

**How is wellbeing and the wellbeing strategy defined, enacted and experienced in organisations
and why is this the case? A Bhaskarian critical realist analysis.**

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Doctor of Philosophy

ASTON UNIVERSITY

September 2023

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Thesis abstract

For many organisations, there is currently an intense pressure to focus on the development and implementation of an overall wellbeing strategy, which may include several types of initiatives. Whilst a significant amount of research has evaluated the efficacy of individual wellbeing interventions, there is little published about the essence of what people think wellbeing is and how a whole wellbeing strategy should be developed and enacted. Moreover, we know very little about what is influencing or causing organisations to implement a wellbeing strategy and the ways in which this is then interpreted and experienced by employees. A critical realist philosophy and qualitative methodology was selected for the research, and three different organisations were recruited as case studies. A range of wellbeing practitioners were also interviewed, and they were broadly defined as the fourth case study. Sixty-six interviews in total were conducted with a range of leaders, managers, practitioners and employees. Participants were interviewed utilising a responsive semi-structured interviewing method. Data was analysed through reflexive thematic analysis, theoretically driven by Bhaskar's DREIC process model and retrodution. Findings indicate that the definition, enactment and experience of wellbeing strategy is influenced by a transient interplay of global events, social movements and societal pressure factors, organisational context and individual level reasoning and perceptions. Moreover, there is a conflict between strategic (business case) and community (caring) logics, and it is posited that this conflict is causing some scepticism and cynicism amongst employees. A key contribution is the development of an explanatory theory which includes a new construct regarding authenticity. This theory adds to our understanding of contextually embedded perception in human relations and the role of contradiction and paradox. There is also a methodological contribution regarding how one might identify absence in critical realist comparative case studies.

Keywords: wellbeing strategy, organisations, Bhaskar, critical realism, institutional logics, morphogenesis, paradox, authentic 'right' action.

Acknowledgements

This thesis would have been impossible to complete without the support of so many people, for which I will always be grateful. Firstly, I would like to thank my supervisors, Dr Jonathan Crawshaw, Dr Judy Scully, Dr Luke Fletcher and Professor Pawan Budhwar. I honestly could not have asked for better supervisors. Judy and Jonathan always pushed me to produce my best work in a way that was always kind and constructive. My PhD experience has been wonderful, and your warmth and encouragement has been a huge part of that. I would like to thank Dr Luke Fletcher for taking a chance on me in the beginning and for being the lead supervisor for the first year of my PhD. Your supervision and constant encouragement throughout the remaining years has been tremendous.

I would like thank Aston University and particularly all colleagues in the Work and Organisation Department. I have found Aston to be a warm, welcoming and encouraging place to be. I have always felt supported, and I could not have completed this research without the Dean's Scholarship funding. I cannot begin to thank the organisations and all participants who agreed to take part in this research. Your contributions to this research are greatly appreciated and it was an honour to meet all of you. I hope I have done justice to your experiences of wellbeing. To Roy Bhaskar, I never had the chance to meet you, but your work and words have inspired me enormously. I hope you would be proud of how I have utilised your work in the context of wellbeing.

To my husband John, my best friend and soul mate, who has always been my rock throughout all of my adult life. Thank you so much for all supporting me through this and for believing in me. I could not have completed this thesis without your support, which has always been there in abundance. You are the kindest, most wonderful person in my life, and I am lucky to have you. Thank you to my parents and in-laws for all of your encouragement, help and support. Thank you to my two daughters for understanding when I have needed to work and for all of your encouragement. I hope this thesis makes you proud and shows you that you can achieve anything with determination and perseverance! Finally, to the reader, thank you for taking the time to read my work and I hope you find it thought provoking and useful!

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Chapter 1: Introduction

In this chapter I provide some background and justification for this research. I present the research aims and objectives before providing an overview of the ways in which this research contributes to existing scholarly work. As this is a qualitative study, I provide a researcher reflexivity statement (Finlay & Gough, 2008) before outlining the structure of the thesis and chapter summaries.

1.1 Rationale and justification for the research

'Wellbeing' is predominantly a psychological construct (Diener, 1984; Ryff, 1995) and has understandably been investigated through quantitative methods (Roodbari et al., 2021), where the efficacy of a range of interventions has been investigated. Whilst quantitative studies have provided us with useful insights, and do investigate elements of context (Daniels et al., 2017), many scholars have called for more qualitative research (Johns, 2006; Harley, 2015) as this can provide us with a more coherent understanding of how wellbeing initiatives are experienced, and the extent to which external or internal contextual factors matter (Pescud et al., 2015). Thus, there are some qualitative studies that seek to understand the experience or conceptualisation of workplace wellbeing (Rojatz et al., 2017). Moreover, realist evaluation research and reviews such as Micklitz et al. (2021) have sought to expand the field further by using realist evaluation's relatively new methodology to elucidate the mechanisms and contextual factors involved in successful wellbeing interventions¹. Whilst this research is all extremely useful, there have been calls in related disciplines for more critical realist research (Price & Martin, 2018). The argument for this is that critical realism understands the difference between ontology and epistemology in a different way to the paradigms outlined above (Porter, 2015a). Thus, whilst there has been some qualitative research concerning wellbeing and also some attention to the interplay between mechanisms and context through realist evaluation research (Daniels et al., 2021), there is currently no research that applies a Bhaskarian (2016) critical realist approach and lens to understanding wellbeing.

Some scholars in related disciplines have suggested that realist evaluation has been confused with the Bhaskarian critical realist approach (De Souza, 2022; Porter, 2015a). Many scholars have cautioned against this and have suggested that many realist evaluation studies do not fully subscribe to the main tenets of critical realist ontology (De Souza, 2022; Porter, 2015a). Thus, realist evaluation studies are not normally Bhaskar informed critical realist. This is evident when the

¹ Pawson and Manzano-Santaella (2012) state that realist evaluation is "avowedly theory-driven; it searches for and refines explanations of programme effectiveness."

studies do not utilise critical realist meta-theoretical lenses such as the three levels of ontology (the real, the actual and the empirical)², or retrodution (Danermark et al., 2005). When adopting retrodution in critical realism, researchers hold the surface level empirical data, and purported unseen events in mind (Bhaskar's domains of the empirical and actual), and then creatively think about what *must* exist for X to be in existence (Danermark et al., 2005). Importantly, retrodution involves a level of empirical freedom, which is not normally permitted with the other methods introduced above (Mukumbang et al. 2021). Furthermore, realist evaluation studies may discuss context-mechanism-outcome (CMO) configurations³ (Pawson & Manzano-Santaella, 2012) instead of the DREIC methodological process⁴ (Bhaskar, 2016), which involves a difference stance towards the purported interplay of factors such as context and mechanisms. Scholars such as Bhaskar et al. (2018) and Pilgrim (2020) have called for researchers to fully take a critical realist multi-level view of wellbeing, where explanations may involve a complex understanding of the range of contextual and causal factors at play. Nonetheless, this has not yet been fully realised and no research currently exists that purports to do this. Thus, the present research seeks to address this by utilising key frameworks within critical realism. Throughout chapter three, I justify why these frameworks or meta-theoretical lenses are useful for extending our understanding of wellbeing initiatives and strategy within organisations. These frameworks are all explained fully in chapter three and include:

- The three levels of ontology (the real, the actual and the empirical),
- Bhaskar's understanding of stratification,
- Bhaskar's DREIC (Description, retrodution, elimination, identification, correction) methodological process.

The present research utilises these lenses to explain how and why wellbeing and the wellbeing strategy is defined, enacted and experienced as it is. Moreover, the influence of internal and external contextual factors on the definition, enactment and experience of wellbeing is fully explored. The three levels of ontology, Bhaskar's understanding of stratification, and the DREIC

² According to Bhaskar (2016), the empirical is the domain of what has been observed empirically, the actual is the domain of all over events that could have been observed, but were not observed empirically, and the real is the domain of mechanisms (causal forces), which are typically unobservable.

³ Pawson and Manzano-Santaella (2012, p. 184) define the CMO configuration as "a CMOc is a hypothesis that the programme works (O) because of the action of some underlying mechanisms (M), which only comes into operation in particular contexts (C). If the right processes operate in the right conditions then the programme will prevail."

⁴ Bhaskar (2016, p. 7) explains that DREIC is a "model of theoretical explanation, in which science moves continually from the description of phenomena to the retrodution of possible explanatory causal mechanisms for them, the elimination of competing explanations, through to the identification of the generative mechanism at work (followed by the correction of previous results)"

process form the main backbone of the thesis. This is evident in the way that the thesis is structured, and it is also evident in the content of the chapters. Exploring wellbeing through critical realism is a novel way of contributing to existing research, and this contribution is important because critical realism supports a deep and contextualised understanding of how wellbeing is being conceptualised and enacted in organisations, and the hidden mechanisms involved in this (Danermark et al., 2005). Whilst realist evaluation may also claim to do this, realist evaluation is also inherently focused on the evaluation of interventions (Pawson & Tilley, 1997). Thus, realist evaluation is not a suitable paradigm for this research, because this research moves away from the evaluation of wellbeing interventions and instead focuses more deeply on the essence of what people think wellbeing is, how it should be enacted and why this is the case. Critical realism can support the creative theorising required to unpick these complex (and fairly philosophical) research questions (Bhaskar, et al., 2018). Moreover, this thesis argues that critical realism is, in itself, focused on the essence of what wellbeing is, and how Bhaskar (2012a) believes it may be possible to move towards the free flourishing of all.

This thesis argues that research pertaining to wellbeing is currently conducted in siloes, where certain initiatives, disciplines or theoretical lenses (or a limited combination of these) are investigated, conceptualised or evaluated (Bhaskar et al., 2018). This means that there is no research that takes a broader understanding of what the key tenets of a wellbeing strategy are and how it currently exists, or can exist. This is a surprising absence, because there is research that suggests wellbeing interventions operate synergistically (Daniels et al., 2017; De Angelis et al., 2020). The notion of 'synergistic effects' is rooted in complex systems theory (Rusk et al., 2018) and in the context of wellbeing initiatives, the assertion is that multiple components or initiatives interact and mutually reinforce or negate each other in what is a broader complex system. Critical realism can help researchers to understand the complexity of systems (Mingers & Standing, 2017). Thus, the present research contributes a conceptual understanding of what a whole wellbeing strategy is and how participants suggest it should exist. Moreover, the present research contributes to existing research by exploring what a strategic approach to wellbeing looks like and how good intentions for employee wellbeing may be thwarted. This part of the research is rooted in Bhaskar's theories concerning meta-reality (Bhaskar, 2012a), which is a philosophical lens / approach that is rare not just in wellbeing research but research more generally (Morgan, 2003). This lens is important for this research because the philosophy of meta-reality constitutes Bhaskar's final works in the development of critical realism – and meta-reality particularly focuses on the potential for wellbeing and flourishing individually and in society.

Finally, it is also important to use Bhaskar's critical realism to take a broader overview of what wellbeing is because researchers such as Fleming (2023) are increasingly arguing that wellbeing in organisations may be another form of social control in that initiatives are largely disconnected from working conditions and policy. This perspective is supported by many other critical wellbeing scholars, such as Cabanas (2018) who provides examples of the ways in which organisations introduce wellbeing programs such as mindfulness to help employees to cope with stress and insecurity, instead of examining deeper factors such as working conditions or contextual factors that mindfulness cannot alleviate. Thus, the present research seeks to identify all the ways in which organisations think they support wellbeing, moving past the intense focus on one off 'interventions' (van Woerkom, 2021). This addresses the criticisms made by Fleming and Cabanas because this research adopts critical realism to take a multi-level (e.g., structural and cultural) and contextual view of what wellbeing is, how it is addressed, how it is experienced and why.

1.2 Research aims and objectives.

The main aim of the research is to clarify how one can utilise Bhaskar's critical realism (and all four modes of inference) to explain how and why wellbeing (or the wellbeing intervention, initiative or strategy) is defined, enacted and experienced as it is.

Primary study research questions:

Macro (whole organisation) level of study:

1. What current causal forces contribute to the way in which organisations enact wellbeing initiatives or strategy? How do these causal forces exist – by what purported causal and contextual mechanisms?

Individual level (perceptions of leaders, practitioners and employees).

2. How is wellbeing defined and what is influencing current definitions and conceptualisations of wellbeing strategy or initiatives?
3. How is wellbeing enacted in organisations? What current causal forces or contextual factors contribute to the way in which practitioners implement organisational wellbeing strategy or initiatives?
4. What mechanisms or contextual factors could be shaping the experience of wellbeing strategy or initiatives?
5. What concern points and / or praise points regarding wellbeing strategy and initiatives emerge? How have these come to be and why? Are they shared across job roles? How can tensions be explained?

6. What are the differences between what currently exists to support wellbeing and what participants would like to see?

Methodological research questions:

1. How can we utilise critical realist methodology to produce novel explanatory theory for wellbeing initiatives? (See page 71 for justification for methodological questions.)
2. How can we utilise critical realism to elucidate the role of absences as mechanisms?

1.3 Proposed contributions to knowledge.

This thesis contributes a Bhaskarian lens to wellbeing, which as previously mentioned, has been called for (Pilgrim, 2020, Price, 2018, Bhaskar et al., 2018) but thus far not fully realised. This lens is important because the definition, enactment and experience of wellbeing is a complex phenomenon (Simons & Baldwin, 2021). Thus, this thesis argues that a Bhaskarian lens enables us to visualise and conceptualise this complexity differently and perhaps more clearly and with more nuance than other approaches. This is because a Bhaskarian lens invites researchers to discover the multitude of ways in which contextual factors at multiple levels are in an interplay with complex phenomena such as wellbeing, - and also the unseen mechanisms that may be involved in this. The Bhaskarian critical realist lens also offers some degree of freedom from the empirical data (Mukumbang et al. 2021) to utilise abduction and retroduction to think about what else must exist for what has been observed to exist. This freedom is not normally afforded through other lenses because researchers are required to stick fully to the data (what Bhaskar calls just the domain of the empirical) (Bhaskar et al., 2018). In this research, there is actually a back-and-forth process between the empirical, the actual and the real (Fletcher, 2017), or the data led findings, and the creative abduction / retroduction processes. Importantly, the insertion of this freedom in the data analysis process allows more creative thinking about what else must exist for wellbeing to exist in organisations as empirically observed.

Thus, a Bhaskarian critical realist approach provides the opportunity to break new ground and elucidate the mechanisms that we cannot see and cannot measure. Therefore, this thesis makes an important contribution to the current literature, because it not only moves past the evaluation of interventions, but it also uses critical realist philosophy to move past the domain of the empirical – to the domains of the actual and real (albeit fallibly). Moreover, the present research contributes an interdisciplinary (or multi-disciplinary) view of wellbeing by adopting Bhaskar's

understanding of laminated reality⁵. Thus, this research involves adopting the mindset of a psychologist for the level of the individual, the mindset of a business scholar for the micro and organisational level, and the mindset of the sociologist for the sociological cultural and structural levels. Bhaskar's laminated ontology encourages research that is multi-disciplinary and more focussed on the big picture (Bhaskar et al., 2018), and therefore this research contributes a multi-disciplinary view of how whole organisational wellbeing strategies exist in organisations.

As mentioned previously, a Bhaskarian lens helps us to capture the complexity of what is influencing wellbeing (Bhaskar et al., 2018). To capture this complexity, I make an empirical contribution by asking questions about perceptions of the whole wellbeing strategy and what may be influencing that from both a detached contextual perspective (e.g., what is happening contextually that is not particularly personal) and also a personal contextual perspective (such as personal factors that are feeding into the definition or decisions regarding the enactment of wellbeing). Thus, the empirical contribution concerns evidence of a holistic view of what people think wellbeing is, how it is enacted, how it should be enacted, how it is experienced and also the range of contextual factors (at multiple levels of scale, or laminations) that may be influencing all of this. Thus, the empirical contribution is evidence concerning the big picture of how wellbeing is enacted in organisations and how participants think it should exist. The interview and research questions are designed to gather evidence concerning a range of contextual factors, praise points and concern points because critical realist philosophy encourages researchers to think in levels of scale and capture evidence that can highlight the interplay of these levels of scale (Brönnimann, 2021; Saxena, 2021).

In order to fully apply Bhaskar's critical realism, it is important to use a method that has not been used before in wellbeing research (namely, Bhaskar's DREIC approach) (Bhaskar, 2016) because this method encourages retroduction and the empirical freedom required to propose what mechanisms may exist that we cannot see. Thus, the research makes a methodological contribution by merging DREIC with the more established reflexive thematic analysis (Braun & Clarke, 2022b) to capture the mechanisms and the range of hidden contextual factors that are not possible to capture through other methods that have already been utilised in wellbeing research. Furthermore, the research contributes a new method for the identification of absence – which is another important

⁵ To put it simply and succinctly, the notion of a laminated system (or reality) means that mechanisms are deemed to reside at different levels, e.g., sub-individual, individual, micro (group), organisational, societal and then global (Bhaskar et al., 2018). Thus, to understand how wellbeing is conceptualised and operates in a total laminated system, one is perhaps required to adopt the mindset of a psychologist (for the individual level), a business scholar for micro and organisational levels, and then a sociologist for the level of society. These levels are not exhaustive, and these are just three examples that highlight why an interdisciplinary mindset is important for this research.

Bhaskarian concept (Bhaskar, 2012b). This method concerning absence is important because absences can have a causal impact (Bhaskar, 2016). This method also provides the opportunity to address some of the critical challenges by Fleming (2023) and Cabanas (2018), because many of these challenges point to factors that are perhaps missing (such as attention to working conditions, or awareness of dubious ‘snake oil’ practices). Thus, this research contributes a new way to conceptualise and investigate factors that are absent that may be having a causal impact.

In summary, this research contributes a full Bhaskarian critical realist lens and approach to research concerning the definition, enactment and experience of wellbeing in organisations. This is important because many scholars have suggested that a holistic and complex understanding of context and mechanisms is missing from wellbeing research (Bhaskar et al., 2018; Kowalski & Loretto, 2017). This thesis argues that a Bhaskarian lens provides ample philosophical grounding and opportunity to investigate and elucidate the key contextual and multi-mechanistic⁶ factors that may be in an interplay over time. This research also contributes a rich and detailed analysis of how wellbeing strategy as a whole phenomenon exists – which has important implications for researchers and practitioners who are interested in understanding and developing a holistic approach to wellbeing that is not just about the purported efficacy of specific interventions.

1.4 Researcher reflexivity statement

Trainor and Bundon (2021) suggest that reflexivity is about deconstructing the impact one has had on the research process. Moreover, they suggest that a researcher’s epistemological and methodological position will impact an array of decisions throughout the research process. Corlett and Mavin (2018) suggest that positionality is tied into epistemological assumptions and positionality will be an active agent in the production of the project. Thus, it is important to be reflexive about positionality. Olmos-Vega et al. (2022 p. 2) define reflexivity as “a set of continuous, collaborative, and multifaceted practices through which researchers self- consciously critique, appraise, and evaluate how their subjectivity and context influence the research processes”. Thus, I will endeavour to self-consciously evaluate how my identity, experience, and epistemological position has impacted the research process.

I completed my master’s in applied positive psychology and coaching psychology, which is a field that highly values positivism (Brown et al., 2017). Thus, I was schooled (and conditioned) in the school of thought that positivist quantitative approaches are valued over qualitative approaches.

⁶ The word ‘multi-mechanistic’ means that various mechanisms may exist and interact to produce reality or the phenomenon in question, and researchers could aim to be aware of the multiple entities that could be involved and where they may be situated in terms of their levels of scale (Bhaskar, 2016; Price & Martin, 2018).

Upon reflection, this may have influenced my decision to conduct a quantitative project for my master's dissertation. Shortly after completing my masters, I began to quietly question the dominance of positivism. Moreover, before starting my PhD, I wrote and published an article that demonstrates the extent to which I was becoming interested in a complex view concerning the contextual impact of society and culture on wellbeing (Byrne & Lomas, 2020). Upon starting the PhD, my supervisory team introduced me to critical realism, and the words of Bhaskar (2016) and Danermark et al. (2005) immediately resonated and were logically convincing. Bhaskar (2016) provided a view of the world that changed my worldview almost overnight and his insights were paradigm shifting for me (Kuhn, 1962). Whilst Bhaskar has been critiqued for being difficult to understand (Vandenberghe, 2014) and difficult to translate into practical research (Pawson, 2016a, 2016b), there is very little in what he says that I find myself disagreeing with. My current ontological position is critical realist, I align with epistemological relativism and agree with the notions of judgemental rationality and moral realism (all explained in chapter three). These positions have impacted this research because I have assumed that there are unobservable causal mechanisms. I have also assumed that I can generate explanatory theory that can be subjected to judgemental rationality (Wiltshire & Ronkainen, 2021). I also believe that it is right to be critical of the way in which the world works (primarily concerning wellbeing enactment) and we can fallibly generate new knowledge that leads to tentative normative suggestions (Vandenberghe, 2014). This is evidenced by the fact that I did provide suggestions and recommendations in business findings reports.

Like Bhaskar, I also believe in conducting 'serious' research (Bhaskar, 2016), and my motivation for completing this research rests on my belief that it is possible to generate fallible theories and knowledge concerning causal factors that are enabling or constraining good wellbeing practice in organisations. Bhaskar has also been critiqued for his spiritual turn in his books concerning meta-reality (Vandenberghe, 2014). Thus, it is important for me to state that whilst I do not believe that I fully understand Bhaskar, (and I have not read everything Bhaskar has written on this matter), I do fully resonate with the overview of meta-reality that I have provided in chapter three, and this is reflected in my theoretical contributions in chapter ten. In chapter nine, I introduce a construct called 'authentic 'right' action' which is an idea that is directly influenced by Bhaskar's writing on meta-reality.

Corlett and Mavin (2018) suggest that researchers need to critically appraise their choice of research methods and conduct a form of methodological reflexivity. I have endeavoured to include reflexivity statements throughout the methodology chapter – particularly concerning why certain approaches, methods and decisions regarding rigour and quality were chosen. Therefore, I will not repeat this here. However, I will now analyse and evaluate the role of researcher fallibility and

provide a reflexive statement concerning the extent to which my identity and position (in terms of power) may have impacted the research process. I will finish by considering how the research has been impacted by time and place – thus providing a statement of contextual positionality (Trainor & Bundon, 2021).

Bhaskar et al. (2018) suggest that all knowledge is socially produced, transient and fallible, which is a statement that I agree with. Thus, when designing and carrying out the research, I was not concerned with obtaining generalisable infallible knowledge. I also understood that the participants and I were socially producing knowledge in our conversations (Trainor & Bundon, 2021). Several qualitative researchers such as Braun and Clarke et al. (2021) and Olmos-Vega et al. (2022) suggest that the co-construction of data is valuable. Moreover, the researcher's involvement can be a source of data in its own right (Corlett & Mavin, 2018). Thus, I felt comfortable with taking a responsive interviewing approach (Rubin & Rubin, 2012) because the goal was not to analyse transcripts deductively and objectively. Instead, I utilised semi-structured interviews and responded to what participants were saying because the goal was to capture participants experiences within a context and then utilise reflexive thematic analysis to generate themes and patterns (Braun & Clarke, 2021).

However, because reflexive thematic analysis and critical realism invites researchers to consider latent themes (reflexive thematic analysis) and unobserved mechanisms (critical realism), I (the researcher) had an important role to play in subjectively interpreting my participant's expressions (Wiltshire & Ronkainen, 2021). Moreover, this often involved the double hermeneutic (Bhaskar, 1998), whereby I was interpreting my participants interpretations of their organisation's approach. Thus, it is important to provide a positionality statement on my identify and power in this situation and how it may have impacted the research findings.

In terms of power, I had no experience or stake in my participating organisations. Participants had the right to withdraw their participation at any time and they had the power to share or not share their perspectives and experiences. However, once I had received the transcripts, I was in a position of power to interpret the transcripts through my own theoretical lenses. Corlett et al. (2018) suggest that it is important to be aware of the theories that one favours and how these might shape research. For this reason, I did not enter the research process with a set theoretical lens, and I worked hard to learn about multiple theories in advance so that I could enter the research process knowing about multiple theories that could potentially be explanatory (Isaksen, 2016). One of my favourite theories is self-determination theory (Ryan & Deci, 2000), however, this does not feature in this research, because it is not fully relevant from an explanatory perspective and any reference to this is not supported by the research data. I was fully aware of my power in coding

and generating themes and I endeavoured to stick closely to what participants were saying in phase two of the process outlined in this chapter. When completing retroduction, I had empirical freedom, but I also repeatedly flowed back to the data when considering the fallible ideas for the causal mechanisms that I had (Fletcher, 2017). This is also an issue of ethics because it is also important that my 'fallible ideas' have credibility, underpinned by solid evidence (Rubin & Rubin, 2012).

Sybing (2022) suggests that critical research in particular requires reflexivity. Thus, it is important for me to reflect on the sort of world that I want to see and how this may have impacted the research process and findings. From my perspective, I agree with Bhaskar (2012a, 2012b), that I would like research to be emancipatory and contribute to the free flourishing of all. I believe that it is possible to identify false or limited beliefs regarding wellbeing and wellbeing strategy in organisations and then correct these through awareness and changes within institutions and organisations (Bhaskar, 2012a). Moreover, I feel concerned that many people experience poor wellbeing at work (CIPD, 2022a) and I wish to support leaders, line managers and individuals in identifying how to make progress from a nuanced and 'individual needs' perspective. I support equality, diversity, and inclusion drives and initiatives in the workplace and I believe that these are in an interplay with wellbeing (Fletcher & Everly, 2021).

Trainor and Bundon (2021) suggest that it is important to discuss the contextual timing of one's research because the timing of the research may influence the findings. Data collection took place between January and August 2022, at a time when organisations were still recovering from the impact of Covid-19 and were also adjusting to employee demands for more hybrid or remote working. Moreover, employers entered a period where recruitment became difficult, and everyone had to cope with inflation that caused a cost-of-living crisis. The present research was designed to fallibly understand the impact and influence of context and society and reflection concerning these factors is present throughout the findings and discussion chapters.

1.5 Structure of the thesis and chapter summaries.

In chapter two, I critically review the literature concerning the definition, enactment and experience of wellbeing (and wellbeing strategy and interventions) in organisations. I highlight how the definition of wellbeing is multi-dimensional, complex, nuanced, and is often an overarching construct for other wellbeing related constructs. I then discuss and problematise how organisations have sought to improve employee wellbeing through a range of initiatives. Furthermore, I offer an overview of how past research has investigated the employee experience of wellbeing interventions or initiatives and discuss the extent to which the employee voice has been investigated or included.

This chapter makes the case that wellbeing is a complex, multi-level, and multi-dimensional construct, which means that it is particularly appropriate to utilise critical realism as a meta-theoretical lens.

In chapter three I introduce the philosophy of Critical Realism (Bhaskar, 1975) and explain why it is suitable for research concerning wellbeing strategy and initiatives in organisations. I explain that the three levels of ontology (the real, the actual and the empirical) is a key principle within critical realism and is useful for understanding that hidden mechanisms may be involved in the definition, enactment and experience of wellbeing strategy. Moreover, I explain that the ontology of critical realism is multi-level or stratified and this aids an understanding of the range of contextual factors (internal or external) that could be involved in an interplay with actors. I provide an overview of critical realist epistemology and axiology and explain that the holy trinity of critical realism is its realist ontology, its relativist epistemology, and judgemental rationality (Pilgrim, 2020).

I also introduce the philosophy of meta-reality (Bhaskar, 2012a, 2012b) and explain why this is a useful lens to understand wellbeing strategy in organisations. The philosophy of meta-reality supports theory that seeks to explain how we can work towards a better society that supports wellbeing or flourishing for all (Bhaskar, 2012a, 2012b). Finally, I discuss how critical realism has been applied in existing research and I outline why the present research within the thesis contributes to current developments within the field.

In chapter four I outline the research design and strategy and justify why a critical realist comparative case study approach was selected. Moreover, I justify why I selected qualitative methods such as semi-structured interviews, document analysis and observations. I provide an overview of how I recruited organisations and individuals, and how I carried out data collection. Furthermore, I discuss my approach to combining reflexive thematic analysis (Braun & Clarke, 2019) with Bhaskar's DREIC approach (Bhaskar, 2016) and highlight how this enables all four modes of inference (Wiltshire & Ronkainen, 2021), and a form of critical thematic analysis. In this chapter, I also describe how to identify absence when conducting a comparative case analysis. I describe the three analytical phases of a critical realist approach to reflexive thematic analysis, which are then reported through the findings chapters.

In chapter five, I offer a preface to the three findings chapters. The findings preface is used to provide an overview of the four case studies and to explain and justify the presentation of the findings and discussion chapters.

Chapter six is the first findings chapter. Within this chapter, I address the question 'what are the contextual factors influencing the definition, enactment and experience of wellbeing and why are they having an impact?'. After providing the empirical evidence concerning context,

justifications for action and some surprising evidence concerning contradiction and paradox, I re-describe the data through the lenses of institutional logics (Thornton et al., 2012) and institutional theory (DiMaggio & Powell, 1983). I suggest that there is a conflict between strategic (business case) and community (caring) logics, which is fuelling some of the evidence concerning scepticism, cynicism, contradiction and paradox.

Chapter seven is the second findings chapter. Within this chapter, I address the question ‘how do participants define wellbeing, what is influencing definitions of wellbeing and why?’ After providing the empirical evidence for this research question, I re-describe the data using morphogenesis theory (Archer, 1995). Towards the end of the chapter, I conclude that wellbeing strategy is transient and in a constant state of renewal, in an interplay with context. In this chapter I also utilise the second wave of critical realism – dialectical critical realism (Bhaskar, 1993) to propose what absences could be having a causal impact.

Chapter eight is the third findings chapter. Within this chapter, I address the question ‘how is wellbeing currently enacted and how would participants like wellbeing to be enacted and why?’ After providing the empirical evidence for this research question, I re-describe the data using existing literature and theory and suggest that findings support a multi-level and multi-domain approach to wellbeing strategy. Towards the end of the chapter, I conclude that there are five tenets of a wellbeing strategy, which contribute a rich understanding of a strategic approach to wellbeing in organisations.

Chapter nine is the first discussion chapter, which focuses on some key hidden mechanisms that help to explain the research findings. I introduce the construct ‘authentic ‘right’ action’ and I justify why this construct is needed in light of the research findings and also how it relates to existing literature. I suggest that authentic ‘right’ action is a core (or root) hidden mechanism that is contributing to wellbeing strategy as empirically observed. I also suggest that authentic ‘right’ action is often thwarted by countervailing mechanisms. I then introduce a new model called the perception-action-perception (PAP) model, which seeks to explain the multiple moments in which fallible authentic ‘right’ action could be thwarted in the context of conceptualising and enacting a wellbeing strategy. The PAP model also illustrates the important role of transient and evolving perception in the enactment of and experience of wellbeing initiatives in organisations. I suggest that the PAP model, the context theme map (introduced in chapter five), and the IGLOO approach (De Angelis et al., 2020) to wellbeing are three complementary tools that can support organisations to develop a contextualised, multi-level, and constantly evolving wellbeing strategy, where the understanding and alignment of perception is considered to be an important element of the overall approach.

In chapter ten, I engage with the third wave of critical realism (the philosophy of meta-reality) (Bhaskar, 2012a, 2012b) and suggest that findings within this research point to some critical paradoxes and contradictions. I propose that the philosophy of meta-reality provides a new lens through which to understand and resolve these contradictions and paradoxes. I make my theoretical contributions within this chapter, and these are explicitly outlined towards the end of the chapter.

In chapter eleven, I directly answer the research questions outlined in chapter one by providing a summary of the key findings. I provide a detailed overview of the pertinent contributions. I also discuss limitations and the implications for practice and potential future research directions.

Chapter 2: Literature review: the definition, enactment and experience of wellbeing (and wellbeing strategy and interventions) in organisations.

2.1 Introduction

In this chapter, I critically review the literature concerning the definition, enactment and experience of 'wellbeing' designed for or within organisations. There are many studies that introduce and evaluate the impact of specific wellbeing initiatives or interventions, that may be targeted at the individual or whole organisational level (De Angelis et al., 2010; van Woerkom, 2021). However, within this chapter, I will broadly argue that research pertaining to wellbeing is conducted and presented largely in siloed domains, disciplines or theoretical lenses (Kowalski & Loretto, 2017). This research takes a broad perspective of the definition, enactment and experience of organisational wellbeing strategy as a whole phenomenon. Thus, this research aims to shed light on the complex dynamics of having a whole organisational wellbeing strategy and not just a range of interventions or initiatives. Wellbeing interventions or initiatives are different to an overall wellbeing strategy in that they have a particular focus, such as the short-term alleviation of stress, or the long-term change in organisational culture (Spence, 2015; van Woerkom, 2021). Whereas an organisational wellbeing strategy involves thinking through all elements of the organisation's existence (such as culture, leadership styles, communication opportunities etc...) and all initiatives, interventions and provision that may operate synergistically and then strategically contribute towards enhanced employee wellbeing (Kowalski & Loretto, 2017).

Conceptually, wellbeing is broad and complex (Lomas, 2023) and research concerning a broad enactment of wellbeing (as in the wellbeing strategy) must reflect the complex and multi-dimensional nature of this elusive construct (Synard & Gazzola, 2017). Thus, I will critically explore how the definition of wellbeing is multifaceted and multi-dimensional (Lomas, 2023) and is also an overarching concept for many other constructs (Simons & Baldwin, 2021). I critically evaluate the extent to which 'wellbeing' is considered to be a complex construct and phenomenon (Lomas et al., 2020) and I identify tensions in how wellbeing has been implemented, enacted and evaluated in organisations. Finally, I examine the extent to which the employee experience of wellbeing initiatives and interventions has been investigated and the extent to which the employee voice has been sought and studied in regard to employee wellbeing strategy and initiatives. I include a range of disciplines within the present chapter including HRM (Kowalski & Loretto, 2017) and positive organisational psychology (Donaldson & Ko, 2010). Positive organisational psychology features heavily because the field has grown significantly in the last 20 years and scholarship pertaining to wellbeing and healthy, optimal functioning organisations has flourished during this time (Donaldson & Ko, 2010; van Woerkom et al., 2021).

2.2 The fundamental definitions of wellbeing.

Historically, within academia, the conceptualisation of wellbeing has settled within two broad forms, which are hedonic (or subjective) wellbeing and eudaimonic wellbeing (Fisher, 2014). The terms 'hedonic' and 'subjective' wellbeing (SWB) are used interchangeably. Diener (1984) and Diener et al. (1985) contributed significantly to the conceptualisation, measurement and understanding of SWB and proposed that SWB includes three aspects: the frequent experience of positive affect, the infrequent experience of negative affect and positive evaluations of life satisfaction (Diener, 1984). These affective and cognitive components of SWB are often measured using the satisfaction with life scale (Diener et al., 1985). Thus, subjective wellbeing is largely about 'affect' (feelings) and the hedonic conceptualisation of living a pleasant and pleasurable life (Fisher, 2014; Lomas, 2023).

Complementing the hedonic (SWB) perspective is the eudaimonic view of wellbeing (Ryan & Deci, 2000). Ryan and Deci (2000) suggest that SWB is largely about subjective feelings of happiness and satisfaction with one's life. However, numerous philosophers have argued that happiness should not be the core criterion of wellbeing (Ryan & Deci, 2000). Eudaimonia draws on the views of Aristotle, who suggested that true wellbeing does not reside in the incessant search for hedonic happiness and desire, but in deeper levels of happiness that result from the expression of virtue and doing what is worth doing, which is not always pleasurable (Lomas, 2023). Just as 'hedonic wellbeing' is used interchangeably with 'SWB', 'eudaimonic wellbeing' is used interchangeably with 'psychological wellbeing' (PWB) (Ryff & Keyes, 1995). Ryff (1995) presented an enduring model of PWB which contained six components: self-acceptance, purpose in life, environmental mastery, positive relationships, autonomy, and personal growth. Ryff (1995) argued that being psychologically well is more than being free from distress and other psychological problems. Ryff further argued that more research was required regarding the more positive side of human functioning that did not necessarily include positive emotions.

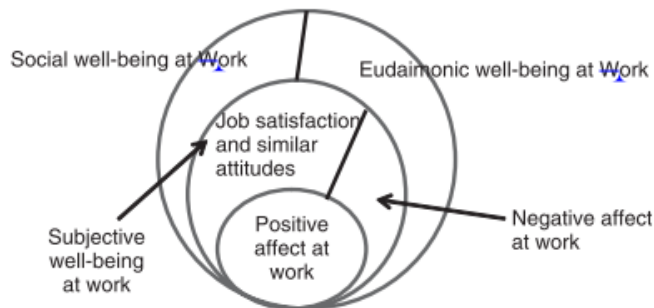
These broad domains of SWB and PWB have been included in the conceptualisation of wellbeing as it pertains to the workplace. Page and Vella-Brodrick (2009, p. 454) suggest that,

Employee well-being consists of subjective well-being (life satisfaction plus dispositional affect), workplace well-being (job satisfaction plus work-related affect) and psychological well-being (self-acceptance, positive relations with others, environmental mastery, autonomy, purpose in life and personal growth).

Thus, Page and Vella-Brodrick propose that employee wellbeing incorporates job satisfaction and work-related affect in addition to traditional conceptualisations of SWB and PWB. De Simone (2014) also provides an overview of wellbeing in the workplace and suggests that SWB, social wellbeing and

eudaimonic wellbeing are key organising concepts (or the tripod) of wellbeing. De Simone suggests that engagement, thriving, flow, and meaning are key constructs within eudaimonic wellbeing that have particular relevance for the workplace. Furthermore, De Simone argues that Fisher's (2014) model of overall wellbeing at work (figure 2.1) is a useful way of conceptualising wellbeing in the workplace.

Figure 2.1 Workplace wellbeing (Fisher, 2014)



In this figure, Fisher (2014) appears to have captured the pervading academic perspective that wellbeing in the workplace is a combination of hedonic (SWB), eudaimonic (PWB), job satisfaction⁷ and social wellbeing factors. Elliott et al. (2022) suggest that social wellbeing research has been neglected and the conceptualisation of social wellbeing is in its infancy, however, Elliott et al. (2022, p. 2) broadly define social wellbeing as “the capability individuals have to socially engage with their environments, conducive to their flourishing, and human functioning.” De Simone (2014 p.121) supports this by suggesting that social wellbeing is: “feeling embedded in meaningful communities and having satisfying short term interactions and long-term relationships with others.”

Alongside the academic conceptualisation of what wellbeing is, it is also important to understand how wellbeing is defined by institutions outside of academia. The table below provides definitions from the Chartered Institute of Personnel and Development (CIPD), the International Standards Organisation (ISO), and the What Works Wellbeing organisation. These institutions have been chosen as examples because they have taken a rigorous approach to defining wellbeing and they all have an influential role in organisations.

⁷ Job satisfaction was defined by Locke (1976 p.1300) as “a pleasurable or positive emotional state resulting from an appraisal of one’s job or job experiences”. However, scholars such as Weiss (2002) have suggested that conceptualisations and measures of job satisfaction focus too strongly on affect and not enough on the attitudinal aspect of job satisfaction. At present there still does not appear to be a consensus regarding the definition of job satisfaction (Bandyopadhyay & Srivastava, 2022).

Table 2.1 Institutional definitions of wellbeing

Institution	Definition
CIPD, (2022b). Wellbeing at work fact sheet.	<i>Healthy workplaces help people to flourish and reach their potential. This means creating an environment that actively promotes a state of contentment, benefiting both employees and the organisation. The CIPD also state that there are seven inter-related key domains of employee wellbeing. These are: health, good work, values / principles, collective / social, personal growth, good lifestyle choices and financial wellbeing.</i>
ISO45003 ISO Standard (2022).	<i>Wellbeing at work is the... “fulfilment of the physical, mental, social and cognitive needs and expectations of a worker related to their work.”</i>
What Works Wellbeing. Webpage (2023)	<i>We define wellbeing as having 10 broad dimensions which have been shown to matter most to people in the UK as identified through a national debate. The dimensions are: the natural environment, personal well-being, our relationships, health, what we do, where we live, personal finance, the economy, education and skills and governance.</i>

When one considers all definitions of wellbeing together, it is evident that wellbeing is an overarching construct and there is a perception that wellbeing is multifaceted (such as hedonic and eudaimonic) and also multi-dimensional as indicated by the dimensions and domains included in the definitions above⁸. One recent academic perspective appears to capture the overarching nature of wellbeing particularly well. Lomas et al. (2022 p. 289) suggest that “there are many ways of defining wellbeing, but we view it as a personal state of quality, including all the manifold ways that human beings can be, do, and live well.” They further suggest that this definition overarches the perspectives, domains and dimensions discussed previously. For instance, their definition invites us to consider how one can experience quality, be, do and live well in dimensions such as good work, meaning, and social relationships.

2.2.1 Adding nuance to the definition of wellbeing.

In recent years scholars have sought to add nuance and further clarity to the understanding of what wellbeing is – adding to existing scholarship, rather than refuting it. For instance, positive psychology, which launched at the turn of the millennium, sought to complement existing research and conceptualisations of wellbeing by suggesting that the time was right to focus on the more

⁸ Thus, for the purposes of this research, the word multifaceted indicates that wellbeing has many ‘faces’ from a philosophical perspective – such as hedonic and eudaimonic wellbeing. The word multi-dimensional indicates that wellbeing also has multiple dimensions such as mental, physical, social etc... The dimension of ‘mental’ exists in both hedonic and eudaimonic facets (Lomas, 2023). Thus, these concepts help us to understand conceptually that the dimensions of wellbeing and the philosophical understandings of wellbeing are different streams of understanding.

positive aspects of human wellbeing and not just the alleviation of distress (Seligman & Csikszentmihalyi, 2000). The discipline of Positive Psychology (PP) is considered to be the scientific study of optimal human functioning and wellbeing in individuals and communities, and the remit of PP was to focus on the brighter side of human life, such as positive emotions, hope, and flourishing institutions such as organisations (Seligman & Csikszentmihalyi, 2000). Thus, PP was defined in terms of its relationship to positive psychological states (including a focus on positive affect) (Lomas & Ivztan, 2015).

In respectful critique of this focus on the positive, the proponents of second wave positive psychology (SWPP) (Ivtzan et al., 2015; Wong, 2011) suggested that it is not always helpful to think about the positive and negative in black and white terms. This area of scholarship thus added further nuance to dominant assumptions surrounding the assignment of positive and negative emotions. Wong (2011) and Ivztan et al. (2015) suggested that emotions can contain elements of positive and negative in situations – meaning that emotions can be co-valenced. Wong (2011) also argues that there may be times when an emotion may initially feel negative but the outcome of the event causing the negative emotion may be positive and conducive to wellbeing. An example of this may be the emotional response to sitting an exam or speaking in public, which in turn can result in a positive life experience. Research by Synard and Gazzola (2017) into the experience of wellbeing following job loss exemplifies this point. Synard and Gazzola report that some participants transitioned through a range of emotions following job loss and many also experienced the co-existence of positive and negative emotions and finally growth, following what was initially a stressful life event. Interestingly, Lysova et al. (2022) note that meaningful work is transient and fluctuating, and therefore, whilst a workplace experience may initially be distressing, the experience of the same event as meaningful may occur some time after the event.

Held (2002) discusses her reservations about assumptions that one should always seek to ‘accentuate the positive and eliminate the negative’ in life. Held further suggests that the ubiquitous smiley face and incessant message to be happy influences people to escape pain and discomfort rather than face them and then benefit from the potential psychological rewards of overcoming stressful and difficult challenges. This is particularly pertinent for the workplace, where one’s tasks may not always feel good in the moment. Therefore, in defining wellbeing and developing a wellbeing strategy, it may be problematic to use constructs such as contentment, positive affect, and happiness in definitions or as outcomes of a successful wellbeing strategy.

The notion that wellbeing is multi-level is another nuance that complements existing literature. When Seligman and Csikszentmihalyi (2000) launched positive psychology in their seminal article, they discussed the fact that wellbeing is not only individual, but also collective and

they indicated that it would be important to conduct research concerning wellbeing at these different levels of analysis. Indeed, there are several studies that seek to understand wellbeing at the national level (Adler & Seligman, 2016). Musikanski (2014) provides an overview of how governments have become interested in gross national happiness as well as gross national product in terms of guiding policy decisions. At the global level, the World Happiness Report is produced annually and ranks countries based on answers to a SWB survey that enquires about life satisfaction and positive and negative affect (Helliwell, 2022). Moreover, Vandewheele (2021) discusses collective wellbeing and suggests that collective wellbeing may refer to any type of community such as an organisation or institution. Thus, the literature suggests that wellbeing exists at global, national, institutional, organisational, community and individual levels, which has implications for any definition of wellbeing. Adding to this complexity, Bakker and Demerouti (2018, p. 1) state that “employee well-being and organizational behavior is a function of factors located at different levels (i.e. organization, team, individual level), which influence each other within and over time.” Thus, existing scholarship suggests that wellbeing not only occurs at different levels, but is also a function of factors at each of the levels which are in an interplay. Thus, wellbeing is both an outcome (or state) and a dynamic process (Delle Fave et al., 2011) across all of these levels. Furthermore, for individuals, wellbeing can vary within different life domains (Synard & Gazzola, 2017). Thus, individuals can experience different levels of wellbeing in different domains such as work, relationships, parenting and leisure and there is spill over between these domains (Synard & Gazzola, 2017). This point is important for organisations when developing a wellbeing strategy because it may not be possible to improve employee wellbeing by isolating the domain of work, or by isolating the level of the individual. Existing scholarship suggests that all levels and domains are in a dynamic interplay.

Several scholars have contributed further nuance to our understanding of wellbeing by suggesting that wellbeing is actually an overarching construct. Lomas et al. (2022) state that most scholars regard wellbeing to be an overarching and all-encompassing construct, which includes constructs such as happiness, languishing and flourishing. Ryff et al. (2021) state that nomenclature matters, and it is perhaps problematic to associate so many constructs with wellbeing. Ryff et al. are concerned by the fact that we call a range of distinct phenomena ‘wellbeing’ such as objective indicators of social economic status, diverse indicators of health, and multiple subjective factors such as happiness and job satisfaction. Ryff et al. appear to suggest that research would benefit from distinguishing between these multiple factors and conceptual clarity may support clearer findings.

In this section, I have outlined the nuances pertaining to the definition of wellbeing, that add to the more fundamental definitions rather than refute them. In particular, I have focused on how wellbeing is multifaceted, multi-level, multi-dimensional and also an umbrella construct for a variety of other constructs. Furthermore, I have suggested that it is important to conceptualise positive and negative as nuanced and contextual, which is particularly relevant for emotions (Lomas & Itzhan, 2015). There are, however, two more nuances (or areas of complexity) to consider. The first includes the suggestion that wellbeing can be about building assets, such as strengths or ways of mentally flourishing, and it can also be about fixing deficits such as fixing depression, anxiety and stress (Lomas et al., 2019). Thus, wellbeing can be about the presence or absence of something (Bhaskar et al., 2018).

Secondly, wellbeing is also considered to be malleable (Page & Vella-Brodrick, 2009). There has been a long debate concerning set point theory (Brickman & Campbell, 1971), which posits that people adapt to new circumstances and generally return to set points of wellbeing. Scholars such as Diener et al. (2006) and Headey (2010) have provided evidence to demonstrate that this theory is flawed, and it is possible to change one's SWB and PWB. However, it is important to note that whilst individuals can, to some extent, change their wellbeing, this will still be impacted by wider cultural, societal and political factors. Therefore, self-help is not enough when wider collective change is required for more people to experience wellbeing (Becker & Marecek, 2008). Mäkikangas et al. (2016) add evidence to the notion that wellbeing is malleable and changes with contextual circumstances, with a longitudinal study in the area of employee wellbeing. They state that employee wellbeing is not rigid or fixed and can be impacted by life stages (such as being at the beginning of one's career) and a range of other factors such as frequently changing one's job.

2.3 The enactment of wellbeing strategy and initiatives.

2.3.1 How have organisations implemented wellbeing strategy and initiatives?

This section aims to discuss how and why practitioners within organisations are currently enacting wellbeing based on common understandings of wellbeing and wellbeing best practice (Kowalski & Loretto, 2017). Organisations are increasingly under pressure to look after the wellbeing of their employees to maintain a competitive advantage in a global workplace (Kowalski & Loretto, 2017). Thus, it is important to understand the extent to which organisations are accessing all of the conceptual work outlined above and how they are putting it into practice. There is evidence that some concepts and theories are influential in practice. For instance, existing literature suggests that theories such as the happy productive worker thesis (García-Buades et al., 2019; Staw,

1986) is convincing organisations to do what they can to improve employee wellbeing. Researchers such as Nielsen et al. (2017) encourage organisations to take a multi-level approach to wellbeing interventions, by considering the extent to which they have thought about and implemented individual, group, leadership and organisational level initiatives to improve wellbeing. There is no short supply of external entrepreneurs who believe that they have the solution for employee wellbeing (Davies, 2015), and organisations have a significant amount of choice concerning what to do for employee wellbeing (Kowalski & Loretto, 2017). Kowalski and Loretto (2017) note that influential reports have galvanised interest in employee wellbeing over the last 10 – 15 years. More recently, Stevenson and Farmer (2017) published the Thriving at Work report, which further galvanised interest in employee mental health and wellbeing. Furthermore, in the last two years Covid-19 has enhanced the focus on employee wellbeing alongside purported new ways of working (Andrulli & Gerards, 2023). Thus, organisations are now implementing and driving wellbeing strategies in a bid to show that they do care about employee wellbeing.

In defining what a wellbeing initiative, intervention, or program is, Spence (2015 p.110) suggests that they are “any configuration (program) of health and wellbeing products or services that: (i) concerns itself with both health promotion and illness prevention activities, and (ii) possesses some formality and structure.” Thus, in many respects, wellbeing programs are considered to be commercial products or services. Wellbeing interventions are also categorised according to the extent to which they are primary, secondary or tertiary interventions (Tetrick & Winslow, 2015). These three categories were first introduced by the World Health Organisation (2002). Tetrick and Winslow note that primary interventions are proactive, involve prevention and promotion and normally target the whole organisation and employees. The organisation of work, or strategy concerning workplace culture are examples of primary interventions, as they seek to tackle the primary causes of good or poor wellbeing. Secondary interventions are mid-way between proactive and re-active and they are designed to be preventative. They tend to target employees who may be at risk. Tertiary interventions are more reactive and support employees who have already experienced illness, distress or other difficulties (Tetrick & Winslow, 2015).

Wellbeing initiatives can also be defined in terms of the target level of the intervention (De Angelis et al., 2020; Nielsen et al. 2017). For example, in the ongoing H-WORK project, researchers have categorised interventions into the IGLO model, which include the individual employee (I), the group or work team (G), the leader (L) and the organisation (O) (De Angelis et al., 2020). De Angelis et al. argue that sources of wellbeing at work exist at all of these levels and organisations can experience synergistic effects when they implement interventions at all levels. However, some interventions can blur these boundaries. For example, a job crafting initiative could be both

organisational and individual if the initiative involves a whole organisational approach, which the individual then tailors to meet their strengths and needs (Bakker et al., 2016).

Whilst there are academic definitions and categories of interventions, programs and initiatives, there does not appear to be an academic definition of the whole organisational wellbeing strategy, which may include the range of categories and interventions outlined above – and more. For instance, a whole organisational wellbeing strategy may involve or tie into the organisation's approach to diversity, equality and inclusion (Fletcher & Everly, 2019). Defining exactly what the organisational wellbeing strategy is, what it includes, and the extent to which it includes the definitional nuances already outlined, is an important area of development for organisational and employee wellbeing scholarship. The present research seeks to initiate and contribute to research concerning what a broad wellbeing strategy is, and how participants would like wellbeing strategy to be developed and implemented. Connected to this, is the observation that whilst there is a significant amount of literature that discusses the synergistic effects of having multi-level interventions (Daniels et al., 2017; De Angelis et al., 2020), there is less discussion regarding how a whole wellbeing strategy can be designed so that an initiative at one level (such as leadership training on mental health, or improved communication channels for wellbeing) can support initiatives at other levels such as the individual. Thus, there is less understanding of how an integrated organisational wellbeing strategy can have a compounding effect when thought is targeted at how multi-level interventions could be designed together mutualistically and not separately in siloes.

Improving wellbeing through improving the social environment of work is an example of an organisational intervention (Daniels et al., 2017). In their systematic literature review, Daniels et al. tentatively reported that interventions designed to positively impact social environments can have a positive impact on wellbeing. However, successful interventions had important contextual factors such as external facilitation and positive worker attitudes. Guest (2017) provides an overview of a range of HR practices (carried out at the level of the whole organisation) that can be designed to promote employee wellbeing. For instance, Guest suggests that investing in employees (through recruitment and training), providing engaging work, providing a positive social and physical environment, listening to the employee voice, and organisational support practices can all be designed to support employee wellbeing. Job crafting is a structural intervention that could be implemented at the organisational or individual level (Boehnlein & Baum, 2022). Boehnlein and Baum suggest that the evidence concerning job crafting is sometimes conflicting, however, it can positively impact wellbeing in some instances. It is important to note that perceived discrimination can have consequences for wellbeing (Boulet et al., 2023). Boulet et al. state that perceived

workplace discrimination increases stress and is also associated with lower levels of self-reported mental health. Therefore, it is important for organisations to manage and prevent discrimination at organisational and individual levels for employee wellbeing – amongst many other ethical reasons.

Interventions at the individual level have included resilience training (Robertson et al., 2015), mindfulness (Lomas et al., 2019), cognitive behavioural therapy (Murray et al., 2016), and mental health first aid training (Kitchener & Jorm, 2004), to name just a few. Interventions at the individual level can be delivered digitally or face to face (Carolan et al., 2017) and often involve an element of learning (Watson et al., 2018). Individual level interventions also include coaching programs. van Zyl et al., (2020) state that the coaching relationship and evidence-based approaches can facilitate personal growth and wellbeing. Furthermore Wang et al. (2021) suggest that psychologically informed coaching can have a positive impact, but an integrative approach is needed which combines several techniques and also takes contextual factors into account. Coaching can also be an intervention for leadership development and wellbeing. For instance, Grant et al. (2009) found that a coaching program helped leaders to build their resilience and reduced their depression and stress. There is also some evidence that leaders' wellbeing is associated with the wellbeing of employees through a contagion effect (Bono & Ilies, 2006; Skakon et al., 2010). Kelloway et al. (2013) also suggest that positive leadership behaviours such as praising, helping and thanking are associated with employee wellbeing. In their qualitative research concerning leadership within the public sector, Cvenkel (2018) states that leadership communication is crucial for employee wellbeing, thus, employee wellbeing is interwoven with leadership behaviours. Cvenkel (2018) further reports that leaders can negatively impact employee wellbeing if their behaviours, communication or practices make employees feel like they are controlled and not trusted, not sufficiently challenged, and not valued. Cvenkel states that employees look to leaders to underpin a positive culture, trust, and provide support and good communication. This perhaps explains why organisations and researchers are interested in interventions at the leadership level (De Angelis et al., 2020).

In summary, there is evidence that wellbeing is being put into practice through a variety of multi-level interventions. However, I would argue that the literature does not represent the way in which organisations are perhaps implementing wellbeing through a tentatively integrated multi-level and multi-dimensional wellbeing strategy. Furthermore, there is little existing literature concerning the extent to which an existing organisational wellbeing strategy has to be designed in relation to what is happening in the wider context. The present research intends to investigate this and provide findings concerning the impact of context on the definition, enactment and experience of wellbeing strategy.

2.3.2 How has academia supported the enactment of wellbeing?

This section now moves away from the organisational / practitioner perspective and towards a critical discussion of how academia has supported industry efforts through the advancement of wellbeing disciplines, topics and theory. Academia has supported the enactment of wellbeing by studying it within a variety of disciplines such as HRM, organisational behaviour, and economics, to name just a few (Kowalski & Loretto, 2017). Academia has sought to explain wellbeing processes and outcomes at work through numerous complex theories such as self-determination theory (Deci et al., 2017) and conservation of resources theory (Hobfoll et al., 2018). Furthermore, in recent years new disciplines have emerged in a bid to study optimal human functioning in the workplace (Donaldson & Ko, 2010). Whilst the study of wellbeing has flourished, it could be argued that the range of disciplines, interventions and theories developed has perhaps contributed to a lack of integration between multi-level interventions or initiatives.

The disciplines of positive organisational psychology (POP)⁹, positive organisational behaviour (POB)¹⁰ and positive organisational scholarship (POS)¹¹, are new disciplines that have supported the drive to research wellbeing in the workplace (Donaldson & Ko, 2010). In their review of the literature concerning POP, POB and POS, Donaldson and Ko (2010) suggest that these new disciplines developed alongside the emergence of positive psychology and apply the principles of positive psychology to organisations and the workplace. Thus, POP, POB and POS complement traditional pathological, and problem focused scholarship by seeking to explain how organisations and people within organisations can flourish and experience wellbeing in and through their work (Donaldson & Ko, 2010). POP focuses on strengths within organisations and seeks to enhance what is working well (van Zyl & Rothman, 2020). At the employee level, interventions could include an assessment of strengths and suggestions regarding how strengths could be utilised. For example, Page and Vella Brodrick (2013) report on the ‘working for wellness program’, which invited participants to discover and utilise their strengths at work to improve their wellbeing.

POB is associated with psychological capital interventions (PsyCap) (Luthans et al., 2007), which are interventions designed to capture and develop individual employee’s psychological

⁹ POP is “the scientific study of positive subjective experiences and traits in the workplace and positive organizations, and its application to improve the effectiveness and quality of life in organizations” (Donaldson and Ko 2010 p. 6).

¹⁰ POB is “the study and application of positively oriented human resource strengths and psychological capacities that can be measured, developed, and effectively managed for performance improvement in today’s workplace” (Luthans, 2002, p. 59).

¹¹ POS is more concerned with “the study of especially positive outcomes, processes, and attributes of organizations and their members” (Cameron et al., 2003, p. 4).

resources (Newman et al., 2014). PsyCap is the total 'psychological capital' of four constructs: self-efficacy, hope, optimism and resilience (Luthans et al., 2007; Newman et al., 2014). PsyCap interventions were developed primarily with the intention to improve employee performance (Newman, et al, 2014), however, PsyCap researchers have also investigated employee wellbeing. For instance, Avey et al. (2010) tentatively reported that PsyCap is related to measures of wellbeing.

Whilst POB research is concerned with individual level characteristics, POS takes a more organisational level macro view of wellbeing and flourishing and is more concerned with organisational context and culture (Newman et al., 2014). Thus, whilst the disciplines are different in terms of level of analysis, they are connected by the intention to investigate wellbeing and flourishing in organisations. There can be some cross over between macro and micro level interventions, but it is perhaps useful to distinguish between different types of interventions for analytical reasons, as this can help researchers to indicate where more research is required. For instance, van Woerkom (2021) provides a useful overview and typology of positive psychology interventions utilised in organisations and explains that interventions can be structural or one-off and they can be individual or group level. van Woerkom creates a 2 x 2 framework to demonstrate the types of positive psychology interventions that may fall within each category. For example, job redesign interventions are structural and target individual level outcomes such as improved mental health (Bond & Bunce, 2001). This typology allows researchers to recognise that there are far less structural group level interventions than other types of interventions such as individual one-off interventions.

Positive psychology is not the only discipline that has contributed to the enactment of wellbeing from an academic theoretical perspective. For instance, in the behavioural sciences, researchers have considered the extent to which nudge theory can be applied to the implementation of wellbeing interventions in organisations (Tagliabue, 2021). Moreover, the job-demands-resources theory (JD-R) (Bakker & Demerouti, 2018; Demerouti et al., 2001), is an influential theory, which posits that job demands (aspects of work that take energy) and job resources (aspects of work the help employees to cope with job demands) have unique and independent effects on wellbeing. Thus, following this research, researchers and organisations have sought to boost job resources through interventions such as job crafting, which is posited to also contribute to a variety of indicators of wellbeing (van Wingerden et al., 2017). The JD-R theory is a complex, multi-level theory which explains how the environment influences employees and also how employees impact their own working conditions (Bakker & Demerouti, 2018). Bakker and Demerouti (2018) utilise the most recent version of the JD-R theory to explain the complicated process involved in demands, resources and wellbeing. Bakker and Demerouti explain that demands and resources

exist at multiple levels such as organisational, team and individual levels. Thus, Bakker and Demerouti suggest that practitioners should adopt a synergistic multi-level approach when designing practices that address demands and resources for the improvement of wellbeing indicators.

Conservation of resources theory (COR) is a complex theory which posits that resources exist at different levels such as the individual or organisation, but they exist dynamically, in that they are in a transactional relationship, known in this theory as caravans (Hobfoll, 2011)¹². The notion that “resources travel in packs, or caravans, for both individuals and organizations” (Hobfoll et al., 2018, p. 106) is interesting for the proposition that the interventions within a wellbeing strategy may benefit from being more aligned and integrated. Hobfoll et al. (2018) argue that factors such as self-efficacy emerge through both environmental and individual conditions. Moreover, Hobfoll et al. suggest that a factor such as self-efficacy would also be nurtured through multiple individual level domains such as having a supportive family and a supportive work environment. COR theory therefore suggests that organisations should develop multi-level wellbeing strategies that also consider the multiple individual level life domains that could influence an employee’s overall wellbeing. For instance, within a wellbeing strategy, an organisation may consider the extent to which they support new parents or the extent to which they have incorporated LGBT supportive practices (Fletcher & Everly, 2021).

Self-determination theory (Ryan & Deci, 2000) is another influential theory that explains the interplay between different aspects of motivation and wellbeing. Deci et al. (2017) suggest that in the organisational context, organisations who support employees in meeting the needs of competence, autonomy and relatedness facilitate wellbeing factors and performance. Deci et al. (2017) suggest that the pursuit of extrinsic rewards (such as money or prestige) is not conducive to wellbeing. Whilst it is recognised that individuals do need to be paid fairly, Deci et al. (2017) argue that individuals who are intrinsically motivated to work will experience greater wellbeing. This is an example of a theory that is transferable to practice within organisations, and Deci et al. (2017) have argued that self-determination theory has supported both the profitability of organisations and the wellbeing of employees. However, whilst there is extensive literature support for SDT, Forner et al. (2020) argue that there is not enough research concerning the enactment, perception and experience of SDT in practice. Thus, there is more scope to understand how SDT is enacted, perceived and experienced in variable and transient circumstances and what individuals can then do to support the purported basic needs in themselves and others.

¹² Hobfoll et al. (2018, p. 104) suggest that COR theory has an over-riding tenet which argues “that individuals strive to obtain, retain, foster, and protect those things they centrally value.”

2.3.2.1 Wellbeing initiative evaluation

Wellbeing interventions have mainly been evaluated through quantitative studies such as randomised controlled trials and correlational studies (Page & Vella Brodrick, 2009; Lomas, 2023). When measuring wellbeing, scholars normally recommend utilising a variety of self-report scales (VanderWheele, 2021), such as the satisfaction with life scale (Diener et al., 1985). The University of Pennsylvania have a webpage (found here: <https://www.authentic happiness.sas.upenn.edu/testcenter>) dedicated to surveys that are deemed to measure multiple constructs pertaining to wellbeing. As well as the surveys found on this website, there are now over 100 measures of wellbeing and Linton et al. (2016) provide a review of 99 of them.

Mackinnon and Luecken, (2008) suggest that evaluations of interventions typically focus on the relationships between variables, including certain outcomes contained within the scales mentioned above. Whilst these studies can provide useful findings, scholars such as van Woerkom (2021) suggest that it is difficult to evaluate organisational level programs (or whole strategies) through experimental designs. However, van Woerkom (2021) suggests that organisational level strategies can be evaluated through methods such as interviews, observations, and experience sampling or diary data. It is worth noting that the evaluation of organisational level initiatives is limited (Nielsen & Miraglia, 2017). Furthermore, Nielsen et al. (2017) and Goldgruber and Ahrens (2010) suggest that beneficial whole workplace wellbeing programs are likely to be multi-level and multi-modal, meaning that the traditional evaluation methods outlined above are not practical or justifiable.

The goal of the present research is not to evaluate the effectiveness of a specific whole organisational strategy. The goal is to understand how and why wellbeing strategy is defined, enacted and experienced, and therefore the present research does not contribute to the intervention evaluation literature. However, the measurement of wellbeing inevitably plays a part in the experience of wellbeing and if interventions are mainly evaluated individually, then this can contribute to a limited understanding of what an effective whole wellbeing strategy looks like. Thus, this research moves away from focusing on the effectiveness of interventions, and instead challenges assumptions regarding what wellbeing is and how indeed it should be enacted and evaluated for impact.

2.3.3 Problematising the enactment of wellbeing.

Whilst academic scholarship has elucidated the definition of wellbeing and added further nuance to foundational understandings of what wellbeing is, there is some evidence to suggest our conceptual understanding of these nuances is not always reflected in actual empirical research or practice. For instance, Cabanas (2018) argues that the scientific pursuit of wellbeing and positive psychology in particular focuses too much on the individual and what the individual can do to improve wellbeing (thus, not reflecting the nuanced understanding that wellbeing is multi-level and contextual). Furthermore, Cabanas argues that the main premise of a significant amount of wellbeing research is that we will improve our organisations, societies, nations and the world if we focus on improving ourselves – not the other way around. Cabanas is critical of the quantification of feelings that are prevalent within national and global studies of wellbeing and suggests that wellbeing is a “speculative construct with more than 50 shades of historical, cultural, and philosophical grey” (Cabanas, 2018 p. 6). This criticism by Cabanas also indicates that the nuance concerning the complex, co-valenced nature of emotions is not being reflected in some research.

A lack of awareness regarding the complexity and multi-dimensional nature of wellbeing can lead to the development of interventions and initiatives (within disconnected disciplines or siloes) that employees do not really need (Fleming, 2023; Spence, 2015). Within academia, there has been a problematic search for ‘best practices’ that can be implemented widely (Kowalski & Loretto, 2017; Watson, 2010). Troth and Guest (2020) argue that this form of research is largely managerial and unitarist, in that employees and organisations are expected to (unrealistically) share common goals without any sort of conflict (Fox, 1966). This turns into a power imbalance between employees and organisations as research becomes focused on managerialist prescriptions that have little concern for differences in context at all levels from the micro individual to the macro-organisational (McKenna et al., 2011). The exploration of wellbeing presented earlier in this chapter suggests that wellbeing as a phenomenon is not amenable to acontextual best practices and therefore, each organisation will need to consider the multi-level contextual factors at play and the specific needs of their employees (Johns, 2017; McKenna et al., 2011; Spence, 2015).

Hendry (1994) suggested that prescriptive practices can turn into ‘fads’ that become frenzied for a while, but eventually fizzle out due the lack of complex substance that perhaps had always been missing from the beginning. As mentioned previously, the positive psychology movement led to a problematic focus on the power of positivity, which often translated into enforced fun within organisations (Fineman, 2006). Fineman (2006) and Whippman (2007) offer examples of organisations who placed an excessive emphasis on boosting employee positivity rather than addressing structural or cultural problems that may have better met employee needs (thus

ignoring the nuanced understanding that wellbeing is in a multi-level interplay with a range of resources and factors) (Hobfoll et al., 2018; Deci et al., 2017). Bachkirova and Borrington (2020) suggest that positive psychology, mindfulness and transformational coaching have been uncritically implemented in organisations and often perceived as panaceas. Bachkirova and Borrington further suggest that these programs are 'beautiful ideas' that have been elevated in prominence, based on a limited understanding of what wellbeing is and what should be done about it. Within these beautiful ideas, there is an implicit focus on the power of the individual and less of a focus on the influence that organisations, society and national policy have on wellbeing. Fleming (2023) also provides substantial evidence in support of the notion that individual level interventions are unlikely to be effective. Fleming provides an overview of what he calls 'sociological critiques', wherein critics have argued that wellbeing in organisations is just another form of social control, or strategic and exploitative corporate social responsibility. Fleming (2023) also suggests that individual wellbeing initiatives do not work because they are largely enacted in isolation from a focus on working conditions.

O'Neill (2020) further challenges the dominance of 'wellness' in media and society, which has also filtered into the actions of organisations. Wellness is often conflated with wellbeing (Harvey, 2019; Simons & Baldwin, 2021); but the wellness industry is different because it focuses mainly on optimising mental and physical health, particularly through exercise and nutrition (O'Neill, 2020). Thus, wellness and the corporate wellness industry is a small part of wellbeing (Harvey, 2019). Worryingly, O'Neill suggests that wellness entrepreneurs and influencers have used organisational interest in wellbeing to sell ideas and products that are often dubious, scientifically unfounded and in some cases dangerous. Thus, it is important for organisations to recognise that wellness is not the same as wellbeing, and the conceptualisation of wellbeing includes considerably more complexity (Harvey 2019). These ideas are recognisable as fads because they are not integrated within the whole organisational approach and are implemented in the hope that they will succeed as one-off 'quick fixes' (Hendry, 1994; van Woerkom, 2021).

Misunderstandings about what wellbeing is in terms of its complexity also results in misinformed attempts to establish a factual return on investment figure for wellbeing initiatives (Grant, 2012; Juniper, 2016; Nicholson, 2017, Price, 2017). An integrated, whole organisational strategic approach to wellbeing would not be conducive to a measure of ROI, because it would be difficult to measure the purported financial impact if the whole wellbeing strategy includes the development of the organisation's existence through structure and culture evolution. The development of an ROI figure ignores the nuance that individual and organisational wellbeing is in a dynamic interplay which is also transient and evolving (Hobfoll et al., 2018). People will respond to

wellbeing interventions and initiatives in different ways, and this will also fluctuate based on individual level life circumstances, organisational changes, fluctuations in society and global events (Bhaskar et al., 2018). Nishii and Wright (2008) support this assertion by suggesting that variability exists within organisations in terms of how practices are implemented, perceived and interpreted by employees, and these variable behavioural reactions to practices are the only means through which any performance impact can occur.

Juniper (2016) and Grant (2012) argue that the success of interventions designed to improve complex factors (such as wellbeing), should not be measured using ROI. Juniper and Grant further suggest that researchers and practitioners should instead focus on validated measures of wellbeing, such as surveys and perspectives gained through qualitative research. Furthermore, Nicholson (2017) makes the point that organisations should seek to improve wellbeing not because this may result in profit, but because it is the right thing to do, and it is part of the organisation's values to have a happy, healthy and productive workforce. Nicholson argues that this perspective gets 'back to basics' regarding why organisations should be concerned about employee wellbeing.

Researchers and practitioners have expressed several concerns regarding the status quo of implementing wellbeing initiatives and interventions in the workplace. These concerns illustrate what is lacking in terms of attention to wellbeing nuances and complexity factors. The literature suggests that researchers and practitioners are concerned that many interventions are 'one-size-fits-all', too focused on the individual, and 'quick fixes' designed to tick a box (van Woerkom, 2021). Kowalski and Loretto (2017) and Nielsen (2013) argue that the one-size-fits all approach may not be effective for the improvement of employee wellbeing. Thus, researchers have been calling for more research that elucidates the context in which wellbeing initiatives work and also with whom and why (Nielsen & Miraglia, 2017). Spence (2015) argues that wellbeing programs developed for employees and delivered in formal structural ways, are likely to result in low participation because the programs are unlikely to be what all employees need. Thus, Spence argues that organisations should instead focus on the core issues surrounding human relations such as the relationship between line managers and employees, rather than one-size-fits-all programs that lack employee involvement in the development and implementation process. van Woerkom et al. (2021) agree and suggest that wellbeing interventions should be meaningful and intrinsically motivating for all individuals involved. Thus, one-size-fits-all initiatives cannot achieve this and van Woerkom et al. suggest that organisations may need to develop a toolbox of initiatives and interventions that address a variety of change mechanisms, intervention types and modes of delivery such as online, one to one or in teams.

Related to this, scholars have suggested that initiatives and interventions focus too much on the level of the individual and not enough at the level of the organisation (van Woerkom, 2021). van Woerkom suggests that there is a need to reduce the focus on quick fixes such as a ten-session training program and more on the structural factors that can target both individuals and organisations. Structural practices may include the range of HR practices suggested by Guest (2017), where wellbeing can be built into the practices involved in the whole employee experience, such as during recruitment. Thus, there may be a need to focus more on structural practices that are incorporated into the whole organisation's approach and culture (LLorens et al., 2013). The benefit of this is that structural practices are not 'on top of' other practices, whereas one-off interventions involve more time and commitment on top of other more natural practices. Kowalski and Loretto (2017) suggest that this feeds into the debate concerning who is responsible for wellbeing at work – the individual employee or the organisation. Kowalski and Loretto suggest that individual interventions can be worthwhile, however, broader organisational issues are also important. Thus, Kowalski and Loretto suggest that organisations and researchers should implement and investigate wellbeing in a holistic way. This may involve having a range of initiatives at different levels, such as organisation, leader, group and employee (De Angelis et al., 2020), however, this could also involve considering the extent to which these initiatives are mutually supportive. Woolfolk and Wasserman (2005) also argue that wellbeing research is too focused on the individual and suggest that individuals do not always wish to focus on their own wellbeing needs. Individuals are also invested in the wellbeing of others, the organisation and society. Thus, this perspective should also be considered when addressing employee wellbeing.

These arguments are also related to the perspective that wellbeing initiatives and interventions can be perceived as ticking boxes or implementing quick fixes (van Woerkom, 2021; White, 2017; White & Kern, 2018). Interestingly, Diers-Lawson et al. (2020) suggest that there can be some cynicism amongst employees regarding corporate social responsibility activities (which can include wellbeing initiatives) because initiatives that are quick, individual and one off do not deal with the structural causes of poor wellbeing. Therefore, initiatives can appear to be sticking plasters rather than authentic intentions to improve employee wellbeing. Providers of wellbeing interventions, platforms and initiatives can also indirectly add to the perception that wellbeing is not being enacted genuinely. For instance, Kern et al. (2019) state that provider activity has raced ahead of science, and there is now a proliferation of dubious providers who make exaggerated claims of efficacy against their one-size-fits-all programs. Juniper (2016) agrees and warns organisations to be wary of providers who make unsubstantiated claims about their wellbeing products and services. Juniper suggests that organisations should be particularly sceptical when providers mention their

return on investment. Providers may indeed not be aware of the limited nature of one-off interventions (Bachkirova & Borrington, 2020). The literature suggests that organisations may benefit from being aware of these concerns and they also may benefit from implementing holistic practices that are enacted because the organisation genuinely cares about the wellbeing of their employees (Diers-Lawson et al., 2020).

In this section, I have suggested that the rich conceptual nuances and theoretical lenses we have for wellbeing are not always reflected in intervention research or practice. Moreover, there is a significant gap in the literature in that there is very little research that studies how organisations use theories and nuanced definitions of wellbeing to design a whole organisational wellbeing strategy, which consists of integrated multi-level interventions or initiatives that could meet a variety of needs. The present research addresses this gap by investigating the enactment of wellbeing strategy as a whole phenomenon. Thus, it is argued that there is a disconnect between the conceptualisation of wellbeing and the enactment of wellbeing. The conceptualisation of wellbeing and theories related to wellbeing are rich and nuanced. However, the enactment of wellbeing and some research concerning wellbeing interventions is more limited and siloed. Whilst it is very useful to understand specific interventions in depth, this could sometimes result in the implementation of one-off interventions (van Woerkom, 2021) that are not integrated into a whole organisational approach or strategy.

2.4 The experience of wellbeing strategy.

2.4.1 What is currently known about the employee experience of wellbeing?

Research concerning leader, practitioner or employee perceptions and experiences of wellbeing strategy is very limited (Pescud et al., 2015). However, a few studies have sought to collect views and perspectives from managers, practitioners and employees regarding implementation, barrier factors and experiences. Pescud et al. (2015) suggest that a range of stakeholders are interested in workplace health and wellbeing, and there is a large focus on mental and physical health. However, some practitioners are worried that employees will have the perception that they are trying to intrude into their private lives through health and wellbeing promotion at work (Pescud et al., 2015). This cautious approach is understandable because in their qualitative exploration of experiences of wellbeing, Synard and Gazzola (2017) reported that their participants categorised their wellbeing in terms of life domains such as parenting and work. Moreover, Synard and Gazzola reported that crossover between domains is high and unavoidable. Thus, enquiring about an employee's wellbeing could be perceived as enquiring about an

employee's personal life and the extent to which this is acceptable is likely to be highly individualised and based on personal preferences. This evidence also suggests that employees do experience their wellbeing as an integration of life domains and not something that can be separated and improved in siloes. Thus, while there is some research to suggest that people have variable preferences in terms of role segmentation (Methot & Lepine, 2016), wellbeing appears to transcend this in that people recognise that wellbeing issues at home will almost inevitably spillover into work life and vice versa.

Wishart (2020) produced an insight paper based on a survey of over 1900 firms, which was part of a West Midlands Engine research program. The research paper reports on employer understandings and experiences of mental health interventions in organisations. Wishart reports that there is the perception that mental health problems may be viewed less sympathetically than physical health problems. Moreover, Wishart reports that stigmas surrounding mental health and wellbeing still exist but there are signs that this is starting to change. Furthermore, there is the perception that mental health difficulties are more problematic to manage than physical health difficulties. This research highlights that there is still a large focus on physical and mental health – as the main domains of wellbeing. Furthermore, this research highlights the assumption that wellbeing should be 'managed'. Thus, the nuanced understanding that wellbeing emerges from an interplay of multi-level factors is not evident (Hobfoll et al., 2018).

Carolan and de Visser (2018) investigated perceptions regarding digital mental health interventions in the workplace. They state that the participant experience of digital health initiatives is varied, however, the main barrier to engagement was reported to be a lack of time. Participants expressed that they experienced digital interventions as convenient, flexible and anonymous. However, the fact that the intervention is something else for them to do on top of their workload can perhaps detract from the positive impact the intervention should provide. This provides evidence for van Woerkom's (2021) suggestion that individual level quick fixes may not be as impactful as more structural practices and interventions. Daniels et al. (2021) and Rojatz et al. (2017) similarly discuss implementation barriers and failure for workplace health and wellbeing programs in their systematic literature reviews. Daniels et al. (2021) suggest that a range of factors could be at play and these factors are often external to individual participants such as organisational, political and cultural factors, such as labour market conditions or recessionary pressure. Daniels et al. suggest that research concerning implementation of practices and interventions needs to take a more complex and nuanced view of the contextual factors that can interact with causal mechanisms. Rojatz et al. (2015) take a similar stance and suggest that a range of contextual factors interact with

the successful implementation of initiatives such as the extent to which there is an economic crisis, or organisational level management support.

Hannon et al. (2012) interviewed 34 HR practitioners to obtain their views regarding health promotion in the workplace. Some participants reported that they feel concerned about intruding in workers lives and feel unsure about some health and wellbeing initiatives, which resonates with the findings from Pescud et al. (2015). Hannon et al. (2012) report that there is a considerable amount of scepticism amongst practitioners, and this scepticism revolves around the extent to which it is the responsibility of HR (due to the perceived conflict of interest), and the extent to which programs really meet the needs of employees who need support. The HR practitioners reported that some employees felt judged and subsequently rejected health and wellbeing programs. Furthermore, the HR practitioners reported that health and wellbeing programs should be driven through a dialogue between management and employees (top down and bottom up – not just top down). Pescud et al. also report that communication regarding responsibility for wellbeing is an important factor, which is also supported by Cvenkel's (2018) qualitative research. The rejection of wellbeing programs due to feeling judged highlights the notion that the onus cannot just be placed on the individual to improve their wellbeing (Cabanas, 2018).

Martinsson et al. (2016) interviewed a range of practitioners and employers to understand their motivation for engaging with workplace health and wellbeing interventions. Thus, the researchers sought to understand perspectives regarding why organisations implement wellbeing and health initiatives. Participants discussed a range of positive consequences for organisations such as productivity and preventing absence. Pescud et al. also suggest that organisations implement wellbeing initiatives because they believe it will have a positive impact on productivity – illustrating the prevalence of the happy productive worker thesis (García-Buades et al., 2019).

In the Martinsson et al. (2016) study, participants also expressed that there is some regulatory pressure. Many participants reported that they have experienced the dubious claims made by providers and whilst they try to choose providers carefully, they have sometimes also purchased services or provision based on a convincing telephone call. Participants suggested that provider expertise is important, and they implement wellbeing programs to improve the employer brand.

The findings from the studies above are interesting; however, it is striking that the employee perspective and voice features less than the practitioner or employer perspective. This provides evidence that the employee voice is rarely sought in a bid to build a mutually integrated wellbeing strategy, as an integrated approach would need to hear more of the employee voice. Barends et al. (2014) encourage researchers to build an evidence base with all stakeholder perspectives and some

scholars have suggested that HRM practitioners do things 'to' workers in the absence of their voice (Guest, 2002). Thus, the next section discusses the extent to which there have been calls to include the employee voice in the design of wellbeing strategy and interventions.

2.4.2 To what extent is the employee voice and experience listened to?

Di Tecco et al. (2020), De Angelis et al. (2020) and Sørensen and Holman (2014) advocate for participative interventions, whereby employees as stakeholders are involved in the design and implementation of health and wellbeing interventions. De Angelis et al. (2020) approach interventions by starting with an assessment of needs. De Angelis et al. do this by surveying and interviewing a range of employees, practitioners, managers and leaders to gain a holistic understanding of different types of needs and perspectives. This then feeds into how interventions are developed and what is implemented overall. Similarly, Di Tecco et al. (2020) suggest that interventions have a better chance of being successful when employees are involved in their development and implementation. Furthermore, Di Tecco et al. (2020) suggest that this can be achieved through setting up steering and focus groups whereby all stakeholders should be in agreement regarding structural changes. Thus, a focus on communication is vital. Sørensen and Holman (2014) also stress the importance of communication and state that the commitment to participative interventions should be made explicitly clear during all meetings with employees.

