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Landscaping Wellness at Work: A Participatory Model for Worker-Centered Health

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LANDSCAPING WELLNESS AT WORK: A PARTICIPATORY MODEL FOR WORKER-CENTERED HEALTH

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ABSTRACT

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This study contributes to a body of scholarship that demonstrates the benefits and need of employee-driven and defined wellness at work processes. This participatory action research study brought together a team of employees within a remote-work, start-up organization to define and design a process for implementing wellness at work for their organization. Through a participatory process that allowed outcomes to emerge from the group, employees identified opportunities to foster embodied wellness in their organization in three core areas: organizational, personal, and cross-boundary initiatives. Through a reflective collaboration, employees generated ideas and developed a plan to address employee-identified priorities that will foster wellness in their organization. What emerged from the process is a model for participatory health meaning-making called the Landscaping Wellness model that future practitioners and scholars may utilize to facilitate storytelling, idea generation, and planning processes for worker-defined wellness, thus honoring the nuanced and complex nature of wellness itself. This dissertation is available in open access at AURA (https://aura.antioch.edu/) and OhioLINK ETD Center (https://etd.ohiolink.edu).

Keywords: wellness, workplace health promotion, Landscaping Wellness Model, worker well-being, participatory action research, start-up organizations, remote organizations

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CHAPTER I: INTRODUCTION

Problem Statement

Organizations and their leaders implement wellness, health, and workplace health promotion programs and interventions based on generalized narratives of health and wellness. Rather than acknowledging the interdependence of the many aspects of health (Berne, 2015), an overwhelming portion of existing literature on workplace health promotion emphasizes physical health through health and wellness programming (Khanal et al., 2016; Mache et al., 2015; van Elk et al., 2022). A growing body of critical scholarship questions how programs conceptualize health and design health programming. This research contrasts with the dominant approach to studying workplace health, which does not center workers and contextualize wellness policies and programming to their cultures and communities. I also found a preponderance of literature presented by scholars that are not studying health at work with a critical lens, not contextualizing health at work within capitalism. While many programs and interventions enroll leaders and managers as stewards and gatekeepers of wellness at work, workers are seldom provided the opportunity to define wellness for themselves, its significance in their lives, and what it means to them to embody or practice health at work.

Cooke (2003) traced the erasure of any acknowledgement of the history of chattel slavery in U.S. management studies, which is significant to this study as he linked chattel slavery to modern capitalism. Crane (2013) offered a theory of modern slavery, which coupled with Cooke's work, reemphasized the exploitative ways organizations extract value from workers' bodies and their abilities to do work within organizations. The conflicting organizational language treating workers as both machines and organisms (Tomkins & Pritchard, 2020)

perpetuates confusion and complicity, making it easier for the locus of control to rest with those who hold power over employees (Herzog et al., 2016; McGillivray, 2005).

This study contributes to the growing body of critical scholarship that calls for more employee-centered approaches to workplace health (Conrad, 1988b; Dale & Burrell, 2014; Zoller et al., 2022). I facilitated a participatory action research study in which participants themselves defined wellness, identified needs, and developed a plan for next steps. What emerged from this study is the Landscaping Wellness Model (LWM), a process with accompanying embodied wellness map by which employees can contextually (Fetherman et al., 2020) and collectively reclaim power (Dailey et al., 2018; Zoller et al., 2022) and biopolitical control (Herzog et al., 2016) within their sphere of influence.

Defining Embodied Wellness

There was no single clear definition for the concepts of "health," "wellness," "workplace health promotion," and "health at work" in the literature. Conrad and Barker (2010) outlined the social construction of illness, however their work is not necessarily included in many popularized definitions of health, wellness, and workplace health promotion. One's working definition of health is important.

I have sought definitions that reflect holistic approaches to health beyond the physical, containing aspects of Geist-Martin and Scarduzio's (2011) contributions to health at work and health communication literature. Their work incorporated a whole-person approach including identity, environment, spirituality, and boundaries between work and personal life which I incorporate into my definition of embodied wellness. However, their work does not explicitly discuss social identities such as racial identity, socioeconomic status, or gender. Zoller et al. (2022) explicitly discuss fundamental causes of illness such as power, racial status, and income.

Their work aligned with Conrad and Barker's (2010) work on the construction of illness and Okechukwu et al. (2014) on injustices in the workplace that impact health and illness. I also draw from Fetherman et al.'s (2020) incorporation of the social ecological model (Bronfenbrenner, 1994) recognizing that humans develop within cultural and environmental, nested, systems. Many other definitions are vague, and it has often been the most privileged voices that have defined what is currently understood as health and workplace health promotion (Centers for Disease Control and Prevention, 2016; Khanal et al., 2016; van Elk et al., 2022). I will use *embodied wellness* throughout this study to talk about a critical, cross-disciplinary approach to discussing and practicing wellness. When referencing the work of other scholars, I will use the language they have utilized in their work.

I draw from disability justice principles (Sins Invalid, 2019), the healing justice framework (Page & Woodland, 2023), as well as from critical scholars to construct a conceptual framework that is reflective, contextualized, and acknowledges systemic, structural, and personal power dynamics. Informing my construction of the definition of embodied wellness is conscientização. *Conscientização*, or critical consciousness in English, is a term coined by Paulo Freire (1973/2000). It "refers to learning to perceive social, political, and economic contradictions, and to take action against the oppressive elements of reality" (Freire, 1973/2000, p. 35). Coupled with critical race theory, which originated to examine the U.S. legal system through a lens of racialized social domination and oppression (West, 1995), fat studies, labor studies, and other critical scholarship. I use *critical* in my definition and throughout this study to name dynamic, intersecting ways in which I and other scholars interrogate privilege and power. The multiplicity of critical terms reflects the complexity of literature which informs this study and its development, the many ways I seek to notice privilege and exclusion.

