it seems that considering only the positively connoted normative contents—such as those describing SI and more specifically service innovation—in progressive terms with regard to intrinsic and prosocial motivations, may actually leave stakeholders worse off (Pue et al. 2016, p. 26). **It may, for example, neglects SI employee job satisfaction and well-being.**

In order to approach this question, we turn to the notion of workplace innovation (WI). Closely linked to the general notion of service innovation, this notion is useful for addressing, as previously noted, the gap in the literature concerning the underrepresentation of the work context in research on SI (Schultz et al. 2015). **WI is defined as a set of ‘strategy induced and participatory adopted changes in an organisation’s practice of managing, organising and deploying human and non-human resources that lead to simultaneously improved organisational performance and improved quality of working life’** (Eeckelaert et al. 2012, p. 4). The main aspiration of WI is to propose novel and challenging solutions to increase labour productivity, develop worker competencies, as well as implement flexible organisation and innovative capacity. Ideally, the entire process should be based on the principle of the participation of the stakeholders—that is, employers and employees at whatever level—as well as on that of reciprocal trust.

A number of project evaluations have clearly shown the positive link between workplace innovation and quality of working life (for a review, see Pot et al. 2012). More specifically, it has been shown that the workplace innovations that are most beneficial for well-being at work include: participative and fair management and leadership; flexible organisation; working smarter; the continuous development of employee skills and competencies; networking between organisations, and the modernisation of labour relations and human resource management,

particularly when the employees’ control over work is at stake (Eeckelaert et al. 2012).

These results are so robust that it is reasonable to ask whether SI that relies solely on service design—i.e. service innovation not explicitly accompanied by workplace innovation—can have an impact on job satisfaction and well-being. Put another way, to reach the well-being of workers, is it legitimate to count on the positive effect of the sole SI of the services (the ends) if there is no innovation in the means? This question brought us to our third (counter-) hypothesis:

Hypothesis H3 We expect that employee job satisfaction and well-being increases when workplace innovation, rather than service innovation, principles are implemented.

Method

Participants and Procedure

The present dataset is derived from the WISDOM study⁶ database and includes data on 1134 employees working in 10 SE active in the field of elderly homecare.

Elderly homecare (sometimes also called ‘domiciliary care’) covers all activities undertaken in the home where the dependent older person usually lives, with the objective of enabling ‘*people to stay in their own homes as long as possible*’ (Jamieson 1996, p. 7). In Belgium, the term covers both ‘personal care’, which includes services such as assistance with dressing, feeding, washing, and toileting; as well as advice, encouragement, as well as emotional and psychological support and help with instrumental activities of daily living, such as ‘housework’ (or home help) and the preparation of meals. Housework refers to chores relating exclusively to objects, such as cleaning, doing the laundry, etc. We also examine services provided outside the user’s home (such as day care) and their co-ordination, as they help to maintain disabled older adults in the community, and in medical and paramedical homecare (such as nursing).

Administrations of the 10 SE openly consented to participate in the study and in most cases they emphasised the

⁶ WISDOM is a multidisciplinary research project on changing practices by social enterprises providing health and social care services for the elderly living at home in Wallonia (the French-speaking region of Belgium). Change in the field is interpreted through the lens of social innovation. Methodologically, the research followed a multiple case study design and was conducted in partnership with local stakeholders (umbrella organisations of non-profit providers).

importance of completing the questionnaire to their employees. Following the preference of each SE, participants filled either a paper-pencil or an online questionnaire on psychosocial risk factors during the period December 2015–June 2016. No reward was offered for completing the questionnaire. The overall response rate was 40.6%, which is a slightly lower response rate compared to the average of 48% in organisational research (Baruch and Holtom 2008). We consider this response rate satisfactory. The administrations did not have access to the individual answers at any point in time.

Selection of the Socially Innovative Projects

In Belgium, the field of elderly homecare is a clear example of a context in which SI in the service sector has become a major challenge. Indeed, the ageing of society has resulted in a growing number of dependent elderly people. The need to respond qualitatively and quantitatively to their and their families' aspiration for a means of healthy ageing in place has thus become urgent (Degavre and Nyssens 2008). Consequently, many SI in service have recently emerged in Wallonia in order to prevent elderly social isolation, offer an alternative to institutionalisation, relieve families of the exclusive responsibility of care provision, or offer more specialised and effective homecare interventions. These innovations in services supported by SE are reshaping the scope of the field (Callorda Fossati et al. 2017). Recent research show that these innovations have been brought about by new actors in the field, or by established actors who find themselves involved in new ways of organising work and networking while still performing more traditional services. In practice, this means that some employees are more exposed than others to innovations in the field.