Myers et al. (2018) goes further in suggesting that a participatory approach, where the employee voice and involvement is valued and respected can, in itself, have a positive impact on wellbeing. Myers et al. suggest that employees value having a say in the way work is planned and carried out, and this also translates to wellbeing initiatives and interventions. Furthermore, Myers et al. argues that effective inclusion of the employee voice has a positive impact at individual, organisational and structural levels. However, including employees in the design and development of interventions is not a simple process and some employees may feel unable to speak up about their unique needs and preferences (Cunha et al. 2020; Gardiner, 2011). Thus, more research may be required regarding how to facilitate a participatory approach whereby countervailing factors do not threaten and thwart the employee voice and intention to be involved.

Mowbray et al. (2015) and Barry and Wilkinson (2020) present reviews of the employee voice literature and discuss the extent to which there is a significant amount of scholarship within this topic. Barry and Wilkinson (2020) suggest that voice is about more than speaking up when one has something to contribute to the success of the business. For instance, employee voice is also important when what the employee has to say conflicts with the views of management. The literature concerning psychological safety (Edmondson, 1999) is also relevant here, because it is

argued that there needs to be a culture of psychological safety for employees to feel that they can speak up, and make suggestions, even if the suggestions may not be the same suggestions that management would make. This is particularly important for wellbeing, where different needs may result in different ideas regarding what to do. Mowbray et al. (2015) state that trust is also an important factor for the facilitation of employee voice and organisations must also implement a range of formal and informal voice facilitation mechanisms.

2.5 Conclusion

In this chapter I have presented wellbeing as a complex, multi-dimensional and multi-faceted construct that is sometimes operationalised in practice in problematic ways. The literature suggests that there may be some confusion regarding the definition of wellbeing, and therefore the present research will investigate the extent to which this is the case in organisations and why. The literature also suggests that there is a focus on individual level interventions, which are perhaps quick fixes. Therefore, the present research will explore the extent to which this is really the case and whether employees are expecting a different approach to what is on offer. The literature also suggests that the employee experience and voice is rarely captured, thus the present research aims to contribute to this area by gaining a range of perspectives, predominantly from employees, but also from a range of practitioners, managers and leaders. The present research will also investigate the extent to which there is some misalignment between the different stakeholders.

This chapter has clearly illustrated the extent to which wellbeing is a complex topic. Moreover, this chapter has illustrated the extent to which wellbeing is a multi-level phenomenon, which is influenced by a range of contextual factors. Therefore, in the next chapter I introduce the paradigm of critical realism and argue that critical realism's explanation of ontology, such as the extent to which ontology is complex, multi-dimensional and multi-level (Danermark et al., 2005) makes it a suitable paradigm for investigating constructs such as wellbeing. Importantly, the literature in the present chapter serves as a backdrop for research questions one to six (introduced in section 1.2). The literature review in the next chapter serves as a backdrop for the methodological research questions (also introduced in section 1.2). Moreover, critical realism serves as the underlying paradigm and theoretical lens for the entire research. Therefore, the next chapter fully outlines what this means in theory and in practice.

Chapter 3: Literature review: critical realism, philosophy and application.

3.1 Introduction

In this chapter, I outline the key aspects of critical realism. These include the notions that critical realism seeks to be both a practical and serious philosophy of science (Bhaskar, 2016). Moreover, I explain how critical realism has a holy trinity of ontological realism, epistemological relativism and judgemental rationality (Pilgrim, 2020). I introduce the main components of critical realist ontology, including the three domains of reality. Furthermore, the critical realist notions of mechanisms, laminations, stratification, and entities are also discussed. The chapter then outlines critical realist epistemology and axiology including the notions of judgemental rationality and moral realism. I suggest that critical realism is an exemplary underpinning for inter-disciplinarity – which is important for any study of organisational and employee wellbeing. The philosophy of meta-reality is briefly introduced, and I reflect on how Bhaskar's latest philosophy can contribute to the study of wellbeing in organisations. In the final section I discuss how critical realism has already been applied in research and how it supports the generation of explanatory theory. The chapter concludes with a reflection concerning why critical realism is appropriate for the investigation of wellbeing in organisations.

3.1.1 An underlabourer for social science.

Critical realism (CR) is a philosophy of science, first introduced by Roy Bhaskar (1975). Broadly speaking, CR seeks to underlabour for a practical philosophy of science that may support researchers who wish to improve human wellbeing and flourishing (Bhaskar 2016). Benton and Craib (2011, p. 1) describe the underlabouring view as the belief that “philosophy should be there to provide help and support to the work of the scientists, as they get on with the job of discovering how nature works.” Thus, as a underlabourer for social science, which is oriented towards wellbeing, critical realism seeks to remove the “ideological rubbish” (Bhaskar, 2016) that obscures the identification of ignorance or lack of understanding regarding a phenomenon and indeed the nature of reality. In other words, critical realism seeks to provide a philosophy of reality (ontology) and knowledge (epistemology) that is supportive of scientific enquiry and does not reduce reality to the empirical (which is known as the epistemic fallacy) (Bhaskar, 2016). Scholars, such as Cruickshank (2004, 2010) have questioned the extent to which this is even possible, considering critical realists do not have a ‘Gods eye view’ of reality. On the contrary, critical realists do not claim to have an objective, infallible understanding of reality or the transcendental (Bhaskar, 2009). Moreover, instead of making a case for CR purely on its own merits, CR has been proposed as a

fallible alternative to existing philosophical paradigms by immanently critiquing them (Bhaskar, 2016)¹³.

The first achievement of CR in this regard was to critique positivism and the positivist understanding of reality (Vandenberghe, 2014). Amongst many critiques, the immanent critique of positivism included the assertion that constant conjunctions of events rarely occur (Bhaskar, 2008). Bhaskar introduced critical realism in 1975 because he felt that the current dominant philosophical trends, namely positivism (or empiricism) and idealism did not fully underlabour for researchers in their various disciplines (Pilgrim, 2020). Bhaskar (2010) argued that reality (ontology) was essentially overlooked by dominant philosophical meta-theories. Thus, whilst the traditions of positivism (or empiricism) and idealism have always contributed valuable empirical findings, critical realists such as Pilgrim (2020) note that it is a fallacy to assume that empirical findings represent the totality of reality (positivism) or that findings represent a reality that only exists inside our minds (idealism). Bhaskar (2010) has argued that to understand phenomena one must consider what else might be there in reality (the empirically unobserved) and what causal forces or mechanisms (the unobservable) may also be shaping the phenomena that we wish to explain. Importantly, the critique of positivism is not a critique of statistical methods per se, and statistical methods do have a place in CR research (Hastings, 2021).

3.1.2 An emancipatory philosophy of science.

Thorpe (2020) notes that critical realism's judgemental rationality combined with its careful and ethical forms of enquiry supports notions of emancipation. Thorpe (2020) argues that talk of 'emancipation' discourages some academics and reduces the likelihood that large numbers of academics will engage with the philosophy of critical realism. Bhaskar once exclaimed "any philosophy that is really going to make a difference is avoided like death" (Bhaskar & Hartwig, 2010 p. 215). Bhaskar (2020) subtly suggests that one could substitute the word 'emancipation' for 'general population wellbeing', and that this may be more acceptable for many researchers. Thus, the emancipatory aspect of CR may benefit from being reframed as a movement towards wellbeing and flourishing for all – constructs that are perhaps more agreeable (Bhaskar, 2020; Thorpe, 2020) and used more widely in popular disciplines such as HRM (Kowalski & Loretto, 2017) and positive

¹³Bhaskar (2016, pp. 2-3) defines immanent critique as "an essential part of the method of critical realist philosophy. It specifies that criticism of an idea or a system should be internal, that is, involve something intrinsic to what (or the person who) is being criticised. It typically identifies a theory/practice inconsistency, showing that the position being disputed involves a claim or analysis that would undermine the point, values or substance of the position; so that it undermines or 'deconstructs' itself."

psychology (Donaldson et al., 2019; Seligman, 2011). Price (2020) notes that the goal of emancipation or general population wellbeing is not easy or a linear process. Moreover, the idea of emancipation can make some researchers who have seen the horrors of extreme poverty feel uneasy (Andrew & Baker, 2020). For example, Andrew and Baker (2020) suggest that those most in need of emancipation and freedom from oppression have very little power to change structures and thus it is incumbent on others to lead change for them.

On the topic of emancipation, Lohse (2017) states that historically, people (or agents) have been held largely responsible for initiating freedom from oppression and constraints. In contrast, critical realism is ontologically multi-dimensional, and recognises that structures and culture constrain and enable people. This allows researchers to suggest that structural or cultural changes could be made to improve society and wellbeing. However, some scholars such as Hammersley (2002, 2009) have argued that critical realism should not usually be critical, because a researcher's intention to change the status quo may indicate that the researcher is biased. Hammersley (2002, 2009) indicates that he is committed to objectivity and value neutrality in academia, whereas many critical realists argue that objectivity and value neutrality is impossible and social science is always value laden (Bhaskar, 1993; Mingers, 2015).

3.1.3 The phases of critical realism.

Bhaskar's life commitment to the development of critical realism meant that it evolved to include transcendental dialectical critical realism¹⁴ (the second wave) (Bhaskar, 1993) and finally the philosophy of meta-reality (the third wave) (Bhaskar, 2012a, 2012b). As mentioned, the first wave critiqued paradigms such as positivism and postmodernism (Vandenberghe, 2014). The second wave of critical realism aimed to underlabour for our understanding of the dialectic – and in many cases resolve dialectics (or splits in society) (Vandenberghe, 2014), such as presence and absence, individuals and collectives, macro and micro (Bhaskar, 1993). The third wave constitutes Bhaskar's spiritual turn (Vandenberghe, 2014), where Bhaskar's thoughts turn to crisis, and the philosophy of how humanity must be and act if we are to achieve not only our survival, but human flourishing for all. This emphasis on underlabouring for a social science orientated towards *being* and human flourishing, constitutes one of the justifications surrounding why CR was selected for the present research.

¹⁴ Bhaskar (2016, p. 115) states that "The key concept of dialectical critical realism, which necessitates its formation as a distinct, systematic structure of concepts, is that of absence. What this concept makes possible above all else is the understanding and analysis of change."

3.1.4 The holy trinity of critical realism.

For Bhaskar, critical realism is considered to have a holy trinity – its realist ontology, its relativist epistemology, and for axiology, the notions of judgemental rationality and moral realism (Pilgrim, 2020). It is important to define exactly what these complex philosophical terms mean and why they constitute the 3 pillars of critical realism. The first pillar is the critical realist ontology, which means that critical realists commit to the notion that there is a reality outside of our observations and outside of our perceptions (Benton & Craib, 2011). Moreover, this reality is stratified, multi-dimensional and made up of various inter-related entities, such as actors, structures, culture, and the material world (Bhaskar, 2016). The second pillar of critical realism is that it accepts that knowledge is socially produced, leading to a fallible and relativist epistemology (Miller & Tsang, 2011; Syed et al., 2010). Critical realism proposes that empirical data cannot reveal all that is real (as suggested by positivism) and that the dismissal of unobservable causal mechanisms represents the ‘actualist fallacy’ (Bhaskar, 2016; Syed et al., 2010). Critical realism’s fallible epistemology is discussed within this chapter in further detail.

It is important to note that Bhaskar’s critique of positivism is not a critique or rejection of quantitative research methods. Hastings (2021) offers an example of how to combine CR with quantitative statistical methods and outlines how all data (whether that is quantitative, statistical or qualitative) exists at the level of the empirical. The onus is then on the researcher to consider what may exist in the domains of the actual and the real. Furthermore, Næss (2004) convincingly outlines how some disciplines and research questions may be particularly suited to statistical methods, such as travel behaviour. Olsen and Morgan (2005) also argue that we cannot dismiss statistics, and researchers can have some empirical freedom to build arguments using statistics as evidence.

In its third pillar, critical realism is committed to the idea that some theories and values can be collectively judged to be better than others (Sayer, 2000). This is called ‘judgemental rationality’. Finally, the complex notion that some value judgements are objectively ‘good’ because they are undeniably conducive to human flourishing, which is known as moral realism, is a controversial stance, but also widely accepted amongst many critical realists (Ash, 2022). When studying wellbeing, these positions will mean that I will be considering what unobserved and unobservable factors might also exist (Wiltshire & Ronkainen, 2021) and the extent to which they will also be impacting on the definition, enactment and experience of wellbeing in organisations.

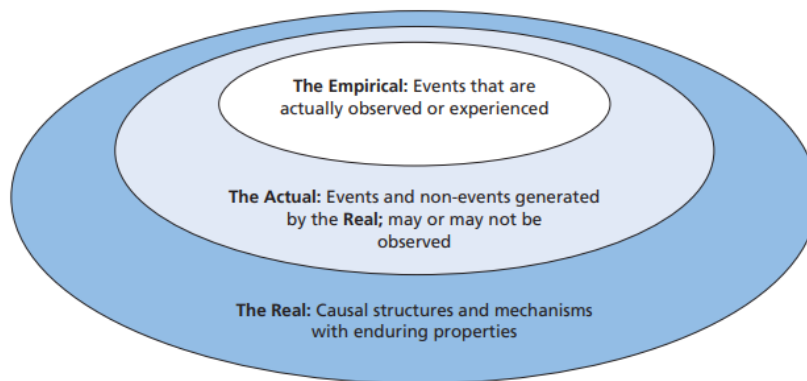
3.2 Critical realist ontology

3.2.1 The real, the actual, and the empirical.

Critical realism's main defining idea that distinguishes it from all pre-existing philosophies is its insistence on the primacy of ontology (Bhaskar, 2010, 2016). In critical realism there is the idea that real causal mechanisms produce flux and change (Bhaskar, 2016)¹⁵. For example, institutional mechanisms might cause a person to change their habits through causal processes within their mind and body (Fleetwood & Hesketh, 2010).

This distinguishing idea – that of the primacy of ontology – is further expanded with the suggestion that ontology is deep, stratified, multi-dimensional and complex (Bhaskar, 2016). One way this is represented is through the nested model of reality. In the middle lies the domain of the empirical – this is the reality of what can be experienced and observed through the scientific method. Surrounding that is the domain of the actual, which refers to actual events that are occurring which may or may not be observed by people empirically. Surrounding that is the domain of the real, which represents the world of mechanisms. These exist whether they lead to events or not in particular circumstances (Danermark et al., 2005).

Figure 3.1: taken from Saunders et al. (2019), which was developed from Bhaskar (1978).



Bhaskar (2016) suggests that historically, the domain of the real has been overlooked because it is very difficult to observe causal mechanisms, especially when there may be multiple mechanisms triggering at once. Moreover, if researchers only focus on what has been observed empirically, this means that much of the domain of the actual is overlooked, and Bhaskar (2016)

¹⁵ In defining exactly what a mechanism is, Bhaskar (1975, p. 14) states that "The real basis of causal laws are provided by the generative mechanisms of nature. Such generative mechanisms are, it is argued, nothing other than the ways of acting of things. And causal laws must be analysed as their tendencies. Tendencies may be regarded as powers or liabilities of a thing which may be exercised without being manifest in any particular outcome."

refers to this as the 'epistemic fallacy', where ontology is reduced to epistemology. Bhaskar (2016 p. 122) argues that pure empiricist and actualist interpretations of reality have "blocked our efforts in the social sciences to understand the impediments to human well-being and flourishing." Therefore, multiple scholars have now suggested that researchers can, through multiple modes of inference, navigate from the empirical to the actual and finally to the domain of the real and thus produce explanatory theories regarding the mechanisms involved in phenomena such as wellbeing definition and enactment at work (Wiltshire & Ronkainen, 2021).

3.2.2 Intransitive and transitive dimensions

Continuing this understanding of the domains of reality, critical realists also distinguish between intransitive and transitive dimensions of reality, thus it is important to define what is meant by transitive and intransitive dimensions here. Pilgrim (2020) argues that the intransitive dimension is largely what we cannot change. Therefore, the intransitive dimension could include aspects of the world such as gravity or photosynthesis. Reality that is transitive includes aspects such as real thoughts and emotions, or a collective organisational culture. These aspects of reality can naturally fluctuate from moment to moment or change over longer periods of time. The notions of transitive and intransitive have also been conceptualised slightly differently. For example, Shipway (2011) suggests that 'intransitive' refers to powers, structures, and tendencies as they really exist, and 'transitive' as our fallible theories that try to explain the real. This is how Bhaskar defined transitive and intransitive in his (1975) introductory book. Bhaskar (1975) suggests that while theories come and go and methodologies change, the real objects, or phenomena that we wish to study exist and act independently of our knowledge of them. This connects to the explanation of the empirical, actual, and real domains of reality. It is the understanding that our knowledge of what is real (epistemology) may not fully account for what is really happening in terms of the interactions of mechanisms that are creating an unseen reality (ontology).

Vandenberghe (2014) argues that the critical realist understanding of transitive and intransitive is problematic because scientific concepts become common sense and may become part of the social world that social scientists are seeking to describe. Thus, Vandenberghe (2014) argues that the difference between transitive and intransitive collapses because the transitive can become part of the intransitive. In other words, our theories can become part of the reality that exists independently of our theories about them. When considering how and why wellbeing is defined, enacted and experienced in organisations, it will be important to consider the extent to which theories may constitute reality and / or mechanisms that impact interpretation and participant experience. For instance, the happy productive worker thesis (García-Buades et al., 2019; Staw,

1986) could constitute a cultural factor that influences participants to enact a wellbeing strategy. Thus, this theory may have been elevated to 'common sense' which Vandenberghe (2014) suggests can happen.

3.2.3 Entities and mechanisms within stratified open systems

One key argument within critical realism is that social science operates in open systems, meaning frequent and predictable event regularities are simply not possible (Fleetwood, 2001; Lawson, 1997). However, within open systems, causal forces (or mechanisms) can act as tendencies, in that they sometimes produce outcomes, but in open systems countervailing forces and mechanisms can thwart the tendency of a mechanism under investigation (Hesketh & Fleetwood, 2006). Whilst actual events will always be dependent upon circumstance and context in open systems (Miller & Tsang, 2011), critical realism suggests that mechanisms can be, (but will not always be) potentially stable, thus mechanisms can be identified and reported with some confidence if evidence begins to build that they often emerge.

Thus, mechanisms should always be considered as tendencies, rather than law-like behaviours (Hesketh & Fleetwood, 2006). Lawson (1997) asserts that this phenomenon may be known as a demi-regularity, meaning that there is some regularity, which is by no means universal. It is important to note that proponents of critical realism suggest that mechanisms still exist as potentialities whether they are triggered or not (Danermark et al., 2005).

Easton (2010, p. 122) states that "the simplest way of regarding mechanisms is that there are ways in which structured entities by means of their powers and liabilities act and cause particular events." Easton (2010) also aptly quotes Sayer,

When activated, particular mechanisms produce effects in "conjunctures", which may be unique. According to conditions, the same mechanism may sometimes produce different events, and conversely the same type of event may have different causes (Sayer, 1992, p.116).

Taken together, this means that real entities, such as actors, ideas, social relations, institutions, organisations and networks have powers and liabilities (Haigh et al., 2019). Fletcher (2017) notes that ideological mechanisms and structural mechanisms such as corporatization can have a causal impact. Kašperová et al. (2018) provide an example of how identity can be a causal power. However, all people are different and as agents we have slightly different powers and liabilities (susceptibilities) due to personal circumstances and context (Easton, 2010). Therefore, the causal power of identity may have an influence, but this causal power inevitably interacts with the mechanisms that produce our differences. Thus, this influence will play out slightly differently in each of us and be may countervailing (Bhaskar, 1998). Importantly, entities have liabilities; in that

they may be subject to the powers of other entities (Bhaskar, 1998). For example, organisations as entities are to some extent subject to the demands (causal power) of actors (as entities), in terms of what to do about employee wellbeing – and vice versa.

Bhaskar (2016) and Price and Martin (2018) suggest that to produce a robust explanatory theory, researchers must be open to the *multi-mechanicity*¹⁶ at play in any explanation of a complex topic. Thus, various mechanisms exist and interact to produce reality and researchers must be aware of the multiple entities that could be involved and where they may be situated in terms of their levels of scale. It is also important to be aware of the extent to which mechanisms are old or new and how they may have evolved from complex interactions at various structural levels (Thorpe, 2020). It is important to identify exactly what is meant by ‘entities’, ‘levels of scale’ and ‘laminations’, therefore an explanation of these concepts will now follow.

3.2.3.1 What are entities?

Fleetwood (2004) suggests that entities are simply things that are real and have real causal power. Fleetwood (2004) provides the example of a fairy, where a fairy as an entity is not real, however, discourse about fairies is real because this discourse can have a real causal effect such as people trying to find and photograph them. Entities can be mind-independent or mind-dependent. Baker (2015) argues that the idea that entities must be mind-independent is constraining. She argues that there are large parts of reality that are conceptualised by the human mind, such as capitalism, which is an ideology about how an economy in a society should function. Thus, for critical realists, capitalism as a totality is not observable and it is dependent on people reproducing it – but it is still a phenomenon that is real in its structural and causal effects. Thus, capitalism exists outside of an individual’s mind, but it is still dependent, collectively, on the mind. This paradox indicates that entities can be a fusion of mind dependence and independence. Fleetwood (2004) suggests that from a critical realist point of view, something is real if it has an effect or makes a difference. Thus, entities such as identity (Kašperová et al., 2018), language (Durdovic, 2018; Thorpe, 2020), structures and agency (Archer, 2016) are not merely events – they are entities with real causal powers. Entities can exist at a macro level (such as social structure) or at the individual level (such as individual agency or ideas) (Archer, 2016; Bhaskar, 2016). Bhaskar’s models and explanations of ‘laminated systems’ are useful for understanding the nature of levels, stratification, and emergence.

¹⁶ Bhaskar notes that, “Outside a few experimentally (and even fewer naturally occurring) closed contexts a multiplicity of causes, mechanisms and, potentially, theories is always involved in the explanation of any event or concrete phenomenon.” (Bhaskar, 2016, p. 86).

3.2.4 Laminated systems

Bhaskar (2016) suggests that reality consists of hierarchical strata, or 'laminated systems'. Bhaskar (2016) suggests there are four main laminated systems that researchers should be aware of, however for conciseness and the purposes of the present PhD research, I will introduce the main two systems that will influence the research.

The first laminated system is the four planar social being model. Bhaskar (2016, p. 83) argues that all social life, and perhaps all social events occur simultaneously on four planes of social being. These are:

1. Our material transactions with nature.
2. Social structure (or society)
3. Social interactions between people (relationships).
4. The stratified embodied personality (the individual person).

Bhaskar (2016) argues that this laminated system illustrates how our embodied personalities are in constant interaction with others, society (or social structures as a whole) and the natural world. Moreover, Bhaskar (2016) argues that the ecological element (our material transactions with nature) is often overlooked by social theorists. In terms of usefulness for a study concerning wellbeing in organisations, it will be important to consider the extent to which participants report that the wellbeing of individuals is impacted by or interconnected with relationships between people, such as the relationship between a manager and employee, society, and ecological factors.

The second laminated social system invites researchers to think in levels of scale. Bhaskar's seven-scalar social being laminated system is an example of what is meant by this (Armstrong, 2019). Bhaskar states that reality emerges through levels and tentatively suggests these levels of scale could be:

- (i) the sub-individual level of motives and depth psychology,
- (ii) the individual level of the biography of the individual personality,
- (iii) the micro-level of small-scale interaction,
- (iv) the meso- level of functional roles and structural positions, defined in relation to ongoing practices and institutions.
- (v) the macro level, concerned with the properties of large wholes, such as the UK economy or contemporary Norway.
- (vi) the mega-level, occupied with long geo-historical stretches or swathes of space-time such as medieval Christianity or feudalism.
- (vii) the global or planetary whole, or even,
- (vii*) the planetary of whole world geo-history (of course itself embedded in cosmic geo-history). (Bhaskar, 2016, p. 83-84).

It is important to reflect on the notion of emergence here. Danermark et al. (2005) explain that properties and mechanisms at lower levels can emerge into new non-reducible mechanisms at

higher levels. Thus, individual agency can emerge into collective agency (perhaps action in terms of changing the discourse around wellbeing), which may then emerge into macro level mechanisms such as the functioning of a whole society. Collier (1989) and Danermark et al. (2005) suggest that these mechanisms contain parts of the previous levels, but the new higher mechanisms are not reducible to those parts¹⁷.

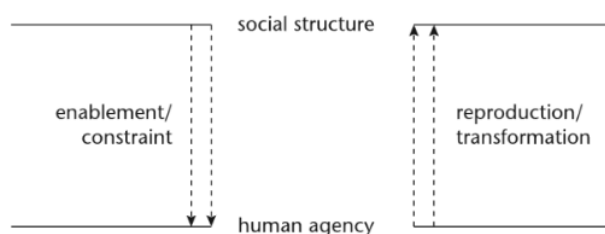
The notion of ‘hierarchy’ is controversial, however Elder-Vass (2005, 2010b) notes that emergence within these strata undoubtedly implies a hierarchy of levels. Critical realists such as Danermark et al (2005) are careful to state that there is no definite number of strata. Bhaskar (2016) also states that his example is not an exhaustive taxonomy. In terms of importance for research concerning wellbeing, it will be important to consider where potential mechanisms might reside. For example, biological mechanisms impacting wellbeing will exist at the sub-individual level. Trust within a team is perhaps an example of a micro-level mechanism. At the macro level, one might suggest that statistics pointing to a cost-of-living crisis is a mechanism. Bhaskar et al. (2018) suggest that statistical rates of obesity could be an example of a macro causal mechanism.

Danermark (2019) notes that multiple scholars have proposed their own versions of levels of scale such as Bronfenbrenner’s (1977) ecological model of human development, which represents micro, meso and macro levels of analysis. Bhaskar (2016) refers to the World Health organisation’s concept of the bio-psycho-social as an example. Thus, researchers may also wish to utilise these alternative models of levels of scale.

3.2.5 Transformational model of social activity (TMSA) and Archer’s morphogenesis theory.

Two other ways in which critical realists conceptualise the complexity of social systems is through Bhaskar’s TMSA and Archer’s (1995) morphogenetic and morphostatic model (MM). The TMSA outlines how social structure enables or constrains human agency, which then transforms or reproduces social structure.

Figure 3.2: The TMSA. Model taken from Bhaskar (2016, p. 52).



¹⁷ Importantly, Danermark et al., (2005, p. 61) note “the crucial insight that it is just the mechanisms that are stratified, not the phenomena – events, creatures or things”. Thus, entities can be assigned a ‘level of scale’, but it is mechanisms that emerge through the levels of scale.

In the TMSA the structure of society is necessary for individuals, and it pre-exists them. In turn individuals can be enabled or constrained by society and they can also transform society. Individuals are socialised into society through norms, rules, and customs (Rogers & Teehanke, 2020). Mingers (2004) suggests that the TMSA is similar to Giddens's (1979) theory of structuration. However, Giddens's theory suggests that agency and structure are combined and create one whole entity (Thursfield & Hamblett, 2004). Archer (2005) calls Giddens's theory 'central conflation' and states that agency and structure are two very different entities, with very different properties and thus they cannot be merged (Thursfield & Hamblett, 2004). Therefore, Archer (2005) argues that they exist morphogenetically in that they produce or reproduce each other. Archer's MM theory is discussed further below.

When using the TMSA model to make sense of what is occurring between agents and structures, Hesketh and Fleetwood (2006) suggest that hermeneutic information is required. That is, researchers need an understanding of how agents make sense, interpret, and understand events and information. Importantly, hermeneutic moments will always be fallible (Rogers & Teehanke, 2020) as people struggle to identify the reasons, causes or conditions that may have led to certain events or decisions. They may not be sufficiently aware of how society and culture has had an impact on them, and thus would not relay this information to the researcher. Vandenberghe (2014) suggests that critical realism needs a stronger integration with hermeneutics (the study of interpretation) and phenomenology, which focuses on the human experience of the world (Moran, 2000). Thus, this thesis focuses on the experience of wellbeing interventions and strategy and also considers how participants are interpreting factors in society and culture and the extent to which this impacts the definition and enactment of wellbeing.

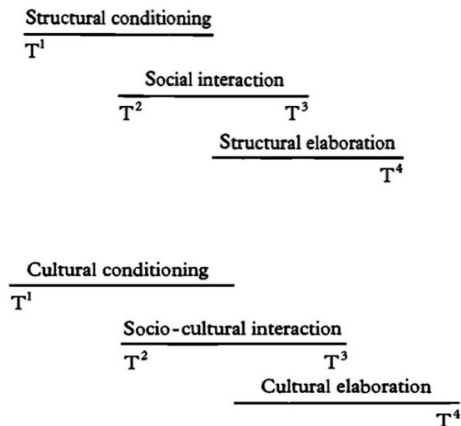
3.2.5.1 Archer's morphogenetic approach

Archer's morphogenetic (MM) approach is very similar to the TMSA, and predates the TMSA (Archer & Morgan, 2020). The TMSA and MM do indeed seek to explain the same phenomenon, however, in Archer's words (Archer and Morgan, 2020 p. 185), MM adds the following,

What M/M adds are the important implications of the fact that every current emergent structural property does have a history and an important part of giving a complete causal account of that property is to explain where it came from diachronically and not simply how it works synchronically.

Archer (2016) has also suggested that models such as the TMSA are ontological in that they do not fully explain how to collect data and undertake research. Thus, the MM model also has temporal phases and distinguishes between structure¹⁸, culture¹⁹, and agency²⁰ (Newman, 2018).

Figure 3.3: The morphogenetic sequence (Archer, 1995).



The models shown above suggest that structures and culture evolve and change over time - (The capital Ts in Archer’s model stand for time). Archer (2010) suggests that the timelines above are actually continuous, however when researchers choose to tackle a specific problem, then for analytical reasons, it is helpful to view the lines as represented above. In danger of over-simplifying Archer’s work, it is suggested that at time one (on both models), there is always a pre-existing context, which is made up of the cultural, structural, and agential interactions that existed before. Following time one, a new interaction between structure and agency occurs at time two. In the period between time two and time three, agents can “speed-up, delay or prevent the elimination of prior structural influences” (Archer, 2010 p. 240). However, the actions and will of agents is always constrained and / or enabled by pre-existing social structures. The final line of the models suggests that through the interplay of agency structure and culture, one might find that structures or culture at time four are elaborated, transformed, or reproduced. Indeed, this depends on how successful

¹⁸ Definition of structure: “Structure or institutional structure refers to sets of internally related objects (which may be physical, material resources) and practices (carried out by human resource). It represents the realm of interests (Archer, 1996: xi). Institutional structure relates to the context of action in that ‘all structures manifest temporal resistance and do so generically through conditioning the context of action’ (Archer, 2010a: 239).” (De Souza, 2014, p. 144).

¹⁹ Definition of culture: “Culture represents the realm of intersubjectivity and deals with ‘relations pertaining between ideas and the ideational influences operating between people’ (Archer, 1996: xiii). The cultural dimension of an action context, like the structural, both shapes and is shaped by groups of individuals. It defines what prevailing ideas inform the actions of individuals and what actions and outcomes are possible. The realm of ideas have the capacity to inform action.” (De Souza, 2014, p. 145).

²⁰ Definition of agency: “Individuals in society engage in action or non-action under the influences of structural and cultural conditions. Critical realism also assumes that they do so with intention and reflexive self-monitoring of their own individual interventions in the world.” (Bhaskar, 1998)” (De Souza, 2014, p. 145).

agents have been in transforming the status quo. Finally, Archer (2010 p.241) notes that time four is essentially the new time one and “the next cycle must be approached afresh analytically, conceptually and theoretically.”

Archer (1995) has criticised the reduction of structure into culture and suggests that culture is ontologically distinct from structure. At the heart of the TMSA and MM models is the notion that we are simultaneously enabled and constrained by society, and as intelligent actors, we also have some awareness of this (Archer, 1995). Thus, actors can mobilise others to act (agency) and transform culture or structure over time. However, the MM model also illustrates how actors can, through their actions, maintain the status quo (such as the institution of marriage or democracy).

There have been some critiques of Archer’s theory, and most notably, King (1999) has argued that constraints exist, but these are due to other agents and not structural forces that exist beyond agents. In response, Archer (2000) provides an argument and examples of how structure is indeed an emergent and non-reducible entity. In simplifying this for this research, it is important for a study concerning wellbeing definition and enactment, to understand how human agency (in this case the actions taken to build one’s own or others wellbeing) has, or is being enabled or constrained by properties and mechanisms in society and culture. As Archer (2000) suggests, it is important to know the differences between these entities for analytical reasons.

3.3 Critical realist epistemology

Bhaskar et al. (2018) suggest that the epistemology of critical realism is an ‘all inclusive’ form of relativism. It is all inclusive because it seeks to utilise the epistemological insights of other metatheories (Danermark, 2019). Critical realism’s relativist epistemology is based on the constructionist view that human beings construe the world in which they live and operate (Pilgrim, 2020). Thus, constructions are transient and will fluctuate and change over time. Critical realists take a relativist stance on epistemology because they believe that knowledge as obtained by humans is inevitably uncertain and incomplete (Bhaskar, 2016). For critical realists, the goal is to always try to acquire, albeit fallibly²¹, a version of reality that can be described with the evidence that has currently been obtained. Critical realists take the notion of a fallible epistemology very seriously and are thus tentative and reserved about claims to knowledge (Danermark et al., 2005). Danermark et al., (2005) note that all knowledge is fallible and open to correction, however some theories and knowledge are more or less fallible. For example, humans can use tentative knowledge to carefully judge the best way in which to protect themselves and change practices that are

²¹ Niiniluoto (1999) notes that the word ‘fallibilism’ emanates from the Latin word for ‘error’ and was first coined by philosopher Charles Peirce (1839-1914).

deemed to be evidently damaging (Danermark et al., 2005). Importantly, whether knowledge is obtained in the positivist, constructionist, or realist sense – the notion that knowledge is fallible means it must always be reported with caution.

Bhaskar et al. (2018 p. 143) state that critical realism is “epistemologically all-inclusive”, and they also call this the “critical realist embrace”. This is because critical realism understands that explanations might require statistics and discourse to provide an account of the whole picture. There is an argument that it is much easier to work in an inter-disciplinary way under critical realism due to its relativist epistemology. The research conducted for this thesis is interdisciplinary in that it is concerned with knowledge found in the disciplines of management, human resource management, sociology, and psychology. It is also interdisciplinary in that it is concerned with inter-ontological levels such as how macro and micro levels interact (Danermark, 2019). Therefore, a realist ontology and ‘all inclusive’ epistemology is fully able to underpin this form of interdisciplinary research without creating paradigmatic conflict (Danermark, 2019).

The epistemology of critical realism can disappoint those who have unrealistic expectations (Danermark, 2019). For example, within the wellbeing field, this might be the expectation that one can know a universal figure regarding return on investment for wellbeing interventions. Furthermore, because the researcher is central to the understanding of a phenomenon by the very nature that they must delve into the unobserved and unobservable, it is incumbent on researchers to understand how they have determined what can or should be known (Albert et al., 2020). The researcher will have a certain standpoint and historical perspective and therefore reflexivity is important (Albert et al., 2020). Moreover, inferences must have descriptive and interpretive validity and be ontologically plausible with explanatory power (Wiltshire and Ronkainen, 2021) – all of which are discussed carefully in the methodology chapter. However, as researchers are in a position of contributing to and / or producing knowledge, there must be stringent process by which theories are deemed valid and explanatory and this leads us on to critical realist axiology²².

3.4 Critical realist emancipatory axiology

3.4.1 Judgemental rationality.

The notion of a relativist fallible epistemology (explained above) leads clearly to the third ‘holy trinity’ (Pilgrim, 2020) of critical realism – which is judgemental rationality. In critical realism,

²² Before discussing CR axiology, it is important to note that critical realists believe it is entirely possible and legitimate to study social beings scientifically (Bhaskar, 1998). Bhaskar argues that ‘naturalism’, which is the term he uses for the idea that social subjects can be studied scientifically, is possible (Bhaskar, 1998). However, Bhaskar argues that researchers must take a critical stance towards this possibility (Bhaskar, 1998). Importantly, critical realism proposes a modified naturalism, within the limits of open systems and complexity (Sayer, 2000).

judgemental rationality is the process by which we argue our theories and explanations are credible (Rybczynska-Bunt et al., 2021). If knowledge is fallible, but still deemed to be valuable, then it is incumbent on people to determine which explanations of reality constitute the most accurate and informative explanations that should be accepted by society until light is shed on potentially more accurate explanations of reality (Bhaskar, 2016; Pilgrim, 2020). Judgemental rationality allows humanity to come to agreements on what theories may be more representative of the real mechanisms and structures in the world. Put another way, critical realists believe that some theories and explanations have more weight than others and can be fairly judged as superior against differing ideas (Rybczynska-Bunt et al., 2021). For example, critical realists are free to judge whether beliefs or structures within society are abhorrent and constraining (Sayer, 2000). Isaksen (2016) argues that critical realists such as Danermark et al. (2005) focus too much on ontology in their explications of CR, and less on the practicalities of rationally choosing an explanatory theory. Isaksen (2016) further argues that CR does not explain how to choose a mechanism and concludes that this third pillar of critical realism requires more work. In awareness of this, Rybczynska-Bunt et al. (2021) provide a worked example of judgemental rationality and encourage researchers to more clearly elucidate how and why certain theories were chosen.

3.4.2 Moral realism.

As a philosophy designed to help researchers make the world a better place, critical realism invites researchers to suggest what we should do, based on the best knowledge that we have in the present day. However, within critical realism there is no simple move from 'is' to 'ought' (Gorski, 2013; Thorpe, 2020), and Wry (2009) suggests that this cannot be achieved through moral arguments. Instead, Wry (2009) suggests that normative assumptions and suggestions can be made following extensive research, where researchers understand patterns, mechanisms, and processes within a social context. Vandenberghe (2014) argues that CR can be more incisive on normative issues, however, there are understandably concerns about making normative judgements and these concerns are reinforced when scholars such as Pawson (2006) distance their realist work from any notions of the normative and critical.

Despite this, Price (2019) argues that we need more normative acknowledgement of the causes of things such as climate change. These normative assumptions essentially help us to take the right actions to survive. I would argue that this also applies to any study concerning wellbeing. Moreover, taking 'right action' is a central component of Bhaskar's meta-reality, which is discussed below. Many critical realists are moral realists in that they suggest that values can transcend us as humans (Ash, 2022, Price & Martin, 2018). This means that morals can be transcendent moral facts

that are real and must be acted upon. For example, moral realists might argue that slavery is objectively wrong (Patel & Pilgrim, 2018) and thus the negative valuation of slavery is a moral fact. Conversely critical realists such as Elder-Vass, reject the notion that there can be objective moral facts (Elder-Vass, 2010a). Instead, some critical realists suggest that Habermas's (2015) notion of a moral consensus can help us to make normative assumptions about what to do (Vandenberghe, 2019). However, the 'consensus' solution is countered by the argument that history has proven that whole swathes of people can be less accurate than one single voice, which can be more representative of reality than the consensus (Price, 2019). Consideration of what should happen to ensure human flourishing for all leads on to wave three of Bhaskar's philosophy – the philosophy of meta-reality.

3.5 The philosophy of meta-reality

3.5.1 What is the philosophy of meta-reality?

Whilst I do not have the space to fully do justice to the philosophy of meta-reality (PMR), I will aim to provide a useful summary and explain why PMR is pertinent for a study of wellbeing in organisations. It is important to note that not all critical realists support Bhaskar's vision of meta-reality (Benton and Craib, 2011; Vandenberghe, 2014). Vandenberghe (2014) suggests that many critical realists did not agree with what was perceived as a spiritual turn and they could not understand why this was a natural extension of the first and second wave of critical realism. However, Bhaskar's meta-reality is not just concerned with the spiritual and it differentiates any aspects of spirituality sharply from religion (Hartwig & Morgan, 2013). Thus, it is possible to gain a broad (and secular) understanding of the key ideas within meta-reality and then consider what these ideas may mean for a study concerning wellbeing strategy in organisations.

Meta-reality essentially aims to under-labour for a social science which seeks to indicate how humans can work on themselves to produce an emancipated flourishing society (Morgan, 2003). Bhaskar (2012a, 2012b) suggests that all of us have a core ground state and ground potential, that is being stifled by parasitic structures. In other words, it may be interpreted that Bhaskar is suggesting that we all have a core personality (that is good) and we each have potential that is being stifled and thwarted by structures and society. Bhaskar (2012a) suggests that we must learn about and throw off these parasitic constraints if we are to take 'right action' in the project of flourishing for all.

3.5.2 Why do we need PMR as a philosophy of science?

It may be argued that the core reason why Bhaskar's philosophy of meta-reality is timely is because we are currently experiencing significant crises on all four planes of social being. Bhaskar (2020p. 119) states that "all four planes are social being are shot through with wide-spread alienation and multiple crises." Supporting this, Alderson (2021) suggests that the four planar social being model assists us in identifying the extreme crises that saturate our time on this planet, and therefore deserve our research attention.

Bhaskar (2020) argues that this understanding of the four planes and the levels of scale can provide a context for persons to begin to ask what sort of social structure is conducive for wellbeing. Thus, the study found within this thesis can begin to ask what mechanisms, at what levels and on which planes of social being are enabling or thwarting the actions of actors who are seeking to take 'right action' in and through their work, towards more flourishing on all four planes of social being. With this in mind, Bhaskar (2016) suggests that social science has an important role to play in addressing false beliefs and highlighting absences. Bhaskar (2016) argues that historically beliefs (such as beliefs about race) have been proven to be false by science, and science continues to have a role to play in highlighting and explaining false beliefs, which can then lead to policy change. These changes are thus a pathway towards human flourishing and wellbeing (Bhaskar, 2016). Interestingly, Bhaskar (2012a, 2012b) suggests that false beliefs about what is right will create absences, contradictions and essentially a lack of flourishing – and these can be observed empirically. This insight is important for the present research because the previous chapter highlighted that there are many problematic beliefs about wellbeing.

Bhaskar passionately writes about the project of human flourishing for all within a flourishing material world (Bhaskar, 2020), that many of us may instinctively recognise in our own desires and well-intentioned actions to make the world a better place. However, it is always entirely possible that our beliefs about what constitutes and is conducive to human flourishing are perhaps inaccurate, biased or limited. In other words, our well-intentioned actions may be based on false, limited or only partially accurate beliefs (Bhaskar, 2016). An example of this in the wellbeing literature is the idea that we should strive to always experience positive emotions for optimal human functioning and wellbeing (Fredrickson. 2001). However, many scholars have provided examples of how this is not always the case and emotions such as sadness, anxiety and boredom can in some circumstances feel positive and lead to positive outcomes (Lomas, 2016). Conversely, emotions such as forgiveness, optimism and contentment may feel negative or lead to negative outcomes (Lomas, 2016). Indeed, in line with the notion of transcending dialectics (Bhaskar, 2016), emotions may be co-valanced (Lomas & Ivztan, 2015) in that they may be simultaneously positive

and negative until one stops and observes in a moment in time, and then through a moment of judgemental rationality assigns the emotion based on the unique context and circumstances. Vandenberghe (2014) argues that Bhaskar believes in social change and emancipation through knowledge. However, as mentioned previously, not all social scientists believe that science has the right to discern what is right or wrong, correct or false (Hammesley, 2002, 2009).

Ultimately, through PMR, Bhaskar (2020) is suggesting that we can move towards a good, eudemonistic society and wellbeing for all if we stop to ask how we could do things differently and better. Moreover, Bhaskar invites us to ask how we may help people and organisations to achieve their potentiality – the potential to optimise oneself and one’s wellbeing and then the potential to take ‘right action’ in the service of the totality (Bhaskar, 2021). Bhaskar (2020) argues that PMR helps one to think about these alternatives in detail.

3.6 Critical realism in practice.

3.6.1 The conflation of realist evaluation and critical realism

After searching multiple databases (in January 2023), there does not appear to be a single study concerning wellbeing that takes a Bhaskarian critical realist approach through utilising retrodution. However, there are several studies that have utilised realist evaluation (RE) (Pawson & Tilley, 1997) for the evaluation of wellbeing interventions. RE is somewhat related to critical realism, but they are still very different philosophically (Porter, 2015a). Therefore, in this section I introduce RE and explain how RE and CR differ, before critically discussing existing RE wellbeing research. In the next section (3.6.2), I outline how the critical realist paradigm has been operationalised through related research. Furthermore, I discuss how critical realism can support a study concerning wellbeing and the generation of explanatory theory. It is important to first focus on realist evaluation, because realist evaluation is related to (and conflated with) critical realism and it has also produced research pertaining to wellbeing (Porter 2015a; 2015b; Manley et al., 2019).

RE was introduced by Pawson and Tilley in their 1997 seminal book *Realistic Evaluation*. The main goal of RE is to provide a methodology that supports researchers to evaluate the effectiveness of interventions and programs. The mantra of RE is, “what works for whom in what circumstances and why?” (Pawson & Manzano-Santaella, 2012 p. 178). RE specifically seeks to uncover the Context-Mechanism-Outcome configurations (CMOCs) that can explain how and why an intervention works (Pawson & Tilley, 1997). Thus, on the surface, RE appears to be similar to CR because it is concerned with the interplay of context and mechanisms. However, when one compares the two paradigms more deeply it becomes clear that they are very different (Porter, 2015a).

Importantly, 'context' and 'mechanism' are defined and operationalised very differently within these two paradigms. Bhaskar's understanding of a mechanism has already been discussed within this chapter. Dalkin et al. (2015) note that Pawson and Tilley (1997) believe that mechanisms are predominantly found within individual or collective human reasoning, and mechanisms that may exist within structures tend to be disregarded within the RE paradigm. Thus, there are some instances where RE, which widely claims to emanate from CR (Alderson, 2021), has been criticised for misrepresenting Bhaskar's understanding of ontology (De Souza, 2022).

De Souza (2022) also outlines how CR and RE differ in the conceptualisation of 'context'. Pawson and Tilley (2004) state that context must not be confused with locality, and therefore RE researchers do have a broad understanding of what context can be. The difference in perspective lies in the approach to diachronic (involving a time dimension) and synchronic (present moment) aspects of context (De Souza, 2022). In analysis of data, CR researchers conceptualise context as synchronic and diachronic and therefore CR researchers consider how historical events (or mechanisms) may have contributed to the phenomenon under investigation (De Souza, 2022). De Souza argues that RE focuses more on the synchronic aspects of context only, and the diachronic elements of context are often missing from RE research. For clarification, the word 'conditions' is used interchangeably with context within both paradigms (De Souza, 2022), and in critical realism, the word conditions is used more often than context and signifies the whole range of "circumstances without which something can't exist" (Danermark et al., 2005, p. 96).

Some researchers within RE have indicated that the context-mechanism-outcome (CMO) heuristic is not well thought through, and they struggled to delineate what is a contextual factor versus what is a mechanism. For instance, Dalkin et al. (2015) discuss the challenges that they encountered whilst aiming to distinguish between context factors and mechanisms within a realist evaluation study. They also suggest that they struggled not to confuse aspects of their intervention with mechanisms. Lacouture et al. (2015 p. 2) talk of the 'CMO dilemma' and suggest that the boundaries of context and mechanisms could be more clearly defined within RE. However, from a critical realist perspective, simply defining the boundaries does not overcome the fundamental problem that the CMO equation is just another way of adding elements up (Hinds & Dickson, 2021), which diminishes the larger complexity of how context (or conditions), mechanisms and outcomes are in an interplay.

There is a peer-reviewed published debate between Porter (2015a, 2015b, 2017) (a critical realist) and Pawson (2016a, 2016b). Pawson (2016a, 2016b) appears to argue that RE has got on with the task of real empirical research, and has pragmatically conducted more empirical research than critical realists who are consumed by philosophical pondering. However, Porter (2017) argues

that in hastening to empirical work, RE has been harmed by a lack of philosophical underlabouring, which is evident in complaints about the context-mechanism-outcome configuration (CMOc) heuristic (Dalkin et al., 2015; Lacouture et al., 2015). Furthermore, there are differences and nuances in the stance towards values and normativity. Porter (2017) appears to suggest that RE should be more critical of the values of policy makers and consider more carefully whether programs are what people really need. This value judgement goes above and beyond the mantra *what works, with whom, how and why* (Pawson & Manzano-Santaella, 2012). In response, Pawson (2015b) appears to misrepresent and overstate the CR approach to normativity by suggesting that critical realists make value judgements a priori – and this is something he is strongly opposed to. These debates are only a sample of the strong differences of opinion that exist between RE and CR scholars. However, it is already clear that RE is not CR, by any means, and therefore it is important to understand that perhaps some incommensurable philosophical differences do exist. In defence of CR, Thorpe (2020) explains that many new disciplines historically sought to gain legitimacy and recognition through scientism and positivism. Thus, the explicit rejection of positivism may have hindered the development of CR. Fortunately for CR, this dominant paradigmatic stance may be changing (Corry et al., 2019). Another important difference is that RE focuses primarily on the evaluation of interventions, whereas CR goes beyond the evaluation of interventions and is more broadly interested in explaining phenomena. The goal of the present study is to explain phenomena – it is not to evaluate an intervention. Thus, this is another justification for the selection of CR over RE.

With that said, there are some interesting studies concerning wellbeing in organisations conducted through the paradigm of Realist Evaluation. Moreover, as proponents of realist evaluation discuss the impact of mechanisms and context, it is important to briefly provide an overview of these studies here. After searching databases, five articles were identified as evaluating wellbeing interventions within organisations utilising RE. Busch et al. (2021) evaluate the impact of burnout coaching for small business coprenurs. This is a mixed method RE that predominately utilises deduction. The study suggests that spousal support is a mechanism that predicts positive outcomes pertaining to wellbeing. Manley et al. (2019) explore the effectiveness of strategies that embed a culture of safety in the workplace. Manley et al. offer 24 CMO configurations, however, their key finding is that safety cultures are embedded when people are person-centred in their relationships. von Thiele Schwartz et al. (2017) evaluate a practice called Kaizen which is considered to improve wellbeing through participatory continuous improvement. This was an organisational level intervention which was considered to have a promising positive impact on quantitative indicators of wellbeing at 24 months post intervention. Similarly, Abildgaard et al. (2020) investigate

organisational level participatory interventions that aim to improve employee wellbeing. The researchers report that these interventions do not produce one-size fits all results and multiple mechanisms are in an interplay within organizational contexts. Moreover, the authors suggest that more exploratory work is required to explore the complexities of interventions. Finally, De Angelis et al. (2020) is a realist evaluation of multi-level interventions designed to promote mental health in SMEs and public workplaces. The article is a concept paper for the research project and therefore does not present research findings. It is however an interesting project which aims to identify the impact of multi-level interventions for employee wellbeing.

These five articles are interesting examples of efforts to produce CMO configurations. However, they are different to the critical realist approach because they do not explicitly utilise or mention abduction or retroduction. Moreover, there is very little freedom from the empirical data (Mukumbang et al. 2021). Additionally, these examples do not consider the impact of potential absences and they do not appear to conduct exploratory work concerning what people actually want for their wellbeing. However, the participatory interventions outlined above may involve the views of all stakeholders including employees. A critical realist approach can add a novel lens to wellbeing research because it is a less prescriptive in the way in which it asks researchers to report the interplay between context and mechanisms (such as through the CMOc). Moreover, CR moves past the assertion that mechanisms mainly reside within human reasoning (Dalkin et al., 2015).

De Souza (2022) also argues that RE is perhaps developing into another 'closed system' paradigm in that many studies focus narrowly on contextual factors rather than the larger landscape surrounding what is going on. McCausland (2019) reported that some interviewees complained about decontextualisation in their RE programme evaluation because researchers had not taken broader features of context (beyond the scope of the programme) into account. Critical realism avoids this criticism by not limiting findings to CMO configurations. It encourages researchers to think about the ways in which mechanisms exist at different levels (or stratifications), how they are temporal, and the ways in which these mechanisms may have the tendency to be triggered through social structures (Danermark et al., 2005). Therefore, in the context of wellbeing, researchers have more freedom to think more about the complexity of the historically situated social world and how mechanisms may be triggering within that complex social world. This is important for wellbeing in organisations because (as already outlined in chapter two) wellbeing is impacted by multiple life domains (Synard & Gazzola, 2017) that evolve from a complex social world. Moreover, a range of external and internal contextual factors (past and present) could be involved in triggering the mechanisms that lead to definitions, enactments and experiences of wellbeing strategy and initiatives (La Placa et al., 2013), as empirically observed.

Therefore, it may be problematic to link contextual factors with mechanisms in a linear equation type style and the complexity of the interplay between context and mechanisms may be better represented through a variety of means such as logic models (Hinds & Dickson, 2021). Hinds and Dickson (2021) argue that Context + Mechanism = Outcome heuristic is another form of adding things up and thus does not fully move towards the notion of complexity that a critical realist may wish to represent (Hinds & Dickson, 2021). Hinds and Dickson (2021) provide some clear examples of loop models and then represent the models simultaneously through equations and a narrative, which aim to depict a more complex understanding of what is occurring. However, perhaps most importantly, the non-prescriptive stance of CR (Bhaskar et al., 2018; Danermark et al. 2005) allows researchers to present findings through novel or creative means if they choose to do so.

3.6.2 The application of critical realism to research outside of wellbeing.

Considering critical realism was first introduced by Bhaskar in 1975, it is surprising that applications of critical realism are in their infancy. This is particularly true in psychology. Pilgrim (2020) notes that researchers trained in psychology are presented with a choice of the contradictory paradigms of positivism and postmodernism. In Positive Psychology, which is branded as the “scientifically informed perspectives on what makes life worth living” (Linley et al., 2006 p. 5), scientism and positivism dominates extensively, to the detriment of many other paradigms (Wong & Roy, 2017). It appears that critical realism is rarely utilised by psychologists working within business and management, and this is reflected in the complete lack of critical realist studies exploring wellbeing (and what makes life worth living) in organisations. Several databases have been searched for studies that combine critical realism with the study of organisations and wellbeing. As of January 2023, not one empirical study genuinely takes a critical realist stance, rather than a realist evaluation stance. There are, however, other empirical studies within other domains and there are several articles that seek to offer methodological exemplars. This section will begin by outlining some of key contributions found within these critical realist empirical studies, followed by an overview of some key exemplars. This section will then further outline why CR is a suitable paradigm for the generation of explanatory theory within the topic of wellbeing.

There are some genuine critical realist empirical studies in the related discipline of entrepreneurship. Dy et al. (2018) explore emancipation through digital entrepreneurship. This is a rare example of a qualitative study that adopts Bhaskar’s DREIC model in a bid to provide causal explanations. The DREIC model (description, retrodution, elimination, identification, correction) is explained in detail in the methodology chapter). Moreover, Dy et al. (2018) innovatively explore absence through a ‘paired cases’ analysis. This allows the researchers to identify similarities and

differences between cases and then reproduce what impact absences could be having. Hu et al. (2020) also explore social entrepreneurship through the use of DREIC and retrodution and they produce explanatory theory. It is worth noting that there is some cross-over in authors between these studies.

Shaw et al. (2019) provide a genuine application of critical realism through DREIC and retrodution in the related discipline of Operational Research. The use of DREIC allows the researchers to elucidate the causal generative mechanisms that may have impacted the Brexit journey in the UK. The researchers note that critical realism allowed and provided the conditions needed to identify generative mechanisms – such as an acceptance that researcher creativity is important. Critical realism is well represented in Information Systems research. For instance, Mingers and Standing (2017) further outline several studies that have utilised critical realism within this discipline. This representation is perhaps the result of some prominent critical realist leaders in the discipline such as Mingers and Standing (2017) and Wynn and Williams (2012, 2020).

A few other empirical studies also take a critical realist approach without the use of DREIC. McGhee et al. (2017) explore spirituality at work and utilise retrodution to propose generative mechanisms. Snell et al. (2015) explore worker stress and the prospect of job loss in organisations through qualitative methods. They also utilise retrodution and discuss generative mechanisms. It is the explicit use of critical realist retrodution and the identification of generative mechanisms that makes these studies critical realist (Bhaskar, 2016). However, DREIC is perhaps a useful heuristic offered by Bhaskar.

I have identified several articles that are considered to be CR methodological exemplars. Fletcher (2017) is considered to be a key exemplar which elucidates how to conduct a qualitative study within the CR paradigm. Similarly, Wiltshire and Ronkainen (2021) provide exemplary detail concerning how to conduct a CR thematic analysis. Two exemplars provide guidance regarding a critical realist grounded theory approach (Belfrage & Hauf, 2017; Hoddy, 2019). Haigh et al. (2019) offers an interesting exemplar and provides an explanatory framework, which innovatively represents critical realist ontology. Hastings (2021) offers an exemplar concerning a quantitative approach to CR. Hu (2018) and Saxena (2019) offer excellent exemplars for the case study approach within CR. Moreover, Edwards et al. (2014) offer a practical resource for studying organisations using critical realism. Finally, Rybczynska-Bunt et al. (2021) contribute a worked example of judgemental rationality. These exemplars all offer valuable guidance for researchers wishing to take a CR approach.

Critical realism is a suitable paradigm for the study of wellbeing strategy in organisations for many reasons. Wellbeing is a multi-dimensional phenomenon in that it involves multiple dimensions

regarding how one's *being* might be well (Lomas, 2023). Wellbeing is concerned with dimensions such as the physical, psychological, and social. Therefore, wellbeing as a construct is arguably multi-ontological. Furthermore, the factors that impact wellbeing can include macro level forces such as warfare, relational level forces such as the interactions between people and individual level forces, such as individual mental health (Bhaskar et al., 2018; Pilgrim, 2021). Alderson (2021) and Pilgrim (2021) suggest that there are multiple societal and global forces that influence wellbeing, and whilst it is difficult for individuals to control these factors, it is still important to understand how these macro forces contribute to distress or improved wellbeing. Thus, it is clear that critical realism is an ideal philosophical paradigm for wellbeing because it uniquely accommodates this stratified and multi-ontological perspective. Critical realism supports interdisciplinarity (Bhaskar et al., 2018), which makes it easier and more fruitful to study a phenomenon and topic that spans disciplines such as psychology, sociology, HRM and business and management in general.

Bhaskar's four planar social being model introduced earlier also supports the study of wellbeing. Pilgrim (2020) suggests the discipline of psychology makes bold claims based on just one side of the four planar social being model (namely, the individual embodied personality side). Whereas, in reality the individual is situated in and interconnected with all sides of this model. Alderson (2021) suggests that the four planar social being model demonstrates how very large topics, such as our transactions with nature are connected to very small topics such as the mental and physical wellbeing of an individual person. Bhaskar (2016) encourages researchers to not overlook any one of these planes when considering multifaceted and multi-dimensional topics such as wellbeing.

Moreover, as mentioned previously, CR is a 'serious' philosophy of science (Bhaskar, 2016) in that it is concerned with producing research that can be utilised to make the world a better place and ensure the free flourishing of all (Alderson, 2021). CR is not an objective and value free philosophy (Hammersley, 2009). CR aims to identify, elucidate and be critical of false beliefs and the institutions that support those false beliefs (Bhaskar, 2016; Hammersley, 2009). Thus, CR is tentatively normative (Bhaskar, 2016), and providing research is conducted with rigour, researchers can make tentative suggestions regarding what may be a false or limited belief, or what may need to be changed or done in a specific situation. Scholars such as Hammersley (2009) are fiercely opposed to this stance. However, for the topic of wellbeing in the present research, it has been important to identify limited beliefs, and indicate what could be done differently (pointing to empirical findings) and offer suggestions for making wellbeing strategy better in organisations. Critical realists believe that when the world is in crisis, it is possible to study the causes of this and act to make the world a better place (Bhaskar, 2012a, 2012b). The study of wellbeing could indeed feel meaningless if there

was no possibility of making a positive difference based on rigorous research. Indeed, researcher reflexivity and knowledge of positionality must be important in this instance (Albert et al., 2020), and this is why a reflexivity statement was provided in chapter one.

Researchers are afforded many benefits when they select critical realism as philosophical paradigm for their research. Critical realism addresses some major concerns within social science such as the critique that there is too much correlational and propositional thinking about causality (Cornelissen, 2017). Furthermore, Welch et al. (2011; 2022) suggest that critical realism provides the paradigm required to produce contextualised explanations, thus reconciling theory and context. Within critical realism, the context is inherently part of the theory and is not controlled or ignored as it may be within other paradigms. Thus, CR allows researchers to break conventions and utilise their creativity (Shaw et al., 2019) to propose novel generative mechanisms that may explain empirical findings. Plakoyiannaki and Budhwar (2021) invite researchers to question conventions found within the qualitative paradigm. For instance, Plakoyiannaki and Budhwar suggest that the generation of new theory can involve an interplay of prior and new theory, which is a break from qualitative convention. CR encourages this approach to existing and new theory by promoting the use of abduction and retroduction (Fletcher, 2017), which is discussed further in the methodology chapter. In another break from convention, Bhaskar (2009 p. 74) suggests that CR researchers benefit from being “multitheoretic-lingual”, meaning that they understand multiple theories. Thus, researchers who are multitheoretic-lingual consider the interplay of multiple theories when considering what mechanisms must exist and what existing and / or new explanatory theory is pertinent. This is perhaps particularly important for an inter-disciplinary, theory rich topic such as wellbeing.

In critical realism, it is recognised that mechanisms often exist in the hidden realm of the real (Bhaskar, 2016). Thus, CR researchers are afforded time for some empirical freedom (Mukumbang et al. 2021), meaning that during abduction and retroduction, the researcher may consider what else might be influential and what else must exist in the domain of the hidden real (Danermark et al., 2005). Thus, CR researchers have the dual possibility of contributing to existing theory or generating new theory if this generation occurs. There is a level of freedom and trust in the researcher that is perhaps not given in more prescriptive approaches where a priori theory is necessary for deduction (Busch et al., 2021), or typically no reading of theory is expected – as in grounded theory (Fletcher, 2017). This freedom underlabours for creativity (Shaw et al., 2019) and creativity is arguably needed for the generation of novel theory. This freedom is important for the present research because there are multiple theories (spanning multiple disciplines) that could be explanatory for the topic of wellbeing in organisations.

CR is particularly useful for the generation of explanatory theory because the paradigm encourages abduction and retroduction. As mentioned previously, thinking about what has not been observed empirically, and the role this may be playing in participant responses or the social world in which they are embedded, is part of the domain of the actual, and involves abductive reasoning (Danermark et al., 2005). This is an important and contextualising aspect of theory generation. Then, in the retroduction phase, researchers hold the surface level empirical data, and purported unseen events in mind (Bhaskar's domains of the empirical and actual), and then creatively think about what *must* exist for X to be in existence. This is Bhaskar's (2008) domain of hidden real mechanisms. Researchers then tentatively outline their explanatory theory, which seeks to explain empirical findings, which is then subjected to judgemental rationality and evaluations of ontological plausibility and explanatory power (Wiltshire and Ronkainen, 2021). This is important for wellbeing because wellbeing is a complex (and stratified) topic, which means that it is important to have the freedom to think about what has been unobserved, and also what mechanisms are unobservable.

3.7 Conclusion

Alderson (2021) notes that critical realism is ultimately concerned with flourishing, therefore, critical realism is a suitable philosophy of science for the study of wellbeing in organisations. Bhaskar (2020, p. 118) asks "how can we move in the direction of a society, which if not 'good', will at least be better than the one that we currently have?" The answer to this possibly (and partially) lies in how looked after and valued we are at work and the extent to which collectives such as organisations contribute to a flourishing society. Thus, it is crucial that we help the workplace to do 'wellbeing' better in the service of individuals that make up the organisations that make up our society. There does appear to be some promising movement in the attitudes of organisations to have this social responsibility for the wellbeing of all involved, and Mair and Seelos (2021) have noted that organisations are shifting from a focus on solving societal problems to an interest in positively impacting social systems that generate the social problems in the first place.

This chapter has elucidated the key tenets of critical realism including its critical realist ontology, relative epistemology and emancipatory axiology (Bhaskar, 2016). It has been suggested that critical realism can help us to shed light on novel mechanisms and concepts, through means not found in conventional paradigms. The literature within this chapter justifies and provides a grounding for the two methodological questions outlined in section 1.2. In the next chapter I illustrate exactly how critical realism was utilised methodologically to understand wellbeing definition, enactment and experience in three organisations.

Chapter 4: Methodology

4.1 Introduction

The main objective of this thesis was to explain how and why wellbeing is defined, enacted, and experienced in the workplace and the goal was to contribute some explanatory theory (Eastwood et al., 2014; Saxena, 2021). Thus, the goal was not just to provide descriptive findings, but also an explanation situated within a context (Miles & Huberman, 1994). Welch et al. (2022) argues that contextualised explanations are essential for a thorough explanatory theory. Therefore, a decision had to be made regarding the most appropriate approach for this type of contextualised study, and it was decided that a comparative case study would be an approach that would allow this study of phenomena in context (Easton, 2000). Furthermore, qualitative methods were selected as these methods support critical realist creative theorising (Price & Martin, 2018; Shaw et al., 2019).

The philosophical stance of critical realism has implications for research methods (Danermark et al., 2005). Critical realists do not dictate or define what methods are accepted within critical realism, but provide the caveat that the methods chosen should be appropriate for answering the research question(s) (Bhaskar et al., 2018). In chapter three, it was explained that critical realists are interested in moving beyond empirical data and the empirical domain (Bhaskar, 2016) by exploring the domains of the actual (what else might exist) and real (unobservable mechanisms). Moreover, within these domains, critical realists seek to identify causal forces within stratified laminations, such as causal forces that pertain to macro, micro, individual or sub-individual strata (Bhaskar, 2016; Danermark et al., 2005). Whilst critical realists do not impose rules and expectations regarding choice of methods, there is an expectation that researchers do not commit the epistemic fallacy (defined in chapter three) (Bhaskar, 2016). In this research, committing the epistemic fallacy was avoided by utilising abduction and retroduction to consider what else may exist in the domains of the actual and real (Wiltshire & Ronkainen, 2021). This chapter will fully outline the methodology used to identify proposed causal forces.

I begin this chapter by describing and justifying the comparative case study approach. Moreover, I describe and justify why I selected qualitative research methods. I then describe and justify how and why I selected my case study organisations and my data collection strategy. I provide details concerning how I gained access to organisations. I then provide details concerning all of the data collection methods. Following this, I explain how a critical realist approach to data analysis – namely Bhaskar’s ‘Description, Retroduction, Elimination, Identification and Correction’ (DREIC) (Bhaskar, 2016) process was fully adopted alongside reflexive thematic analysis (Braun & Clarke, 2021a). Furthermore, I explain how a thematic analysis combined with DREIC makes it possible to utilise four modes of inference (induction, deduction, abduction and retroduction) whilst

iteratively working through the domains of the empirical, actual, and real (Wiltshire & Ronkainen, 2021). The constructs of 'absence' and 'false beliefs' (Bhaskar, 2012a, 2012b) were introduced in chapter three; however, this chapter builds on this and explains how these CR constructs were operationalised within the research. Moreover, their inclusion in the process is justified. The chapter then proceeds to explain how an explanatory theory or theories were selected, including the steps taken to ensure transparency, rigour, plausibility, and explanatory power (Wiltshire & Ronkainen, 2021).

4.2: Research design and strategy

4.2.1 The comparative case study approach and an overview of the cases.

Whilst critical realists do not dictate or prescribe research approaches or methods, the case study approach is considered to be very appropriate for contextual explanatory research (Easton, 2010; Saxena, 2021; Wynn & Williams, 2012). Ackroyd and Karlsson (2014) go as far as to suggest that the case study is the chief design for critical realist researchers. The study within this thesis has aimed to capture empirical evidence surrounding the phenomenon of wellbeing strategy within a context (namely, the participating organisations). Causal factors at multiple levels of analysis are deemed to be important and explanatory (Danermark, et al., 2005). Thus, because the case study approach allows the inclusion of multiple methods of data collection such as contextual information across multiple levels of analysis, it was deemed to be the most appropriate approach for the research questions.

Yin (2018 p.15) defines the case study as “an empirical method that investigates a contemporary phenomenon (the “case”) in depth and within real world context, especially when the boundaries of the phenomenon and context may not be clearly evident.” This definition of a case study further illustrates how the approach aligns with the research questions. The research sought to investigate wellbeing strategy within organisations in depth, whilst also considering the real-world contextual conditions that may surround and interact with the enactment of wellbeing strategy.

The research approach is a specific type of case study – namely a comparative case study (Yin, 2018). Ackroyd and Karlsson (2014) suggest that comparative case studies can help to clarify variation in process and outcomes that occur, and multiple methods within comparative case studies provide researchers with an opportunity to explain differences.

Comparative case studies can also expose some demi-regularities (Wynn & Williams, 2012), meaning that causal mechanisms integral to an explanation may be demi-regular across case studies²³. Reay and Jones (2016) similarly suggest that comparative case studies can make patterns more visible. In choosing cases, Yin (2018) is pragmatic in suggesting that the cases need to provide access to the data required to complete the analysis for the research questions. Cases were selected if 1. They kindly granted access, 2. They had a range of management, wellbeing or HR practitioner and employee roles (in any function for management and employee roles) and 3. They had some level of a wellbeing provision in place. Organisations were also selected if they differed in size and purpose to organisations already taking part. This approach helped to provide a basis for useful comparisons. I was fortunate in that three organisations agreed to take part in the research and all three met the above criteria. I was also fortunate in that the three organisations were different in size, enabling me to consider the potential influence of variable contextual factors (such as global crises) and the extent to which the organisations also had similarities in their approach (Chirkov & Anderson, 2018).

In addition to the three organisational case studies, I also interviewed 14 wellbeing practitioners who worked in other organisations, owned wellbeing provider businesses, or had some role in promoting wellbeing within organisations. Ackroyd and Karlsson (2014) suggest that cases do not need to be narrowly drawn – they can be more broadly conceived, and to gain a contextualised explanation, it may be important to gather data from related external sources (Saxena, 2021). Thus, as some participants mentioned the influence of external speakers, other businesses, and social media ‘wellbeing influencers’, I felt that it was important to include the perspective of external practitioners and broadly define them as my fourth case. Sampling practitioners for the fourth case study was more iterative (Plakoyiannaki & Budhwar, 2021) in that practitioners were sometimes approached based on the interviews from organisations. Practitioners were included if they owned a workplace wellbeing business, were a Chief People Officer, Head of Wellbeing, Wellbeing Lead or HR Director with a responsibility for wellbeing. Practitioners were also included if they had other roles in promoting wellbeing in organisations. The following table provides a brief overview of the participant organisations and the fourth practitioner case study.

²³ Lawson (1997, p. 204) defines demi-regularities as “a partial event regularity which prima facie indicates the occasional, but less than universal, actualization of a mechanism or tendency, over a definite region of time-space.” In the present research, a demi-regularity could be the regular (but not universal) firing of mechanisms created by certain conditions such as perceived transparency within leadership or organisational culture. For qualitative researchers, demi-regularities are the patterns in the data, and it is possible to use inference to discern what conditions support or thwart the firing of these mechanisms.

Table 4.1 Overview of case studies

	Case study 1	Case study 2	Case study 3	Case study 4
Size (employees)	Large (40,000)	Medium (300)	Small (50)	14 practitioners
Industry	Travel	Security Technology	Marketing Technology	Multiple
Occupations	Multiple – blue- and white-collar workers.	Office and remote home workers.	Office and remote home workers.	HR, wellbeing managers and entrepreneurs.

For ethical reasons, it is not possible to reveal more information about the organisations as this could make them identifiable. However, the three organisational contexts had very different approaches, requirements, needs, resources, and limitations for the enactment of wellbeing strategy.

4.2.2 How comparative case studies support analysis and theory generation.

The comparative case study approach supports an examination of differences and an explanation of why these differences appear. Importantly, comparative case studies can identify novel patterns and demi-regularities (Lawson, 1997). Eisenhardt (1989 p. 541) states that “When a pattern from one data source is corroborated by the evidence from another, the finding is stronger and better grounded.” Eisenhardt further suggests that it is then easier to convince the scholarly community that these patterns (or demi-regularities) exist because they have been identified repeatedly throughout disparate cases and through multiple methods. Comparative case studies can also provide insight into complex phenomena. Easton (2000, p. 212) states that,

Case research which would wish to lay claim to realist philosophy should be carried out in a different way: to be inquisitive, to look for the roots of things, to disentangle complexities, and to conceptualise and re-conceptualise, test and re-test, to be both rigorous and creative and above all to seek for the underlying reality through the thick veil that hides it.

The explanatory theories regarding how and why wellbeing is defined, enacted, and experienced as it is in the present day in these specific organisations, can be found in the tangled complexity and contextuality surrounding the organisations. Thus, the rigour within the present research partly resided in the substantial data that was collected from each case study, including evidence for contextual circumstances, diverse viewpoints, situational evidence, and industry discourse (Saxena, 2021). The creative element of the research then turned to the ‘thick veil’ to question what is behind the curtain – what else may be happening and what are the mechanisms (or

causal forces) that we cannot see (Easton, 2000). The comparative analysis was useful in identifying demi-regularities or patterns within the empirical evidence, which then allowed abduction and retroduction to propose the key mechanisms likely to be at play (Saxena, 2021), (abduction and retroduction are defined and explained later in this chapter). Whetten (1989) states that theories developed from empirical evidence must be understood within context – thus, the goal of producing explanatory theory is fully in line with the case study approach.

4.2.3 Gaining access and case selection strategy.

Importantly, cases were chosen (or more accurately *accepted* into the research) strategically, as this made it possible for the cross-case analysis to highlight findings of theoretical and empirical importance (Ackroyd & Karlsson, 2014). In critical realist research, multiple case studies are chosen for their potential to highlight theory. Ackroyd and Karlsson (2014) note that data analysis (such as comparative case analysis) can highlight the specific nature of mechanisms or contextual conditions. For example, a multiple case study could theoretically highlight the range of contextual conditions that trigger or do not trigger a mechanism. This is a theoretical generalisation, because the stated theory surrounding contextual conditions and mechanisms may be transferable as a demi-regularity (Ackroyd & Karlsson, 2014; Tsang, 2014). Mingers and Standing (2017) suggest that regularities could imply a number of mechanisms that are regularly interacting, such as the mechanisms that cause traffic jams. In the present research, demi-regularities were identified through the strength of themes within the cross-case analysis. For instance, the finding concerning the conflict between strategic and community logics and the impact this may be having on levels of scepticism and cynicism is a demi-regularity in that the conditions for the mechanism are not always present, but they are regular because strong evidence exists across the four case studies.

Thus, in the present research, three cases were selected because there were some key differences such as company size and sector. The main qualifying criteria for inclusion was that the organisation had to have some wellbeing strategy in place for employees. The research then focused on the extent to which patterns and demi-regularities could be identified.

I will now explain how gaining access was achieved. Once my ethics application was approved by the University, I began writing to organisations predominantly by letter and through post. I produced a detailed study information sheet (appendix A) which supported organisations to make an informed decision about whether to participate. I also used LinkedIn to contact potential organisations and I shared the above documents with them on LinkedIn. However, all three organisations were found through mutual contacts who knew the gatekeepers (Burgess, 1991). The contact within the first organisation was known to one of my supervisors on my supervisory team,

and they agreed to take part after being contacted by the supervisor. The Chief People Officer at the second organisation was introduced to me through a mutual contact and agreed to take part after we were introduced. The third organisation was contacted because I knew someone who worked there and I was able to give them the study information sheet, which they then passed on to their HR Director. The first two organisations signed organisational consent forms in January 2022. They were however slow to support data collection after this and I had to persevere with contacting them to ask for data collection to start. The third organisation signed their consent form in April 2022. All practitioners were contacted through LinkedIn, and they received a slightly different study information sheet (adapted for single people) (appendix B). Data was collected from individual external practitioners between March and July 2022.

4.3 Data collection methods, strategy, and justification

Vincent and O'Mahoney (2018) note that there is little to say about critical realist research methods because they do not exist. Critical realists emphasise that the choice of methods "must suit the object of investigation as well as the purpose of it" (Danermark et al., 2005, p. 27). Through this research, I am interested in understanding how and why wellbeing strategy is defined, enacted, and experienced as it is. This involves understanding the perceptions, beliefs, and experiences of participants. I therefore decided on a multi-method qualitative approach to data collection which included responsive semi structured interviews (Rubin & Rubin, 2012), document analysis and some observation wherever possible. Bhaskar (2016) and Price and Martin (2018) suggest that language provides a window to the interior of social life, and they further implore researchers to engage more with hermeneutics to understand social events. These arguments justify my decision to take a qualitative approach because the research questions are inherently about understanding social phenomena.

Yin (2018) notes that multiple methods can offer a more holistic description and explanation within case studies. Eisenhardt (1989) also suggests that multiple methods are important for the triangulation of evidence required to support claims of rigour. Moreover, Eisenhardt (1989) suggests that triangulation provides stronger confirmation of constructs and theoretical propositions. Therefore, the research was designed to involve the three main methods outlined above. Relevant literature, including grey literature, was also frequently collected. The external literature added evidence regarding the context and the wellbeing industry discourse in which participating organisations were situated.

Ackroyd and Karlsson (2014) suggest realist research is on a continuum between extensive and intensive. Extensive research is broad. For example, it may be concerned with describing and

explaining whole populations. Conversely, intensive research concentrates on depth of understanding, which might align with the goals of a single case study. Ackroyd and Karlsson (2014) suggest that the comparative case study is almost mid-way along this continuum but leaning more towards an intensive form of research. Danermark et al. (2005) suggest that the dichotomy between qualitative and quantitative research could be relaxed, and research could be re-conceptualised as on a continuum between extensive and intensive – involving a variety of methods that suit broad or deep investigations. Therefore, as I had four case studies (including the practitioners), I was aware that I could investigate the phenomenon deeply, but not as deeply as one might do with a single case study approach. Thus, the research strategy was designed to be mildly intensive, but also somewhat extensive – midway on this continuum. The next section provides further details regarding each method of data collection.

4.3.1 The general overview

Hartley (2004) advises researchers to gain a general overview of each case study initially, and to always remain open to ad hoc data collection. Therefore, I had initial meetings with contacts at the three organisations to gain general overviews. I was also able to learn about participating companies through websites, news articles and other forms of media such as social media. This helped me to understand some of the context in which the organisations were situated. Saxena (2021) states that contextual data about the past and the present is very important for a critical realist case study about mechanisms.

4.3.2 An overview of who was involved in the study.

Within each case study, I was interested in gaining the perspectives of leaders, managers, practitioners and employees. The following table summarises who I interviewed within each organisation.

Table 4.2 Overview of participant job roles

	Case study 1 (Large)	Case study 2 (Medium)	Case study 3 (Small)	Total for each position.
Leaders / managers	5	6	3	14
Practitioners (internal to case organisations)	4	2	2	8
Employees	12	8	10	30
Total number of interviews.	21	16	15	52

I also interviewed 14 external practitioners separately. I have not included them in the table above, because the distinction between the job roles in table 4.2 is not relevant. However, there were some differences in the job roles of the external practitioners. Thus, seven external practitioners were entrepreneurs who offered wellbeing support, technology, training or consultancy services to organisations. One external practitioner was not an entrepreneur, but offered consultancy based on the influential status of their organisation and six external practitioners were wellbeing leads within six very different large organisations. With the additional external practitioner interviews, I conducted 66 interviews in total. Participants had the option to have their interview through Microsoft Teams or face-to-face. I visited the large and small organisations on two occasions to conduct face-to-face interviews and I visited the medium sized organisation on one occasion to conduct interviews. I did not experience any significant challenges when interviewing face-to-face or through Teams and I did not have a preference. However, when I visited organisations, I found that the days were very productive, and I always managed to complete a significant number of interviews on these days. Conversely, the Teams interviews were more scattered in terms of time, and they were harder to organise. This was perhaps due to the distance between the research participants and me. The following table summarises the number of interviews conducted online or face to face within each case study. One practitioner completed their interview through a WhatsApp message.

Table 4.3 Overview of interviews conducted.

	Case study 1 (Large)	Case study 2 (Medium)	Case study 3 (small)	Practitioners	Total
Total face to face.	12	4	10	0	26
Total Teams.	9	12	5	13	39
Total WhatsApp				1	1

I interviewed a range of leaders, managers practitioners and employees to gain some evidence concerning the extent to which people within these job roles are aligned or not aligned in terms of how they define, enact and experience wellbeing and wellbeing strategy. Interestingly, Barends et al. (2014) suggest that there are four sources of evidence within evidence-based management. These are 1. the scientific evidence, 2. organisational evidence and data, 3. practitioner perspectives, and 4. stakeholder perspectives (such as employees). Barends et al. (2014) influenced the decision to gain the broad range of perspectives outlined above, because they argue that this can offer a more holistic picture of the evidence pertaining to research questions. Thus, I gained organisational level data in the form of policies and documents and by speaking to leaders, and I gained the practitioner and stakeholder perspective by interviewing a range of practitioners and employees. I then related my findings to the established literature, which is evident throughout the findings chapters. As Barends et al. (2014) suggest, it became clear that including all of these different perspectives and forms of evidence would enable the case studies and cross case analysis to be rich and provide a fairly holistic perspective. Thus, the four themes suggested by Barends et al. informed the research design and data analysis. I discuss the extent to which there are similarities or differences between job roles in the findings chapters.

4.3.3 Participant recruitment process:

All organisations received an advertisement document (appendix C) which they then distributed through email to everyone within the organisation. This document introduced the study and provided details regarding confidentiality and anonymity. I did need to respectfully remind the gatekeepers (Burgess, 1991) at my organisations to periodically re-send the study advertisement. At one point, I realised that an email advertisement was not enough, so I produced a poster (appendix D) with a QR code which when scanned, took participants to a webpage where they could watch a 2-minute video of me introducing the study. The medium and small sized organisations reported that they had put the poster up in many places around the office. The poster provided the links for

participants to book a meeting or interview with me. To take part, participants could contact me by email or alternatively sign up through Calendly links that I had set up through <https://calendly.com/>. Participants suggested that they preferred using Calendly to book meetings because this enabled them to immediately see my availability and quickly book a slot, which reduced the time needed to arrange meetings through back-and-forth email. I believe that using Calendly reduced some barriers that may have caused participants to not sign up due to lack of time. However, participants always had the option to contact me through email if they did not wish to use Calendly to book our meeting. All participants had the option to book a 15-minute meeting with me to learn more about the study and decide if they would like to take part. I made it very clear that there was absolutely no obligation to take part. When participants clicked the Calendly link, they landed on my private (password protected) Calendly scheduling page, which briefly introduced the study and invited participants to select a date and time for our introductory meeting. Participants were not asked for their name, but were asked to provide their email address, state whether they were a senior manager, practitioner or employee and they were asked to indicate if they would like to have the meeting face to face, by phone or through Teams. Face to face interviews were conducted in a private room within the organisation, or participants could ask to meet outside the organisation privately. No participant did ask to meet outside of the organisation. Therefore, all interviews took place on Microsoft Teams or in a private room within the organisations.