The World Health Organization (WHO; 1946) defined *health* as "a state of complete physical, mental and social well-being, and not merely the absence of disease" (p. 1) and defined a healthy workplace as "workers and managers collaborate to use a continual improvement process to protect and promote the health, safety, and well-being of all workers and the sustainability of the workplace" (World Health Organization, 2010, p. 6). WHO's constitution asserted, "The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States" (World Health Organization, 1946, p. 1). WHO (1946) explained "The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health." (p. 1). WHO's definition provides a broad overview of health that remains vague as to what health actualized in communities or individuals means or looks like. By referencing cooperation of individuals and states, it reinforces notions of surveillance and governance of health (Herzog et al., 2016; McGillivray, 2005; Tomkins & Pritchard, 2020; Zoller, 2003a). This may be due to the global perspective from which WHO is approaching health.

Stiehl et al. (2018) presented four theoretical frameworks found within their research to define health, such as the socioecological model that "suggests one's health is affected not only by individual characteristics but also by the environment" (p. 362). Khanal et al. (2016) offered a definition of workplace health promotion as "a coordinated and comprehensive set of health promotion and protection strategies implemented at the worksite that include activities, policies, benefits, environmental supports, and links to the surrounding community to encourage the health, safety, and wellbeing of all employees" (p. 243). The Wellness Council of America (WELCOA) defined health as "beyond the absence of mental and physical illness . . . a feeling of strength and energy from your body and mind" (as cited in Martin et al., 2020, p. 323). The

absence of disability justice within WELCOA's definition perpetuates ableism. However, WELCOA did present a checklist that indicated "whole-person wellness requires a whole-systems approach" (Martin et al., 2020, p. 324). This approach toward wellness aligns with the lens I bring to my work and life.

Conrad (1988a) raised questions about workplace health by studying participants' perspectives on workplace programs. His work highlighted the emphasis on physical fitness, and corporate benefits such as productivity and competitiveness among employees. Haunschild (2003) presented a critical lens by complicating the discourse of health and workplace health promotion, pointing out the problems with defining "good" and "bad" health. Haunschild also pointed out that much of the discourse on health does not include the lived experiences from people impacted by institutions and professionals, that their perspectives on health do not influence norms of health. By connecting health to systemic power, McGillivray (2005) and Zoller (2003a) demonstrated ways in which health programs at work were a means of systemically implementing social regulation and self-surveillance. The systemic powers then provide norms for societal regulation and expectations of self-surveillance to fit within the norms. Dale and Burrell (2014) expanded the literature through analysis of the political economy in relationship to the wellness movement. Three salient assumptions about the wellness movement influenced their work: Individualization, "conflation of wellness with attitudes and, satisfaction at work" (Dale & Burrell, 2014, p. 162). The first two assumptions "allow a 'bio-economism' in the wellness movement" (Dale & Burrell, 2014, p. 162).

Dale and Burrell (2014) continued, pointing out "unequal geographies of wellness [and] unequal conditions of work within capitalism (p. 166). They mentioned *disability* as being

excluded from the discourse on wellness and said, “it is rarely understood how many disabilities are *directly caused* by the employment that people undertake” (Dale & Burrell, 2014, p. 167).

Tomkins and Pritchard (2020) complicate discussions of health by offering a critical lens which posits that the construction of health is interwoven into the construction of organizations. They indicated there cannot be a single definition of health because of the diverse ways in which humans understand the body as “the site, source, or recipient of health” (Tomkins & Pritchard, 2020, p. 4). They proposed that “organization is a term which often masks its [health] discursive and ideological foundations” (Tomkins & Pritchard, 2020, p. 8). Their work stood out early in my literature review as it was one of the first critical analyses of health and wellness at work that I found. From my understanding of the literature, many scholars did not intend to be critical in their work.

These preliminary definitions of health within the broader discourse demonstrate the complexity of the discussion, as well as the scholars who have taken a critical lens to understand the implications of health, and why health matters. A more thorough glossary of terms pertaining to this study is in the appendices, including definitions for critical, cross-disciplinary terms used throughout this study. The critical discourse reflects decades-long work by activists and grassroots organizers calling for healing justice (Bad Ass Visionary Healers, n.d.). In this, they pointed out the racialized fat-phobia permeating Western culture and notions of health (Strings, 2019) and the need for inclusion of Black disability politics (Schalk, 2022) and disability justice activists and writers in the discussion (Piepzna-Samarasinha, 2022; Wong, 2022). Hersey (2022) founded The Nap Ministry, which explicitly links capitalism and White supremacy, calling for rest as both resistance and action toward liberation. The activists and grassroots organizers calling for and co-creating change in this sector demonstrate that our institutions do not have to

continue to be containers for governance and discipline. This study seeks to build off the wisdom and teachings offered from activists, woven together with critical scholars and a critical participatory action research methodology to practice a new way of defining and implement embodied wellness at work.

From this context and presentation of literature, which will be expanded on in Chapter II, I present a definition of embodied wellness. *Embodied wellness*, as I define it, is a holistic approach to wellness that includes reflection and practice through individual and collective meaning-making through a systems lens. Rather than prescribe generalized notions of health or wellness, embodied wellness allows individuals, and groups working together, to make meaning through reflection and practice to, in turn, care for their wellness. Embodied wellness includes reflection of oneself and community as well as ways in which identities and actions are influenced by systems in which one has been raised and lives. Furthermore, embodied wellness does not assume or prescribe wellness or health as a required or achievable way of being human in this world. In the context of work, employees are not seeking wellness merely to remain productive employees. Rather, embodied wellness is informed by disability justice movement work, valuing all bodies, and questioning the definition, purpose, and impact of their wellness.

This terminology learns and builds from work of scholars and activists on topics including psychological liberation among activists (Collins et al., 2020), the occupation (Dale & Burrell, 2014) and governance (McGillivray, 2005; Zoller, 2003a) of working bodies. It builds on Conrad's (1988b) work regarding participant perspectives on workplace health, expanding beyond fitness and moving away from corporate focus on productivity and organizational healthcare costs. Furthermore, it incorporates teachings from scholars and activists engaging in participatory action work and research (Fortier, 2017; Genat, 2009; Upton, 2020; Zoller et al.,

2022) and change (brown, 2017; Kegan & Lahey, 2009; Kusy & Holloway, 2014). In Chapter II, I review the literature to demonstrate typical approaches to workplace health promotion and the critical scholars who are changing the conversation and from whose work I am learning and contributing.