The socially innovative projects considered in this research were identified and selected using the Delphi procedure. Generally speaking, the Delphi procedure aims at reaching a consensual definition of a given issues (in our case, we wanted to identify social innovative projects in the field of elderly homecare in Wallonia) by consulting the opinion of 'experts'. In the context of a consensus-seeking consultative approach, such as Delphi, the term 'experts' does not designate individuals in a hegemonic position with verified knowledge coming from an 'official title'. Rather, the expertise is defined by the knowledge resulting from professional qualification, experience in the field, or policy influence (Baker et al. 2006). The classical Delphi method (Jones and Hunter 1995; Pauly et al. 2003) follows 4 steps: (1) the formulation of the problem, (2) the identification of the panel of experts, (3) the elaboration of a questionnaire aimed at collecting the opinions of these experts, and (4) the collection of data in three or more

rounds. In our case, the method was adapted by constituting two pools of experts mobilized in the different rounds: one pool to identify and characterise cases of social innovation, and a second pool to reach a consensus regarding the specific cases on which the WISDOM study would focus (for a detailed presentation of the Delphi procedure developed in the WISDOM study and the corresponding results, see: Callorda Fossati et al. 2017).

Based on the expertise of these two panels of experts (i.e. field projects managers, decision makers, researchers, etc., but no homecare workers) of the Walloon field of elderly homecare, the Delphi procedure made it possible to identify 42 cases that can be labelled SI. The identification criteria for the cases that could potentially be included in the research were: (a) to be a nonprofit organisation, (b) to be active in Wallonia, and (c) to respond (directly or indirectly) to a not yet satisfied social need permitting the elderly to age in place healthily. More specifically, we used the following definition: *any initiative that seeks to address elderly people's aspiration to grow old in their own home is considered SI. These initiatives should focus on the concrete needs emerging from this aspiration, be they expressed by the elderly themselves or by other stakeholders (remunerated professionals, volunteers, or near relation caregivers).*

In the second step, experts rated each of the SI they suggested earlier in the process on a 1–5 scale concerning the fulfilment of several objectives defined by the researchers in a previous phase of the study; these objectives were based on a literature survey regarding the notion of SI. The following items comprised the scale: (a) to strengthen beneficiaries' autonomy (mean = 4.4); (b) to offer an alternative to the quasi exclusive care by families (mean = 3.9); (c) to work from a health promotion perspective (mean = 3.6); (d) to promote real and day-by-day equality (mean = 3.7); (e) to ensure universal access to the service (mean = 4.0); (f) to dispose of managerial autonomy at the project level (mean = 3.7); (g) to promote workplace democracy (mean = 3.5); and (h) to develop a pro-learning organisation of work (mean = 3.4). It is noteworthy that social innovation, as identified by the experts, is better rated in dimensions related to improvement in the qualities of services ('a' to 'e') than in dimension related to work environment issues (g and h). The answers were averaged to obtain a score for the social innovative nature of each project. The final total score obtained for each of the 42 projects indicates that all of these appeared to be socially innovative to some extent. More precisely, the mean score attributed to the SI by the Delphi experts was 3.2 (score range: 2.3–4.7, min = 1, max = 5).

Following three further rounds of consultation, the Delphi procedure permitted the selection 15 SI (from the

42 previously identified) active in six intervention areas, namely: adapted housing, community projects, support for informal carers, psychological support, multidisciplinary projects, and technological social innovation. Of these 15 SI, five were not included in the present study. This was due to the fact that: (a) two SI declined the invitation to participate in the quantitative component of the WISDOM study; (b) one SI did not involve employees (only volunteers); and (c) two SI were evaluated by the Delphi experts as not sufficiently socially innovative for the project, that is, they did not reach the score of 3 (i.e. the scale midpoint) on the project's SI scale.

Of the ten SI considered for this study: three are SE in and of themselves, three are embedded in a larger SE; two SI are embedded in another, larger SE; while the remaining two SI are part of two organizations that collaborated on the development of these SI. This means that for the present study, the subsample of employees working in SI is composed of all the workers of the three SI that are SE, as well as a portion of those working in larger SE but active in a SI. Conversely, the subsample of employees working in a NSI is composed of employees working in the larger SE, in which seven SI are embedded.

More precisely, for the purpose of this study, the final dataset comprises: 238 employees (222 women; mean age = 41.74, SD 11.68) working in SI, and 896 (853 women; mean age = 43.60, SD 10.53) working in NSI. Unsurprisingly, as is generally the case in the field of

elderly homecare, roughly 96% of the present sample is composed of women. Moreover, most of the participants (almost 70%) are service workers (e.g. nurses, care assistants, and home help workers) and benefit from a permanent contract (92.1%). A detailed description of the sample is presented in Table 1.