Once I received notification that a date and time had been booked, I immediately emailed participants to thank them for booking a meeting with me. In this email I provided participants with the study information sheet, consent form and an ID code. I invited participants to read the study information sheet and note down any questions that they may like to ask during our 15-minute meeting. I then completed my log of participants which included email, ID code, an indication of whether the consent form had been signed, the dates of interviews, whether the interview had gone ahead, whether a transcript was required (because the participant wished to check it for identifying information), whether a findings report was requested and where the participants would like to have their interview. Some participants signed and emailed the consent form to me before the introductory meeting, and some waited until during or after the meeting. During introductory meetings I thanked participants for their interest and asked them if they had any questions about the study. Often, during the course of the meeting, participants stated that they were happy to go ahead and make arrangements for the interview.

Once I received a signed consent form and confirmation of when the participant would like to have their interview, I followed up with an email confirming that I had sent a Teams invite and attached their signed consent form with my signature added. I also asked participants to fill in a

brief voluntary demographic survey (appendix E) and provided a link to Qualtrics <https://www.qualtrics.com/uk/> within this email. After interviews, I emailed participants to thank them for their time and contribution to research and attached a debrief letter (appendix F). I also confirmed participants wishes regarding receiving the transcript and findings report. When participants requested to check their transcript, I emailed this to them as soon as I had finished transcribing it. Within this email I asked participants to let me know if there was anything that they would like me to remove within three weeks of the email. I stated that after three weeks I would assume that they were happy with the transcript, and I would begin data analysis. Most participants emailed back to say that they were happy with the transcript and only one participant asked for a small amount of detail to be removed.

When conducting interviews face-to-face, the process was slightly different in that it did not involve all of the steps above. When interviewing face to face, participants dropped in to see me during the day and there were no introductory meetings. Participants received study information sheets in advance through their organisation and they decided on the day if they would like to have an interview with me. Consent forms were signed at the beginning of interviews, and I talked through all ethical considerations such as confidentiality, anonymity and the right to withdraw before we started. Participants provided their email address on consent forms, and I added an ID code to this. I then followed up by email where I thanked participants for their participation, provided a debrief letter, a copy of the consent form they had signed on the day, and I asked them to voluntarily complete the demographic survey. At this stage I also confirmed requests regarding transcripts and findings reports.

I contacted all 14 practitioners through LinkedIn, where I shared the study information sheet in a private message and provided my email and links to Calendly. I then followed the same process with practitioners in terms of attending introductory meetings or going straight to our interview. One practitioner (an independent wellbeing consultant) did not have time for a Teams meeting with me, but they suggested that they would be happy to record their responses to some questions through WhatsApp. I gave the practitioner my mobile number and some interview questions and they did then send me some verbal responses through WhatsApp. I used my Dictaphone to record the WhatsApp message which I then transcribed as usual. This was, however, very different to all of my other interviews because the conversational element was lost. However, I felt that, from an ethical perspective, flexibility on my behalf was important because I needed to ensure that this participant had the option to share their voice and perspective, but through other means that suited them.

4.3.4 Semi structured interviews

Saxena (2021) suggests that within a case study, interviews are the most important data collection method. For critical realist case studies, Saxena (2021) recommends Rubin and Rubin's (2012) responsive interviewing approach. Responsive interviewing is semi-structured in that the researcher asks open ended questions on the interview schedule but may also ask probing or follow up questions in response to what interviewees say. I did adopt this approach and aimed to navigate the fine line between sticking with the interview schedule and asking probing or responsive questions to obtain further details or perspective. Chirkov and Anderson (2018) suggest that realist interviewing could begin initially with a focus on 'construct' questions. These questions are designed to draw out participant's phenomenological and theoretical understanding of constructs. Thus, the first question focused on the construct of wellbeing and invited interviewees to share their definition of this construct.²⁴ Chirkov and Anderson (2018) then suggest that interview questions could shift to a focus on proposed relationships, before becoming more open ended. The relationship focused questions are designed to elicit interviewee's perceived relationships between constructs. The interview questions did invite interviewees to consider the relationships between the organisation and employee and external influences such as society and macro events. Moreover, participants were invited to consider whether the actions of other businesses (pertaining to wellbeing) influence their organisation's approach or their individual level understanding of wellbeing.

A paper by Brönnimann (2021) also influenced the design of the interview schedule. Brönnimann invites critical realist interviewers to consider the extent to which their questions will provide the data required to explain morphogenesis (Archer, 1995), events, and mechanisms²⁵. Moreover, Brönnimann encourages one to ask questions about interacting or conditioning events. This led me to consider how my interview questions might produce data regarding the multi-level

²⁴ For instance, in interview KS2, the first question was phrased in the following way:

Laura (researcher): *So, I'd like to just start with the definition of wellbeing. So, whether it's in academic literature or within organizations, there doesn't seem to be an agreement on what wellbeing is and so I'd be really interested to learn your definition of wellbeing.*

KS2: *For me, if anyone mentions wellbeing, or like how is your wellbeing... I just think that's sort of how you're feeling, you know whether it's in your mind or how you're feeling, whether it's like in your body sort of thing. So, I would say it captures quite a bit.*

²⁵ Example (event eliciting) interview questions include: *Do you feel that society's focus on wellbeing in the workplace in particular has evolved over the last 10/5/2 years? Is there anything else going on in society that may have accelerated that awareness of wellbeing? Is there anything you think that has been implemented that would not have been implemented if COVID hadn't happened?*

entities that have influenced or interacted with the interviewee or their organisation. The interview schedules can be found in appendix G. Interviews were recorded and transcribed verbatim. Throughout the interview, participants were invited to be highly reflexive about their approach to wellbeing, their work, and the circumstances that may have led to their perceptions. For example, participants were invited to discuss what is influencing their perception of wellbeing and what may be influencing the organisation's approach to wellbeing. This highly reflexive approach is recommended by Kempster and Parry (2014).

I felt that the interview questions flowed well, and responsive interviewing (Rubin & Rubin, 2012) was the most appropriate approach for this study. It was useful to have the ability to probe and enquire further in response to what participants were saying. This was particularly useful when participants discussed the role of context. Some participants reflected more on contextual factors than others. Thus, there were occasions where I felt it was fruitful to probe further regarding contextual factors. Interviews flowed similarly well online and offline; however, it was more difficult to observe the context when conducting interviews online. I was able to build a rapport in the short time we had in both instances, however participants did occasionally experience internet issues during online interviews. At the end of each interview participants were asked "is there anything that I have not asked you that I should have asked you?" This provided participants with the opportunity to share additional thoughts and perspectives and most participants took this opportunity to discuss something that had not already been discussed. The length of interviews ranged from just 15 minutes to 1 hour and 11 minutes, however most interviews ranged from 45 minutes to 1 hour. When I added up the durations of the audio files, I calculated that the interviews lasted for 47 minutes on average.

4.3.5 Observations, document analysis and external sources of data

In critical realist research, Fredrickson and Kringelum (2021) suggest that it is important to be interested in not just what is said, but other forms of qualitative data by which one can triangulate. Thus, every opportunity was taken to conduct observations of meetings and obtain documents pertaining to wellbeing such as policies and information related to wellbeing initiatives. Data collection was iterative and was always seen as a means of understanding the entities or ontology involved (Fredrickson and Kringelum, 2021). A range of documents were collected from all organisations, which included policies and existing strategies. Two organisations shared emails that had been circulated within the organisation regarding wellbeing. I observed two meetings in one organisation, where there was discussion regarding wellbeing strategy. These meetings were held online, and I was able to take notes discreetly. The limited observations supported rather than

influenced the research findings, as there was not enough observation data for observations to have a significant impact on the research findings. Furthermore, two organisations were not able to facilitate observations of meetings, and this was partly due to obtaining informed consent from all people in the meeting.

To carry out a thorough case study, I collected and imported social media posts and news articles into NVivo where they were related to my cases and wellbeing. This helped me to gain a coherent contextual picture of my participating organisations. I also collected a significant amount of grey literature that was available within the public domain, where the literature may have had an impact on the definition, enactment and experience of wellbeing strategy. For example, I collected the CIPD's 2022 Health and Wellbeing survey. I also collected documents when they were mentioned within interviews such as the British Standards Institute's Prioritising People Whitepaper. This helped me to gain some insight regarding the expertise and wellbeing industry discourse that organisations are accessing when they develop their wellbeing strategies.

4.3.6 Knowing when to stop data collection.

Braun and Clarke (2021b) challenge the convention regarding data saturation, which is where data collection stops when the researcher(s) feel that no new findings are emerging. Braun and Clarke suggest that the concept is not appropriate for reflexive thematic analysis, because it has positivist undertones. Therefore, data collection within the present study stopped when it was deemed that there was "theoretical sufficiency" (Dey, 1999 cited in Braun & Clarke, 2022a). Broadly speaking, this meant that there was enough data to develop and contribute new explanatory theory. This was possible because I completed data collection and data analysis iteratively rather than in a linear fashion, and I made notes regarding ideas for explanatory theory throughout the data collection and analysis process. Therefore, at 66 interviews it became clear that I had enough data to tentatively support the explanatory proposals that I had. All data was collected by August 2022. The next section provides an overview of how I conducted the data analysis.

4.4 Data Analysis

4.4.1 An introduction to reflexive thematic analysis and the DREIC model.

In this section, I aim to briefly introduce reflexive thematic analysis and Bhaskar's DREIC model, as these are the main methods / processes I utilise for the data analysis²⁶. Braun and Clarke (2021a) state that it is wrong to assume that there is only one approach to thematic analysis and outline three dominant approaches called 'coding reliability', 'codebook' and 'reflexive thematic analysis'. The coding reliability approach is neopositivist in that it is concerned with proving one has conducted an objective and unbiased coding process (Braun & Clarke, 2021a). This may be through practices such as inter-rater reliability (O'Connor & Joffe, 2020). Braun and Clarke do not consider this to be their stance on thematic analysis and caution against conducting thematic analysis in this way and citing their 2006 article as the source of this approach. Braun and Clarke (2021a) suggest that 'Codebook TA' may be a more pragmatic compromise amongst researchers. Codebook thematic analysis is not normally neopositivist, but some or all of themes may be determined early in the data analysis process, meaning that the mode of inference is predominantly deduction. However, Braun and Clarke (2021a) recognise that themes can also be inductively generated alongside a codebook approach.

Braun and Clarke (2022a) state that the assumptions underpinning coding reliability and codebook thematic analysis are not the assumptions that they advocate. Instead, Braun and Clarke call their approach to thematic analysis 'reflexive thematic analysis' and they clearly outline the key assumptions of this approach in Braun and Clarke (2022a). Importantly, Braun and Clarke (2022a p. 8) stress that "experiential thematic analysis (including reflexive thematic analysis when used in experiential orientations) is concerned with exploring the truth or truths of participants' contextually situated experiences, perspectives, and behaviors." Thus, in reflexive thematic analysis, like in CR, exploring participant's perceptions through a lens of contextual situatedness is deemed to be important. Notably, this exploration is usually conducted without a pre-determined codebook.

²⁶ Grounded theory was considered but disregarded for this research because Fletcher (2017) suggests that whilst grounded theory can be guided by existing theory in the construction of the project, active utilisation of existing theory during the data analysis process is normally avoided. In grounded theory, the theory is grounded in the data, whereas in critical realism, the data remains firmly in the domain of the empirical and thus, to move into the domains of the actual and real, one must look around at existing theory and literature to imagine what else might be happening and what might else be explanatory. Critical realist approaches to discourse analysis (Newman, 2020) were also considered but dismissed in favour of thematic analysis. The research questions are not solely about the impact of discourse. Thus, it was important that I had a form of analysis that focused on more than discourse. Some critical realist scholars have also suggested that discourse is a poststructuralist construct (Newman, 2020). This is at odds with critical realism because critical realists do not accept that the world is fully discursive in nature. Thematic analysis allowed me to include but also transcend the power of discourse in my goal to produce explanatory theory.

Braun and Clarke (2019) suggest that the researcher plays a significant role in knowledge production within reflexive thematic analysis and cannot be an objective observer. Moreover, Braun and Clarke suggest that quality reflexive thematic analysis is not about achieving consensus between coders or following procedures. Instead, reflexive thematic analysis is about reflexive and thoughtful engagement with data. Braun and Clarke (2022b) invite researchers to follow the phases outlined in their 2006 article, however they also encourage researchers to justify and explain the philosophical underpinnings of their research and further explain why reflexive thematic analysis is an appropriate method that aligns with the researcher's ontological and epistemological stance. Furthermore, Braun and Clarke (2022b) encourage researchers to write long codes, and consider the extent to which codes are semantic or latent. Semantic codes reflect exactly what participants have said, whereas latent codes describe underlying meanings – but are still closely connected to the data²⁷.

Bhaskar (2016, p. 30) defines the DREIC schema as “a simple model of scientific discovery and development”. The DREIC model is essentially about moving from description to causal explanation, or in Bhaskar's words, “from events to the structures that generate them” (Bhaskar, 2016, p.30). The ‘D’ stands for description, which may be a description of the events or patterns pertaining to a phenomenon. ‘R’ stands for retrodution. This step involves imagining the unobservable mechanisms that, if there were to exist, would account for and explain the events and patterns described (Bhaskar, 2016). ‘E’ stands for elimination. There is an expectation that researchers would have several candidate explanatory theories. Thus, there is a need for elimination. ‘I’ stands for identification. At this stage, one identifies the mechanisms or structures at play and produces explanatory theory. Finally, ‘C’ stands for correction. This step recognises that knowledge is fallible and correction to explanatory theories may be necessary (Bhaskar, 2016).²⁸ Throughout the research process, I discussed my ideas for explanatory theories in supervisory meetings and produced two reports which outlined my ‘candidate explanatory theories’. These reports were produced in the middle of data collection and at the end of the data analysis. I considered these to be my best conclusions in terms of their ontological plausibility and explanatory

²⁷ For instance, in the present research, the code ‘wellbeing is mental and physical health’ is a semantic code – participants will have used the words ‘mental and physical health’ in defining wellbeing. Whereas the code ‘driving wellbeing through a discourse of caring’ is latent. Participants may not have used the words ‘driving’ or ‘discourse’ but may have described the range of caring communications that support employee wellbeing or employee wellbeing initiatives.

²⁸ Archer (1995, 2016) argues that her morphogenetic approach supplies methodological guidelines about how to break up the data and material in hand to form the three temporal phases of structure, agency, and culture (SAC). Archer (1995) indicates that the data may suggest morphogenesis, which is her term for a change that has emerged out of the SAC elements or morphostasis, which is her term for the reproduction of reality or the status quo. This method was considered but also disregarded in favour of the DREIC Approach (Bhaskar, 2016).

power (Wiltshire & Ronkainen, 2021). Therefore, the supervisory team supported the elimination and identification of candidate explanatory theories and there was also the opportunity to correct my ideas. Critical realists also recognise that correction process also occurs when findings are published and scholars in the field build upon the published work (Bhaskar, 2016).

4.4.2 Criticisms of thematic analysis

Critiques of thematic analysis have been offered not just by researchers using thematic analysis but also by the leading proponents of thematic analysis such as Miles and Huberman (1994) and Braun and Clarke (2006). In some of their most recent work, Braun and Clarke (2019, 2021a, 2022a) have discussed how their original article has sometimes been misinterpreted and misapplied over the last 15 years. For instance, Braun and Clarke (2019) state that researchers have incorporated a multitude of ‘mash ups’ such as concepts from grounded theory, without justifying how and why this makes sense from a philosophy of science perspective. Nowell et al. (2017) suggest that more guidance is needed for thematic analysis concerning trustworthiness and rigour. Perhaps in response to these calls, Braun and Clarke (2021a) recently published an article that discusses the issues of quality and rigour extensively – and they suggest that it is possible to find a balance between rigour and the freedom to be creative. However, this article is very recent, and questions of quality and rigour must be further considered when researchers utilise thematic analysis within philosophical paradigms and theoretical frameworks that are not thoroughly discussed by Braun and Clarke, such as critical realism (Wiltshire & Ronkainen, 2021). Thus, this thesis explores issues of quality not only from a thematic analysis perspective as guided by Braun and Clarke (2021a), but also from a critical realist perspective where issues of ontological plausibility and explanatory power are important (Wiltshire & Ronkainen, 2021).

Thompson (2022) notes that thematic analysis rarely discusses the role of abduction. Furthermore, scholars such as Wiltshire and Ronkainen (2021) and Fryer (2022) highlight the extent to which thematic analysis does not overtly utilise retroduction. Miles and Huberman (1994) recognised early in the evolution of thematic analysis that thematic analysis must transcend the study of experience by also building theories about what causes certain experiences. Moreover, Miles and Huberman (1994) suggest that it is important to not see induction and deduction as mutually exclusive and they encourage researchers to utilise both in the generation of theory through thematic analysis. Miles and Huberman (1994) recognised early that thematic analysis may be perceived as a method suitable for deductive *or* inductive analysis only, meaning that the potential for researchers to utilise the method for the generation of theory in conversation with existing theory could be lost. Indeed, Thompson (2022) suggests that thematic analysis papers can

fall into a divide between data led (inductive) or objective theory led (deductive) approaches. Thus, critical realism can support a movement towards a thematic analysis that utilises all four modes of inference (induction, deduction, abduction and retroduction) and engage with (but not be determined by) existing theory (Wiltshire & Ronkainen, 2021). The present research responds to calls to use all four modes of inference during data analysis.

Lawless and Chen (2019) suggest that some qualitative research must have an element of criticality to counteract accusations of being unserious. Lawless and Chen suggest that the thematic analysis method could be further developed to incorporate more criticality and commitment to improving society. As discussed in chapter three, Bhaskar (2016) is committed to a 'critical' realism that supports 'serious' research and the identification of constraints and limited or false beliefs. Thus, critical realism can provide the philosophical framework needed for a critical approach to thematic analysis. The present research contributes an example of what a critical approach to reflexive thematic analysis may involve.

In summary, it could be argued that CR contributes to reflexive thematic analysis by the way in which it advocates the utilisation of all four modes of inference within research (Wiltshire & Ronkainen, 2021). Furthermore, CR contributes the critical and emancipatory perspective that Lawless and Chen (2019) have called for, meaning that CR could successfully provide the philosophical foundation for a novel approach called 'critical reflexive thematic analysis'. In return, reflexive thematic analysis supports CR by being a popular method (Braun & Clarke, 2019) and this union could encourage more researchers to engage with CR and reduce the perception that CR is difficult to understand and put into practice (Vandenberghe, 2014). Thus, a contribution within this thesis, is an example of how critical realism can provide the foundations for a critical reflexive thematic analysis, leading to findings that have serious implications for organisations and wider society. Thus, the data analysis sections that now follow, are considered to be a methodological contribution to the existing literature concerning critical realist approaches to reflexive thematic analysis such as Fletcher (2017), Shaw et al. (2019) and Wiltshire and Ronkainen (2021).

4.4.3 Beginning data analysis

Before starting data analysis, interview recordings were transcribed verbatim and uploaded to NVivo (<https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home>). Documents and observation notes were also uploaded to NVivo. Once a few interviews were completed, coding started straight away and took place alongside data collection. Scholars such as Miles and Huberman (1994) recommend early and iterative analysis when conducting thematic analysis. This also aligns with Braun and Clarke's (2022b) suggestions to complete data analysis

iteratively. Miles et al. (2014) and Braun and Clarke (2006) suggest that memoing, or noting down ideas throughout the data analysis process is important. Therefore, memos were created in NVivo, and reflections were constantly written down as and when they occurred²⁹. This meant that the research process was not linear or objective. I ensured that I had read about multiple theoretical lenses in advance of data collection (Isaksen, 2016) and had been immersed in other discourse surrounding the enactment of employee wellbeing initiatives. This a priori literature and contextual immersion meant that ideas concerning contextual influences and potential mechanisms could be generated throughout the data collection and analysis process. Importantly, I did not have a preference for existing explanatory theory and was open to any theory playing a potential explanatory role (Fletcher, 2017).

Throughout the data collection and analysis process, I was able to follow interesting lines of inquiry and slightly adapted interview questions as the interviews progressed and deeper insights were generated (Braun & Clarke, 2022a)³⁰. For instance, during data collection, I became aware that participants were linking diversity and inclusion practices with wellbeing. Therefore, I started to ask questions about this link in later interviews. This is an approach advocated by Plakoyiannaki and Budhwar (2021), as they also suggest that the course of a qualitative study cannot always be defined and charted in advance of data collection. At the end of the process, I was able to draw on my extensive note taking to re-discover ideas that would have otherwise been lost. For instance, I was able to re-discover the ideas surrounding the happy safe worker thesis, which I had recorded early in the data collection process (see appendix H). These ideas were then subjected to a process of 'judgemental rationality', which will be discussed later in this chapter.

The critical realist stance meant that I was constantly thinking about levels of scale. Danermark (2019) suggests that this is inter-level thinking, which in practice meant that I was often playing the role of the psychologist, sociologist and business scholar. Therefore, the research was conducted with an inherent interdisciplinary perspective (Bhaskar et al., 2018). I was constantly switching between macro perspectives and influences and micro perspectives and influences, and considering what could be happening at each of these levels that may indeed be influencing the organisation's wellbeing strategy. For instance, I was concerned with understanding individual level

²⁹ Please see appendix H for an example of a memo that I created within NVivo.

³⁰ The following is an example of a probing question that I asked during an interview with participant OP11: *"So you mentioned sometimes things perhaps in other businesses like a survey or something... it can look like a tick box sometimes. So, I'm wondering whether you've noticed that in other businesses where initiatives have been put in place and they're being perceived by employees as a tick box, and then to what extent then do employees tend to engage or disengage with that?"*

experiences such as participant's reflections that previous workplaces did not care about wellbeing and macro level influences such as the rise in discourse surrounding employee wellbeing.

4.4.4 Introduction to three (*overlapping*) phases to a CR Reflexive thematic analysis.

4.4.4.1 *Phase one – data description phase (producing semantic and latent themes and the 'D' in DREIC).*

I will now seek to diligently outline how the CR reflexive thematic analysis was completed within this research. The data analysis had three (overlapping) phases which incorporated the critical realist DREIC process and Braun and Clarke's (2022b) six phases of reflexive thematic analysis. The critical realist DREIC process (Bhaskar, 2008), invites researchers to complete an analytic process of 'description', 'retroduction', 'elimination', 'identification' and 'correction'. Within this research, the first 'description' phase of DREIC involved all six phases of Braun and Clarke's approach to reflexive thematic analysis. The themes produced within this phase were themes that described the data, or put more simply, what the participants directly or indirectly said. All of the themes at this descriptive phase could finish the sentence 'the participants directly or indirectly express that...' (Wiltshire & Ronkainen, 2021)³¹. These descriptive data-led themes are valid – and perhaps critical for conclusions regarding implications for practice. For example, I found that participants (across all four case studies) wish to see a whole organisational approach to wellbeing strategy, that is also tailorable to meet individual needs, and this could be facilitated through a more open culture and good relationships with line managers. This is an important finding; however, it is also a descriptive finding, and it does not explain how and why participants wish to see wellbeing enacted in this way.

4.4.4.2 *Phase two – retroduction (The 'R' in DREIC).*

From a critical realist perspective, to begin to answer some how and why questions, researchers must proceed to the next phase of data analysis, which is retroduction (Bhaskar, 2008; Danermark et al., 2005). It is important to briefly reflect on what is meant by retroduction.

Danermark et al. (2005, p.96) note that:

Social reality consists of structures and internally related objects containing causally operating properties. Knowledge of this social reality can only be attained if we go beyond what is empirically observable by asking questions about and developing concepts of the more fundamental, transfactual conditions for the events and phenomena under study.

³¹ For instance, one theme is "participants directly or indirectly express that wellbeing is multi-dimensional". Another theme is "participants directly or indirectly express that wellbeing could be enacted through a greater focus on individual needs."

Retroduction is about advancing from one thing (empirical observation of events) and arriving at something different (a conceptualization of transfactual conditions).

Danermark et al. (2005, p.96) further note that:

By this argumentation one seeks to clarify the basic prerequisites or conditions for social relationships, people's actions, reasoning, and knowledge. The term 'conditions' here means the circumstances without which something can't exist.

Thus, in the retroduction phase, researchers hold the surface level empirical data, and purported unseen events in mind (Bhaskar's domains of the empirical and actual), and then creatively think about what *must* exist for X to be in existence? This is Bhaskar's (2008) domain of hidden real mechanisms. Thus, for the purposes of this research, I asked... what mechanisms, conditions and / or structures *must* exist for wellbeing to be defined as it currently is? What mechanisms, conditions and / or structures *must* exist for the enactment of wellbeing strategy (as empirically observed) to exist? The conditions required for the conflict between strategic and community logics (Lewis et al., 2019) is an example of a conclusion that was formulated through retroduction.

It is important to briefly note that retroduction (described above) and retrodiction are not the same. Elder-Vass (2015 p.81) explains that "In retroduction we identify individual causal powers and the mechanisms that produce them, and in retrodiction we investigate what mix of causal powers interacted in what way to produce any particular event." In this study I focused on identifying some individual mechanisms (retroduction), which contribute to explanatory theory³². I do not provide details concerning what mix of mechanisms have produced any *particular* event (which is retrodiction). Eastwood et al. (2014) suggest that the mechanisms elucidated through retroduction can become part of an explanatory theory – and producing credible explanatory theory was the main goal of this research.

4.4.4.3 Phase three – elimination, identification, correction (the EIC in DREIC).

In this phase Bhaskar (2016) suggests that once researchers have considered multiple possible causes through retroduction, it is then important to eliminate the least plausible – ideally in conversation with others and identify the most promising theory or theories regarding the mechanisms or causal structures at work. Correction normally happens when further research

³² For instance, in chapter five I suggest that the conflict between strategic and community logics is causing some scepticism and cynicism and I outline the contextual factors that are fuelling the conflict between these logics.

extends our knowledge and tentatively corrects the findings that have been accepted previously. For instance, set point theory (Brickman & Campbell, 1971), introduced in chapter three, has been built upon and corrected over time. The next section explains each of these phases in greater detail.

4.4.5 Phase one: the data-led description phase ('D' in DREIC) in detail.

This phase is data-led and fully incorporates all six phases of Braun and Clarke's (2022b) approach to reflexive thematic analysis.

4.4.5.1 Part 1. Familiarisation (the first phase of Braun and Clarke's reflexive thematic analysis approach).

Braun and Clark (2022b) note that data analysis begins by becoming familiar with the data. Thus, I completely transcribed all of the interviews and wrote down my initial thoughts throughout the transcription process (Miles and Huberman, 1994). During this time, I reflected on my assumptions about employee wellbeing, and this is reflected in the interim report that I produced for my supervisory team.³³

4.4.5.2 Part 2. Coding the data (the second phase of Braun and Clarke's reflexive thematic analysis approach).

Initial coding of the data can involve both inductive and deductive thinking (Wiltshire and Ronkainen, 2021). The data was coded inductively by describing the participant's expressions and perspectives evident in the data³⁴. Each new transcript was then coded using inductive thinking, and also deductive thinking, because it was important to check if the codes already developed were also evident in new transcripts (Wiltshire & Ronkainen, 2021). The data was initially coded with the expression 'the participants express that...' in mind (Wiltshire & Ronkainen, 2021). This phrase was a useful reminder to write long codes that refer to what participants have explicitly said. For example, one of the codes was "we need to gain the employee voice first before starting anything".³⁵ This was often in response to the question "how should wellbeing be enacted in organisations?" Braun and Clarke (2022b) highlight the importance of writing long descriptive codes rather than single words

³³ Trainor and Bundon (2021) suggest that it is important for researchers to understand their positionality in relation to the topic they are studying and make notes as one reflects on this. Thus, this explains the importance of the positionality statement provided in chapter 1

³⁴ For instance, "bravado and stigma still within company culture" was a code that described what participants were expressing about bravado and stigma.

³⁵ (KE10, GH20, SJ30, AK40).

because single words can become meaningless when it is time to generate themes (Screenshots of coding can be found in appendix I).

Braun and Clark (2022b) refer to semantic (explicit) and latent (implicit) codes. This is interesting from a critical realist perspective because this aligns to some extent with the critical realist domain of the empirical (semantic and explicit) and the domain of the actual (latent and implicit). Braun and Clarke (2006, p.84) invite researchers to not only code surface level (semantic) content, but also code for “underlying ideas, assumptions and conceptualisations – and ideologies – that are theorised as shaping or informing the semantic content of the data.” These codes are thus latent and not quite articulated by participants, but it would be plausible to argue that these assumptions and conceptualisations are inherent within what participants have said. For example, one of my codes was “wellbeing is multi-dimensional” and this was in response to the question “how would you define wellbeing?” In this instance, participants may not have used the word ‘multi-dimensional’ explicitly, however, they would have talked about and perhaps listed the multiple dimensions inherent in wellbeing such as mental and physical wellbeing, social wellbeing, and spiritual wellbeing. This code therefore identified a latent underlying idea that wellbeing has multiple dimensions.

Braun and Clarke’s perspective on latent codes recognises that there is often more than what is explicitly said and empirically observed – and this aligns with the idea of the domain of the actual in critical realism. Coding for underlying ideas, assumptions and perspectives involves some abductive reasoning (Danermark et al., 2005) because the researcher is re-describing what the participant has said in perhaps a more abstract way. However, crucially at this point the researcher is still very much absorbed in the data – describing and perhaps abductively re-describing the data. At this point in the data analysis process the researcher may not yet be thinking about what else may be happening that has not been observed at all. As mentioned previously, thinking about what has not been observed empirically, and the role this may be playing in participant responses or the social world in which they are embedded, is also part of the domain of the actual, and it also involves abductive reasoning (Danermark et al., 2005). In the present study, I gained experience and evidence for what else could be happening through a comparison between the four case studies and through immersion in academic and grey literature. Exact details of this will be provided later in this chapter.

4.4.5.3 Part 3. *Generating initial themes (the third phase of Braun and Clarke's reflexive thematic analysis approach).*

Once all of the transcripts had been coded, themes were developed by organising and collapsing codes (Braun & Clarke, 2022b). A thematic framework was produced for each case study³⁶ and I continued to journal my thoughts and ideas about the themes, potential mechanisms and potential explanatory theory. At this point, it was important to think about the relationships between themes and note down ideas³⁷ (Braun & Clarke, 2022b). These notes helped me to get all of my ideas and thoughts on paper quickly. It is important to note that whilst I had semantic and latent codes, the themes were largely latent. They still described the data, but themes are naturally more multi-dimensional than codes and therefore, they could not describe exactly what all participants said within that theme (Braun & Clarke 2022b).

4.4.5.4 Part 4. *Reviewing, checking and developing themes (the fourth phase of Braun and Clarke's reflexive thematic analysis approach).*

At this point, Braun and Clarke (2022b) encourage researchers to check the data extracts within themes. This was completed at multiple points in the data analysis process. Braun and Clarke (2021a) also invite researchers to consider the extent to which themes are rich, complex and multifaceted. Thus, themes are more multi-faceted than codes and can hold multiple codes. In the present research I had the theme, "Global events are contributing to the perceived need to act on wellbeing". Within this theme, I had the following codes, "Covid has increased the focus on wellbeing", "Covid has opened our eyes to different ways of working", "Not wanting to go back to old ways of working (after Covid)", "People feel like they can demand more of what they want regarding homeworking because of recruitment issues" and "cost of living crisis impacting wellbeing" – amongst others. This highlights that there were multiple dimensions to this theme, but the central organising idea for this theme (Braun & Clarke, 2022b) was that global events are impacting employee wellbeing and also the organisation's perceived need to act on wellbeing.

³⁶ Thematic frameworks can be found in appendix J.

³⁷ The following is an excerpt from a long memo that I wrote when I was forming my thoughts about the relationship between the ESG agenda, wellbeing, trust and box ticking: *"What is happening is that we have a good agenda, we want more diversity, we want to save the planet, we want purpose, and we want wellbeing. People then do not TRUST businesses to do this authentically, so they invent standards, awards, etc... that are all about ticking boxes. Businesses who are not clear on their authentic purpose then take part in this industry and finally get called out as X washing ('X' meaning wellbeing, diversity or green washing). Then businesses fight back saying that the standards and demands that they have to meet to attract talent etc... are becoming ridiculous."*

4.4.5.5 Part 5. Refining, defining and naming themes (the fifth phase of Braun and Clarke's reflexive thematic analysis approach).

Within this phase, Braun and Clarke encourage researchers to finalise the names of themes, avoiding one name labels, or domain summaries such as benefits of... or barriers to... (Braun & Clarke, 2022b). As the present research was critical realist, there was also an additional naming 'aspect' to contemplate. Saxena (2019) suggests that it is useful to add the ontological level or stratum to codes. In the present research, I adapted this suggestion, and added the ontological level to the name of themes. For example, the theme "external global events have driven collective awareness and enabled a focus on wellbeing in the workplace" was considered to be a global level theme. Thinking in levels of scale enabled me to produce a 'context theme map' (Appendix K) which was included in the company feedback reports. The context theme map illustrated where context themes resided ontologically and enabled a reflection regarding how they were in an interplay and influencing the organisation's wellbeing strategy.

4.4.5.6 Part 6. Production of reports (the sixth phase of Braun and Clarke's reflexive thematic analysis approach).

Whilst this is normally considered to be the end of the research (Braun & Clarke, 2022b), for the present research this was only the end of the first stage. The next two stages were not as time consuming as this stage, because the time-consuming process of coding data and generating themes is complete. Moreover, as already suggested, this was not exactly a linear process and therefore, I had already written multiple notes outlining thoughts and ideas concerning the next stage of retrodution. Normally, within reflexive thematic analysis, this phase involves writing the research report, which may be published in a peer-reviewed journal. For the present research, this phase constituted writing feedback reports for organisational participants. These reports focused on the explicit and implicit themes generated from organisational data. Moreover, the reports focused on the extent to which managers, practitioners, and employees differed in their perspectives (reports can be found in appendix L). A cross case analysis was also completed at this stage (appendix M). This involved comparing the themes across all four case studies and searching for similarities and differences (Eisenhardt, 1989, 2021; Yin, 2018). Within the cross-case analysis, I wrote a narrative for each set of themes concerning each research question and utilised abductive reasoning to explain why there may be similarities and differences across the cases. This analysis helped to inform the next phase of the data analysis process, which is retrodution.

4.4.6 Phase two: retroduction ('R' in DREIC) in detail.

4.4.6.1 *What did retroduction look like?*

Retroduction is a form of inference, which adds to and complements induction, deduction and abduction (Wiltshire & Ronkainen, 2021). Mukumbang et al. (2021) suggest that deduction and induction assume that ontology is static, whereas retroduction may capture the transient nature of causal mechanisms and structures. Thus, retroduction is useful because it allows the researcher to consider what mechanisms must exist and the extent to which they are activated or thwarted by contextual circumstances (Danermark et al., 2005). This is the transient nature of reality, and utilising retroduction is particularly useful when studying open systems and complex phenomena such as the enactment of wellbeing strategy in organisations (Fleetwood, 2001; Lawson, 1997).

Fletcher (2017, p. 189) suggests that “the goal of retroduction is to constantly move between empirical and deeper levels of reality to fully understand the phenomenon under study.” Thus, in describing what ‘retroduction’ looks like, it inevitably involves some freedom from the data (Mukumbang et al. 2021). Thus, in enacting retroduction, I moved away from NVivo and reviewed all of my notes, journals and memos. In their critique of NVivo, Maher et al. (2018) suggest that NVivo does not fully support the whole data analysis process. Furthermore, Mayer et al. suggest that NVivo is very useful for data organisation and management, but less useful for the creativity that is often involved in qualitative data analysis. Thus, creative ideas concerning relationships and theoretical frameworks were often sketched on paper, which were all saved and stored securely. For instance, the first sketch drawings of the context theme map and the PAP model can be found in a notebook, locked in my home office. Importantly, the development of creative ideas was completed in constant conversation and review of the existing literature and theory. Once I had compiled my ideas, it was then important to review the data and consider the extent to which purported mechanisms and explanatory theory actually explained the data-led findings. This is the important constant movement back and forth between the empirical, actual and real domains of reality (Fletcher, 2017). A large report outlining ideas for mechanisms and explanatory theory was produced and shared with the supervisory team, which then aided discussion and the process of judgemental rationality (Bhaskar, 2016), which is outlined in section 4.4.7.

4.4.6.2 *Operationalising the critical realist notions of absence and false beliefs.*

Within the whole process, it was also interesting to consider Bhaskar’s (2012) understanding of absence and false beliefs. Bhaskar (2012a) implores researchers to not just think about context, structures and relations that are present and how these may be having a causal impact, but also context, structures and relations that are absent and the causal impact this absence will have. For

example, the absence of ideas, perspectives and systems can result in outcomes. Bhaskar (2016, p. 91) states that “looking at what is missing in a social context / situation or entity / institution / organisation will often give a clue as to how that situation or so on is going and needs to change.” When considering what is meant by absence and how an understanding of it can be operationalised in research, I found that it was useful to adapt the theory of the Johari window (Luft, 1961). The Johari window is a 2x2 quadrant that illustrates how something can be known or not known by the self and / or by others. When considering Bhaskar’s notion of absence, I tentatively suggest that the 2x2 quadrant becomes:

1. Things that are present and understood.
2. Things that are present but not understood.
3. Things that are absent, but action is being taken to obtain and understand.
4. Things that are absent and not understood.

Examples of above (from the data within the present research) could include...

1. Head of wellbeing role, wellbeing champions.
2. Authentic leadership, social forces, impact of hybrid working.
3. Manager mental health training for social contagion purposes.
4. Strength’s awareness, one to one coaching.

Thus, in the small organisational case study, the head of wellbeing was present, and the impact of this was (albeit fallibly) understood by participants. Manager mental health training was largely absent, but participants understood the ways in which this could have a positive impact (again, always somewhat fallibly). Hybrid and flexible working approaches were present; however, participants clearly expressed that they did not fully understand the nuanced impact this new way of working was going to have on wellbeing. Finally, the identification and use of strengths and the impact this could have on wellbeing was absent in action and it was also absent in awareness. These points are illustrated in the 2x2 quadrant below.

Figure 4.1 Absence window

	Literally present in actions	Literally absent in actions
Impact understood (or seeking to understand).	<p>1. Area of promising activity. E.g., head of wellbeing role and wellbeing champions.</p>	<p>3. Area of potential for progress. E.g., Manager mental health training.</p>
Impact not understood.	<p>2. Area of fallible action. E.g., Development of hybrid working.</p>	<p>4. Area of absence – no activity and no immediate potential for activity. E.g., strengths awareness and a culture of coaching.</p>

Thus, absence is something that can *literally* be absent in thought, understanding and in action, and the absence of this can have a causal impact. For example, in the past, surgeons and doctors did not know about the importance of washing their hands – this was literally absent in thought, understanding and actions, and it also sadly had a devastating causal impact (Leighton, 2020). The identification and correction of this absence by a pioneer called Ignaz Philip Semmelweis, led to its presence in thought, understanding and actions, and eventually much better outcomes.

When utilising the quadrant above, it is important to note that all of the activities in all four quadrants could be explained in terms of what is *influencing* presence and absence, understanding and a lack of understanding. I have found that it is possible to identify what is in quadrant four by taking a multiple case study approach and conducting a cross case analysis. In the case of the present research, I was able to identify the absence of understanding and action regarding the use of strengths. I achieved this by noting what was absent in organisational transcripts and documents compared to what was present in academic literature and the transcripts of some practitioner participants. This meant that I could tentatively suggest that certain definitions and enactments were literally absent in organisations. Moreover, I was able to conclude that the absence of a more positive strengths-based approach, could be having a detrimental causal impact on the experience of wellbeing initiatives in workplaces.

In the present study, abduction was used to think about what has not been observed empirically – including patterns, structures, and relations. These things are present (they exist) but are unobserved empirically. Conversely, abduction was used to think about what patterns, structures or relations could be there or should be there (based on existing theory, literature, and comparative cases) but is not there. Abductive thinking then extends to why this could be having a causal impact and thus be partially explanatory. For example, case study four (the practitioners)

often talk about concepts related to optimal human functioning – what is deemed to be the ‘asset’ (Lomas et al., 2019) or eudaimonic (Delle Fave et al., 2011) approach to wellbeing and flourishing. However, this is largely absent within the three organisational case studies. Participants within the organisational case studies conceptualise wellbeing as coping and interventions designed to prevent or alleviate distress. The absence of conceptualisations around eudaimonia and optimal human functioning within organisations is likely to be having a real causal impact on the enactment and experience of employee wellbeing initiatives.

Of course, looking for what is missing, means that one must somehow ascertain what the most important missing things are. In section 7.3.3, I explain how I actually identified pertinent absences by ensuring that there was a significant amount of data and literature that supported the identification of the purported absences. Overall, the proposed method operates through triangulation between cross case analysis findings (where the researcher examines differences and similarities between cases), an understanding of the existing literature, and the researcher’s creativity that is ignited through abduction and retroduction. The findings concerning pertinent absences are then justified through a conversation between these three elements, which aligns with Fletcher’s (2017) understanding of a back-and-forth process between the data, existing literature and retroduction.

Bhaskar (2016) also encourages researchers to find evidence for false beliefs and explain how real false beliefs may have a real causal impact on ideas, experiences, perceptions, and outcomes. Thus, it is important to tease out what is meant by false beliefs here and how this can be operationalised within data analysis. Within this research, I found it difficult to confidently state that a participant held a false belief. In fact, it became evident that beliefs largely had some element of truth or personal perspective and could not be labelled as entirely false. For example, participants often defined wellbeing as ‘mental and physical health’. Whilst existing theory and literature will substantiate the notion that wellbeing is more than this, the idea that wellbeing is about physical and mental health is not false. Moreover, these beliefs cannot be described as ‘incomplete’ (as one practitioner suggests), because describing a belief as incomplete implies that a belief about wellbeing can become complete – and this is not aligned with the critical realist notion that knowledge is fallible and always subject to correction (Bhaskar et al., 2018).

Instead, the belief that wellbeing is about mental and physical health could be described as partial or limited. If a partial or limited belief about wellbeing causes one to enact wellbeing in a restricted way, then these beliefs could be deemed to be restricting or distracting. In this case, the restrictive or distracting belief could be explained by pointing to the societal discourse that ignores the eudemonic side of wellbeing and instead focuses intensely on anxiety, burnout, stress, and

depression. This louder discourse may distract practitioners from the much quieter societal discourse about growth, meaning, and strengths etc... In turn, wellbeing interventions become restricted to training about how to prevent and cope with anxiety, stress, depression and burnout. Thus, in research that focuses on the definition and enactment of a concept such as wellbeing, it is interesting to analyse the extent to which beliefs are nuanced and divergent - or not, and then with whom and why.

Within this research, the inclusion of absence and partial / limited beliefs within the data analysis process is a contribution to critical realist methodology. Moreover, the way in which comparative case analysis is utilised to provide evidence for absences and partial / limited beliefs (alongside other evidence such as existing theory, literature, and context) is also a contribution to critical realist methodology.

Interestingly, researchers can also use abduction to spot absences by looking for contradictions. Bhaskar (2012a) and Roberts (2014) note that contradictions often manifest because something important is absent. For example, a company may have a significant mental health strategy in place that seeks to address stress, anxiety, and burnout amongst workers through training programs etc. However, the company may also notice that instances of stress, anxiety, and burnout etc... are not diminishing. This is a contradiction. This may be because the current training and initiatives in place are completely inadequate, or it could be because there is one or several absences (or false / limited beliefs) and these absences would complement and support the efficacy of the existing training program.

4.4.7 Phase three: elimination, identification and correction ('EIC' of DREIC)

Fletcher (2017) suggests that critical realism departs from interpretivism by treating all explanations (including the responses of participants) as fallible. As mentioned previously, critical realists assume that knowledge is socially constructed and therefore, one can only fallibly access reality. However, this does not mean that all explanations are equally valuable (Bhaskar, 2016). Therefore, a 'report of ideas concerning mechanisms and explanatory theory' was produced and shared because the ideas had to be subjected to judgemental rationality (Bhaskar, 2016), which is where the logical basis of the suggestions is assessed by several people (Wiltshire & Ronkainen, 2021). The ideas were also considered in light of their ontological plausibility and explanatory power (Wiltshire & Ronkainen, 2021). Wiltshire and Ronkainen (2021 p.165) suggest that an explanation is ontologically plausible if it is agreed that "claims can reasonably be considered as plausible reflections of the real world". Wiltshire and Ronkainen (2021 p. 165) also suggest that an explanation has explanatory power if it can "account for what the analysis has so far revealed." The

suggestions for mechanisms and explanatory theory were considered in light of these markers of judgemental rationality, enabling 'elimination' and 'identification' of the most promising explanations. 'Correction' (the 'C' in DREIC) may or may not occur during the initial research. This is Bhaskar's recognition that a theory may be accepted at a particular moment in time, however, because it is impossible to obtain an objective and infallible understanding of reality, our theories must always remain open to new insights and iterative correction (Bhaskar, 2016).

The present thesis agrees with Wiltshire and Ronkainen (2021) that it is important to reflect on empirical adequacy, descriptive validity and interpretive validity when coding and generating themes. However, the present thesis disagrees that it is appropriate to conduct consensus checking in reflexive thematic analysis, which is the stance supported by Braun and Clarke (2021a). This is because within reflexive thematic analysis it is recognised that the researcher helps to generate the research findings (Braun & Clarke, 2019). Thus, one quality criteria, which is point 10 in Braun and Clarke (2021a), invites researchers to be reflexive and understand their positionality, in recognition that they will have influenced the research. In light of this, I produced a reflexive positionality statement, found in chapter one.

4.5 A reflexive note on issues of research quality

Rigour and quality for the present study was evaluated using a tool found in Braun and Clarke (2021a, p. 345). This tool is a list of 20 questions, which invite researchers to reflect on the assumptions and process of their approach. The only question that caused some critical reflection was a bullet point under question seven, which states,

Is there evidence of problematic assumptions... such as (sic) assuming thematic analysis is only a data reduction or descriptive approach and therefore must be supplemented with other methods and procedures to achieve other ends. (Braun & Clarke 2021a p. 345).

The present research does not assume that reflexive thematic analysis is purely descriptive, and it would be entirely possible to argue that the themes generated are indeed explanatory rather than descriptive. Moreover, it has been consistently recognised that themes can be 'latent' and when conducting reflexive thematic analysis one can look past what participants say explicitly. Within the present thesis, phase one is conceptualised as 'data led' whereas phase two, has some freedom from the empirical data (Mukumbang et al., 2021) and I have argued that this is necessary if one intends to think about hidden mechanisms in Bhaskar's (2008) domain of the real. Braun and Clarke do not appear to discuss a phase of empirical freedom and they rarely discuss retrodution or causal mechanisms. Thus, the present thesis has aimed to contribute an explicit example of how Bhaskar's DREIC and retrodution can be fused with the Braun and Clarke (2006) approach. Moreover, the

data-led thematic analysis stage influenced retroductive thinking, which occurred throughout the data analysis process. Therefore, thematic analysis was indeed enough to support research designed to produce explanatory theory.

4.6 Ethical considerations

4.6.1 Informed consent

The research required two types of informed consent. Firstly, consent was required at the level of the organisation, and therefore a whole organisational consent form was created (see appendix N). Secondly, informed consent was required for every individual taking part (appendix O), in interviews and observations (Saunders & Townsend, 2018). Informed consent was also required for individual practitioners, which required an adapted version of the individual form (Appendix P). To ensure informed consent, all participants received a study information sheet (appendix A), which contained my email address and the option to book a 15-minute meeting with me to learn more about the study. Many participants did book this brief meeting, where I explained the voluntary nature of the study and outlined exactly what the study entailed. Gaining informed consent for individual interviews was fairly straight forward, however gaining informed consent for observations (such as observing meetings) was more difficult, as I had to gain the consent of everyone in the room. There was one occasion where I could not complete an observation of a training event (which management had invited me to observe) because I did not receive signed consent from everyone in the room.

4.6.2 Anonymity and confidentiality

Once participants agreed to take part in the research, they were assigned a unique identifying code to maintain their anonymity. It was not possible for participants to withhold their email address as this was required to communicate throughout the study. However, participants could choose to withhold their name, and all other identifying information. Moreover, when conducting interviews online, participants had the option to keep their camera switched off. I produced an ID code record in an excel spreadsheet, which contained participant's ID codes and email addresses. This was stored securely in Box and was password protected.

Participants were informed that they could take part confidentially, meaning that no other person would know that they had taken part in the research. Only the supervisory team were aware of the participating organisations. All identifying information was removed or anonymised during the transcription process and participants had the option to check their transcript for any identifying

information that I may have missed (King et al., 2019). Most participants selected to have this option. The processes surrounding anonymity, confidentiality, and the right to withdraw at any time were reiterated again at the start of every interview (King et al., 2019).

4.6.3 Data collection

Most interviews were conducted through Teams, and I also used Teams to produce transcripts of the interview, which I then corrected whilst listening to the audio recording of the interview. Participants provided their consent to have their interview transcribed through Teams and I also asked participants if they were still happy for me to do this at the beginning of our interview (King, et al., 2019). I enquired to see if online participants were in a private room, and some participants then moved if this was not the case. All face-to-face interviews were conducted in a private room, where we could close the door and not be overheard. I conducted responsive interviewing (Rubin & Rubin, 2012), and a conversational style, which may have helped participants to feel at ease. All interviews were recorded on two Dictaphones, and these were kept locked at all times when not in use.

4.6.4 Data management

When participants agreed to take part in interviews, they received an email from me which contained their ID code, and a link to Qualtrics (<https://www.qualtrics.com/uk/>) to complete a demographic survey. The demographic survey was voluntary and not all participants completed it. A software called 'DSS player standard transcription module' was used to transcribe. The audio files were uploaded and then an accompanying foot pedal was used to work through the audio files and produce or correct transcripts. In some instances, the Teams transcripts were so poor that it was quicker to start from scratch. However, on other occasions the Teams transcripts were excellent and helped to reduce the time it takes to transcribe. The transcription software was password protected and installed on one computer only.

All data including audio, consent forms and transcripts were stored securely in Box as and when the data was collected. All transcripts were also uploaded to NVivo 12 (<https://lumivero.com/products/nvivo/>) for the coding process. NVivo was also password protected and NVivo files were backed up on Box. Finally, company findings reports were produced and marked as confidential before releasing to organisations. Findings reports were sent to the person who had consented for the research to take place at the organisational level first. I then asked these contacts if they would like me to send the full findings report out to participants or if they would like

me to send a condensed version. I created this to be clear regarding exactly what I would send. Findings were also reported in themes (without quotes) in company reports, which maintained the confidentiality of all involved.

4.7 Conclusion

In this chapter, the case study approach has been presented as an appropriate approach for a critical realist study of wellbeing in organisations, because this approach reconciles theory and context (Welch et al., 2022). This chapter has described the research design, data collection and data analysis process in detail and justified why certain choices were made. This chapter has also outlined how reflexive thematic analysis (Braun & Clarke, 2019) can be conducted within the DREIC model (Bhaskar, 2016). The data analysis process is a methodological contribution within this chapter. Moreover, the discussion of how 'absence' and 'partial beliefs' can be operationalised in research is also a methodological contribution.

Chapter 5: findings preface.

5.1 The function of the findings preface.

This findings preface has three important purposes. Firstly, it outlines the structure and organisation of the subsequent findings and discussion chapters. Within this, I explain how DREIC (Bhaskar, 2016) structures and flows through the chapters. Secondly, it provides an opportunity to justify at the outset why the findings are not presented on a case-by-case basis before summarising the overall findings. Thirdly, it provides an opportunity to summarise each case study before switching the focus to the “broader, cross-cutting patterns and generative mechanisms” (Kessler & Bach, 2014) at the more aggregate level.

5.2 The structure and organisation of the findings and discussion chapters.

The findings chapters are organised around the three main research questions of the research. In chapter six, I address the question ‘what are the contextual factors influencing the definition, enactment and experience of wellbeing?’ This chapter begins by describing the empirical evidence (the ‘D’ in DREIC) and themes for this research question focus on findings at the granular case study level before proposing more aggregate level themes. Moreover, this chapter describes findings concerning perceptions of why organisations implement wellbeing initiatives, and presents evidence of contradictions and paradox that have been found in each case study. The chapter then moves on to abduction and retroduction (the ‘R’ in DREIC) and posits that institutional theory (DiMaggio & Powell, 1983) and institutional logics (Thornton et al., 2012) may provide useful theoretical lenses to elucidate the mechanisms involved in the research findings.

In chapter seven, I focus on the research questions ‘how do participants define wellbeing, what is influencing definitions of wellbeing, and why?’³⁸ Again, I describe the research findings (focusing on aggregate themes, but also discussing granular differences) before moving on to abduction and retroduction. In the abduction / retroduction stage, I posit that the evidence suggests that ‘wellbeing’ is an evolving and transient phenomenon and morphogenesis theory (Archer, 1995) is an appropriate theoretical lens to explain this.

In chapter eight I focus on the research questions ‘how is wellbeing currently enacted and how would participants like wellbeing to be enacted, and why?’ This chapter follows the same organisation as the previous chapter by focusing on the empirical and the ‘D’ in DREIC, before moving onto abduction and retroduction. Moreover, like the preceding chapter, there is a focus on

³⁸ (Note: these contextual factors are slightly different to the contextual factors presented in chapter six, because these factors focus more on personal experiences.)

the aggregate themes (or patterns), with some discussion about granular differences. This chapter overall posits that wellbeing is enacted in organisations strategically, rather than through a range of disconnected interventions or initiatives. Furthermore, this chapter also concludes that there are five tenets of a wellbeing strategy (which summarise what participants are asking for). The five tenets draw on all of the findings chapters and state that a wellbeing strategy is internally and externally integrated with context, transient, multi-level, multi-domain and must be tailorable to meet individual needs and preferences.

In chapter nine, the first discussion chapter, I move to the domain of the hidden real (Bhaskar, 2016) and discuss the purported hidden mechanisms that may be impacting the definition, enactment and experience of organisational wellbeing strategy. I posit there is evidence that people are enacting wellbeing strategy or initiatives largely out of good intentions, but these are often thwarted due to wider contextual forces, misplaced and misaligned perceptions and limited understandings of what wellbeing is and what should be done about it. I suggest that it is possible to utilise retrodution to outline why these factors are important.

In chapter ten, I write a more reflexive discussion concerning the prevalent finding that the enactment and experience of wellbeing is awash with contradiction, paradox and thwarted good intentions. I utilise Bhaskar's philosophy of meta-reality (Bhaskar, 2012a) to offer a novel explanation, which also offers a new theoretical lens for understanding the enactment and experience of wellbeing in organisations. A summary of each chapter can also be found in table X below, where aspects of Bhaskar's DREIC are underlined and in bold.

Table 5.1 Structure of the findings and discussion chapters

Chapter	Purpose:	Research questions:	Description of empirical evidence:	Abduction, <u>R</u> etroduction notes and explanatory theoretical lenses:
5	Preface: to provide a rich description of each case study and explain the structure of the findings and discussion chapters.	In summary, what has been learned about each case in detail concerning the definition, enactment and experience of wellbeing?	Situated summary of each case study.	Not applicable for the preface.
6	Findings part 1	What are the contextual factors influencing the definition, enactment and experience of wellbeing and why are they having an impact?	Granular overview of case-by-case context findings. Findings concerning perceptions of why organisations enact wellbeing. Evidence of contradictions, paradox and genuine intentions within each case study.	Interplay of upwards and downwards contextual influences (Vincent & Wapshott, 2014) Wellbeing is internally and externally integrated. The role of pre-existing institutional mechanisms (Lewis et al., 2019). The conflict between strategic and community logics (Thornton et al., 2012; Lewis et al., 2019), fuelling paradox and contradiction.
7	Findings part 2	How do participants define wellbeing, what is influencing definitions of wellbeing, and why?	Findings concerning the definition of wellbeing. Findings concerning what is influencing the definition of wellbeing.	Wellbeing is an evolving and transient phenomenon; thus, it is historically and contextually situated. Morphogenesis theory (Archer, 1995). The identification of absence (Bhaskar, 1993)

8	Findings part 3	How is wellbeing currently enacted and how would participants like wellbeing to be enacted, and why?	<p>Findings concerning how wellbeing is currently enacted.</p> <p>Findings concerning participants suggestions for how wellbeing could be enacted.</p>	<p>Participants appear to be asking for a wellbeing strategy that is multi-level, multi-domain and tailorable to meet individual needs.</p> <p>Thus, wellbeing strategy has five tenets, 1. internally and externally integrated, 2. transient, 3. multi-level, 4. multi-domain and 5. tailorable.</p> <p>Supports De Angelis et al. (2020) IGLOO approach to wellbeing initiatives.</p>
9	Discussion: Identification of the key mechanisms at play in the research findings.	What hidden mechanisms are underpinning the definition, enactment and experience of wellbeing?	Not applicable for discussion.	<p>Introduction of the concept 'authentic 'right' action' as a fundamental mechanism that is being thwarted.</p> <p>Introduction of the perception-action-perception (PAP) model and an interplay of mechanisms.</p>
10	Discussion: higher level critical realist reflexive piece utilising retrodution. Further identification of key mechanisms.	Why is there evidence of multiple contradictions and paradoxes, and why is there evidence that the enactment of wellbeing is being thwarted? A retroductive, reflexive discussion.	Not applicable for discussion.	<p>The philosophy of meta-reality (including contradiction and paradox) (Bhaskar, 2012a; 2012b).</p> <p>Morphogenesis theory (Archer, 1995).</p>

5.3 Justification for focusing the findings at the aggregate level.

Yin (2018) defines case study research as an investigation of a phenomenon in context. Therefore, there is often the expectation that findings concerning each case will be presented before a summary of overall findings and conclusions (Kessler & Bach, 2014). Kessler and Bach (2014) argue that in the critical realist paradigm, there is some resistance towards the focus on micro level contexts, and distinctive workplace dynamics; and instead, many critical realists aim to identify the broader patterns and hidden mechanisms at play across and between case studies. Kessler and Bach further suggest that critical realists do not deny the importance of exploring entities in context to reveal explanatory mechanisms, but effort is also made to balance an interest in local contingencies and situational factors with the identification of broader patterns and themes. Furthermore, Kessler and Bach suggest that a comparative case study is useful approach for achieving this balance. Within the present research, effort has been made to find this balance, however, the findings chapters lean more towards reporting aggregate level broader patterns and themes.

Within the present research, data analysis did begin at the individual case study level. Thematic frameworks were produced separately for each case study (appendix J) and reports were written for each case study (appendix L). A cross case analysis was then completed, where I identified similarities and differences between the cases (appendix M). Once these stages were complete, I then identified the broader patterns, themes and generative mechanisms at the aggregate level (Kessler & Bach, 2014). To help the reader understand the specific contexts of the case studies, I provide a summary of each case in turn, in the present chapter. Moreover, I continue to identify contextual nuances in chapter six before focusing more on the aggregate analysis in chapters seven and eight.

Importantly, the decision was made to focus more on the findings at the aggregate level because the cross-case analysis (appendix M) identified that there were many notable similarities at the thematic level. Furthermore, the analysis of the contextual differences between the cases did not generate findings that are perhaps novel, whereas the broader aggregate analysis did lead to empirical and theoretical contributions. The themes and mechanisms found at the case study level are fairly consistent, indicating the existence of broader tendencies (or demi-regularities) (Lawson, 1997), the identification of which are central to critical realist research (Kessler & Bach, 2014). The approach taken does not deny that organisational context has an impact, and this is central to theorising in chapter six, however, the findings and discussion chapters that follow chapter six seek to balance the relative context with the broader demi-regularities that include, but transcend the relative.

5.4 Overview of the cases

5.4.1 Case study one:

Case study one is a very large organisation that is publicly funded (and public sector). The organisation is heavily unionised and was impacted by industrial action during data collection. The organisation must focus intently on health and safety and has a variety of 'safety critical' roles. The organisation is male dominated and experiences bravado and stigma surrounding wellbeing. For instance, Michael (MW200) states that *"the reality is, is still, it's a male dominated environment and there is that bravado amongst men where they say no, I won't do it."* (Referring specifically to wellbeing initiatives.) The organisation was negatively affected financially by Covid-19 lockdowns and is seeking to modernise working practices. This involves a significant amount of uncertainty and change management, which can affect worker wellbeing (Bamberger et al., 2012). In this organisation, wellbeing was most likely defined as mental and physical health, and there was also an element of defining wellbeing through the way in which one looks after others. For instance, William (MC1500) states that *"I think for me it's about looking after the person in the hall."* Practitioners were more likely to define wellbeing as more multi-dimensional. When discussing influences on perceptions of wellbeing, employees were more likely to discuss societal influences, whereas practitioners and managers were more likely to discuss personal experiences. All job roles suggested that the employer influences the conceptualisation of wellbeing.

Wellbeing is enacted in a devolved manor in this organisation, meaning that some areas can have more wellbeing activity than others. Wellbeing is enacted through local events, and there is an emphasis on being healthy and well, with the justification that this has a positive impact on safety and the ability to do one's work. For instance, Mia (MY600) states that *"I feel like (company name) are all about wanting their employees to feel safe."*

The organisation has an EAP, which is promoted widely, and there is access to wellbeing rooms, which focus on the alleviation of distress – such as signposting to the Samaritans or mental health charities. There are numerous awareness campaigns, which focus on wellbeing and safety together – often delivered through email. Managers are held accountable for employee wellbeing through KPIs. There is less of a focus on the right to flexible working in this organisation because this is not possible in many job roles.

There is no wellbeing lead within this organisation, and many participants suggested that there needs to be an overarching strategy for wellbeing, that can be tailored to meet individual needs, with a wellbeing leader driving this. Participants focused on the importance of leadership and culture in improving the organisation's approach to wellbeing. Within this organisation, it was

particularly notable that the happy / safe or happy / productive worker thesis was having a causal impact on intentions and the design of wellbeing strategy.

5.4.2 Case study two:

Case study two is a medium private sector organisation that has been operating for over thirty years. It is in the technology and security sector. Job roles are office based, with some employees working fully remotely. Thus, in this organisation, conversations about remote working and wellbeing were more relevant than in case study one. The Covid-19 pandemic did not have a long-term adverse effect on the financial success of the organisation, and they have had some recent recruitment drives, where they struggled to fill roles due to the tight labour market.

Within this organisation, wellbeing is also predominantly defined as 'mental and physical health' and the conceptualisation of wellbeing is influenced by a range of personal experiences, societal influences and employer influences. The organisation wants to be a 'great place to work' and enters awards to be recognised as such. For instance, Victoria (LS900) states that *"the vision of (company name) is to be the (identifying information removed) best company to work for and with so you can see really that our core focus is on our colleague's experience working here."* There is a 'people focussed' culture with a range of support groups. Furthermore, the organisation links wellbeing with sociality and organises a calendar of events that run throughout the year, such as Brew Monday or Time to Talk day. The office environment is designed to offer opportunities to be social and have fun whilst working. Employees are also encouraged to suggest wellbeing projects based on their own passions. For instance, if an employee is passionate about mental health, then they are free to develop an event or speak about this topic. Liam (HG100) says these are colleague's *"passion projects"*. The organisation has shifted to hybrid working (two days a week at the office and three days at home). Furthermore, the organisation enacts wellbeing through a discourse of caring. This is particularly evident in email communications, however, many participants suggested that enacting wellbeing through communications is a challenge.

There is no wellbeing lead within this organisation, however, some participants suggested that the organisation would benefit from a dedicated head of wellbeing. For instance, Lucy (KG1200) states that *"I think in an ideal strategy, there would be a role or roles that promote wellbeing and it (would) not be a secondary aspect of someone's job."* Emphasis was also placed on the idea that people have different needs for wellbeing, and individual choice about what to do and when is also important. Participants also placed an emphasis on the importance of culture and leadership for wellbeing.

5.4.3 Case study three:

Case study three is a small private sector organisation incorporated in the last 15 years. It focuses on marketing technology and provides consultancy services. The organisation has one main office and job roles are predominantly office based, with many employees working predominantly remotely. Conversations about remote working, wellbeing, and the impact on organisational culture were prevalent in this organisation. For instance, Anna (SJ30) states that *“it's even more important now that we don't lose that physical connection with people, just the connection in general, because we're not physically together all the time anymore.”* The organisation was not adversely impacted financially in the long term by Covid-19 lockdowns and has grown significantly in recent years. The organisation has had some recent recruitment drives, where they have struggled to recruit in what is a tight labour market. More people in this organisation defined wellbeing as multi-dimensional, which could be due to the health and wellness industry that the organisation sometimes operates in. The definition of wellbeing was influenced by a range of personal, employer and societal factors.

This organisation did have a wellbeing lead, who coordinated the wellbeing provision, and was widely praised by interviewees. For instance, Amy (CV15) states that *“the fact that NAME is moving into a wellbeing manager role... like that is amazing... love it and there will be someone dedicated to drive that.”* The organisation enacted wellbeing through mental health first aiders, wellbeing champions and communications and perks on ‘Wellbeing Wednesday’. Like case study two, this organisation also enacted wellbeing through social events. The focus on EDI issues and the impact this has on wellbeing was more noticeable in this organisation, and they had some leaders and employees driving this. Like the other organisations, this organisation also enacted wellbeing through communications, which focused on showing caring and support.

Most participants emphasised the importance of culture and leadership for improving the wellbeing provision and some interviewees mentioned that trust is built, and stigma broken down when leaders share personal stories about their own wellbeing. Leaders at this organisation have shared personal stories and this deeply affected some employees (positively). However, most participants suggested that people need different things for wellbeing and therefore, the whole organisational approach should be tailored to meet individual needs. David (AU14) states that *“...there has to be that respect of people have different needs.”*

5.4.4 Case study four:

Case study four consisted of 14 external wellbeing practitioners. Six of these worked in very large organisations and were responsible for employee wellbeing through their respective roles. One practitioner worked in an organisation that regulates health, safety and employee wellbeing practice in organisations. Seven external practitioners were entrepreneurs who had developed digital or non-digital wellbeing provision for organisations. External practitioners were more likely to define wellbeing as multi-dimensional and use reputable sources for their definitions – which is understandable based on their expertise and experience. Some external practitioners (particularly the entrepreneurs) were also more aware of eudemonic wellbeing and concepts such as ‘strengths’, whereas this was not as evident with organisation-based practitioners. External practitioners were also influenced by personal experiences, working with organisations and a range of external contextual factors.

Practitioners also place emphasis on the importance of culture and leadership for wellbeing and they also suggest that the whole organisational approach could be adapted to meet individual needs. External practitioners also spoke more about the links between wellbeing, diversity, equality and inclusion (DEI), environmental and social governance (ESG), and meaning, and suggested that these form the streams of good work thinking. For instance, entrepreneur Emily (JL900) states that,

“...number of times that someone tells me that they do D&I... and wellbeing is something different... or we're investing our money in D&I this year, but wellbeing is a part of that, and it just drives me up the wall that people see these (as) separate components when they are the same thing.”

Chapter 6 findings: what are the contextual factors influencing the definition, enactment and experience of wellbeing and why are they having an impact?

6.1 Introduction

Within this findings chapter, the empirical evidence is split into three sections. In the first section, I provide evidence for the contextual factors that influenced the definition, enactment and experience of wellbeing on a case-by-case basis. In the second section, I move to the aggregate level, and report how participants judge the intentions of organisations in implementing a wellbeing strategy. This evidence sheds more light on the internal and external contextual factors that influenced the definition, enactment and experience of wellbeing strategy. In the third empirical evidence section, I show that there are several paradoxes and contradictions within the research findings. This section identifies that there must be broader mechanisms at play that are thwarting good intentions for supporting employee wellbeing.

Within the empirical evidence sections, I provide the level of analysis next to each theme (Saxena, 2019) (e.g., global stratum or societal stratum). This represents Bhaskar's (2016) notion of a stratified ontology. The labelling of themes in this way supported theorising throughout the research and contributed to the development of the context theme map, which is introduced in this chapter. Most labels are self-explanatory (e.g., global, societal, macro-organisational). However, I have also labelled some themes as 'bridges laminations of scale'. This label was assigned when I could not assign the theme to a specific level and felt that the theme included multiple levels of scale. There is also a footnote assigned to each theme with participant ID codes. This illustrates the number of participants that were coded to the particular theme.

6.2 Empirical evidence: the contextual factors influencing the definition, enactment and experience of wellbeing. The influence of internal and external (individual and collective) context.

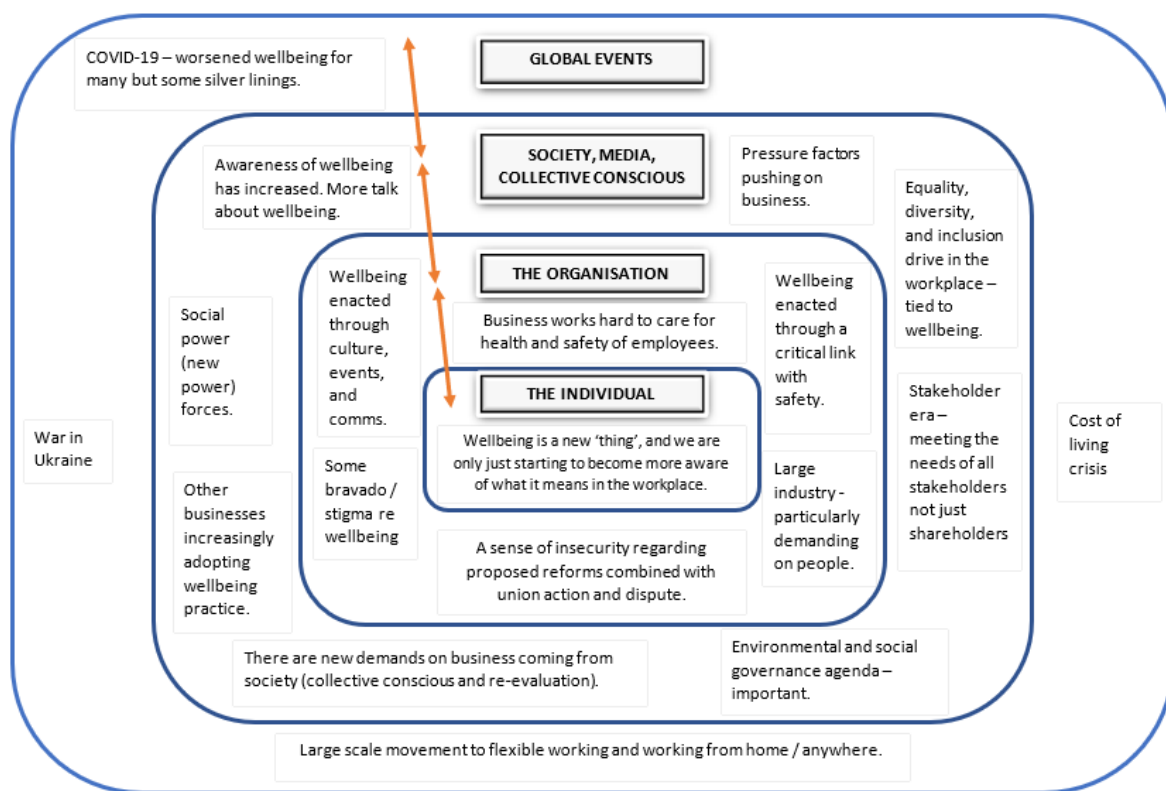
6.2.1 Case study one (large, established, public sector).

The nuances of the themes within this category were presented within company reports through the creative development of a 'context theme map'. In the section below, I discuss the context theme maps for each case study before summarising what was learned at the aggregate level. Figure 6.1 below is the context theme map produced for case study one³⁹. There are many interesting similarities and differences between this case study and other case studies, but similar themes do not necessarily lead to the same interplay of mechanisms. For instance, the impact of the Covid-19 pandemic is a theme for all organisations, however, this global event was in an interplay with conditions within organisational contexts and the individuals within those contexts. This is

³⁹ All four context theme maps can also be found together in appendix K.

represented by the bidirectional orange arrows on the context theme map. Thus, the Covid-19 pandemic had a different impact on wellbeing initiatives in each organisation. Interestingly, each case analysis separately generated four similar overarching themes (this is evidenced in the thematic frameworks in appendix J). Thus, each case analysis generated contextual themes concerning the impact of global events (or crises), societal pressure factors, the impact of organisational context and the interplay of personal experiences. However, as evidenced on the context theme maps, the granular content of these themes differs from organisation to organisation. Therefore, this section aims to highlight how these similar broad themes become contextualised when one looks more closely.

Figure 6.1 Case study one context theme map



6.2.1.1 Theme one: external global events have driven collective awareness and collective action and enabled a focus on wellbeing in the workplace. ⁴⁰

This theme was generated from evidence concerning the multiple global events that were occurring whilst data collection was taking place. Many participants within case study one reported that these global events were having a significant impact on the emerging conceptualisation and

⁴⁰ MR800, MY600, MC6, MK500, MN5, MY4, MD300, MD3, MW200, MP2, MC1500, MS1300, MF1200, ME1100, MF1000, ME100.

enactment of wellbeing initiatives within the workplace. Responses typically focused on the consequences of the Covid-19 pandemic, high inflation, and 'cost of living crisis', but there was also a focus on silver linings such as more flexible working opportunities. Dean (MF1200) states that, "*I think particularly recently because of COVID and things like that. And because of changes... businesses are beginning to realise that actually we need to look after our employees...*" Thus, some participants believed that the pandemic heightened awareness surrounding wellbeing, which led to the perception that the organisation was trying to be more caring. This organisation also had to respond to demands for better pay and widespread industrial action. Sam (MF1000) stated that "*The main things that drive most people is too much work. Not enough money. They don't care about.... and I'm not being facetious... they don't care about yoga classes. They want security.*" Thus, global events that helped to fuel insecurity within this organisation contributed to the realisation that wellbeing is fundamentally about getting basic needs and rights met first.

6.2.1.2 Theme two: there are mounting pressure factors in society.⁴¹

This theme was generated because many participants discussed the impact of changes and factors in society and the pressure these factors were placing on businesses (generally and their own) to have and enact a wellbeing strategy. Participants within case study one suggested that there is a noticeable focus on wellbeing in societal discourse and awareness. Participants suggested that their organisation is getting involved in wellbeing in a bid to maintain the reputation of the organisation and align or conform to the pressure factors that exist within society. For instance, a leader (MS1300) stated that "*I think standards have risen. I think that some of the 'me too' style focus has definitely helped... i.e., it's not ok, and people's wellbeing is important, and you have to take it seriously.*"

6.2.1.3 Theme three: organisational context (such as culture and leadership) impacts potential for and focus of wellbeing strategy.⁴²

The organisational context, which includes culture, leadership and the decisions of internal practitioners interacts with global and societal factors to shape perspectives and actions regarding wellbeing strategy and initiatives. Sub-themes within this theme are highly contextual in that they focus on the culture, leadership, specific circumstances and practitioner decisions within the specific organisations. For example, case study one was male dominated and wellbeing strategy was

⁴¹ MI900, MR800, MO700, MB7, MY600, MC6, MK500, MN5, MY4, MD300, MD3, MW200, MP2, MC1500, MS1300, MF1200, MF1000, ME100, MR1

⁴² MI900, MR800, MO700, MB7, MY600, MC6, MK500, MN5, ME400, MY4, MD300, MD3, MW200, MP2, MS1300, MF1200, ME1100, MF1000, ME100, MR1

impacted by a culture of bravado and some stigma. For instance, Michael (MW200) explains that their wellbeing initiatives would be more successful if they could break down male bravado, *“It’s that bravado. It’s that you know, time to man up. Really hate that term man up. It’s that sort of mentality. So, breaking that down too. Having a safe environment where they can sit and go, I’m struggling.”*

The organisational context within case study one also included insecurity combined with unionised action, a particularly challenging industry, and the critical linking of wellbeing with safety. These aspects are in an interplay with the other levels of context and contributed to the environment in which wellbeing was conceptualised and enacted. The following excerpt from a leader (ME100) highlights how wellbeing was blended with safety in case study one, *“the other thing we do is we blend it with all the safety stuff as well and local ideas... so, we kind of make it all encompassing.”* Thus, in case study one, some felt wellbeing and safety were blended.

6.2.1.4 Theme four: personal contextual experiences are influencing dynamics surrounding wellbeing enactment.⁴³

Some participants within case study one suggested that their own personal experiences have impacted their understanding and perception of wellbeing initiatives. For instance, Laura (ME1100) states that *“so I’ve been raised looking after my health... I’ve always had healthy eating”*. Thus, some participants suggested that their upbringing has impacted perceptions of wellbeing. Some participants are also interested in wellbeing because they have had personal experiences, or witnessed wellbeing issues in others, as Sam (MF1000) suggests his influences include *“my own personal problems... but also seeing other people struggle. You know, and seeing, you know, people taking on too much work and just wanting to impress...”* These experiences are interacting with other contextual factors, and shaping the reaction to and experience of current initiatives designed to support employee wellbeing. For instance, societal factors such as increased talk about mental health, or healthy eating on social media, or organisational communications regarding health and wellbeing are made sense of through an interplay with these personal experiences. Some employees believe that wellbeing initiatives can be ‘box ticking’ exercises in this organisation and subsequently question if leaders are genuine, or if the initiative is just ticking a box, as Leah (MR800) suggests... *“it’s been hard to get people engaged (in wellbeing) in the team because a lot of the guys who have been (working) a long time think, well, this is just another tick box...”⁴⁴*

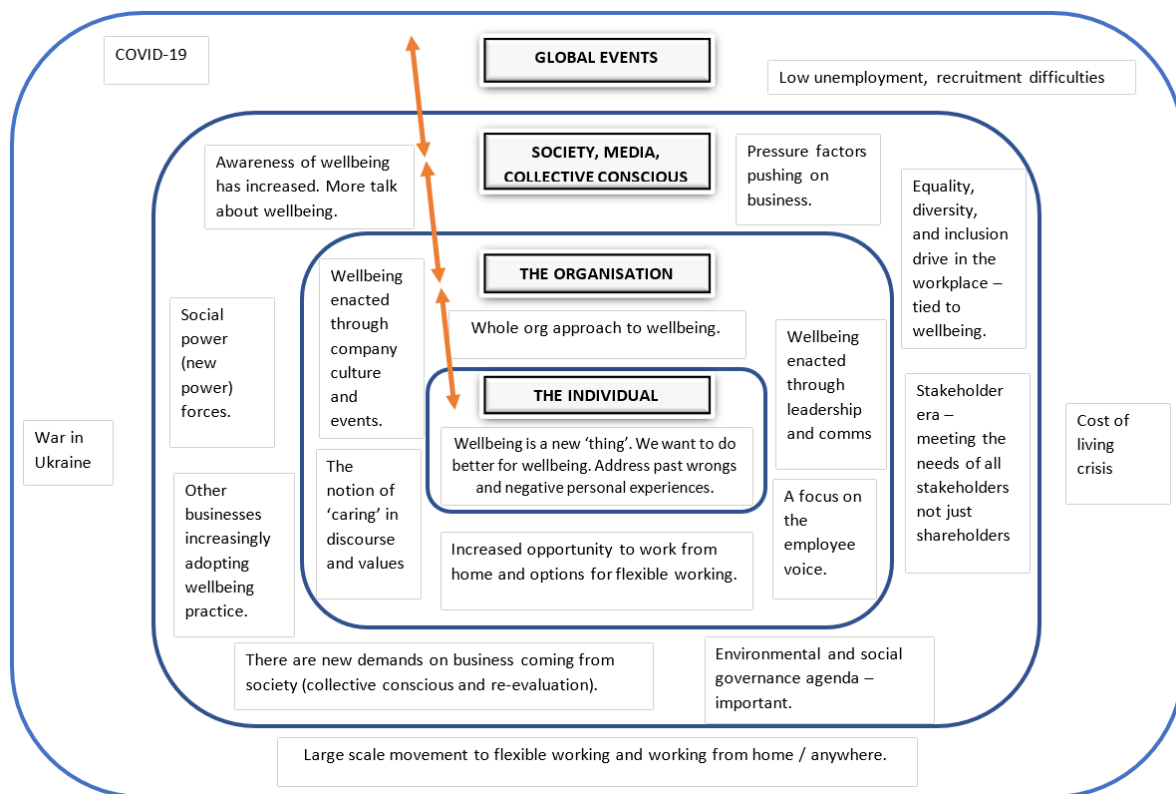
⁴³ MB7, ME400, MD300, MD3, MW200, MP2, MC1500, MS1300, MF1200, ME1100, MF1000

⁴⁴ More evidence concerning scepticism and cynicism can be found in appendix Q.

6.2.2 Case study two (medium, established, private sector).

Figure 6.2 below is the context theme map produced for case study two. The global events level, societal level and individual level themes share commonalities with case study one. However, these themes are in an interplay with the organisational context, which is very different to case study one and therefore, the enactment and experience of wellbeing is also nuanced based on the interplay of mechanisms for this organisation. This case study is different to case study one because it is not unionised, it does not have an intense focus on the link between wellbeing and safety, and there is also less variation in job roles. In case study two, there are more opportunities for home-working, and there is more of a focus on building wellbeing through social events. Covid-19 also had more of a negative impact on revenue streams in case study one. Thus, it may be argued that, from a contextual perspective, case study one had more barriers to supporting employee wellbeing due to the number and range of difficult contextual circumstances.