Purpose and Significance of the Study

This study is informed by and builds on critical scholarship on holistically addressing health, the role of the workplace as a source of illness (Dale & Burrell, 2014), critical and equitable participatory research (Fine & Torre, 2021; Kemmis et al., 2014), unsettling and co-conspiring as a researcher (Fortier, 2017; Upton, 2020), and critical leadership studies. This study applied a critical lens to health and wellness, aligned with Zoller et al.'s (2022) participatory, employee-centered model that demonstrated worker participation can improve health and the National Institute for Occupational Safety and Health (NIOSH) Total Worker Health approach which sees employee's holistic health in connection with safety. The Landscaping Wellness Model that emerged engaged landscaping as a metaphor for holistic and appreciative inquiry-driven assessment of existing practices or culture of wellness and space for idea generation and planting of new ideas.

The study and discussion of findings are informed by disability justice (Berne, 2015; Piepzna-Samarasinha, 2022; Wong, 2022), anti-oppression theory and social justice (Harro, 2018; Love, 2018), and critical consciousness (Freire, 1973/2000). Of particular interest is Freire's (1973/2000) work on unlearning the ways of being instilled by oppressors in sub-oppressors. Instead of beginning the study of health and wellness at work from internalized notions (Freire, 1973/2000) of health and wellness placed on people by settler colonizers

(Fortier, 2017) seeking to promote hegemony (Sennett & Cobb, 1972), this study provided a process and space for employees to engage in critical reflection and action.

The study expanded the critical body of scholarship about health at work that question power dynamics and center employees (Zoller et al., 2022). Their article reflects critical scholarship with specific outcomes for the community in which their study is contextualized, and provides transferable processes or ideas other communities can apply in their own worker-centered initiatives that contribute to worker health. This study contributes to a critical body of scholarship at a time when the dominant narrative in the literature overwhelmingly reinforce wellness through definition, design, and implementation by those holding power within capitalism, rather than by the people (workers) impacted by the wellness interventions (Khanal et al., 2016; van Elk et al., 2022).

Much of the literature demonstrates that workplace health promotion is meant to keep workers healthy so they can be productive and miss fewer days at work to provide overall benefit to the company. Many organizations place value in health as being directly tied to capitalistic gain for the organizations themselves. Overwhelmingly, existing literature is concerned with making employees more productive, which was highlighted and critiqued by McGillivray (2005). Typical workplace health programs focus on employee abilities to perform more productively (Nekula & Koob, 2021), absenteeism and retention (Michaels & Greene, 2013; Santa Maria et al., 2018; Valentine et al., 2019), and how employee well-being benefits the organization (Herzog et al., 2016; Tomkins & Pritchard, 2020).

Rather than practice or embody wellness to benefit a company, participants in this study took space to determine for themselves what they define as wellness, what already exists in their organization, and what ideas they have and how they seek to design and implement them. The

participants engaged in a collaborative planning to plan (Kusy & Holloway, 2014) process that led to landscaping embodied wellness, a process in which landscaping as a metaphor could facilitate employee-driven wellness change in organizations.

My analysis of workplace wellness literature reveals that there is a small but growing body of work that engages critical participatory action methodologies to implement or create workplace health promotion programs. The methodology requires participation from and by participants to create an intervention or change of some kind. Several scholars have utilized participatory action research to implement health promotion programs in workplaces with varying results and impact (Fetherman et al., 2020; Munn-Giddings et al., 2005; Waddington & Wood, 2019; Wilkinson et al., 1997). Dailey et al.'s (2018) qualitative study demonstrated the importance of uncovering communication and meaning making among people within an organization and workplace health promotion.

Critical communication scholars have already demonstrated how qualitative, participatory methodologies enacting change can drive change (Zoller et al., 2022). This study built on the precedent of participatory research and the value of participant-centered research from Zoller et al. (2022) and Upton (2020) by focusing on embodied wellness at a small organization that operates as fully remote. Critical participatory action research (Fine & Torre, 2021; Kemmis et al., 2014) accounts for cross-disciplinary findings and research, which I explore in Chapter II. As a methodology which centers and relies on the knowledge and experiences of participants, it created space for change defined and created by employees themselves. Utilizing critical participatory action research, participants collectively determined the significance of embodied wellness at work. Through this approach, I experienced what it means to utilize a critical participatory action methodology, incorporating social justice and

critical consciousness with wellness at work, to see how a team of people in a small organization practice or embody health.

Typical workplace health programs impose existing health or wellness promotion frameworks such as Fetherman et al.'s (2020) and pre-existing definitions (Munn-Giddings et al., 2005) on employees. Many programs engage leaders and managers with positional power to identify and implement programs, determining employee health education needs without a participatory process (Greenberg et al., 2021). The workplace health model (Centers for Disease Control and Prevention, 2016) encourages a participatory process while also providing examples of what health programs might look like, such as fitness club passes and health education classes, that reinforce the dominant narrative. The approach I used in this study builds from work by scholars who have utilized participatory methods for collaborative efforts in a research institute in Italy (Rossi et al., 2022), efforts to displace health researchers as the center of power (Darroch & Giles, 2014), and community-based participatory research efforts that place power in the hands of people experiencing health disparities in question (Tucker et al., 2017). This study expands on the scholarship of Dailey et al. (2018), who conducted interviews that resulted in two discourses about wellness at work: rationale (organization-centered) and participation (employee-centered). I applied a methodology that is already being utilized to analyze health and wellness with a critical consciousness (Page & Woodland, 2023) toward the very definitions and communication as a starting point for determining interventions or programs.