Measures

Individual level data were gathered via an enlarged version of the Copenhagen Psychosocial Questionnaire (COPSOQ II), which is a validated tool that covers a wide range of psychosocial risk factors at work, as well as mental and physical health indicators (Pejtersen et al. 2010). This tool is widely used in both research and practice to evaluate the quality of workplace environments, and to perform workplace risks assessments. The COPSOQ II has been translated and validated in several languages. For this study, we used the Belgian French version (Kiss and De Meester 2011). The questionnaire and the data collection procedure received the approval of the ethics committee of the Université libre de Bruxelles.

Dependent Variables

Employee job satisfaction and well-being were seized using the COPSOQ II's scales: 'commitment to the workplace' and 'meaning of work' were used to measure

Table 1 Description of the sample

Variables	Range	General mean (SD)/frequency (%)	Mean (SD)/frequency (%)		df	t test/ χ^2
			SI	NSI		
No of participants			238 (21.0)	896 (79.0)		
Sex					1	4.57*
Women	–	1075 (96.1)	222 (93.7)	853 (96.7)		
Men	–	44 (3.9)	15 (6.3)	29 (3.3)		
Age	17–67	43.24 (10.80)	41.86 (11.68)	43.60 (10.53)	318.67	– 2.01*
Professions/grade					6	28.70***
Managers	–	25 (2.3)	10 (4.3)	15 (1.8)		
Professionals	–	35 (3.2)	15 (6.5)	20 (2.4)		
Technicians and associates professionals	–	106 (9.8)	20 (8.6)	86 (10.1)		
Clerical support workers	–	40 (3.7)	15 (6.5)	25 (2.9)		
Services and sales workers	–	756 (69.8)	155 (66.8)	601 (70.6)		
Craft and related trades workers	–	4 (4)	2 (.9)	2 (.2)		
Elementary occupations	–	117 (10.8)	15 (6.5)	102 (12)		
Contract					1	3.82
Permanent		1010 (92.2)	222 (95.3)	788 (91.4)		
Fixed-term		85 (7.8)	11 (4.7)	74 (8.6)		

SD standard deviation, SI socially innovative projects, NSI SE without a specific social innovation

* $p < .05$; ** $p < .01$; *** $p < .001$

job satisfaction, while ‘emotional exhaustion’ and ‘somatic stress symptoms’ were used to measure employee well-being. In line with classical organisational health and well-being literature, we consider commitment to the workplace (i.e. being satisfied with one’s workplace) and the meaning of work (i.e. the sense one finds in his/her activity) as proxies of job satisfaction (Bakker and Schaufeli 2008; Cartwright and Holmes 2006; Hackman and Oldham 1980). Emotional exhaustion and somatic stress symptoms are considered indicators of well-being construct, in the sense that they allow us to capture the mental and physical health of employees.

Predictors

To perform the comparative analyses (implied by the test of H2) a dummy variable labelled SI–NSI was created (coded: – 1 = being an employee in a SI, and 1 = being an employee in an NSI). Moreover, in order to test H3, we captured the **workplace innovation dimensions, as defined by Eeckelaert et al. (2012) earlier in this study, by using several scales from the COPSOQ II.**

The dimension of management and leadership remodelling was measured via the ‘justice’ and ‘trust regarding management’ scales. Indeed, in contrast to traditional directive styles of management and leadership, innovation of work is supposed to adopt a way of functioning based on fair management and a trusting relationship between superiors and subordinates.

The dimension regarding the flexible organisation of the work environment was measured via the ‘predictability’ and ‘work-family conflict’ scales. Here, the lack of predictability is assumed to represent the negative facet of the flexibility, whereas low work-family conflict indicates the presence of positive flexibility (Hill et al. 2001).

‘Work pace’ and ‘place for new ideas’ scales were used as proxies for the **working smarter dimension of workplace innovation.** The dimension of the continuous development of skills and competencies was measured using the ‘possibilities for development’ scale, while that regarding the modernisation of labour was measured using the ‘influence on work’ scale.

All items were answered on a 5-point Likert scale ranging from 1 = never to 5 = always; except for the work-family conflict item, which was answered on a 4-point Likert scale ranging from 1 = no, never to 4 = yes, always. The scores of the multiple item scales were obtained by adding the answers to each item at the individual level.