Figure 6.2 Case study two context theme map.



6.2.2.1 *Theme one: external global events have driven collective awareness and collective action and enabled a focus on wellbeing in the workplace.*⁴⁵

Within case study two, responses typically focused on the consequences of the Covid-19 pandemic, high inflation, 'cost of living crisis', recruitment difficulties, and new expectations regarding flexible working arrangements. In the excerpt below, Naomi (HD1) suggests that the pandemic caused individuals to reflect on what matters and this led to pressure on businesses to make work life better,

...everyone's taking a different perspective on things now and I think coming out of the pandemic, everyone's just reflected on what they want out of life and what they want from a company, from a business, from, from a workplace, really just in general.

Thus, there is a silver lining discourse in the impact of the pandemic on the enactment of wellbeing.

6.2.2.2 *Theme two: there are mounting pressure factors in society.*⁴⁶

Within case study two, many participants expressed the perception that awareness of wellbeing has increased in society. Moreover, there is the perception that other businesses are increasingly adopting wellbeing strategies (causing competitive pressure to do the same). For instance, Mandy (HF4, employee) states that, "*...there's more awareness around it as well. So that heightened awareness then just means that companies are more aware.... so, there's probably more speakers on it and, comms out about it... and just sort of generally communication about it.*"

Thus, like case study one, society and the media are influencing awareness of wellbeing, and this is leading to more action within organisations.

6.2.2.3 *Theme three: organisational context (such as culture and leadership) impacts potential for and focus of wellbeing strategy.*⁴⁷

The organisational context in case study two was very different to case study one in that it was a lot smaller, private sector and was also struggling with recruitment in what was a tight labour market. Wellbeing was enacted more through a range of events, and wellbeing was not linked with safety. There are many similarities in terms of how all organisations enact wellbeing, but there are also some contextual nuances. Case study two particularly focused on enacting wellbeing through a strong discourse of caring, which was perhaps easier to do in a small organisation not facing industrial disputes. When discussing communications, Janet (KS600) states that there is a "*softer,*

⁴⁵ LS900, PS800, LD700, KS600, LD500, KD400, HF4, KL300, KD3, NJ200, KS2, KS1700, KG1200, HG100, HD1.

⁴⁶ LS900, PS800, LD700, KS600, LD500, KD400, HF4, KL300, KD3, NJ200, KS2, KS1700, DL1400, KG1200, HG100, HD1.

⁴⁷ LS900, LD700, KS600, LD500, KD400, KL300, KD3, NJ200, KS2, KG1200, HG100, HD1,

friendlier messaging...” which appears to be “*more thoughtful than just... oh, it's mental health day...*” Some participants suggested that this could be due to the impact of multiple recent crises such as the pandemic, inflation, and war in Ukraine, where leaders are seeking to show that they are concerned and care about their workforce.

6.2.2.4 Theme four personal contextual experiences are influencing dynamics surrounding wellbeing enactment.⁴⁸

Some participants suggested that their own personal experiences have impacted their perception and experience of wellbeing initiatives. Thus, personal experiences are also in an interplay with global events, societal influences and organisational context factors. Some participants reported that previous working environments damaged their wellbeing, and this has influenced their perception of what organisations are doing in the present day. For instance, Claire (KS1700) states that...

I think (our company) as a business is very focused on people, um, I come from a large corporate background, and it was a very different sort of mindset there. Very large scale, very process driven, and they had something called 'great place to work'. But it was just a strap line. It didn't really mean anything. We didn't do anything for that.

Thus, as the context theme map illustrates, some participants recognise that wellbeing is an evolving new thing, and it was not fully there in the past. For instance, Camilla (KL300) when talking about wellbeing states that “*certainly within the last few years... it's really ramped up.*” Furthermore, some participants appear motivated to do better for wellbeing (for themselves and others), thus, addressing past wrongs and negative personal experiences. Importantly, when some participants suggest that wellbeing is a ‘new thing’, this is quite nuanced in that they recognise it is not completely new in that it has just suddenly emerged, but they recognise that understanding and action has slowly evolved over time, and Covid-19 may have accelerated this. For instance, Lucy (KG 1200) states that,

I don't think there's ever been a time that we did nothing that was wellbeing focused. I think it's definitely come on in the last few years and it is a lot more in the forefront, but I feel like it was always kind of part of the culture from my perception.

Moreover, when talking about the evolution of wellbeing Janet (KS600) states that,

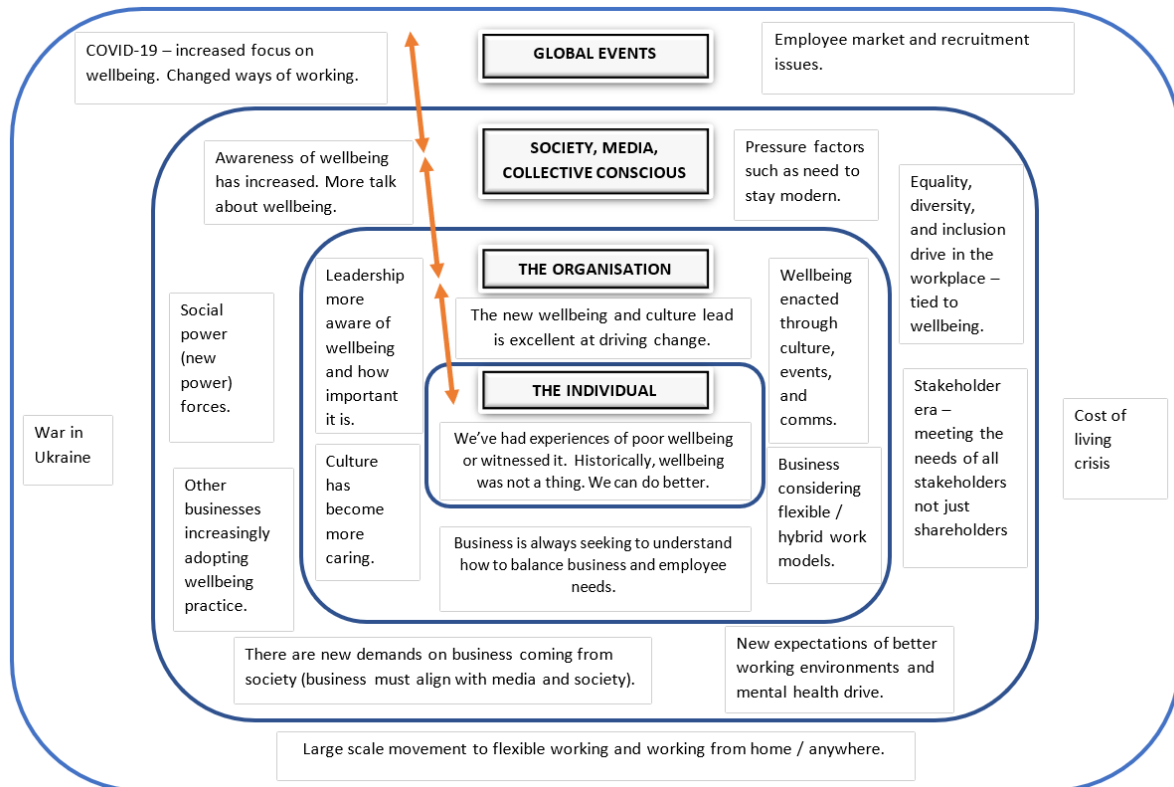
...before any of the coronavirus stuff... I think people might have backed off a bit and thought...not a problem, you know, sort of had a bit of a wall up as to... to what it meant. I think (our) business was probably a big factor in that... in that they didn't realize until something so major affected the people.”

⁴⁸ KS600, LD500, HF4, KL300, NJ200, KS1700, DL1400, HG100, AQ1

6.2.3 Case study three (small, reasonably new, private sector).

Figure 6.3 below is the context theme map produced for case study three. Whilst there are many similarities between case studies, case study three differs by having a wellbeing lead and by being in a significant stage of growth. Case study three is more similar to case study two in that they are both office based and have remote workers.

Figure 6.3 Case study three context theme map.



6.2.3.1 Theme one: external global events have driven collective awareness and collective action and enabled a focus on wellbeing in the workplace. ⁴⁹

Like the previous case studies, participants in case study three discussed the impact of global events such as the pandemic. In case study three, there was a movement towards more flexible and hybrid working, and participants recognised the nuanced impact this would have on wellbeing. This was also influenced by the tight labour market, which had the potential to hinder case study three’s growth, if they enforced all employees to work regularly at the office. Katherine (DB10) stated that *“...it’s an employee’s market rather than the employer - there’s people who can dictate what they want based on the whole shift with COVID and working from home...”* A manager (KS13) states that the pandemic aided mass reflection and the business has been impacted by *“people kind of thinking*

⁴⁹ BV90, LS80, KP70, KD60, KS50, AK40, SJ30, GH20, CV15, AU14, KS13, DK12, OP11, DB10, KE10.

about that life / work balance". Therefore, the policy and approach to a range of wellbeing issues in case study three has been impacted by ongoing global events.

6.2.3.2 Theme two: there are mounting pressure factors in society.⁵⁰

Many participants expressed the perception that awareness of wellbeing has increased in society. Moreover, other businesses are increasingly adopting wellbeing strategies (causing competitive pressure to do the same). Furthermore, some participants suggested that environmental and social governance (ESG) and diversity, equality and inclusion (DEI) drives in society are in an interplay with decisions regarding workplace wellbeing strategy. In many instances, this translated into the perception that society as a whole is pressuring organisations to be more 'stakeholder led' rather than 'shareholder led'. This theme was also supported by a range of evidence within grey literature. For instance, Blackrock ("one of the world's leading providers of investment") produces an annual letter to CEO's, and these letters have started to focus more on 'purpose' and other areas of corporate social responsibility

<https://www.blackrock.com/corporate/investor-relations/2019-larry-fink-ceo-letter>.

Supporting this, Katherine (DB10) states that...

...I think there's... that's been forced by media pressure as well. So, I think like... who knew what a mental health first aider was a few years ago, like nobody knew what that was and now it's like... it's a done, it's a done thing. You have to make sure that you've got those sorts of people in place.

Thus, wellbeing strategy and initiatives are being implemented in organisations because society, the media and global events are creating increased awareness and pressure to act.

6.2.3.3 Theme three: organisational context (such as culture and leadership) impacts potential for and focus of wellbeing strategy.⁵¹

In case study three, the new wellbeing lead was widely praised for initiating change and improving employee wellbeing. A leader (KP70) stated that *"...having somebody whose sole focus is the people has changed everything about the culture in this business and having... business owners who've gone, it's important now..."* Other participants reflected on how having a wellbeing lead indicates that the organisation cares. For instance, Matthew (DK12) stated that *"he (the business owner) does care about their well-being, which is why we have a wellbeing manager. If you didn't care, we wouldn't have that person."* Case study three was otherwise similar to case study two in

⁵⁰ BV90, LS80, KP70, KD60, KS50, AK40, SJ30, GH20, CV15, AU14, KS13, DK12, OP11, DB10, KE10,

⁵¹ KP70, KD60, SJ30, GH20, CV15, AU14, KS13, DK12.

how they enacted wellbeing, such as through events, social events, wellbeing champions and a discourse of caring.

6.2.3.4 Theme four: personal contextual experiences are influencing dynamics surrounding wellbeing enactment.⁵²

Similar to other case studies, many participants in case study three have had numerous experiences of being mistreated (in previous workplaces) and participants have also experienced insincere attempts to support employee wellbeing. These experiences are interacting with other contextual factors, and shaping the reaction to and experience of current initiatives designed to support employee wellbeing. For instance, Matthew (DK12) describes how his previous organisation implemented initiatives for wellbeing (such as forced socialisation), which created more stress because it was time away from completing important work tasks. *“(It) becomes this monotonous task that you have to perform each day. You don't want to do it... it becomes tiresome and then it's not about wellbeing at all. It's an inconvenience for you, it just causes you more stress.”* Moreover, Ethan (KP70) describes how it was normal to be mistreated in some industries,

So, I've been around a bit longer and my career started when wellbeing didn't exist. It didn't, you know. I started working in (specific industries), as well, where you got gaslighted, you got hazed, you got... that was all part of becoming a man and being, you know, boys don't cry.

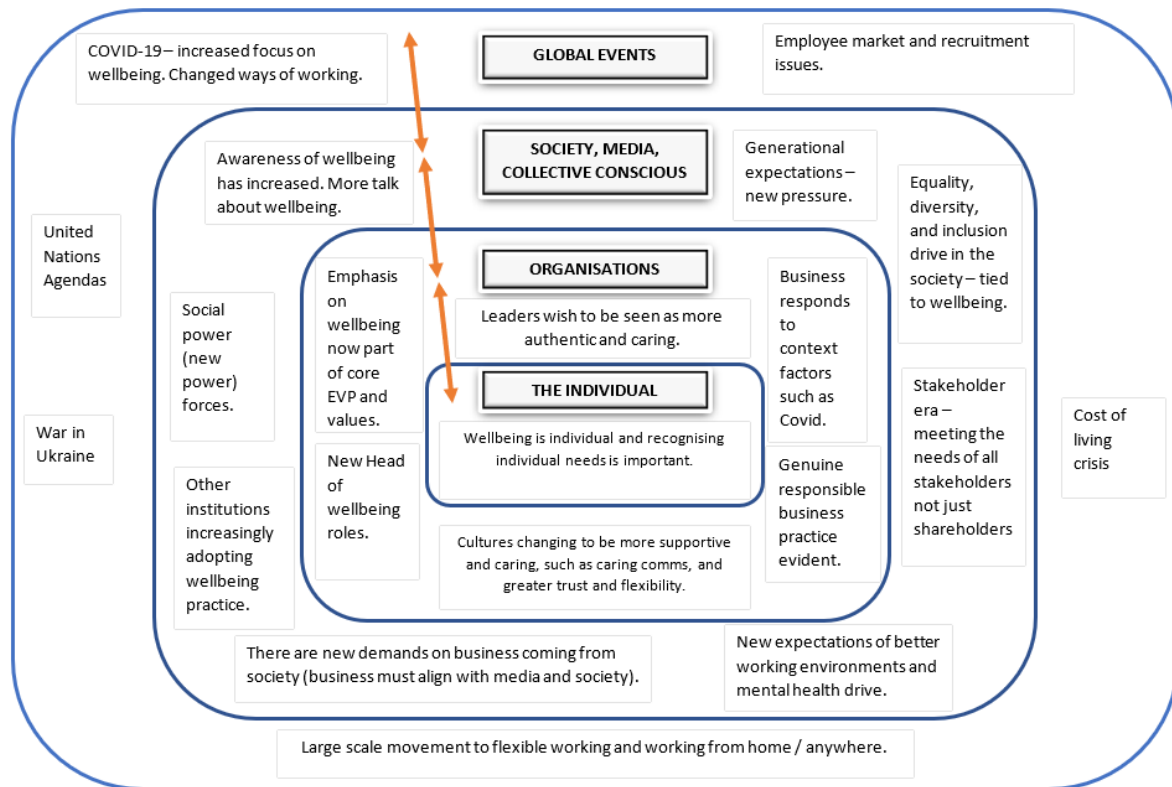
Thus, a commonality across all organisations is that employees are now sceptical of organisations and are always questioning if leaders and organisations are genuine, or if the initiative is just ticking a box. This has contributed to wider intentions to make the enactment of employee wellbeing better and more genuine.

6.2.4 Case study four (the external practitioner perspective).

Figure 6.4 below is the context theme map produced for the 14 external practitioners. The organisational level of the context theme map refers to the practitioner perspective of what is happening within their own organisations or within the organisations that they work with.

Figure 6.4 Case study four context theme map.

⁵² BV90, LS80, KP70, KD60, SJ30, CV15, KS13, DK12, DB10,



The practitioner themes support the findings and more aggregate themes across the three organisational case studies. Thus, there is an interplay of global events (or crises), societal pressure factors and personal realisations that wellbeing is important. Ada (JL100) indicates that traumatic global events influenced organisations to change their ‘tone’ towards workers in a way that would be perceived as more caring... *“It was all about how much we care about people, how much we’re concerned about, you know, things that they’re going through.”*

External practitioners suggest that at the organisational level there is a greater emphasis on talent attraction, and leaders wish to be seen as more authentic and caring. Some practitioner participants discussed changes that they have witnessed in organisations in general. For instance, a wellbeing entrepreneur (JL1000) reports that...*“it had become really obvious that wellbeing was much higher up the agenda...”* Thus, some practitioners suggested that leaders within organisations are shifting perspective towards taking employee wellbeing more seriously, and this then impacts what organisations outwardly do to support employee wellbeing. Practitioners also note that there has been a rise in head of wellbeing roles and there is more evidence of responsible business practice.

6.2.5 Cross case summary: external and internal contextual factors at the aggregate level.

All data were coded for contextual factors that may be influencing the definition, enactment and experience of wellbeing strategy and initiatives. At the aggregate level my analysis identifies that the following four themes were generated from participant responses:

1. External global events have driven collective awareness and collective action and enabled a focus on wellbeing in the workplace (**global stratum**).
2. There are mounting pressure factors in society (**societal stratum**).
3. Organisational context (such as culture and leadership) impacts potential for and focus of wellbeing strategy (**macro-organisation**).
4. Personal contextual experiences are influencing dynamics surrounding wellbeing enactment (**individual stratum**).

The cross-case analysis identifies that these themes are consistent across all four case studies, however, the 14 external practitioners discuss their own personal circumstances less. When conducting a comparison between job roles, there are no notable differences pertaining to these themes. I have also collated more empirical evidence for this category, which can be found in appendix R.

It is important to note again that whilst the broad themes above apply to each case study, the nuances of how they play out are unique, because the specific organisational context is in an interplay with global events and societal factors. The context theme map is a novel way of presenting context themes; thus, this stratified visual is a unique contribution, which is rooted in the stratified ontology of critical realism. Analysis of the four context maps suggest that global, societal, organisational, and individual events and entities all play a role in influencing wellbeing strategy. Pertinent global events are similar across case studies. The only difference is that the recruitment crisis does not play a role in the large company's decision to enact wellbeing initiatives, which is a specific contextual matter. Themes concerning societal events and trends are similar across all four case studies. Themes concerning the individual are also similar in that individuals recognise that 'wellbeing' feels like a new thing to them - it was not there before, and individuals are interested in new approaches towards wellbeing in the workplace. Individuals are also sceptical when organisations implement wellbeing initiatives, and it is therefore important for organisations to be genuine and build trust.

Understandably, organisational level themes are different due to specific contextual circumstances. For instance, the large organisation was experiencing a period of industrial dispute, and this influenced the perception of wellbeing initiatives because the dispute involved pay and

general working conditions. The context theme maps illustrate how all organisations have their own micro context and their own needs, but all organisations are interacting with a societal context and global events. In a transparent and interconnected world, leaders in organisations are increasingly responding to trends, macro crises, and societal expectations. Thus, there are many similarities because all organisations are drawing on the same collective discourse and they are all being impacted by existing global and societal forces. However, there are also many contextual nuances because these forces are interacting with the unique contexts of organisations and the unique experiences and perceptions of the individuals in those organisational contexts.

The findings above show that wellbeing initiatives are contextually embedded and also situated within a particular space and time (Thornton et al., 2012). Thus, although it has been concluded that the overarching themes are similar across the cases, the findings also show that context matters at the aggregate level – not just at the granular level. Contextual factors such as global crises and societal discourse have played an important role in the research. Moreover, the findings show that while themes are similar, the granular content of these themes can differ between organisations.

6.3 Empirical evidence: how do participants judge the intentions of organisations?

This second empirical evidence section is important for understanding what is influencing the definition, enactment and experience of wellbeing, because it provides evidence for perceived justification for action. The perceived justification for action sheds light on what people think is happening at different contextual levels and how this then feeds into why organisations are enacting wellbeing. My analysis identifies that when participants are asked why they think their organisation (or other organisations) implement a wellbeing strategy or initiatives, responses fall into the following three themes,

1. To meet business needs. (This includes reducing absence, sickness and costs, productivity, reputation and recruitment.) (**Macro organisational**)⁵³
2. Leaders genuinely care about the wellbeing of employees (**Macro / micro-organisational**)⁵⁴
3. To bridge both business and employee needs. (This was sometimes presented as a mutual gains scenario between the business, employees and society). (**Bridges laminations of scale**)⁵⁵

⁵³ BV90, LS80, KP70, KD60, KS50, AK40, SJ30, GH20, CV15, AU14, KS13, DB10, KE10, JL900, JL800, JL300, JL1700, JL1600, JL1500, JL1300, JL1200, JL1000, JL100, LS900, PS800, LD500, KD400, HF4, KD3, DL1400, KG1200, HD1, MI900, MR800, MO700, MB7, MY600, MC6, MK500, MN5, ME400, MD3, MW200, MP2, MS1300, MF1200, ME1100, MF1000, MR1.

⁵⁴ MI900, MR800, MB7, MY600, MP2, ME100, MR1, LS900, LD700, KD400, HF4, DL1400, KG1200, BV90, LS80, KP70, KS50, AK40, SJ30, GH20, CV15, AU14, DK12, OP11, DB10, JL500, JL200.

⁵⁵ JL300, JL1600, JL1200, JL1000, JL100, KD60, SJ30, GH20, CV15, LS900, MY4.

The cross-case analysis identifies that these themes are consistent across all four case studies and there are no strong differences between the cases within this category. Therefore, the decision was taken to present these themes at the aggregate level. I have also collated more empirical evidence for this category, which can be found in appendix S.

When participants were asked why they think their organisation (or other organisations) implement wellbeing strategy or initiatives, the dominant response was the perception that it was to meet business needs. These needs ranged from reducing costs through absence, sickness and attrition to attracting talent, boosting productivity, and also because society in general is putting pressure on businesses to have a wellbeing strategy. As Aiden (KE10) states, *“I think there is more of an expectation now as well, just from general society to have certain things available that perhaps there wasn't before.”*

The following excerpt from an external practitioner (JL100) illustrates that organisations have realised that implementing a wellbeing strategy can be good for reputation and positive media coverage...

“it's very much about their reputation, isn't it? And I think people have seen that and seen organisations that are doing it well and the positive media coverage and then I think it snowballed from there that people really understand it and now people demand it...”

Some participants believed that their organisation implemented their wellbeing strategy because they genuinely just cared about the health and wellbeing of employees. Moreover, some participants suggested that leaders genuinely want the organisation to be a great place to work for all. Each case study is represented in one of the three quotes that follow. Katherine (DB10) states that... *“They do really care about people, you know”*. Furthermore, Lucy (KG1200) states that, *“...as a business, we are very much concerned with making it a great place to work and having people...you know, enjoy their work...”*. Grant (MP2) also expresses that there is genuine concern, however, this can depend on the empathy and skills of line managers... *“I think that there is a genuine concern, but I would also put that down to people's line management and skills.”*

A few participants expressed the perception that wellbeing strategy is not a zero-sum game with winners and losers. These participants had the belief that wellbeing strategy could benefit all stakeholders involved, as one leader (LS900) suggests *“As a business, I think we've got, we've certainly got a wellbeing focus. I think there's benefits to our colleagues and benefits to the business because of that, which makes it an easy business case to get signed off.”*

Moreover, Anna (SJ30) states that... *“There's just no thinking twice about it... you're like this is clearly something we have to invest in because it will only benefit the business and people in the long term.”* Richard (MY4) suggests that there can be variation in organisations, and this depends on the perspectives of individual people... *“There are some people that genuinely care, and then there's*

other people that care about business volumes, and see the business volumes come from happy, healthy workers.”

The four cases were similar in that most participants expressed wellbeing was enacted to predominantly meet business needs. Perceptions regarding genuinely caring and perceptions regarding mutual gains were expressed less frequently. When comparing job roles, it became evident that leaders and practitioners were more likely to discuss the mutual gains perspective and employees were more likely to have the perspective that wellbeing was enacted to meet business needs.

6.4 Empirical evidence: paradox and contradictions – starting to shed light on broader contextual factors at play.

Within the present research there was evidence of many instances where intentions and efforts to improve employee wellbeing backfired. These findings were unexpected, but deemed important enough not to dismiss. Evidence of backfiring was present in all case studies, and therefore the evidence will be presented at the aggregate level. Many participants often spoke of their awareness of wellbeing washing or ticking boxes for wellbeing strategy (past or present). This awareness created a contradiction within the employee experience, whereby participants took part in initiatives that they knew were likely to be ‘wellbeing washing’ and then they had to decide whether they would just enjoy the benefit in spite of the perceived false intention or reject the benefit on the principle that it was inauthentic. For instance, consider the differences in opinion between the following two employees, David (AU14):

In my mind, if they are doing this tick a box, it's better than not having it at all. Even if... even if they're doing it to fill their pockets and just to make sure that so and so, is not going to go and complain about us. At least it's there and people can use that... it might help.

And Mandy (HF4) *“I think it's really important that it's done for genuine reasons rather than just going oh, now I've done that training, but I think you can kind of tell if... how the company is feeling about it.”*

Some participants claimed that there was a feeling of enforced fun or enforced sociality that inevitably did not meet the wellbeing needs of all involved. For instance, Amy (CV15) stated that, *“there's a little bit of what my team would consider forced jollity... they absolutely hate the socials. And don't feel that they are inclusive, but they're for extroverts, that want to show off.”* In this instance, the paradox is that explicit efforts to improve wellbeing through social events and team building are backfiring and causing some employees to actually feel anxious and alienated. Moreover, this created silence (and an illusion of trust) because employees did not always feel that they could express their dislike of enforced sociality and then attended knowing the diminishing

effects this would have on their wellbeing. In this situation, there is the combined negative effect of perceiving that an initiative is disingenuous and then not feeling able to express one's preferences and feelings about the negative effects of the initiative.

Furthermore, whilst not stated explicitly, there is a participant awareness that decisions regarding what to implement for wellbeing – (including how, when and why) rests with the senior decision makers of the organisation. Therefore, employees are not always empowered to meet their own wellbeing needs. This creates a contradiction because intentions and actions to improve wellbeing are then perceived as 'done to, not with' and these decisions can then be viewed with cynicism. For instance, when discussing certain events on the wellbeing calendar an employee (PS800) cynically states that *"Yeah, I mean... World Blood donor day... and I don't know even know what that is so... I'm presuming they're going to tell us to give blood, but... that's not helping my wellbeing."* Additionally, an employee (MR1) explains that some communications can feel like people in positions of power are seeking to mandate or at least nudge people to be healthier.

You know, you can't mandate somebody... I mean yes, put your safety glasses on - that's all well and good – that's something different. But looking after yourself, make sure you get 8 hours sleep. Make sure you get five portions of fruit and vegetables a day. You know all these like basic things. But if somebody doesn't want to do it, doesn't fit into their lifestyle or they're a bit of a – they are not going to do it. You can't change people.

Thus, the perceived differential in power and the perception that wellbeing (or health) is being imposed can backfire by creating cynicism and a reluctance to have one's health controlled (Fleming, 2023).

Several participants discussed how wellbeing initiatives can feel top down and implemented in the style of an adult-child relationship. One employee (MF1000) stated that...

We're grownups now. We don't need to... it might... it might sit with certain people well, but most... a lot of people are cynical and, it felt a bit pushed. And then you find out that certain managers bonuses depend on how many respond... you feel like you're not.... they want you to engage with it for possibly the wrong reasons.

Thus, in this instance, the intention to improve wellbeing was implemented through mechanisms that involved key performance indicators (KPIs) linked to bonuses. This created a contradiction, because on the one hand the organisation was grappling with ideas concerning how to improve employee wellbeing (a fundamental human desire) and on the other hand, they were using ideas associated with extrinsic motivation (Ryan & Deci, 2000) to implement this. This then created a paradox in that the process designed to improve employee wellbeing created more cynicism and weakened it.

Within the present research there was one example in particular which made contradictions and paradox extremely salient. This was the happy-safe worker thesis (a version of the happy

productive worker thesis) (García-Buades et al., 2019; Staw, 1986), whereby the wellbeing strategy was built upon the logic that better wellbeing would mean better safety. This resulted in a paradox where the connection of wellbeing with safety resulted in more cynicism and less intention to get involved with wellbeing initiatives. Leadership did not recognise the disparity between the logics of safety (Cornelissen et al., 2020) and the logics of wellbeing. Employees felt that safety was something that should be mandatory, whereas wellbeing was something that could not be enforced, and employees resisted being encouraged or 'told to do things' (MR1) for their wellbeing, just because it is linked with safety. Moreover, employees felt that, because leaders had bought into the link between wellbeing and safety, they could possibly lose their jobs if it was discovered (through wellbeing initiatives) that their wellbeing was in fact poor. This is highlighted in the two quotes below:

(Participant discussing how they feel after directly experiencing a negative response after disclosing they were experiencing some mental health related distress) I'd be worried about saying I don't feel up to going out today... I'd be worried about saying that now and that is so counterproductive, isn't it? Because that is actually putting other people's safety at risk, probably would find another excuse to be honest, if I didn't feel up to it, but someone else might not, they might feel they have to do that and they they're putting other people's wellbeing at risk. (MC6)

...what if it isn't anonymous, what if people do know what you're accessing because it's all on the, it's all on the business sort of hub, so.... I think that's been a big worry because if people do come out and say they're struggling with sort of mental health or even physically, then.... are they going to move them into different roles? Are they going to lose money that kind of... that kind of worry. (MR800)

The belief in the happy safe worker thesis, can be found in multiple transcripts and documents for this organisation and for other organisations who have job roles that are safety critical. For instance, one external practitioner (JL1200) in a different safety critical organisation stated that,

Safety is... has the highest priority and increasingly wellbeing is beginning to sit up there with safety because our chief executive and our board do actually get it, they get that link, they are very committed to it. They talk very openly and widely about it... it is in every conversation. So, they do make those links.

Whilst the link may indeed be there, and on paper, it may appear that improving wellbeing and safety is a win-win scenario for all, there are in fact wider historical and contextual mechanisms that are thwarting this largely well-intentioned reasoning and action. This contributes to an overall narrative of paradox in that the very things organisations are doing to improve wellbeing are often backfiring due to mechanisms that they are not aware of. Within the rest of this research, these mechanisms are conceptualised as 'parasitic mechanisms' and, whilst Bhaskar does not use the term

'parasitic mechanisms', he does refer to parasitic and negative forces and states that "our world is full of such things, they constitute the heteronomies⁵⁶, blocks, constraints on our well-being" (Bhaskar, 2012a, preface). Bhaskar (2012a; 2012b) also suggests that paradox shows us the way out of our predicaments. Thus, it is important that we consider why these paradoxes and contradictions appear to be and why they are often thwarting well-intentioned drives to improve employee wellbeing.

An additional point to make concerns the contradictions that become evident when people or organisations feel pressured to become involved in the discourse of wellbeing, when in fact they are not particularly passionate about it or buy into it. In this instance, organisations and individuals are contradicting themselves by talking and not doing. There are structural mechanisms that contribute to this false engagement, such as legitimacy (Suchman, 1995), but there are also negative consequences of this, which are having a negative impact on genuine passionate attempts to improve employee wellbeing.

There is also a bigger paradox within this research in that alongside the evidence concerning contradiction, paradox, scepticism, cynicism and backfiring, there is also evidence that many people are enacting or supporting initiatives to improve employee wellbeing out of genuine intentions. Thus, the bigger contradiction and paradox is that good intentions concerning wellbeing are arising at the same time as scepticism, cynicism and backfiring. Thus, increasingly, good intentions are often being cancelled out or thwarted.

In terms of evidence for good intentions, there was evidence across all cases studies that, wellbeing is being enacted by leaders, practitioners and volunteers out of genuine good intentions (but it is not always perceived or judged in this way). Some participants within the present research suggested that they volunteered to be mental health first aiders or wellbeing champions because they are driven to help people. For instance, Ryan (MD3) explains that,

...so that's how I understand well-being... is looking after the person and just making sure that the mental health's in a good place and they are not really stressed, (identifying information removed)... just to give people chance for time out, because I'm a mental health first aider as well, so... and then if people want a one to one, then they can book that as well, if they need to just chat...

⁵⁶ When Bhaskar uses the word 'heteronomous' it generally refers to elements or mechanisms that we (individually or collectively) are subjected to, which are blocking something good, and therefore needs to be identified and removed. For instance, Bhaskar (2016, p. 164) uses the word 'heteronomous' in this context: "The free flourishing of each as a condition for the free flourishing of all involves not only the abolition of the ego, but the shedding of all heteronomous elements in the embodied personality."

Moreover, there was evidence that leaders are doing things to show genuine caring and support. For instance, David AU14 stated that a senior leader shared his personal wellbeing experiences with the whole organisation.

He then explained that he struggled with anxiety, and he just broke the walls around it and down in front of everyone. And it was genuinely an amazing thing to see, because everyone was like... he's where he is, and he's been able to be open about it. I think that's the single biggest thing that has happened here from a wellness point of view...

Some participants suggest that their own personal experiences have fuelled a drive to help others. For instance, Anna (SJ30) states that,

I thought I had good wellbeing. I have strong enough health. I ended up not having that and I think I was almost a bit like shocked and surprised by that. But I always want to learn. I always want to find out more so... that's probably why... I guess I am, like I said, I like learning. I did a few courses on it as well. I did a couple of courses on mental health problems and a few more specific things about in the workplace as well, because I do find it really interesting and just because I always want to help and improve things in other people.

Therefore, for many people, the enactment of wellbeing is something that is considered to be a genuine, authentic and right thing to do for individuals, organisations and society. The findings concerning the interplay between genuine intentions, contradictions and paradox are important and unexpected. However, they provide evidence which may lead to a deeper understanding of the more parasitic contextual factors that are interacting with employee wellbeing strategy and initiatives. In section 6.5.2, I utilise abduction and retroduction to identify some of the mechanisms that could be feeding into the findings outlined above. I also discuss these findings concerning paradox and contradiction more reflexively in chapter 10. However, in the next section, I re-describe the findings concerning context, contradiction, paradox, and perceptions of intentions through the lens of institutional theory (DiMaggio & Powell, 1983) and institutional logics (Thornton et al., 2012).

6.5 Re-describing the empirical findings using existing theory (abduction and retroduction).

6.5.1 The role of institutional forces and competing institutional logics.

In this section, I utilise institutional theory and institutional logics⁵⁷ (Lewis et al., 2019) to partially explain how and why the findings are present. This theoretical lens is justified because Thornton et al (2012) suggest that the theory of institutional logics has evolved to be a complexity theory which can explain the dynamic interplay between structures, culture and agency. Thus, institutional logics can help to explain why there is such a strong interplay between global events,

⁵⁷ Institutional logics are defined as “the socially constructed, historical patterns of material practices, assumptions, values, beliefs, and rules by which individuals produce and reproduce their material subsistence, organize time and space, and provide meaning to their social reality.” (Thornton & Ocasio, 1999, p. 804).

societal pressure factors, organisational context and individual agency. When discussing the micro foundations of institutional logics, Thornton et al. (2012) state that actors are embedded within a context and situated within a space and time. Moreover, Thornton et al. (2012) suggest that institutional logics accepts that there will be some 'taken for granted' behaviour, some agency whereby actors can challenge and transform the status quo, and also some reflexivity. The concept of reflexivity in institutional logics is similar to the concept of reflexivity in Archer's (2003) morphogenesis theory in that it suggests that people have an awareness of institutional environments, including contextual enablers and constraints and then enact their agential power within this (somewhat fallible) knowledge (Lawrence & Suddaby, 2006). Thus, institutional logics rejects both rational choice theory and deterministic views of agency (Thornton et al., 2012) and conceptualises agency as "nested" within organisations and institutions which allows for both opportunities and constraints (Friedland & Alford, 1991, p. 242). This concept of 'nested' aligns with the illustration of the context theme map.

Lewis et al. (2019) identify that old neo-institutionalism contains top-down theories such as theories pertaining to isomorphism (DiMaggio & Powell, 1983) and legitimacy (Suchman, 1995), which are still important and relevant explanatory theories. Indeed, these theories have some explanatory power within the present research and will be explored within this section. However, new neo-institutionalism adds to old neo-institutionalism because it contains top-down and bottom-up theories that demonstrate the dynamic interplay between macro level structure and culture and micro level practices and agency. Arguably the most prominent theory within new neo-institutionalism is institutional logics. Thornton (2004) and Thornton et al. (2012) suggest that there are some broad logics which shape our understandings of what to think and do. For instance, the market logic centres actions and thinking around transactions, shareholders, self-interest, profit and status in the market (Lewis et al., 2019).

I posit that the logics of strategy and community are currently influencing the conceptualisation and justification for wellbeing strategy in organisations. Moreover, I posit that the complexity produced by these somewhat conflicting logics is causing mixed perceptions of what wellbeing is, what should be done about it and why it should be enacted in the first place. Besharov and Smith (2014) suggest that the presence of multiple and conflicting logics is normal and can be found in many industries. Lewis et al. (2019) suggest that scholars have recently focused their research on the enactment of strategy in the face of competing logics, and they have found that where there is conflicting and competing logics, this creates both difficulty and opportunity for the organisations and people involved in the enactment of strategy. The present research supports this conclusion, and this is a key abstract finding within the present research. The purported conflict

between strategic and community logics is considered to be a mechanism (or hidden causal force) that is partially driving varied perceptions of what wellbeing is, what should be done to enact it and also how it is experienced.

6.5.1.1 *The conflict between strategic and community logics.*

When participants were invited to discuss why wellbeing strategy was (or should be) enacted in the workplace, there was some evidence that there was a conflict between strategic logics and more caring community logics. For instance, some participants focused on the strategic business case for implementing wellbeing strategy and others focused on enacting wellbeing because it was simply an important thing to care about and do for the benefit of everyone within the business and wider community. Ollier-Malaterre et al. (2013) state that organisations influenced by a strong strategic logic will care about the business case for initiatives and will seek to identify the extent to which the organisation will benefit and be in a more competitive position by doing the initiative or practice. Thus, bottom line considerations are important within the strategic logic.

Thornton et al. (2012) and Lewis et al. (2019) state that community logics comprise of common boundaries, beliefs in trust and reciprocity, a commitment to community values and ideology, emotional connections and investments in the group. Within this research, there was evidence that many participants felt wellbeing should be enacted through a caring whole organisational approach, that should involve meeting individual needs, and reciprocal caring and trusting relationships. Whilst some participants clearly aligned with either the strategic (business case) or community (caring) logic, there were some situations where participants appeared to merge these logics when conceptualising and justifying wellbeing strategy. For instance, one leader (LD700) stated that *“You know, if we look after ourselves and look out for each other, take care of each other genuinely, we look after our customers and take care of our customers genuinely. The P&L (profit and loss) will look after itself, Laura.”* This excerpt identifies that the bottom line is still an important consideration (the business still needs to benefit and flourish for this leader), however the leader believes that one almost has to trust that genuinely caring and building a reciprocal community will have the desired strategic result. Thus, there is a community logic in the approach, but there is still an element of the strategic logic in the justification. Put another way, building and integrating logics of community and caring is considered to be a strategic approach for some participants and organisations. This is supported by some recent existing research, which found that leaders are engaging in ‘authenticity building’ in a bid to build trust, wellbeing and then in turn

strategic business outcomes (Nayani et al., 2022).⁵⁸ Interestingly, I will argue that evidence within this chapter suggests that factors within the external context are contributing to this conflict or merging of strategic and community logics. I will now outline how and why.

6.5.1.2 How global events are fuelling conflicting logics.

Nayani et al. (2022) highlight that the Covid-19 pandemic caused organisations to make radical changes to working practices. Furthermore, Nayani et al. obtained evidence to suggest that employee wellbeing became a priority during the pandemic for many organisations. The findings within the present research also support the conclusion that organisations became more caring and more concerned about employee wellbeing as a direct result of the challenges of Covid-19. For instance, KG1200 states that,

While it (wellbeing) was definitely becoming more prominent before COVID and lockdowns and all that stuff, I think that really shoved it in the forefront. It was, it was... it's no longer a nice to have, it's a - we have to absolutely be dealing with this right now because your business isn't going to continue succeeding otherwise.

There is also evidence of the conflict between the caring and the business case logics within this excerpt. This participant suggests that leaders recognised that Covid-19 could cause a wellbeing crisis amongst the workforce, and if this were to happen, then this would impact the organisation's viability and success. Therefore, this and many other excerpts within the present research suggest that Covid-19 contributed to the strengthening of the caring and community logic within many organisations that were concerned about organisational viability. The reasoning behind this was that leaders and organisations had to step up and show that they cared because this was what was needed to survive through the Covid-19 crisis.

One significant pressure that some organisations had to contend with during this time was a challenging labour market. This was particularly critical for the medium and small sized company. Boon et al. (2009) suggest that practices often have to align to the institutional environment and contextual factors – one of which is the labour market. In this time, organisations increased their benefits and wellbeing practices to attract talent in what was a very difficult market. One employee (AK40) stated organisations are “*trying to compete with each other on what they can best offer their employees to be able to either get the best people in or keep people within the business.*” Whilst this adds further evidence to the notion that ‘caring and providing’ has been a strategic approach for organisations, this excerpt also indicates that old neo-institutional mechanisms are also involved.

⁵⁸ Nayani et al. (2022, p. 1150) define authenticity building as “the constellation of past and present activities through which organizations channel efforts to be interpreted as authentic in their concern for their employees’ interests, and employees’ perceptions and attributions of organizational effort as authentic.”

Suchman's (1995) theories of moral and pragmatic legitimacy offer an explanatory framework in this instance, because organisations felt the need to adopt and promote wellbeing practices in a bid to appear good and legitimate to prospective employees. To some extent, this has resulted in isomorphism (the phenomenon where organisations become more alike) (DiMaggio & Powell, 1983) because there are popular ways of 'legitimately' enacting wellbeing strategy and initiatives within organisations (Lewis et al., 2019), and the data within this research supports this conclusion. For instance, all organisational cases were alike in the way that they quickly implemented mental health first aid training and internally recruited volunteer wellbeing champions.

6.5.1.3 How societal factors are fuelling conflicting logics.

Themes on the societal level of context theme maps include the common perception that there is now more talk about wellbeing in the media, social media and society in general. Participants also discussed the pressure of other businesses explicitly promoting their wellbeing provision. Some participants suggested that expectations regarding wellbeing provision, DEI and ESG had changed in that organisations were now expected to outline how they address these issues. Participants also referred to the pressure from multiple stakeholders including employees, potential employees, investors, contractors and reputation in the eye of society in general.

A significant theme that was generated across all four case studies is the suggestion that organisations are facing significant 'social power' forces and these forces are causing them to implement wellbeing initiatives, because if they refuse to do so, organisations will lose respect and social legitimacy in the eye of society as a whole (Suchman, 1995; Lewis et al., 2019). Heimans and Timms (2018) explain that organisations are focusing less on regulatory power and more on the power of social movements, where there is an expectation to participate and there is a fundamental value of transparency. Participants within the present study often spoke of the need for organisations to be aware of social movements concerning wellbeing, such as the 'mental health drive' on social media. Some participants suggested that non-participation could be damaging for the organisation's reputation – indicating the presence of isomorphic forces (Lewis et al., 2019). Organisations appeared to be adopting and adapting the wellbeing strategies of others in a bid to remain socially legitimate (Ollier-Malaterre et al., 2013; Suchman, 1995). This may explain why so many organisations implemented wellbeing through 'wellbeing days, weeks, or months' which were then promoted on social media. It also explains why companies prioritise winning wellbeing awards such as the Great Place to Work award. The social media posts and awards demonstrate that the organisation is participating in the wellbeing 'drive' or 'movement', and they are aiming to be transparent about this. However, this societal causal force could create tension between

community (caring) logic and strategic (business case) logics. Once this tension is created, employees may perceive that organisations are ‘doing’ wellbeing for awards and recognition, which often creates distrust, causing well intentioned initiatives to backfire.

There is a paradox in that the societal drive to pressure organisations to implement wellbeing initiatives may actually be causing some organisations to focus on what they can promote and display. This may then result in less time to focus on more intangible wellbeing initiatives such as developing the organisation’s culture or inter-personal relationships. Cunha et al. (2019) explore this notion of paradox in their study of how a managerial culture of imploring employees to ‘speak up’ can backfire and actually cause low levels of psychological safety. Cunha et al. (2019) suggest that there is a conflict between the extrinsic value of psychological safety (which is the intention to build a competitive advantage) and the intrinsic value of psychological safety (which is to build a healthy, open working environment). Cunha et al. argue that if employees have the perception that this initiative is not really about caring for them, then this may have the paradoxical effect of lowering trust and psychological safety. Thus, in the case of the present study, if employees perceive that organisations are working hard to build legitimacy and respond to pressure forces in society, then they may develop scepticism and cynicism about the extent to which the organisation genuinely cares.

Interestingly, there is another related paradox. Evidence within the present research suggests that the media, social media and ‘wellbeing influencers’ are imploring organisations to move beyond wellbeing days, ping pong tables, yoga classes, wellness, and other initiatives that are perhaps easy to promote online (Whippman, 2017). This creates a dilemma for organisations, who are being influenced by society to show that they are doing wellbeing initiatives, but not the sort of initiatives that are relatively easy and tangible to show. Put another way, organisations are being asked to transparently participate (Heimans & Timms, 2018) and demonstrate that they are enacting wellbeing initiatives, but not in a way that is easily demonstratable and promotable.

Nearly all participants mentioned that their understanding of wellbeing was influenced by what they had heard in the media, including social media. Moreover, many participants mentioned that their understanding of wellbeing had developed significantly over the last decade, and this is because the discourse surrounding wellbeing in society and in organisations has grown significantly. The empirical findings also suggest that the decision to enact wellbeing was impacted by assumptions concerning causal processes. The cross-case analysis identified that there are significant assumptions concerning the happy productive worker thesis (Cropanzano & Wright, 2001; Staw, 1986), which also became the happy safe worker thesis in the larger company⁵⁹. Many

⁵⁹ Empirical evidence for the happy productive and happy safe worker thesis can be found in appendix T.

participants appeared to be confident in the truthfulness of the happy-productive worker thesis and indicated that this theory underpinned why many leaders in organisations agreed to implement wellbeing initiatives. This illustrates that theories that are prominent in the discourse of society, can significantly impact how and why people do things such as devise and implement a wellbeing strategy. Glaser et al. (2017) argue that institutional logics inform implicit theories about why people act in certain ways, and this in turn can shape individual actions. Therefore, an important finding within the present research is that the happy productive or happy safe worker thesis is well known, appears logical and is accepted (Lindström, 2016). This has implications for the argument I have been making about the conflict between strategic (business case) and community (caring) logics, because if participants believe that wellbeing is enacted due to the happy productive or happy safe worker thesis (a strategic business case justification), then this could generate scepticism and cynicism regarding the organisation's genuine (caring) intentions (Cunha et al., 2019).

Within this section, I have argued that current global events, social movements and discourse within society are fuelling a conflict between strategic (business case) and community (caring) logics. This conflict is creating an opportunity for reflexive organisational and individual actors (Lewis et al., 2019) who may choose to focus on the community logic or strategic logic and shift the emphasis between these logics based on the demands of the time. It is important to state that the actions of organisational and individual actors are not determined by macro events or institutional logics. Archer (2003) suggests that people act with differing degrees of reflexivity regarding the structures and culture that enables or constrains them. Therefore, some people will actively seek to change institutional structures or logics, and some people may inadvertently change them just by pursuing personal projects that they are passionate about (Mutch, 2007). Conversely, some people may be content with conforming to the status quo and people may become more or less active depending on the specific situations (Mutch, 2007). Kellogg (2012) provides evidence to suggest that some people will act to thwart the implications of macro level mechanisms such as the power of social movements. Thus, the actions of agents are not always directed to supporting transformation or social change – people can also reflexively or unreflexively act to uphold and maintain the status quo, thwarting the actions of other actors who support transformation and change (Boon et al., 2009). Within the present research, some people did seek to resist wellbeing initiatives and some participants mentioned that efforts were thwarted by existing structures such as male bravado and stigma.

Within the present research, it was clear that organisational circumstances, demographics and values interacted within societal pressure and global factors. For instance, factors regarding investment opportunity and recruitment in the pursuit of organisational growth fed into decisions

regarding factors that would impact employee wellbeing in the smallest organisation. The large organisation did not need to consider investment or recruitment opportunities and constraints, but they did need to focus intensely on safety and consider the extent to which their wellbeing strategy aligned with safety logics (Cornelissen et al., 2020). Boon et al. (2009) also found similarities and differences in organisational responses to institutional pressures. Thus, the notion of contextual embeddedness (Thornton et al., 2012) is complex, where multiple organisational and individual actors, with differing degrees of reflexivity are in an interplay with global events and societal factors (Archer, 2003). Moreover, this interplay is transient (Archer, 2003), in that new global events, crises and societal pressure factors will emerge and organisations will continually need to adapt to these when considering how to simultaneously care for employees and maintain organisational success and viability.

6.6 Conclusion

My analysis identifies that organisations are enacting wellbeing in complex wider contexts where there are a range of conflicting logics and paradoxes to contend with. I have identified that wellbeing is enacted through a conflict between strategic (business case) and community (caring) logics. Moreover, paradoxically, organisations are being implored to be responsible quietly through organisational culture and leadership, but also demonstrate their wellbeing provision loudly to win awards and compete on social media. Organisations are expected to meet the demands and expectations of a variety of stakeholders (Freeman, 1984), whilst also continually adapting to new events, crises and changing societal expectations. Within this, organisations have the inherent requirement to meet the needs of the organisation, employees, wider society and the media. Thus, mechanisms identified to be involved in institutional theory (DiMaggio & Powell, 1983) are perhaps transferring to the enactment of wellbeing strategy. In devising and enacting wellbeing strategy, I argue that organisations cannot operate in a way that is acontextual, intransient or disconnected from wider events or crises. Thus, organisations may need to consistently scan the environment for trends and discourse and utilise the tenets of the context theme map to adopt an agile approach to employee wellbeing (Carroll, 2021; Romeo et al., 2020). This is the first main contribution of the present chapter. Moreover, I have begun to argue that the many mechanisms fuelling the conflict between logics are partially generating findings concerning contradiction and paradox. This is discussed further in the second discussion chapter within this thesis.

Chapter 7 findings: how do participants define wellbeing, and what is influencing definitions of wellbeing and why?

7.1 Introduction

In this chapter, I describe the empirical evidence for how participants define wellbeing, and what is influencing participant definitions of wellbeing. Within these categories, there were commonalities across all case studies. Therefore, the analysis focuses on aggregate themes, but I also highlight organisational or job role nuances when appropriate. I utilise abduction to redescribe the findings using morphogenesis theory (Archer, 1995) and posit that this supports a new proposition that wellbeing is in a constant state of renewal in an interplay with context. Towards the end of the chapter, I discuss some pertinent absences that could also be having a causal impact and I explain how these absences were identified. I utilise Bhaskar's (1993) dialectical critical realism (the second wave of critical realism) to support theorising in the absence section.

7.2 Empirical evidence concerning the definition of wellbeing and what is influencing the definition of wellbeing.

7.2.1 How do participants define wellbeing?

My analysis identifies that when asked the question "how would you define what wellbeing is?" the replies fall into the following four themes:

1. Wellbeing is looking after your own or other's mental and physical health (**individual stratum**).
2. Wellbeing is multi-dimensional, overarching or all-encompassing (**bridges laminations of scale**).
3. Wellbeing revolves around emotions and feelings (**individual stratum**).
4. Wellbeing involves having people, the right resources and the right environment (**macro / micro**).

My cross-case analysis also identifies that the 14 external practitioners define wellbeing slightly differently to management and employee participants within the organisations, in that they focus more on the multi-dimensionality of wellbeing, and they are also more likely to quote definitions from reputable organisations such as the World Health Organisation. Furthermore, my cross-case analysis identifies that there are two emerging themes which are:

1. Wellbeing is about growth, meaning and performance (**individual stratum**).
2. It is not possible to define wellbeing because it is very individual and about individual needs (**individual stratum**).

These findings are explored below, with all interview excerpts in italics. I have also collated more empirical evidence for 7.2.1 and 7.2.2, which can be found in appendix U.

7.2.1.1 Wellbeing is defined as looking after your own or other's mental and physical health ⁶⁰

The theme that was overwhelmingly dominant across the three organisational case studies was 'wellbeing is looking after your own or other's mental and physical health.' Abigail (MR1) defines wellbeing in the following way,

In relation to work, I think, wellbeing is obviously getting the right amount of sleep. A good night's sleep. Having a healthy diet, um, exercise. Think of having a healthy mind as well. All that contributing to obviously your mind and your body being healthy.

For Abigail, wellbeing was defined as doing the right things in order to have a healthy mind and body. Jack (LD700) defines wellbeing from his perspective as a leader within the organisation, "It's creating an environment and looking after people such that you know they feel both mentally and physically well and positive in the working environment." For many participants, wellbeing was defined as looking after the physical and mental health of oneself, and others. The idea that there are multiple things that one can personally 'do' to achieve or experience good wellbeing was also evident. For many participants (regardless of job role), defining wellbeing explicitly involved the act of supporting others to improve their own wellbeing, as one employee (MK500) states,

To me it's... it could be health, as in looking after people and as in, encourage them to, you know, eat healthily. Encouraging them to sleep well, etcetera. You know, just their general health in, you know, body health, if you want to say... also wellbeing, can be for mental health as well.

This is an interesting finding because the data supports calls to define wellbeing as a phenomenon that is bigger than the individual. The data suggests that many participants care deeply about the wellbeing of others, which may contribute to a more collective form of wellbeing. Moreover, many participants may support their own mental health by being compassionate about the wellbeing of others.

7.2.1.2 Wellbeing is multi-dimensional, overarching or all encompassing. ⁶¹

Whilst many participants described wellbeing as largely about looking after their own or other's mental and physical health, some participants also directly or indirectly defined wellbeing as being multi-dimensional, overarching or all-encompassing in that it is much more than looking after mental and physical health. The idea that wellbeing is multi-dimensional was most prominent

⁶⁰ LS900; PS800, LD700, KS600, LD500, KD400, HF4, KL300, KS2, DL1400, KG1200, HG100, HD1, LS80, KD60, AK40, GH20, CV15, AU14, DK12, OP11, KE10, MI900, MR800, MO700, MY600, MC6, MK500, ME400, MY4, MD300, MD3, MW200, MP2, MF1000, ME100, MR1.

⁶¹ LS900, PS800, KS600, KD3, NJ200, KS2, KS1700, KG1200, HG100, BV90, LS80, KP70, KS50, AK40, SJ30, GH20, CV15, KS13, MB7, MD300, MW200, MF1200, ME1100. JL900, JL600, JL500, JL400, JL300, JL200, JL1700, JL1600, JL1500, JL1300, JL1200, JL1000, JL100

amongst practitioners. For instance, Charlotte (JL600) states that, *“For me, ultimately, if it helps us each reach our full potential and we can maybe discuss what that means for me, because that's mentally, emotionally, physically and spiritually. That for me is wellbeing.”*

For some participants, wellbeing was an overarching construct, that could be experienced as complete through the culmination of multiple factors and dimensions.

So, you've got the social aspect, the financial, the mental, the physical. So, I think all those different factors. I don't think you can achieve complete wellbeing until all those factors have been thought about or considered. (Arya, NJ200)

Similarly, for some participants, wellbeing as a construct was considered to be all encompassing... *“I think wellbeing is everything, um, physical kind of how you feel in yourself... yeah, absolutely everything to do with a person. Body, mind, soul. All of it.” (Holly, KS13)* These findings support the argument that wellbeing is multifaceted and deeply contextual.

7.2.1.3 Wellbeing revolves around emotions and feelings.⁶²

For some participants (across job roles), wellbeing was defined in relation to perceived positive emotions. For instance, Janet (KS600) states that, *“... it's the emotional factors, isn't it really? So, where you've got those feelings of contentment, happiness, joy, those sorts of emotions. I think that's positive wellbeing.”* Moreover, Mary (LS80) states that, *“I see wellbeing is ensuring that... knowing that another person, or yourself is comfortable, happy... feels safe...”*

Some participants (across job roles), when asked about the definition of wellbeing, focused on the feeling that one can cope with the demands of working life. *“I would define (wellbeing) as something that's being able to manage and cope with pressures and stresses because we're not going to get away from pressure” (Michael, MW200).* Interestingly, this was only a theme within the three organisations, and was not a theme amongst external practitioners. This may be because practitioners are more aware of the nuances surrounding positive and negative emotions. It may also be because practitioners focus more on the multi-dimensionality of wellbeing. Again, some participants defined wellbeing through the lens of emotions and feelings not just in terms of their own wellbeing, but also in terms of being aware of how others are feeling and coping at work.

⁶² MR800, MB7, MN5, MW200, MS1300, ME1100, BV90, LS80, KP70, DK12, KE10, PS800, KS600, HF4, KS2, KG1200, HG100.

7.2.1.4 Wellbeing involves having people, the right resources and the right environment.⁶³

The fourth theme was again only generated from organisational case studies. This was not a theme amongst external practitioners. For some participants, this theme included making sure that employees were looked after within their environment. For instance, one manager (DL1400) states that *“It's just making sure that you're looking after employees and not putting them in dangerous situations.”* Moreover, Naomi (HD1) identifies wellbeing as about mental and physical health, but also states that wellbeing is also about the *“support and training provided.”*

Some participants defined wellbeing explicitly in relation to social support. For instance, David (AU14) states that colleagues should be aware...

...if there's a change in people and just being able to have that relationship where you can actually speak to someone about it or there's someone that is always there and open for you to just feel like if you do need to speak to someone, you can.

Thus, for some participants wellbeing was more than an individual, personal construct. Wellbeing was also social, environmental, and again included the notion that the definition of wellbeing should not just involve personal wellbeing interests, but also the explicit experience that others are experiencing good wellbeing.

7.2.1.5 Cross-case analysis: the definition of wellbeing.

There are two emerging themes, which became apparent when conducting the cross-case analysis. These themes are classed as ‘emerging’ and are discussed separately to the themes above because they are not as strong as the themes above, and they only gain strength at the aggregate level. The first emerging theme is ‘wellbeing is also about psychological wellbeing such as meaning, growth and enhanced performance’⁶⁴ For instance one employee (AK40) states that, *“I like to feel like I have a purpose, that I have a goal, that the stuff that I'm doing it... when it gets put out there actually means stuff to people and that a good job has been done.”* Some participants also defined wellbeing in relation to performance and potential,

I would say it's about how people feel, how they express themselves and whether they are able to perform to their full potential, whether that's in their working or personal life. (Sophie, MS1300).

Thus, the idea that wellbeing involves more than alleviating distress or simply coping in with the external environment was present in some transcripts. Some external practitioners utilised the

⁶³ MI900, MY4, MF1000, LD700, KS600, LD500, KD400, KD3, DL1400, HD1, LS80, GH20, AU14, DB10.

⁶⁴ KP70, KS50, AK40, GH20, MB7, MN5, MP2, MC1500, MS1300, MF1200, JL900, JL800, JL600, JL500, JL200, JL1500, JL1200.

discourse of optimal human functioning or thriving. For instance, Alison (JL1500) distinguishes between the role of occupational health and the role of wellbeing practitioners when providing her definition of wellbeing.

So occupational health being... as being able to protect you at work, so you're not in any harm. Wellbeing being the concept of you taking that one step further and using work as a way to kind of find purpose and energy for the rest of your life.

The second emerging theme that was generated from the cross-case analysis is the notion that 'wellbeing is difficult to fully define because it is so individual'⁶⁵ and people experience wellbeing in different ways. Some participants go as far to suggest that we can never fully define wellbeing. For instance, one external practitioner (JL1500) states,

I believe it's up to an individual's perspective. Their core beliefs. Their personal purpose. You know, it's all related to them and that's why we can never really define it... and it will mean one hundred million different things to different people dependent on their core beliefs, their upbringing, their experience, their values.

In considering differences between job roles, I found that internal and external practitioners were far less likely to limit their definition of wellbeing to mental and physical health. Practitioners were more likely to recognise wellbeing as multi-dimensional. Practitioners were also more likely to define wellbeing through the discourse of thriving and optimal human functioning. There was no strong difference between managers and non-managers in the themes above.

7.2.2 What is influencing the definition of wellbeing?

When asked the question 'what could be influencing your perception of what wellbeing is and what should be done about it,' responses fall into the following three themes,

1. Personal experiences (such as experiences with friends and family) (**individual stratum**).⁶⁶
2. Societal influences (such as media, social media and general discourse in society) (**societal stratum**).⁶⁷
3. Employer influences (such as employer led initiatives or for external practitioners, working with or in organisations) (**macro-organisational stratum**).⁶⁸

⁶⁵ KS600, KS1700, OP11, SJ30, JL500, JL300, JL200, JL1500.

⁶⁶ LS900, PS800, LD700, KS600, LD500, KD400, HF4, KL300, NJ200, DL1400, KG1200, HG100, LS80, KD60, KS50, AK40, SJ30, GH20, AU14, KS13, DK12, OP11, DB10, KE10, MB7, ME400, MW200, MP2, MC1500, MS1300, MF1200, ME1100, MF1000, JL900, JL600, JL500, JL400, JL300, JL200, JL1700, JL1600, JL1500, JL1300, JL1200, JL1000, JL100.

⁶⁷ MI900, MR800, MO700, MB7, MY600, MD300, MD3, MC1500, MR1, LS900, PS800, LD700, KS600, LD500, KD400, KL300, NJ200, KG1200, HG100, HD1, AK40, SJ30, GH20, CV15, AU14, KS13, OP11, DB10, KE10, JL600, JL200, JL1600, JL1200.

⁶⁸ ME100, ME1100, MS1300, MW200, MD300, ME400, MK500, MY600, MB7, MO700, MR800, MI900, LS900, LD700, KL300, NJ200, DL1400, KG1200, HG100, HD1, BV90, KD60, SJ30, GH20, KS13, DK12, OP11, DB10, JL900, JL600, JL400, JL200, JL1700, JL1500, JL100.

The cross-case analysis identifies that the three themes above are consistent across all four case studies. These findings are explored below.

7.2.2.1 Personal experiences, society, and employers are influencing definitions and understanding of wellbeing.

The influence of personal experiences was evident across all case studies and involved many participants describing the influence of personal reading, experiences with friends and family, and personal experiences of poor wellbeing. Mathew (DK12) states that his *“own personal experiences more than anything else”* have influenced his understanding of what wellbeing is because he has had to explain to employers why his specific diversity needs could impact his ability to experience wellbeing at work. Dean (MF1200) explains that a range of personal perspectives, upbringing and experiences have influenced his understanding of what wellbeing is. *“I think... my reading, my upbringing... how I was taught in school, things like that. And my religion.”* Thus, for many participants, wellbeing at work interacts with deeply personal matters and experiences.

Many participants also discussed the influence of factors in society such as media, social media, other businesses, global events and general discourse in society. Participants often described wellbeing as a ‘hot topic’ within society. For instance, Holly (KS13) states that *“...I probably have been influenced as well by society and the media... like it's everywhere. Everyone's talking about it. So, it's hard not to, you know, be involved in that...”* Ryan (MD3) suggests that many organisations are *“taking on”* wellbeing in response to multiple factors in society and he feels that the country as a whole is progressing.

I think the media... like I was saying... like media and saying that it seems that a lot of companies now are taking on this wellbeing thing, and I think that is down to suicide rates. Um, the pandemic was a massive thing, wasn't it? I just think the whole country's just taken on a new, a new outlook.

Melissa (JL1200) explains that celebrities and other influencers have started to talk about wellbeing more, which is impacting awareness of wellbeing from a personal perspective and in society more generally. *“I think the value in well-known people talking about it is just to demonstrate how really, really common it is and actually people can achieve great things even though they live with this kind of adversity.”*

The findings in this section supports findings in chapter six concerning the range of contextual factors that are influencing wellbeing. The findings reported here highlight that ‘hot topics’ such as wellbeing generate a significant amount of discourse within the media and society

and this discourse can in turn shape perceptions and actions concerning 'hot topics' such as wellbeing.

Some participants identified that their employer and / or previous employers have influenced their understanding of what wellbeing is. Lucy (KG1200) identified that her organisation actively encourages people to research wellbeing topics and report back to the team or group.

...we've had different themed days, different activities, different, umm, people within the business doing some research and coming together and presenting that back to the group. So, I think that could have also potentially impacted how I would define it.

Thus, organisations are playing a part in shaping the understanding of wellbeing through the initiatives, events and communications that they endorse. Some participants were influenced through the combination of a personal interest in learning about wellbeing and the support of the organisation in facilitating training such as coaching, as Michael (MW200) suggests *"This is where I've switched perhaps into my job... so there's obviously training for wellbeing ambassadors, coaches and that sort of thing and it is something that we try and actively promote as well."*

The cross-case analysis identifies that there are no strong differences between the four cases, as all four cases share the three themes presented in this category. One small difference between job roles is that practitioners believe they are more influenced by their line of work.

7.3 The identification of absence.

Within the methodology chapter (section 4.4.6.2), I outlined how I approached the critical realist notion of absence, which is an important concept in the second wave of critical realism – dialectical critical realism (Bhaskar, 1993). The cross-case analysis enabled me to identify two 'absences' that may be impacting the enactment and experience of wellbeing initiatives. The two absences are explained and justified below. The first absence is related to the definition of wellbeing outlined in this chapter. The second absence is related to findings concerning business case and caring logics, presented in the previous chapter. The absences are presented together, with an overall explanation of how they were identified and why they were deemed to be particularly pertinent.

7.3.1 Awareness of psychological wellbeing or concepts such flourishing (e.g., awareness and attention to strengths, growth and meaning in life).

This absence was identified through comparing organisational cases with practitioner cases and the academic literature. The practitioners had a theme called the 'optimal human functioning perspective' which was noticeably absent from organisational cases. For instance, Stacey (JL800), a practitioner, states that, *"a lot of it stems from things around the understanding psychological*

contract between an employer and an employee and that's not just about preventing harm, physical or mental. It's about providing opportunities for growth and fulfilment." Moreover, entrepreneur Emily (JL900) explains that she has helped some organisations to incorporate a discourse of strengths *"(Meetings now involve) talking about people's strengths and focusing on opportunities and moving away from fear."* Strengths awareness and use has been popularised by the discipline of Positive Psychology and there has been a significant amount of research concerning strengths awareness and use in organisations (Donaldson et al., 2019). However, this perspective is not present in thought or action within the organisational case study data. Within the organisational case studies, the focus remains on what can be done to support mental and physical ill health, and not what can be done to perhaps support growth, meaning, strengths use and other concepts that may be conceptualised as components of flourishing. The absence of psychological wellbeing constructs may lead to some employees feeling that wellbeing initiatives are not for them because they are not currently experiencing any form of distress. For instance, Michael (MW200) states that some employees will question... *"What's this got to do with me? Why does this affect me, I'm OK. I'm alright, Jack, that sort of thing."* However, if communications regarding wellbeing also focused on strengths and flourishing at work, then more employees may feel that wellbeing strategy and initiatives will benefit them whether they are feeling distressed or not. Thus, the lack of discourse regarding the optimal human functioning perspective may be having a significant impact on the definition, enactment and experience of wellbeing strategy and initiatives in organisations.

7.3.2 Mutual gains communications.

The second absence was identified through retroduction, and a more abstract analysis of what absences could be having a causal impact. This absence is relevant to all organisational case studies. In chapter six, I identified that most participants believe that organisations are enacting wellbeing strategy to meet business needs. Moreover, I have generated a significant amount of data, which suggests that many participants are often sceptical and even cynical about the intentions of organisations. The following quote from Dean (MF1200) illustrates this sentiment...

Also, if the company hasn't had a history of being a good culture, and then it starts doing stuff, it's almost like having that dodgy friend who is now nice. You're just wondering all the time... why... hang on a minute... hang on yeah, yeah, they've never been nice to me. Why are they nice now, what do they want? So, it's a human nature.

There was also evidence that perceived insincerity or the perception that the organisation was only implementing wellbeing initiatives to meet business needs could erode trust and backfire. For instance, Aiden (KE10) stated that...

I think if you can see your company outwardly saying they're doing something and you don't think it's being reflected internally, then it makes you less happy about the company that you're working with and it makes you not necessarily feel as trustworthy about other things you hear them say, which... even if they might be then going on to do those things.

Moreover Holly (KS13) states that, “The... you know the efforts of wellbeing may fall on deaf ears because people think, oh well, they don't actually genuinely care.” Thus, there is an understanding that wellbeing is enacted to meet business needs and is often a tick box exercise, but the understanding by leadership that a genuine mutual gains discourse must be present to minimise scepticism and cynicism is literally absent within organisations. Leaders and managers in all organisations do not express the understanding that focusing on the business case only may be problematic and concerning for trust. Moreover, discourse concerning mutual benefits is absent from communications. Communications may discuss the benefits for the business or focus on caring for employees regardless of business outcomes. However, the perception that wellbeing is enacted to genuinely meet both business and employee needs is rarely communicated, and this is evident in data concerning organisational communications and participant expressions. If this genuine mutual gains discourse was not absent in thought or actions, then employees may be less sceptical and cynical about the intentions of organisations.

7.3.3 Reflection concerning the identification of pertinent absences.

There are perhaps numerous other absences that could be having a causal impact, such as the absence of a wellbeing lead in two organisations. This has not been identified as a pertinent absence because the data does not suggest that this absence is having a significant impact on the definition, enactment and experience of wellbeing strategy. The two themes above have been selected because there is a significant amount of data and literature that supports the identification of these absences. The evidence for the first theme can be found in the significant difference between trained practitioner perspectives and organisational perspectives. There is also a wealth of research concerning psychological wellbeing and this research is rarely reflected in organisational participant responses. The evidence for the second theme can be found in the substantial data I collected regarding trust, ticking boxes, scepticism and cynicism (see appendix Q). Moreover, the second theme is supported by evidence regarding the dominant perception that organisations enact wellbeing to meet business needs. Furthermore, evidence can be found by triangulating this with perspectives in academic and grey literature.

Thus, in identifying absences, like identifying mechanisms through retroduction, I have been careful to look for clues in both the data and in the literature and I have assessed the legitimacy of

the two themes above based on my understanding of empirical adequacy (Wiltshire & Ronkainen, 2021). I am not going as far to suggest that these absences will always have an unproblematic positive impact if implemented. I am simply highlighting the finding that these concepts and perceptions are predominantly absent. Therefore, academics and leaders within organisations are invited to think about when, how and if they should be implemented to improve approaches to employee wellbeing.

7.4 Re-describing the empirical findings using existing theory (abduction and retroduction).

7.4.1 Findings support the role of morphogenesis theory.

This chapter builds on the findings (obtained through all four modes of inference) in the previous chapter. Moreover, the following re-description builds on the institutional logics section in chapter six. In the previous chapter, I tentatively suggested that social structures (which can include institutional logics) condition action (Delbridge & Edwards, 2013). However, as Archer's (1995) morphogenesis theory suggests, actors can be reflexive, and they have some awareness of what is constraining and enabling them. Thus, some participants within the present study are beginning to question more deeply what wellbeing is, and how their understanding of that is being influenced. This may explain why there are some emerging themes concerning the definition of wellbeing in section 7.2.1.5. Archer (2007) suggests that ideas (such as the eudemonic aspect of wellbeing) can then feed into the more collective ideology of wellbeing (or culture) and then structural change normally follows.

The findings within the present chapter suggest that people define wellbeing in different ways such as 'mental and physical health', 'multi-dimensional', or 'not possible to define'. Thus, within the present research, there is evidence that actors have different levels (or types) of reflexivity regarding the conceptualisation of wellbeing and what is influencing that conceptualisation. Delbridge and Edwards (2013) suggest that Archer's (2003) explanation of the different types of reflexivity (such as autonomous or communicative)⁶⁹ perhaps explains why

⁶⁹ Communicative reflexives are defined as: "those who complete their internal conversation inter- subjectively or in the context of others. The personal projects of communicative reflexives reflect this 'contextual continuity', which shapes what they deem as important." (Delbridge & Edwards, 2013, p. 938). Autonomous reflexives are defined as "actors (who) conduct their internal conversation 'at distance' from existing arrangements, which can lead to contestation with incumbents as these actors seek to pursue their own projects despite the social structures that surround them." (Delbridge & Edwards, 2013, p. 938). Meta reflexives are defined as: "those who not only monitor personal projects but also review the reflective process itself. While this internal process does not necessarily invoke change it does reveal that actors can be aware and concerned about the status quo, and therefore sometimes remove themselves from social situations which would not enable them to act in line with their own personal interests." (Delbridge & Edwards, 2013, p. 939).

conflicting logics exist. Archer's theory about reflexivity can also be utilised to explain why different conceptualisations of wellbeing exist. Thus, there is evidence within the present research, that actors are on 'different pathways' in terms of their conceptualisation and justification for wellbeing. Actors are also on different pathways in terms of how aware they are of what is enabling or constraining them in structure and culture. Over time, these different judgement pathways also condition possibilities for action (Delbridge & Edwards, 2013). These different pathways may explain why different conceptualisations and multiple logics can exist over extended periods of time. Furthermore, somewhat contradictorily, the existence of different pathways may also explain why the conceptualisation and enactment of wellbeing overall has advanced significantly in recent years. In an interview with Jamie Morgan (Archer & Morgan, 2020), Archer states that in morphogenesis, variety will foster greater variety, and, when this happens, we are likely to experience more morphogenesis than morphostasis. Thus, in the context of wellbeing, the variety of reflexive pathways may indeed be contributing to increased morphogenesis in the conceptualisation and enactment of wellbeing. However, as Archer also suggests (Archer & Morgan, 2020 p.194) "the 'new' is not automatically commensurate with the 'good'."

Thornton et al. (2012) suggest that contradictory or conflicting logics create opportunity for actors to initiate change, because the contradiction creates tension and is thus exploitable. Delbridge and Edwards (2013) advance this theory by suggesting that the power of conflicting logics is in an interplay with how reflexive people are about their current contextual circumstances, which creates a paradox. In line with the work of Delbridge and Edwards (2013), I posit that structural and cultural factors at T1 is shaping the reflexivity and judgement pathways that are possible at T2, which is feeding into the morphogenesis that is possible at T3. Furthermore, as Delbridge and Edwards suggest, this also occurs within an individual's historical and organisational context. Thus, paradoxically, structural mechanisms are fuelling conflicting logics, and these logics constrain the reflexivity that is possible, but these conflicting logics are also enabling opportunity for change. Thus, conflicting logics are simultaneously enabling and constraining reflexivity, possibilities for the internal conversation, and in turn, changes to the status quo. Alongside this reasoning concerning logics, there is also evidence to suggest that the definition of wellbeing is also evolving in an interplay with structural and cultural mechanisms, and the reflexive understanding of this differs from person to person. The absences outlined above are not set in stone, and the degree to which the absences identified exist will differ from person to person, depending on their experiences and level of reflexivity. The absences ostensibly exist at the level of the aggregate – and not necessarily

The fractured reflexive is defined as: "actors (who) are the victims of society who are unable, for whatever reason, to engage in an internal conversation." (Delbridge & Edwards, 2013, p. 939).

at the level of the granular. Thus, the overall conclusion must be that for 'wellbeing' to exist in organisations as empirically observed, it must be in a constant state of renewal, in an interplay with all multi-level contextual factors outlined thus far.

7.4.2 A new proposition: wellbeing strategy is in a constant state of renewal, in an interplay with context.

The findings in the present and previous chapter illustrate that wellbeing is contextually embedded, which aligns with schools of thought that suggest organisations should internally and externally integrate their HRM practices strategically (Paauwe & Boon, 2018). In terms of internal integration, some participants have suggested that wellbeing is not an individual entity, and it should be integrated with other functions of the business and all aspects of employee life. For instance, JL1700 states that,

I think one of the biggest things to do, is not look at wellbeing as one individual entity... recognize that it touches all of those different areas. You know whether it's learning and development, the sort of personal growth... you've got your physical environment, your psychological environment, the governance structure of an organization. You know, feeling that you are doing something worthwhile.

Furthermore, many participants suggested that wellbeing should be integrated with what the organisation does for DEI and ESG. This suggests that the enactment of wellbeing is bigger than individual level one off interventions, and wellbeing runs through many aspects of transient organisational life (van Woerkom, 2021). This is then impacted by transient contextual factors within the organisation, which is also in an interplay with transient individual level wellbeing needs and preferences. The evidence also demonstrates that organisational decisions regarding wellbeing strategy are significantly impacted by transient global events and transient pressure factors within society (Deephouse, 1999). The conclusions and proposition within this section is supported by morphogenesis theory (Archer, 1995), because this theory is inherently about transience and changes over time through an interplay between structure, culture and agency.

The findings and analysis within the present and previous chapter indicate that the concept of wellbeing and thus the wellbeing strategy is in a constant state of renewal. Morphogenesis theory (Archer, 1995), institutional theory (DiMaggio & Powell, 1983), institutional logics (Thornton et al., 2012) and existing theories concerning alignment and fit (Paauwe & Boon, 2018) help to illustrate that wellbeing strategy is constantly evolving and actors are constantly responding to (or aligning with) external pressures such as Covid-19 or societal discourse. This conclusion builds on previous academic discourse which suggests that the enactment of wellbeing should avoid one off interventions, and instead take on a multi-level and multi-domain approach (De Angelis et al., 2020;

van Woerkom, 2021). The findings and analysis suggest that whilst a multi-level and multi-domain approach may be useful, strategic approaches to wellbeing must also recognise the transience of wellbeing in concept, justification and in practice. The context theme map is a contribution within the present research because it highlights the extent to which global events are in an interplay with societal factors, which are both in an interplay with organisational context, which are all in an interplay with individual level experiences, perceptions, needs and preferences. Thus, strategic approaches to wellbeing cannot be conflated with writing a long-term strategic document, which covers all purported aspects of wellbeing. Strategic approaches to wellbeing also need to include the understanding that wellbeing is in a constant state of fluctuation, evolution and renewal. Wellbeing strategy is also unbounded because it is not possible to control all contextual factors. This proposition is supported by morphogenesis theory – which is a prominent theory in critical realism.

7.4.2.1 Contributions to knowledge.

This proposition is a new contribution to the wellbeing literature. Previous research has critiqued the focus on individual level interventions and suggested instead that practitioners should develop multi-level and multi-domain interventions (De Angelis et al., 2020; van Woerkom, 2021). This proposition adds to this literature by stating that wellbeing practitioners may also wish to develop a flexible wellbeing strategy that seeks to align and integrate with the external and internal context. Within the present research, the impact of global crises such as Covid-19 and inflation made the importance of agility and flexibility particularly salient. Thus, organisations will need to adapt their wellbeing strategies to support their colleagues through crises that will happen in the future, and again, the organisational approach to strategic wellbeing in the face of crisis, will be in an interplay with societal, organisational and individual level contextual factors.

The present research contributes the first analysis of what strategic wellbeing looks like. This is novel because previous research has focused on particular interventions, theories, concepts, or a combination of these. This is the first study to take a broad view of how a whole strategic approach to wellbeing exists or can exist, and the potential mechanisms involved in this. Thus, in this chapter and in chapter seven, I will introduce five key tenets of an organisational wellbeing strategy. In this chapter, I introduce the first two tenets, which are 1. Wellbeing strategy is transient and 2. Wellbeing strategy is internally and externally integrated – meaning that there are significant elements of contextual embeddedness which are evidenced and reflected in the context theme map. Through the five key tenets of a wellbeing strategy, I aim to initiate a new discourse of wellbeing, which involves a new detailed understanding of strategic approaches to wellbeing. The present research has provided participants with an opportunity to provide their perspectives on the

whole organisational wellbeing strategy for the first time, and this has led to new insights regarding how wellbeing strategy interacts with context.

Critical realism has supported theorising in this chapter by providing a lens through which to view the stratified nature of context. In this section I have utilised retrodution to propose that influences and the conceptualisation of wellbeing must be in a constant state of renewal. I posit that, in explaining what is influencing the definition and enactment of wellbeing, this mechanism (which can be explained using morphogenesis theory) must exist for the wellbeing strategy to exist as empirically observed. Dialectical critical realism (Bhaskar, 1993) has also supported the novel approach to discerning absence. The method of elucidating pertinent absences is a novel feature and contribution within this thesis as it fully translates Bhaskar's notion of absence and the dialectic into an empirical method that can be adopted widely.

7.5 Conclusion

In this chapter I have identified how wellbeing is being defined and what is influencing the definition of wellbeing in organisations. I have also identified some pertinent absences. Through abduction and retrodution, I have concluded that wellbeing strategy is in a constant state of renewal – and this is a hidden mechanism that must exist for the wellbeing strategy to exist as empirically observed. I have introduced the first two of five tenets of a wellbeing strategy, which are that wellbeing strategy is transient, and it is also internally and externally integrated – reflecting the notion of situated contextual embeddedness (Thornton et al., 2012).

Chapter 8 findings: how is wellbeing currently enacted, and how would participants like wellbeing to be enacted and why?

8.1 Introduction

In this chapter, I describe the empirical evidence for how wellbeing is currently enacted and how participants would like wellbeing to be enacted. I then utilise abduction to re-describe the empirical data using existing theory. Towards the end of the chapter, I explicitly outline the contributions to knowledge and briefly discuss how critical realism has supported theorising within the present chapter. In summary, I posit that there are five main tenets to an organisational wellbeing strategy, which contributes a rich understanding of a strategic approach to supporting wellbeing.

8.2 Empirical evidence concerning how is wellbeing currently enacted and how would participants like wellbeing to be enacted.

8.2.1 How is wellbeing currently enacted within organisations?

My analysis identifies that when asked the question “how is wellbeing currently enacted within your organisation?” responses fall into the following four themes,

1. Through organisational events and initiatives (such as social events, speakers, training, wellbeing champions initiative, wellbeing calendar or wellbeing days) **(Macro / micro)**.
2. Through organisational culture (this includes building a people focused culture, listening to the employee voice, building a sense of belonging, highlighting links between wellbeing and work-related outcomes such as safety, and a priority placed on diversity and inclusion) **(Organisational macro)**.
3. Through organisational policies, structure and resource provision (this includes remote and flexible working policies, strategy plans, the EAP, benefits, physical working environments and policies such as sick days for mental health support) **(Organisational macro)**.
4. Through organisational communication (such as awareness and email campaigns, vlogs, and a general discourse of caring) **(Organisational macro)**.