Critical participatory action methodologies are not typically utilized to implement or learn about workplace health promotion programs. As mentioned above, and explained further in Chapter II, there is a growing body of critical scholarship on wellness and health at work that challenges existing power structures (McGillivray, 2005; Zoller, 2003a, 2003b). I also review

application of participatory action methodologies that collude (Harro, 2018) with dominant norms. Upton's (2020) definition of co-conspiring methodology means working "alongside community members to build relationships, jointly create projects, discuss theory, and create shared understandings of themes that emerge in analysis" (p. 388). Their purpose is to work for "meaningful social change" (Upton, 2020, p. 388), as practiced in their research on meaningful social change in Albuquerque's international district (an ethnically diverse neighborhood that has struggled with poverty and crime). Their work is not prescriptive; rather their approach includes intention setting with space to see what comes up and address what might "emerges in messy, creative, and silly ways" (Upton, 2020, p. 393).

Co-conspiring and unsettling approaches to critical participatory action research (Fortier, 2017) demand reflexive praxis including and perhaps especially from White people including myself. The co-conspiring framework includes "a process that relies on relationship and community building" (Upton, 2020, p. 389). I engaged in unsettling, described by Fortier (2017) as non-Indigenous scholars' engaging in five principles. Several of these are contextualizing systemic structures within the historical legacy of settler colonialism and other privileged identities and capitalism; using critical self-reflection throughout the process; and creating relationships with participants rather than merely having transactional engagements (Fortier, 2017). Unsettling is "guided by an overarching relational worldview" (Fortier, 2017, p. 22), informed by Indigenous cultures. As I engaged in the process, I offered reflections and options for next steps. I avoided telling participants something had to look a certain way as this process centered employee-led conversations and actions to achieve wellness at work.

Critical participatory action research is the most relevant method to uphold the value of emergent practices (brown, 2017; Fine & Torre, 2021; Kemmis et al., 2014) which are iterative

or circular ways of developing knowledge creation and change rather than prescriptive. This was modeled when participants made meaning and created shared understanding, often going back to a given idea or topic when they talked through another idea of topic that felt relatable.

Emergent ways of working uplift many types of knowledge creation (brown, 2017; Fine & Torre, 2021). Furthermore, one aim is that "research [be] guided by an interest in emancipating people and groups from irrationality, unsustainability, and injustice" (Kemmis et al., 2014, p. 14). To have wellness or health at work means having to emancipate or liberate oneself from the dominant narrative (Collins et al., 2020) of what that means, the value it holds, and how it might be achieved. After all, the definitions presented in the introduction of this chapter implied a level of health not everyone can aspire to, not all bodies can achieve the dominant narrative of health (Berne, 2015) thereby making it exclusionary and oppressive from the start.

Contextualizing the Study

The organization that participated in this study is located within the United States. I seek to contextualize the organization within the broader system of the United States through a brief review of the history of the country, specifically connecting chattel slavery to capitalism and modern work. The history of the United States is often told as if Christopher Columbus "discovered" the land and from that narrative begins a whitewashed version of nationhood and conceptualizations of identity, freedom, and belonging. The frequently told story that I learned in school was that "Columbus sailed the ocean blue in 1492." As taught to U.S. schoolchildren, this erased the Taínos in the Caribbean (Hämäläinen, 2022) and, subsequently, most other indigenous peoples of the Western hemisphere. Indigenous peoples were deemed inferior to European colonizers like Columbus, who did not seek to learn from or be in community with Indigenous

peoples but instead focused on assimilation and control (Hämäläinen, 2022). Human bodies were seen as useful if they were good or healthy (Hämäläinen, 2022), and good and healthy meant able to work in inhumane conditions through force and enslavement.

The genocide, enslavement, and erasure of culture that Indigenous peoples experienced, and continue to experience today, shares similarities with African American history. Foner (2020) details the enslavement of Africans, indicating "incessant demand for workers spurred by the spread of tobacco cultivation eventually led Chesapeake planters to turn to the transatlantic slave trade" (p. 98). What made this form of enslavement different from other forms of enslavement in history, according to Foner (2020), is the institutionalization of enslavement through the plantation as an "agricultural enterprise" (p. 99). Enslavers owned their means of production, for tobacco and other goods, and it was codified in the U.S. legal system (Foner, 2020). The very foundation of the U.S. economy was labor from enslaved Africans and their descendants.

European colonizers and visitors to what is now known as the United States ignored and upheld or colluded with the existing system of domination and privilege (Harro, 2018). The 18th century French writer, Crèvecoeur, compared "class-riven Europe . . . with the egalitarian United States, home of mobility and democracy" (Painter, 2010, p. 107). The problem with these comparisons is how they perpetuated notions of social mobility that did not exist. At this time, Indigenous peoples and enslaved Africans were considered other and less than human. Tocqueville and others in the 18th and 19th centuries uplifted notions of American democracy, while downplaying enslavement and unprecedented land theft. Emerson "created a white racial ideal . . . his thinking . . .became hegemonic" (Painter, 2010, p. 183). Notions of race were inextricably linked to value judgements of character and explanation for socioeconomic class.

During the Industrial Revolution, which took place decades before slavery ended in the United States, commercial farms and factories shaped a change in labor (Foner, 2020). This shift coincided with a new wave of Irish and German immigration and with that, discrimination and hierarchy determined by religion and ethnicity (Foner, 2020). This and later forms of discrimination by new White immigrants let to assimilation and would give way to conceptualizations of Whiteness distinct to this country (Painter, 2020) perpetuating racial superiority (Foner, 2020) and populist imperialism (Dunbar-Ortiz, 2014).