Finally, participants were asked to provide classical socio-demographic information, such as sex (coded: 1 = women, and 2 = men), age, education, profession and grade (measured by means of the ISCO-08 classification), as well as the type of contract (permanent vs. fixed-term).

An overview of the measures and examples of items is presented in Table 2.

Statistical Analyses

The quality of our indicators was verified by a series of reliability analyses. Correlation analyses and χ^2 were performed to evaluate the general trend of the data. Moreover, one-sample *t* tests were employed to tests H1. Finally, separate independent sample *t* tests and multiple linear regressions (with multicollinearity diagnostic) were performed to test H2 and H3.

Results

Job Satisfaction, Well-Being, and Workplace Innovation Dimensions: General Patterns

To evaluate the general trend in terms of the dimensions of job satisfaction, well-being, and workplace innovation, all indicators were submitted to a correlation analysis and a series of one-sample *t* tests comparing the mean score to the scale midpoint.

As shown in Table 6, all the job satisfaction and well-being indicators are highly correlated with one another. With regard to the workplace innovation dimensions, these are almost all correlated to one another, as well as with the job satisfaction and well-being indicators. The only exceptions are: (1) to have the place for new ideas does not correlate with the well-being indicators and the perception of justice, trust regarding management, and predictability; and (2) the possibility for personal development does not correlate with somatic stress symptoms. All correlations go in the expected direction. Among the potential control variables (i.e. sex, age, grade, education, and type of contract), sex is correlated with both well-being indicators; this means that women are more likely to report bad health conditions than men. Moreover, the type of contract is correlated with job satisfaction and well-being indicators, in the sense that the more stable a contract is, the more satisfied and less likely employees are to report bad health conditions. Finally, education is correlated with somatic stress symptoms—the higher the level of education, the less likely symptoms are to be reported. Given these results, sex, education, and type of contract are included in further analyses as control variables.

To test H1, we performed a series of one-sample *t* tests comparing the mean score to the scale midpoint on the global sample. All the results were significant at $p < .000$, and revealed a general positive trend in terms of job satisfaction and well-being. More precisely, as shown in Fig. 1, participants were significantly satisfied with their

Table 2 Overview of the measures

	Concept	Scale	Number of items	Example item	Cronbach's α
Dependent variables	Job satisfaction (inter-scale correlation: $r = .643$, $p < .000$)	Commitment to the workplace	4	Do you feel that your place of work is of great importance for you?	.724
		Meaning of work	3	Is your work meaningful?	.788
	Well-being (inter-scale correlation: $r = .558$, $p < .000$)	Emotional exhaustion	4	During the last 4 weeks, how often have you felt worn out?	.900
		Somatic stress	4	During the last 4 weeks, how often have you had headache?	.715
Predictors	Management and leadership remodelling (inter-scale correlation: $r = .631$, $p < .000$)	Justice	4	Are all suggestions from employees treated seriously by the management?	.776
		Trust regarding management	1	Does the management trust the employees to do their work well?	
	Flexible organisation of work (inter-scale correlation: $r = -.145$, $p < .000$)	Predictability	2	At your place of work, are you informed well in advance concerning, for example, important decisions, changes, or plans for the future?	.644
		Work-family conflict	1	Do you often feel a conflict between your work and your private life, making you want to be in two places at the same time?	
	Working smarter (inter-scale correlation: $r = .102$, $p < .001$)	Work pace	3	Do you work at a high pace throughout the day?	.778
		Place for new ideas	1	Does your work demand that you are good at coming up with new ideas?	
	Continuous development of skills and competences	Possibilities for development	4	Do you have the possibility of learning new things through you work?	.694
Modernisation of labour relations	Influence on work	6	Do you have a large degree of influence concerning your work?	.721	

Fig. 1 Job satisfaction and well-being indicators: overall mean score, range, and minimum/maximum possible score values. Note: Boxes represent the range of the actual answers for each score, vertical lines specify the minimum/maximum possible score values, solid white horizontal lines represent the mean score, dotted white horizontal lines are the midpoint of the scale (i.e. the test value in one-sample t test analyses)



job over all, found their work meaningful, and reported a low amount of emotional exhaustion and few psychosomatic stress symptoms. Our analysis confirms H1: employees in every kind of SE (whether SI or NSI)

experience relatively high levels of job satisfaction and well-being, probably because SE endorse a social mission that motivates them prosocially.

Moreover, participants report a generally high level of perceived justice and trust regarding management, perceive high predictability, experience low work-family conflict, work at a slow pace, are able to implement new ideas in their work, and benefit from good development opportunities. On the contrary, they did not perceive having an adequate influence on their work (Fig. 2).