The cross-case analysis identifies that these themes are consistent across all three organisational case studies. Therefore, findings are reported at the aggregate level with some discussion of the contextual differences. For instance, wellbeing is considered to be enacted through the wellbeing leader in the one organisation that has a wellbeing leader. This is not the case in the other organisations. Thus, whilst the themes are consistent across the three organisational

cases, the specific ways in which the organisations actually enact these themes is different and this is aligned with their specific contextual circumstances. There are no findings for the 14 practitioners for this category because practitioners focused on what they think should be done for wellbeing, not their organisation's current wellbeing strategy.⁷⁰

8.2.1.1 Wellbeing is enacted through organisational events and initiatives.⁷¹

Within this theme, all organisations have implemented mental health first aid training. Beth (ME100) describes the experience of this within her organisation, *"we went through a process of doing the mental health first aid training both the one day and the two day."* Moreover, all organisations implemented the wellbeing champions initiative whereby employees were recruited into voluntary positions that enabled them to provide peer support for their colleagues. Caroline (GH20) discusses one of the priorities of the wellbeing champion group, *"One thing we're really keen to work on with our wellbeing champions who help... I suppose encourage these conversations across the business is talking about stigma a lot. And what kind of stigmas come up within our business..."*

All organisations implemented wellbeing through different types of learning and training. This included emotional intelligence courses, stress management training, wellbeing programs for certain groups (such as women), financial wellbeing workshops, and motivational wellbeing and health speakers. Liam (HG100) describes the talk provided by an external speaker *"we had an external speaker come in last year and... so she did a talk on (deleted) just like some mental health and she did a section on nutrition. So, we talked about like eating the rainbow."*

In the medium and small organisations, wellbeing was also considered to be enacted through a range of social events such as walking clubs, challenges, competitions, and team lunches, as Holly (KS13) suggests, *"You know, you take, you take an afternoon off, and we all go somewhere and it's like team building stuff."* All organisations enacted wellbeing through taking part in national events such as Brew Monday, which was a national event that invited workplaces to encourage their colleagues to take time off to sit and talk.

⁷⁰ I have also collated more empirical evidence for this category, which can be found in appendix V.

⁷¹ LS900, PS800, LD700, LD500, KD400, HF4, KL300, KD3, NJ200, KS1700, DL1400, KG1200, HG100, HD1, BV90, LS80, KP70, KD60, KS50, AK40, SJ30, GH20, KS13, DK12, OP11, MI900, MR800, MO700, MB7, MY600, MC6, ME400, MY4, MD300, MD3, MW200, MP2, ME100, MR1

8.2.1.2 Wellbeing is enacted through organisational culture.⁷²

Many participants suggested that wellbeing is currently enacted through organisational culture. For instance, in all organisations, wellbeing was enacted through seeking to build a people focused culture that supported the employee voice and talking socially about wellbeing. Moreover, there was a recognition that leaders can help to promote a positive culture by promoting a sense of security and belonging through top-down actions. One leader Jack (LD700) explains *“In the first two months of the pandemic, I actually (dropped in on) people just out of the blue and, just said how you doing?”*

Moreover, gaining the employee voice appeared to be an important part of not only deciding what to do (that may directly impact wellbeing) but also an important part of a people focused culture. Lucy (KG1200) explains that *“they do just outright ask employees and say, well, you know, what do you want to, what do you want to see? How would you like us to approach certain things?”* Thus, gaining the employee voice was seen as a valuable part of an open and inclusive culture.

Many participants within all organisations placed emphasis on the link between an open and inclusive culture and wellbeing. Aiden (KE10) states that *“I have worked in a work environment where, due to my personal identity, I didn't necessarily feel as included and I've never once felt that at my current company. So, for me personally that makes quite an impact on well-being.”* Thus, many participants expressed that feeling included and cared for is an important part of an organisational culture that is conducive for wellbeing.

8.2.1.3 Wellbeing is enacted through organisational policies, structures and resource provision.⁷³

This theme includes a multifaceted approach to providing for colleagues and developing structure through policy that directly or indirectly supports employee wellbeing. Many participants suggested that certain policies and provision such as benefits and perks need to be flexible because people will need different things at different times. This was particularly relevant when participants discussed the topic of flexibility and home working. Many employees expressed that this flexibility had benefitted their wellbeing, however, many participants recognised that people would have different needs and may wish to split office and home working in different ways. Claire (KS1700)

⁷² LS900, PS800, LD700, KS600, LD500, KD400, KL300, KS2, KS1700, DL1400, KG1200, HG100, HD1, BV90, LS80, KD60, KS50, AK40, SJ30, GH20, KS13, DK12, KE10, ME400, MW200, ME1100, MF1000, ME100.

⁷³ LS900, PS800, LD700, KS600, LD500, KD400, HF4, KL300, KS2, KS1700, DL1400, KG1200, HG100, HD1, BV90, KP70, KD60, AK40, SJ30, GH20, DK12, OP11, MI900, MR800, MO700, MY600, ME400, MD3, MW200, MP2, ME1100, ME100, MR1.

states that *“we haven't sort of forced people to come back to work or, you know, it's been very flexible and adapted to individual needs for different people within the business.”*

Organisations also supported wellbeing through physical environments such as functional and aesthetic office spaces, on-site gyms and wellbeing rooms. Anna (SJ30) states that *“What wellbeing means... especially in the workplace, it's your environment and (our leadership) have heavily invested in the environment and he's always wanted to improve and change things for people if it makes their working lives better.”* Furthermore, Michael (MW200) describes his organisation's wellbeing room and states that inside this room one would find literature from *“Mind the charity. There's things from the NHS website, you know how to deal with anxiety, coping with depression, stress, pressures. So, there's lots of varied things.”*

Organisations then supported wellbeing through company benefits such as access to physiotherapy, an employee assistance programme (EAP), discounts, holiday purchase schemes and whole benefits platforms. However, it was recognised that benefits would not always suit all people and they would not be needed all of the time. When describing the organisation's EAP one leader (LS900) states that *“...the uptake hasn't been massive. But I think it's important that we have it there just in case anybody needs it.”* Thus, provision in this section varied from being more permanent and enduring such as buildings and flexibility policies to more fleeting and used as and when needed such as benefits and the EAP.

8.2.1.4 Wellbeing is enacted through organisational communication.⁷⁴

Organisational approaches to supporting employee wellbeing also include a range of communications and discourse. This normally involves email campaigns which may include a range of health and wellbeing tips or insights about a particular wellbeing day. Arya (NJ200) explains that, *“...someone actually emailed us and said, ‘oh, by the way, it's World Cancer Day today’ like... Are you sending out some comms today?”* Thus, in many circumstances communications about wellbeing are expected. Moreover, organisations seek to encourage healthy behaviours through email campaigns, as Abigail (MR1) suggests, *“I think within the company I think they try and do their best with promoting health and well-being, whether it be, you know, taking 30 minutes of exercise a week / a day or you know, getting, I don't know, your five fruit and veg...”*

The communication approach was not just limited to communications about wellbeing or health in general. Organisations also endeavoured to support wellbeing through consistently communicating that they cared and were there for their colleagues. For instance, Jack (LD700) states

⁷⁴ LS900, PS800, LD700, KS600, KD400, KL300, NJ200, HG100, GH20, SJ30, DK12, MB7, MY600, MY4, MD3, MW200, MP2, MR1.

that, *“And then the wording in the, you know, the language we use, the things we set up, are genuine, you know, they're not oh, let's organise something to get together because it's, you know, it's time we did it, you know, it's more to it than that.”*

Caroline (GH20) explains that the leadership within her organisation discusses wellbeing regularly with the goal of breaking down stigma and inviting others to do the same. *“...we bring it up regularly... our CEO discusses it regularly and saying that, you know, he's found how much he didn't realise it was impacting his work when he thought he could segregate the two. So, it's taking away that stigma and talking (about) it sort of top down.”* Thus, within organisations, communication was utilised to encourage healthy behaviours and educate about wellbeing days and initiatives. It was also utilised to communicate that the organisation, leaders and managers care and wish to support all colleagues with their wellbeing.

8.2.1.5 Cross case analysis: how wellbeing is currently enacted?

In terms of similarities, wellbeing is enacted in all companies through events, initiatives, resources, and provision. Mental health first aid training and wellbeing champions are present in all organisations. All organisations focus on fixing mental health difficulties and providing secondary and / or tertiary initiatives. No organisation focuses on building strengths or meaningful work – the eudemonic side of wellbeing. All companies are perceived to address wellbeing through their policies concerning flexible working. Moreover, all companies implement wellbeing through the use of communications. There is little evidence of a complete strategic or joined up approach to wellbeing within the organisations. All organisations had some policy documents, but some participants in all organisations reported that a more joined up approach was required. For instance, MF1200 states that, *“I think it's a great big ship that's going in the right direction, but there's too many people trying to mess with the tiller as such, it's like... I don't know who the responsible person is for wellbeing.”* Furthermore, Elizabeth (KD400) states that wellbeing is enacted through different functions of the business, and they are not necessarily enacting wellbeing in a joined up strategic way... *“So that's driven through the people team. I think in terms of the wellness side of things, a lot of the comms are on the corporate social responsibility arm.”* Elizabeth goes on to suggest that the groups enacting wellbeing should try to be more closely aligned in the future.

There are also some notable differences. The way in which organisations address wellbeing through company culture depends on the wider culture of the organisation. For example, the small company focuses on regular check ins and conversations, whereas the large company takes a top-down approach by making managers accountable for implementing wellbeing initiatives. The larger company also links wellbeing with their culture of safety norms. The medium and the small

company aim to improve wellbeing through social events, which is not evident in the large company. The small company has a head of wellbeing, and this is considered to be the main way in which wellbeing is enacted in this company. Surprisingly, the medium and large company do not have a head of wellbeing. 'Head of wellbeing' roles are a new phenomenon. Thus, the smaller company may have had the agility to implement this more quickly than the other two companies. The small company has only created this role very recently.

All companies take a similar approach to implementing wellbeing. However, the ways in which these elements are enacted depends on the specific context of the organisations. Therefore, there appears to be a consensus concerning the general themes of what should be done, and companies then adopt and adapt based on their contextual nuances.

8.2.2 Participant suggestions concerning how wellbeing enactment could be improved in organisations.

My analysis identifies that when asked the questions regarding how wellbeing could / should be enacted in organisations, responses fall into the following four themes,

1. Organisations should continue to focus on organisational culture (**organisational macro**).
3. Organisations should continue to focus on impacting wellbeing through leadership and line manager relations with colleagues (**Organisational macro / micro**).
2. Wellbeing could be enacted through a greater focus on individual needs (**Individual**).
4. Organisations should continue to focus on events, initiatives, resources, benefits and other physical provision (**Organisational macro / micro**).

The cross-case analysis identifies that these themes are consistent across all four case studies. There are also some differences between case studies, with the medium and small sized organisations placing an emphasis on the role of flexible working policies. There is also one emergent theme, which was strengthened with the data from the 14 external practitioners. This theme is 'organisations should integrate DEI, ESG, meaningful work and wellbeing as the streams that form 'good work thinking''. I have also collated more empirical evidence for this category, which can be found in appendix W. Participants also shared their concerns and critiques of wellbeing enactment. Thus, evidence regarding scepticism and cynicism can be found in appendix Q and evidence regarding perceived concern points can be found in appendix X.

8.2.2.1 Organisations should continue to focus on organisational culture.⁷⁵

Many participants in all organisations suggested that organisational culture should be based on openness, trust, honesty and variety of ways to talk. Mandy (HF4) states that *“I think giving... making sure that employees have a space and feel comfortable to share and you know, have that open communication...”* Moreover, Aiden (KE10) states that,

I think it's about open conversations and also, being, showing, willing to make adaptations to people, and to have those one-to-one conversations so that if something comes up then you know how to help and how to... make someone feel included if they don't already.

Furthermore, Katherine (DB10) states that *“I think if you haven't got the culture right and you don't make it a great place to work, then that's going to be a problem to start off with.”*

Many participants suggested that culture starts at the top of the organisation, and leaders can drive a sense of belonging and a sense of openness through their words and actions. Moreover, some participants suggested that leaders can signal permission to look after wellbeing through their words, actions and personal stories. Ada (JL100) states that, *“the organisations where they have got leaders, who are willing to talk about it... that has such a massive impact on the culture of an organisation.”* Thus, in enacting wellbeing, the cross-case analysis suggests that culture is extremely important. More specifically, many participants place an emphasis on a culture that is experienced as open, honest, with a variety of ways to communicate. Moreover, some participants place an emphasis on the ability of leadership to set that culture. This may be through actions that convey sincerity regarding the intention to have an open and inclusive culture. Some participants also suggest that this also cultivates a sense of belonging.

8.2.2.2 Organisations should continue to focus on impacting wellbeing through leadership and line manager relations with colleagues.⁷⁶

Many participants suggested that authentic, empathetic and supportive leaders are critical for wellbeing because this inspires trust. For instance, Lucy (KG1200) states that,

I think managers lead by example... that can definitely...umm...kind of foster an environment where that's accepted. So, I know sometimes coming into a new business or a new role or a new team, it's kind of like you're trying to suss out OK to what extent can we talk about these things? Is this...can we engage on these topics?

⁷⁵ MQ8, MY600, MC6, MK500, MN5, MD300, MD3, MW200, MS1300, MF1200, ME100, PS800, KS600, LD500, HF4, KL300, KD3, KS2, DL1400, KG1200, HG100, BV90, LS80, KP70, KD60, KS50, AK40, SJ30, CV15, AU14, KS13, DK12, OP11, DB10, KE10, JL900, JL800, JL600, JL500, JL400, JL300, JL200, JL1700, JL1600, JL1500, JL1300, JL1200, JL1000, JL100

⁷⁶ MI900, MR800, MO700, MB7, MY600, MC6, MK500, MN5, ME400, MY4, MD300, MD3, MW200, MP2, MC1500, MS1300, MF1200, ME1100, MF1000, LS900, PS800, KS600, LD500, KD400, HF4, KD3, NJ200, DL1400, KG1200, HG100, BV90, LS80, KP70, KD60, KS50, AK40, SJ30, GH20, CV15, AU14, KS13, DK12, OP11, DB10, KE10, JL900, JL800, JL600, JL500, JL300, JL1700, JL1600, JL1500, JL1300, JL1200, JL1000, JL100.

The theme of leaders being real, sincere, authentic or genuine was also mentioned frequently and deemed to be important for wellbeing at work. As Natalie (KS50) states,

“I feel the leadership is real - who I report to. They're genuine, they're real. And I'm a very black and white person. So is he. So, I think that's important. It's important to have that connection with whoever you are reporting into.”

Some participants also suggested the poor relations with leaders and line managers could also hinder wellbeing, and this could be resolved through more line manager training and / or coaching, as Laura (ME1100) suggests, *“We found that that sometimes what might be hindering people... individuals might be that relationship between line manager and things. So, what we instituted even as a whole (company, was) (deleted) line manager training on mental wellbeing.”*

Alongside the importance of culture, this was a clear theme within all four case studies. Some participants also discussed the importance of feedback, and how leaders can build trust by listening and always responding, even if the response is to decline a request. Alana (JL300) supports this by stating that,

They (the leaders) heard a lot of feedback, some of which they were a bit uncomfortable with, but the employees were very straight talking and they've... they're starting to build psychological safety and trust now because they (the leaders) listened, so they didn't start in a very good position, but because they have listened and because they are taking it seriously and showing that they're doing things... they are turning a corner.

8.2.2.3 Wellbeing could be enacted through a greater focus on individual needs.⁷⁷

The cross-case analysis identifies that many participants would like their organisation to have a whole organisational approach (such as by focusing on culture, leadership and a range of benefits and initiatives), but then tailor this offering to meet individual needs. Thus, the suggestion is that organisations can develop a core offer that can then be individualised and tailored. Many participants repeatedly emphasise the point that individuals need different things for wellbeing, and it is also important to identify what different groups or individuals need by listening to the employee voice through a variety of means. Some participants suggested that line managers can play a role in adapting the core offer to meet individual needs, as Helen (JL1300) suggests,

And we have a core set of benefits that people can access, which is a broad brush, but (we) recognize not all of those matter, but what we need to do is train people leaders, line managers to be able to recognize and have conversations in an open and honest adult to adult way.... to support that individual's then requirements so... and make sure those leaders are equipped with the knowledge to signpost to the most relevant thing.

⁷⁷ MI900, MR800, MB7, MY600, MK500, ME400, MD3, MW200, MP2, MC1500, MS1300, MF1200, ME1100, MF1000, ME100, MR1, LS900, KS600, LD500, KD400, HF4, KL300, KD3, KS2, KS1700, DL1400, KG1200, HD1, BV90, LS80, KP70, KD60, KS50, AK40, SJ30, GH20, CV15, AU14, DK12, DB10, JL900, JL800, JL600, JL500, JL400, JL300, JL200, JL1700, JL1600, JL1300, JL1200, JL100.

When asked what they would implement in terms of a wellbeing strategy, many participants repeatedly suggested that there is no one-size-fits-all approach and it would be important to gain the employee voice first. Thus, many participants appear to be suggesting that they do not want a wellbeing strategy that is too unstructured or individualised. Moreover, they do not want a strategy that is too 'broad brush'. Instead, these participants appear to be suggesting that an overarching strategy can support team level and individual level micro actions that enable individuals to flourish based on meeting their individual needs.

8.2.2.4 Organisations should continue to focus on events, initiatives, resources, benefits and other physical provision.⁷⁸

Many participants in all organisations suggested that they do not wish to completely overhaul or abandon what organisations are currently doing in favour of new or better approaches. When asked if she would keep everything that is currently in place Joanne (LD500) replies by saying *"I don't think there's anything we do (that) is bad or doesn't affect somebody positively. So, I think I would, yeah."* When asked about keeping the wellbeing calendar Liam (HG100) replies by saying *"yeah, I see that going year on year and I think that's a big part of what the people team should be doing and what the CSR team should be doing."*

Furthermore Anna (SJ30) explains why her organisation will keep Wellbeing Wednesday, even though she is aware of the criticisms of this approach circulating on media channels, *"Because you see, I see lots of posts on UNCLEAR and it's like 'oh culture isn't food and snacks in the office'. But I'm like, but for our people, they really, really love it."* This finding highlights that initiatives such as Wellbeing Wednesday are often appreciated, and many employees do feel that they demonstrate organisational care. In the small organisational context, participants suggested that this weekly event was something to look forward to and enjoy. Thus, 'Wellbeing Wednesday', in this organisational context was not perceived as tokenistic. It was perceived as genuinely caring. Moreover, as it was enacted by the widely praised wellbeing lead, and not leadership or business owners, it could be tentatively concluded that this may have contributed to the perception that Wellbeing Wednesday was not tokenistic.

⁷⁸ MY600, MK500, ME400, MD300, MD3, MW200, MP2, MC1500, MF1200, ME100, MR1, LS900, PS800, KS600, LD500, KD400, KL300, KD3, NJ200, KS2, KS1700, DL1400, HG100, HD1, BV90, LS80, KD60, KS50, SJ30, DK12, DB10, KE10, JL900, JL600, JL500, JL400, JL300, JL200, JL1700, JL1600, JL1300, JL1200, JL1000, JL100.

8.2.2.5 Cross case analysis: participant suggestions concerning how the enactment of wellbeing could be improved.

There are some strong similarities in terms of what participants would like to keep. Across all four case studies, most participants would like to retain events, initiatives, resources, and provision; however, many participants suggest that the implementation of these could be improved. Many organisational participants also recognise the importance of flexible working policies for wellbeing.

There are also some strong similarities in terms of what participants want that is not already there. A strong cross case theme is that many participants would like organisations to enact wellbeing through an overarching strategy (with a wellbeing team driving it) and these participants suggest that the broad wellbeing strategy should be adaptable to meet individual needs. Many participants suggest that leadership and culture are the critical elements of a wellbeing strategy. All case studies stress the importance of listening to employee needs.

There is one emerging theme. The small organisation and practitioners suggest that awareness and attention to diversity and inclusion (and individual needs based on this) is important for wellbeing. The practitioners in particular focus on the interplay between DEI, ESG, meaningful work and wellbeing and suggest that these streams form the basis of good work thinking.

There are no strong differences in respect to the main themes and the differences that are evident are based on nuanced contextual circumstances. For example, the cultural aspects are different based on the makeup of the different organisations, but the request for attention to 'culture' remains consistent across the case studies. The cross-case analysis has revealed some common themes that are consistent across the four case studies. This suggests that there is a consensus across these case studies, but there are also contextual nuances. The consensus is that wellbeing strategy should be enacted through a whole organisational approach that can be adapted to meet individual needs. The culture of the organisation is critical for wellbeing, as is leadership and line manager relations. Employees wish to feel that they can safely express their needs without being judged. Moreover, flexible working policies and the sense of autonomy that they provide are important for wellbeing. There is also a consensus that events, initiatives, resources, and provision should be kept and improved, but these should not form the backbone of a wellbeing strategy – they are instead the added bonuses.

8.3 Re-describing the empirical findings using existing theory (abduction and retroduction).

8.3.1 Findings support a multi-level approach to wellbeing strategy.

A consistent finding within the present research was that wellbeing strategy must be enacted through a multi-level approach. This was not always explicitly expressed by all participants; however, the collated aggregate evidence supports the conclusion that a multi-level approach is required. This includes whole organisational (structural and cultural) elements, leadership, group and individual level elements that operate in relation to what is happening within society. Some participants also expressed the need to design wellbeing initiatives in response to crises that may be affecting the workforce. This finding complements previous research which suggests that resources to support wellbeing should be provided at individual, group, leadership and organisational levels (IGLO) (Nielsen et al., 2017). Researchers later suggested that a second 'O' was required to indicate that resources in the overarching social context are also important considerations (Nielsen et al., 2018). Therefore, this analysis builds on the work of Nielsen et al. (2017, 2018) and De Angelis et al. (2020).

Many participants within the present research often suggested that there could be no 'one-size-fits-all' approach to wellbeing strategy and a multi-level, multi-needs approach would be required. Furthermore, many participants suggested that a whole organisational approach that could be tailored to meet individual level needs was optimal. Within this section, I outline the three levels that participants collectively appear to be asking for.

The three levels are...

1. Level 1: Whole organisational level provision (including structures and culture).
2. Level 2: Leadership and the role of the line manager (the focus on human relations).
3. Level 3: Group and individual level interventions. (Wellbeing is different for everyone. Group and individual level interventions need to be adaptable to meet different needs).

This section also complements findings in the previous two findings chapters, because collectively, participants have suggested that they would like to see a contextually embedded approach to wellbeing strategy. This approach is not top down or bottom up, but a balance between both. Thus, the IGLOO approach to wellbeing strategy essentially bridges or combines all of the findings chapters by outlining that organisations need to develop a multi-level approach to employee wellbeing, whilst recognising that they are situated within a stratified and transient internal and external context. Further evidence for calls for an approach that is adaptable and tailorable can be found in appendix Y.

8.3.1.1 Level 1: Whole organisational provision (including structures and culture).

When discussing what organisations could do to support wellbeing, many participants discussed the extent to which discourse and actions at the organisational level conveyed genuine caring and support. Organisational support theory (OST) (Shore & Shore, 1995) and perceived organisational support theory (POS) (Eisenberger & Stinglhamber, 2011) are useful theoretical lenses for this finding⁷⁹. Thus, POS is dependent on attributions regarding organisational intentions (Kurtessis et al, 2017). Within this research, wellbeing strategy was not just enacted through initiatives, resources, and events such as wellbeing days. Wellbeing strategy was also enacted through discursive processes such as frequent communications that focused on the way in which the organisation cares about employee wellbeing and intends to be fully supportive – especially through crises such as the pandemic. Employees reported that they felt more cared for during the pandemic and this contributed to their feeling of being valued. It is important for organisations to maintain this approach in supporting wellbeing because Kurtessis et al. suggest that POS is highly beneficial for the employee – organization relationship. It is also important for organisations to support wellbeing through discursive processes authentically (Nayani et al., 2022), as perceived inauthenticity could negatively impact POS (Kurtessis et al., 2017).

Within the present research, organisations and individual participants recognised the value of listening to the employee voice and the impact this would have on employee wellbeing. For example, one organisation consulted employees about hybrid working before making a final decision about the return to the office following enforced lockdowns. They simply asked their employees what they wanted to do⁸⁰. This was put to a vote and the leadership implemented what the majority asked for. Many participants expressed that they felt valued when they were listened to and when management explained why suggestions (that could improve wellbeing) could not be implemented. Pološki Vokić et al. (2021) suggest that this communication must involve a genuine intention to listen to and include the employee voice in a way that allows participation in important decisions. Thus, themes concerning employee voice, transparency, openness, authenticity and trust were generated within the present research and the intricate relationships between these constructs can also be found in existing research.

⁷⁹ Kurtessis et al. (2017) state that “organizational support theory (OST) proposes that employees form a generalized perception concerning the extent to which the organization values their contributions and cares about their well-being (perceived organizational support, or POS).”

⁸⁰ “We said, you know, what do you guys want to do? And we went with the majority ultimately, which was that they'd like to come back into the office two days a week and have three days from home.” (LS900)

8.3.1.2 Level 2: Leadership and line manager relations

Many participants within the present study often suggested that leaders build trust when behaviours and words are aligned, and this is sometimes described as ‘authentic’. For example, JL100 stated that *“So, you can have leaders who talk about wellbeing, but actually if you scratch the surface, they’re saying the right words, but their behaviours don’t always marry up. So, it’s having real, authentic, compassionate leaders... I’d say is key.”* The use of the word ‘authentic’ may be driven by wider societal discourse, as the word has increasingly become part of everyday language and conversation, however, the concept of authenticity can be problematic (Alvesson & Einola, 2019) and reflexive pathways concerning the influence of this concept may differ (Archer, 2003; Delbridge & Edwards, 2013). Interestingly, when participants discussed the role of authentic leadership (and the interplay this has with trust), this construct was actually discussed in relation to perceived genuineness, sincerity and having real and genuine intentions regarding employee wellbeing.⁸¹ This perception in turn helped participants to feel that they had the permission to look after their wellbeing or speak up about wellbeing if necessary. In citing Cheng and Holyoak (1985), Thornton et al. (2012) suggest that ‘pragmatic reasoning schemas’ generate sets of permissions, obligations and causations. These reasoning schemas are mechanisms in themselves because they can cause cognition, decisions and actions surrounding phenomena such as wellbeing initiatives and strategy. For instance, a leader’s words and actions that communicate that an organisation has an open and inclusive culture, where wellbeing is considered to be important, creates a set of permissions and obligations. This in turn helps employees to feel that they can freely act to care for their own wellbeing in their own way, and they also have the obligation to contribute to the wellbeing of others. In this instance, employees will assess the extent to which the words and actions of the leader are genuine or authentic (Mazutis & Slawinski, 2015), and in this case, the extent to which they actually do have the permission and the obligation to care for wellbeing.

The constructs of authenticity and the authentic leader are certainly problematised within the academic literature and therefore, it is important to consider these critiques in light of what the participants within the present study were trying to say. Alvesson and Einola (2019) offer a rigorous critique of the authentic leadership construct and cite the work of Trilling (1972) when arguing that authenticity is not the same as sincerity. Thus, it may be problematic to align the word authentic with notions of sincerity. However, Alvesson and Einola (2019) do appear to agree that the word ‘authentic’ could mean ‘genuine’, but they also argue that always being a genuine or authentic version of yourself in the workplace is not always desirable or always socially acceptable. Within the

⁸¹ Please see appendix Z for a range of excerpts that use the words ‘authentic’ or ‘genuine’.

present research, the word 'authentic' was often used by participants to describe the perception of some form of genuine intention behind the enactment of wellbeing initiatives or strategy.

Historical acts and the perceived authenticity of those acts can add up to form a bigger picture (McShane & Cunningham, 2012), and historical actions that have been perceived as authentic or not can impact feelings of trust (McShane & Cunningham, 2012). Within the present research, many participants often reflected on the actions of previous organisations where they worked. There was evidence to suggest that some employees struggled to trust because they had historically experienced the disconnect between actions and words. Amongst many participants, there was the perception that wellbeing initiatives are sometimes delivered just to make organisations look good and leaders do not really genuinely care. In a more serious case of distrust, some employees suspected that wellbeing events were delivered to identify people who are struggling with their mental health for redundancy purposes. There was a significant amount of cynicism and beliefs such as these in the present study and many of these beliefs were rooted in a lack of trust, that had built up based on experiences over time⁸². Thus, at the leadership level, the idea of 'authenticity building', a construct proposed by Nayani et al. (2022) may be useful, as this helps leaders to recognise the significance of past and present actions and the important role of perception of their leadership. In terms of the impact on wellbeing, many participants within the present study have suggested that authentic or genuine leadership matters, because wellbeing at work requires a good relationship with leaders and line managers, who genuinely care, and who can facilitate formal or informal channels where employees can express their wellbeing concerns and needs. Moreover, many participants suggested that this relationship is underpinned by trust and the perception that the leader is genuine or authentic in their support of the employee's wellbeing.

8.3.1.3 Level 3: Group and individual level interventions

At the group and individual levels, there are a range of interventions and theories regarding what works in improving wellbeing and why. Within the present research, there was not one individual level intervention that was praised widely by participants. However, a general finding was that many participants feel that people need different things for wellbeing at different times in their lives and it would be beneficial if the whole organisational approach could be tailored to meet these fluctuating and transient individual needs⁸³. Some participants suggested that this would require a 'pick and mix' approach. De Angelis et al. (2020) suggest that a participatory approach is required to develop a multi-level wellbeing strategy, precisely because employees will have different needs and

⁸² Additional evidence for scepticism and cynicism can be found in appendix Q.

⁸³ Please see appendix Y for evidence regarding the need for a whole organisational approach that can be tailored to meet individual needs.

requirements. Thus, the participatory approach invites all stakeholders to discuss the needs of the organisation, the group and individuals and then identify problems and solutions. De Angelis et al. also suggest that it is important to develop and use 'needs assessment tools' to identify what needs are, in advance of developing or selecting appropriate interventions. Needs assessment tools could include surveys, focus groups or interviews and De Angelis et al. suggest that a discussion regarding the impact of contextual factors (such as a global pandemic) should be incorporated into these assessments. This completes the IGLOO approach, by factoring in the impact of context (De Angelis et al. (2020)). De Angelis et al. then suggest that a range of initiatives or interventions could be selected using an evidence-based intervention toolkit.

The findings in this section are interesting because there are some critiques regarding the intense focus on the individual (Cabanas, 2018), so it is important to tease out why this section is different. When scholars critique the intense focus on individual level interventions, this critique is targeted at one-size-fits-all or one-off individual level programs (Cabanas, 2018; Spence, 2015; van Woerkom, 2021), such as a course of mindfulness or stress release training. These critiques do not target a whole organisational approach that is being tailored to meet transient individual needs. These critiques address the untailored approach to meeting needs at an individual level. Within the present research, participants had a variety of ideas regarding what would support wellbeing in terms of meeting individual needs. Thus, from a general, collective perspective, it appears that organisations are being asked to develop a whole organisational approach (or strategy), which is responsive to external environment and crises (such as Covid-19, because these have an impact at the individual level), but this strategy must have elements that can be tailored or selected to meet fluctuating individual needs.

8.3.1.4 Summary

This section indicates that the enactment of a wellbeing strategy is inherently a multi-level endeavour where organisations need to consider factors at the whole organisational, leadership, group and individual levels (De Angelis et al., 2020). Moreover, this section suggests that an organisation's wellbeing strategy is dynamic, multi-dimensional and is something that will require constant monitoring and evolution over time in response to multi-level external and internal contextual factors. Many scholars have suggested that multi-level approaches to supporting employee wellbeing offer synergistic effects (Daniels et al., 2017; De Angelis et al., 2020 Rusk et al., 2018), because multi-level interventions can maximise impact or positive change in terms of wellbeing. Thus, there is value (for analytical reasons) in identifying the range of initiatives, practices

or interventions that can exist at each level, through a critical realist lens (Saxena, 2019). Doing this for analytical reasons does not suggest that there is no overlap in reality.

The context theme map is a visual of the internal and external contextual factors at play, and it could be argued that another organisational multi-level map (featuring the types of IGLOO provision) could be created alongside this to illustrate what is currently in place, and perhaps what is missing to support wellbeing. Moreover, as the internal and external context changes, leaders, practitioners and employees could continually assess the extent to which current initiatives are still required and the extent to which new initiatives or styles of working could be adopted to support wellbeing in response to changes in the context.

8.4 What's new? A rich understanding of a strategic approach to wellbeing.

The findings and analysis within the present chapter indicate that collectively, participants would like to see a multi-level and multi-domain whole organisational approach to wellbeing, that can then be tailored to meet individual needs, preferences and expectations. Thus, the three further tenets of a wellbeing strategy are that it must be 1. multi-level, 2. multi-domain and 3. tailorable. These three tenets add to the two tenets introduced in the previous findings chapter, which stated that wellbeing strategy should be 1. internally and externally integrated and is also 2. transient. This analysis contributes to the existing literature concerning wellbeing by outlining what a strategic approach to wellbeing looks like and what employees may indeed accept or buy into. Previous research has focused on specific interventions, theories, concepts or a limited combination of these, and therefore, this is the first research to provide a rich understanding of what a wellbeing strategy is and the general tenets of what it (tentatively) must incorporate. Moreover, the present research has uniquely incorporated a range of views and perspectives to provide the empirical evidence for these conclusions.

The 'multi-level' aspect recognises that a wellbeing strategy must pay attention to how wellbeing exists and is enacted at different levels (such as whole organisational, leader, group and individual levels). The 'multi-domain' aspect recognises that at each of these levels, there are also different domains of wellbeing, such as environmental, physical, psychological, relational, financial, and social. The tailorable aspect recognises that people have different preferences, needs and expectations for their wellbeing. For instance, some employees believe that the organisation is not responsible for their wellbeing, whereas others believe that the organisation is highly responsible. Some employees like training and mental health days, whereas some feel that these events are just ticking boxes. Furthermore, what employees need for their wellbeing will fluctuate based on life stages (Mäkikangas et al., 2016). For instance, Mäkikangas et al. suggest that younger employees

have different wellbeing needs than older employees. Therefore, it is important for organisations to have a multi-level, multi-domain, whole organisational approach, that is internally and externally integrated with context and this approach must also be tailorable (or adaptable) to meet individual needs.

This rich understanding of a wellbeing strategy shifts thinking to a holistic, fully integrated, contextually embedded wellbeing strategy, which is more than just a range of interventions. I posit that effectiveness will also be increased if initiatives across the levels and domains are complementary rather than in conflict. Thus, organisational level culture supports leadership, which in turn supports individual level wellbeing practices. This goes further than just ensuring that there are a range of factors or initiatives within a range of levels and covering a range of wellbeing domains. This conclusion is supported by the empirical evidence which suggests that DEI, ESG and meaningful work are part of wellbeing and wellbeing should be integrated with all aspects of employee life.

The notion that a wellbeing strategy is transient (in terms of both internal and external context, organisational needs, employee needs and the general understanding of wellbeing) highlights that the above vision of a wellbeing strategy is never fully achievable, because it is not possible to always be ahead of changes and individual needs. Thus, in the development of a wellbeing strategy, practitioners are always one step behind what could be optimal. Thus, practitioners can only work within this boundary and try their best to have a wellbeing strategy that is aligned with these five tenets. This notion of the aspirational, but unachievable, is part of Bhaskar's critical realism because Bhaskar recognises that we are all fallible, and unseen mechanisms and constraints may consistently thwart the good intentions that we have (Bhaskar, 2016). This notion is discussed further in the second discussion chapter.

Critical realism has, however, supported the development of the five tenets of a wellbeing strategy because it provides the lens through which to understand stratification, the importance of context and of transience. The goal of critical realism is to contribute a serious philosophy that has the potential to address the most pressing problems in the world (Bhaskar, 2012a, 2016). Bhaskar (2012a, 2012b) would like to see a critical realist inspired "transformative praxis", where in a utopian vision, theory and practice combine to transform the way in which we all live – contributing ultimately to a better world. Bhaskar's philosophy is aspirational in that it aims to support research that is emancipatory and conducive to the eventual flourishing at all. However, this utopian vision is almost unattainable, because it is also not possible to infallibly understand all of the mechanisms that are enabling or constraining us (Danermark et al., 2005). The findings in this chapter reach a similar conclusion. The five tenets of a wellbeing strategy are aspirational, but at the same time

never fully achievable because it is not possible to stay one step ahead of the transience of wellbeing and it is also not possible to infallibly discern all of the potential mechanisms that are in play at any one time. Thus, the philosophical contribution is that the five tenets of a wellbeing strategy is aspirational, whereas the theoretical contribution is that practitioners will always be devising a wellbeing strategy one step behind. Practically, however, it is still possible for practitioners to fallibly implement wellbeing strategy according to the five tenets.

8.5 Conclusion

In this chapter, I have identified how participants think wellbeing is enacted and how participants think wellbeing should be enacted. I have utilised the DREIC process to firstly describe what was observed in the domain of the empirical, before utilising existing research to theoretically re-describe the data through abduction (in the domain of the actual). The present chapter has contributed a rich understanding of strategic approaches to wellbeing through the elucidation of five key tenets. In the next two discussion chapters, I interpret the significance of the research findings presented in all findings chapters and introduce some new insights concerning key mechanisms. Thus, in the next two chapters I utilise retroduction (proceeding to the domain of the real) to explain (tentatively and fallibly) what further mechanisms must be in play for the wellbeing strategy to exist as empirically observed.

Chapter 9: What hidden mechanisms are underpinning the definition, enactment and experience of wellbeing? A retroductive discussion.

9.1 Introduction

Within this research, it was evident that many people have genuine intentions regarding the enactment of wellbeing and wellbeing strategy. The evidence for this was present within participant interviews, and it was also present within a range of external sources such as grey literature. In chapter six, the evidence regarding genuine intentions was juxtaposed with evidence concerning scepticism, cynicism and some countervailing 'parasitic mechanisms'. In chapter seven, findings showed that many participants define wellbeing in relation to the other – e.g., they conceptualise wellbeing as about looking after the wellbeing of others. In chapter eight, there was evidence that a range of multi-level initiatives are taking place, and many leaders wish to be recognised as authentic or genuine.

Thus, whilst there is evidence of a conflict between logics, backfiring practices, and tokenism in wider society, underneath all of this is the finding that many people (in all job roles) are enacting wellbeing out of good intentions and because they want to help others. The actions that people take are fallible (they can never be always right for all of the people, all of the time) and this conclusion is justified by the finding that people have different needs and preferences for wellbeing at different times. However, this also does not diminish the finding that many people are trying to make wellbeing at work better, because they genuinely care, and they act without always knowing whether the action is 'right' or 'not right'. For instance, making managers accountable for wellbeing initiatives through KPIs was considered to be the 'right' thing to do in one organisation, but some participants suggested that, in their minds, this was not the right thing to do for wellbeing. Pre-existing mechanisms may have contributed to the decision to make managers accountable, and it is these mechanisms and forms of reasoning that are interesting, because they are thwarting good intentions and contributing to maladaptive practices.

Within this chapter, I introduce a new construct called 'authentic 'right' action'. This construct is part of the narrative and findings outlined above, and offers a new way to conceptualise what is happening when people take genuine action towards something that is perceived to be good, which is then often thwarted by countervailing mechanisms. Importantly, this construct is rooted in Bhaskar's philosophy of meta-reality (Bhaskar, 2012a, 2012b). The 'right' in 'authentic 'right' action' is always written in single inverted commas. This indicates that the perception of what is right, when one takes authentic 'right' action, can indeed turn out to be wrong, or right to some people and not others (Ash, 2022). Bhaskar (2016) suggests that we all can have false or limited beliefs about what is the 'right' thing to do. However, we all can still genuinely act based on the best

knowledge that we have. In the case of wellbeing, this is indeed happening. Importantly, the substantial range of contradictions and paradoxes indicate that good intentions and actions are backfiring too frequently and therefore, our understanding of this needs to be addressed. The purpose of this first discussion chapter is to start this process by elucidating what authentic 'right' action as a construct is, and how it perhaps fits into wider processes that are happening for the enactment of employee wellbeing. Within the present chapter, an example of a wider process is provided through a new model called the perception-action-perception (PAP) model.

In summary, I posit that authentic 'right' action is a root mechanism that is causing organisations to develop and enact wellbeing strategies. However, I also suggest that this root mechanism is subject to a variety of countervailing parasitic mechanisms, which target and thwart authentic 'right' actions. Towards the end of the chapter, I explicitly state the key contributions to knowledge within this chapter, with authentic 'right' action being the main conceptual contribution.

9.2 Introducing the construct of 'authentic 'right' action'.

Individuals, organisations, and society are constantly being challenged by multiple inter-related crises (Carroll, 2021) that are occurring within individuals, organisations, society and globally. For example, the CIPD (2022a) health and wellbeing report notes that at the individual level, mental health difficulties are the main cause of long-term absence, and most organisations are seeking to provide tailored support for employees. Many organisations are also coping with a labour shortage crisis (CIPD, 2022a) and macro crises such as the continued consequences of the pandemic and financial instability caused by inflation (Rickard, 2022). These crises are impacting the conceptualisation and enactment of wellbeing and feature as themes on the context theme maps introduced in chapter six.

I propose that when asking the question 'what hidden mechanism(s) must exist for a wellbeing strategy in organisations to exist?', my conclusion is that a root mechanism that has to exist is that many individual people must have an innate need to take, what they believe is 'authentic 'right' action' in the service of others. Furthermore, this is because they have become motivated to make the world of work a better place. The empirical findings have led to this argument because there is considerable evidence of genuine intentions, and there is also considerable evidence that when wellbeing backfires, it is due to wider or hidden mechanisms that we cannot see.

Furthermore, there is considerable evidence that leaders and practitioners responded to present day crises by trying to show that they genuinely cared. Moreover, this was evident despite the societal pressure to operate within conflicting strategic (business case) and community (caring)

logics. Thus, I propose that the need to take 'authentic 'right' action' in a challenging world is a mechanism because it is one factor that is causing individuals and organisations to devise and enact a wellbeing strategy. This mechanism is not the only causal force at play (and it is often thwarted by countervailing forces) (Danermark, et al., 2005). However, I posit that hidden underneath (Bhaskar, 2012a) all of the causal forces that I have already identified, is an innate goodness in many intentions surrounding employee wellbeing. Throughout the findings chapters it was evident that there are many different motivations behind this. For instance, some motivations included improved safety, whereas other motivations involved wanting better inclusivity.

Importantly, this mechanism does not fully reach its potential through people, because in many instances, multi-level contextual forces counteract and act as parasitic mechanisms on the innate need to take authentic 'right' action (Bhaskar, 2012a). These counteracting mechanisms, such as those created through limited understandings of what wellbeing is (Bhaskar, 2016) or the need to appear legitimate in the eye of society (Carroll, 2021; Lewis et al., 2019) may cause the intention to enact wellbeing strategy to be less authentic or less than what it could be. Notably, not all people feel the need to take authentic 'right' action, but when enough people do, I argue that it results in phenomena such as the wellbeing strategy in organisations.

The concept of authenticity has a complex philosophical history and has been defined in multiple ways, depending on the discipline that is defining it (Mazutis & Slawinski, 2015). Mazutis and Slawinski (2015) provide an overview of the ways in which authenticity has been defined in philosophy, psychology, leadership, strategy and corporate social responsibility disciplines, and this highlights how the construct has grown and become differentiated in relation to the theoretical lenses that the disciplines offer. Thus, as Mazutis and Slawinski note, authenticity is considered to be socially constructed, interpreted by others, and also about actions that are rooted in genuine motives and intentions. From a critical realist perspective, this does not mean that authentic actions cannot be a causal force in reality (Haigh et al., 2019). Socially constructed phenomena can and do have a causal impact in the real world (Bhaskar et al., 2018). Moreover, as already suggested, whilst the concept of authenticity may be socially constructed, some scholars such as Bhaskar (2012a, 2012b) have suggested that the authentic, real (or ground personality) exists at the level of real and other parasitic forces prevent people from knowing their real or genuine self.

Importantly for organisations, the construct of 'authentic 'right' action' transcends the authentic leader or authentic leadership construct (Crawford et al., 2020) by being something that everyone can experience – not just people who are in positions of power (Gardiner, 2011). The construct 'authentic 'right' action' can be applied to any entity, such as an individual employee, practitioner, leader or organisation. As mentioned in chapter nine, the word authentic is associated

with genuineness (Crawford et al., 2020; Godfrey, 2005; Hsieh & Wang, 2015; Mazutis & Slawinski, 2015; McShane & Cunningham, 2012). This association is supported by the scholars outlined above and also by the findings within the present study. Moreover, this association can be found across a range of disciplines (Mazutis & Slawinski, 2015).

However, it is important to note that authenticity is not just about genuineness. McShane and Cunningham (2012) discuss the role of genuineness, but they also suggest that authentic action on the behalf of an organisation has to be perceived as going straight to the heart of what the organisation stands for. This perspective also applies to individuals, who are encouraged to know oneself (Joseph, 2019) and act in accordance with this true self and what is personally valued and meaningful. This aspect of 'authenticity' is evident in the case studies. For instance, organisations aligned the enactment of wellbeing with core organisational values, such as safety, or being a great place to work. Moreover, some individuals discussed the enactment of wellbeing as a personal passion project. In Bhaskar's (2012) writings on meta-reality he also discusses the real self, but instead of using the concept authenticity, he coins the phrase "ground state". Bhaskar (2012a, section 1) states that "the ground-state itself is of course a being's transcendently real self." Bhaskar invites people to get closer to their ground states so that they can take personally meaningful 'right' action⁸⁴ in the service of human wellbeing and planetary flourishing. Bhaskar's thinking concerning meta-reality inspired the generation of the construct 'authentic 'right' action' because Bhaskar's construct of the 'ground state' appeared to be very close to the more common and popular understanding of authenticity. Moreover, Bhaskar frequently discusses the need to take 'right action' in the face of multiple crises and he suggests that this 'right' action can only be known if a person is aware of their 'ground state' and thus removed the forces that block awareness of this. Thus, the phrase 'ground state' was substituted for 'authentic' to form 'authentic 'right' action' and this construct supports the general tenets of Bhaskar's philosophical vision of meta-reality. This lens helps to explain the research findings, because the evidence suggest that genuine intentions are being thwarted by hidden parasitic mechanisms that we are not aware of.

Importantly, authenticity and an authentic action is something that is perceived, judged and assigned as authentic by others (Mazutis & Slawinski, 2015; Nayani et al., 2022). Thus, an actor can claim authenticity, but this is evaluated within the social context in which they make the claim

⁸⁴ For instance, Bhaskar (2012a, chapter 4) states that "The model of right-action being used here is simply that if one has total clarity (purity or coherence) in mental, emotional and physical being, then one will have total coherence in activity; that if one is in one's ground-state, one will act with maximal coherence and in a spontaneously right way."

Bhaskar (2016, p.162) explains that spontaneous right action is taken from a person's ground state in the following quote: "we either act spontaneously or we do not act at all. This is what I call spontaneous right action – action that is in and from our ground state."

(Mazutis & Slawinski, 2015). In addition to this, a person may not always act authentically in every instance or aspect of their life, and there may be differentiation in the extent to which they are judged as acting authentically by others (McShane & Cunningham, 2012). A person may also be judged differently by different people (Alvesson & Einola, 2019). Therefore, authentic action is situational, and is assessed by others, however, a person who consistently acts (and is judged to be consistently acting) authentically may build perceptions that they are generally genuine and trustworthy (Alvesson & Einola, 2019; Nayani et al., 2022). Within the present research this notion was particularly salient in responses concerning intentions for enacting wellbeing in chapter six.

Mazutis and Slawinski (2015) suggest that there are two core aspects to the authenticity concept which are distinctiveness and social embeddedness. Mazutis and Slawinski propose this in the context of corporate social responsibility; however, the general tenets of these aspects can also be applied to individual level authenticity. Mazutis and Slawinski contend that the first core aspect is 'distinctiveness' and this captures what is personally meaningful to the organisation or person involved in the authentic act. Thus, this aspect is about knowing oneself, or knowing the mission, values and purpose of the organisation, and then taking authentic 'right' action in line with that. Thus, a person may personally care about many things, but they cannot personally act or dedicate their lives to the many causes that need authentic actors to act and make a substantial impact or positive difference. Thus, people and organisations need a level of authentic distinctiveness, that would be judged as real by the people or stakeholders that know them. Mazutis and Slawinski (2015) then argue that it is not enough to act in a way that is personally meaningful but not valued by wider society. Thus, Mazutis and Slawinski suggest that the second core aspect of authenticity is social embeddedness. This aspect captures the notion that authentic action has to be valued largely by society and it has to address a social issue that society is currently facing. This aligns with Bhaskar's (2012) call for people to get in touch with their 'ground state' and take 'right action' in a way that will help to mitigate the multiple crises that we are facing in the material world, the societal world, the relational world and the personal crises that we are facing as individuals.

In summary, current literature suggests that authenticity as a construct is about an awareness of the essence of the self as an individual or organisation. This will involve a level of distinctiveness (Mazutis & Slawinski, 2015) and some scholars suggest that this also involves "a process of continually becoming" (Liedtka, 2008, p. 238). This implies that the self-awareness involved in authentic 'right' action is a constant dynamic and evolving work in progress. The acting through the authentic self or the authentic organisation then involves an element of genuineness (Godfrey, 2005), some recognition that the act is socially embedded (Mazutis & Slawinski, 2015) and has an element of 'ethical right action' (discussed below). The genuine, socially embedded and

distinctive authentic 'right' action may be perceived as such by others (Godfrey, 2005). However, it is not reasonable to suggest that everyone will agree on the specifics of the situated authentic 'right' action, because people may have a different perception of what to do based on their own moral perspective or moral compasses (Lemoine et al., 2019). This understanding was present in the research findings as many people suggested that people have different needs, perceptions and preferences for wellbeing initiatives. Moral compasses can be described as consequentialist⁸⁵, deontological⁸⁶, or rooted in Aristotle's virtue ethics⁸⁷ (Lemoine et al., 2019). A person's position on these moral compasses may influence the way in which they enact authentic 'right' action. Moral approaches and justifications will always vary from person to person and we as a society can have debates regarding a consensus on a moral stance, or the extent to which something is morally real (Ash, 2022).

The construct authentic 'right' action, which is rooted in Bhaskar's philosophy of meta-reality (Bhaskar, 2012a) adds the following notion to the perspectives in the literature outlined above. This is that people can hold false, limited or partial beliefs about who they are, what makes them distinctive, what they stand for, what society actually needs from them, why they are acting, what is morally right, and how indeed to act to have a positive impact on society (or the workplace). Moreover, this thesis posits that these false, limited or partial beliefs may exist because there are hidden parasitic mechanisms that we cannot see, and these mechanisms thwart understanding and actions that are intended to authentically do good. This results in paradox and contradiction where good intentions appear to backfire, or be less than what they could be (Bhaskar, 2012a).

Authentic 'right' action is a construct for actions that are *perceived* to be the authentic, genuine 'right' thing to do for the good of others or for the good of the organisation, society, the material world and / or the planet. It is not a construct that defines what is actually right, or prescribes a moral stance *per se*, and it invites debate on what is actually morally good. Some cases of authentic 'right' action within the enactment of wellbeing have been the wrong thing to do for many reasons, but the person taking authentic 'right' action may have been unaware of this. These

⁸⁵ Definition of consequentialism: "Consequentialism, one of the three major theories of normative philosophy (or perspectives on how individuals choose what is right and what is wrong: Baron et al., 1997), argues that what makes an attitude or behavior moral is how it impacts the good of the world (Moore, 1903)" (Lemoine et al., 2019, p.160).

⁸⁶ Definition of the de-ontological approach: "The de-ontological approach to what is right and what is wrong depends on the structure of an act, and how the act itself aligns with established rules, norms, and ideas of justice. Where a consequentialist would judge the morality of an act by its outcomes and how well they improve broad well-being, the de-ontologist instead examines the act itself and whether it is judged as correct according to set standards of behavior." (Lemoine et al., 2019, p.165).

⁸⁷ Definition of virtue ethics: "Drawing from Aristotle, virtue ethicists argue that the core of morality exists not in attention to norms and rules (deontology) or outcomes (consequentialism) but within the virtues of the moral decision-maker". (Lemoine et al., 2019, p. 168).

are the important nuances surrounding this construct, and these nuances explain why the construct must always be written with the word 'right' in single inverted commas.

9.2.1 Linking the perception of authentic 'right' action with the enactment of wellbeing strategy.

Within the research findings, participants judged the intentions and actions of leaders and practitioners. Participants reported that they or others could become sceptical or cynical if they felt that wellbeing initiatives were not enacted out of genuinely caring, or not enacted in a way that was respectful of individual needs or preferences. Moreover, some participants directly discussed the importance of genuineness and trust in the leader or line manager relationship. Thus, the construct of 'authentic 'right' action' may help to explain why disparities and problematic attributions exist (Heider, 1958).

Authentic 'right' action is perceived or not perceived by others, and in the context of enacting wellbeing initiatives, I posit that when genuine authentic 'right' action is perceived by others, this may support the implementation and success of the initiatives that are in place, because perceived authentic 'right' action could help to build trust and the social exchange relationship (Nayani et al., 2022). Conversely, if there is a perception of authentic 'right' action, that is not actually there, this could lead to multiple outcomes such as contradictions (Bhaskar, 2012); or temporary stability until this is found out (Diers-Lawson et al., 2020). As already mentioned, authentic 'right' actions based on false, limited or partial beliefs about what is right can also create contradictions (Bhaskar, 2012a) and thwart what should be positive. In the context of enacting a wellbeing strategy, authentic 'right' action could also be infused with, or become in an interplay with parasitic or countervailing mechanisms, such as isomorphic or institutional forces (Lewis et al., 2019) which may thwart any genuine or positive approach to improve employee wellbeing. This is not to say that all institutional mechanisms thwart all good intentions. However, in the present research it was identified that institutional mechanisms are contributing to the conflict between strategic (business case) and community (caring) logics (Thornton et al., 2012) and this conflict between logics is fuelling the evidence concerning contradiction, scepticism and cynicism and thus, at least partially thwarting authentic intentions to improve employee wellbeing.

Thus, I tentatively posit that taking authentic 'right' action (in the context of implementing a wellbeing strategy or initiatives) is complex because our understanding of what is right is nuanced and fallible and it is further subject to the fallible perception of others. Moreover, it is possible that this 'double fallibility' creates the conditions required for parasitic mechanisms to ruin what should be good.

9.3 Incorporating authentic 'right' action into a model of perception alignment.

In this section, I wish to present the PAP model, which tentatively illustrates the complexity of why wellbeing strategy and / or initiatives successfully resonate with employees or not. The enactment of a wellbeing strategy or initiatives, whether that is at the level of the individual, group, leader, or organisation (Nielsen et al., 2017) involves an inherent inter-personal exchange. On one side are the people who devise and implement wellbeing strategy and initiatives (the implementers) who in many cases also represent the needs, resources and requirements of leaders and organisations as a whole. On the other side, are the employees who are often on the receiving end of wellbeing strategy and initiatives. The evidence suggests that employees are not normally the people who take the action required to implement a wellbeing initiative. My core contention is that misplaced and unaligned perceptions about wellbeing on both sides interfere with key interpersonal mechanisms such as trust and authentic 'right' action.

The PAP model draws on key themes generated from the case studies and illustrates the extent to which perceptions can be misplaced at multiple key moments in the development and enactment of wellbeing strategy. This model specifically relates to the enactment of wellbeing strategy. It is not necessarily transferrable to other topics – and the pertinent areas of perception (in the green ovals such as context etc...) will certainly be different within other topics. The model draws on theories concerning alignment (Boxall, 2013) and I propose that this model is also a tool that could support leaders, practitioners and employees to build reflexivity (Archer, 2003). Moreover, it can be used practically to outline expectations and perceptions (specifically regarding wellbeing), and in turn help all stakeholders to seek mutuality and alignment (Boxall, 2013).

The left-hand side of the model (figure 7.1) illustrates what leaders and implementers might perceive when devising and implementing a wellbeing strategy. In this model, implementers and / or leaders of an organisation have the important task of initiating an alignment process which involves examining their perceptions of the key areas in the green ovals. Leaders and practitioners involved in wellbeing strategy may seek to understand their perception of both business and employee needs, actual availability of resources and capacity to meet needs, current demands and expectations within context and society (perhaps using a context theme map for support), and they perceive what wellbeing actually is and what should be done. Importantly, key actors here could again easily fall into traps of limited or false beliefs (Bhaskar, 2016). Implementers then act (taking genuine authentic 'right' action or not) (the central oval, and the 'A' of the PAP model), based on the culmination of these fallible perceptions. Importantly, from a practice perspective, their perceptions could be informed by a range of 'needs assessments' (De Angelis et al., 2020), or through hearing the stakeholder voice in other ways (Mowbray et al., 2015).

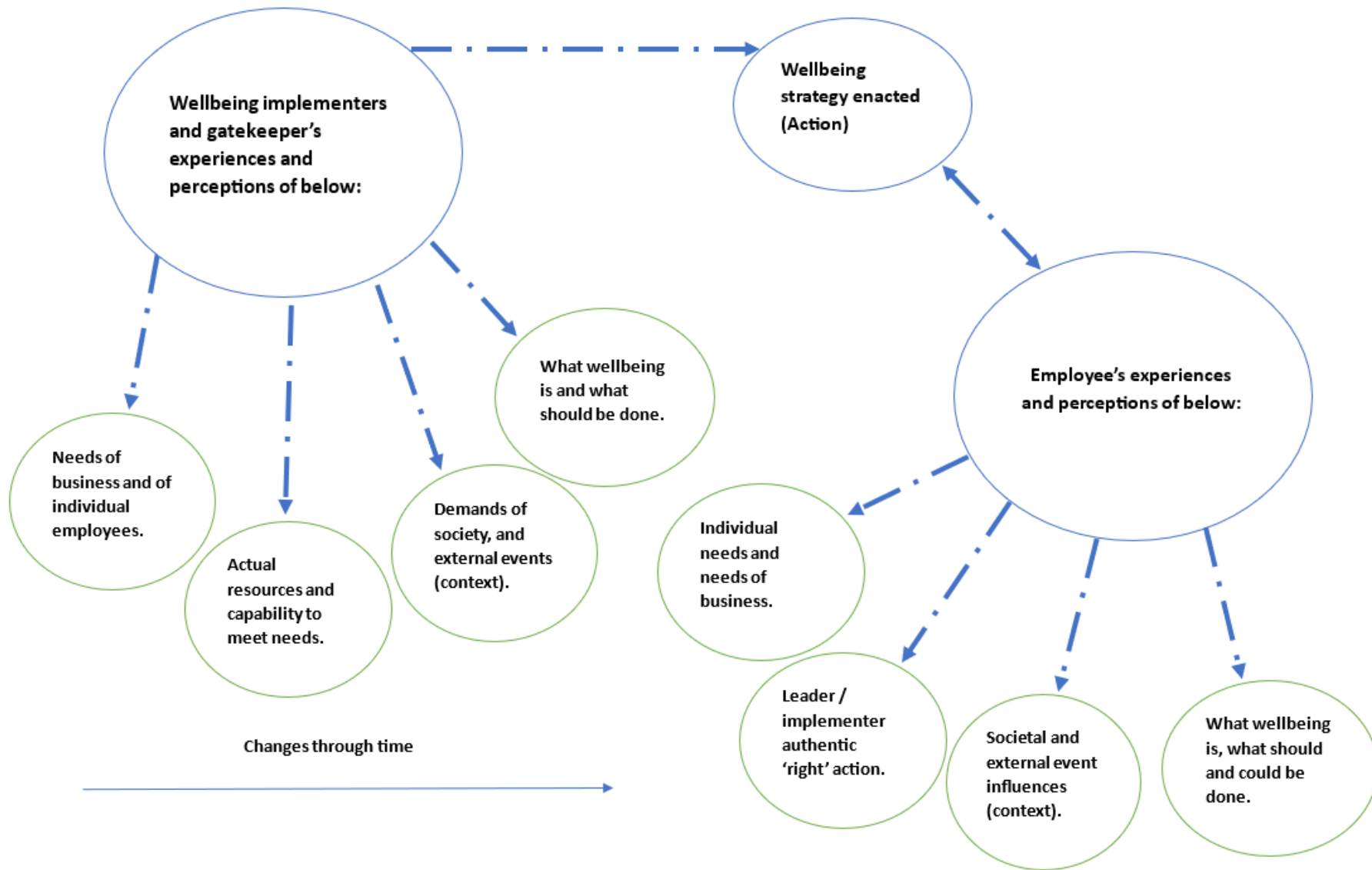
On the right-hand side, the double arrowed line illustrates that employees both receive and perceive these actions. However, employees also have their own perceptions of their individual needs and business needs. Case study findings suggest that employees perceive and assess the leader and / or implementer's intentions (e.g., they ask themselves, has this person provided this for me / us because they genuinely care?) Moreover, employees have their own perceptions of what wellbeing is, what should be done about it, what organisations have in terms of resources, and the range of contextual factors that are also in play, such as discourse and influences in society. The lines throughout the model are dotted to represent that all of these perceptions are fallible. The perceptions that leaders, implementers, and employees have of all of these factors can be limited, partial and even false (Bhaskar, 2016).

As an illustration, this model could help to explain why the tick box exercise (a phenomenon frequently mentioned in interviews) arose in the first place. This could have been a phenomenon because implementers may have gained the perception that this was what society was expecting at the time, it was enough to meet the needs of employees and the business, and it was all that the business could provide in terms of resources. At the time, practitioners may have even felt that tick box initiatives were how wellbeing initiatives should be enacted. Furthermore, many practitioners may have implemented what is now perceived as ticking boxes, out of genuine authentic 'right' action. Some employees may have also perceived tick box exercises favourably, if there were low expectations and if they perceived that this is how wellbeing should be enacted. Thus, this example illustrates that authentic 'right' actions can be taken based on limited beliefs concerning what wellbeing is and what to do about it, and these beliefs are situated in a space and time, where people are on different 'reflexivity pathways' (Delbridge & Edwards, 2013), concerning what works and what is expected.

Some participants within the present study suggest that since Covid-19, tick box initiatives are now rarely accepted by employees because expectations have changed. This new awareness may have then challenged what could have been some degree of alignment between some practitioners / leaders and employees. Thus, the arrow depicting time on the PAP model illustrates that context, perceptions and expectations change and they are also different in different people and organisations (Delbridge & Edwards, 2013). The PAP model therefore illustrates the level of fallibility involved in enacting a wellbeing strategy and many of the factors that can feed into taking authentic 'right' action. Perceptions on both sides are fallible, making alignment and the building of trust (Nayani et al., 2022) difficult. However, some reflexivity and enhanced communication could improve this alignment, and then ultimately, the success of wellbeing strategy⁸⁸.

⁸⁸ For more clarity, appendix AA outlines the multiple pathways of the PAP model.

Figure 7.1 Perception – action – perception (PAP) model



9.3.1 Building reflexivity and improving communication using the PAP model.

The PAP model invites people to consider the multiple perceptions involved in the enactment and experience of wellbeing strategy, and the notion that, even if one believes that they are taking authentic ‘right’ action, there are many moments where perceptions can be misplaced, or perhaps subjected to countervailing mechanisms, creating misalignment. It is proposed that the context theme map (chapter six), the IGLOO approach to multi-level wellbeing initiatives (chapter 8) (De Angelis et al., 2020) and the PAP model are three complementary tools that can support organisations to develop a contextualised, multi-level wellbeing strategy. The PAP model contributes an understanding of where perceptions could be taken for granted, and where alignment may be missed – and why it is perhaps important to rectify this.

Within the present study, many participants stated that ‘wellbeing’ cannot be one-size-fits-all and it is important to understand individual needs. Some participants also stated that having a line manager who they could trust to help them to meet their individual needs is important – as is a positive organisational culture. This speaks to the importance of a mechanism for the PAP model – namely, psychological safety (Edmondson, 1999). This mechanism allows the communication required to identify where there is misalignment or misplaced perceptions. If employees and managers, practitioners or leaders identify that there may be some misalignment in the perceptions identified in the PAP model, then employees need the psychological safety to feel that they can speak up, express their needs and ideas, and be heard, without the fear of being judged (Newman et al., 2017). Thus, it may be argued that there is no clear possibility of alignment between perceptions if employees, managers, practitioners and leaders do not feel that they have the psychological safety within an organisation to express their perception of the factors outlined on the PAP model.

Moreover, psychological safety may play a role in a leader’s actual ability to take authentic ‘right’ action in relation to employee wellbeing (Alvesson & Einola, 2019). If a leader or practitioner does not have the psychological safety to act in line with what is personally meaningful and of benefit to multiple stakeholders, then the leader may feel the need to continue to act in a way that could be both inauthentic and possibly immoral (Gardiner, 2011).

Whilst the PAP model focuses on many of the fallible moments within alignment, the PAP model also inherently speaks to the quality of the relationship between parties, or questions of mutuality (Boxall, 2013). Boxall suggests that whilst organisations and individuals often have competing needs, it is still largely possible to reconcile these mixed needs by creatively understanding how to achieve mutuality. Boxall provides the example of the European Union’s notion of ‘flexicurity’ which involved the organisation recognising that their employees needed security, whilst the organisation needed flexibility. This resulted in the ‘flexicurity’ approach where

the organisation outlined how it could meet both needs simultaneously, and thus improve their employee value proposition by operationalising that. The PAP model suggests that it is important for all parties to try to understand differing needs, resources and capabilities and then seek to align these wherever possible, through the enactment of a wellbeing strategy.

The PAP model also suggests that it is important to not only understand the influence of society, in the way that it enables or constrains action, but it also important to align perceptions regarding what authentic 'right' action meets societal needs alongside business and employee needs (Boxall, 2021). Boxall (2021) suggests that it is important to take a nuanced view on mutuality, in that it may not always be possible to benefit society, the business and employees at the same time in every instance. Boxall (2021) suggests that we should not only focus on win-wins, but also the pareto improvement (Freeman & Kleiner, 2006) whereby an action may benefit one party and not harm others. In the context of wellbeing, it is important to conduct further research regarding the extent to which wellbeing strategy, which is reportedly driven by authentic 'right' action and alignment in perceptions, does offer mutual gains for society, employees and organisations (Boxall, 2021). Taris and Schaufeli (2015) also argue that mutual gains (or the win-win) scenario is extremely nuanced and not always achievable in every instance. Thus, it is important to state that whilst alignment, mutuality and shared perception may be a worthy goal in the enactment of wellbeing strategy, it may never be fully achievable. This is perhaps because (as identified in chapters five and six) perceptions of what wellbeing is and what to do about wellbeing are evolving. Moreover, the societal factors that are influencing wellbeing are also transient and evolving. Thus, taking authentic 'right' action and seeking to build mutuality and alignment is perhaps a process of "continually becoming" (Liedtka 2008). However, the intention to achieve this, whilst not always achievable, may be enough to inspire and build trust in stakeholders and employees.

Boxall (2021) makes an important point about the difference between unitarist and pluralist assumptions.⁸⁹ This point is pertinent to the PAP model and therefore it is important to declare that the PAP model takes the pluralist stance in that it recognises there will be multiple competing needs that are all valid and need to be recognised. Thus, the PAP model supports all parties to identify differing needs and perceptions, which can then aid a discussion regarding how it might be possible to negotiate and align these before specific actions such as wellbeing initiatives are implemented.

⁸⁹ The unitarist assumption is that only employer's interests are valid in the concern for mutuality and alignment. Conversely the pluralist assumption is that all interests are valid, and it is better to seek to align those interests (as in 'flexicurity'), rather than impose the interests of one party onto another (Boxall, 2021).

9.3.2 PAP model summary

Firstly, the PAP model illustrates how there are multiple moments where there is the potential for fallible perception and action pertaining to the enactment of wellbeing. However, in a more practical sense, the PAP model, also indicates that it is still possible to act, with the best fallible information that we have (Bhaskar, 2016). Thus, using the PAP model, with the best knowledge that is currently available, organisations may first wish to consider the extent to which the perceptions of leaders, practitioners and employees are aligned. For example, all stakeholders may ask, to what extent are definitions of wellbeing aligned? To what extent are perceptions of needs aligned? This is because the PAP model suggests that if there is misalignment between perceptions, then this could negatively impact the experience and success of wellbeing initiatives in organisations. To further avoid this outcome, organisations may try to be agile (Hayward, 2018) and aware of fluctuating external forces that may impact understanding of and need for wellbeing support in organisations. This may involve consistently scanning the environment (Wilson & Knighton, 2021) to update the organisation's context theme map (as much as this is possible), which can then be used to inform an assessment of alignment using the PAP model. Thus, as concluded in the previous findings chapters, enacting wellbeing strategy may involve a level of constant renegotiation and recalibration, using these tools.

Nayani et al. (2022) suggest that the unfulfillment of perceived expectations or the perception that there is no genuine concern has serious implications for the relationship between stakeholders. Thus, organisations may wish to (albeit fallibly) proceed with a genuine, authentic intention to support the needs of employees, that is evident in both discourse and action (Diers-Lawson et al., 2020). The present research implores leaders and practitioners to examine their intentions and consider the extent to which they are implementing wellbeing initiatives because they genuinely believe it is the right thing to do – for employees, for the organisation and for society.

In genuinely seeking alignment, leaders and implementers may wish to talk about wellbeing regularly with employees (Mowbray et al. 2015) and ask questions such as what do you think wellbeing is and what do you think it means to our organisation? This highlights the important role of a participatory approach and hearing the employee voice (De Angelis et al. 2020). Again, a caveat to this is that mutuality and alignment, (or the win-win scenario) may be always out of reach (Boxall, 2021). However, the genuine intention to listen to perspectives and achieve mutuality and alignment may be sufficient to build trust (Nayani et al., 2022). It may be important for leaders to explicitly state that wellbeing initiatives will not always work for everyone (this is part of being authentic), however, the organisation is authentically aiming to have a wellbeing provision in place that will meet a variety of needs.

Enacting wellbeing strategy may then involve an understanding of transparent communications and trust (Jiang & Luo, 2018) the psychological safety climate (Newman et al., 2017), leader or line manager relations with employees (Guest, 2021) and a significant range of initiatives that can meet differing individual needs (Spence, 2015). All of the above may be incorporated into the multilevel IGLOO approach (De Angelis et al., 2020) outlined in chapter nine.

9.4 Contributions of the chapter

Within this chapter, I have contributed the construct of 'authentic 'right' action' to research concerning wellbeing strategy in organisations. This construct is rooted in Bhaskar's philosophy of meta-reality (Bhaskar, 2012a). Authentic 'right' action can be said to be taken when a person or organisation acts in a way that is personally meaningful and the intention of that act is usually to make something that is good, better. In the context of the present research, the 'something that is good' is another person's wellbeing or the wellbeing of workplaces as a totality. However, authentic 'right' action can be taken in the service of multiple topics such as our relationship with the environment or diversity and inclusion. Importantly, authentic 'right' action is fallible because it is impossible to always know what is the 'right' thing to do (Bhaskar, 2016) and the 'right' thing to do can change over time. Thus, when mistaken 'right' action is taken, authentic 'right' action can backfire, create contradictions and paradox, perhaps just as much as inauthentic action can.

The PAP model contributes to literature concerning alignment, wellbeing and wellbeing strategy. The PAP model seeks to explain the important role of transient and evolving perception in the enactment of and experience of wellbeing initiatives in organisations. Moreover, the PAP model outlines the multiple moments where perceptions and actions can be misplaced, leading to problems within the alignment process. The PAP model ties together much of what has been discussed previously. For instance, the definition of wellbeing and the influence of society and context is present in the model from both an organisational and individual perspective.

Thus, I tentatively suggest that the components of a successful wellbeing strategy consist of:

- A whole organisational effort to understand what wellbeing really is, how it is evolving, how global events and societal factors are inherent within this, and what limited or partial beliefs should be dismissed.
- A whole organisational effort to prove genuine trustworthiness and the intention to take authentic 'right' action, in the service of individual employees, the business and society. Moreover, an organisational effort to provide individuals with the context needed to take their own authentic 'right' action regarding wellbeing if they wish to do so.

- An effort to align transient perceptions (through a process of listening and joint learning, enabled by psychological safety).

These conclusions pertain to and are supported by the data collected overall within the present research. The next discussion chapter offers a more reflexive discussion of the findings, and thus, takes the analysis to a deeper retroductive level.

9.5 Conclusion

In the findings chapters, I argued that collectively, participants would like to see a multi-domain, multi-level IGLOO approach (De Angelis et al., 2020) to a contextually embedded wellbeing strategy. In this chapter, I have introduced the construct authentic 'right' action, and explained how it is susceptible to fallible understandings and wider parasitic, thwarting or countervailing mechanisms. However, there may be some instances where people do take authentic 'right' action and this action is not subjected to so many countervailing mechanisms or false beliefs (Bhaskar, 2012a). I have applied this construct to the PAP model and highlighted the multiple moments where perceptions of what wellbeing is and what to do about it can be susceptible to countervailing forces and limited or partial beliefs (Bhaskar, 2012a), making alignment and mutuality difficult. In these instances, authentic 'right' action can backfire, if it is based on problematic perceptions. This means that Bhaskar's aim of emancipation (Bhaskar, 2012a, 2016) is challenging because agency and actions intended to emancipate and make the world a better place may be infused with the parasitic mechanisms that we do not perceive or understand. Thus, the PAP model offers a broad way to visualise the complexity of the hidden mechanisms that may be firing. The PAP model outlines the multiple instances where perceptions can differ (relating specifically to wellbeing strategy and initiatives) and where all stakeholders may seek to more effectively communicate in a bid to reach alignment (as much as this is possible).

Chapter 10: Why is there evidence of multiple contradictions and paradoxes and why is there evidence that the enactment of wellbeing is being thwarted? A retroductive reflexive discussion.

10.1 Introduction

In this chapter, I argue that the research findings within this research point to some critical paradoxes and contradictions – considered to be symptoms of deep problems in Bhaskar’s philosophy of meta-reality (Bhaskar, 2012a)⁹⁰. Taken together, these symptoms suggest that the movement of improving wellbeing at work is being thwarted by parasitic mechanisms⁹¹ that we are not explicitly aware of. The evidence for contradiction and paradox was presented mainly in chapter six, where I demonstrated that many good intentions for supporting wellbeing are backfiring, and this is happening within all organisational case studies. In this chapter, I introduce a new argument, which constitutes a large part of the theoretical contribution to wellbeing strategy research. Within this new argument, I utilise meta-reality (Bhaskar, 2012a; 2012b) and morphogenesis theory (Archer, 1995) to support some new tentative propositions. Just as Bhaskar’s life’s work evolves through three phases of critical realism (1. ontology, 2. dialectic, and 3. meta-reality), this thesis does the same, and this chapter constitutes the final phase of engagement with the philosophy of meta-reality.

The evidence within this thesis (and particularly chapter six) indicates that authentic ‘right actions or good intentions for wellbeing are being thwarted, by many parasitic mechanisms at different levels of scale. Thus, it is important to reflexively ask, what is it about our reality, or about the way in which society and organisations are structured, or the way in which some mechanisms operate that is causing these conflicting ideas, contradictions and outcomes? Why do these false (or limited beliefs) about the enactment of wellbeing exist? Why is the movement towards better wellbeing at work being thwarted in so many different ways? The evidence for this can be found beyond the present research. For instance, I have already identified within my literature review that critics are concerned about the intense focus on the individual (Woolfolk & Wasserman, 2005),

⁹⁰ For instance, Bhaskar (2012, chapter 1) states that “First we need to distinguish a relative sense of transcendence, in which to transcend a position or a set of positions is to overcome the problems, dichotomies, etc. within them, by moving to a higher, fuller or deeper position, which, by completing or filling some absence in the existing problem-field or context, allows the successful resolution of its contradictions or problems, be they practical or theoretical.”

⁹¹ Whilst Bhaskar does not use the term ‘parasitic mechanisms’, he does describe forces that are parasitic. For instance, Bhaskar (2012, chapter 7) uses the following words when discussing how to eliminate heteronomy, “Going into the deep interior of the heteronomous element we will trace it back to the ground-state it is parasitic upon”. In this chapter, I have adjusted this language and propose that the term ‘parasitic mechanisms’ aligns with what Bhaskar is saying and is conceptually useful. In the context of this chapter, ‘parasitic mechanisms’ broadly means mechanisms (or causal forces) that thwart what should be good or positive, such as the implementation of a wellbeing strategy.

purported wellbeing best practices that are indeed not best practices (Kowalski & Loretto, 2017; Watson, 2010), fears about dubious or maverick wellbeing providers (Kern et al., 2019), dubious return on investment claims (Grant, 2012; Juniper, 2016; Nicholson, 2017, Price, 2017), fears that wellbeing is becoming an industry (Davies, 2015), fears about corporate tracking of emotions and nudging people to be healthy (Tagliabue, 2021) – a symptom of the adult-child relationship in implementing wellbeing. The research from Cunha et al. (2019) is also worth mentioning here because speaking up and psychological safety are part of the drive to improve wellbeing. From this perspective, why are there so many concerns and maladaptive practices that are essentially thwarting good intentions to make work life and wellbeing at work better?

10.2 The identification of paradox and contradiction within the present research.

Within the present research, I have identified several paradoxes and contradictions relating to the enactment and experience of wellbeing strategy in organisations. In the philosophy of meta-reality, Bhaskar suggests that these provide clues concerning what may be absent or what ‘parasitic’ mechanisms may be thwarting good intentions. Bhaskar (2012a) borrows a phrase by Wittgenstein and suggests that paradox in particular ‘show(s) the fly the way out of the fly-bottle’. Thus, the identification of paradox⁹² and contradiction⁹³ aids the analysis of where we might be going wrong and what we could do differently. The study by Cunha et al. (2019) is exemplary in the identification of paradox and contradiction. Cunha et al. found that asking people to speak up can actually backfire and cause low levels of psychological safety – the opposite of what was intended. Cunha et al. explore how a range of mechanisms may cause employees to both support and fear a culture of speaking up. Within this chapter, I will argue that the philosophy of meta-reality and inherent theories within this, help to further explain the significance of these paradoxes and contradictions.

10.3 The argument and the paradox in the narrative of this thesis.

The thesis so far has made several suggestions regarding the enactment of wellbeing. I have argued that the core tenets of a wellbeing strategy are that it is multi-level, externally and internally integrated, multi-domain, and transient. I have argued that wellbeing means different things to different people at different life stages, and it therefore must be adaptable and tailorable. This

⁹² In the online Cambridge dictionary (<https://dictionary.cambridge.org/dictionary/english/paradox>), paradox is defined as “a situation or statement that seems impossible or is difficult to understand because it contains two opposite facts or characteristics.”

⁹³ In the online Cambridge dictionary (<https://dictionary.cambridge.org/dictionary/english/contradiction>), contradiction is defined as “the fact of something being the complete opposite of something else or very different from something else, so that one of them must be wrong.”

notion of multi-domain, multi-level, integration and transience runs through each and every level e.g., society, the organisation and the individual is all of these things, and it is all in a complicated interplay, with a range of causal mechanisms, potentialities and absences. The overriding contradiction in this thesis begins with the statement that, in light of the philosophy of meta-reality, my previous conclusions and recommendations are all paradoxical.

For instance, within this thesis, I have suggested that organisations should seek to be externally and internally integrated, but I have also suggested that parasitic mechanisms within society are contributing to paradox and contradiction and contributing to the many counter-productive enactments outlined above. Thus, paradoxically, I am inviting organisations to fit their wellbeing strategy with the external context, whilst at the same time, I am warning against it. I am arguing that mechanisms and forces in society (explained by many existing theories) can fuel negative forces such as the negative consequences of the conflict between logics and this can fuel limited beliefs about what wellbeing is and what should be done. Thus, paradoxically, I am concluding that organisations have to align to be socially embedded, but then misalign to counteract these parasitic forces (which Bhaskar, 2012a suggests are ubiquitous in society) and take authentic 'right' action.

I have suggested that interventions and initiatives should be multi-level, and multi-dimensional, but at the same time I have suggested that everything (such as individual and business needs, global events, the definition of wellbeing) is constantly evolving or changing - therefore how can it be possible to develop a wellbeing strategy that stands the test of time? The only certainty appears to be that wellbeing is a moving target and we are always one step behind. Thus, just like the pursuit of happiness is considered to be paradoxical in that the more you try to attain it the less you will experience it (Buscicchi & Weijers, 2019), the actual pursuit of a wellbeing strategy could be having the same effect. The transient moving target that is the wellbeing strategy could be leading us down a path of multiple paradoxes, which also are, as Bhaskar suggests, our clues.

Within this thesis, I have argued that the context theme map, the IGLOO model (De Angelis et al., 2020), and the PAP model are three tools that can aid the development of a wellbeing strategy, however, I have also suggested the specific elements of these are constantly changing and there is a constant need for re-calibration. Thus, within every tool or model, I am almost inviting leaders and practitioners to develop them, and use them to become more aware, and then abandon them and start again, because they will quickly become redundant. This in itself is the ultimate paradox regarding the conclusions I have made so far.

These conclusions reminded me of a quote by Abraham Maslow, which profoundly captures the essence of the argument I am making.

I wish to underscore one main paradox I have dealt with above (number 2) which we must face even if we don't understand it. The goal of identity (self-actualization, autonomy, individuation, Horney's real self, authenticity, etc.) seems to be simultaneously an end-goal in itself, and also a transitional goal, a rite of passage, a step along the path to the transcendence of identity. This is like saying its function is to erase itself. (Maslow, 2013, p. 92).