For more than five centuries Indigenous peoples have and continue to resist colonization. They have continually strategized and protected not just their land, but, more importantly, their people and culture, even in the face of forced assimilation (Dunbar-Ortiz, 2014). Descendants of enslaved Africans and African Americans have preserved and built cultures that reflect their ancestry and values. Perhaps most notable, White settler colonizers themselves, including Western and Eastern European immigrants, assimilated (Painter, 2010), losing much of their culture as they sought to be part of the United States. The foundation of this country is enslavement (Smith, 2021) and forced removal and assimilation of Indigenous peoples (Dunbar-Ortiz, 2014; Hämäläinen, 2022). The legacy of work in the United States begins an enslaved or indentured workforce, a lack of autonomy, and notions of health and wellness (or lack thereof) determined by the powerful for those under their management or leadership.

Legacy of Enslavement and Biopolitical Control

Virginia slave codes allowed White people, including enslavers, to get away with horrific types of harm toward enslaved peoples both living and once they passed away (Smith, 2021). The enslaved were used for the study of gynecology (Tubbs, 2021) and even exhumed by medical students (Smith, 2021). The legacy of chattel slavery lingers in plantation politics

(Williams & Tuitt, 2021) and management theory (Cooke, 2003). Williams and Tuitt (2021) defined *plantation politics* as "the connections between historical policies, practices, and discourses in higher education and their new iterations, which are used to control, exploit, and marginalize Black people" (p. 3). While plantation politics is utilized within higher education spaces, I will focus on introducing the connection between management theory and enslavement. Cooke (2003) explicitly points to the denial of the legacy of chattel slavery in management studies, noting his work is "part empirical revision that writes in a missing link" (p. 1896). Typically, the historical narrative of how management came about is that it stemmed from the development of U.S. railroads and expansion of the country's boundaries westward (Cooke, 2003).

An example of management in forced labor camps (Hannah-Jones, 2021) was the Highland Plantation under the ownership of Bennett Barrow, where rules were enforced through language about labor from with mere machinery (Cooke, 2003). In 1860, harsh overseeing of the labor of enslaved peoples was labeled as "admirable management" (Cooke, 2003, p. 1897). This is echoed in modern scholarly discourse about health at work, that similarly categorizes bodies as machines (Tomkins & Pritchard, 2020). Cooke (2003) points out the ways in which historical records situate the United States forced labor camps within production-line language and "a global, capitalist, economy" (p. 1897). Contrary to privileged present-day narratives that characterize the mid-19th century U.S. South as not industrializing, the data tells a different story of a Southern United States industrializing with the labor from enslavement (Cooke, 2003).

Cooke (2003) raised questions about the connection between management and forced labor camps, critiquing scholars who perpetuate a narrative of management that makes it an achievement because of "the growth and increasing industrial sophistication of a globalizing

capitalist economy" (p. 1900). Cooke acknowledged the debate on whether or not enslavement in the United States was "pre-capitalism." He outlined examples of how forced labor camps utilized characteristics like organizational processes, which in turn supports a more critical perspective of the time and rise of management (Cooke, 2003). Slave markets of the period "reflected the significance of enslaved people embodied as capital" (Cooke, 2003, p. 1902). Like the ways in which Taíno and other Indigenous peoples were assessed by colonizers (Hämäläinen, 2022) for their ability to be controlled, enslavers turned physical human traits into measures for a "modern commodity market" (Cooke, 2003).

Other concepts that link enslavement to current management theory include the notion of teamwork, division of labor, group dynamics, and supervision and control (Cooke, 2003). There were even some slave owners who tried to perpetuate the notion of "unity of interest" (Cooke, 2003, p. 1910), which claimed that being a slave was beneficial to the enslaved person. Racism and White Supremacism were used to construct the identity of the manager role in modern management studies (Cooke, 2003). A decade after Cooke's (2003) work on the historical link between enslavement and management, Crane (2013) developed a theory of management practice as modern slavery.

According to Crane (2013), "widely cited estimates suggest what anywhere up to thirty million slaves participate in today's workforce" (p. 49). He posited four types of modern slavery: "traditional slavery, bonded labor, human trafficking, and forced labor" (Crane, 2013, p. 49). Crane further suggested five characteristics of "modern slavery," including commoditization and underpayment. There are "exploiting and insulating capabilities" such as the use of violence (Crane, 2013, p. 53). He argued that chattel slavery was institutionalized because the value of enslaved peoples was accounted for in financial language. This included using the translated

financial value of enslaved peoples to secure business loans and evaluate efficiency (Crane, 2013). He compared such earlier slavery with what went on in businesses like Enron as opaque accounting, “Sustainability and shaping capabilities [include] moral legitimization” (Crane, 2013, p. 53). Moral legitimization, as Crane described it, rationalizes unethical and dehumanizing behaviors in organizations. He defined “a set of unique abilities that explains how enterprises successfully deploy slavery as a management practice” (Crane, 2013, p. 52).

Crane (2013) highlighted five contexts that enable contemporary slavery: industry, socioeconomic, geographic, cultural, and regulatory. Crane’s (2013) idea of “entrenched inequalities” (p. 57) normalizes the cultural context as a condition of modern slavery. Furthermore, he placed significant responsibility on managers and owners of organizations for continuing to abuse human rights. He concluded that the “lack of attention to modern slavery . . . perpetuates . . . the denial of slavery in management studies” (Cooke, 2003; Crane, 2013, p. 49).

Cooke’s (2003) and Crane’s (2013) scrutiny of management studies with a highly critical eye toward power and working conditions framed their gaze with a lens of freedom. Liu’s (2018) work on critical leadership and organization studies cautioned scholars to “be sensitive to how different social movements can in turn trade one form of equality for other forms of oppression” (p. 90). Liu provided examples of the commodification of identities and culture in relation to international economic business dealings. The use of bodies or human identities to benefit business is reminiscent of commodifying humans and their physical abilities.

Tomkins and Pritchard (2020) review ways in which people are seen as machines in modern workplaces in relationship to health at work. They offer a “clash of construction” within discourse on organizations. They argue that notions of efficiency innately position human workers as machines, as does communication about effectiveness. Tomkins and Pritchard

advocate seeing humans as organisms, clashing with mechanistic constructions of health in organizations. If humans are machines, fixing their health is to ensure that they can continue to be productive for the organization. In contrast, through the lens of employees as living organisms, workers should flourish, striving for health for its own sake within the organization.