Being Part of a SI as a Predictor of Job Satisfaction and Well-Being

Based on previous research on this subject, H2 predicted that, due to the pursuit of a novel and challenging social mission, being part of a SI in service should increase job satisfaction and well-being compared to NSI employees. However, data do not support this hypothesis. Indeed, independent sample *t* tests showed no difference between SI and NSI workers regarding commitment to the workplace, meaning of work, emotional exhaustion, and somatic stress symptoms (see Table 3).

Alternative Predictors of Job Satisfaction and Well-Being: Accounting for Workplace Innovation Dimensions

Subsequent to the rejection of H2, we examined the issue of whether job satisfaction and well-being can be accounted for by workplace innovation dimensions (i.e. justice, trust in management, predictability, work-family conflict, work pace, place for new ideas, possibilities for development, and influence on work) (Eeckelaert et al. 2012), rather than solely on the basis of being part of a SI. To better understand the pattern of these dimensions in the present sample, we first performed independent sample *t* tests comparing SI and NSI employees on each of the indicators for workplace innovation. Results showed that SI employees only score higher than NSI employees in the dimension of influence on work, while no difference was found in the other dimensions (see Table 4).

We then performed separate multiple linear regressions analyses using the four job satisfaction and well-being indicators as dependent variables, and the SI/NSI affiliation and proxies of the workplace innovation dimensions as predictors (see Table 5). More precisely, we ran the following regression equation four times, alternating commitment to the workplace, meaning of work, emotional

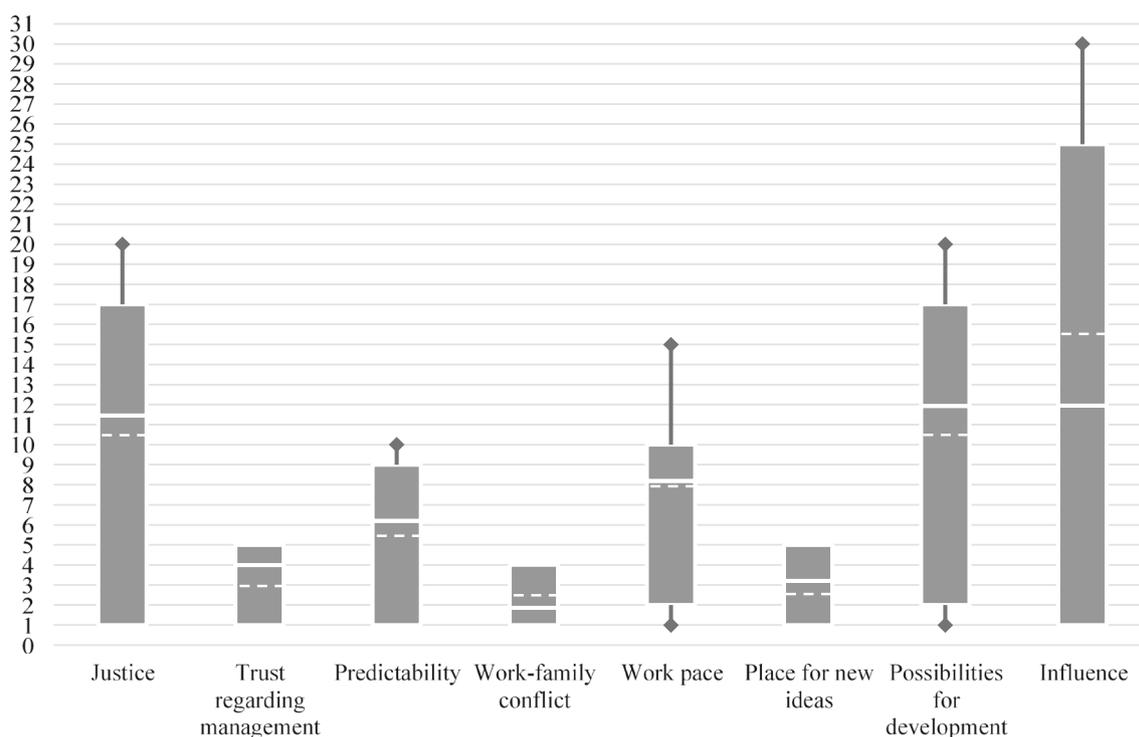


Fig. 2 Workplace innovation indicators: overall mean score, range, and minimum/maximum. Note: Boxes represent the range of the actual answers for each score, vertical lines specify the

minimum/maximum possible score values, solid white horizontal lines represent the mean score, dotted white horizontal lines are the midpoint of the scale (i.e. the test value in one-sample *t* test analyses)

