

Defining and enacting wellbeing strategy in organisations: A paradox theory perspective.

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Summary

The concept of a holistic wellbeing strategy is an emerging phenomenon in organisations. Whilst there is significant research regarding individual initiatives or theories concerning wellbeing, more work is needed to define and describe a holistic organisational wellbeing strategy, how stakeholders experience this, and the potential (unintended) consequences for employees and organisations. In this paper, we utilise critical realism, paradox theory, the comparative case study approach, and semi-structured interviews to answer these key questions. Through our analysis we identify five key tenets of a holistic organisational wellbeing strategy. We also find that such strategies may well lead to damaging unintended consequences for both employers and employees and may be inherently paradoxical. Our analysis contributes a new critical realist and paradox theory lens to the ongoing debates around the nature, importance, outcomes, and employee experiences of wellbeing strategies in organisations.

Word Count: 2014

Introduction

In current societal, institutional and organisational contexts, there is an expectation and pressure on HR practitioners to devise and enact meaningful wellbeing initiatives that may, in due course, lead to a variety of mutual gains outcomes (Guest, 2017; Peccei & Van De Voorde, 2019). Thus, HR practitioners are leading the way in devising holistic wellbeing strategies that may incorporate a variety of interventions and initiatives (Hesketh & Cooper, 2023). The notion of a ‘wellbeing strategy’ is an emerging construct within the extant peer reviewed literature. Thus, presently, the essence of what a holistic organisational wellbeing strategy is and how it could exist and evolve is not clearly defined. Thus, there is scope to develop the concept of wellbeing, and more specifically, the wellbeing strategy, as a philosophical and interdisciplinary concept (Cooke, 2018). There is some consensus within existing research concerning strategy in organisations that organisations are inherently paradoxical and therefore, strategic approaches to enacting a phenomenon is likely to create tension and contradiction (Jarzabkowski et al., 2013). Thus, there is also a need for some theoretical explanation concerning how and why a wellbeing strategy may or may not work in practice.

Thus, how can scholars support HR practitioners in understanding the key tenets of what a holistic organisational wellbeing strategy is? Moreover, to what extent do contradictions or unintended effects arise through the enactment of a wellbeing strategy and how can these be explained? The present research takes an exploratory approach to these questions and seeks the perspective and voice of a range of stakeholders including leaders, managers, practitioners and employees. Thus, the present research is interested in understanding the whole eco-system surrounding the concept of wellbeing (Dickmann et al., 2023) and then how the external and internal eco-system informs any key tenets of an organisational wellbeing strategy. The present research adopts a critical realist philosophy and approach (Bhaskar et al., 2018), which supports researchers seeking to understand more complex phenomena. Multiple organisational case studies are analysed at the local and aggregate level to identify demi-regularities (Lawson, 1997) through a process of inductive, deductive, abductive and retroductive reasoning (Mukumbang et al. 2021; Wiltshire & Ronkainen, 2021).

This paper contributes to the wellbeing literature by explaining how the wellbeing strategy exists in a social organisational system that is inherently awash with paradox (Jarzabkowski et al., 2013). This adds nuance to current perspectives by demonstrating that wellbeing strategy may inherently contain the seeds of its own demise (Clegg et al. 2002; Edwards, 2009). However, with greater critical reflexivity (Archer, 1995) and awareness of the potential mechanisms that may be contributing to this, informed action can be taken to minimise, avoid, change, or transcend these unintended effects.

Literature review

Wellbeing as an inherently personal, interdisciplinary and contextually embedded topic.

To understand the phenomenon of a ‘wellbeing strategy’. It is important to first understand if there is any consensus concerning what wellbeing is. Across disciplinary boundaries, there have been many critical debates concerning what wellbeing is (Fisher, 2014; Page & Vella-Brodrick, 2009), what interventions might work best, how wellbeing could be enacted, and how wellbeing could be measured (Ryff et al., 2021). Taken together, these literatures suggest that wellbeing is multi-dimensional (in that it has dimensions pertaining to physical, mental, and social wellbeing, amongst others) - indeed the CIPD (2024) suggest that there are seven inter-related domains of employee wellbeing.

Furthermore, together these literatures suggest that wellbeing is multi-faceted, in that it has hedonic, eudaimonic, pathological and non-pathological facets (Lomas, 2023). Moreover, at the individual level, wellbeing is variable and can be impacted by life stages, such as experiencing precarity in one's career (Mäkikangas et al., 2016). Thus, as a topic, wellbeing emerges as a rich, contingent and complex phenomenon (Bhaskar et al., 2018).

Existing research also clearly suggests that context matters. External global shocks such as the pandemic can have conflicting and contradictory impacts on factors such as employee wellbeing (Wheatley et al., 2023). This may be because, from a pluralistic perspective, people have evolving differing needs, transient expectations and the norms of the social and political environment may also be evolving in response to crisis (Edwards, 2009). Thus, evidence suggests that wellbeing is not only a complex topic, but it is also difficult to strategically enact with multiple stakeholders. Furthermore, actors may have conflicting demands, which are constrained or enabled by an uncertain context (Archer, 1995).