Tomkins and Pritchard (2020) provided additional examples of health at work, suggesting that leaders' communication about care reproduces the father role in families and ways in which organizations devalue aging employees. Tomkins and Pritchard also drew on existing literature to point toward the managerial use of technology, linking technology and health to governance. Paternalism and the use of technology to govern employee health are highlighted in typical workplace health promotion programs, as demonstrated in McHugh and Suggs's (2012) study of tailored online weight management programs employers used in the name of improving employee health and reducing disease.

Tomkins and Pritchard (2020) concluded with a discussion of politics and health at work, emphasizing Foucault's concept of biopower. Discussing biopower, Foucault (1977) theorized that by surveilling and normalizing certain measures of assessment, people can be controlled or disciplined. Power over workers is wielded by creating norms for living and being occupied (Dale & Burrell, 2014; Foucault, 1977; Zoller, 2003a, 2003b)—but this can be resisted (McGillivray, 2005). Biopower is a means to attempt to control employees' health so they can meet the needs of the organization. In Chapter II, I will revisit the connection between enslavement, health, and organizations through a more comprehensive cross-disciplinary literature review.

Research Questions

Typical or dominant workplace health promotion programs focus on physical health (Kranabetter & Niessen, 2017). The purpose is often reducing absenteeism (Herzog et al., 2016). Critical scholars provide examples of reframing workplace health through the lens of participatory, employee-centered conceptualizations of workplace health (Zoller et al., 2022). My research on embodied wellness in the workplace is aimed at contributing to such existing work. I engaged in research in attempts to answer three overarching research questions, two of which contain three interconnected sub-questions each. Table 1.1 presents the research questions for this study.

Table 1.1

Research Questions

Overarching question	Sub-questions
1. How does a small group or team of workers within an organization define embodied wellness?	1.1 How do workers' definitions of embodied wellness differ from their conceptualizations of wellness more broadly?
	1.2 How do workers' lived experiences and identities inform their definition of embodied wellness?
	1.3 To experience embodied wellness at work, what policies or practices to workers seek?
2. How do workers collectively create embodied wellness policies and practices?	2.1. What areas of growth or learning do workers, individually and as a team, seek to engage in as part of embodied wellness at work programming or design?
	2.2. To what extent do employees seek to create policies and practices through a lens of anti-capitalism, anti-oppression, critical consciousness, and disability justice?
	2.3. How will workers assess whether they are embodying wellness? How do they measure their embodiment of wellness or success of wellness?

Overarching question	Sub-questions
3. What are the implications of the worker's approach for understanding of embodied wellness and the politics of workplace health?	

The research questions presented in Table 1.1 center participant knowledge and collective knowledge (Darroch & Giles, 2014). The questions are grounded in an emergent and participatory design process (Genat, 2009). I engaged with questions that center the lived experiences and identities of participants (Ghasemi et al., 2021) without assuming or imposing a Western, colonized definition or approach to wellness (Darroch & Giles, 2009). The proposed research questions align with Zoller et al. (2022) who critically redefined holistic health for agriculture workers on farms involved in the Equitable Food Initiative. What emerged from this study was "landscaping wellness" as a metaphor and model for worker-centered, participatory wellness initiatives which will be described in-depth in Chapters IV and V. Included in the findings and discussion is a map practitioners can use in their organizations.

As a White woman in the United States I used reflexivity as a core practice throughout the research process (Fortier, 2017). I recognize I am biased by my own worldview and unsettling will be an imperfect process (Fortier, 2017). Additionally, as the study took place in my own workplace it was conducted with people whom I know. I joined the workplace near the end of my doctoral journey and hold insider-outsider relationships. I will explain this further in Chapter III when I describe the organizational context of the study. Conducting a study with people whom the researcher knows and works with can lead to challenges in accountability and power (Fortier, 2017), as well as be potentially affected by bias based on prior knowledge of the workers. The reciprocal relationships built prior and during the study by sharing power and

honoring lived experiences of participants were crucial to ongoing reflection and emerging ways of working together (Darroch & Giles, 2014; Fortier, 2017).

This study cannot determine the definition of embodied wellness or workplace practices for implementation for all organizations or employees. It is emergent (brown, 2017; Darroch & Giles, 2014), something only the participants in this time and space created and could not be generalizable (Creswell & Creswell, 2018). I designed activities to reflect different ways of participating and sharing (Fine & Torre, 2021, p. 36) while acknowledging that all participants have internalized their socialized experience within a system of power and collusion (Harro, 2018). Each person's engagement with that system varied in the contact zone (Fine & Torre, 2021). Furthermore, this study did not account for lived experiences that are not represented in the participatory process (Upton, 2020).

Finally, the study contained a small sample size with a limited time frame. The sample was a team of five workers and one owner from one small organization. The study focused on the process of determining workplace health, policy, and practice, not the implementation of those policies and practices. Upton's (2020) co-conspiring methodology "focuses not on the level of participation achieved, but the degree to which key actors are actively engaging in meaningful relationships throughout" (p. 392) the process. With a focus on relationship building, coupled with space for what might come up throughout the research—or emergence—this study is not generalizable. Rather, this study provides a transferable process for landscaping embodied wellness at work, with a map that organizations can utilize to implement a participatory process to define and develop embodied wellness programs or policies within their organizations.

Positionality

I am a cisgender White, fat woman working in organizational development with community-based social change organizations. I was the first in my immediate family to complete a four-year undergraduate degree. My socioeconomic background is working-class and as such, despite holding multiple advanced degrees, I have worked more than one job most of my adult life, including the entire time as a doctoral student. While I lived in Brazil for some time as a child, and as a child of a Brazilian immigrant feel strong connection to my Brazilian identity, most of my life I have lived in the United States. My geographic and nationality connections influence my worldview, often in ways I do not fully know or understand.