Table 3 SI–NSI differences in job satisfaction and well-being indicators

Variable	SI		NSI		df	t test
	N	Mean (SD)	N	Mean (SD)		
Job satisfaction						
Commitment to the workplace	166	12.19 (3.27)	673	12.06 (3.27)	837	.47
Meaning of work	203	10.89 (2.13)	844	11.02 (1.96)	1045	– .82
Well-being						
Emotional exhaustion	226	8.11 (3.76)	834	8.02 (3.60)	1058	.32
Somatic stress	232	5.70 (3.12)	864	5.80 (3.32)	1094	– .40

SD standard deviation, SI socially innovative projects, NSI SE without a specific social innovation

Table 4 SI–NSI differences in workplace innovation dimensions

Variable	SI		NSI		df	t test
	N	Mean (SD)	N	Mean (SD)		
Management and leadership remodelling						
Justice	185	11.30 (2.93)	708	11.48 (2.97)	891	.74
Trust regarding management	204	4.01 (.80)	842	4.00 (.80)	1044	.21
Flexible organisation of work						
Predictability	201	6.20 (1.73)	846	6.20 (1.66)	1045	– .00
Work-family conflict	238	1.94 (.96)	887	1.84 (.90)	1123	1.58
Working smarter						
Work pace	206	7.99 (2.54)	842	8.25 (2.40)	1046	– 1.37
Place for new ideas	237	3.27 (.88)	888	3.18 (.82)	354.96	1.56
Continuous development of skills and competences						
Possibilities for development	201	11.87 (2.71)	827	11.96 (2.60)	1026	– .44
Modernisation of labour relations						
Influence on work	227	12.88 (4.56)	819	11.66 (3.78)	317.16	3.73***

SD standard deviation, SI socially innovative projects, NSI SE without a specific social innovation

*** $p < .001$

exhaustion, and somatic stress symptoms as the dependent variable (y) each time:

$$y = \alpha + \beta_1 \text{ Social innovation (yes-no)} + \beta_2 \text{ Justice} \\ + \beta_3 \text{ Trust regarding management} \\ + \beta_4 \text{ Predictability} + \beta_5 \text{ Work-family conflict} \\ + \beta_6 \text{ Work pace} + \beta_7 \text{ Place for new ideas} \\ + \beta_8 \text{ Possibilities for development} \\ + \beta_9 \text{ Influence on work} + \varepsilon$$

All the dependent variables and workplace innovation dimensions were calculated at the individual level, and all of these variables had already been identified as correlated. Therefore, we performed a multicollinearity diagnostic for each multiple regression, checking for correlation

coefficients and variance inflation factors (VIF). As all the correlation coefficients were smaller than .80, and all the VIF values were smaller than 3, we concluded that there was an absence of multicollinearity (Thompson et al. 2017).

While our predictors explain a substantial proportion of the variance of commitments to the workplace ($R^2 = .495$) and meaning of work ($R^2 = .448$), they explain emotional exhaustion ($R^2 = .214$) and somatic stress symptoms ($R^2 = .143$) to a lesser extent.

Moreover, in line with our previous analysis, working in a SI does not predict any of the job satisfaction and well-being indicators (rejection of H2). In contrast, the workplace innovation dimensions globally predict these indicators (H3). More precisely, commitment to the workplace

Table 5 Multiple linear regression standardised coefficients (β)

	Commitment to the workplace	Meaning of work	Emotional exhaustion	Somatic stress symptoms
Social innovation (yes–no)	– .031	.020	.004	.006
Management and leadership remodelling				
Justice	.204***	.018	– .139**	– .162**
Trust regarding management	.157***	.098*	.002	.051
Flexible organisation of work				
Predictability	.098*	.208***	– .011	– .019
Work-family conflict	– .103**	– .028	.279***	.215***
Working smarter				
Work pace	– .114***	– .036	.207***	.187***
Place for new ideas	– .007	– .006	– .067	.027
Continuous development of skills and competences				
Possibilities for development	.337***	.521***	– .031	.006
Modernisation of labour relations				
Influence on work	.048	– .062~	– .025	.023
R^2	.495	.448	.214	.143

Data are controlled for sex, education, and type of contract; ~ $p < .06$; * $p < .05$; ** $p < .01$; *** $p < .001$

is predicted by all the variables apart from that regarding a place for new ideas and the influence on work. The meaning of work is predicted by the trust in management, predictability, possibilities for development and, albeit marginally, the influence on work. Emotional exhaustion and somatic stress symptoms are both predicted by the perception of justice, work-family conflict, and the workplace.