This captures my suggestion that the empirical evidence, the existing literature and my conclusions thus far, lead us to one main paradox. This is, to develop an effective wellbeing strategy, organisations and individuals may need to discover who they are, what they stand for, how they fit within the context, how they externally and internally align and then, because there are a range of paradoxes and parasitic mechanisms, they may need to use this knowledge to erase what they have discovered and start again. This I believe, also captures the essence of Bhaskar's thoughts on emancipation.

Bhaskar and Maslow are similar in many ways and their theories are mutually supportive. Maslow was an expert on peak experiences and self-actualisation. He studied people who appeared to be at their best and asked why. In the philosophy of meta-reality, Bhaskar (2012a, 2012b) sought to provide a philosophy of science that can support people to be their best authentic selves where they contribute to the wellbeing and free flourishing of all. In comparing Bhaskar and Maslow, I would suggest that Bhaskar invites us to move beyond peak experiences, and consider the extent to which we take peak action, which could also be phrased as peak agency or peak authentic 'right' action. The investigation of peak action is perhaps ripe for future research and the writings of Maslow, Bhaskar and Archer combined could provide the foundations for this investigation. This research would be in the spirit of peak experiences, but peak authentic 'right' actions moves beyond peak experiences and is also relevant within a world of important activism – including corporate activism. In the remainder of this chapter, I will suggest that the paradox that Maslow identified above, and the paradoxes I have identified for the present research, can be explained using some theories within Bhaskar's philosophy of meta-reality. I will also explain that, whilst on the surface, this discussion appears to make the conclusions and contributions introduced in previous chapters redundant, this is paradoxically not the case, because, as Maslow (2013) suggests, these processes or actions are a rite of passage.

10.4 A theory to explain why wellbeing strategy in organisations is saturated with paradoxes and contradictions. An application of Bhaskar’s theory of meta-reality.

10.4.1 What factors (constructs) are included in the theory?

Whetten (1989) suggests that a theory should clearly outline what constructs are included. This theory includes constructs taken from meta-reality and also the new construct ‘authentic ‘right’ action’ introduced in chapter nine. The constructs are:

- Demi-reality
- Parasitic mechanisms
- Challenge and progress
- Relative reality
- Authentic ‘right’ action
- Positive mechanisms
- Meta-reality

It is important that these constructs are placed in this order, and I will explain why shortly. Bhaskar did not just differentiate reality through the empirical, the actual and the real, which is a model that aids our understanding of the observed, unobserved and unobservable (Wiltshire & Ronkainen, 2021) for social science researchers. In the philosophy of meta-reality, Bhaskar also differentiates between demi, relative and meta reality. I will argue that it is critical that we understand the difference between these if we are to shed new light on why the enactment of wellbeing is awash with contradictions and paradoxes.

To understand meta-reality from a very secular (non-spiritual) position, it is possible to consider the following as metaphors, and then consider the extent to which this helps to provide a theoretical lens for humanity’s progress and what thwarts or sustains that progress. If the reader is in agreement, it is possible to take a more spiritual interpretation of Bhaskar’s philosophy of meta-reality. Bhaskar (2012b) suggests that meta-reality is the reality of potentiality and of the eudemonistic society, that has not been realised, but is the basis (or foundation for) the reality that we currently live in⁹⁴. Meta-reality is where the potentiality for authenticity and peak authentic ‘right’ action emerges⁹⁵. Thus, meta-reality is what many of us are collectively trying to get to – the eudemonistic society and the free flourishing of all. This is what we imagine when all constraints, blocks, and negative forces have been discovered and removed. Bhaskar (2012b) argues that meta-reality already exists, just like potentialities and untriggered mechanisms exist in previous iterations

⁹⁴ Bhaskar (2012b) states that “Meta-Reality itself just is that greater reality upon which the world, as it has been hitherto presented, actually tacitly and totally depends.”

⁹⁵ “The philosophy of Meta-Reality describes the way in which this very world nevertheless depends upon, that is, is ultimately sustained by and exists only in virtue of the free, loving, creative, intelligent energy and activity of non-dual states of our being and phases of our activity” (Bhaskar, 2012b, Introduction).

of critical realism. Demi-reality, on the other hand, is the world that we largely live in. Demi-reality consists of split, fear, divisiveness, alienation from each other and from the health of the planet (Bhaskar, 2012a). Bhaskar argues that demi-reality essentially poisons and obscures what would emerge from meta-reality⁹⁶. Relative reality sits between meta and demi reality, however, Bhaskar also states that demi-reality is within relative reality. Relative reality is where we make change and progress⁹⁷. This is where the war is fought between meta and demi-reality. Bhaskar (2012a, 2012b) suggests that relative reality shows us how the world can be transformed. Moreover, Bhaskar suggests that there will always be scope for change and progress. Relative reality will not become completely redundant; however, Bhaskar also suggests that it is possible to remove many of the parasitic blocks that exist in demi-reality. Whilst Bhaskar does not use the term 'parasitic mechanisms' per se, he does discuss how heteronomies or forces in demi-reality are parasitic on meta-reality and a person's ground state or authentic self⁹⁸. This all relates to the findings concerning contradiction and paradox presented in chapter six because there is evidence that good intentions or authentic 'right' actions concerning wellbeing are being thwarted, and they are being thwarted by parasitic mechanisms that are causing wellbeing strategy to be less than what it could be. Thus, people are taking action in relative reality, but these actions are being obscured or thwarted by mechanisms that exist in demi-reality (Bhaskar, 2012a; 2012b), which we are currently unaware of.

10.4.2 How do these constructs relate?

Once constructs have been described Whetten (1989) states that the next step is to outline how the constructs relate. Furthermore, Whetten encourages the use of models to aid understanding. Whilst unconventional, I am going to use the following picture as a (very simplified, fallible and imperfect) tool to explain the relationships between the constructs identified.

⁹⁶ "The world of demi-reality is a world of illusion, a world of falsities, which are nevertheless causally efficacious. The causal efficacy of these falsities presupposes a truth, at a deeper level of being or reality, which is screened, masked or denied, in some manner occluded by the level of demi-reality, which also dominates it." (Bhaskar, 2012a, preface).

⁹⁷ "Relative reality is the world of becoming, and as such encompasses change and process, evolution and development, structured by difference, constituting difference, grounded in non-identity, differences which can be attractive or repulsive" (Bhaskar, 2012a).

⁹⁸ "Going into the deep interior of the heteronomous element we will trace it back to the ground-state it is parasitic upon, disconnecting or dissolving it or allowing its reabsorption" (Bhaskar, 2012a).



Picture taken from stock images in Microsoft Word.

This image is again a metaphor to illustrate what is already a metaphor. However, the ‘so what’ (Whetten, 1989) or important point can be communicated through this metaphor. The base of the cake is meta-reality – this is what sustains everything (Bhaskar, 2012a). The cream in the middle is authentic ‘right’ action. This emerges from meta reality and is also in contact with the next layer which is relative reality (the reality of progress, challenge and change). The icing on the top is demi-reality. Now, we must imagine that the icing (demi-reality) is covering the whole cake – obscuring meta-reality, authentic ‘right’ action and relative reality, until demi-reality is all that we can see. Demi-reality is enticing, but it is poisonous, and its goal is to ruin the rest of the cake. I posit that when important topics such as ‘wellbeing’ gain traction, the icing on the cake becomes thicker – with more bells and whistles such as poisonous walnuts (dubious providers) or sprinkles (box ticking). Our job as humans (and particularly researchers) is to clear up the icing on this cake. We have to discover its poisonous, parasitic qualities, raise collective awareness of it and remove it, so only the two layers (meta and relative reality) and the authentic ‘right’ action cream remain. We do this by identifying parasitic (or negative) mechanisms that are baked into demi-reality and draining into the rest of the cake. We also achieve this by identifying more positive mechanisms (that are baked into meta-reality). We do this by taking our own authentic ‘right’ action in relative reality – which is the reality of progress, challenge and change.

10.4.3 Why is this theory plausible and why is it important?

Once relationships have been identified, Whetten (1989) invites theorists to elucidate and justify the assumptions underpinning the theory and also explain why credence should be given to the explanation or representation of phenomena. Whetten also suggests that relationships are the domain of theory, thus, I will explain why these constructs are in a relationship in the context of the present research. I posit that demi-reality and parasitic mechanisms are in danger of taking over positive endeavours such as wellbeing at work. They change the ‘taste’ or the power of authentic ‘right’ action through constraining forces and by creating contradiction and paradox. They also obscure meta-reality. Popular topics such as wellbeing are more prone to parasitic mechanisms

because there are numerous people working on it. Topics such as wellbeing create a buzz, which can lead to the creation of industries (Davies, 2015) which become subjected to powerful mechanisms such as isomorphism (Lewis et al., 2019). These mechanisms create contradictions and paradoxes (such as the happy safe worker paradox), and change the power or taste of authentic 'right' action – leading to cynicism and scepticism. We are often unaware of the negative aspects of these mechanisms and proceed assuming that our actions will eventually lead to good (in this case good work). We are not always open to identifying the contradictions and the paradoxes, (perhaps we do not want to believe that our 'good work' could be having a negative impact). Therefore, we sometimes ignore the paradoxes and contradictions.

These mechanisms are not always caused by us – they are an inevitable part of a world that is full of light and dark. We often just get caught up in them. Researchers have a responsibility to shed light on the mechanisms that are blocking good work, responsible business practice and authentic 'right' action. When we shine a light on these mechanisms, good work, responsible business and real (meta-reality driven, not demi-reality driven) authentic 'right' action can flourish and overtake more of the cake. Bhaskar (2012a) describes demi-reality through the metaphor of war – thus, in this metaphor, it is a war between the levels of the cake. We are part of the cake – we are in essence the whole of it, but we only tend to see the demi-reality above us. There is evidence that people do try to change demi-reality incrementally (such as the range of scholarship outlined in the empirical evidence section within this chapter), but I posit that we do not realise how much toxicity from demi-reality surrounds and infiltrates us and our good intentions.

When discussing the importance of 'why' Whetten (1989) suggests we consider the extent to which a theory profoundly challenges our understanding of human nature, organisational transactions and indeed society. I posit that this theory demonstrates that we are in an existential fight with parasitic mechanisms, that change the taste of our authentic 'right' action and obscures meta-reality – or our path towards a more eudemonistic society. The real danger of this is that we often think we are doing good, or doing the right thing for others and humanity, but our views can be rooted in parasitic mechanisms. In this respect, demi-reality is winning the war. For instance, some providers and organisations believe that KPI's and extrinsic motivators for line managers are absolutely the right things to do to increase engagement with wellbeing initiatives. I posit that these belief systems are caused by parasitic mechanisms that exist in wider society and these mechanisms thwart what are otherwise good intentions.

This is why it is so important for researchers to identify contradictions and paradoxes because these are our clues and our spotlights for the identification of parasitic mechanisms that are rooted in demi-reality. When we become aware of contradictions and paradoxes, we can raise

awareness and remove the actions and assumptions that are infused with parasitic mechanisms. We must then go back to the question of what we really want to do, what we really want to achieve, and what is authentic 'right' action if we could act without being constrained by wider forces. Importantly, this can only be achieved if researchers re-consider the extent to which they take a value neutral approach to research (Ash, 2022). The identification and removal of parasitic mechanisms requires an element of moral realism (Ash, 2022).

10.5 What are the contributions to knowledge within this chapter – what's new?

10.5.1 The application of meta-reality in the context of wellbeing.

Firstly, I have applied meta-reality principles in the context of wellbeing at work. This has led to the identification of a range of contradictions and paradoxes. These indicate that there are a range of parasitic mechanisms that are changing the taste of authentic 'right' action, obscuring what should be positive, and fuelling a demi-reality that is counteracting efforts to improve working lives. The implication of this is that we need more research that seeks to identify contradictions and paradoxes, which are the symptoms of a demi-reality. Once we discover these, we must raise awareness of them and then collectively remove them or refuse to take part in them. E.g., refuse to take part in pressuring people to speak up (Cunha et al., 2019), or refuse to take part in discourse surrounding return on investment – or other problematic business case reasons for implementing wellbeing. The explanation that 'parasitic mechanisms' target what are largely good intentions within wellbeing is new, but very closely aligned with what Bhaskar has suggested.

This chapter helps us to understand the definition, enactment and wellbeing better, because it helps us to understand why good intentions concerning wellbeing are being thwarted and how paradox and contradiction are our clues. Thus, in the context of dubious wellbeing providers operating within a growing 'wellbeing industry' (Davies, 2015), researchers can identify the range of parasitic mechanisms (at multiple levels of analysis) that are skewing wellbeing providers in this way. Researchers can also identify how this plays out in an interplay with other maladaptive practices – resulting in the movement towards wellbeing at work being less than what it could have been. This contributes to existing theory, because the present identification of mechanisms within wellbeing research does not include the identification of parasitic mechanisms. Thus, the application of meta-reality to wellbeing provides a new theoretical lens that could open up opportunities for new research.

10.5.2 The layered cake metaphor.

The cake metaphor, with the inclusion of parasitic and positive mechanisms, and authentic 'right' action is also new. This metaphor contributes a philosophical tool that can be used to translate and communicate the contribution to knowledge within this chapter. Thus, the layered cake metaphor can be used as a tool to improve our understanding of the three realities that Bhaskar (2012a) describes. The philosophy of meta-reality is very difficult to understand, and I would argue that this metaphor / tool helps to explain the core concepts succinctly and effectively.

10.5.3 Contribution to the topic of authenticity and associated theories.

The proposition that authentic 'right' action is impacted by the war between parasitic and positive mechanisms is a contribution to the topic of authenticity and related theories such as authentic leadership (Alvesson & Einola, 2019). I am suggesting that authentic 'right' action is not black and white. It is nuanced because it is tainted by parasitic mechanisms. Moreover, the degree to which this happens depends on our discovery of these mechanisms, our collective awareness of them, and then the degree to which we have refused to be influenced by them (a notion that could be in the realm of peak agency). Thus, authentic 'right' action stands out from other authenticity related constructs by being rooted specifically in meta-reality and not demi-reality. Bhaskar (2012a) suggests that we misidentify our true selves as our egos (in demi-reality), rather than our transcendently real ground-states (in meta-reality). Thus, it is important to note that authenticity in authentic 'right' action is not the demi-real ego. Authentic 'right' action is a meta-theoretical construct that is difficult to fully attain (in the sense that it is without the single inverted colons) because we have to identify and remove parasitic mechanisms to achieve it.

10.5.4 Contribution to meta reality theory

The following proposition extends or adds to the philosophy of meta reality. Proposition: when we are faced with positive movements, such as saving the planet, increased diversity and inclusion, anti-racism, wellbeing for all, responsible business practice, responsible AI, we have to recognise the speed at which parasitic mechanisms will attack the good work that authentic 'right' actors aim to do. These mechanisms come in all directions – structures, culture and individual level reasoning. It becomes a whirlwind or (as Bhaskar, 2012a suggests) a war (not always caused intentionally by actors). Thus, when a positive topic begins to gain traction, researchers have to act fast to shed light on these mechanisms and convince people quickly that they are parasitic. E.g., in wellbeing, we have scholars highlighting the dangers of the wellbeing industry, the wellness industry, the individualisation of interventions and the tick box practices. This is all being highlighted,

but the understanding of the war between the mechanisms is not fully realised. When demi-reality starts to win, outcomes become less than what they could have been, and genuine efforts are obscured. Moreover, genuine efforts can be obscured by less than genuine efforts which is particularly true within wellbeing. For instance, in wellbeing coaching, genuine coaches are obscured by mavericks (Grant & Cavanagh, 2007) and genuine wellbeing researchers can be obscured by researchers who make overzealous claims (Israel, 2014). I posit that parasitic mechanisms contribute to the evolvment of mavericks and a lack of integrity.

10.5.5 Contribution to alignment theories

Earlier in this chapter, I stated that my findings and conclusions thus far are all paradoxical. I suggested that the five main tenets of a wellbeing strategy are paradoxical, and I concluded that organisations need to simultaneously align and misalign. Thus, the alignment process is considered to be the following:

(Discover, learn, align) – erase – repeat.

Discovery, learning and aligning are in brackets because they could be completed simultaneously.

This means that the alignment process is a paradox. This realisation was supported by the profound quote by Maslow (2013). Organisations are in fact doing everything I have recommended in the previous findings chapters. Organisations are aligning and they are seeking internal and external integration, but as evidenced in this research, many are doing it based on forces in demi reality which are causing conflicting logics. For example, responding and aligning with societal pressure factors and external context is one of the factors that is causing the conflict between business case and caring logics which is then resulting in box ticking, and the negative consequences of scepticism and cynicism.

Whilst it would be easy to conclude that organisations, therefore, can ignore or avoid alignment, the five tenets of a wellbeing strategy, the IGLOO model (De Angelis et al., 2020), and the PAP model because they are all paradoxical and rooted in demi-reality – I do not believe that this is the answer and the clue to this resides in Maslow's quote, which I presented earlier. These processes are about identity and identification, and they are a rite of passage to transcendence (for Maslow) or to meta-reality (for Bhaskar). This rite of passage involves learning about demi-reality so that we can erase and start again – getting ever closer to meta-reality each time. Thus, the process '(discover, learn, align) – erase – repeat' stands in the face of this logic and is perhaps an important practical process for the identification and elimination of parasitic mechanisms. This conclusion is a contribution to alignment theories and supports Bhaskar's (2016) stance on emancipation.

10.6 How did CR support theorising within this chapter?

10.6.1 Connection to morphogenesis theory

This chapter has been influenced significantly by Bhaskar's philosophy of meta-reality. However, Archer's (1995, 2003) morphogenesis theory enables a critical analysis of problems within current social action. In chapter three, I explained that Archer's morphogenesis theory is temporal in that social structure at T1 predates social action at T2, and social action then leads to change (morphogenesis) or maintenance (morphostasis) of social structure at T3 (Mingers & Standing, 2017). This process also occurs for culture (Newman, 2018). Structure and culture then enable or constrain agency, but they do not determine it (Mingers & Standing, 2017). Actors have some reflexivity about structures and culture, and they also have an 'internal conversation' (Archer, 2007), which affects the choices and actions that they take (Mutch, 2010).

If we apply the theoretical lens of meta-reality to morphogenesis theory, then it is possible to conclude that morphogenesis is occurring largely within demi-reality. Archer appears to allude to this in an interview with Jamie Morgan (Archer & Morgan, 2020), where she shares her concern that eudaimonia and flourishing are becoming unattainable – which reflects the notion that metaphorically, demi-reality is winning the war. Archer reiterates that agents have the ultimate power in that only agency can change society, structures and culture and avert multiple crises. In this interview, Archer suggests that new contradictions are emerging, and morphogenesis is now speeding up and taking place more than morphostasis. However, the speeding up of morphogenesis is not necessarily good for planetary or human flourishing – if it is occurring in demi-reality where parasitic mechanisms are contributing to change and thwarting good intentions.

Thus, in line with the philosophy of meta-reality, I posit that actors need to develop more reflexivity and an internal conversation regarding parasitic mechanisms and meta-reality. Furthermore, we need to move through morphogenesis more radically and more reflexively – becoming increasingly more aware of parasitic mechanisms each time we collectively move through this process. I argue that, if we wish to avert multiple crises and remove the blocks that cause good intentions to be less than what they could be, then we must be more aware and reflexive about the parasitic mechanisms that are holding us back. Researchers can use Archer's (2007) analytical process of separating structure, culture and agency to discover what is happening within the morphogenesis process. Agency is the only causal power that can become aware of the parasitic mechanisms that are thwarting good intentions and authentic 'right' action. Therefore, we need to be more reflexive about structure, culture and agency and how pre-existing mechanisms and new mechanisms are evolving us. In her interview (Archer & Morgan, 2020), Archer suggests that there is

almost now a requirement to become more reflexive, because the current state of the world is becoming uncondusive to human flourishing⁹⁹. Thus, in the context of the present research, there is a need for people to use the language of meta and demi reality and of parasitic mechanisms to highlight and resolve false beliefs (Bhaskar, 2016) and shed light on the parasitic mechanisms within agency, culture or structure that are thwarting good intentions for the improvement of employee wellbeing.

10.7 What are the implications for research?

The implication for research is that researchers must discover and analyse paradox and contradiction, whilst questioning the extent to which parasitic mechanisms are involved. Cunha et al. (2019) is a prime example of a study that has done this. Researchers may question, do participants have assumptions that practices will always be positive, e.g., encouraging people to speak, or taking part in social events, or having a wellbeing health day? Researchers then have to look for the mechanisms and ask - are they the mechanisms that we want or need? Do they purport to look positive, when in fact they are doing the opposite? Are they feeding the demi-reality?

We must move away from the perception that uncovering mechanisms, moderators, mediators or themes is just a positive step forward, without the consideration of the extent to which the mechanisms are dangerous or positive. To do this, we must recognise that we do have a problem with demi-reality and there is (metaphorically) a war between meta and demi reality. Moreover, at present, we are letting demi-reality win, and this is partly because it is so good at hiding meta-reality.

Instead of just literature reviews containing evidence of the mechanisms (discussed largely objectively and value free), academia could then begin to develop literature reviews that contain evidence for all of the parasitic mechanisms on a given topic e.g., wellbeing, climate change, or responsible business practice. We could begin to collate the evidence for what is holding us back on these topics and whether the mechanisms are structural, cultural, and / or individual. Collecting evidence like this could help us to collectively shed a light on what we all need to be aware of if we want positive movements such as wellbeing or saving the planet to succeed. We need to know

⁹⁹ In her interview with Jamie Morgan, Archer states that, "Today is the first time that globally we live with the possibility of the extinction of humanity, so for the first time the entire global population must choose between succumbing to its ultimate liability or collaboratively co-operating, using its combined capacities, to avert this fatal conclusion. Facing finitude is an unprecedented (morphogenetic) feature that now out- weighs our other concerns. Perhaps, recognizing our shared finitude may prompt a higher collective regard for universal thriving, helping it for the first time collectively to override zero-sum competition" (Archer & Morgan, 2020).

(metaphorically) how demi-reality is trying to stop us, and an evidence review of parasitic mechanisms can help us to understand a multitude of parasitic mechanisms very quickly.

Researchers could begin to investigate the concept of 'peak agency', or 'peak authentic 'right' action' as conceptualised through the lens of meta-reality and morphogenesis theory. Thus, how do actors successfully use reflexivity to take authentic 'right' action and rise up against parasitic mechanisms? What can we learn about the moral stance of these actors? Are they aware of parasitic mechanisms - even latently? What does peak agency (or peak authentic 'right' action) look like at a more collective level?

The identification of parasitic mechanisms (using contradiction and paradox) is the first step towards throwing off the mechanisms within demi-reality. The next step is taking authentic 'right' action, in awareness of these mechanisms, which will likely involve a significant amount of bravery. Furthermore, some actors will have more scope to act than others based on their power and positions in their organisations or society (Gardiner, 2011). Thus, it would be interesting to explain when and how peak agency occurs within the morphogenesis process – and the times in which it is thwarted and why. There may be more safety in numbers, and therefore, it would be interesting to consider whether morphogenesis towards meta-reality occurs when more people are committed to taking authentic 'right' action within a given topic – such as when social movements gain traction.

10.8 Conclusion.

This chapter has outlined how paradox and contradiction show us that parasitic mechanisms thwart the good work we intend to do on important topics. I have suggested that many people want to take authentic 'right' action, but we exist in a world of opposing mechanisms. We also exist in a world where we cannot always know what the right thing is to do (meaning that we have false beliefs). We may implement the wrong things – or parasitic things and not see what the right thing is to do. We might also miss the essence of what wellbeing is.

The point of outlining the mechanisms in this thesis is not so we can continue to use them or take advantage of them. The point is not just to act in line with the mechanisms and theory outlined already. The point is to learn about all of it (everything that exists in the demi-reality) so that we can erase it. Furthermore, the point is to empower humanity to write a new story, where we have defeated parasitic mechanisms and we are further on the path to free flourishing for all. This is an incremental journey that is never complete (within relative reality) (Bhaskar, 2012a). However, our goal should be to consistently re-write our story with the evidential involvement of less parasitic mechanisms as we progress.

Chapter 11: Overall discussion and conclusions

In this chapter, I directly answer the research questions outlined in chapter one by providing a summary of the key findings and signposting to relevant parts of the thesis. I then provide an overview of the pertinent contributions. I also discuss limitations and the implications for practice and potential future research directions.

11.1 Summary of key findings

In this section, I aim to summarise and signpost to the relevant findings that directly address the research questions outlined in the introduction chapter (section 1.2).

Macro level question 1: What current causal forces contribute to the way in which organisations enact wellbeing initiatives or strategy? How do these causal forces exist – by what purported causal and contextual mechanisms?

In chapter six, I identify that a range of mechanisms (such as isomorphism and the need to appear legitimate) (Lewis et al., 2019) are influencing the way in which organisations enact a wellbeing strategy. Furthermore, in chapter six, I suggest that a range of contextual factors and mechanisms, such as the need to compete with other organisations for talent, are fuelling a conflict between strategic (business case) and community (caring) logics and this conflict between logics is also influencing the whole organisational approach to wellbeing strategy. Within this chapter, I identify how institutional theory (DiMaggio & Powell, 1983) and institutional logics (Thornton et al., 2012) can support our understanding of what causal forces are currently contributing to the way in which organisations enact wellbeing strategy. However, causal forces are not just top-down, and I also suggest that individual level reasoning, perceptions and demands are also influencing organisational approaches, and these individual level mechanisms are in an interplay with more macro level mechanisms. Evidence for this can also be found in the findings that are presented through the multi-level context theme maps.

Individual level question 1: How is wellbeing defined and what is influencing current definitions and conceptualisations of wellbeing strategy or initiatives?

Findings show that influences are multi-level (societal, organisational, and individual) and many participants discuss how their understanding of wellbeing has shifted in line with increased

awareness within society and within organisations. Thus, participant's definitions of wellbeing are evolving and perhaps aligning with larger trends within society. There is also evidence of an interplay between agency, culture and structure (Archer, 2005), because the three 'influence' themes indicate that personal reasoning and experiences are in an interplay with current cultural stances regarding what wellbeing is.

Individual level question 2: How is wellbeing enacted in organisations? What current causal forces or contextual factors contribute to the way in which practitioners implement organisational wellbeing strategy or initiatives?

Findings concerning the mechanisms or contextual factors that are influencing the way in which leaders or practitioners enact wellbeing or wellbeing initiatives can be found on the context theme maps. Moreover, in chapter nine, through the PAP model, I tentatively posit that wellbeing is enacted through a culmination of perceptions. These are perceptions of the needs of the business and individual employees, perception of actual resources and availability to meet needs, perceptions regarding the demands of society and external events (such as a pandemic or financial crisis) and perceptions regarding what wellbeing actually is and what should be done. Thus, my findings suggest that wellbeing is enacted in a way that is contextually embedded and this leads to the conclusion that the context theme map and the PAP model can be used together as tools to plan and enact a wellbeing strategy. Moreover, findings support the conclusion that wellbeing is often enacted based on perceptions or beliefs that infuse and thwart good intentions, leading to instances where actions or initiatives backfire with some people.

Individual level question 3: What mechanisms or contextual factors could be shaping the experience of wellbeing strategy or initiatives?

Findings concerning what is shaping the experience of wellbeing initiatives are more abstract, broad and flow through the findings and discussion chapters. The conflict between logics discussed in chapter six, and the finding concerning a level of scepticism and cynicism indicate that wellbeing strategy and initiatives are often experienced through a tentative cautious lens. This is where participants judge the authenticity or genuineness of the organisation, leader or practitioner who is implementing the initiative or intervention. Some participants experience wellbeing initiatives as box ticking, whilst others experience wellbeing initiatives as implemented through genuine concern. Some participants recognise that there is an element of both box ticking and

genuine concern. Excerpts regarding perceptions of why organisations enact wellbeing also demonstrate the extent to which there is a conflict between strategic (business case) and community (caring) logics, which taints the experience of initiatives that are on offer.

The experience of wellbeing strategy or initiatives is also impacted by the purported fact that everyone has different needs for wellbeing. Thus, because initiatives do not suit all people at once, there is variation in the experience of wellbeing initiatives because some people are more catered for than others due to personal needs. There is also variation in the experience wellbeing initiatives because there are different preferences for voicing and communication and effective communication was a concern point expressed by many participants (appendix X). Thus, some people may have a better experience if their preferred communication channels (such as focus groups instead of surveys, or meetings instead of emails) are also preferred and enacted by the organisation.

Individual level question 4: What concern points and / or praise points regarding wellbeing strategy and initiatives emerge? How have these come to be and why? Are they shared across job roles? How can tensions be explained?

The findings for this research question can be found in appendix X. Due to space limitations within the thesis, it was not possible to present these findings within the main body of the thesis. Findings show that most participants are generally very grateful for what their organisation offers, and many participants believe that their organisation does more than other organisations for wellbeing. Findings pertaining to concerns include themes regarding communications, variation in buy in and difficulties meeting individual needs.

Individual level question 5: What are the differences between what currently exists to support wellbeing and what participants would like to see?

Findings show that many participants value much of what is already in place, but overall have asked for more of a focus on culture, leadership and line manager relations, and meeting individual needs. Overall, many participants have asked for an overarching strategy (with a wellbeing team driving it) that can be tailored to meet individual needs. There is an emerging theme that DEI and ESG are related to wellbeing and these three topics form the basis of good work and should be part of the overarching strategy.

Methodological contribution question 1: How can we utilise critical realist methodology to produce novel explanatory theory?

In the methodology chapter, I outline how I utilised Bhaskar’s DREIC process and all four modes of inference (through three stages) to produce explanatory theory. Explanatory theory was produced by being deeply immersed in the research, through creativity and some empirical freedom (Mukumbang et al., 2021). Explanations were also produced by asking the retroductive question, “what else must exist for this phenomenon to exist?” (Bhaskar, 2016; Danermark et al., 2005). The methodological contribution exists in the novel way that I integrated DREIC with reflexive thematic analysis and all four modes of inference.

Methodological contribution question 2: How can we utilise critical realism to elucidate the role of absences as mechanisms?

This question is addressed in the methodology chapter where I offer a novel approach for identifying Bhaskar’s understanding of absence within a cross case analysis design. This is a methodological contribution, with implications for scholars who carry out critical realist comparative case study designs and have an interest in identifying the impact of what is absent. Tentative findings concerning pertinent absences for this research are reported in chapter seven.

11.2 Thesis contributions

11.2.1 Theoretical and conceptual contributions

The theoretical and conceptual contributions can largely be found within the discussion chapters. The construct ‘authentic ‘right’ action’ is a key conceptual contribution which is involved in the PAP model; however, this construct can also operate outside of the PAP model. Some of the key theoretical contributions are explicitly outlined in section 10.5. However, in summary, the research suggests that ‘authentic ‘right’ action’ is a root mechanism that is causing people to enact wellbeing in organisations. There is evidence that people often define and experience wellbeing as about the ‘other’, and therefore, wellbeing goes beyond personal wellbeing interests. This also supports Bhaskar’s contention that personal flourishing is dependent on the free flourishing of all (Bhaskar, 2012a, 2012b). There is also evidence that ‘hot topics’ generate a significant amount of discourse and agency. Leading on from this, this research theoretically contributes the notion that increased agency pertaining to hot topics results in a range of contradictions and paradoxes because (metaphorically) parasitic mechanisms attack authentic ‘right’ actions, and cause authentic ‘right’

actions to be diluted or less than what they could have been. The research uses Bhaskar's philosophy of meta-reality (Bhaskar, 2012a, 2012b) to explain how wellbeing (and morphogenesis) is operating within demi-reality, and what must happen in relative reality for wellbeing to get closer to meta-reality.

The research also contributes to alignment theories by suggesting that, paradoxically, the alignment process must be (Discover, learn, align) – erase – repeat. It is proposed that this alignment process is a rite of passage (Maslow, 2013) because it is a practical process for the identification and elimination of parasitic mechanisms in demi-reality. This extends prior research by suggesting that it is not enough to just learn how to align (such as aligning with forces in society, or another person's belief system). This is because these could be infused with parasitic mechanisms. Therefore, it is important to align, learn and discover at the same time so that these parasitic mechanisms can be identified, removed (as much as this is possible), and then the process starts again. Importantly, these theoretical contributions do not undermine the empirical contributions outlined below, because 'learning' is an important part of the theoretical contribution. The empirical contributions are part of the rite of passage. Moreover, empirical contributions do not all necessarily need to be 'erased' or removed – for instance, learning that wellbeing strategy is transient, does not point to parasitic mechanisms per se. However, light does need shining upon the mechanisms that are fuelling the maladaptive practices, that are backfiring and causing distress rather than wellbeing.

11.2.2 Empirical contributions to the wellbeing in organisations literature.

11.2.2.1 Empirical evidence that the wellbeing strategy is a contextually embedded transient phenomenon.

The present study contributes to the wellbeing literature by outlining the extent to which wellbeing (and the wellbeing strategy) is a transient contextually embedded phenomenon. The findings indicate that the definition, enactment and experience of wellbeing initiatives is impacted by global events, multiple crises, social movements and pressure factors within society. Moreover, contextual factors within organisations such as the organisational support climate (Shore & Shore, 1995) or effective communications (Pološki Vokić et al., 2021) also influence the enactment and experience of wellbeing strategy. Thus, while there is already a significant amount of research concerning the efficacy of specific wellbeing interventions, or specific barriers to implementation (Daniels et al., 2021), the present research contributes to existing scholarship by providing evidence

for the impact that contextual factors have on the definition, enactment and experience of the whole wellbeing strategy - not just specific interventions.

This is the first time that research has focused on the definition, enactment and experience of wellbeing strategy as a whole phenomenon. The main empirical contribution involves evidence for the notion that wellbeing strategy is not static and the discovery of best practice, or a one-size-fits-all acontextual approach for organisations is not possible (Cooke, 2018). Therefore, this study moves beyond providing evidence for specific initiatives, barriers, enablers, or perspectives and instead provides evidence for the critical role of the stratified, transient context. The evidence demonstrates the extent to which the stratified transient context is front and centre when one seeks to explain what is impacting wellbeing and the decision to enact a wellbeing strategy within organisations.

11.2.2.2 Empirical evidence that participants would like a multi-domain, multi-level, integrated, whole organisational approach that can be tailored to meet individual needs.

The present study also contributes to existing research which suggests that organisations should adopt an IGLOO approach when developing wellbeing strategy (De Angelis et al., 2020). An important finding within the present research concerns the suggestion that many participants would like organisations to have a whole organisational approach that can then be tailored to meet individual needs. Therefore, there is some empirical evidence that the elements of the IGLOO model should be integrated in that organisational level initiatives or leadership level initiatives should have an element or process that supports tailoring and individual needs at the individual level. For instance, initiatives that foster a culture of psychological safety at organisational and leadership levels may support individuals to speak up about their transient individual needs (Cunha et al., 2019). Therefore, collectively, participants within the present research study have suggested that there should not only be a range of initiatives at a range of levels, but these initiatives should have a common goal of almost resolving the dichotomy between the macro and micro because both are required to be in a congruent interplay to support employee wellbeing. The evidence that a congruent interplay between levels is required is a tentative empirical contribution within this thesis.

The findings within the present study demonstrate that organisations and individual participants are more interested in holistic wellbeing strategies rather than disjointed interventions (section 8.2.2.3). The findings also reveal that these strategies need to address the multi-dimensional and multifaceted nature of wellbeing – recognising that it is multi-level, complex, and involves multiple constructs, that evolve with the internal and external context. Organisations

appear to be less interested in the efficacy of single ‘interventions’ and rarely like to use the word ‘intervention’. The implication of this for researchers is that we may need to re-think what wellbeing is and what to do about it and perhaps the investigation of single acontextual interventions is not meaningful for organisations. Future research must ascertain if this conclusion is fully accurate.

11.2.2.3 Empirical evidence that a range of mechanisms are fuelling conflicting logics which, together, are fuelling misaligned perceptions, contradictions, and paradoxes.

There is also a contribution to the wellbeing literature through the use of institutional theory (Lewis et al., 2019) and institutional logics (Thornton et al., 2012). The research has generated evidence for the finding that wellbeing is enacted through a conflict between strategic (business case) and community (caring) logics. However, the empirical contribution does not just concern the conflict between these logics. The research has also generated empirical evidence regarding how these conflicting logics are currently being formed through factors within the internal and external context (or the interplay between these factors) and also the existence of pre-established mechanisms such as isomorphism and legitimacy (Suchman, 1995). Thus, much more broadly the findings demonstrate how contextual factors (which are in an interplay) are fuelling competing logics, paradoxes and misaligned perceptions. For instance, the interplay between the collective experience of multiple crises, multiple stakeholder demands, social movements and increased transparency (Heimans & Timms, 2018) are some of the contextual factors that are fuelling the competing logics, paradoxes and misaligned perceptions discussed in the findings chapters. Thus, the present research explores the more sociological side of wellbeing (rather than psychological) and contributes this to the wellbeing literature, whilst also suggesting that pre-existing mechanisms are feeding into the enactment and experience of wellbeing strategy. This perspective also highlights how historical mechanisms and experiences do matter and will shape fairly new phenomena such as the enactment of wellbeing strategy in organisations.

The present research has empirically demonstrated that multiple crises, a focus on stakeholders and social pressure is causing organisations to be more compassionate, caring and focused on community logics. Organisations do this by building a culture of organisational support and by offering a range of wellbeing initiatives and interventions. However, this compassionate and caring approach, is supported by a strategic business case logic in that organisations justify initiatives to build wellbeing by referring to the business case and potential benefits for the organisation. Multiple factors within the external context are contributing to this interplay of logics whereby organisations feel that they need to be both strategic (for business viability and success) and caring

or mindful of employee wellbeing. For instance, organisations must please stakeholders to win investment or contracts and many stakeholders are now asking organisations to outline and prove what they are doing for wellbeing, DEI and ESG (Carroll, 2021). Thus, organisations must merge both community (caring) and strategic (business case) logics to please stakeholders and win investments that will benefit the success of the business. Whilst this may sound like a good mutual deal for both organisations, individuals and society, I argue in this thesis that the constant merging and blurring of these logics is causing some unintended consequences such as scepticism and cynicism amongst employees (Lewis et al., 2019). For instance, a focus on resources, provision, surveys, awards and wellbeing days sends clear signals that the organisation is doing many things for wellbeing. However, organisations may focus less on intangibles such as culture and interpersonal relationships because they are not as 'promotable' to external stakeholders. The present research shows that employees value culture and leadership most for improving wellbeing. These contradictions and conflicts are leading employees to wonder 'who is this wellbeing initiative really for and why are you really doing it?'

11.2.2.4 Empirical evidence for the PAP model

To explain the above clearly and in a new light, I introduce the construct 'authentic 'right' action' and then situate this construct within a new model called the perception-action-perception model. I identify that wellbeing strategy and initiatives are produced and received based on multiple (fallible) perceptions, with one being the extent to which the initiative is enacted out of authentic 'right' action. The PAP model is unique because it utilises some of the main areas of inquiry within the present research (namely, perception of what wellbeing is and what should be done, perception of multiple needs, perception of authenticity and contextual influences) to explain why misalignment in perceptions shapes the success and experience of wellbeing initiatives and strategy.

The PAP model organises empirical evidence and suggests that people define and enact wellbeing initiatives based on personal experiences and (fallible) perceptions of many contextual factors. These factors are situated in the green ovals and current contextual factors are also present on the context theme maps. Thus, the PAP model illustrates that there are many moments when false, limited or partial beliefs can infiltrate what is then done for wellbeing, and therefore it is important to identify what these are through greater awareness and reflexivity (Bhaskar, 2012a, 2016; Archer, 2003). Through the culmination of these perceptions, managers and practitioners then act, and this is experienced by the employee through a lens that is their own (fallible) perception of these factors.

Evidence within the present study suggests that there is also an important mechanism at play, which is actual and perceived authentic 'right' action. Authentic 'right' action is defined fully in chapter nine, where it is stated that it is highly susceptible to false, limited or partial beliefs (Bhaskar, 2016) and therefore, people may take genuine authentic 'right' action without realising that the action is wrong and may backfire. Conversely, genuine authentic 'right' action might indeed be the right thing to do. Aside from understanding this nuance regarding our susceptibility to 'authentically act wrongly', authentic 'right' action is also about the role of intention, and how this could be perceived erroneously. For more clarity, appendix AA provides examples of some of the pathways through the PAP model using the authentic 'right' action construct. Thus, the PAP model encourages leaders and practitioners to examine and communicate intentions more clearly, whilst being aware that genuine actions that arise from genuine intentions, could turn out to be the right or wrong things to do.

The PAP model also encourages a constant quest for re-calibration and alignment. This is because perceptions of what wellbeing is, what should be done, what an individual needs, what resources the organisation has, and the important role of global events and societal pressure factors will evolve and change over time. The PAP model also argues that psychological safety (Edmondson, 1999) and trust (McShane & Cunningham, 2012) are mechanisms that enable the organisational support climate (Shore & Shore, 1995) required to re-calibrate and align perceptions outlined on the PAP model (as much as this is possible).

11.2.2.5 Summary of empirical contributions

Overall, the research contributes an account of what a wellbeing strategy is and how collectively, participants suggest it must exist. The research contributes five key tenets of a wellbeing strategy and has also, for the first time, provided participants with a voice to explain what a wellbeing strategy means to them. Furthermore, empirical evidence has been used to creatively produce two new tools (namely, the context theme map and the PAP model) which can be used alongside the IGLOO approach (DeAngelis et al., 2020) to devise a wellbeing strategy. Moreover, for the first time, the research provides empirical evidence that wellbeing is considered to be a hot topic, that is gaining traction, but this also results in more parasitic mechanisms in demi-reality. Thus, the research provides evidence for the notion that good intentions for employee wellbeing are being thwarted by parasitic mechanisms and we therefore need to identify what all of these parasitic mechanisms are and how it is possible to raise the collective awareness required to remove them.

11.2.3 Methodological contributions

The main methodological contribution exists in the novel application of critical realism as a meta-theoretical lens. Wellbeing in organisations has been studied through positivist, interpretivist and realist evaluation lenses. The study within this thesis is the first study to investigate the definition, enactment or experience of wellbeing utilising the specific paradigm of critical realism. This afforded an opportunity to be innovative within the methodology. Thus, the study was designed to capture perspectives regarding multiple levels of analysis and multiple stakeholders (Saxena, 2019). Moreover, reflexive thematic analysis was conducted through stages that allowed for both abduction and retroduction (Wiltshire & Ronkainen, 2021). Therefore, the present study contributes to the reflexive thematic analysis method by elucidating exactly how a reflexive thematic analysis can be conducted within the critical realist paradigm.

The present study makes a particularly strong contribution to the critical realist comparative case study method, by identifying how to recognise pertinent absences using the comparative case study design and reflexive thematic analysis. A model and method was proposed in section 4.4.6.2 and findings resulting from the use of the model and method were presented in section 7.3.3. The causal role of factors or mechanisms that may be absent is an important feature of critical realism (Bhaskar, 2012a), but the identification of absence in existing empirical research is noticeably - absent. Overall, the proposed method operates through triangulation between cross case analysis findings (where the researcher examines differences and similarities between cases), an understanding of the existing literature, and the researcher's creativity that is ignited through abduction and retroduction. The findings concerning pertinent absences are then justified through a conversation between these three elements, which aligns with Fletcher's (2017) understanding of a back-and-forth process between the data, existing literature and retroduction. A strength of the present study is the inclusion of multiple job roles and the range of practitioners broadly defined as the fourth case study. The fourth case study was pivotal for the identification of what was absent in organisations – namely the eudemonic or meaning and strengths perspective of wellbeing.

The use of a 'context theme map' was a novel way of organising and presenting research findings concerning contextual factors and is therefore also a contribution. The context theme map was included in the findings reports presented to participating organisations, and the design of the map helped participants to visualise quite a complex critical realist ontological assertion that reality is stratified and exists as an open system (Danermark et al., 2005). The context theme map is abstract, metaphorical, and does not claim to actually represent a neat, demarcated reality. There may be some cross over in terms of where themes could reside. However, the context theme map is

a tool to present research findings (or themes) concerning contextual factors and it is certainly useful (for analytical reasons) to indicate where the themes reside in terms of their level of scale.

11.3 Limitations

Within critical realism, the notion of generalisability does not mean the same thing as it does within the positivist paradigm (Frederiksen & Kringelum, 2021). Within critical realism, there is an acceptance that one can generalise about explanations rather than predictions (Frederiksen & Kringelum, 2021; Mingers & Standing, 2017; Wynn & Williams, 2012), however, it will always be important to recognise that explanations (or mechanisms) are demi-regular and will play out differently in different contexts (Lawson, 1997; Mingers & Standing, 2017; Wynn & Williams, 2012). Thus, it is important to discuss the limitations of the present research in relation to the critical realist paradigm.

It is important to state that this comparative case study is cross sectional in that the interviews and observations within each case have provided a snapshot of the phenomenon at a particular point in time (Saunders et al., 2019). The multi method and multi-case design triangulates with existing theory and research, which adds weight to the findings (Eisenhardt, 1989, 2021), however, the findings are situated within a particular time and place, meaning that the pertinent themes can and will change in the future. The present research has had an opportunity to explain how wellbeing is being conceptualised and operationalised in the aftermath of uniquely challenging collective events (such as Covid-19 and cost of living crisis). However, in the future, organisations will likely have to respond to new unforeseen crises, and these may have a different impact on what organisations do for wellbeing. Thus, the actual themes on the context theme map are expected to change. Furthermore, definitions of wellbeing, actual wellbeing initiatives and the experiences of these are expected to evolve. The themes generated for the present research provide answers for the research questions with the caveat that this is how it stands in the present. However, from a more abstract analytical perspective, I posit that the five tenets of wellbeing strategy are transferrable to other organisations and other times, but the specifics of what this looks like will change. Thus, ideas regarding the importance of context and the purported usefulness of the context theme map (for analytical reasons) is deemed to be transferable.

This conclusion also applies to the PAP model and the IGLOO approach (De Angelis et al., 2020). I posit that explanations regarding the importance of seeking alignment in perspectives and developing multi-level wellbeing strategies is transferable to other organisations. However, I also caveat this with the explanation that the specific elements of these will evolve and change over time. For instance, the themes concerning what participants want in a multi-level wellbeing strategy

will evolve. Moreover, the PAP model is dynamic in that all parties will be in a state of constant of re-calibration and re-alignment (Romeo et al., 2020). Thus, I posit that the more abstract (or meta) explanations are transferable, but the specific elements of these will change. Moreover, mechanisms (such as the conflict between strategic and community logics) will fluctuate and fire in a demi-regular way (Lawson, 1997). The concepts of authentic 'right' action, parasitic mechanisms, meta, relative and demi reality (Bhaskar, 2012a) are also deemed to transcend the specific details of the present research.

There are some methodological limitations, which form some recommendations for future research. Firstly, longitudinal research may have offered more insights, as this could have enabled analysis of the extent to which the definition, enactment and experience of wellbeing changes over time. Moreover, it is widely accepted that critical realism encourages both qualitative and quantitative data collection (Hastings, 2021) and some quantitative data may have also offered some useful insights. For instance, industry statistics such as those found in the CIPD (2022a) report may have helped to highlight how perceptions of wellbeing and the enactment of wellbeing have changed over time.

Another limitation concerns the large range of theories that have been used to provide a rich explanation. Wellbeing as a topic is rich and complex (Peccei & Van De Voorde, 2019), thus, as Peccei and Van De Voorde suggest, it is not realistic to suggest that just one theory or just a few theories can offer a justifiable explanation. Thus, I had to learn about a significant range of theories and use my knowledge of these theories in the abduction and retroduction stages (Danermark et al., 2005). Thus, it is possible that I am not aware of an existing theory that could have more explanatory power than the theories that were indeed selected. Furthermore, I selected and de-selected theories based on my own reasoning. Therefore, it is important to be transparent about a particular theory that was considered, but eventually dismissed.

I de-selected framing theory in preference for institutional logics (Purdy et al., 2019) and morphogenesis theory (Archer, 1995). Framing theory was considered because it is argued that logics are largely top down and framing theory offers a bottom-up approach (Purdy et al., 2019). However other scholars dismiss this conclusion (Thornton et al., 2012; Lewis et al., 2019) and suggest that logics operate through top down and bottom-up processes. In the present research, I sought to highlight how there is an interplay between individual level reasoning and more macro level (or contextual) factors such as the demands of society in general. Thus, within the conflict between strategic (business case) and community (caring) logics, there was an interplay between agents, structure and culture (Archer, 2003). Therefore, to keep the thesis focused, I decided it was not necessary to introduce the additional lens of framing theory.

From the data-analysis perspective, I decided not to conduct a discourse analysis in favour of reflexive thematic analysis. Hammersley (2014) argues that discourse analysis does not normally aim to capture experiences, and focuses more on the discursive practices that participants use. Therefore, as this research focused on experiences, discourse analysis was not selected. Furthermore, I felt that my findings would need to involve more than discourse, and this is another reason why I selected reflexive thematic analysis. However, Sims-schouten and Riley (2014) suggest that a critical realist form of discourse analysis would involve an analysis of the context that the participants speak about. This combination of discourse analysis with morphogenesis theory and framing theory is a potential avenue for future research that is interested in investigating how frames concerning wellbeing change over time in interaction with structures and context (Reinecke & Annsari, 2020).

A final limitation concerns the demographic survey. The demographic survey was optional, and unfortunately many participants decided not to complete it (32 participants completed the survey, meaning that 34 participants did not complete it). Therefore, there is limited data concerning the age and gender of participants. On the one hand, this is positive because participants had a high level of anonymity. Conversely, it was not possible to analyse any potential differences between gender or age. This limitation means that nuanced experiences of wellbeing could have been missed, such as gendered experiences, or differences related to age and length of experience at work. This is therefore a potential area for future research.

11.4 Implications for practice and research.

11.4.1 Implications for practice

The research findings have several implications for organisations and wellbeing practitioners. First, the research findings clearly demonstrate that wellbeing is a contextually embedded transient phenomenon. This means that organisations and practitioners may need to be consistently aware of the extent to which multiple crises may be impacting wellbeing and the perception of what to do for wellbeing. Organisations and practitioners may also need to consistently scan the external environment (Romeo et al., 2020) and aim to be aware of changing events and trends that relate to employee wellbeing. Organisations and practitioners may wish to utilise the context theme map as a tool to support the identification of different contextual factors.

There is some variation in the way that wellbeing is defined, with some participants focusing on defining wellbeing as mental and physical health and others recognising the more multi-dimensional nature of wellbeing. The definition of wellbeing is also influenced by personal experiences, societal influences and employer influences. Organisations and practitioners may

therefore wish to further communicate the multi-dimensional nature of wellbeing and draw upon evidence across the three influences. Related to this, is the finding concerning an absence of eudemonic or strengths perspective in organisations. Wellbeing in organisations does not just need to focus on alleviating distress or preventing mental and physical health problems (Seligman & Csikszentmihalyi, 2000). Wellbeing also has a more positive angle which includes developing aspects such as meaning, strengths and 'optimal human functioning' (Seligman & Csikszentmihalyi, 2000). Thus, people may find wellbeing initiatives more interesting if the initiatives are designed to build upon the positive (such as participatory job design or strengths) in addition to remediating negative states such as stress and burnout.

Many participants have suggested that what really matters for wellbeing are open and inclusive cultures and supportive relationships (which can exist between employees and line managers or leaders). Furthermore, most participants suggested that everyone has different wellbeing needs and therefore an overarching organisational strategy could have elements that can be tailored to meet individual needs. Thus, organisations and practitioners are encouraged to develop holistic wellbeing strategies that adopt an integrated IGLOO approach (De Angelis et al., 2020). This means that the elements in each of the levels (such as the organisational levels) support the success of the elements in other levels, such as individual. Individuals could then have the autonomy to tailor the whole organisational strategy to meet their individual needs and preferences.

The present research concluded that there is some scepticism and cynicism regarding wellbeing initiatives, and this is fuelled by a conflict between strategic (business case) and community (caring logics). Therefore, organisations and practitioners are encouraged to examine the extent to which they are taking authentic 'right' action (as defined in chapter nine in this thesis) because leaders of organisations hold the power to introduce wellbeing policies for their own agendas. If organisations and practitioners are indeed taking authentic 'right' action, then it is important to communicate this frequently and clearly whilst building psychological safety climates (Newman et al., 2017). This recommendation relates to the second absence identified in section 7.3.3.2, which found that leaders and practitioners are not aware of the need to understand the danger of focussing too much on the business case for wellbeing initiatives in communications.

The present research also concluded that seeking an alignment in perspectives is important for the success of wellbeing strategy and initiatives. Therefore, the PAP model and theory is a tool that can support practitioners as they aim to achieve alignment (as much as this is possible). The context theme map, the IGLOO framework (De Angelis et al., 2020) and the PAP model (with the inclusion of authentic 'right' action) are three tools that, when combined, offer a powerful toolkit for

the conceptualisation of a contextually embedded, multi-level, evolving wellbeing strategy, that takes the alignment of perception into account. Importantly, all three tools invite an understanding of the impact of time, because context, needs, and perceptions all change over time, which means that the elements of a wellbeing strategy must evolve over time too.

In chapter ten, the (Discover, learn, align) – erase – repeat process, has theoretical and practical implications. At the erase stage, practitioners could try to be very reflexive and really question what they think they know and have learned. Practitioners could consider the extent to which they have really taken authentic ‘right’ action – and whether this was largely through demi, or meta reality. Each iteration of this process essentially involves going back to the essence of what wellbeing is, and the consideration of what the organisation really would do without constraints for the benefit of their people. Thus, practitioners have a role in taking in all of this awareness and the awareness of paradox, and then erasing it by going back to genuine authentic ‘right’ action.

11.4.2 Future research directions

Future research could seek to further understand the dynamics of wellbeing strategy as a whole, moving past the analysis of specific interventions. For instance, how do organisations balance ‘being’ (or existence) and ‘provision’ and what impact does this have on the employee experience of wellbeing strategy? How do organisations develop effective overarching wellbeing strategies that can be tailored to meet individual needs? Moreover, is there any evidence to suggest that there are some crucial components for wellbeing strategy such as inclusivity or leadership development? The role of crisis has been a significant feature within the present research; however, future research could explore how organisations might develop an agile wellbeing strategy (Romeo et al., 2020) that has an element of crisis preparedness. Organisations had to adapt quickly when Covid-19 hit (Nayani et al., 2022), therefore, how can organisations develop an agile wellbeing strategy that responds effectively to crisis? Moreover, what is the impact of crises that occur at different levels of analysis, e.g., global events (such as Covid-19), national or regional crises, organisational crises and individual personal crises? Can critical realism be utilised to investigate the impact of multi-level crises on wellbeing and the wellbeing strategy? Future research could also focus on a nuanced gendered perspective of wellbeing strategy.

Future research could also focus on multi-stakeholder relationships (Barney & Harrison, 2020) and the extent to which organisations conform to or resist external pressures. Are organisations resisting the pressure to demonstrate their wellbeing provision? Moreover, how transient are the contextual factors that shape stakeholder demands and pressures? Future research may wish to further investigate the extent to which leaders and practitioners navigate the

conflict between strategic and community logics (Lewis et al., 2019). For instance, to what extent do practitioners agree that the conflict between strategic and community logics fuels scepticism and cynicism? Do practitioners have strategies for circumventing the consequences of the conflict between logics? What communication strategies work in terms of resolving these logics and building trustworthiness, and does 'authentic 'right' action' and the PAP model have a role to play? What is the explicit employee perception of these communication strategies and what works to resolve the conflict between these logics? When conflicting logics create paradoxes, does this lead to cynicism (Cunha et al., 2019)?

Future research could investigate the usefulness of the PAP model. For instance, does psychological safety (Newman et al., 2017) support the climate required for feedback and, if so, does this feedback support the areas of alignment outlined in the PAP model?

As outlined in section 10.7, research could investigate authentic 'right' action as a new construct and the role of peak agency. Future research could examine the extent to which individuals are able to identify what authentic 'right' actions are and the ways in which they are thwarted. Qualitative studies concerning the lived experience of authentic 'right' action may be very insightful. This could include research concerning the dark side of authentic 'right' action, which may involve actions taken for selfish reasons or a culture of enforced authentic 'right' action. This may include the identification of parasitic mechanisms that contribute to the (potentially) maladaptive practice of enforcing authentic 'right' action. The construct of authentic 'right' action could inform research regarding actions taken for self-preservation, or organisational preservation, where actors acted in a way they thought was right due to the wider implications of not acting to preserve the self or the organisation. Finally, a research agenda for the identification of parasitic mechanisms in demi-reality could be launched. These potential research questions also invite interdisciplinary research because many of the elements within them require expertise that is currently developed within a range of disciplines (Bhaskar et al., 2018).

11.5 Conclusion

In answering the overall research question 'how can critical realism be utilised to explain how wellbeing is defined enacted, and experienced in organisations?' I suggest that by using the lens of critical realism, the research has been able to highlight that the definition and enactment of wellbeing is multi-dimensional and multi-level and is influenced by a range of structural, institutional and agential mechanisms (such as perception). Findings point to the notion that wellbeing is transient and contextually embedded. Through critical realism, I have been able to situate what I have learned about the experience of wellbeing in existing literature. I have also been able to make

inferences regarding mechanisms such as the need for legitimacy (Suchman, 1995). Moreover, through Bhaskar's philosophy of meta-reality (Bhaskar, 2012a, 2012b), and Archer's morphogenesis theory (Archer, 1995), the research contributes an explanation regarding why good intentions towards wellbeing are often thwarted or become less than what they could be. Therefore, the five tenets of wellbeing strategy, the understanding of contradiction, paradox, parasitic mechanisms, and the (Discover, learn, align) – erase – repeat process contribute a new discourse for understanding wellbeing strategy as a whole phenomenon.

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Appendices

Appendix A Detailed Study Information Sheet

Participant Information Sheet

Study title:

How is wellbeing defined, implemented, performed, and experienced in the workplace and why is this the case?

What is the purpose of the study?

The purpose of this study is to understand how 'wellbeing' and the 'wellbeing intervention' is being defined, implemented, performed, and experienced in your organisation. We are interested in how wellbeing is defined and understood by management, practitioners (e.g., human resource or occupational health professionals) and individual employees. We will analyse whether these understandings align and how these understandings impact the implementation, performance, and experience of wellbeing interventions.

What will happen if I take part?

This is a case study project, which means that we are interested in talking to you (via a semi-structured interview) about your experiences of implementing and taking part in wellbeing interventions in your organisation. We are also interested in reading any documents that may relate to wellbeing interventions (e.g., program advertisements, implementation processes and intervention documents). We would also like to read any policy documents that relate to employee wellbeing. Finally, we would like to observe meetings that include any reference to wellbeing, and we would like to observe any interventions that are playing out, if that is possible.

What are the possible benefits of taking part?

At the organisational level, this research will help you to strategically evaluate decisions regarding your wellbeing provision. Your organisation will benefit from a report and /or presentation of the findings, which will include suggestions on how you could improve your wellbeing provision in a positive, strategic, and meaningful way.

At the practitioner level, this research will support practitioners to reflect on key assumptions, rules, and beliefs that inform the vital decisions they take regarding the adoption and implementation of wellbeing interventions. Therefore, it may help practitioners to choose more suitable programs and carry out efficient implementation processes. This research may also support wellbeing policy development.

At the individual employee level, this research will benefit employees by offering the opportunity to anonymously express views regarding your workplace wellbeing provision. This will help employees to reflect on what wellbeing means to them and how particular interventions may or may not be appropriate.

Academically, this research will contribute to knowledge by addressing some fundamental questions regarding what people think wellbeing is and how wellbeing interventions are experienced in the workplace.

Why have I been invited to participate?

You have been invited to participate because you are involved in wellbeing interventions in your workplace. This may mean that you plan, design, and implement interventions, or you have recently taken part in wellbeing interventions or initiatives.

Do I have to take part?

It is up to you to decide if you would like to take part. If you do decide to take part, you will be asked to sign and keep the consent form and use your unique identifier code in further communication. You are still free to withdraw at any time and without providing a reason. Unfortunately, it is not possible to take part in the study if you are currently experiencing chronic health or mental health conditions or if you are on long term sick leave. Unfortunately, if you have significant difficulty in speaking English, it will also not be possible for you to take part.

Confidentiality and Data Protection

The University takes its obligations under data and privacy law seriously and complies with its Data Protection Policies and Procedures, its Record Management Policy and Procedures and the University's Information Security Policy. Moreover, all data generated by the research study will be retained in accordance with the University's policy on Academic Integrity. The University will also ensure that the data that is collected as part of the research study will be kept confidential and will only be used for the purposes of the research study.

For the purposes of the research study, the data that will be obtained will be pseudonymised. This means that the personal data you provide will be replaced with a pseudonym i.e., a value of a code which does not allow your data to be directly identified. The University, in accordance with data and privacy law, will ensure that the personal data provided is stored separately to the pseudonymised data. In accordance with its Information Security Policy, we will ensure that appropriate measures are adopted to ensure data is stored securely. Data will be stored in Aston University's Box storage system.

The University will comply with its obligations under data and privacy laws and ensure that relevant consents are obtained and that it stores personal data in accordance with its policies and procedures.

What should I do if I want to take part?

If you would like to take part, please contact Laura Byrne, Aston Business School, via 200025322@aston.ac.uk. You will be asked to sign a consent form before the interview can begin. You may have already arranged your one-to-one interview with Laura.

What will happen to the results of the research study?

The results will be analysed and used for the primary purpose of completing a PhD thesis. The results will also be used to write a journal article(s) and will be submitted for publication in leading journals. Academic papers will be written and published in the public domain for research and educational purposes. Participating organisations or individuals will not be identifiable and will remain anonymous within these publications, unless otherwise agreed in writing.

Who is organising and funding the research?

Laura Byrne is conducting the research as a PhD candidate at Aston University Business School, under the supervision of Dr Jonathan Crawshaw, Professor Pawan Budhwar, Dr Judy Scully, and Dr Luke Fletcher (who is an external supervisor at the University of Bath). Aston University is funding the PhD project through the Dean's Scholarship.

Who has reviewed the study?

The research has been approved by the University Research Ethics Committee, Aston University.

Contact for Further Information

Project Lead: Laura Byrne (PhD Candidate) 200025322@aston.ac.uk

Who else is taking part in the research?

Dr Jonathan Crawshaw (Aston University, Aston Business School) j.r.crawshaw2@aston.ac.uk

Dr Pawan Budhwar (Aston University, Aston Business School) p.s.budhwar@aston.ac.uk

Dr Judy Scully (Aston University, Aston Business School) j.w.scully@aston.ac.uk

Dr Luke Fletcher (University of Bath School of Management) lf645@bath.ac.uk

If you have any concerns about the way in which the study has been conducted, you can contact the Secretary of the Aston Business School Research Ethics Committee on: s.ahmed108@aston.ac.uk or abs_aarm@aston.ac.uk.

Thank you for taking time to read this information sheet.

Date: July, 2022.

Appendix or link: *Aston University takes its obligations under data and privacy law seriously and complies with the General Data Protection Regulation (“GDPR”) and the Data Protection Act 2018 (“DPA”). Aston University is the sponsor for this study based in the United Kingdom. We will be using information from you in order to undertake this study. Aston University will process your personal data in order to register you as a participant and to manage your participation in the study. It will process your personal data on the grounds that it is necessary for the performance of a task carried out in the public interest (GDPR Article 6(1)(e)). Aston University may process special categories of data about you which includes details about your health. Aston University will process this data on the grounds that it is necessary for statistical or research purposes (GDPR Article 9(2)(j)). Aston University will keep identifiable information about you for 6 years after the study has finished. Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, you have the right to withdraw your data. To safeguard your rights, we will use the minimum personally identifiable information possible.*

You can find out more about how we use your information at www.aston.ac.uk/dataprotection or by contacting our Data Protection Officer at dp_officer@aston.ac.uk.

If you wish to raise a complaint on how we have handled your personal data, you can contact our Data Protection Officer who will investigate the matter. If you are not satisfied with our response or believe we are processing your personal data in a way that is not lawful you can complain to the Information Commissioner’s Office (ICO).

Participant Information Sheet

Study title:

How is wellbeing defined, implemented, performed, and experienced in the workplace and why is this the case?

What is the purpose of the study?

The purpose of this study is to understand how 'wellbeing' and the 'wellbeing intervention' is being defined, implemented, performed, and experienced within the workplace. We are interested in how wellbeing is defined and understood by management, practitioners (e.g., intervention developers, human resource, or occupational health professionals) and individual employees. We will analyse whether these understandings align and how these understandings impact the implementation, performance, and experience of wellbeing interventions.

What will happen if I take part?

This a multiple case study project, which means that we are interested in talking to you (via a semi structured interview) about your experiences of developing, implementing and / or enacting wellbeing initiatives / interventions in organisations. We are also interested in reading any documents that you may have that relate to wellbeing interventions (e.g., program advertisements and intervention documents) if this is possible.

What are the possible benefits of taking part?

At the practitioner level, this research will support you to reflect on key assumptions, rules, and beliefs that inform the vital decisions you take regarding the adoption, development, and implementation of wellbeing interventions. Therefore, the study could help to inform the work that you do in a variety of ways. The data obtained is aggregated into themes, and we will send you of a copy of a report based on this research if you would like to see a final report. Academically, this research will contribute to knowledge by addressing some fundamental questions regarding what people think wellbeing is and how wellbeing interventions are experienced in the workplace.

Why have I been invited to participate?

You have been invited to participate because you are a practitioner involved in developing, implementing and / or enacting wellbeing interventions in the workplace.

Do I have to take part?

It is up to you to decide if you would like to take part. If you do decide to take part, you will be asked to sign and keep the consent form and use your unique identifier code in further communication. You are still free to withdraw at any time and without providing a reason. Unfortunately, it is not possible to take part in the study if you are currently experiencing chronic health or mental health conditions or if you are on long term sick leave. Unfortunately, if you have significant difficulty in speaking English, it will also not be possible for you to take part.

What will happen to the results of the research study?

The results will be analysed and used for the primary purpose of completing a PhD thesis. The results will also be used to write a journal article(s) and will be submitted for publication in leading journals. Academic papers will be written and published in the public domain for research and educational purposes. Participating organisations or individuals will not be identifiable and will remain anonymous within these publications, unless otherwise agreed in writing.

Who is organising and funding the research?

Laura Byrne is conducting the research as a PhD candidate at Aston University Business School, under the supervision of Dr Jonathan Crawshaw, Professor Pawan Budhwar, Dr Judy Scully, and Dr Luke Fletcher (who is an external supervisor at the University of Bath). Aston University is funding the PhD project through the Dean's Scholarship.

Who has reviewed the study?

The research has been approved by the University Research Ethics Committee, Aston University.

What should I do if I want to take part?

If you would like to take part, please contact Laura Byrne, Aston Business School, via 200025322@aston.ac.uk. You will be asked to sign a consent form before the interview can begin. You may have already arranged your one-to-one interview with Laura.

Confidentiality and Data Protection

The University takes its obligations under data and privacy law seriously and complies with its Data Protection Policies and Procedures, its Record Management Policy and Procedures and the University's Information Security Policy. Moreover, all data generated by the research study will be retained in accordance with the University's policy on Academic Integrity. The University will also ensure that the data that is collected as part of the research study will be kept confidential and will only be used for the purposes of the research study.

For the purposes of the research study, the data that will be obtained will be pseudonymised. This means that the personal data you provide will be replaced with a pseudonym i.e., a value of a code which does not allow your data to be directly identified. The University, in accordance with data and privacy law, will ensure that the personal data provided is stored separately to the pseudonymised data. In accordance with its Information Security Policy, we will ensure that appropriate measures are adopted to ensure data is stored securely. Data will be stored in Aston University's Box storage system.

The University will comply with its obligations under data and privacy laws and ensure that relevant consents are obtained and that it stores personal data in accordance with its policies and procedures.

Who else is taking part in the research?

Dr Jonathan Crawshaw (Aston University, Aston Business School) j.r.crawshaw2@aston.ac.uk

Professor Pawan Budhwar (Aston University, Aston Business School) p.s.budhwar@aston.ac.uk

Dr Judy Scully (Aston University, Aston Business School) j.w.scully@aston.ac.uk

Dr Luke Fletcher (University of Bath School of Management) lf645@bath.ac.uk

If you have any concerns about the way in which the study has been conducted, you can contact the Secretary of the Aston Business School Research Ethics Committee on: s.ahmed108@aston.ac.uk or abs_aarm@aston.ac.uk.

Thank you for taking time to read this information sheet.

Date: January, 2022.

Contact for Further Information

Project Lead: Laura Byrne (PhD Candidate) 200025322@aston.ac.uk

Appendix or link: *Aston University takes its obligations under data and privacy law seriously and complies with the General Data Protection Regulation ("GDPR") and the Data Protection Act 2018 ("DPA"). Aston University is the sponsor for this study based in the United Kingdom. We will be using information from you in order to undertake this study. Aston University will process your personal data in order to register you as a participant and to manage your participation in the study. It will process your personal data on the grounds that it is necessary for the performance of a task carried out in the public interest (GDPR Article 6(1)(e)). Aston University may process special categories of*

data about you which includes details about your health. Aston University will process this data on the grounds that it is necessary for statistical or research purposes (GDPR Article 9(2)(j)). Aston University will keep identifiable information about you for 6 years after the study has finished.

Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, you have the right to withdraw your data. To safeguard your rights, we will use the minimum personally identifiable information possible.

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An exciting opportunity for you to take part in a study about employee wellbeing!

Dear Colleagues,

Researchers at Aston University are looking for volunteers to take part in a study.

Purpose and Objectives

The purpose of this study is to understand how 'wellbeing' and the 'wellbeing initiative' is being defined, implemented, performed, and experienced in our organisation. The researchers are interested in your perception of wellbeing and what it should look like in the workplace. The aggregated findings from the study will be used to develop our employee wellbeing strategy.

What will happen if I take part?

This a case study project, which means you are invited to talk to a researcher about your experiences of wellbeing at our organisation through a 1-hour semi-structured interview. You may ask for your interview to take place online or face-to-face if this is possible. This is an opportunity for you to discuss what wellbeing means to you and what you think it should look like in the workplace.

Do I have to take part?

It is up to you to decide if you would like to take part. If you do decide to take part, you will be given a detailed information sheet and asked to sign and keep a consent form. If you do decide to take part, you are still free to withdraw at any time and without giving a reason.

What about confidentiality and anonymity?

This research is being conducted independently of our organisation. Your data will only be accessible to the researchers at Aston University and will be aggregated and altered so that individuals cannot be identified. The data will be used for research and educational purposes only. Any publication or dissemination of the study's findings will not identify individual participants nor the specific details of the organisation.

I have a question and / or how do I sign up?

If you have any questions and / or would like to learn more, please book a 10-15-minute telephone call or Teams/Zoom meeting with Laura Byrne through this link:
<https://calendly.com/byrnelaura1/15-minute-study-introduction>

If you wish to skip the introductory meeting and simply book your interview, you may do so via this link: <https://calendly.com/byrnelaura1/60-minute-interview>

When you book your interview, Laura will still get in touch with you to provide you with a study information sheet and consent form.

You may also contact Laura Byrne directly via 200025322@aston.ac.uk

An exciting opportunity for you to take part in a study of our wellbeing provision!

Dear Colleagues,

Researchers at Aston University are looking for volunteers to take part in a study concerning employee wellbeing. The lead researcher of this study is Laura Byrne (a PhD Candidate at Aston University Business School).

Purpose and Objectives

The purpose of the study is to understand how 'wellbeing' and the 'wellbeing initiative' is being defined, implemented, and experienced in our organisation. Laura is interested in how wellbeing is defined and understood by management, practitioners (e.g., human resource professionals) and individual employees. The aggregated findings from the study will be used to further develop our employee wellbeing strategy. *Participation is completely voluntary.*

Scan the QR code to see a short video of Laura introducing the study!



This is a fantastic opportunity for you to contribute (anonymously) to research regarding what employee wellbeing means to you and what you think it should look like in the workplace.

Thank you.

Appendix E Demographic Survey

Thank you very much for agreeing to take part in an interview and / or focus group. To save some time at the beginning of the interview, please could you provide me with some demographic information. All questions are optional; however, we would be very grateful if you could complete as many questions as possible. This information will be used and aggregated during the data analysis stage of the research project. The information you provide is strictly confidential. If you have any questions about this survey, please contact Laura Byrne 200025322@aston.ac.uk.

Please provide your Participant ID here:

What is your age?

- 18 - 24 years old
- 25 - 34 years old
- 35 - 44 years old
- 45 - 54 years old
- 55 - 64 years old
- 65 - 74 years old
- 75 years or older

What is your gender?

- Female
- Male
- Non-binary
- Other

If other, please provide details:

What pronouns do you use? E.g., he/him, she/her, or they/them.

What is your current role?

Please provide details:

What is your previous role(s)?
Please provide details:

How long have you worked at this organisation?

- 1 – 5 years
 - 6 – 10 years
 - 11 – 15 years
 - 16 – 20 years
 - 21 – 25 years
 - 26 – 30 years
 - 31 – 35 years
 - 36 + years
-

What ethnic group do you belong to?

Do you have a disability?
Please provide details:

Thank you for completing this survey. Your data is confidential and will be protected according to GDPR regulations and the regulations of the Aston University.

Project title:

Understanding how wellbeing is defined, implemented, performed, and experienced in the workplace.

Thank you for taking part in this study. This research sought to find out how and why wellbeing interventions are defined, implemented, performed, and experienced in your organisation. It was important for us to interview and observe as many members of your organisation as possible, including management, practitioners, and employees.

The data you have provided is pseudonymised and cannot be traced back to your organisation or individual identity. All data will be further protected and anonymised whilst writing up and disseminating the study. Your data will not be available to anyone outside of the research team.

If you would like further information about the study or if you would like to know about the findings, please contact me on 200025322@aston.ac.uk. I will be able to provide you with further information once all data has been collected and analysed.

If taking part in this study has raised any specific concerns about your mental health and wellbeing, or if it has roused uncomfortable emotions, thoughts or memories for you and you would like some further support, you may wish to contact one of the following supportive organisations:

<https://www.mind.org.uk/>

www.samaritans.org

<https://giveusashout.org/>

Additionally, you may wish to make an appointment to talk with your GP.

Your involvement in this research is greatly appreciated. I would very much like to thank you for the meaningful contribution you have made to research and knowledge regarding wellbeing interventions in the workplace. Moreover, I really hope that your participation has been enjoyable and benefitted you in many ways.

Warm regards,

Laura Byrne

Management interviews

Introduction

- Introduce myself as a PGR at Aston University
- Introduce the aims of the study: to understand how wellbeing and the wellbeing intervention / strategy is defined, implemented, enacted, and experienced in the workplace.
- Discuss expected length of interview – discussion – no right or wrong answers.
- Completely voluntary with a right to withdraw. Complete confidentiality.
- Ask to record the interview to ensure accuracy and rigour. Explain how the interview will be transcribed.
- Findings are aggregated and recorded through themes.
- All participants will learn about key findings from the study – if they wish.
 - ANY QUESTIONS?
 - START RECORDING – ASK PARTICIPANT TO CONFIRM FOR THE BENEFIT OF THE TAPE THAT THE STUDY HAS BEEN EXPLAINED IN FULL, INCLUDING CONFIDENTIALITY AND DATA PROTECTION AND THEY ARE HAPPY TO BE RECORDED.

Definition of wellbeing, from an individual and organisational perspective.

There is currently no consensus on the definition of wellbeing – so I am very interested in how you would define wellbeing – especially in the workplace.

- Can you explain what the word ‘wellbeing’ means to you? How would you define it?
- Can you think of any events or people inside or outside of the organisation that may have had an impact on your understanding or your company’s understanding of what should be done about employee wellbeing?
- In what ways does ‘wellbeing’ mean something to this organisation? How did you come to that explanation?
- How does workplace wellbeing align with the ethos of your organisation? Is it in the mission statement or is it built into policies? How long have you had a wellbeing policy? Did company values feed into the development of the wellbeing strategy? Has it been the other way around or has it been more of an interplay?

What led to the tipping point that caused the organisation to develop a wellbeing strategy?

- Can you tell me a story about what led to your company’s decision to look at employee wellbeing? Were there any tipping points or key motivations? Without naming any specific people, were there any key individuals or groups that pushed for change within the organisation?
- Who is involved in the decision to purchase any wellbeing packages? How are the decisions made? Did you purchase the programs based on any criteria? Did you look at other packages? What changes would you now make to any key decisions and why?

Reflections on the discourse that drives change surrounding wellbeing strategy.

- How often do you talk about wellbeing in board meetings? How do these conversations typically play out? Can you think of an example of when a discussion about wellbeing went well? Can you

give me an example of when a discussion did not go well? Who has most interest and who takes the most responsibility for these issues?

- Who has decision making rights within the board? Is there anything that the board considers to be problematic when it comes to organisational wellbeing programs? Have you ever been concerned about what a wellbeing strategy is achieving?
- Are you aware of what other organisations (that are like you) are doing for workplace wellbeing? What have you learnt from other organisations in terms of what to do / not what to do? Have you made any changes based on what you have learnt from other organisations?

Reflections on employee involvement.

- To what extent and in what ways do employees have a say on the design and implementation of your wellbeing provision – how does this happen?

Perceptions surrounding the success of a wellbeing strategy. Perceptions regarding successful implementation and enactment.

- Can you describe any recent events that signify the successful adoption or rejection of a new wellbeing strategy or intervention? How has the wellbeing strategy changed in your organisation over recent years?
- How do you analyse the extent to which employee wellbeing programs have had or could have a significant impact on the success of the organisation? Do you have any specific examples or stories about how a program has worked well and positively impacted the organisation or not worked so well? Are you thinking about making any changes?
- To what extent do you evaluate your health and wellbeing programs? How would you know if your health and wellbeing programs have been successful or not? E.g., internal staff surveys. Are there any types of indicators or criteria that you use to judge this success subjectively or objectively?

What are the dream components of a wellbeing strategy? What might be causing these assumptions?

- What would you say are the important components of a successful organisational level wellbeing program? Would you change or add any other component?
- If you could design an employee health and wellbeing program from scratch, what components / activities / strategies would you like to keep and are there new ideas that you would like to incorporate? Why do you think these are important?
- In what ways are your ideas different to what is currently offered? Can you think of any events, peers or people that may have influenced your ideas in the past and / or present? Can you think of any societal and / or organisational factors that may have or be influencing your ideas?
- Why do you think these structural / cultural factors have been successful in influencing you?

Reflections on the wider cultural picture and desired impact.

- Have any new rules, assumptions, or norms emerged or ceased to exist because of the implementation of your wellbeing strategy? Do you think any cultural values or beliefs relating to wellbeing have changed or have they stayed the same? How would you describe these new or existing assumptions about wellbeing / the wellbeing intervention?
- What do you want to achieve with your wellbeing policies and provision? How would you like it to impact the working lives of everyone within your organisation?

Final question:

- Is there anything that I have not asked you that I should have asked you?

Conclusion

- Thank the participant.
- Check if they have any further questions about the research.
- Reassure again about confidentiality.
- Check if they would like to be informed of the outcomes of the study.

Practitioner interviews

Introduction

- Introduce myself as a PGR at Aston University
- Introduce the aims of the study: to understand how wellbeing and the wellbeing intervention / strategy is defined, implemented, enacted, and experienced in the workplace.
- Discuss expected length of interview – discussion – no right or wrong answers.
- Completely voluntary with a right to withdraw. Complete confidentiality.
- Ask to record the interview to ensure accuracy and rigour. Explain how the interview will be transcribed.
- Findings are aggregated and recorded through themes.
- All participants will learn about key findings from the study – if they wish.
 - ANY QUESTIONS?
 - START RECORDING – ASK PARTICIPANT TO CONFIRM FOR THE BENEFIT OF THE TAPE THAT THE STUDY HAS BEEN EXPLAINED IN FULL, INCLUDING CONFIDENTIALITY AND DATA PROTECTION AND THEY ARE HAPPY TO BE RECORDED.

Practitioner employment status

Are you an employee of the organisation or do you have a different employee status? Are you sub-contracted just to do this work? Are you part of an intermediary firm? Do you offer wellbeing interventions to other organisations?

Definition of wellbeing, from an individual and organisational perspective.

There is currently no consensus on the definition of wellbeing – so I am very interested in how you would define wellbeing – especially in the workplace.

- Can you explain what the word ‘wellbeing’ means to you? How would you define it?
- Can you think of any events or people inside or outside of the organisation that may have had an impact on your understanding of what wellbeing is and what should be done about employee wellbeing?
- In what ways does ‘wellbeing’ mean something to this organisation? How did you come to that explanation?
- How does workplace wellbeing align with the ethos of your organisation? Is it in the mission statement or is it built into policies? How long have you had a wellbeing policy? Did company values feed into the development of the wellbeing strategy? Has it been the other way around or has it been more of an interplay?

What led to the tipping point that caused the organisation to develop a wellbeing strategy? Are initial key decisions still accepted?

- Can you tell me a story about what led to your company's decision to look at employee wellbeing? Were there any tipping points or key motivations? Without naming any specific people, were there any key individuals or groups that pushed for change within the organisation?
- Who is involved in the decision to purchase any wellbeing packages? How are the decisions made? Were programs purchased based on any criteria? Were other packages considered? What changes would you now make to any key initial decisions and why?

Reflections on the discourse that drives conversation and change surrounding wellbeing strategy.

- Are you aware of what other organisations (that are like you) are doing for workplace wellbeing? What have you learnt from other organisations in terms of what to do / not what to do? Have you made any changes based on what you have learnt from other organisations? What conversations within media / society may have influenced your thinking around wellbeing?

Reflections on whether organisations should be concerned with employee wellbeing.

- In what ways do you think organisations should be concerned with wellbeing interventions in the workplace? What is the scope of workplace wellbeing?

Reflections on policy development.

- Are you involved with the wellbeing policy in this organisation? If no, without naming specific people, who develops the wellbeing policy in this organisation? If yes, can you tell me a story about when and how the wellbeing policy was developed or selected? To what extent does the policy currently reflect what it means to improve employee wellbeing?