I am especially interested in how White people utilize—or could utilize—our positionality to further work for equity within issues of social justice, using our privilege to create more equitable systems and cultures. I developed and continue to cultivate research interest in self and collective care, health at work, and the intersection of capitalism and critical consciousness with a focus on the United States. I have more than a decade of experience working at predominantly White institutions of higher education, ranging from a small liberal arts campus of about 700 students to a research-centered institution of over 40,000 students. I have experienced burnout and sexism within these workplaces, questioning the links between capitalism, oppression, and health.

As a White woman exploring unsettling and decolonization, my positionality includes the perspectives that it is crucial that I recognize the ways in which European colonizers old and new coalesced into a single group of White people and the ways in which labor was divided across racial oppression. This was not unplanned or an accident and contributes to ways White people themselves perpetuate hegemonic notions of living, including health and wellness. After all, if

we do not know where we come from, how might our health and wellness be defined for ourselves and enacted from a place of knowing? And if we are coalescing and perpetuating a particular identity or culture as right, how much may that generalization of health or wellness harm people for whom that definition or those practices do not align?

My social identities and work experiences intersect in my interest to deepen my understanding of individual versus collective agency, responsibility, and ability for change on multiple levels. Reflecting on my work experiences and my ongoing learning about oppression, capitalism, I struggled when workplaces offered resilience workshops or incentivized completing health interventions just to earn a gift card. I questioned instances when workplaces perpetuated norms of health that did not align with my worldview or values, in particular the emphasis workplace wellness and health programs placed on body mass index (BMI). BMI is a number determined through a calculation involving height and weight and is perpetuated by people who relate health to weight loss (Burgard, 2009). BMI is accepted and used even though "91% of what accounts for a health outcome *has nothing to do with BMI*" (Burgard, 2009, p. 43).

Furthermore, in each of my jobs I have experienced overwork, institutional cuts to staffing with steady or increased work expectations, and long hours. I experienced the sexism of a male supervisor who actively treated me differently from a male colleague and by a female administrator who paid me less than male colleagues who had not just less education but fewer years of work experience. When I advocated for my pay, the administrator used equity language and the department blamed different funding streams. These systemic and structural inequities caused me health problems while I was told to merely complete questionnaires and other activities to receive a gift card each year from the institution's insurance provider.

My work experiences masked the ways that office positions in universities can affect health in negative ways by putting the responsibility for creating change back on me and other individuals rather than acknowledging the intersection of personal, structural, and systemic factors. My identities and values influenced me to seek to create systemic and collective change, with changes that center anti-racism and anti-oppression practices. Without equity and justice, I worry that notions of health and wellness, included notions of leadership, will only serve as temporary bandages within a system perpetuating harm. My lived experiences, values, and reflections converged in this study.

Organization of Study

In this chapter, I contextualized normalized definitions of health and workplace health promotion, including an introduction to the ways in which these norms have been defined and perpetuated by privileged people within a capitalist and neoliberal landscape. I presented critical participatory action research as the best methodology by which participants embody collective decision-making to define and determine what health means and the value it holds in their workplace. In Chapter II, I will review existing literature pertaining two health at work in two dominant bodies of existing literature: leadership theories and conceptualizations of workplace health promotion. The critical review of literature will note ways in which certain identities, power, and capitalist work structures are made invisible and in turn normalized as that which employees should strive toward. Chapter III presents the methodology, arguing that critical participatory action research is the best method by which participants could conceptualize and practice wellness at work for themselves through a critical lens and practices. I also provide the research questions for this study and explain how the study took place. In Chapter IV, I present the study findings and identify a process which emerged to landscape embodied wellness at

work. I will conclude in Chapter IV with implications of the study findings and application for practitioners, describe some of the limitations, and explain a few of the opportunities for future research.

CHAPTER II: LITERATURE REVIEW

In Chapter I, I introduced this study of embodied wellness in the workplace. Throughout this chapter, I will delve further into the existing literature in three areas: theoretical frameworks; health and wellness at work in relation to management and leadership; and workplace or employee health promotion. I came into the doctoral program seeking to understand how Whiteness, leadership, and healing justice (Page & Woodland, 2023) could or do converge in the workplace. From there I sought healing leadership theories, which led me to a confusing array of literature using similar and differing language to talk about health and wellness at work. This expanded to some literature on management and the role of managers within workplace health promotion, as well as literature on change management. By reviewing literature on workplace or employee health promotion, I deepened my understanding of the existing dialogue while noticing opportunities to contribute to the growing body of critical literature that moves power to employees and questions surveillance and occupation of working bodies. This literature review is situated within the historical legacy of enslavement and dominance, particularly through a racial lens within the United States. Furthermore, rather than a single theoretical framework for analysis, I applied an integrative framework.

Theoretical Frameworks

My cross-disciplinary approach utilizes multiple theoretical frameworks (Grant & Osanloo, 2014). I am influenced by critiques of the history of academia (Wilder, 2013; Williams & Tuitt, 2021) and interrogations of ways of knowing and knowledge production (Liu, 2019). Parker (2018) pushed back against such socialization (Harro, 2018) to disconnect rather than intersect (Crenshaw, 1991). Parker (2018) noted, “However benign, however transparent, however distributed, however relational, however transactional, the very idea of leadership is

predicated on the idea that the autonomy of most people must be restricted in order that organizationn can happen" (p. 211). I believe it is essential to make connections across critical frameworks to practice an emergent way of knowing and analysis that is rooted in multiplicity (brown, 2017), not to "determine what is useful knowledge" (Gaventa & Cornwall, 2008, p. 173).