Discussion

The first finding of the present study that deserves attention concerns the general level of job satisfaction and well-being among employees working in nonprofit enterprises that provide homecare to the elderly (H1). Overall, participants claim to perceive their work as highly meaningful and appear to be largely committed to their workplace. They also report a low level of somatic stress symptoms and a fairly low level of emotional exhaustion. This first result is in line with the literature regarding the satisfaction and well-being of SE employees in the nonprofit provision of similar services (Brolis and Nyssens 2015; Delp et al. 2010; Kamerāde and McKay 2015) and confirm our first hypothesis, H1.

This study also aimed to evaluate potential differences in job satisfaction and well-being occurring within elderly homecare field. Based on a literature survey of this subject, we hypothesised that being part of a SI in service should strengthen the intrinsic prosocial motivation of the

employees of in the field of elderly homecare, and thereby further increase job satisfaction and well-being compared to NSI employees (H2). Although we verified the socially innovative nature of the selected SI, we did not find any difference between the two groups. This can be partially explained by the fact that the levels of job satisfaction and well-being are already quite high in both groups, so that there is not much room left for improvement. Nevertheless, the absence of differences can also be explained by the fact that SI solely reliant on service design is not an element strong enough for improved satisfaction and well-being. In other words, it is plausible that the focus on the service dimension of SI, which demands considerable resources in order to be developed (Nyssens 2015), had diverted the attention of innovators away from the quality of work. Our analyses of workplace innovation indicators showed that all of the elements are present at different degrees within both SI and NSI; with the exception of the influence on work, which is significantly higher in SI. This ostensibly suggests that, besides the service side of SI, the SI included in the study have not specifically planned to enhance managerial practices concerning the organisation of work or deployment of human resources. However, our analysis of the association between workplace innovation dimensions and job satisfaction and well-being reveals that remodelling management and leadership, implementing positive flexibility and smart working, as well as offering opportunities for employees to develop their skills and competencies, are all robust predictors (H3).

Conclusion

The main aim of our study was to better understand the role played by the intrinsic and prosocial motivations (which we theoretically linked to SI in service) of SE employees in predicting job satisfaction and well-being. Our results suggest that enhancing these motivations, as working in a SI in service should do, is not sufficient. Indeed, to have an effective impact on the job satisfaction and well-being of employees, SE should pay greater attention to the possibilities to innovating in the workplace.

Our results are not that surprising with regards to the classic models of well-being at work. Indeed, they echo the well-known Job-Demand-Control model promulgated by Karasek (1979), which posits that job autonomy and opportunities for personal development are key factors in predicting well-being at work. The role played by perceived justice and reciprocal trust has been discussed extensively in work related to Siegrist's (1996) Effort Reward Imbalance model. Finally, the job-demand-resources model comprehensively documents buffering power against the burnout of resources, such as positive flexibility and smart working practices (Demerouti et al. 2001).

What is surprising is that majority of previous research, especially in social economy scholarship, gives so little attention to work and organisation related dimensions, and implicitly advances the idea that the pursuit of a social mission (such as providing care on nonprofit basis) is *per se* a source of motivation, job satisfaction, and well-being. Workers and researchers alike have long been beholden to the idealistic notions regarding the vocational nature of the jobs in this field. According to Max Weber, in his description of 'Politics as a vocation' (Weber and Mills 1946), a man with a vocation 'nourishes his inner balance and self-feeling by the consciousness that his life has meaning in the service of a cause'. Bourdieu called this phenomenon the 'interest in disinterestedness' and saw in it an inversion of the logic of the larger economy of the society (Bourdieu 1993). This contributes to masking power relations, specifically employment relationships and resulting working conditions. Indeed, considering social innovation as the driving force behind employee motivation implies that they recognise and even appropriate the innovative nature of the project in which they are involved and, at the same time, that no other dimensions of their working conditions undermine their well-being at work. However, feminist authors have long argued that the field of care is trapped in the domestic sphere and consequently suffers from a lack of recognition that hinders career development and wages (Badgett and Folbre 1999). In view of this, the present study can be seen as an attempt to

re-examine—in the context of highly feminised, under-recognized field of providing care for older people—the hypothesis related to vocation, and its link to sense-making at work, initially formulated by Max Weber.