Importantly, this study draws upon paradox theory (Smith & Lewis, 2011) to shed light on how and why contradictions and unintended effects may occur when enacting a wellbeing strategy (Cunha & Putnam, 2019). Shad et al. (2016, p. 10) define paradox as “persistent contradiction between interdependent elements”. Within paradox theory, this research will focus on a specific aspect, namely, unintended effects. Clegg et al. (2002) suggest that unintended effects can occur when intentions and meanings differ from the emitter to the receiver. Thus, this research seeks to understand how organisations conceptualise and develop wellbeing strategy, when scholars argue that all strategies are paradoxically destined to partially fail – and this can only be recognised in retrospect (Edwards, 2009).

Methodology

Firstly, this study takes a critical realist approach to ontology and epistemology. Critical realism is a philosophy of science, which argues that there is an independent reality that exists (ontological realism), but we can only fallibly know it (epistemological relativism) (Bhaskar et al., 2018). However, this does not mean that all claims to knowledge are considered equal, and thus judgemental rationality tempers epistemological relativism by suggesting that we can judge which theories are more ontologically plausible (Pilgrim, 2020). Critical realism is positioned as a philosophy for interdisciplinarity (Bhaskar, et al., 2018) and is therefore appropriate for a study promoting interdisciplinarity. Instead of predictable causal laws, critical realists suggest that it is possible to identify demi-regularities, which are the instances where phenomena are connected regularly, but as tendencies, rather than laws (Lawson, 1997). Critical realism encourages retrodution, which is a form of inference which allows for a moment of empirical freedom (Mukumbang et al. 2021) to ask what unobserved mechanisms or causal forces must exist for X (what has been observed) to exist (Danermark et al., 2005).

This research is now complete and thus this paper is now in the final developmental stage. Cases were selected pragmatically (Yin, 2018) and were selected if 1. they had a range of management, wellbeing or HR practitioner and employee roles (in any function for management and employee roles) and 2. they had some level of a wellbeing provision in place. Three organisations (one large, one medium and one small) agreed to take part in the research. 14 practitioners were broadly defined as the fourth case study. We recruited three very different organisations (one very large established and publicly funded, one medium, established, private sector and one small, relatively, new private sector), as this adds credence to any purported demi-regularities (Wynn & Williams, 2012) concerning the enactment of

wellbeing strategy. 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.

Data collection

This study proceeded after rigorous institutional ethical approval. The data collected predominantly involved semi-structured interviews. However, documents, social media posts, corporate emails (or other communications) and some observations, were also part of the data collection process. These were only included in the data analysis with explicit consent in each instance. The perspectives of leaders, managers, practitioners and employees were sought within each case study. The following table summarises who was interviewed within each organisation. Individual participants were recruited through advertisements which were distributed within the organisations. Participants were reassured that their confidentiality and anonymity would be maintained throughout the study.

Table 1: overview of who was involved in interviews.

	Case study 1 (Large - travel)	Case study 2 (Medium – security technology)	Case study 3 (Small – marketing technology)	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

14 external practitioners were interviewed separately, and therefore 66 interviews were conducted in total. The average length of interview was 47 minutes. The external practitioners are not included in the table above, because the distinction between the job roles in table 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.

The interview questions were designed to invite reflexive thought regarding interacting or conditioning events. For instance, participants were invited to discuss what might be influencing their perception of wellbeing and what may be influencing the organisation's approach to wellbeing (Brönnimann, 2021). A range of documents were

collected from all organisations, which included policies and existing wellbeing strategies. Two organisations shared emails that had been circulated within the organisation regarding wellbeing. Data collection within the present study stopped when it was deemed that there was “theoretical sufficiency” (Dey, 1999 cited in Braun & Clarke, 2022). Broadly speaking, this meant that there was enough data to develop and contribute new insight or explanatory theory.

Data analysis

Data was analysed through a three-phase novel approach to reflexive thematic analysis (Braun & Clarke, 2022) which incorporated Bhaskar’s (2016) Description, Retrodution, Elimination, Identification and Correction (DREIC) process. 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).

Before starting data analysis, interview recordings were transcribed verbatim and uploaded to NVivo. 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. Throughout the data collection and analysis process, interesting lines of inquiry were followed, and interview questions were slightly adapted as the interviews progressed and deeper insights were generated (Braun & Clarke, 2022).

Findings

The findings within this article will report that wellbeing strategy exists through five broad key tenets. These tenets are that wellbeing strategy is inherently multi-level, multi-domain, contextually embedded, transient and must be overarching but tailorable to meet individual needs. Moreover, our research demonstrates that, paradoxically, the very things organisations and practitioners do to support wellbeing, may indeed backfire and create unintended effects despite good intentions.

Discussion and conclusion

This study contributes to theory by demonstrating how a paradox lens can add to our understanding of wellbeing strategy. This is demonstrated through a deeper analysis of the five key tenets of what a wellbeing strategy is and how it is experienced.

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