Reflections on employee involvement.

- How do you try to encourage and engage employees in the process of developing wellbeing policy / strategy?

Reflection on predominant wellbeing issues.

- What are the most common wellbeing issues that you come across? What are the outliers? Do you think wellbeing strategies and or interventions adequately address these common issues?

Perceptions surrounding the success of a current wellbeing strategy. Perceptions regarding successful implementation and enactment.

- Can you describe any recent events that signify the successful adoption or rejection of a new wellbeing strategy or intervention? How has the wellbeing strategy changed in your organisation over recent years?
- Can you provide me with an example of when an implementation strategy went well or not so well? What are the components of successful implementation? Are there any factors that may positively or negatively impact implementation?
- Are your interventions now mostly face to face or online, individual or group level?
- To what extent do you evaluate your health and wellbeing programs? How would you know if your health and wellbeing programs have been successful or not? E.g., internal staff surveys. Are

there any types of indicators or criteria that you use to judge this success subjectively or objectively?

- Is there anything you would change about existing workplace wellbeing initiatives? Do feel that you can put your views across about programs and make changes to how things are done?

What are the dream components of a wellbeing strategy? What might be causing these assumptions?

- What would you say are the important components of a successful organisational level wellbeing program? Would you change or add any other component?
- If you could design an employee health and wellbeing program from scratch, what components / activities / strategies would you like to keep and are there new ideas that you would like to incorporate? Why do you think these are important?
- In what ways are your ideas different to what is currently offered? Can you think of any events, peers or people that may have influenced your ideas in the past and / or present? Can you think of any societal and / or organisational factors that may have or be influencing your ideas?
- Why do you think these structural / cultural factors have been successful in influencing you?

Reflections on the wider cultural picture and desired impact.

- Have any new rules, assumptions, or norms emerged or ceased to exist because of the implementation of your wellbeing strategy? Do you think any cultural values or beliefs relating to wellbeing have changed or have they stayed the same? How would you describe these new or existing assumptions about wellbeing / the wellbeing intervention?
- What do you want to achieve with your wellbeing policies and provision? How would you like it to impact the working lives of everyone within your organisation?

Final question:

- Is there anything that I have not asked you that I should have asked you?

Conclusion

- Thank the participant.
- Check if they have any further questions about the research.
- Reassure again about confidentiality.
- Check if they would like to be informed of the outcomes of the study.

Employee interviews

Introduction

Introduce myself as a PGR at Aston University

- Introduce the aims of the study: to understand how wellbeing and the wellbeing intervention / strategy is defined, implemented, enacted, and experienced in the workplace.
- Discuss expected length of interview – discussion – no right or wrong answers.
- Completely voluntary with a right to withdraw. Complete confidentiality.
- Ask to record the interview to ensure accuracy and rigour. Explain how the interview will be transcribed.
- Findings are aggregated and recorded through themes.
- All participants will learn about key findings from the study – if they wish.

- ANY QUESTIONS?
- START RECORDING – ASK PARTICIPANT TO CONFIRM FOR THE BENEFIT OF THE TAPE THAT THE STUDY HAS BEEN EXPLAINED IN FULL, INCLUDING CONFIDENTIALITY AND DATA PROTECTION AND THEY ARE HAPPY TO BE RECORDED.

Definition of wellbeing, from an individual and organisational perspective.

There is currently no consensus on the definition of wellbeing – so I am very interested in how you would define wellbeing – especially in the workplace.

- Can you explain what the word ‘wellbeing’ means to you? How would you define it?
- In what ways does ‘wellbeing’ mean something to this organisation? How did you come to that explanation?

Reflections on the discourse that drives conversation and change surrounding wellbeing strategy.

- Can you think of any events or people inside or outside of the organisation that may have had an impact on your understanding of what wellbeing is and what should be done about employee wellbeing?
- What conversations within media / society may have influenced your thinking around wellbeing?

Reflections on whether organisations should be concerned with employee wellbeing.

- In what ways do you think organisations should be concerned with wellbeing interventions in the workplace? What is the scope of workplace wellbeing?

What led to the tipping point that caused the organisation to develop a wellbeing strategy?

- Can you tell me a story about what led to your company’s decision to look at employee wellbeing? Were there any tipping points or key motivations? Without naming any specific people, were there any key individuals or groups that pushed for change within the organisation?

Are employees aware of any policies relating to wellbeing?

- To what extent have you been informed about the wellbeing policy within your organisation? Can you provide examples of how you were informed?

Reflection on predominant wellbeing issues.

- What do you think are the most common wellbeing issues in your organisation?

Perceptions surrounding the success of a current wellbeing strategy. Perceptions regarding successful implementation and enactment.

- When did you last take part in an organisational wellbeing intervention / initiative – and how did you find it? What tangible facilities do you have e.g., gyms etc... Do you use them on a regular basis?
- Can you describe any recent events that signify the successful adoption or rejection of a new wellbeing strategy or intervention? How has the wellbeing strategy changed in your organisation over recent years?

- Do you believe organisational wellbeing interventions achieve what they intend to achieve? What causes them to be successful / unsuccessful? Can you provide examples of when implementation and delivery went well or not so well?
- Do you evaluate and provide feedback on the interventions that you have used / taken part in? How is this collected? Is the feedback aggregated and shared with you? Do you know of any examples or specific incidents when individual or collective feedback changed the wellbeing provision, implementation, or policy?
- Is there anything you would change about existing workplace wellbeing initiatives? Do feel that you can put your views across about programs and make changes to how things are done? Do you feel that you can approach practitioners about your wellbeing or the wellbeing initiatives in general? Would you prefer to approach HR or practitioners?

Perceptions on the requirement to take part and the ability to tailor interventions.

- To what extent have you ever felt in a way obligated or mandated to take part in an intervention? How did you find this experience?
- To what extent have you ever felt that you are wasting time on interventions? What do you do about this?
- To what extent do you feel that you have been able to tailor existing interventions to meet your specific needs? How do you think this could be done better?

What are the dream components of a wellbeing strategy? What might be causing these assumptions?

- What would you say are the important components of a successful organisational level wellbeing program? Would you change or add any other component? Do you have any specific examples or what was good or what was not so good?
- If you could design an employee health and wellbeing program from scratch, what components / activities / strategies would you like to keep and are there new ideas that you would like to incorporate? Why do you think these are important?
- In what ways are your ideas different to what is currently offered? Can you think of any events, peers or people that may have influenced your ideas in the past and / or present? Can you think of any societal and / or organisational factors that may have or be influencing your ideas?
- Why do you think these structural / cultural factors have been successful in influencing you?

Reflections on the wider cultural picture and desired impact.

- Have any new assumptions, or norms emerged or ceased to exist because of the implementation of your wellbeing strategy? Do you think any cultural values or beliefs relating to wellbeing have changed or have they stayed the same? How would you describe these new or existing assumptions about wellbeing / the wellbeing intervention?

Final question:

- Is there anything that I have not asked you that I should have asked you?

Conclusion

- Thank the participant.
- Check if they have any further questions about the research.
- Reassure again about confidentiality.
- Check if they would like to be informed of the outcomes of the study.

Example memo, written during a light bulb moment when linking the happy productive worker thesis with a happy safe worker thesis.

It is counter-intuitive, but the happy safe thesis is hindering (organisation name) success in wellbeing strategy. This may cause some severe cognitive dissonance amongst leaders. The reason why it is hindering is because it jars with the logics of wellbeing - that it should be done because you genuinely and authentically care, and the business case is a by-product of that. Wellbeing has to be about more than safety.

The happy safe worker thesis is perhaps the "holy grail" of safety critical industries such as (organisation name), just as the happy productive worker thesis is the holy grail of other industries (Weiss and Cropanzano, 1996) Also see Zelenskie et al (2008)

The pressure on the organisation to address suicide and safety, means that a focus on deficit model is perhaps inevitable. This weighs heavily on the minds of the executives of the company and thus there is an intense focus on preventing and responding to tragedy. There is only room to focus on the dark side of wellbeing.

Appendix I Screenshots of coding

Screenshots of coding:

Name	Files	References
Covid induced change	5	5
Covid caused enhanced focus on wellbeing	5	6
Covid helped employees with workload and stress	1	1
Covid worsened wellbeing	4	5
Covid caused re-evaluation	2	2
Covid has moved wellbeing initiatives online	1	1
Covid caused all generations to expect greater wellbeing at work	1	1
The move to flexible and hybrid working has improved wellbeing	2	4
Covid has prevented in person initiatives	1	1
Covid causing flexible working applications	1	1
Move to flexible working	5	6
cost of living crisis	3	3
Assumed mental and physical health crisis	1	1
Global crises cause poor wellbeing regardless of how great the company is	1	1
Recruitment and retention crisis	2	3
Contextual conditions	0	0
Society	0	0
Interplay between society, media and business	7	9
social media means you can go from good egg to bad egg very quickly	1	1
It is no longer enough to just produce the annual CSR report	1	1
People more likely to make a stand against poor CSR on social media	1	1
Business tends to follow trends	1	1
Companies that are slow to react will not attract talent	1	1
Social media means bad PR can spread quickly	1	1

Name	Files	References
Intentions	0	0
Why the org does wellbeing	0	0
Genuinely care	8	10
Employee retention	5	5
Meeting societal expectations	4	4
Recruitment and talent attraction	4	5
Staff as assets best shape possible	3	3
To align with new demands and expectations	2	3
productivity will improve	2	2
retention	2	2
Aiming to be a high performing company	2	3
To support people to do their best work	1	1
gives people appetite to achieve more	1	1
Genuine desire to be empathetic	1	1
Intrinsic business and individual growth	1	1
Public image	1	1
It is a win win	1	2
reduce absences	1	1
Emotional - want employees to feel happy and valued	1	1
To build team relations	1	1
orgs want to be more considerate	1	1
To support a person so that they will perform better	1	1
To offer fulfillment and achievement	1	1
To support people through crises	1	1
Pressures as a result of Covid	1	1

Screenshots of producing the thematic framework stage:

The screenshot shows the NVivo 12 Plus interface. The left sidebar displays a hierarchical tree view of nodes. The 'Context mechanisms' node is selected. The main window shows a list of sub-nodes under 'Context mechanisms' with columns for 'Name', 'Files', and 'References'.

Name	Files	References
Contextual Conditions	0	0
negative personal experiences shaped understanding of wellbeing	15	39
Lack of support in the past	5	18
Bad past experiences of mental health	2	2
Bad experience in previous orgs	3	3
People want to do better - fix past wrongs	4	5
Experience of bad wellbeing implementation	5	11
Culture, leadership and response to external events inextricably linked	13	52
Adapting external demands to internal context	3	4
Leadership promotion of wellbeing has increased	9	16
Culture has become tied to wellbeing	10	32
There are mounting pressure factors in society	17	117
New demands on business regarding wellbeing strategy from multiple stakeholders	10	28
There is a societal focus on wellbeing	16	83
Other businesses promoting wellbeing leading to external pressure to act	4	6
Global events are impacting understanding and enactment of wellbeing	19	57
Covid induced changes	16	52
Cost of living crisis	3	3
Recruitment difficulties and employee market	1	1
War in Ukraine	1	1

The screenshot shows the NVivo 12 Plus interface. The left sidebar displays a hierarchical tree view of nodes. The 'How wellbeing should be enacted' node is selected. The main window shows a list of sub-nodes under 'How wellbeing should be enacted' with columns for 'Name', 'Files', and 'References'.

Name	Files	References
How will wellbeing evolve	5	13
MAIN THEMES	0	0
Focus on wellbeing fundamentals such as culture leadership and autonomy	14	130
Culture, job design and leadership	14	113
Culture, trust and job design	13	38
Authentic, caring, empathetic leadership	10	34
Leaders who are role models and permit wellbeing at work	9	19
Leadership and line manager development	9	18
Culture starts at the top	4	4
Flexibility, autonomy and choice over your work and workload	7	12
Tease out work related causes of harm and address them	1	1
Focus on needs and SDT	1	1
Take a holistic full organisational approach to wellbeing	13	76
Adapt the broad brush to the individual - wellbeing strategy tailored to indivis	12	55
Wellbeing is all ways of working such as recruitment, policy and all interactions	7	10
Adapt to and build on momentum of external context	6	10
Must be willing to balance and align business and employee needs	1	1
Through a range of events, initiatives and interventions	12	74
Training, webinars and awareness raising	12	62
Create a pick and mix	5	8
Through comms	3	4
Always hear and involve the employee voice	9	26
Listen to employees before starting anything	6	9
A number of people of the workplace	3	17

Case Study 1: Thematic Framework

Macro forces and context themes

Note... In terms of the laminations of scale, we have global events converging with societal pressure factors, individual reflection and reasoning, and organisational level responses. These are coming together as powerful forces that make it necessary to address wellbeing in the workplace.

1. External global events have driven collective action and need for wellbeing in the workplace.

(Global Stratum)

- a) Covid induced change.
 - a. Enhanced awareness about wellbeing.
 - b. Worsened wellbeing and hampered face to face events
 - c. There are some silver linings such as flexible working opportunities.
- b) Move to flexible working.
- c) Cost of living crisis

2. Business context impacts potential for and focus of wellbeing (Macro, organisational stratum)

- a) Insecurity combined with unionised action.
- b) Bravado and stigma inherent within industry
- c) Industry is particularly demanding and straining.
- d) Wellbeing is explicitly linked to safety because safety is critical for the business.
- e) Business is working hard to develop its approach to wellbeing.

Note: this business is developing wellbeing strategy (point e) in extremely challenging (and perhaps mechanism wise countervailing) circumstances (points a-d) and themes 1 and 3.

3. There are mounting pressure factors in society (Societal stratum)

- a) There is a noticeable societal focus on wellbeing in discourse and awareness.
- b) Stakeholder era – new demands on business regarding wellbeing, generational differences, DE&I and ESG drivers in society.
- c) Social power (new power) the need to maintain the reputation of the business.
- d) Other businesses are responding to pressure factors, increasing the pressure for all to conform.

Definition of wellbeing

- a) Mental and physical health (most common) (Individual)
- b) Feelings based (Individual)
- c) Multi-dimensional or all encompassing (Bridges laminations of scale)
- d) Growth and performance based (Individual)
- e) Resources and environment based (micro / macro)
- f) Wellbeing is about how I look after people (meso)
- g) Some evidence of SWPP and asset approach – but mostly deficit mindset.

Individual influences

- a) Personal experiences (Individual / micro)
- b) Societal influences (Societal)
- c) Employer influences (Macro organisational)

Note... These influences map on to the context themes. Personal experiences, societal discourse and the employer response is influencing the definition of wellbeing. These influences could quite simply be merged with the context themes. The individual, the business and society are in a powerful interplay – this is how we explain how and why companies are choosing to enact wellbeing. The person is having powerful experiences, which are being validated by society, which is causing businesses to take action, which is then further causing personal reflection and society to continue to shout about it. It is a hot collective conscious topic that is spiralling.

Perception of how wellbeing is currently enacted.

- 1) Organisational events and initiatives. **(Macro / micro)**
 - Training
 - Department events, webinars and other initiatives such as cycle to work.
 - MHFA and wellbeing champions
- 2) Resources and physical or digital provision **(Org macro)**
 - EAP / Access to physio
 - Wellbeing rooms
 - On-site gyms
 - Intranet
- 3) Organisational discourse **(Org macro)**
 - Safety comms
 - Other comms
 - Awareness campaigns
- 4) Organisational culture **(org macro)**
 - Managers made accountable through KPIs.
 - Highlighting the link between wellbeing and safety
- 5) Organisational policy and structure **(org macro)**
 - Specific strategy document in development
 - Some rights to flexible working
 - Always reviewing and implementing policy

Perception of how wellbeing should be enacted.

1. Focus on impacting wellbeing through leadership and management **(Micro / macro)**
 - Leaders and managers need to be authentic, approachable, and empathetic and willing to listen.
 - Leaders can vary in their ability to be empathetic. We need a standardised approach.
 - We need an overarching strategy with wellbeing teams.
 - Focus on leader training and support.
2. There are some fundamental issues that require addressing **(macro-org)**
 - Elements of culture
 - We need to build more trust and permission to look after wellbeing.
 - We need to focus on relationships and support networks.
 - We need to address stigma and bravado.
 - We need more openness and sense of belonging.
 - Control over workload, and flexible working options critical for wellbeing

- Wellbeing is about job security and pay.
- Wellbeing should be enacted through working environment and resources such as PPE and good aftercare when someone has been ill.
- 3. Recognise Individuals have different needs and understand what they are. **(Individual)**
 - We need to hear and include the employee voice more. Ask employees what they need before starting anything, and always provide feedback.
- 4. Keep initiatives, events, and comms **(Macro / micro)**
 - Focus on mental health.
 - Some team building and training.
 - Keep comms, but the way it is done needs a re-think. It needs to be more relevant.
- 5. Resources, benefits and physical provision valued and should be promoted more **(macro / micro)**
 - EAP valued by some but not all.
 - Break out and wellbeing rooms are valued.
 - Other benefits could be valued, but are based on individual needs.

Note... Orgs know that they have to act for employee wellbeing. It's all doing, where perhaps employees are asking for more being. Wellbeing is enacted through lots of doing stuff, and there's less emphasis on how wellbeing can be improved through our 'being' – the essence of who we are and how we interact with other people, our work and the organisation as a whole. Wellbeing requires less work to do and perhaps more introspection on how we want to be in our interactions and the organisation, which is its own being or entity that can have an impact on wellbeing in itself.

Theory lens

- Psychological safety, trust, the impact of tick boxing and authenticity critical mechanisms for employee wellbeing strategy.
- The happy productive worker thesis and happy safe worker thesis are having a causal impact on intentions and design of wellbeing strategy.
- The explicit or implicit awareness of balancing business and employee needs is having a causal impact.

Participant expressions

Why does the org implement wellbeing?

1. To meet business needs and reduce pressure on the business **(macro - org)**
 - Business case recruitment, sickness, absence, costs and productivity
 - To meet societal expectations
 - Duty of care and to meet safety requirements.
2. Because they care and they want the org to be a great place to work **(macro - org)**
 - Genuinely cares.
 - Wants to reduce stress.
 - Wants to make the business a better place to work.
3. To bridge business and employee needs **(bridges laminations of scale)**

Concern points

- Some initiatives can feel detached from problem and or solution **(bridges laminations of scale)**
 - Wellbeing initiatives can feel inauthentic through KPIs and tick boxes.

- Mandated or short-lived events and initiatives not always impactful.
- Some fundamentals need to be addressed.
- EAP can feel detached.
- Differences in manager buy in and empathy means that employee experience can vary from site to site. **(Bridges laminations of scale)**
- Stigma and worry about admitting mental or physical ill health **(bridges laminations of scale)**
- Comms is difficult. **(Bridges laminations of scale)**
- It is difficult to find the time to take part in initiatives. **(Bridges laminations of scale)**
- There is no person or team in charge of employee wellbeing. **(Macro / org)**

Praise points

- Grateful for events and initiatives – particularly mental health initiatives
- Grateful for resources and provision – particularly EAP, new office buildings.
- Some very caring and genuine managers
- Many feel that overall, the provision is good.

Case study 2 Thematic Framework

Macro forces and context themes:

Note... In terms of the laminations of scale, we have global events converging with societal pressure factors, individual reflection and reasoning, and organisational level responses. These are coming together as powerful forces that make it necessary to address wellbeing in the workplace.

- Negative experiences have shaped individual understand of wellbeing. There is a desire to fix past wrongs. (Individual reasoning stratum)
 - a. Several years ago, wellbeing was not 'a thing'. It wasn't cared about, talked about, or supported in business and society.
 - b. Many people have had personal experiences of poor wellbeing or seen it in people who are close friends or family members.
 - c. People want to do better for wellbeing in the world of work and fix past wrongs.
- External global events have driven this collective awareness and enabled a focus on wellbeing in the workplace. (Global stratum)
 - a. Covid induced change.
 - i. Mass re-evaluation on what matters
 - b. Cost of living crisis
 - c. Employee market and recruitment issues.
- There are mounting pressure factors in society (Societal stratum)
 - a. There is a societal focus on wellbeing in the workplace.
 - i. Awareness and talk about wellbeing in the media have increased significantly.
 - b. New demands on business regarding wellbeing from multiple stakeholders.
 - i. Stakeholder era... investors, employees and customers as demanding stakeholders are demanding wellbeing practices in the workplace.
 - ii. The stakeholder era is also linked to the rise of ESG and the ED&I agenda.

- iii. Social power (new power) seen through public movements related to wellbeing. Business can fall out of favour in the public eye.
 - c. Other businesses are responding to pressure factors, increasing the pressure for all to conform.
- Internal response has been conveyed through leadership and culture (Macro organisation stratum)
 - a. Culture, leadership, and response to external events and pressure factors are inextricably linked. This company has tried to respond through leadership and culture.
 - b. Culture has become tied to wellbeing. This is perceived as...
 - i. Increased opportunity for homeworking
 - ii. Employee voice – surveys asking people what they want.
 - iii. A ramping up of caring discourse.
 - iv. There are some apprehensions about homeworking and whether it is settled.

Abduction / retroduction note... wellbeing is being enacted in organisations because personal experiences, global crises, and societal pressure factors are in an interplay. This powerful interplay of macro mechanisms is causing leadership to view ‘employee wellbeing’ as a critical business concern.

Definition of wellbeing

- Mental and Physical – this is broken down in several ways (Individual)
- Multi-dimensional or overarching (Bridges laminations of scale)
- Resource and environment based (Macro organisation, but can bridge laminations of scale)
- Feelings based (Individual)
- Predominantly deficit mindset.

Individual influences

- Personal experiences (Individual / micro stratum)
- Societal influences (Societal stratum)
- Employer influence (Macro organisational stratum)

Perception of how wellbeing is currently enacted.

- Organisational events and initiatives (**Macro / micro**)
 - Social events
 - Speakers
 - Wellbeing Calendar
 - Training
- Organisational culture (**org macro**)
 - People focused culture.
 - Support groups
 - Company values
 - Employee voice
 - Fun office environment
 - Building a sense of belonging

- Organisational policy and structure **(org macro)**
 - Flexible and hybrid working
 - Constantly renewing policy
 - CSR and societal impact
 - No meeting Thursdays and email rules
- Resources and provision **(org macro)**
 - EAP
 - Other benefits and freebies
- Organisational discourse **(org macro)**
 - Caring discourse in organisation
 - Email comms and Vlogs

Perception of how wellbeing should be enacted.

- Recognise that individuals have different needs **(Individual)**
 - Individual needs must be understood, and individual choice is important.
 - Continue to ask employees what they need.
- Keep initiatives and events **(Macro/micro)**
 - MHFA
 - Keep wellbeing calendar and events.
 - Keep social events.
 - Keep educating and raising awareness.
- Focus on impacting wellbeing through leadership and management **(Micro/ macro)**
 - Strategic points...
 - More manager training – to enable individual level tailoring.
 - Dedicated Head of wellbeing
 - Trust and authentic leadership critical
 - Trusting, authentic and supportive leadership, where leaders lead by example. Leaders take part in wellbeing initiatives, share authentic stories, and are transparent. Leaders in tune with the employee voice.
 - Leadership and responsible business practice inspires employee wellbeing.
- Flexible and hybrid working policies are critical for wellbeing. They create a sense of autonomy, trust, and feeling valued. **(macro org)**
- Culture is also critical **(macro org)**
 - Calls for de-stigmatised openness, honesty, and ways to talk about wellbeing in the working environment.
 - A collaborative culture where values are aligned with actions.

Theory lens

- The role of Psy safety, trust, and authenticity critical mechanisms for successful employee wellbeing strategy.
- This ties in to what the org needs to do about employee wellbeing.
- From the cross-case analysis, there is strong evidence that any perception of tick boxing will erode trust and will cause initiatives to backfire. Thus, the strategy of building wellbeing

through culture and authentic management / leadership that fosters psychological safety may prevent the perception of one-off events that are ticking boxes.

- Using discourse to drive psy safety, trust and authenticity and building that collective caring spirit.
- Participants view wellbeing through subjective experiences, interests, and personal identity lenses. This is in terms of their wellbeing needs and their perception of what should be done about wellbeing. Thus, macro events will be hit and miss.

Participant expressions

- Why does the org implement wellbeing?
 - To meet business needs (fits in with context) **(macro - org)**
 - Business in the eye of society
 - Reduce absence and improve productivity.
 - Response to crisis
 - They genuinely care for employees **(macro-org)**
 - Leaders want business to be a great place to work.
 - They genuinely care.
 - They want to make sure colleagues feel supported.
 - To bridge business and employee needs **(bridges laminations of scale)**
 - To demonstrate and align values.
 - Wellbeing good for business, individuals, and society.
- Praise points
 - Company meets many wellbeing fundamentals for employees such as belonging, trust, autonomy and feeling valued. **(Individual)**
 - There is a positive culture in the company and leaders listen. **(macro-org)**
 - Company does much more for wellbeing than other companies. **(macro-org)**
 - Company did well during Covid (in terms of supporting wellbeing) and the company did well in the switch to home working. **(macro-org)**
- Concern points – areas for leadership reflection (none of these areas are actually unique to this case – all cases had similar concern points.)
 - Comms is difficult – communicating wellbeing provision is a challenge and enacting wellbeing through comms is also a significant challenge. Colleagues find email comms noisy. **(macro-org)**
 - All leaders and managers need to try to have a similar authentic empathetic approach to employee wellbeing. **(macro / micro-org)**
 - Managers have different approaches creating a varied employee experience. This leads to some negative perceptions vs some positive perceptions. The role of the line manager (and leadership) in small to medium organisations appears to be critical for employee wellbeing. Employees want the employee experience to be fair and all managers to have a minimum standard in terms of their empathy and authenticity for wellbeing. **(macro / micro-org)**
 - Employees expect more follow up post wellbeing initiatives. Any discourse / initiative regarding wellbeing needs to be followed up with action. Any personal requests need an explanation if they are not to be implemented – this point is inter-related with trust. **(macro / micro-org)**

- Employees wish to see leaders and line managers more involved with wellbeing initiatives – when leaders and managers are not involved the initiative can feel like it is being done to employees. Employees are inspired when leaders communicate stories about their own wellbeing. This inspires trust and openness within the organisation. **(Individual / micro)**
- It is very difficult to please the majority when implementing a wellbeing strategy. **(Bridges laminations of scale)**
 - This is harder when initiatives are broad brush.
 - It is still hard to get buy in across the company.
 - Some employees feel it is difficult to get involved with social events and need further comms that this is okay.
 - Employees do not have the answers in terms of how to please the majority. Some have suggested creating a pick and mix approach, others have suggested targeting groups instead of individuals.

Final point – most people believe that wellbeing is joint responsibility of the individual and the org – this this is about bridging business and the individual.

Case Study three thematic framework

Macro forces and context themes

- External global events have driven this collective awareness and enabled a focus on wellbeing in the workplace. (Global stratum)
 - Covid induced change.
 - Covid has contributed to an increased focus on wellbeing.
 - Not wanting to go back to go back to old ways of working.
 - Covid has caused problems such as mental health problems and difficulty maintaining culture – this is the paradox.
 - The global movement towards flexible working.
 - Cost of living crisis
 - Employee market and recruitment issues.
 - Other issues such as the war in Ukraine.
- There are mounting pressure factors in society (Societal stratum)
 - New demands on business regarding wellbeing from multiple stakeholders.
 - New expectations of better working environments
 - Pressure on businesses to focus on wellbeing – to stay modern.
 - Some perception that there is a generational expectation shift.
 - Some people feel new demands can be unreasonable.
 - There is a societal focus on wellbeing in the workplace.
 - There is an interplay between society, media, and business. Business often must align with media and society.
 - There has been a mental health drive in media and society.
 - Social power forces seen through public movements related to wellbeing.
 - There is more attention on wellbeing in the workplace.
 - There has been a discourse change in recent years – increased awareness and talk about wellbeing. It never used to be a thing.

- Other businesses are responding to pressure factors, increasing the pressure for all to conform.
 - Other orgs offering flexible working.
 - Other orgs now promoting wellbeing.
- Culture and leadership within the organisation is evolving with these external contextual factors.
 - Business is seeking how to balance business and employee needs.
 - Leadership is now more open to the importance of wellbeing.
 - Culture has become more caring.
 - The new wellbeing lead is excellent in driving change.
- Personal contextual experiences are influencing dynamics surrounding wellbeing (Individual reasoning stratum)
 - Many people have had personal experiences of poor wellbeing or seen it in people who are close friends or family members.
 - People remember what the workplace used to be like before wellbeing became a thing and this often a negative perception.
 - People have grown up through difficult working conditions and are now struggling to adapt to new expectations.

Definition

I am finding that more people at this company define wellbeing as multi-dimensional – more complex terms. That could be because employees at the company have an interest in wellbeing and wellness due to the nature of the industry that they are in.

- Mental and physical health or wellbeing **individual**
- Multi-dimensional, overarching, overall balance. **Bridges laminations of scale**
- Feelings **individual**
- Different for different people – wellbeing as an individual concept **individual**
- Resources, environment, and colleague support **macro / micro**
- Meeting basic needs such as safety, security, and autonomy **individual**
- Growth and performance at work. **Individual**

Influences

- Personal experiences (**Individual / micro stratum**)
- Societal influences (**Societal stratum**)
- Employer (old and current) influences (**Macro organisational stratum**)

Again, these influences map on to the context mechanisms. Personal experiences, societal discourse and the employer response is influencing the definition of wellbeing. These influences could quite simply be merged with the context themes. The individual, the business and society are in a powerful interplay – this is how we explain how and why companies are choosing to enact wellbeing.

How wellbeing is currently enacted

- Through the wellbeing lead and the wellbeing team **org macro / micro**
 - The wellbeing and culture role – highly praised
 - Wellness or wellbeing teams including MHF Aiders and wellbeing champions.

- Wellbeing team comms such as wellbeing Wednesday
- The wellbeing team aware of wider societal trends and macro wellbeing events and network with other organisations.
- The team talks about things as they come up and constantly try to improve wellbeing provision.
- Organisational events and initiatives **macro / micro**
 - Company social events
 - Weekly events such as Wellbeing Wednesday smoothies.
 - Awareness and anti-stigma campaigns
 - Company scholarship award
 - Training such as stress management training.
- Organisational culture **org macro**
 - Regular check ins and conversations, including plenty of opportunity to talk and people to confide in.
 - A great interpersonal culture, which feels open, approachable, and caring.
 - Through an awareness of ED&I. Inclusivity is a priority within the organisation and people talk about EDI issues openly. There is D&I training available to raise awareness.
- Organisational policy and structure. **Org macro**
 - Flexible working and upcoming work from anywhere policies
 - Stress risk assessments and other strategy plans.
 - Sick days for mental health difficulties.
- Organisational resources and provision **org macro**
 - Perkbox
 - Intranet
 - Beautiful working environment

Here the organisation is perceived to be enacting wellbeing largely through the wellbeing lead and their team of wellbeing champions and MHFAs. The wellbeing team arranges comms, initiatives, and events and wellbeing Wednesday, which is a significant way in which wellbeing is enacted. However, wellbeing is also enacted through culture and some policy / structure. The culture underpinning wellbeing enactment is open, with plenty of opportunity to talk. Inclusivity is important to the company. Flexible working is having a significant impact, but there are suggestions that this needs to be worked out and a flexible working approach must meet flexibility needs – this also fits in with the idea of meeting individual needs.

How wellbeing should be enacted

- Whole organisational provision and culture is critical (**org macro**)
 - Open culture where people can speak up without feeling judged.
 - Regular and consistent one to ones
 - Keep investing in the wellbeing lead and wellbeing team.
 - Keep promoting DE&I
 - There needs to be a whole organisational approach that can be adapted at the individual level.

- Improve whole organisational benefits.
- Through authentic and consistent leadership and management (**micro / macro**)
 - Listen to employees and understand what they need before starting anything.
 - Lead by example and set the culture e.g., share personal stories and take part in training such as training on mental health. Also demonstrate the ability to shift mindset.
 - Wellbeing improves when leaders are consistently authentic, transparent and demonstrate genuine care.
 - We need clear communication and feedback if suggestions are not to be implemented. The communication of vision and goals contributes to workplace wellbeing through value alignment.
 - Leaders have the power to make people feel valued and leaders must always seek to understand workload issues.
- Recognise that wellbeing is about individual needs **individual**
 - People need different things for their wellbeing.
 - People need different things to get their job done productively.
 - People have different personal development initiatives.
 - There needs to be personal accommodations.
 - Leaders and managers may need different types of support to employees.
- Keep initiatives and events **macro / micro**
 - Keep social events but re-think how they are organised. More notice is needed, and lunchtime events are preferred.
 - Keep wellbeing / smoothie Wednesdays
 - Keep pushing company intranet.
 - We would like more group events and external speakers.
- Flexible and hybrid working policies will have a significant impact on wellbeing. **macro org**

The shift that is expected is going from a niche in the org where a team of people are responsible to a whole organisational approach led by leadership and management, enabled through the wellbeing team, that can then be adapted at the individual level to suit individual needs. Thus, the requests are more multi-level considerations.

Theory Lens

- The power of trust
 - Perceived impact of tick boxing on trust and perceived authenticity.
 - Mostly believed to exist in other companies.
- The power of leadership authenticity and permission-based wellbeing.
 - Following through on discursive acts.
 - Psy Safety
 - Perceived authentic caring and impact on success.
 - Feeling allowed to look after wellbeing – can come with maturity.
 - The power of authentic leadership
 - Happy productive worker thesis drives wellbeing enactment because so many participants implicitly or explicitly believe in it.
- Some participants are trying to figure out how to align business and employee needs.
 - How to align with new expectations
- Some people point to the power of building wellbeing through discursive acts.

- E.g., “the whole point is to nullify the feeling that you cannot talk”.

Why the organisation implements wellbeing.

- To meet business needs **macro - org**
 - Retention, recruitment, and absence prevention
 - Public image (meeting societal expectations, fear of being left behind, societal forces).
 - Productivity basic
 - The need to respond to external crises.
- The company genuinely cares and wants it to be a great place to work. **Macro – org**
 - Leadership genuinely care.
 - Leadership wants people to enjoy working for the company.
 - The company wants to offer fulfilment and achievement.
 - The company wants you to feel valued.
 - There is a genuine desire to be empathetic.
- To bridge employee and business needs **bridges laminations of scale**
 - Productivity (enhanced). Combining high performing company with happy high performing employees.
 - The business is seeking to understand new demands and expectations and align with them.

Praise points

- People feel they can speak up and the company will listen and genuinely care. **Macro – org**
- All initiatives are valued and there is little waste of time or resources **macro - org**
- Company doing more for wellbeing than other companies and previous companies I have worked at. **Bridges laminations of scale**
 - For many, this is the first time they have worked for a company where wellbeing is seen as a serious thing to consider.
- The wellbeing lead has had a positive impact. **Micro / macro**
 - Employees feel they can trust the wellbeing lead. Initiatives show caring.
- There is a positive, inclusive culture. **Org - macro**
 - The company has great inclusive practices and not having to mask improves wellbeing.
 - Company goes out of the way to make everyone feel included.
 - It is an exciting place to be, and you can be creative.
 - There is positivity in comms.
 - Flexible workers are supported non-judgementally.
 - Some leaders telling stories about their own wellbeing has had a positive impact.
 - Some feel social events are done well.

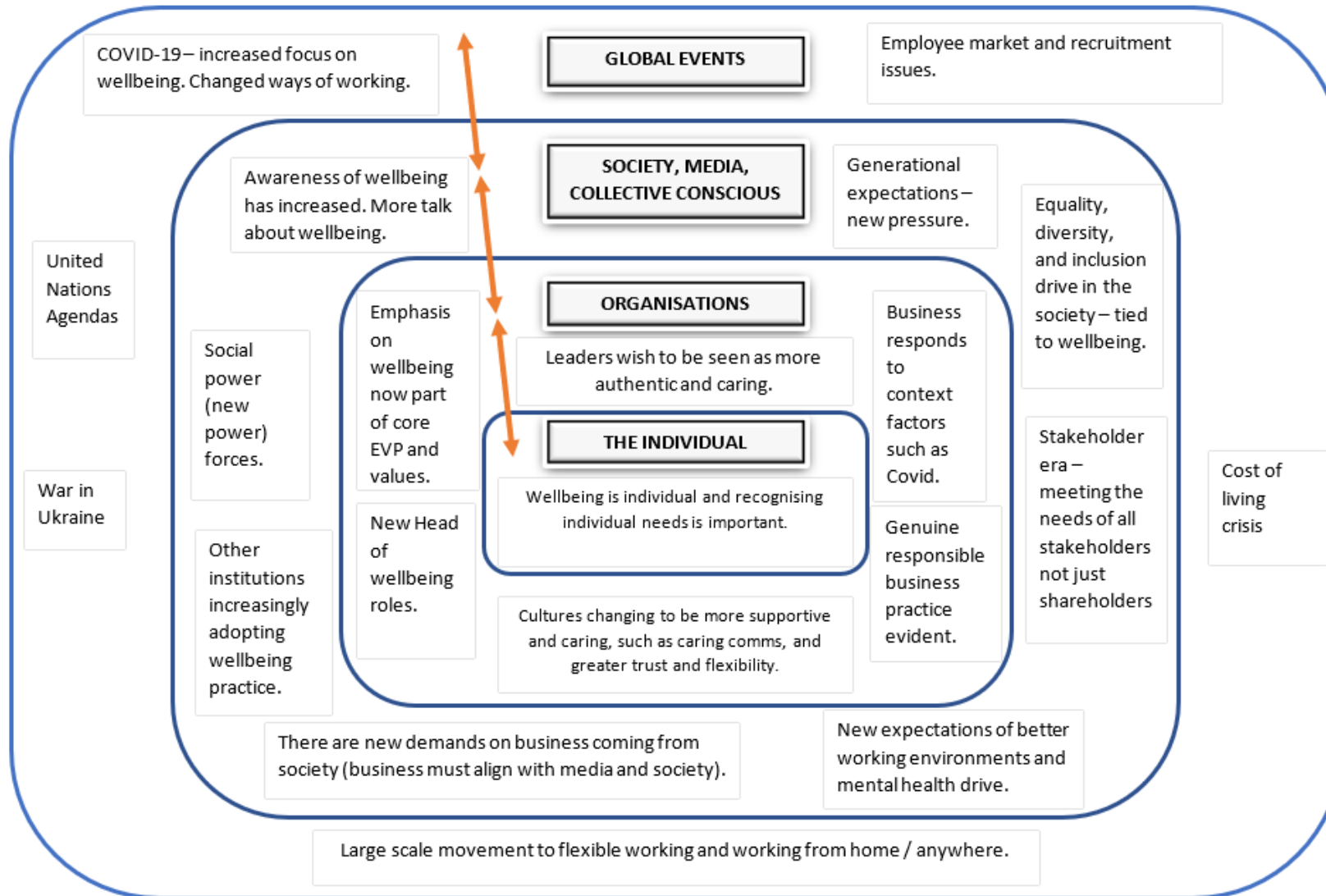
Areas for reflection

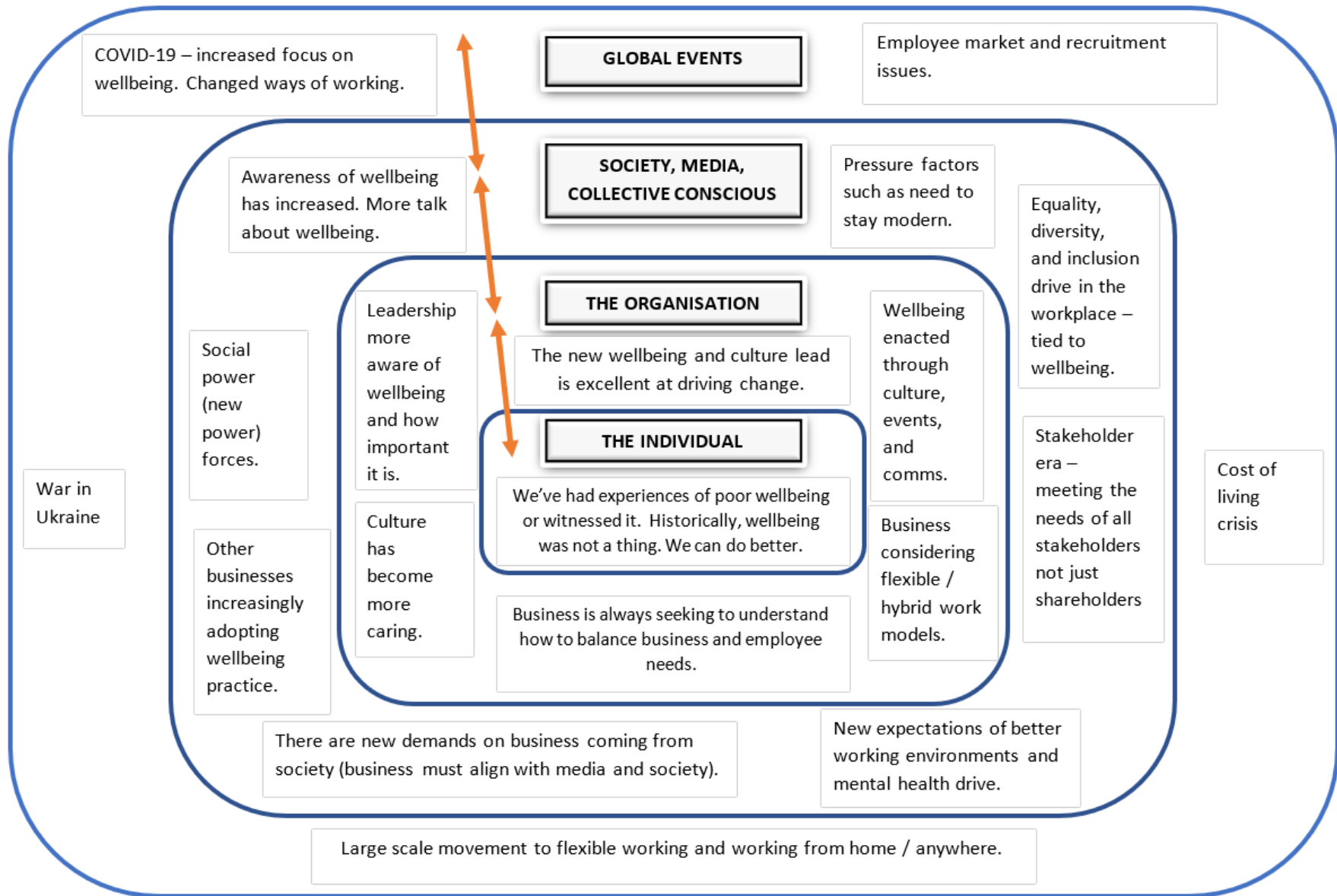
- Whilst all initiatives are valued, employees feel more could be done, or initiatives could be improved. Some participants suggest that initiatives do not always address fundamentals or individual needs. **Individual**
 - There is the recognition that supporting wellbeing is challenging and people will need different things based on their different circumstances / position in the company. Therefore, leadership and the wellbeing team could consider how to

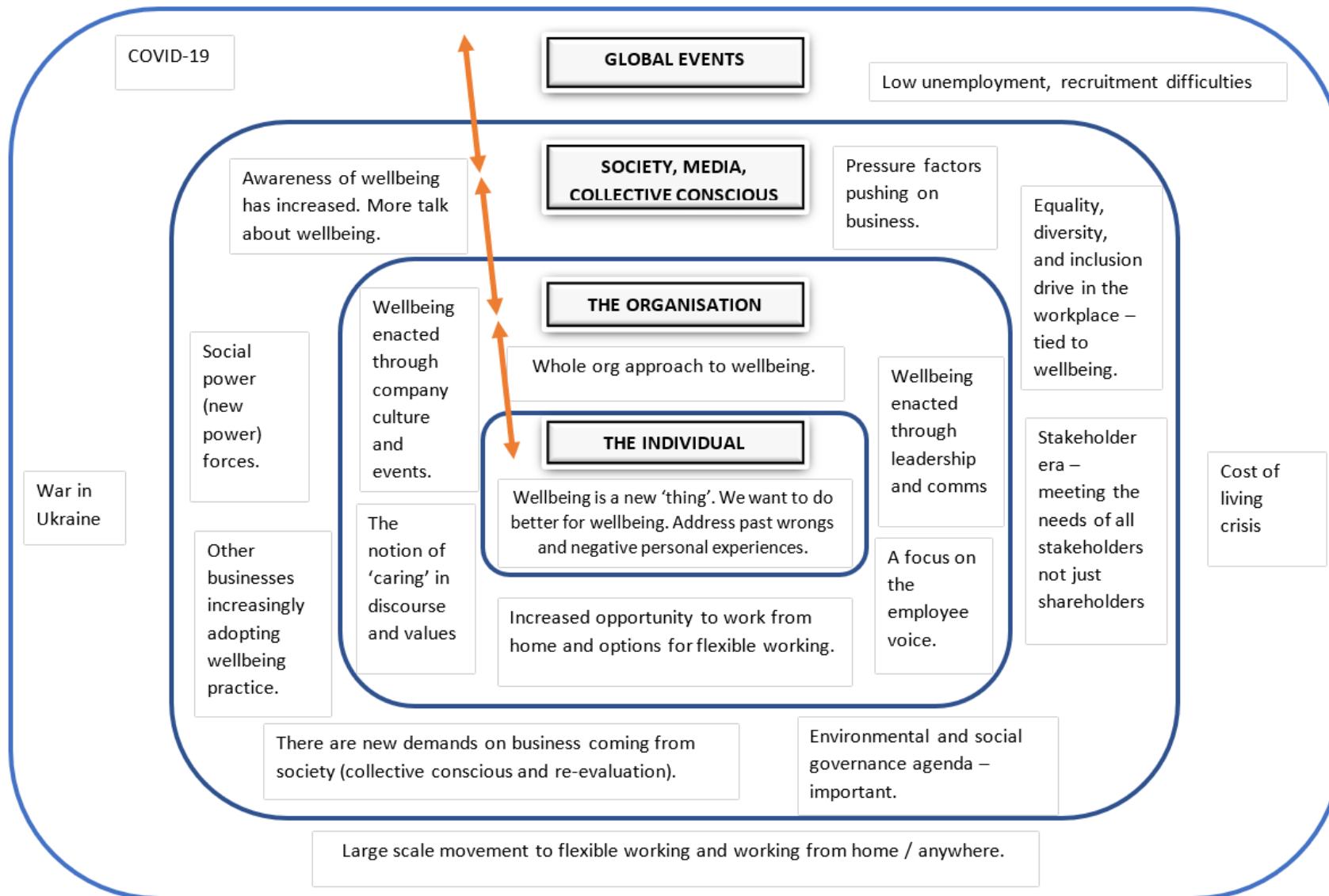
implement a wellbeing strategy from the level of the organisation to the level of the individual.

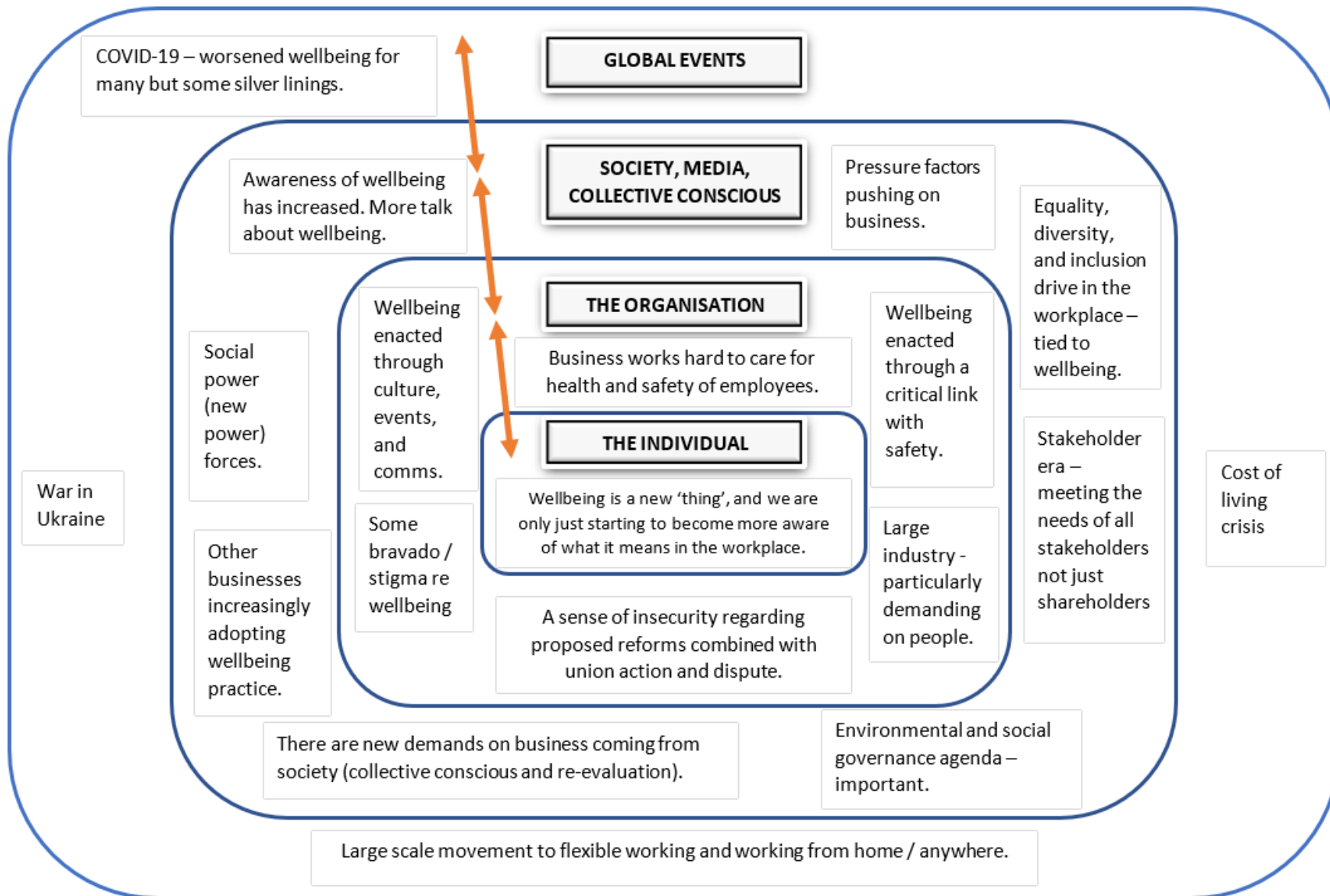
- Social events need a re-think – some suggest these can be distracting and de-tract from wellbeing if they prevent rest or work getting done. Participants would like more notice of events, and some would prevent events to take place during lunchtimes. **Org macro**
- Some participants have asked for initiatives that address wellbeing fundamentals such as workload and stress.
- Some participants have asked for initiatives that further encourage a feedback culture within the organisation.
- The movement to flexible working / work from anywhere may need continuous refinement. **Org - macro**
 - Some concerns about how to maintain company culture when remote working.
 - There is a recognition that individual needs and preferences applies to flexible working, but there is still a need to be fair.
- Comms surrounding wellbeing meetings and events could be improved. **Org – macro**
 - Not enough feedback from wellbeing meetings
 - Comms can be difficult.
 - There is a need to change the terms due to implicit meanings.
- Some leaders / managers can vary in capability to look after employee wellbeing or get involved in initiatives. **Micro / macro**
 - One to ones need to be prioritised and they need more commitment and structure.
 - Employees would like to see management and leaders involved with wellbeing initiatives.
- Some tension about why wellbeing is being done, for who and why. **Bridges laminations of scale.**
 - Some scepticism about intention for doing wellbeing.
 - There is a need to communicate the idea of shared commitment and shared flourishing – between the business and the employee.

Appendix K Context theme maps









Appendix L Company reports: Appendix removed for confidentiality reasons.

Red: (middle sized), Blue: (large), yellow: (small), green: range of practitioners.

Definition of wellbeing

<ol style="list-style-type: none"> 1. Wellbeing is mental and physical health. 2. Wellbeing is more multi-dimensional, overarching or all encompassing. 3. Wellbeing involves having people, the right resources or working environment. 4. Wellbeing revolves around feelings such as 'happiness', 'contentment', or feeling like one can 'cope'. 	<ol style="list-style-type: none"> 1. Wellbeing is mental and physical health (<i>this is overwhelmingly the predominant theme</i>). 2. Wellbeing revolves around feelings such as 'happiness', 'contentment', or feeling like one can 'cope'. 3. Wellbeing is more multi-dimensional, overarching or all encompassing. 4. Wellbeing is about growth and performance. 5. Wellbeing involves having people, the right resources or working environment. 6. Some managers suggested that wellbeing is about how they look after people.
<ol style="list-style-type: none"> 1. Wellbeing is mental and physical health. 2. Wellbeing is more multi-dimensional, overarching or all encompassing. 3. Wellbeing revolves around feelings such as feeling 'comfortable', 'content', 'excited' or feeling like one can 'cope'. 4. Wellbeing means different things to different people, so it is difficult to define. 5. Wellbeing involves having people, the right resources or working environment. 6. Wellbeing involves meeting basic needs such as safety, security, and autonomy. 7. Wellbeing is about growth and performance. 	<ol style="list-style-type: none"> 1. Wellbeing is multi-dimensional, overarching or all encompassing. 2. Practitioner provides definition from reputable source, such as the WHO, or the ISO standards definition. 3. Wellbeing is about optimal human functioning (eudaimonia). This includes language regarding fulfilment, growth, and meaningful contribution. 4. Wellbeing is very individual, so it is not possible to fully define it. Individuals should define their own wellbeing.

Strong similarities (patterns): The top theme for the three organisations is 'wellbeing is mental and physical health'. Wellbeing is also defined in reference to being multidimensional, about feelings, and about having people and the right environment.

Emerging themes: 1. wellbeing is about growth and performance. 2. Wellbeing is difficult to define because it is about the individual.

Strong differences: The noticeable difference is between the external practitioners and the three organisations. The practitioners do not limit the definition of wellbeing to mental and physical health. They recognise it is more multi-dimensional. Wellbeing can be about optimal human functioning and not just about distress. Practitioners suggest wellbeing is very individual. Practitioners are more likely to cite definitions proposed by reputable institutions such as the WHO.

Proposed explanation: Practitioners are more fully aware of the nuances surrounding wellbeing because they read relevant literature, and they attend events where they may support each other in understanding what wellbeing is. Their understanding has not quite yet filtered into organisations. Therefore, organisations are largely enacting wellbeing based on under-developed definitions of what wellbeing is. Scholars and practitioners must be aware that organisations may not yet fully acknowledge the multi-dimensional / positive (asset) approach and nature of wellbeing. However, this understanding is beginning to emerge in organisations as evidenced above. Therefore, the time may be right for practitioners to build on this emergent understanding.

What is influencing definitions of wellbeing?

<p>1. Personal experiences (such as personal reading, experiences with friends and family or personal experiences of poor wellbeing).</p> <p>2. Societal influences (such as media, social media, other businesses, and general talk in society).</p> <p>3. Employer influences (such as employer led support groups, training, webinars, and colleagues).</p>	<p>1. Personal experiences (such experiences with friends and family or personal experiences of poor wellbeing).</p> <p>2. Societal influences (such as media, social media, other businesses, and general talk in society).</p> <p>3. Employer influence (such as employer led events, training, webinars, and other colleagues).</p>
<p>1. Personal experiences (such experiences with friends and family, personal reading and research, or personal experiences of poor wellbeing).</p> <p>2. Societal influences (such as media, social media, other businesses, global events, and general talk in society).</p> <p>3. Employer influence (such as employer led events, training and other colleagues including management. Employees are influenced by previous companies they have worked for and how they might compare to their current organisation.)</p>	<p>1. Personal experiences (such as courses, conferences, training, reading and research.)</p> <p>3. Employer / organisational contractor influence (such as working in or with companies.)</p> <p>2. Societal / contextual influences (such as global events, media, social media, and the news.)</p>

Strong similarities: All four case studies draw their influences from a combination of personal experiences, societal influences, and employer influences.

Strong differences: Practitioners are also influenced by their work and attending work related conferences. Practitioners are also influenced by working with multiple organisations.

Explanation: Participants draw on an interplay of contextual factors (individual, organisational and societal) to compose their understanding of what wellbeing is. Participants appear to be trying to perceive what we ‘collectively’ as a society think wellbeing is. Participants then integrate that perception with their own perceived personal experiences. Thus, individual definitions of wellbeing fallibly reflect the perceived collective conscious concerning what wellbeing is.

How is wellbeing currently enacted?

<p>Organisational events and initiatives (This includes social events, speakers, the wellbeing calendar, and training initiatives.)</p> <p>Organisational culture (This includes building a people-focused culture, support groups, promotion of company values, listening to the employee voice, a fun office environment, and a sense of belonging.)</p> <p>Organisational policy and structure (This includes remote, flexible and hybrid working, constantly reviewing policy, CSR and societal impact initiatives, no meeting Thursdays, and promotion of email rules.)</p> <p>Resources and provision (This includes the EAP and 'benefits and freebies' such as breakfast.)</p> <p>Through organisational discourse (This includes the caring discourse within the organisation, email comms and vlogs.)</p>	<p>Organisational events and initiatives (This includes training, health events, webinars, and other initiatives such as cycle to work, mental health first aid training and the wellbeing champions initiative.)</p> <p>Resources and provision (This includes the EAP, access to physiotherapy, physical wellbeing rooms, on-site gyms, and resources on the intranet.)</p> <p>Through organisational communication (This includes safety comms, other email comms and other awareness campaigns.)</p> <p>Organisational culture (This includes highlighting the link between wellbeing and safety and making managers accountable through KPIs.)</p> <p>Organisational policy and structure (This includes specific people / wellbeing strategy documents, policies regarding flexible working and other standards.)</p>
<p>Through the wellbeing lead and wellbeing team. (This includes the implementation of mental health first aiders and wellbeing champions, comms on wellbeing Wednesday, and constant efforts from the team to improve the wellbeing provision.)</p> <p>Organisational events and initiatives (This includes company social events, weekly events such as smoothie Wednesdays, awareness campaigns, company awards and training on wellbeing topics.)</p> <p>Organisational culture (This includes regular check ins and conversations, a great open and caring culture, and a priority placed on inclusivity. There is consistent attention to some DE&I issues.)</p> <p>Organisational policy and structure (This includes flexible working and potential work from anywhere policies, stress risk assessments and other strategy plans and sick days for mental health difficulties.)</p> <p>Organisation resources and provision (This includes access to Perkbox, the intranet and the beautiful working environment.)</p>	<p>No comparative data. Practitioners focused on what should be done for wellbeing – not their organisation's current wellbeing strategy.</p>

Strong similarities: Wellbeing is enacted in all companies through events, initiatives, resources, and provision. Mental health first aid training and wellbeing champions are present in all organisations. All organisations focus on fixing mental health difficulties and providing secondary and / or tertiary initiatives. No organisation focuses on building strengths or meaningful work – the eudemonic side of wellbeing. All companies are perceived to address wellbeing though their policies concerning flexible working. All companies implement wellbeing through the use of comms.

Strong differences: The way in which organisations address wellbeing through company culture depends on the wider culture of the organisation. For example, the small company focuses on regular check ins and conversations, whereas the large company takes a top-down approach by making managers accountable for implementing wellbeing initiatives. The larger company also links wellbeing with their culture of safety norms. The medium and the small company aim to improve wellbeing through social events. This is not evident in the large company. The small company has a head of wellbeing, and this is considered to be the main way in which wellbeing is enacted in this company. Surprisingly, the medium and large company do not have a head of wellbeing. 'Head of

wellbeing’ roles are a new phenomenon. Thus, the smaller company may have had the agility to implement this more quickly than the other two companies. The small company has only created this role very recently.

Explanation: All companies take a similar approach to implementing wellbeing. This is largely through events, initiatives such as MHFA, resources such as an EAP, and comms. Policies are in place in all organisations and some policies are considered to have a direct impact on wellbeing such as the flexible working policy. All companies recognise the importance of company culture. The ways in which these elements are enacted depends on the specific context of the organisations. Therefore, there appears to be a consensus concerning the general themes of what should be done, and companies then adopt and adapt based on their contextual nuances. Thus, organisations are being influenced by the wider societal context and their more limited definitions of what wellbeing is, but still understand that taking the organisational context into account is important.

Participant’s suggestions regarding how wellbeing could be enacted.

<p>Keep focusing on events and initiatives. Employees value the MHFA training, social events and events that raise awareness. Some employees commented that they find it difficult to attend social events and they worry about this.</p> <p>Keep focusing on organisational culture. However, ensure that the focus is on de-stigmatised openness, honesty, and ways to talk about wellbeing in the office environment. Participants want to work in a collaborative culture with value-action alignment.</p> <p>Your flexible and hybrid working policies are critical for wellbeing. Participants suggest that these policies create a sense of autonomy, mutual trust, and a feeling that they are valued. Continuous consultation and adaptation may be required here moving forward.</p> <p>Wellbeing could be enacted through a greater focus on individual needs. Participants talked about how individuals need different things for wellbeing, and it is important to understand what individuals need.</p> <p>Continue your focus on impacting wellbeing through leadership and line management relations with employees. Participants have suggested that authentic, empathetic, and supportive leaders and line managers are critical for wellbeing because this inspires trust. Two themes include continued line manager training (this could also be coaching) and perhaps a dedicated lead for employee wellbeing.</p>	<p>Continue your focus on impacting wellbeing through leadership and line manager relations with colleagues. Participants have suggested that authentic, empathetic, and supportive leaders and line managers are critical for wellbeing because this inspires trust. Two themes include continued line manager training (this could also be coaching) and perhaps a dedicated lead for employee wellbeing.</p> <p>Keep focusing on organisational culture. Participants suggest there is a need to focus on mutual trust, support networks and bravado / stigma. Participants place emphasis on a culture of openness, a sense of belonging, a sense that one has permission to look after one’s wellbeing e.g., through control over workload and flexible working options.</p> <p>Wellbeing could be enhanced through a greater focus on individual needs. Participants talked about how individuals need different things for wellbeing, and it is important to understand what individuals need. Many participants stated that it is important to hear the employee voice before starting a wellbeing initiative.</p> <p>Keep focusing on events and initiatives. Participants value the MHFA training and the focus on mental health. Some participants want more team building events. Many participants have suggested that comms, such as the safety comms, needs a re-think, but should be kept.</p> <p>Keep resources, benefits, and other physical provision. The EAP is highly valued by some but not all participants. Break out and wellbeing rooms are valued. Other benefits are valued, but this is based on individual needs.</p>
<p>Keep focusing on whole organisational provision and culture. Participants suggest that there is a need to focus further on developing an open culture where people can speak up about their wellbeing. Participants suggest this could be through regular and consistent one to ones. Participants would like</p>	<p>Organisations should focus on wellbeing fundamentals such as culture, leadership, and personal autonomy. Practitioners suggest organisations should focus on building authentic, caring, and empathetic leadership through leadership development (which could be training or</p>

continued investment in the wellbeing lead and team, and further development of DE&I. A few participants would like to see an improvement in company benefits.

Continue your focus on impacting wellbeing through leadership and line manager relations with colleagues. Participants have suggested that authentic, and supportive leaders and line managers are critical for wellbeing because this inspires trust. Themes include... listen to the needs of employees before starting wellbeing initiatives, lead by example and set the culture (e.g., by telling personal wellbeing stories), understand workload issues, clear communication, and provide feedback if suggestions are not accepted, and clear communication of vision and goals for value alignment.

Wellbeing could be enhanced through a greater focus on individual needs. Participants talked about how individuals need different things for wellbeing, and it is important to understand what individuals need. Participants suggested individual needs may be impacted by job roles and people need personal accommodations

Keep focusing on events and initiatives.

Participants would like to keep social events but suggest the planning of them needs a re-think. E.g., more notice is needed, and lunchtime events are preferred. Participants would like to keep wellbeing Wednesday, the intranet and some would like more group events and external speakers.

Your flexible and hybrid working polices are critical for wellbeing. Participants suggest that these policies create a sense of autonomy, mutual trust, and a feeling that they are valued. Continuous consultation and adaptation may be required here moving forward.

coaching). Leaders must act as role models and explicitly permit wellbeing. Practitioners suggest that culture starts at the top and organisations must focus on developing culture and job design that is conducive for wellbeing.

Take a holistic full organisational approach to wellbeing, however, always adapt the broad brush to the individual. Practitioners suggest that organisations should start with an organisational level approach (such as by focusing on culture and leadership), but then tailor this offering to individual needs. Thus, the suggestion is that organisations can develop a core offer that can then be individualised or tailored. Practitioners suggest that organisations should understand employees collectively and individually. Practitioners also suggest that wellbeing should be embedded into every function of organisations and should also be part of the whole employee life cycle. Practitioners note that when developing the whole organisational approach, it is important to build on the momentum of events in the external context.

Organisations should continue to implement wellbeing through a range of events, initiatives, and interventions. Practitioners suggest that organisations should continue to offer a range of training, webinars and workshops that may directly or indirectly relate to employee wellbeing. Practitioners suggest that it is important to continue to raise awareness and provide a platform for people to share personal stories – as these personal stories are powerful for breaking down stigma and taboo. Practitioners suggest organisations could create a ‘pick and mix’ or spectrum of interventions that individuals may access once they become aware of their personal needs.

Organisations should always hear and involve the employee voice. Practitioners suggest that it is important to hear the employee voice before developing a wellbeing strategy or starting wellbeing initiatives. Many practitioners indicate that understanding the needs of employees collectively and individually makes wellbeing initiatives and interventions more likely to be successful.

Organisations should make DEI, ESG, meaningful work, and wellbeing part of the streams that form good work thinking. Practitioners agree that diversity and inclusion initiatives are an important part of wellbeing strategy. Practitioners state that D&I is integral to wellbeing and an inclusive strategy recognises the diverse needs that lead to employee wellbeing. Some practitioners suggest that ‘identity and work’ is important for wellbeing because it is important to feel like one can be one’s true authentic self at work. Practitioners also state that flexible working merges with the DEI agenda.

	Practitioners suggest that ESG is also linked to the wellbeing strategy because looking after people and looking after the environment is interlinked with wellbeing. Some practitioners indicate that meaningful work is a new ‘thing’ that is gaining attention. These streams are all interconnected in an overall theme of good work.
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Strong similarities in what participants want to keep: participants wish to keep events, initiatives, resources, and provision; however, many participants suggest that the implementation of these could be improved. All organisational participants recognise the importance of flexible working policies for wellbeing.

Strong similarities in what participants want that is not already there: A strong cross case theme is that participants would like organisations to enact wellbeing through an overarching strategy (with a wellbeing team driving it) and participants suggest that the broad wellbeing strategy should be adaptable to meet individual needs. Participants suggest that leadership and culture are the critical elements of a wellbeing strategy. All case studies stress the importance of listening to employee needs.

Emerging themes: The small organisation and practitioners suggest that awareness and attention to diversity and inclusion (and individual needs based on this) is important for wellbeing.

Strong differences: There are no strong differences in respect to the main themes. The differences are based on nuanced contextual circumstances. For example, the cultural aspects are different based on the makeup of the different organisations, but the request for attention to ‘culture’ remains consistent across the case studies.

Explanation: The cross-case analysis has revealed some common themes that are consistent across the four case studies. This suggests that there is a consensus across these case studies, but there are also contextual nuances. The consensus is that wellbeing strategy should be enacted through a whole organisational approach that can be adapted to meet individual needs. The culture of the organisation is critical for wellbeing, as is leadership and line manager relations. Employees wish to feel that they can safely express their needs without being judged. Moreover, flexible working policies and the sense of autonomy that they provide are critical for wellbeing. There is also a consensus that events, initiatives, resources, and provision should be kept, but these should not form the backbone of a wellbeing strategy – they are instead the added bonuses.

Praise themes

<p>Participants report that the company currently meets many wellbeing fundamentals for employees such as a sense of belonging, trust, autonomy and feeling valued.</p> <p>Participants report that there is a positive culture in the company and leaders listen.</p> <p>Participants report that the company does more for wellbeing than other companies.</p> <p>Participants report that the company did very well during Covid lockdowns (in terms of supporting wellbeing) and the company did well in the switch to homeworking.</p> <p>Participants express that ‘the organisation does a good job of showing that they care’.</p>	<p>Participants report that they are grateful for many of the events and initiatives that take place – particularly the mental health initiatives.</p> <p>Some participants report that they are grateful for many physical resources and provision such as the EAP and new office buildings.</p> <p>Some participants report that they believe the company does more for wellbeing than other companies.</p> <p>Some participants report that there are some very caring and genuine leaders and managers within the company.</p> <p>Some participants express that the overall provision for wellbeing is good.</p>
<p>Participants report that they feel they can speak up and the company will listen and genuinely care.</p> <p>Participants report that all initiatives for wellbeing are valued and there is very little waste of time or resources.</p> <p>Participants report the company does more for wellbeing than other companies, and previous companies they have worked for. Some report that this is the first time they have been in a working environment where wellbeing is taken seriously.</p> <p>Participants report that the wellbeing lead has had a significant positive impact. Employees feel they can trust the wellbeing lead and initiatives show caring.</p> <p>Participants report that there is a positive, inclusive culture. The company has great inclusive practices and works hard to make everyone feel included. The company is an exciting place to be.</p>	<p>No comparative data – practitioners did not focus on praising their respective organisations. They focused on what organisations as a whole need to do to improve.</p>

Strong similarities: All participants believe that their company does more for wellbeing than other companies. All participants also express gratitude for what is on offer already.

Strong differences: There is more praise for the smaller company, and this may be due to the positive impact the wellbeing lead has had on employee wellbeing.

Explanation: Praise is limited to general statements of gratitude and perhaps biased perceptions of how well their company does in comparison to other companies. For many employees, wellbeing in the workplace is a new phenomenon and they may not have experienced a focus on wellbeing in previous workplaces.

Areas for reflection or concerns (themes)

<p>Participants report that a ‘comms’ approach to wellbeing is difficult. Communicating wellbeing provision is a challenge for all involved, and enacting wellbeing through comms is also challenging. Some colleagues find email comms noisy.</p> <p>A few participants report that line managers can vary in their awareness of wellbeing, creating a varied employee experience. This can lead to some negative perceptions versus more positive perceptions of the extent to which wellbeing is addressed.</p> <p>Participants report that they would like to experience more communications and follow-up post wellbeing initiatives or post wellbeing requests.</p> <p>Participants wish to see leaders and line managers become more involved with wellbeing initiatives. Employees are inspired when leaders communicate stories about their own wellbeing. This inspires trust and openness within the organisation.</p> <p>Participants report that it is very difficult to please the majority when implementing a wellbeing strategy and it can be hard to get buy in across the whole company. This is harder when initiatives are companywide.</p>	<p>Some participants report that initiatives can feel detached from the problem and / or the solution. For example, some colleagues have been signposted to the EAP for issues that their manager could potentially resolve.</p> <p>A few participants report that line managers can vary in their ‘buy in’ and awareness of wellbeing, creating a varied employee experience. This can lead to some negative perceptions versus more positive perceptions. Additionally, some colleagues still worry about admitting mental and physical health difficulties due to stigma and a fear of being judged.</p> <p>Some participants report that a ‘comms’ approach to wellbeing is difficult. Communicating wellbeing provision is a challenge for all involved, and enacting wellbeing through comms is also challenging. Some colleagues find email comms noisy and other colleagues have suggested that not all staff check email.</p> <p>Some participants have suggested that they do not have time to take part in wellbeing events or initiatives because they have a very high workload.</p> <p>Some participants report that there is no person or team in charge of employee wellbeing. Participants have suggested that there needs to be a companywide wellbeing strategy that can be adopted and adapted at local and individual levels.</p>
<p>Whilst all initiatives are valued, some participants feel more could be done, or some initiatives could be improved. Some participants would like to see initiatives designed to address individual needs surrounding workload and stress. Some participants have asked for initiatives that further encourage a feedback culture within the organisation. Many participants would like more advance notice and details of social events, and some commented that they find it difficult to attend social events and they worry about this.</p> <p>A few participants have suggested that the movement to flexible working / work from anywhere could impact company culture and they understand the need to ensure that this does not happen. In the context of flexible working, participants have suggested that the company needs to find a balance between meeting individual needs (and having inclusive practice related to flexible working) and being fair to all employees.</p> <p>A few participants have suggested that comms surrounding wellbeing meetings could be improved. For example, some suggest that there is not always enough feedback regarding what has been discussed in wellbeing meetings. Participants report that a ‘comms’ approach to wellbeing is difficult, and enacting wellbeing through comms is also challenging.</p>	<p>Supporting wellbeing is challenging. Practitioners suggest that everyone needs to buy into ‘wellbeing’ and good work in organisations, and this is not always the case. There may be cynicism amongst leadership, management and / or employees within organisations. Moreover, practitioners suggest that some employees worry about the intentions concerning why an organisation is enacting a wellbeing strategy. For example, some employees believe wellbeing is enacted purely to enhance productivity, or even worse, to identify people who have mental health difficulties for redundancy purposes. This can breed cynicism, distrust, stigma, and hesitancy amongst many employees. Practitioners suggest that wellbeing strategy in organisations is rarely excellent, and they are still discovering what does and does not work. For example, practitioners have discovered that piecemeal interventions rarely have an impact. Interestingly, practitioners suggest that placing the onus on managers to improve employee wellbeing is problematic. This is because middle management are often ‘squeezed’ in terms of time and emotional resources. Thus, managers and leaders are rarely ‘looked after’ but are expected to have the soft skills to look after others. Practitioners point out that enacting wellbeing through comms is challenging and meeting individual needs is also challenging.</p>

Several participants have suggested that one-to-one meetings should be prioritised, and they could be improved through being more structured.

Some participants suggest that some managers can vary in their capability to look after employee wellbeing or get involved in initiatives. Employees would like to see management and leaders involved more with wellbeing initiatives.

Wellbeing strategy and intervention was a tick box exercise in many organisations. Practitioners suggest that many people are now fully aware of the extent to which 'wellbeing' was a tick box exercise in organisations. For example, organisations may have intentionally or unintentionally decided that cheap interventions were appropriate 'sticky plasters' for covering up more fundamental wellbeing issues such as the company culture. Practitioners implore organisations to recognise that quick fixes do not work, and it is now important to demonstrate that wellbeing is being enacted out of genuine care for employees

Many internal practitioners suggest that external providers do not always help with the fundamental issues of supporting wellbeing. Internal practitioners state that they are contacted by multiple external providers every day and many of these external providers offer the same 'solutions' and have carried out very little research about the specific needs of the business and their employees. Internal practitioners suggest that there is a lot of 'snake oil' and exaggerated claims of efficacy. Internal practitioners suggest that external solutions (which may include speakers, apps, and training) must be utilised within organisations alongside powerful internal conversations and continuous company culture development.

Strong similarities: All case studies report that a comms approach to wellbeing is difficult. All case studies suggest that variation in manager / leader 'buy in' and interest in wellbeing affects wellbeing strategy and / or experience. All case studies recognise that implementing a wellbeing strategy is difficult, because it is difficult to meet individual needs, however this problem could be resolved through an approach this is both whole organisational and adaptable.

Strong differences: There are many contextual differences within this category which can be explained once one becomes aware of individual company issues. For example, in the large company managers have been advised to signpost to the EAP and some managers are perhaps doing this instead of considering what other solutions would be more relevant. In the smaller companies there is a focus on social events, and some participants feel that this can be "enforced fun", which can detract from their wellbeing. Practitioners have a wider contextual view on what has gone wrong generally in the enactment of wellbeing strategy. They highlight the extent to which much of it has been a tick box exercise and they highlight the rise in external providers and many of their dubious claims regarding the efficacy of their products and services. Practitioners recognise the intense pressure that is being placed on middle management.

Explanation: Communications, leader / manager buy in and meeting individual needs appear to be the main consensus concerns amongst organisations. This is interesting because participants have focused on culture, leadership and how to meet individual needs in their suggestions for development. There appears to be a need for an approach that generates consistency but also meets individual needs and fosters interpersonal relationships.

Participant's views regarding why your organisation implements a wellbeing strategy.