Of course, our study has some limitations that need to be addressed, and which provide ideas for future research avenues in turn. First, this is a cross-sectional study, thus no deduction in terms of causal relation can be made. Nevertheless, the mere indication of the association between workplace innovation dimensions and employee job satisfaction and well-being supplies an interesting cue that can stimulate pro-quality of life at work initiatives by social enterprises in the field of elderly homecare. A few other potential limitations concern the studied sample. Indeed, while the response rate was satisfactory (Baruch and Holtom 2008), it was still below the half the population; therefore, a self-selection bias among workers cannot be ruled out. In the same vein, however, the classical 'healthy workers' bias—that is, the fact that the workers that suffer the greatest burden at work in terms of health and well-being have already left the job or are on long-term sick leave and are thus unreachable by researchers—cannot be excluded either. Our results may have been affected by both these biases. Nevertheless, the fairly good correspondence between the socio-demographic characteristics of our sample and those of the entire population of the WISDOM study is a sufficient guarantee for the quality of the present results and their generalisability, at least at the Walloon level.

Moreover, we do not differentiate between types of professionals or hierarchical levels in our analyses. This was mainly because we could not reach enough respondents in some categories. Nevertheless, even if grade or the type of profession were not significantly correlated to the dependent variables in the current sample, it would be interesting to take better account of the specific position of and kind of work performed by employees in future research. For instance, the type and intensity of interpersonal relation with the beneficiaries of the services, or the possibility having control over one's work, can vary significantly across professions.

Finally, some of the participants that we classified as SI employees belong to the same organisation as a portion of those that were classified as NSI employees. Even though the independence of the SI from the parent enterprise was verified during the Delphi procedure of selecting the SI, we cannot rule out that part of the variance we tried to explain was shared by the two groups. Indeed, these new services show the imprint of the new public management era in which they were born, and are not yet organised under any stabilized regulatory environment or funding—even if they evolve in a similar organisational environment. Of course, this might affect well-being and satisfaction at work.

However, this question is still an underexplored topic in innovation studies. For the sake of the research, it could be interesting to compare employees working in NSI to employees working in completely independent SI in the future.

Nonetheless, in our opinion the present contribution possesses several qualities that counterbalance these limitations. First, to our knowledge this is one of the first studies to focus on employee differences within the SE universe. This is an important issue because inter-sector comparisons tend to accentuate the perception of intra-group homogeneity, while studying specific subgroups in fundamental to understand the specificities of the nonprofit organisations. **Second, it has served to bridge the literatures on employee motivations, SI, and workplace innovation—a theoretical link that had been lacking.** We hope that this first attempt will stimulate future research, particularly given the fact that an increasing number of workers are employment in SE—a field of considerable change and innovation.

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Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

Appendix

See Table 6.

Table 6 Correlation coefficients (*r*) of job satisfaction and well-being indicators, proxies of the workplace innovation dimensions and potential control variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	Commitment to the workplace															
2	Meaning of work	.643**	1													
3	Emotional exhaustion	-.364**	-.243**	1												
4	Somatic stress symptoms	-.225**	-.120**	.558**	1											
5	Justice	-.016	.025	-.010	.012	1										
6	Trust regarding management	.546**	.381**	-.282**	-.223**	.025	1									
7	Predictability	.514**	.417**	-.222**	-.144**	-.007	.631**	1								
8	Work-family conflict	.441**	.416**	-.189**	-.149**	.000	.565**	.459**	1							
9	Work pace	-.221**	-.120**	.330**	.253**	-.047	-.222**	-.190**	-.145**	1						
10	Place for new ideas	-.219**	-.097**	.284**	.269**	.042	-.254**	-.189**	-.215**	.232**	1					
11	Possibilities for development	.137**	.190**	-.044	.042	-.048	.062	.047	.101**	.102**	.102**	1				
12	Influence on work	.541**	.593**	-.131**	-.044	.014	.372**	.386**	.305**	.023	.421**	.421**	1			
13	Sex (w/m)	.337**	.241**	-.135**	-.096**	-.127**	.366**	.301**	.328**	-.060	.340**	.399**	.399**	1		
14	Age	.013	.009	-.073*	-.064*	.053	-.013	-.042	.030	.025	.029	.025	.048	.048	1	
15	Grade	.022	.033	-.050	.011	.066*	.025	-.003	.047	-.088**	.055	-.043	-.025	-.024	-.024	1

Table 6 continued

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
16 Education	.050	.044	-.063*	.012	.113**	.087*	.142**	.093**	-.206**	-.222**	-.178**	-.112**	-.158**	-.226**	.075*	1
17 Contract (perm./fixed term)	-.057	-.024	.014	-.061*	-.098**	-.073*	-.120**	-.065*	.159**	.157**	.067*	.068*	.124**	.137**	-.224**	-.587**

* $p < .05$; ** $p < .01$

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