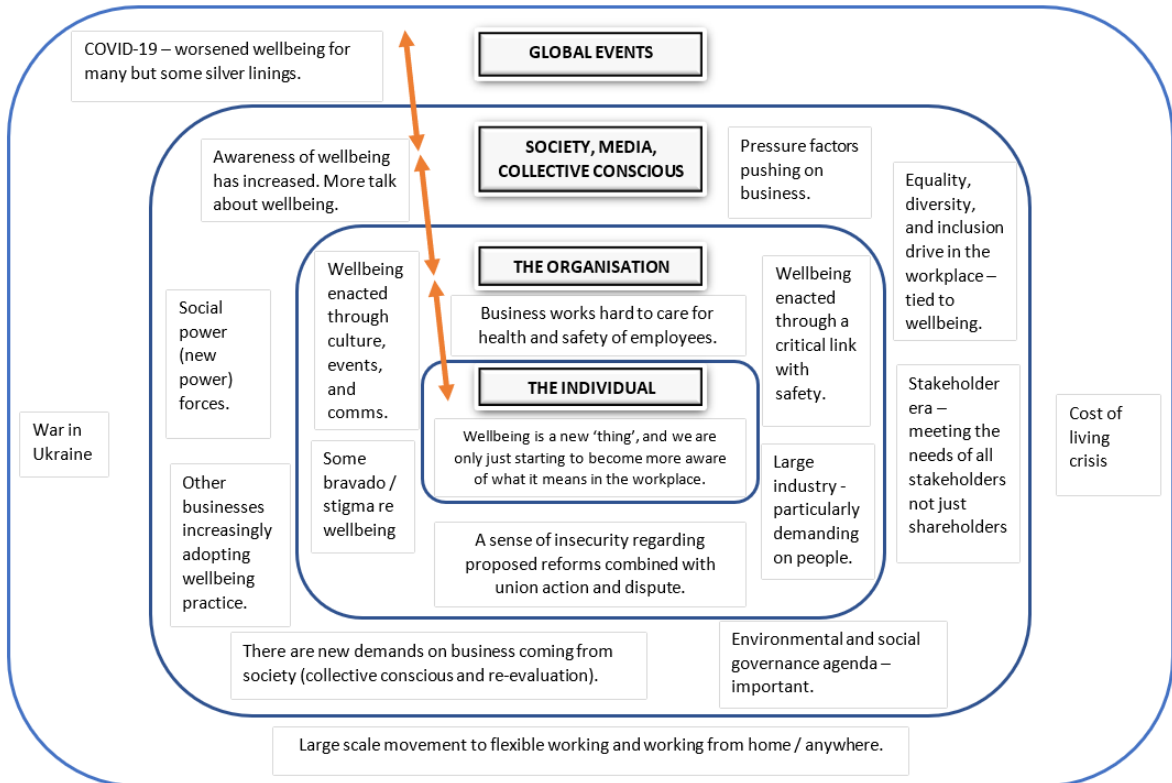
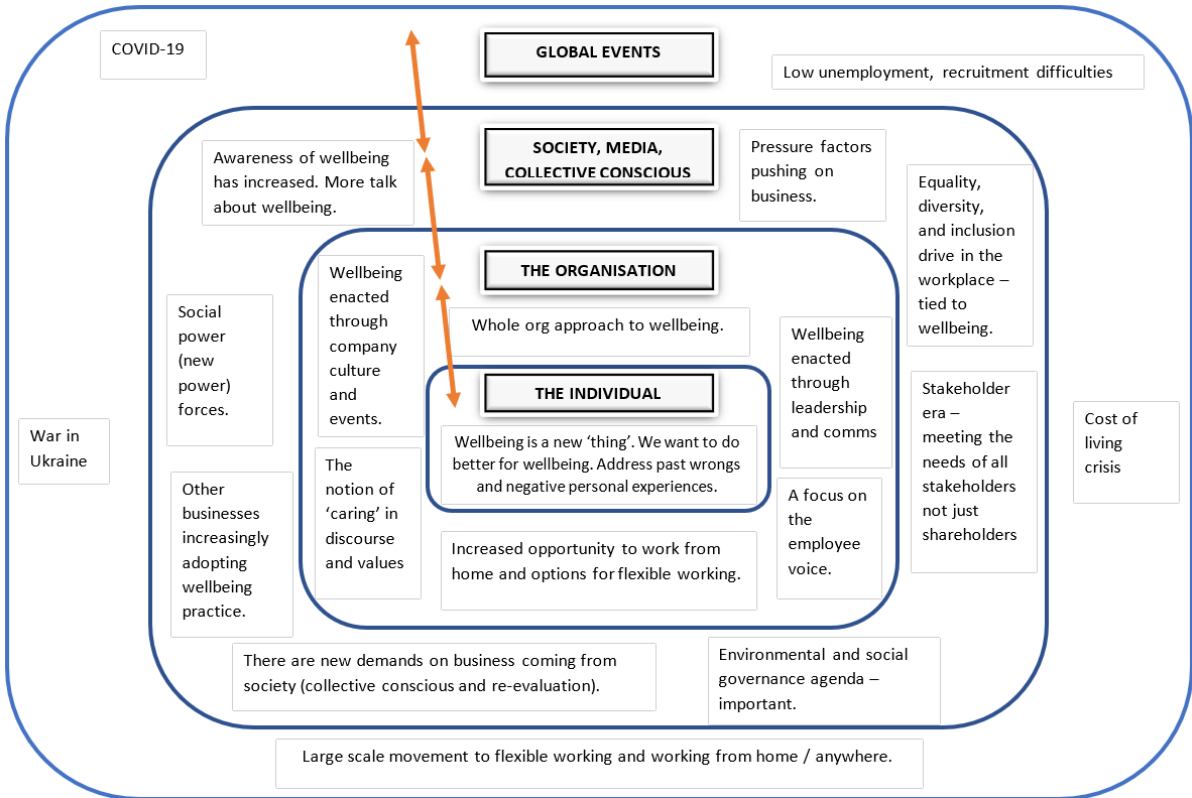
<p>A large majority of participants reported that this was to meet business needs and reduce pressure on the business (such as to reduce absence and increase productivity, reputation in the eye of society, and the need to respond to crisis events.)</p> <p>A minority of participants reported that this was because the business genuinely cares about employees (this involves the idea that leaders want the business to be a great place to work and leaders want colleagues to feel supported.)</p> <p>A small minority of participants reported that this was to bridge business and employee needs (this includes the alignment of values, and the idea that wellbeing is not a zero-sum game – it is good for business, individuals, <i>and</i> society.)</p>	<p>A large majority of participants reported that this was to meet business needs and reduce pressure on the business (e.g., to reduce absence, sickness, and costs, and to increase productivity. Additionally, participants talked about the need to meet societal expectations and the notion that the business has a duty of care and must meet safety requirements.)</p> <p>A minority of participants reported that this was because the business genuinely cares and wants the business to be a great place to work (e.g., this involves the idea that leaders want the business to be a great place to work. Additionally, leaders want to reduce stress and ensure that colleagues feel supported.)</p> <p>A small minority of participants reported that this was to bridge business and employee needs (e.g., this the idea that wellbeing is not a zero-sum game – it is good for business, individuals, <i>and</i> society.)</p>
<p>Many participants reported that this was to meet business needs and reduce pressure on the business (e.g., to reduce absence, sickness, and costs, and to increase productivity. Additionally, participants talked about the need to meet societal expectations and there is a need to respond to external crises.)</p> <p>Many participants also reported that this was because leaders genuinely care and want the business to be a great place to work (e.g., participants stated leaders genuinely care and want employees to feel happy, valued and enjoy working for the company.)</p> <p>A small minority of participants reported that this was to bridge business and employee needs (e.g., this the idea that wellbeing is not a zero-sum game – it is a win-win for business and individuals.)</p>	<p>Many participants reported that this was to meet business needs and reduce pressure on the business (e.g., to reduce absence, sickness, and costs, and to increase productivity. Participants mentioned recruitment and retention. Additionally, participants talked about the need to meet societal expectations and there is a need to respond to external crises. Participants mentioned that a wellbeing strategy can tick boxes in a bid to win and retain clients.)</p> <p>A minority of participants reported that businesses recognise that it is good for businesses, individuals, and society (e.g., this the idea that wellbeing is not a zero-sum game – it is a win-win for business, society, and individuals. There is balance between genuine concern and the business case and businesses have realised that ‘wellbeing’ and profit are not either / or.)</p> <p>A small minority of participants reported that this was because leaders genuinely care and want the business to be a great place to work (e.g., participants stated leaders genuinely care about employees.)</p>

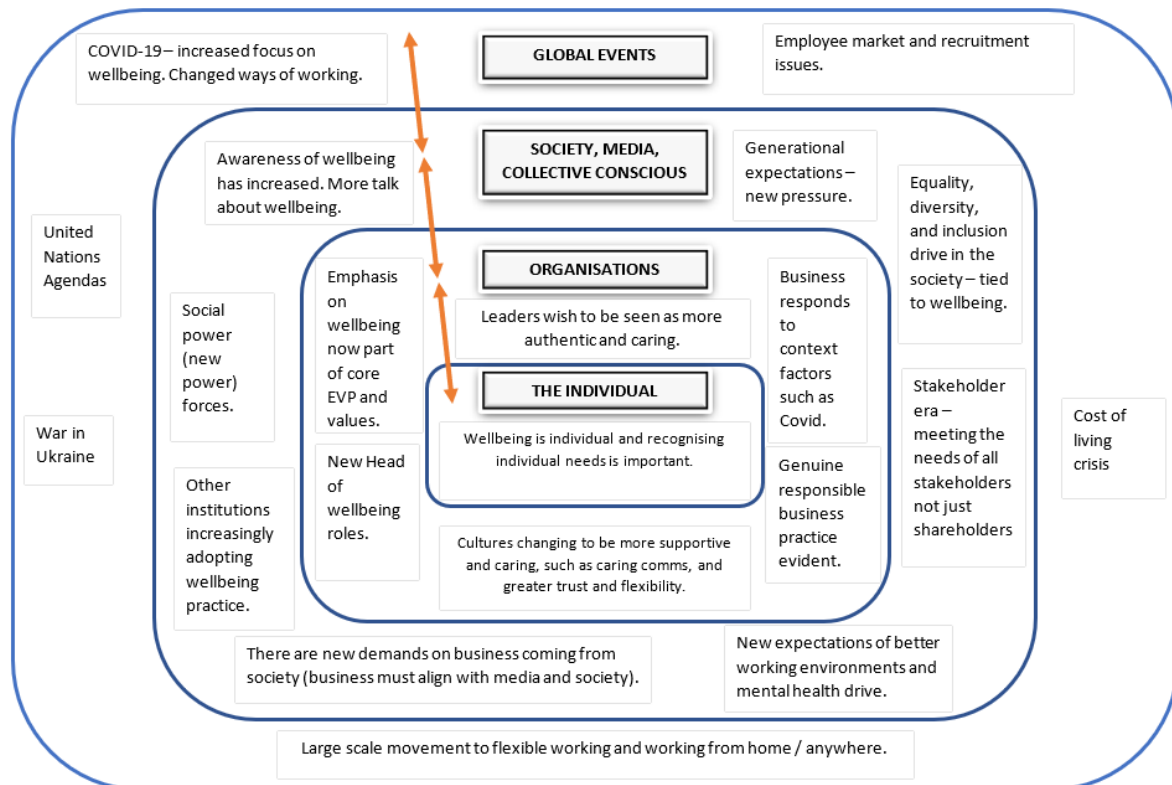
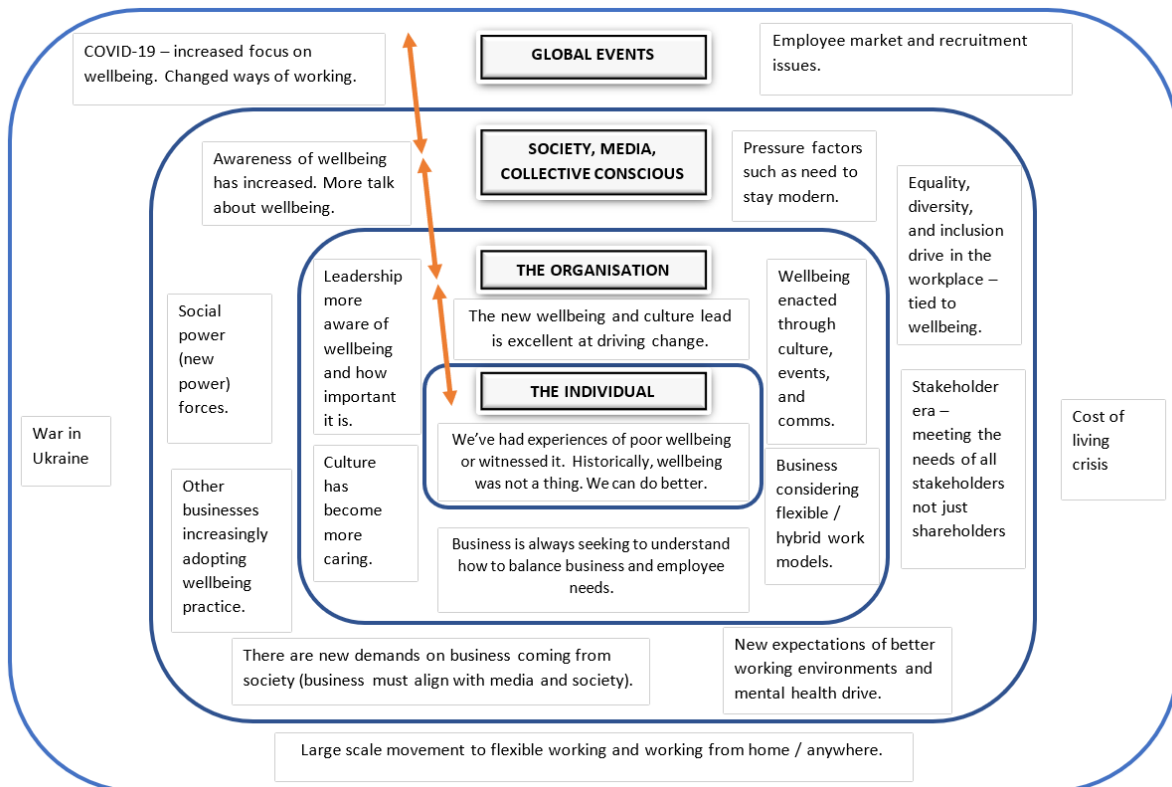
Strong similarities: The main theme here is that there is a perception that wellbeing is primarily being done to meet company needs. The idea that wellbeing is being done because organisations believe it is critical and beneficial for *both* business and employee needs is weak across all case studies.

Strong differences: There are no strong differences in this category.

Explanation: There is a zero-sum game mindset amongst participants. The perception of organisational intentions suggests that trust may be low. I discuss this further in the reports.

External context as a feature of wellbeing





Strong similarities: Analysis of the four context maps suggest that global, societal, organisational, and individual events and entities all play a role in influencing wellbeing strategy. Pertinent global events are similar across case studies. The only difference is that the recruitment crisis does not play

a role in the large company's decision to enact wellbeing initiatives. This is a specific contextual matter. Themes concerning societal events and trends are similar across all four case studies. Themes concerning the individual are also similar in that individuals recognise that 'wellbeing' feels like a new thing to them. It was not there before, and individuals are interested in new approaches towards wellbeing in the workplace.

Strong differences: Organisational level themes are different due to specific contextual circumstances.

Explanation: The context theme map illustrates how all organisations have their own micro context and their own needs, but all organisations are interacting with a societal context and global events. In a transparent and interconnected world, leaders in organisations are increasingly responding to trends, macro crises, and societal expectations. Thus, there are many similarities in the categories above because all organisations are drawing on the same collective discourse and they are all being impacted by existing global and societal forces. However, there are also many contextual nuances because these forces are interacting with the unique contexts of organisations.

The theoretical and practical implications of these findings will be discussed in conversation with the extant literature.

Consent form (Whole Organisation)

Project title:

Understanding how wellbeing interventions are defined, implemented, performed, and experienced in the workplace.

Name of lead researcher: Laura Byrne

Please circle yes or no

1.	I confirm that I have read the Participant Information Sheet (Whole Organisation) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	Y	N
2.	I understand that participation is voluntary and that I am free to withdraw my organisation at any time up to the data analysis stage, without giving any reason and without my legal rights being affected.	Y	N
3.	I agree to the collection of data pertaining to the whole organisation's approach to employee wellbeing. I understand that this data will be collected and processed as described in the Participant Information Sheet.	Y	N
4.	I confirm that members within the organisation can freely decide to take part or not take part in observations and interviews. I agree to these being audio recorded, with individual participant's permission. I understand that employee confidentiality will be always maintained.	Y	N
5.	I agree that the researcher can use anonymised quotes made by the 'organisation' in their PhD thesis and any publications that may arise from the study.	Y	N
6.	I confirm that management provides consent for the researcher to observe meetings pertaining to wellbeing.	Y	N
7.	I confirm that management provides consent for the researcher to observe instances of wellbeing interventions within the organisation.	Y	N
8.	I agree to take part in focus groups and understand that participants will be asked to maintain confidentiality of the information discussed within the focus group. However, due to the nature of focus groups, the researcher cannot guarantee focus group confidentiality.	Y	N
9.	I agree to anonymised data pertaining to my organisation being used by research teams for future research.	Y	N
10.	The organisation agrees to take part in this study.	Y	N

Organisation ID:

Date:

Signature:

Investigator:

Date:

Signature:

Consent form (individual)

Project title:

Understanding how wellbeing interventions are defined, implemented, performed, and experienced in the workplace.

Name of lead researcher: Laura Byrne

Please circle yes or no

1.	I confirm that I have read the Participant Information Sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	Y	N
2.	I understand that my participation is voluntary and that I am free to withdraw at any time up to the data analysis stage, without giving any reason and without my legal rights being affected.	Y	N
3.	I agree to my personal data and data relating to me to be collected during the study and processed as described in the Participant Information Sheet.	Y	N
4.	I agree to my interview / focus group being audio recorded.	Y	N
5.	I agree that the researcher can use anonymised quotes made by me in their PhD thesis and any publications that may arise from the study.	Y	N
6.	I agree to being observed during meetings pertaining to wellbeing.	Y	N
7.	I agree to being observed as I take part in any wellbeing interventions.	Y	N
8.	I agree to take part in focus groups and understand that I will be asked to maintain confidentiality of the information discussed within the focus group. I understand that due to the nature of focus groups, the researcher cannot guarantee focus group confidentiality.	Y	N
9.	I agree to my anonymised data being used by research teams for future research.	Y	N
10.	I am not currently experiencing chronic health or mental health issues, nor am I on long term sick leave.	Y	N
10.	I have the English language skills necessary to take part in an interview.	Y	N
12.	I agree to take part in this study.	Y	N

Please delete as appropriate:

I would like / would not like a summary of the interview (via email / via post)

I would like / would not like a report of the study's findings (via email / via post)

Preferred address for feedback / interview summary as applicable:

Participant ID:

Date:

Signature:

Investigator:

Date:

Signature:

Consent form (individual practitioner)

Project title:

Understanding how wellbeing interventions are defined, implemented, performed, and experienced in the workplace.

Name of lead researcher: Laura Byrne

Please circle or highlight yes or no

1.	I confirm that I have read the Participant Information Sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	Y	N
2.	I understand that my participation is voluntary and that I am free to withdraw my participation and data at any time, without giving any reason and without my legal rights being affected.	Y	N
3.	I agree to my personal data and data relating to me to be collected during the study and processed as described in the Participant Information Sheet.	Y	N
4.	I agree to my interview being audio recorded.	Y	N
5.	If the interview is conducted through Teams, I agree to my interview being recorded and live transcribed through Teams.	Y	N
6.	I agree to my interview being transcribed within Microsoft Word.	Y	N
7.	I agree that the researcher can use anonymised quotes made by me in their PhD thesis and any publications that may arise from the study.	Y	N
8.	I agree to my anonymised data being used by research teams for future research.	Y	N
9.	I am not currently experiencing chronic health or mental health issues, nor am I on long term sick leave.	Y	N
10.	I have the English language skills necessary to take part in an interview.	Y	N
11.	I agree to take part in this study.	Y	N

Please delete as appropriate:

I would like / would not like a summary of the interview (via email / via post)

I would like / would not like a report of the study's findings (via email / via post)

Preferred address for feedback / interview summary as applicable:

Participant ID:

Date:

Signature:

Investigator:

Date:

Signature:

MR1: Excerpt 1 – participant discussing health and wellbeing campaigns in the workplace.

Doesn't matter how many times that somebody pushes something on. You know if they don't want to do it, they are not going to do it are they?

ME100 Excerpt 2

So, I would challenge an organisation that says, well, the person didn't tell me. I would challenge and say well, why didn't they tell you - what did they feel would happen as a result? If that is that they would lose their job, then... that's kind of on you if that's the culture you've created. So yeah, I guess from my perspective from a health and safety background... more really, I think you know there's a lot further organisations should go than what is the kind of legal minimum expected.

MF1000 Excerpt 3

At least report back if you couldn't act. You know, normally, they say, what are your three biggest problems, and you say, and they go no we don't like that. Have yoga. You know what I mean? So, it's action if it's easy. Maybe I'm being over cynical, and people do care, and it is their hands are tied a lot more. But somewhere along the line they've got to release those ties and let people help each other.

MF1000 Excerpt 4

I think that a lot of it is to do with how people's contracts are as well. Because, you know, once you get a certain grade, your bonuses are based on KPIs for this and that. And one of them is responses to these surveys. If they did away with that and said look it's guaranteed and people would, I think, respond more. And if they felt something would come from it.

ME1100 Excerpt 5

... you also want to have to engage them (employees) in such a way that when this comes (e.g., health and wellbeing initiative)... it's not like the executives are trying to push things... so they can find a way to sack you when you are not... you know, when you are not fit, when you're not competent or if you declare you are unhealthy and what... So then that that's the other side. So it just needs a clear balance where the... those that are up... and us who are below will have a good working relationship and understanding as to that... the, the bosses are not just trying to use this as a tool to dismiss people but also just as a tool to support wellbeing and that can be separated by the way they react and respond.

M1000 Excerpt 6

Laura: So, do you think there is a lot when it does come from the top, you are coming across a lot of cynicism amongst employees about the intentions behind the initiatives, the...

MF1000: Oh yeah, that one is always there. It's always there. It doesn't. It's always there, so it would be naive if you deny that, and it would be naive if you don't see that it is.

MF1000 Excerpt 7

So, word quickly spread it. This was the only site - word quickly spread that they were doing that, and they were... It's only one person who started it. I don't even know who. But then it was that they were using, um, the official health records to make people redundant. But that that wasn't the case, but it was what was perceived. IDENTIFYING INFO REMOVED – BUT THIS IS HOW MANAGEMENT LEARNED THAT EMPLOYEES WERE PERCEIVING THIS. The management had to hold a meeting with employees and explain their intentions. It all depends on how it's perceived. Again, the mind... the

mind comes into play, so you might be doing the good thing in trying to promote health and wellbeing, or make... whether the wellbeing is good, but then it can be seen as different.

MF1200 Excerpt 8

And there's a difference between false belonging and, you know, rewards and all this type belonging thing actually belonging... a human is very able to decipher when you do belong or when somebody is just giving you a lot of old bumf and going oh, we do this. We do that. I think actually the culture of an organization is something that really drives organizational wellbeing.

MS1300 Excerpt 9

So, I think that we've done a few mandated programs and I won't name what they are, but we've it's become a bit of a tick box, you know, it's been mandated that everybody has to go through it, then people are pushed to make it happen. There isn't necessarily the value from the activity itself because it's been – we must get the tick that everybody's done it and we need to be a little bit careful when we do that because it loses its effect completely and doesn't end up being genuine... ends up being something that people go God, it's another initiative. And it's a one off as well, which just doesn't, it ends up not being credible.

KS2 Excerpt 10

I think sometimes you just sort of see little things that I think they are doing it because it's the time of the month. But you don't actually see anything behind it? I'm only saying it now because it's only just come along but sort of pride month. You see loads of companies have, like, put the rainbow – incorporated it into their company design and things like that. But you don't actually see – are they actually doing anything other than just changing their logo just to sort of act as though they are doing something.

HF4 Excerpt 11

I think it's really important that it's done for genuine reasons rather than just going oh, now I've done that training, but I think you can kind of tell if how the company is feeling about it. So, for example if there were no senior managers on the training that you'd go well, obviously this isn't the top priority um, or if there was no sort of there was no engagement from them or no acknowledgement of it then that would almost then drive you to - well, they don't really care. And why should I bother? Whereas I think getting the engagement from them on it is probably key in reinforcing that.

Laura: Yeah. And do you think that an initiative is likely to have low engagement if employees perceive that it's not being done for authentic and...

HF4: Oh, yeah. Yeah, I think if well, that's my opinion. But yeah, I think if I felt like it was just a tick box exercise, I'm way less likely to... I'd be less likely to... if it was compulsory, so some sort of training that's compulsory. I'd still do it, but you wouldn't put as much effort in. I feel like and you wouldn't get anything out of it. You'd... if they see it as a tick box exercise, then you would have the same attitude really towards it, which is not the best way to go about it.

KE10 Excerpt 12

KE10

Yeah, I think it is important to differentiate. I think that some companies, very outwardly, perhaps on social media and on like an online presence. Uh, very desperate to seem diverse and focusing on well-being, but then the culture in the workplace hasn't necessarily caught up or reflects that.

Laura Byrne: Yeah, and how do you think that sort of makes employees feel about what's being

offered to them? Do you think that might affect their engagement in it? Do you think it might affect their attitude towards any future initiatives for well-being or to the leadership that's implementing it?

KE10

Yeah, I think, I think if you can see your company outwardly saying they're doing something and you don't think it's being reflected internally, then it makes you less happy about the company that you're working with and it makes you not necessarily feel as trustworthy about other things you hear them say, which even if they might be then going on to do those things. I think, yeah.

OP11 Excerpt 13

...if they say oh, we support well-being because we do training days and we are remote working... even if you feel like that's not genuine, that's helping your well-being to some extent. But at the end of the day, if you're coming to someone and you're you know, you want, you want someone to care simple as, and that's the main thing. Umm. Uh, yeah, I think it's... I think it is really important that businesses do care. They should.

OP11 Excerpt 14

And I think, like I said with the survey, if it's not, if you're not showing that you're going to do something about it then people are just, you know, they're kind of why would... why would they bother? And I think a lot... like you say... a lot of companies can do it just because it is the trend and you see a lot on like job applications and what they think is... what they think is well-being - like a pool table or whatever, when really, people want to know what you're doing and... I guess, that it's not like I said for commercial reasons not to reduce absences and whatnot and it is just about genuinely caring.

DK12 Excerpt 15

When you join a company and you get given this list of things you get when you join the company... you go oh that's really amazing, but the actual reality of what you get when you actually join the company is like OK, that's actually really crap. It's like almost a con to get you in the building. It's not, but it always feels like that. That's the whole point of it isn't it? It's whether or not it feels like it's worth it.

DK12 Excerpt 16

But if a business takes care of you. You're going to want to take care of that business. That's more of a, I think that's more of a more of a way to do it rather than just doing... we're just checking boxes. And then if you join us, great. If you don't join us, oh well. See you later. Or if you join us for six months and you go and look... I want to hand my notice in, I'm not really enjoying this, and they go Ok, thanks. And then at the end of your four weeks, see you later. You shouldn't want to quit a business. But if you, if you're, if you're brought into somewhere where they are just ticking boxes and that makes you feel that you can just jump in and jump out. A business should make you want to stay there forever. Well, not forever, but of a stretch but at least until you want to retire. No one has that mentality anymore. I think that is because everywhere is a box ticking type of company. It's bring you into it and go, we actually don't care about you, or you're just here to fill some things or make us money. That is standard economics. Everybody wants to make money. Everyone wants employees to do their job so they can invoice people and make money. But THIS COMPANY always seems to sort of care that little bit extra.

AU14 Excerpt 17

Yeah, if they're not doing it properly and if it's... if it's obvious, obviously a lot of people can hide it. They can... you can write an e-mail to people and make out like you're... like you care about these

people. If your... if you get found out, it could make the whole company crash. And I generally think at the moment with wellness and well-being. I genuinely think a company could crumble from bad rep because of it. So, I think you have to be clever if you're going to lie about it and just do it to tick a box. You have to be careful how you're going to do it, because yeah, and then each one person who's struggling, you don't help them, they will do whatever they can to kind of... people do go after companies... try and ruin them. In the end, if they haven't helped them, or they've done something to kind of force their hand. Whether they're not helping, and they have to leave, or they don't get paid whatever. It only needs one person to take a company out, so yeah, I think they have to... I'd like to think there's not too many companies who are doing that, but yeah, unless they're careful, I think it could bite them.

Laura: So, would you say, obviously, you've got the companies that genuinely care and are doing well-being well, that's fine. You've got the companies who probably may not genuinely care, but they're doing well-being, but then they're not contradicting themselves with lots and lots and lots of bad things. So

AU14: yeah,

Laura: they could be fine, but then you've got the company who is doing well-being as a tick box. But then when you go into the company, the culture is toxic and so on. Would you say they're the ones that are at risk?

AU14: At risk, yeah, definitely. Because on the face of things, if you're just sending these things and you're saying the right things, that's fine, because if you come into a company. And you don't necessarily use, or you don't struggle from wellbeing, you go, oh the company will offer that - great and then you just flow through. If you then start asking for help and you get deeper into and get behind the scenes of that and you realize actually, they don't care. That's when there's a massive issue. So, I think yeah, until someone uses it, that would be fine. But as soon as someone gets behind the scenes and realizes that right.... I want to speak... somebody said they would speak to me... that person doesn't actually care, they are asking the wrong things, or they just don't care about me. That's then... that's where it can implode.

JL1000 Excerpt 18

Those behaviours are contagious to the people below them. So even if you're saying. We want you to look after yourselves and we've got a smoothie maker in the kitchen and you know, you should eat healthy foods and we lay on lots of salads in the canteen and we think you should get away from your desk... unless people in quite senior roles are role modelling those behaviours. It is very unlikely that whatever wellbeing intervention you invest in will actually impact employees because they just don't believe it.

JL1000 Excerpt 19

...but we do also get a lot of cynicism um, with just employees that we train because they're like, yeah, yeah, they're investing in this, but it won't matter because they don't really care about it. And you know my line manager's still going to be expecting me to be online at 8:00 o'clock at night or finishing this piece of work. There's still going to ultimately be more work than I can cope with in order to make time for my wellbeing. So that's where usually where we get the cynicism - we get cynicism there... I've heard it all before... and nothing's going to change. So, it's that kind of... yeah, it's the feeling that nothing will actually fundamentally change.

JL1500 Excerpt 20

...so I work in organisation at the minute that is genuinely interested in improving the wellbeing of their workforce, but there will always be cynicism in that workforce because you know, as communications ripple, they get weaker or if your fundamental day to day isn't how you perceive it

to be, or how you want it to be, wellbeing always bears the brunt of it, so and then a previous organization I used to work for said all the right things. But it was very clear that it wasn't part of their future ways of working. It was why I left, to be fair, because as an individual myself, I like to be within the business and you know, it's hard to champion something that you know truly isn't impactful. So yeah, I've kind of seen both sides of it, and I think it's really damaging when an organization says what they're going to do and really doesn't deliver it. It's very unprofessional.

JL1500 Excerpt 21

...before I do anything, I would always go to the leadership team and say, look, we're going to open a can of worms because it is a can of worms. If you're unprepared to put the right resources in place or change the way we work, don't bother. Don't talk about it because it will be inauthentic. I'd rather there be nothing than have a leader that talked a load of crap, basically, if I can say that on... the on the thing (recording) - it's more damaging... you know to do that. So, before we do anything, the leadership has to be in the right place because it's counterproductive if we try and do it the other way around because most of the things that it revolves back down to is relationships.

JL1700 Excerpt 22

...there's always a danger that people will say, oh, this is just a tick box exercise, and you quite often hear that from folk if they're talking about like surveys. A lot of companies will do a wellbeing survey and then not do anything with the data and then that disengages people from doing another survey. So, I think from one hand you could say right, somebody can easily go 'oh they're just ticking that box to look good or to get a contract or or whatever But that's where the... what would I call it... the continual sort of drip feeding of wellbeing into life - work life is really important because if you just stand there and wave the flag and say we're having a wellbeing day, then that just becomes 1 day, 1 event, but then if you subtly introduce the idea of wellbeing into other things like you know whether it's say financial or whether it's to do with benefits that people get or anything like that, it starts to change the way that people think and and kind of gets them to unconsciously realize or start to realize that it's actually just part of their work life that that employer wants to make sure that their wellbeing is all that it can be.

JL300 Excerpt 23

...there are some organizations where employees are like that. They're very cynical and where they have, you know, every reason to be cynical. There's a client I can think of that... yeah, they have a lot of wellbeing initiatives, but there's a huge bullying culture in the organization so...

JL800 Excerpt 24

Laura Byrne

Have you ever felt that organisations are doing wellbeing as a tick box exercise?

JL800

Yeah, yeah, absolutely all the time and still and still now. Which... and then of course you know, that's one of the reasons why it's not... it's not successful. And you know, if you approach it like that, fundamentally employees see through it you know. You know, they know the difference between something which is authentic and genuine and something that is, you know, just ticking the box.

ME400 Excerpt 25

First of all, they - some people in the organization like to appear that they care. Uh, some people in the organisation, it's preference to... If they do support certain members of staff, then they're guaranteed to keep the work going. And they're also guaranteed to cut down or sickness and save money that way. Uh, and unfortunately, some senior members look at it as financial reward or financial gain, however you want to define that to make sure that people come to work and turn up, do what they need to do, and therefore the company becomes more profitable, and it keeps

running. You have other senior members of the team that are absolutely passionate about health and wellbeing, and they genuinely care about the people. Uh, and that obviously they still have to deal with the financial side, the sickness - time and everything else, but they hand on heart, they actually care about the employees and the people that work here. So that there is a little bit of a difference there in, in, in a matter of speaking from, from attitudes from like people above, you know.

6.2 The influence of internal and external (individual and collective) context.	
<p>External global events have driven collective awareness and collective action and enabled a focus on wellbeing in the workplace. (Global stratum)</p>	<p><i>So, we've probably had to move to allowing remote working so that then we could actually hire, you know, some talented people... like we have a whole department of software developers who are all remote, and that's because they're... I think they're all just in the UK at the moment, but we did have some that were in other countries as well. So yeah, people kind of thinking about that, life / work balance, has also then resulted in us then having to have remote working so that we could recruit people that were still talented. KS13 Holly discussing the impact of mass movements to remote / hybrid working following the pandemic.</i></p> <p><i>While it was definitely becoming more prominent before COVID and lockdowns and all that stuff, I think that really shoved it in the forefront. It was, it was... It's no longer a nice to have, it's a - we have to absolutely be dealing with this right now because your business isn't going to continue succeeding otherwise. Lucy KG1200</i></p> <p><i>But you know, they have to understand that a lot of people are worried about how they're going to pay their bills. So that's... and how long they can pay those bills for. So that does drive a lot of people's attitudes and health. Sam MF1000 discussing the impact of inflation.</i></p> <p><i>I have been told that recruiters are now saying to companies... what's your wellbeing policy? But I think the biggest driver is staff turnover right now. Uh staff turnover and people still are focusing more on that than staff attraction. I think the lack of boundaries and inflation is starting to play a big role in the pressure, really big role. Because people are feeling it, yeah. Emily JL900</i></p>
<p>There are mounting pressure factors in society.</p>	<p><i>There's also there's driving need from employees. So we've got like you know we, we know the younger generations in particular are saying - they're not asking for wellbeing – they're just assuming that there's going to be flexible time and that organisations are giving back and thinking about carbon footprints and there are healthier food choices when I am coming into the office and - are you going to subsidize me to be able to do mindfulness or go to talks or go to a gym? So, there's this drive from employees. JL600 Charlotte discussing changes expectations in society.</i></p> <p><i>I think also it's probably more on trend. Do you know what I mean? I think as we're evolving, we're getting to recognise people's feelings and, you know, with the mental health. It's become a lot of a... more talked of subject in comparison to maybe like 10 years ago. MR1 Abigail</i></p> <p><i>I mean, I mean again it's different depending where you are in the world depending on the sector, but I think more people are considering actually, yeah, how their work can have a more positive benefit. And we certainly see that. I think again with younger generations much more scrutiny about</i></p>

	<p><i>positive impacts, business with purpose. Uhm, or profit with purpose. So yeah, I think there's definitely an element of that as well. JL800 Stacey</i></p> <p><i>But I think what's changed is now that it's expected and so organisations are kind of maybe chasing their tail a little because, you know the way we work has fundamentally changed. What we do, how we do, where we do it has changed and the impact that has is on an individual's wellbeing. So, it's forced the conversation really. So I think it was always there and I've always worked in organisations that have tried to be proactive about it, but now there is an expectation. You're not a forward thinking company unless you have a suite of flexible benefits that include mental wellbeing. And so people are thinking about it a little bit more proactively now, which is great. And it's not just the health and safety or the HR function pushing it. It seems to have the same kind of focus across the whole of the business. JL1500 Alison</i></p> <p><i>I think there's more of an expectation to be able to provide better working environments. Um, places that, perhaps don't provide those work environments are considered a bit more old fashioned these days. So, I think maybe there's a pressure to stay modern with the current expectations. KE10 Aiden</i></p>
<p>Organisational context (such as culture and leadership) impacts potential for and focus of wellbeing strategy.</p>	<p><i>Quite frankly, if you haven't got an inclusive organization, whatever you do from a wellbeing perspective is like putting a sticking plaster on open heart surgery. Quite frankly, because you just... if you can't be who you are and comfortable with that, then your wellbeing's going to be shot anyway. It doesn't matter if you get gym access or counselling or whatever because you, you're having to not turn up as your true self to work every day and that's draining and so negative impact on your wellbeing. So, it's a core principle. JL1300 Helen</i></p> <p><i>I don't think people would always talk about it. Whereas I think now especially over the last couple of years, I think it's sort of at the forefront of, especially in management think it's at the forefront that it's just as important about – finding (out) about how you're wellbeing is as well as how you're doing at your job, and can you complete the tasks that you need to do. KS2 Alex</i></p> <p><i>So, NAME (wellbeing manager) coming on board has really pushed the whole well-being along with NAME, and they've been excellent, like bringing teams together and actually, now, people know that there are people they can speak to, and it is an open environment for... you can kind of say what you want to certain people. AU14 David</i></p> <p><i>I think in terms of resourcing, it's challenging at the minute because the organization is going through significant financial issues related to COVID. And therefore, there's increasing scrutiny on head count. So, I think that does make it challenging when you don't see health and wellbeing as a core post to kind of keep the business running. And so, I think there's... yeah there's, there's a potential downside there. But in terms of adopting the strategy, there wasn't any kind of resistance or (unclear). In particular in terms of line manager's wellbeing training. ME100 Beth</i></p>

<p>Personal contextual experiences are influencing dynamics surrounding wellbeing enactment.</p>	<p><i>I think the more you manage people the more you get an appreciation for how other people are feeling and thinking and what impacts on them. MS1300 Sophie</i></p> <p><i>And I was like, well, what's the point in me being in a senior position if you're going to take a decision out of my hands anyway? I worked.... I used to have to work like 6 till 7 at night because there just wasn't enough hours in the day to get my job done. And even when I did do that, it was never appreciated. HD1 Naomi talking about negative experience at a previous organisation and how she appreciates a different experience at her current organisation.</i></p> <p><i>Yeah, there was no trust at all. Literally no trust. And especially for a company that was 100% remote. It's really interesting because on paper, it was like the perfect situation for me IDENTIFYING INFO REMOVED but it was just, yeah, micromanaging to the point where I was having to write down literally list by list, spending more time writing down what I was doing than actually doing it. DB10 Katherine, discussing a negative experience at a previous organisation and how she appreciates a different experience at her current organisation.</i></p>
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6.3 Participant views regarding why organisations implement wellbeing strategies.	
The perception that organisations implement wellbeing strategy to meet business needs.	<p><i>Yeah. I guess being more cynical about it, if people aren't maintaining their own wellbeing, you know, mental health, suffering, chances are, you know, absence is going to increase... the standard of work... if you're looking after people, or at least encouraging that they're looking after themselves and doing your part, I guess yeah, it's like a machine, isn't it? Well-oiled and all that to be again quite cynical about it. It's yeah. People aren't looked after. And yeah, again, just stress. And it affects the wider team, and it can become quite toxic, I think if people aren't looked after. DL1400 Daniel</i></p> <p><i>We want everyone to be well, (laughs) yeah, no. I think that they want to actually become a desirable place to work to attract best talent and I think that they would be lying if they didn't say that's what it was. They don't want everybody just to feel comfortable and all the rest of it because, you know, OK, cool... But they want to attract the best talent. In order to attract the best talent, you've got to move with the times. KP70 Ethan</i></p> <p><i>So, from a business perspective, it's linked to productivity and business performance. So, it's a, there's a natural business case to do it. You know, obviously you're going to have more people off on long time sick. You know, you're going to have issues with performance... individuals' performance. It's much better to have a have a happy, healthy, and motivated organisation. So why would you not? You know you have to invest in that, you know it's clear. It's a clear business case for that. MS1300 Sophie</i></p> <p><i>But then there is also a sort of a bit more of a mercenary element to it, which is for profitability and productivity and businesses can't afford the costs of burnout, um of burnout, of absenteeism, presenteeism of long-term sickness, from musculoskeletal issues, from mental health problems. And we work quite a lot on that business case. JL1000 Keira</i></p>
The perception that organisations implement wellbeing strategy because the leaders of organisations genuinely care.	<p><i>Here I think it is completely different. They actually care about people. And they will happily put money and time into someone to make sure they're OK before even expecting work from them, so they'll actually kind of silo you out of work, help you get back on your feet, and then you can go back into work slowly. I've seen it happen. So, it's yeah, the one nice thing about it here is that they... it's actually caring about the person... AU14 David</i></p> <p><i>Um in my opinion, I don't think it has to do with ticking boxes and stuff. I mean certain things may be, but I do genuinely think that they do care, and obviously some people probably don't. MI900 Gill</i></p>
The perception that wellbeing is enacted for mutual gains – it benefits	<p><i>I think that that generally there's more awareness of mental health generally and so... just... as you know, society, I think. And any business that that is really intending to do well, knows that that it doesn't function without its employees. You know, all the processes and the robots in place,</i></p>

<p>employees, organisations and society.</p>	<p><i>but you still need people and for those people to be healthy and engaged is really key part of being... aiming to be a high performing company. CV15</i> Amy</p> <p>MY4: <i>I think they probably think the better you look after you people, the better they'll look after you. So, they'll give you better work and more work the better you look after them. I think that's probably where they're coming from.</i></p> <p>Laura: <i>So is it about productivity and...</i></p> <p>MY4: <i>Probably yeah, (and) maybe a little bit of... care (laughs), yeah. MY4</i> Richard</p> <p><i>I think partly it's a genuine concern for people's wellbeing and a genuine understanding that if you invest in that you will see positive outputs in terms of engagement and performance, um, but partly it is a box ticking exercise. People know that they... businesses know that they need to do it and it can be quite frustrating for us... and I know lots of service providers like us, when you get a sense from conversation with a leadership team or a HR representative that they know they've got to do it, but they don't really buy into your business case or human case for why you would do it. I think it's probably a bit of both. JL1000 Keira</i></p> <p><i>So, you know looking at the Deloitte report and the Thriving at Work report, which is actually fairly dated now, the Stevenson report. But you know it creates a very compelling business case for employers and employers who want to do the right thing. And my employer very much does. It's a bit of a no brainer. It is absolutely the right thing to do. That was where we started on it. You're talking about being authentic. Our NAME REMOVED previous CEO was very much... we need to do it because it's the right thing to do, not because there's any business case... compelling business case to support it. It was from the heart. Absolutely authentic. JL1200 Melissa.</i></p>
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Happy safe worker thesis

ME100 Excerpt 1

There's also been quite heavy focus on things like fatigue, although not strictly to do with health and wellbeing. It's safety, but you know the factors that affect fatigue can be related to health and wellbeing, so there's always been a kind of a link there to accidents and incidents. With health and wellbeing, so that's an external factor,

MP2 Excerpt 2

So, performance and safety comes hand in hand down there. If we are performing well, it's safety well, people get paid well – they get bonuses, all the things like that. So, I think as a business, if we are performing well, people are coming to work and we have very low people off sick, you don't spend as much money on the additional staff or contracting or anything like that... we do it all internally. So, I think there will be a business case behind that as well.

Laura: So, do you believe the business believes in this happy / productive worker theory?

MP2: Absolutely, well the business (UNCLEAR) but I do personally, coming from experience... so I know my team that I worked with previously that if they're coming to work, if they're happy production is better, without a doubt. If there's an issue, you can see the drop on it. The drop on that affects everybody then.

MD3 Excerpt 3

MD3: Yeah, because before it was all focused on health and safety, you need to carry ladders this way. You need to do that. You need to do that. And that's all you used to hear about health and safety. But now it is more about health, safety, and well-being of yourself as a person. You know, I think before it was all to do with statistics for companies and how well, you know, accidents and to prevent accidents and things like that. It weren't necessarily about the person. It was about statistics I think more than anything. I think they are generally taking an interest in people now, which is a lot better.

MD300 Excerpt 4

But if you really want to be really cynical, actually, if your mental wellbeing and resilience is good. Your productivity is probably going to be better. And the chances are that you having accidents and your trip slips and falls, and your reporting of small accidents is likely to go up because people feel more comfortable with reporting. And if you feel comfortable reporting the small things that gives you a chance to UNCLEAR stop you having a big things – you know the pyramid. So... really cynical if you're happy at work, chances are work is the best place to be, so therefore you work more efficiently and happier.

MY600 Excerpt 5

MY600: I feel like it wouldn't really be... obviously, they have, like wanting to keep a reputation, but I feel like OUR COMPANY are all about wanting their employees to feel safe. OK, especially not just like physically safe (word removed), but also like... if you're not mentally stable enough to go (site) and they want that in there as well as the physical side. They've always been like physical. They always been like maintaining physical wellbeing - like medicals every five years like they've always been on that. But the mental health side, I feel like.... They sort of had to match with the physical side.

Laura: OK,

MY600: so, I think it was more if we're going to keep our staff safe in that way. We also have to keep our staff safe in the mental health side.

MB7 Excerpt 6

I think, as a sort of job, as a career, as a job role / career, the two feed into each other so a safe employee is generally one with good wellbeing, so somebody who's got good, good social/psycho psychology. Somebody who feels secure in the job. Somebody who feels that they're looked after, and they're cared about and then they've got all the tools and the training and everything... they are generally a safer employee. So, I think, as I say as times gone on, there's a direct correlation between wellbeing and being safe and feeling like you're cared about, you've got that, you know that connect between the two.

MB7 Excerpt 7

... because if you're not well, in any, whether it's physical, mental or anything, you're generally not safe, or you're not as safe as somebody who has good wellness. So, and that's been proven through... and we look at that as causal factors. If there's an accident or incident, we will look at behavioural causes, but we will also look at things like you know what's going on in people's personal lives, are they fatigued, should we have been supporting them more, did they need something? Whereas years ago, it was just, they've had an accident, what did they do wrong, and now we are more looking to ourselves to say are we managing this person's wellbeing well enough to enable them to do the job safely. So, it's like almost turned on its head...

MB7 Excerpt 8

Laura: So, in terms of the drivers for why the business is looking at wellbeing, so you've mentioned safety and you've mentioned people coming to work... reducing absence and so on. Do you think there's any other drivers that are causing business to say we really need to look at wellbeing?
MB7: I think it don't hurt their reputation. It definitely doesn't hurt their reputation, in the public eye, that we're a caring company, that we care about people who work here, also there's legislation that comes out... fatigue management, those sorts of things, so we have to comply with that legislation, but I think... from my view... it seems to be that the reason for it is just to have us employees looked after properly and to make it... you know... to be that company that everyone wants to come and work for... come and work for us because we have you know, we're setting a high standard of... when you've got good wellbeing, you're more productive, you're more open to change and this business changes a lot, so you're more open to change, you're more open to discussions with people at difficult times. You're safer. So, because it's got such an over-reaching, overarching load of benefits, I think that's why they are doing it but, yeah. I can't think of any other reason why they would do it really.

JL1200 Excerpt 9

We've recently looked at the risks of poor wellbeing and you know as a business risk, so they really do take it seriously and they absolutely get that we cannot have high performing teams or zero safety incidents if people are not feeling great for whatever reason.

JL1200 Excerpt 10

They were working in a safety critical role on the (*word removed*) and it was just the realization that, you know, all work environments will have exactly those kind of issues with people at work. And the difference was we were as an employer beginning to learn that our employees had got that going on so by listening to them, signposting, where appropriate, putting that metaphoric arm around them

and just offering them some care. Some support. Some interest in in what was going on made a massive difference. What I've never been able to establish was the accidents we didn't have because of it.

Happy productive worker thesis

KG1200 Excerpt 1

I think it's definitely important to look at um, it from both sides, I think it's absolutely necessary. That businesses think about what they're doing because if you know if your employee is getting burned out, you're not going to get much from them. It's going to be a high turnover rate.

PS800 Excerpt 2

But personally, I think that if COMPANY think that we're all mentally healthy and everything is working fine. Then we'll work better for them.

ME100 Excerpt 3

Yeah, I think again, I think the productive, there's been enough studies, hasn't there that a happier work force is a more productive workforce. So why wouldn't you want your staff happy?

MS1300 Excerpt 4

So, from a business perspective, it's linked to productivity and business performance. So, it's a... there's a natural business case to do it.

CV15: Excerpt 5

I still think that like I say, the... the businesses that... they care about employee engagement... understand that actually considering their employee's well-being is important and that's you know it's a... if you look at most leadership courses and things like that it's not... a lot of it is to do with employee engagement... for how to become a high performing company. So, I think it... that's probably a longer... like I've seen things to do with employee engagement... started to become higher priority over the course of probably the last 10 years, but not attached to the word 'wellbeing'. And I think that that people are then considering... more deeply about what... you know it... what motivates and what's important for individuals. So, it's modern, modern, modern leadership. The changing trends.

GH20 Excerpt 6

I think within... we are... our people are key assets here along with some of the products we promote and produce. But our people are what make this business. Our assets and like any asset we would want them to be in the best shape possible.

JL1200 Excerpt 7

I guess it's broadly similar in terms of its people feeling connected. They feel that they can work effectively up from an organizational point of view. We're always talking about high performing teams. So good wellbeing is absolutely fundamental to that. And if people aren't feeling physically good, if they're not feeling mentally good, they've got something distracting them or whatever it might be, then it's likely to have an impact upon work and ultimately how they perform.

JL1300 Excerpt 8

Your biggest interaction with us as an organization is when you speak to our people. So, our people are the face of our organization and as a result, if our people are well and are comfortable and happy and content, they're going to perform better. Their morale's going to be better. They're going

to engage better. So as a customer, you're going to have a better experience. And so that kind of... that's really why, well employees are crucial for a business - all businesses actually, but especially a business like ours where you don't get a physical something.

Appendix U Additional evidence for the definition of wellbeing and what is influencing the definition of wellbeing.

Theme	Additional excerpts
7.2.1 The definition of wellbeing.	
Wellbeing is looking after your own or other's mental and physical health.	<p><i>I put wellbeing of... sort of feeling positive in your own physical and mental health. HG100 Liam.</i></p> <p><i>I guess ensuring that employees are looked after. That the mental health (and) physical health is tantamount. DL1400 Daniel.</i></p> <p><i>I think generally speaking for me, it's around... mental wellbeing and physical wellbeing. And that's sort of coming together holistically as your sort of general, uhm, wellbeing. LS900 Victoria.</i></p> <p><i>I'd say the definition of well-being is about someone's mental and physical... how content they are mentally and physically and how well they are able to do everything they want to do and whether they're able to do those things happily. KE10 Aiden.</i></p> <p><i>So, wellbeing is being fit and healthy, and that's both physically and mentally. ME100 Beth</i></p>
Wellbeing is multi-dimensional, overarching or all-encompassing.	<p><i>So, for me, I think wellbeing is kind of like... your overarching - I don't (know if) happiness is the right word, but I guess it's like contentment in your life and it's kind of more of an overarching thing. It's not just specific to the workplace or not just specific to your home life, it's... overall, a sense of contentment and wellness, I guess. KG1200 Lucy.</i></p> <p><i>It's about mental health. It's about physical wellbeing. It's about nutritional health, financial, health and all the things that enable us to not be stressed about anything in our... It's trying to remove these insecurities... make everyone feel in control of their life choices - doesn't mean that our financial life choices or nutritional life choices are the same, but it just means that for us, if we're supporting people's wellbeing, hopefully... GH20 Caroline</i></p> <p><i>So, wellbeing for me is, to capture it in a sentence, would be an overall feeling or perception from like external sources, so it's your mental health, it's physical wellbeing. It's social, psychological, um, fitness, so not being bullied, those kind of things. It's all those things. MB7 Rachael.</i></p> <p><i>I think in order to get employee wellbeing, you need to focus on six key areas and the key areas that we define are for an employee is what the individual does, their mental health, their physical health, their financial health, their relationships and support that they have and the environment. And they're the six elements that define employee wellbeing. JL100 Ada.</i></p>

<p>Wellbeing revolves around emotions and feelings.</p>	<p><i>...if you're comfortable in your surroundings, if you're... if you feel at ease, then I think that sort of helps - helps enormously as well. KS2 Alex</i></p> <p><i>So, it's all a bit for me... It's about feeling content within yourself and knowing that you are, you're happy to go to work. You're happy to come home. KP70 Ethan</i></p> <p><i>Well... It is... It is a state of... peace... comfort... And just being comfortable, within oneself... ME1100 Laura</i></p>
<p>Wellbeing involves having people, the right resources and the right environment.</p>	<p><i>...so not feeling like life is overpowering and also feeling like you have some tools in terms of people and resources. KL300 Camila</i></p> <p><i>I think I kind of see the term as like... like a workplace or a group of friends or a family. Like a network, the well-being of that group of people. LS80 Mary</i></p> <p><i>Mental, physical health, having a work life balance. Certain things that are provided at work for you. Having enough time to do your work, so you're not under pressure and getting stressed out, things like that. MY4 Richard.</i></p>
<p>Wellbeing is about growth, meaning and performance.</p>	<p><i>To be able to have them grounded and fulfilled in a role to be able to operate better, to want to be here and to be able to support them personally, be that in therapy or in something they want to achieve. KS50 Natalie.</i></p> <p><i>So it's kind of always looking at the, you know, how outside factors affect the person's ability to thrive and move forward. So that's (for) me, would be somebody's wellbeing. MF1200 Dean</i></p> <p><i>I suppose it... a lot of it stems from things around understanding the psychological contract between an employer and an employee and that's not just about preventing harm, physical or mental. It's about providing opportunities for growth and fulfilment. JL800 Stacey.</i></p>
<p>It is not possible to define wellbeing because it is very individual and about individual needs.</p>	<p><i>So, for me, wellbeing is a very broad, deep topic and when I'm working with clients, for me the most important thing is to clarify their definition of wellbeing, before we get started on the project, because what I don't do is tell them what I think wellbeing is. It has to make sense to them as a client. JL300 Alana.</i></p> <p><i>I think people are aware of some other aspects to what wellbeing is, I still think there's a long way to go, because I think... like you're probably finding... there's so many extremes to how people view it. KS600 Janet</i></p> <p><i>We really believe that it's for individuals to define their own wellbeing. JL500 Miles.</i></p>

7.2.2 What is influencing definitions and conceptualisations of wellbeing?

<p>Personal experiences (such as experiences with friends and family).</p>	<p><i>So, say the mental wellbeing thing. I think that's something I do... I've kind of worked out from my own experiences. It's probably just from my own experiences really. NJ200 Arya.</i></p> <p><i>I have a lot of personal experience with friends who have struggled to the worst degree. I've had family, myself, a little bit, but nothing enough for me to kind of understand that. AU14 David.</i></p> <p><i>...my own personal problems. But also seeing other people struggle. MF1000 Sam.</i></p>
<p>Societal influences (such as media, social media and general discourse in society).</p>	<p><i>Again, the people in the organisations are individuals that probably hear about it in the media. Uh, so again they'll go back to the company and think, OK, what have we got here in place for the wellbeing of our staff? And so, I do think it is influencing organisations. NJ200 Arya.</i></p> <p><i>I think there's probably a lot in terms of media... because wellbeing, certainly again through COVID became a bit of a buzzword. CV15 Amy</i></p> <p><i>I think years ago well-being used to just be people being not being poorly and not being off sick. But it's changed a lot now and we're more aware of people having, you know, mental health issues and the importance of little things that can make a massive difference to somebody... MB7 Rachael.</i></p> <p><i>I guess it's in the headlines now... it's bigger and people are coming out a little bit more and understanding that actually there's a lot more to it... JL200 Anthony.</i></p>
<p>Employer influences (such as employer led initiatives or for external practitioners, working with or in organisations).</p>	<p><i>...seeing the sort of things that come out from our HR teams... and then a lot of the training that we do around, yeah, understanding fire safety and things like that and mental health safety, knowing when to identify stress or at least signs of stress and ensuring that, yeah, circumstances are taken into account. DL1400 Daniel.</i></p> <p><i>I guess also my experience in the workplace and specifically in HR and seeing kind of the problems that arise with people who don't... uh, put well-being at the forefront of companies. DB10 Katherine.</i></p> <p><i>...also learning a bit a little bit about mental health, like just in the workplace and that kind of thing. MR800 Leah.</i></p> <p><i>I think it's just; it's just being in the organization. It's just being an employee. Uh, so just forgetting who you are and my role within the organization. It's just getting involved with the kind of vibe and the culture of the workplace really... JL1500 Alison.</i></p>

8.2.1 How is wellbeing currently enacted within organisations?	
Wellbeing is enacted through organisational events and initiatives.	<p><i>...for mental health awareness month last year, we had quite a few initiatives. One of them was we did a (REMOVED) walk. KG1200 Lucy.</i></p> <p><i>...like today's Wellbeing Wednesday... she puts... she always puts like a smoothie out in the kitchen and stuff. And it's just... it's nice to know that someone cares. Yeah. We do have social stuff, they do make a difference because you can, you know, get to know people a bit more. OP11 Georgia.</i></p> <p><i>We're doing more... speakers coming in and things like that. We have health MOTs... MB7 Rachael.</i></p>
Wellbeing is enacted through organisational culture.	<p><i>So, the vision of (our company) is to be the identifying information removed best company to work for and with so you can see really that our core focus is on our colleague's experience working here. LS900 Victoria.</i></p> <p><i>I think the culture is almost just as heavily played on here as like the work. Like, we'll do stuff at lunch time, and it's like, you know, tools down, everyone just catch up with each other and yeah, it's quite nice to have that. LS80 Mary.</i></p> <p><i>...If you like some of the lads. And then one day you see them, their head is down... their chest is folded in. You know there's something wrong. So, you just walk up to that person, you say you alright, mate. How's it going? And you start a conversation and then, do you want five minutes? You know, sort of thing and then that's how it works. So that there are signs out there, but not always. ME400 Ben</i></p>
Wellbeing is enacted through organisational policies, structures and resource provision.	<p><i>So, I think half 12 onwards you're not meant to book any meetings in people's calendars. Again, it's to give people back that time. If there's somebody in meetings all the time. Liam (HG100) discussing the policy of 'meeting free Thursdays'.</i></p> <p><i>For me, I think it's the understanding of flexible working and how that really helps people with their work life balance. Umm, I think that's... (I've) never had that in any other company and I think this company understands that that type of thing, yeah, it just really helps people. So, we have flexible hours on, you know when you can start and when you can finish. AK40 Jenny discussing flexible working policies.</i></p> <p><i>So, we we've invested a lot of money into our buildings, this one is a new one - the facilities, we've put gyms in and all that kind of thing, um, multi-faith rooms... MP2 Grant</i></p>
Wellbeing is enacted through	<p><i>You know we did have someone reach back last year to say thank you for raising awareness and all yu do to raise awareness of this so it's obviously</i></p>

organisational communication.

*reaching some people. I think it reaches the people that need it. **KL300 Camila***

*I think like with the lockdown situation; it was like a constant.... We get like newsletters every month and it was constant. Like if you need help then please go to (EAP) and they'd give you the number. **MY600 Mia.***

Appendix W Additional evidence for participant suggestions concerning how wellbeing could be enacted in organisations.

8.2.2 Participant suggestions concerning how wellbeing could be enacted in organisations.	
<p>Organisations should continue to focus on organisational culture.</p>	<p><i>Making sure that collaboration - the culture is there. And it's the, you know, you're with likeminded individuals... that's not to say that everyone is the same, but to make sure that... you know... it's all culture led... KG1200 Lucy</i></p> <p><i>...Open and honest communication. I don't like it when companies hide information and keep it to themselves and suddenly just drop a bomb on you later on in life. Well, later on or a couple of months down the line, discussing something. That should be gradually introduced over a period of time to let you know what's coming so that you know they're talking about this and that. And then UNCLEAR... XYZ, let them just openly communicate it, rather than keeping things a secret. DK12 Mathew – discussing the importance of transparency, culture and communication.</i></p> <p><i>...to understand that actually a person needs to belong. And there's a difference between false belonging and, you know, rewards and all this type (of) belonging thing... actually belonging... a human is very able to decipher when you do belong or when somebody is just giving you a lot of old bumf and going oh we do this. We do that. I think actually the culture of an organization is something that really drives organisational wellbeing. MF1200 Dean</i></p> <p><i>And at macro level, the organization needs to have the right culture. Um, because it's no good giving the leader these skills and these tools, if you like, if the culture of the organisation doesn't support that, um, so yeah, you need to have, you know, the right overall culture, you need to be inclusive. You know, you need to have those things that underpin it. JL1300 Helen</i></p>
<p>Organisations should continue to focus on impacting wellbeing through leadership and line manager relations with colleagues.</p>	<p><i>...lead by example, so, if the company says it's important, if the CEO says it's important, but the manager down here isn't doing it, then that doesn't really correspond. So, I think the... aligning with our values and actually making sure that we're... and also that, you know every manager is doing this - a similar sort of thing as well because again, I think (it) does depend entirely on who your manager is, so that sort of training is probably what I would implement first. Lucas KD3</i></p> <p><i>I think the only thing I would say is so, as much as kind of organizationally, like people can try and put stuff in place to help, a lot of it has to come from the very, very top. And I think if it doesn't and if you've got, you know, the big boss doesn't necessarily believe in these things, it can be hard to put in place. Now here I feel like that's slowly starting to change, but there is sort of a bit of a dismissive attitude sometimes. Which, then I think, puts a blocker on like how you can actually roll out proper well-being initiatives. So yeah, and I think that would probably be the case in any organization,</i></p>

	<p><i>whether it's small, medium or large, like the people at the very top have to be believing in it because if they're not or there's a toxic culture there, it just trickles down. KS13 Holly</i></p> <p><i>I think they have to be sincere and genuine, genuinely care. Again, that's a personal... I've worked with line managers that are just dreadful and never want them to be my manager ever again because there is no... they're business driven. They are not... driven, I'd say (by) feelings... they probably are, but you know what I mean, I wouldn't like to categorize people, but I am going to categorise them, as in... there are different kinds of people that see different ways of making their staff tick. MP2 Grant</i></p> <p><i>So, I think leaders who passionately talk about wellbeing is key, so you, the leaders and the leaders set the culture, don't they? So, um, leaders who are passionate about wellbeing all the time and people trust what they say. So, it's not... their actions meet their words. So, you can have leaders who talk about wellbeing, but actually if you scratch the surface, they're saying the right words, but their behaviours don't always marry up. So, it's having real, authentic, compassionate leaders. I'd say is key. JL100 Ada</i></p>
<p>Wellbeing could be enacted through a greater focus on individual needs.</p>	<p><i>I think it's more you feel like you're being listened to, creates that value that you know your perspective is valued and also, I think sometimes with wellbeing kind of measures and stuff... more so that I've seen in the media – you can see things that are tone deaf and (I'll) be like this isn't actually going to impact people's lives. It's kind of... is a bit like virtue signalling. Whereas I think if you are listening to your own colleagues (and) tailoring the effort that you're putting in for the things that they value, then you're going to get a better result. Lucy (KG1200)</i></p> <p><i>...there has to be that respect of people have different needs. At the end of the day, if someone is employed here, they're expected to do a certain job in a certain way. But not everyone's going to get to that goal in the same fashion. So, to be able to actually have that individual needs, like whether it's someone who wants to work from home and just have almost no interaction with anyone, they get their job done and they're happy, or someone wants to be here, and they want to have meetings all the time. They just want that interaction with other people. Then I think that's where having a small company is good because we are good at that. AU14 David</i></p> <p><i>it's also individual based as well because I know some people can do more than me and will cope with it quite happily, whereas others can do less than me and can't you know, anything more would make them... So, there is a balancing act of managing people's workloads. And if you get a good manager or a good workgroup... you all know what each other limitations are – obviously not having people coasting, but some people take it a lot more personally than others and, take it home with them a lot more. MF1000 Sam</i></p> <p><i>I think policies and guidelines and procedures have always been there and my view is that the guidelines... people get so hung up on the black and white, but mental health and wellbeing is not black and white. It's not one</i></p>

	<p><i>size fits all and you cannot write a policy or guideline for every single condition, every single challenge, that person will go through. So I think policy and guidelines have always been there, I think we've moved more away from it being that's what you should be following as opposed to giving more autonomy on the person that's supporting the individual. As opposed to it says, you know ABC - well, no, let's look at the person in front of us - let's look at their individual needs and let's manage that on an individual basis. I think that's been a success. JL1600 Joe.</i></p>
<p>Organisations should continue to focus on events, initiatives, resources, benefits and other physical provision.</p>	<p><i>I think we have some really good stuff coming through on the mental health side of things... so the mental health first aider stuff, things like that... KS600 Janet</i></p> <p><i>We have had for quite a while now. We have this – a day - Wellbeing Wednesday. So, we have a day. So, NAME will go and make a very nice drink downstairs, like a big old smoothie. Have lots of fruit out. She'll make sure there's cereal bars, that everyone gets breakfast and it's just a nice and it's the smallest thing but can make such a difference. KD60 Thea</i></p> <p><i>I think everything is useful, what they bring in, it's useful for somebody anyway. I don't think we've ever sat there and thought oh God, what, what (did) we need to do that for, kind of thing. MD3 Ryan</i></p> <p><i>Yeah, so I think, one of the things that works really well is just raising awareness about mental health, um, and sharing employee stories... because what it does is it starts to open the conversations, it normalizes mental health and if you share... Stories that I've tended to share about employees, they kind of have a similar format, so they kind of... I've used... I don't know whether you're familiar, but the kind of 'this is me' format which basically...Somebody would introduce themselves; they would say a little bit about themselves. Then they'll go into their mental health story with some like, this is what helped me. This is the advice I'd give to you, if you're going through it and then finishing with the like, this is me and it's all around... Um, mental health is part of you. It doesn't define you. And the fact that actually some of these people have been people who they can relate to because it's people that they work with, it's colleagues and they've been through it in the darkest place, and they've got through it. And this is what helped them... kind of gives people hope. Um, it enables people to understand that actually, if you talk about it, you know, there is help and support out there. And I think that has had the biggest impact on wellbeing. Both from a like kind of mental health perspective, but that from that open, trusted culture kind of piece as well. JL100 Ada</i></p>

How do participant's praise their organisation's approach to supporting wellbeing?	
<p>Participants believe that their organisation does more for wellbeing than other organisations.</p>	<p><i>This is the first place I've worked in where that's actually happened. Interestingly, I've worked in quite a lot of places in the past where the word well-being isn't even in their dictionary. They don't care about it. Whereas here, it's a culture thing, isn't it... something that they try to advocate. DK12, Mathew</i></p> <p><i>We don't have to do that. Not many companies will just go out and do that. So, I do think there's a real... a real drive from our senior leaders here that... that... people's welfare, don't get me wrong as I said, welfare, yeah, I'm going to buy you water... but we expect you to go out and do a job. There's a balancing in that, but we're not going to send you out there in this kind of heat without thinking about you and giving you the right things and tools to do your work. Grant MP2 outlining why the company goes above and beyond to care for employees, which 'not many companies' do.</i></p> <p><i>I feel like it says a lot about the company when they're uhm, putting so much effort and thought into their employee's wellbeing and again, I've worked in companies before where the employee's wellbeing wasn't important to them and it does as an individual make your wellbeing worse, if that makes sense. Just because your feelings, uh, are being dismissed, so I think it said a lot to me when I very first started and was being told about the wellbeing calendar and I've never seen anything like that before. NJ200 Arya.</i></p>
<p>Participants are generally very grateful for what their organisation does for wellbeing.</p>	<p><i>I think that there was a very clear message throughout all the decisions that were made, or you know a lot of the times they were reaching out to the business asking for people's opinions, how people felt about things, how people would feel about coming back into the office, all that stuff. And I think that was just generally making sure that people felt supported. KG1200, discussing the positive approach to flexible working arrangements during the pandemic – listening to employee needs and supporting wellbeing by 'making sure people felt supported'.</i></p> <p><i>I think everything that they do is pretty valid and it's very, it is useful and maybe if one thing that they do is not useful for everybody in the business, it will be for somebody else because people I guess get the... will use their wellbeing in different ways so. Yeah, I don't think there is. I don't think anything wellbeing focused feels like it's just a tick box. I feel like everything that they do probably has got a focus or a reason or a goal behind it and it probably is helping somebody in one way. AK40 Jenny.</i></p> <p><i>So, there's some bits they could improve. But on the whole, the support from the company, the services they put in place are good. MF1000 Sam</i></p>

Themes regarding concerns or suggestions for improvement.

A
'communications'
approach to
wellbeing is
difficult for
involved.

*I think (the) big challenge, is probably how it gets comms (communicated) out because depending on who it reaches in the business, you know something (everyone) is incredibly busy and just ignore any (or) all company emails. Some teams, may, you know, only be able (to) get a glance and look at it. So if you're only sending awareness out once a month, or you know less than that, even, it's hard to sort of hit a note with them because they don't read it. And they miss it. And then they get to a year, and they've not seen the support (that) is there for them or in higher up. So, I think it is about frequency whilst we work out the best way to comms (communicate) it out for different teams, the best way to get different teams involved. So yeah, I think awareness is probably the biggest challenge. **HG100, Liam***

*I think sometimes a company intranet which is like that form of communication and official form of communication channel can get very what's the word? Uh. Low engagement, I guess that people don't interact with it, and I think we definitely had that struggle. And I think because of the consistency of comms in terms of wellbeing... (we) helped people and then also empowering others to also post. So, it doesn't just come from me, it comes from others across the business as well to be able to do that. I think that was really important. So, I guess in initiatives, I think... it's not really an initiative, though... it was just... it was... it was really good because now our engagement on our Intranet is absolutely fantastic. Everyone will post something. Everyone will comment, everyone will support and that's all... that's absolutely lovely, right? **SJ30 Anna discussing how the intranet had low engagement, but they have no been able to improve this.***

You can't really change people. It's like, you know all these no smoking campaigns. You're still going to get smokers. It's the diabetes campaign – you are still going to get people having loads of sugar. You know, even with the putting calories on the sides of... sorry calories on the menus now isn't it... yes, it could go the other way where people look at things and become a bit obsessed, but people, even if somebody is overweight, very overweight, they're going to look at that and just go oh, sod that, I don't care, life is for living. And you know, to some respect, I agree. I get it. Life is for living, but maybe you would because I don't know, you're another statistic with heart disease or, you know, with the up and coming obesity epidemic that we're supposed to be in. Do you know what I mean? But it doesn't matter how many times you do something... if people don't want to do it, they're not going to do it are they? Same with like, as I say, drinking, smoking, all these different initiatives the government have put forward. If people don't want to do it, they won't do it. And it's the same with the company. You know, you can't mandate somebody... I mean yes, put your safety glasses on - that's all well and good – that's something different. But looking after yourself, make sure you get 8 hours sleep. Make sure you get five portions of fruit and vegetables a day. You know all these like basic things. But if somebody doesn't want to do it, doesn't fit into their lifestyle or they're a bit of a... – they are not going to do it. You can't change people. And. And as I say that, um, this northern culture as well, I think is very firmly set in people

	<p>here that they don't want to be told what to do. Especially when it comes to eating and drinking and sleep, going out, that sort of thing – it's their life - they do what (they) want to do. MR1 Abigail stating that some health and wellbeing communications can feel like being 'told what to do' and how to live one's life - and many people resist this.</p> <p><i>I think communicating out initiatives are sometimes quite difficult, so we have - we have quite a lot of support and sometimes I think it's there's too much in that it's a little bit confusing as to where to go. So, I think making it very clear, Umm, and communicating that and communicating can be an issue. So, we've got loads of loads of services, but would I say that everybody within the organisation knows about everything that's available and would know where to go? I know that they wouldn't and that's, I think it's communicating and getting it clear that you know what support is available when they need it. JL100 Ada</i></p>
<p>Variation in manager or leader 'buy in' and interest in wellbeing affects the experience of wellbeing strategy.</p>	<p><i>I think senior management and leadership team certainly have to become more involved and more visible. KD400 Elizabeth</i></p> <p><i>And yes, definitely, (I) think maybe managers just prioritising that a bit more. I know we have a few of them as well-being champions, but maybe if we just make sure that all of them have their own (wellbeing) lesson at some point. KD60 Thea</i></p> <p><i>First of all, they - some people in the organization like to appear that they care. Uh, some people in the organisation, it's preference to... If they do support certain members of staff, then they're guaranteed to keep the work going. And they're also guaranteed to cut down or sickness and save money that way. Uh, and unfortunately, some senior members look at it as financial reward or financial gain, however you want to define that to make sure that people come to work and turn up, do what they need to do, and therefore the company becomes more profitable, and it keeps running. You have other senior members of the team that are absolutely passionate about health and wellbeing, and they genuinely care about the people. Uh, and that obviously they still have to deal with the financial side, the sickness - time and everything else, but they hand on heart, they actually care about the employees and the people that work here. So that there is a little bit of a difference there in, in, in a matter of speaking from, from attitudes from like people above, you know. ME400 Ben</i></p> <p><i>So psychological safe... I sometimes just call that trust because it's just a posh word for trust and lacking fear, you know, so that if you raise an issue that's impacting your wellbeing, you're not in fear of you know that it's going to be... you're going to be discriminated against or stigmatized as a result. Um so that... that has to follow through... you need organizational support at all levels so it needs to not just be your CEO who's talking about it or your employee at the ground.... you need everyone at all levels in the culture to understand why wellbeing is important for the business to deliver,</i></p>

	<p>um, everyone needs to recognise that it's not just a nice to have fluffy add-on.</p>
<p>Implementing a wellbeing strategy is very difficult because it is difficult to meet individual needs.</p>	<p>You know, it's a tough one because I suppose it comes down to the ratio of all the appetite for employees to want to be part of these type of events. Me as an individual... I'm passionate about it. So yeah, I want to be involved. I want to help but others might not see that as a key priority in a busy day. KD400 Elizabeth.</p> <p>Everybody has different drivers... and you can't. There is no one way of being able to deal with, with everybody you know, you... even... so I work with JOB ROLE... they're often introverted, and... I have really different personality types... we've got some autism. We've got some ADHD, we've got extroverts and introverts. We've got somebody that has an aversion to lights, um, there's all sorts of stuff. And then... so that's just within my team... outside of the team, then there's very, very different kinds of characters. Like I would say that NAME for example... she's quiet and comes across as shy, but only in certain circumstances. She's got a lot of confidence in... and has got a better grip behind it in other things that she feels quite confident with. And so, I couldn't treat her in the same way that I could... and the things that she enjoys are going to be completely different from the sorts of things that some other members of the team like... so I think it's... I always think it's a challenging task to try and do something that's going to work for everybody. CV15 Amy</p> <p>There are people on courses that I know of... that are more passenger to the course as opposed to a participant. So, they've been told to go... so that does happen, people have been told to go because they've got to fulfil a criteria somewhere, but they've got no interest in doing it, or being there. MW200 Michael</p> <p>We get so much hung up on the stats that we lose real sight of what we're trying to achieve here. And that's the person in front of us and a conversation can provide so much rich content as opposed to any verbatim or through a survey – it's having that one-to-one conversation. JL1600 Joe</p>

Appendix Y Evidence of calls for a whole organisational approach that can be tailored to meet individual needs and preferences.

KD3 Excerpt 1

I think I'd definitely put in initiatives to go and speak with people and get people's views on what ticks their boxes, what they would want to see, in a wellbeing, you know what... what they would want to see to help their wellbeing because I guess it's individual. So, I would put volunteering and going out into the community is probably one of my things that I I'd like, to get involved with. And I feel like that would help. Whereas that for someone might be completely different, so I would try and focus it... and it might be difficult... as much on the employees in the in the business as possible. That would be my main focus to try and see what they want to do, what they want to get involved in, what would help them, whether it be, you know you know, finishing early on a Friday every three weeks or something, you know, finishing an hour early, so you can go out and get it finished for the weekend. Whereas for someone who's really, really busy and they've got a lot of stuff on maybe a bit higher up in the company or wherever that might not be, something that they can do so.

DB10 Excerpt 2

So, at the top of the list is the culture and having that kind of, you know, making it a great place to work would be my top and then like I say, benefits is very subjective. So perhaps having a model around things that you could pick and choose. I've seen some other companies before, plans that you can use and actually you have a budget and say, well actually I'd like to make use of a dentist plan or something. You know, that's a really random example. But so being able to pick and choose and maybe structure something in a way.

DK12 Excerpt 3

It could be absolutely anything. Just... I think it's just acceptance and communicating between your employer / employees UNCLEAR just personal accommodations... that would be the best thing actually... is finding out what everyone needs and catering a well-being plan for that individual whatever works for them because there isn't one that fits all. It's not how it works just because you go here's some free fruit doesn't mean that everyone can eat fruit. Some people are diabetic and can't have that and then they're not catered for.

AU14 Excerpt 4

There has to be that respect of people have different needs. At the end of the day, if someone is employed here, they're expected to do a certain job in a certain way. But not everyone's going to get to that goal in the same fashion. So, to be able to actually have that individual needs, like whether it's someone who wants to work from home and just have almost no interaction with anyone, they get their job done and they're happy, or someone wants to be here and they want to have meetings all the time. They just want that interaction with other people. Then I think that's where having a small company is good because we are good at that.

MC1500 Excerpt 5

I think ultimately it is about that top-down leadership and perhaps setting... showing support, setting some frameworks, providing resources, but then also providing people with the freedom and empowerment to adopt and adapt the solutions to their local situation.

MF1200 Excerpt 6

The same policies, the same actions won't work for people in offices as the lads out on the on the UNCLEAR, you know, and I think we really need to have a way of working, you know. So yeah. That's one thing I learned that you need to be agile. You need to not to think that one thing one thing fits everybody.

JL1300 Excerpt 7

So, I think one of the things it has brought to light as an organization is that kind of personalization um, approach to how we support colleagues through wellbeing and a lot of that is driven by the great understanding that a line manager, people leader needs to have of their people to understand what supports that individual's wellbeing because it can be different from person to person.

JL1300 Excerpt 8

And we have a core set of benefits that that people can access, which is a broad brush, but recognize not all of those matter, but what we need to do is train people leaders, line managers to be able to recognize and have conversations in an open and honest adult to adult way.... to support that individual's then requirements so and make sure those leaders are equipped with the knowledge to signpost to the most relevant thing.

JL300 Excerpt 9

We can actually treat people as individuals and they can, you know, not just pick and choose benefits, but they can actually be dealt with as a human being in their own right with their own identity and their own needs.

Excerpt 1

SJ30: Absolutely yeah. I've experienced in this building the opposite of that where it's 'talk the talk' don't 'do the do'... lots of lip service here and I think... I can't... I can't stand that because I've had it, I've had it done to me and like one to ones and I'm just like you're saying you're going to do this but we're not actually going to do this and I'm just like... I hate... I hate the way... I hate how that makes me feel, so I would think about how anyone else having a one to one would feel in that situation, so I think yeah all showing our authenticity. And that we actually mean what we say and stand by what we say and how committed we are. I think that's really important.

Excerpt 2

KS50: How can a person be true to themselves in an environment where they're not getting that from the leaders or the top and the owner or anything like that? I think having a HR department, the likes of NAMES who are constantly positive, who are constantly trying to find ways to be able to support Umm, in various ways. It's so it's lovely to feel that, um, welcoming, always being... yeah... what's the word I'm looking for... accommodating. Yeah, it's so important.

Excerpt 3

KS50: I feel the leadership is real - who I report to. They're genuine, they're real. And I'm a very black and white person. So is he. So, I think that's important. It's important to have that connection with whoever you are reporting into.

Excerpt 4

JL1200: Our previous chief executive within OUR COMPANY Umm, completely and utterly got it. IDENTIFYING INFORMATION REMOVED He couldn't draw on lived experience, but he could draw on personal and family experience. I was actually able to do the same. You know, part of my journey and all of this was some really serious stuff. I had (a lot) going on at home and I was able to share again not personal lived experience but sort of really severe family experience, you know? And I did share that quite widely with the business and particularly with the leadership team. And I think it was a realization that if you've got... obviously I was a HR director then, you know, and you've got 2 senior people talking about how it impacts their lives and actually the impact it then has on work on the wider family. So yes, absolutely it is very authentic it it's not a tick box exercise for them. You know they... they do genuinely genuinely care if people are not well.

Excerpt 5:

JL1200: He felt comfortable enough as the leader of the organization to go actually, you know, I've got this fabulous new job, blah blah blah. But actually I really struggle with anxiety and that was a real game changer for a lot of people. So yes. It is absolutely authentic. Yeah, I have no doubt about that.

Break...

You know I think business is really woken up to the fact that they really need to look after the wellbeing, you know, small investments can have huge pay back... huge dividends. So, you know looking at the Deloitte report and the thriving at work and report, which is actually fairly dated now, the Stevenson report. But you know it creates a very compelling business case for employers and employers who want to do the right thing. And my employer very much does. It's a bit of a no brainer. It is absolutely the right thing to do. That was where we started on it. You're talking about being authentic. Our NAME REMOVED previous CEO was very much we need to do it because it's the right thing to do, not because there's any business case... compelling business case to support it. It was from the heart. Absolutely authentic.

Excerpt 6:

JL800: I think a lot of people have decided that, you know, they don't want to work for organizations that don't care about them.

Excerpt 7:

JL800: so, I think organizations realize that if they want to keep or attract talent, then they need to have... demonstrate that actually they genuinely and authentically, uh, you know, take wellbeing into consideration.

Excerpt 8:

Laura Byrne (Research Student)

Yeah. Yeah, that's really interesting. That's made me think about the extent to which employees perceive what the organization is doing to be as authentic.

MF1200: authentic (we said authentic at the same time).

Laura: Yeah, as... Did you want to say more?

MF1200

I think that's where some organisations fall down... and if it isn't front led, if it... a Sergeant major or you know... whatever you want to call it Lieutenant or whatever... if you don't have the person in the front actually buying into this... they actually have an understanding of why you're doing this, then usually these things fall down because they've gone well, um, you know, if you have a lot of, if you've got a grading system and if you've got a lot of lower grade people doing all the work, well then it doesn't look like it's strategically important or... because a lot of people are, you know, are driven to be interested in wellbeing for their own reasons, which is really good, but unless you have those up higher going no, this is this is wrapped around our, this is our DNA.

Excerpt 9:

MS1300: It's got to be credible. People have to see the benefit for them. What they get out of it and not think that it's this some sort of ulterior motive or that it's for the benefit of others - otherwise that's crucial. And that comes down to trust. Doesn't it, you know, it develops that trust because it needs to... people need to see that there's an authentic level of care there and that this isn't, you know, it's genuinely to help them. And not for any other reason.

Excerpt 10:

MO700: Sometimes I do feel like it is a tick box. We've rolled it out. So yeah, we don't have to touch that anymore, especially with... we've had like UM, UNCLEAR briefings. And I do sometimes feel like with that it's a tick box exercise - they've sent it out, so if something happens, they can say, well, at least we've done something about it. Um, and other times, like, I suppose it comes down to your management as well. If you've got a really good manager that actually is genuinely caring about what you do, it makes it feel like that message is more genuine. And there is some policies that do support, like, wellbeing. So, it's a bit mixed, I think, for me. Some things it does feel genuine. Some things it's just done for a tick box exercise.

Excerpt 11:

KS2: I think from when you go on to like LinkedIn and Instagram and things like that, I think sometimes you just sort of see little things that I think... are they doing it because it's the time of the month. But you don't actually see anything behind it? I'm only saying it now because it's only just come along but sort of pride month. You see loads of companies have, like, put the rainbow – incorporated it into their company design and things like that. But you don't actually see – are they actually doing anything other than just changing their logo just to sort of act as though they are doing something?

Excerpt 12:

HF4: I think it's really important that it's done for genuine reasons rather than just going oh, now I've done that training, but I think you can kind of tell if... how the company is feeling about it. So, for example if there were no senior managers on the training, then you'd go well, obviously this isn't the top priority... um, or if there was no sort of... there was no engagement from them or no acknowledgement of it then that would almost then drive you to - well, they don't really care. And why should I bother? Whereas I think getting the engagement from them on it is probably key in reinforcing that.

Appendix AA: Pathways of the PAP model. (In reality, there is likely to be some crossover.)

1. Organisation, practitioner, or other implementer is not enacting wellbeing strategy out of genuine or authentic intentions. They are ticking boxes, or pretending to care. They are not taking authentic 'right' action. Or there is disagreement between actors about what is the right thing to do.

- a) This is perceived by employees. Scepticism and cynicism is reinforced. Contradiction and paradox (evidence of backfiring) is likely to be present.
- b) This is not perceived by employees – they believe in genuine intentions, which are not there. This may be maintainable for a while. However, because we are all on different reflexivity pathways (Delbridge & Edwards, 2013) and wellbeing is influenced by a range of transient contextual factors, this could eventually backfire (Diers-Lawson et al., 2020). Thus, contradiction, paradox and backfiring may begin to emerge, and become embedded.

In both of the pathways above, it is important to ask,

- What false, limited or partial beliefs are also apparent here – pertaining to the green ovals?
- To what extent is there any alignment between implementers and employees?

2. Authentic intentions are there, and the organisation, practitioner, or other implementer is enacting wellbeing strategy out of genuine or authentic intentions.

- a) This is perceived by employees.
 - There is no or little evidence of false, limited or partial beliefs concerning what is the 'right' thing to do, which has been achieved through reflexivity and the most current knowledge regarding parasitic mechanisms.
 - Everyone is aware of other parasitic mechanisms that sit outside of 'beliefs' (e.g., institutional forces), and action has been taken to remove these, as much as this is possible.
 - There is also a good level of psychological safety, communication, and alignment (in terms of the components of the PAP model) between both sides, which is evolving with time.
 - This is the best-case scenario and extremely difficult to achieve because it involves reflexivity (Archer, 2003) and defeating many of the parasitic mechanisms that purportedly exist.
- b) This is perceived by employees.
 - False, limited or partial beliefs concerning the green ovals have, to some extent, thwarted authentic 'right' action creating evidence of paradox and contradiction.
 - Mechanisms outside of practitioner beliefs thwart authentic 'right' action because they do not know about them, or it is not possible to remove them.
 - There is or there is not some alignment between perceptions.
 - This section shows that whilst good, authentic intentions might be there, there are many ways in which these intentions can be thwarted – which may create contradiction, paradox and backfiring.
- c) This is not perceived by employees.
 - In this case, the lack of trust in the organisation or practitioner is too strong, and implementers need to engage in authenticity building (Nayani et al., 2022). It is likely that wellbeing strategy and initiatives will not resonate, creating contradiction, paradox and backfiring.