My integrative framework includes healing justice (Bad Ass Visionary Healers, n.d.; Page & Woodland, 2023; Piepzna-Samarasinha, 2016), critical leadership studies (Liu, 2019), fat studies (Cooper, 2010; Gordon & Hobbes, 2022; Oliver, 2006), postcolonial feminist theory (Darroch & Giles, 2014), and disability justice which includes the sick and chronically ill (Piepzna-Samarasinha, 2022; Sins Invalid, 2019); these struggles are interconnected. Furthermore, as a White woman I find it important to draw from critical race theorists (Crenshaw et al., 1995; Liu, 2019), including critical Whiteness studies scholars (Cabrera & Corces-Zimmerman, 2017; Carter et al., 2004; DiAngelo, 2018; Frankenberg, 1993). Colonization, the legacy of enslavement (Cooke, 2003), Whiteness, and racial privilege (Crenshaw et al., 1995) impact labor, as well as difference within and across class divides (Dale & Burrell, 2014; Prins et al., 2015; Sennett & Cobb, 1972; Zoller et al., 2022). Using this integrative framework, I interrogated the ways in which the literature presented throughout this chapter perpetuates privileged concepts of health and wellness at work. This integrative approach to form embodied wellness informed the methodology and study design outlined in Chapter III.

Health and Wellness at Work

Historical Context

The discourse of health and wellness at work has been used to influence govern working bodies (Herzog et al., 2016; Zoller, 2003a) and reinforce human labor in a globalized economic

market (Chu et al., 2000). Gordon and Hobbes (2022) provided examples of workplace wellness programs as far back as the late 19th century. Blei (2017) compared modern discourse on wellness to the late 19th century, questioning if "economic pressures explain the reemergence of wellness culture" with examples of economic pressure including "a technology revolution, capitalist expansion, wealth concentration, labor insecurity" (para. 13). Workplace health promotion programs became more popular in the World War II era when workplaces offered health benefits, which led to union collective bargaining for health benefits (Gordon & Hobbes, 2022). Conrad (1988a) began questioning the purpose, impact, and participants' perceptions of workplace health promotion programs at a time when U.S. organizations were seeing a rise in healthcare costs. He noted that "since the mid-1970s an increasing number of American corporations and business have introduced health progmotion or 'wellness' programs into the workplace" (Conrad, 1988a, p. 545).

Conrad (1988a, 1988b) and Gordon and Hobbes (2022) link workplace wellness and health programs to not only the rise in healthcare costs, expansion of programs in the workplace, and the rise in the notion of wellness as a concept, seen on the program, *60 Minutes*, in 1979 (WellnessAssoc, 2008). Conrad (1988b) contributed influential research to the discourse on early workplace health promotion, gathering participants' perspectives on programs and pointing out that family health plans include members of the insurance that are not at the workplace nor participating in workplace health programs (Conrad, 1988a). Conrad (1992) linked medicalization to control. Furthermore, Conrad and Barker (2010) focused on policy and the construction of illness, aligns with disability justice (Sins Invalid, 2019) by highlighting how illnesses are socially embedded and constructed. Gordon and Hobbes (2022) have linked ableism and fatphobia to governance (McGillivray, 2005; Zoller, 2003a). This brief historical overview

of the evolution of the notion of workplace wellness and health programs places the following literature within this broader context.

Workplace Health Promotion

Many articles that I reviewed specifically focus on the physical health of employees through programs such as "PerfectFit@Night" (van Elk et al., 2022), CrossFit (James & Zoller, 2018), and "Get Healthy at Work" (Khanal et al., 2016). Lara et al. (2008) provided evidence that exercise breaks at work benefited participants' body compostion and the organization. Eves et al. (2013) found that a stair climbing program has greater impact on employees labeled as overweight compared to their normal weight peers. Their discussion of weight as normal versus overweight and narrative that climbing stairs has few barriers perpetuated ableism (Sins Invalid, 2019) and fatphobia. In a review of 30 years of workplace health promotion literature, Goetzel et al. (2014) found that "well-designed and well-executed programs that are founded on evidence-based principles can achieve positive health and financial outcomes" (p. 927), thereby reinforcing an ongoing narrative around wellness linked to financial needs and health governed by others. Even a discussion on evidence-based principles must include a healing justice (Page & Woodland, 2023) perspective in order to bring critical consciousness to the discourse.

In New South Wales, Australia, *Get Healthy at Work* sought to decrease chronic disease risk and create health-supportive work environments (Khanal et al., 2016). The program included a five-step planning cycle, a workplace health promotion program for businesses, and Brief Health Checks (BHCs) for individual employee. BHCs included information such as eating habits, exercise, and how much one sat at work. Khanal et al. (2016) found that people at higher risk of chronic disease opted for face-to-face BHCs rather than telehealth options online. Such studies perpetuate notions of health rooted in Western values, including fatphobic politics

(Gordon & Hobbes, 2022; Oliver, 2006), as opposed to being culturally responsive (Topa & Narvaez, 2022).

Zoller (2003b) found that the recommended programs put the onus on individuals to adapt or fix something in their lives, even when pertaining to work safety and conditions. The company Zoller studied socialized people toward individual discipline and efficiency (Zoller, 2003a) implying that illness was a choice. Zoller (2003b) acknowledged that the organization's program "failed to address the role of work in the Associates' quality of life or provide a discourse with which to challenge existing production processes" (p. 197). Cawley and Price (2013) studied workplace programs that offer financial incentives, including the variability of weight loss among participants. James and Zoller (2018) looked at the culture of CrossFit at work as one extreme method of managing employee fitness. They found that the program was harmful to disabled people, and certainly did not align with the understanding in disability justice that "all bodies have strengths and needs that must be met" (Sins Invalid, 2019, p. 19). James and Zoller concluded that employees should participate in the creation and design of workplace health programs. The critical analysis applied in each study highlight concentration of power and the lack of employee-driven programs in these workplaces.

Like "Get Healthy at Work," "PerfectFit@Night" was designed to focus on physical health. Interestingly, this program envisioned physical health in terms of "powernaps" and nutrition to support healthcare workers on overnight shifts (van Elk et al., 2022). The program was designed utilizing the Analysis Grid for Environments Linked to Obesity framework to implement the interventions. The connections made to obesity and fatness (Gordon & Hobbes, 2022; Oliver, 2006) perpetuate weight bias (Burgard, 2009). Mache et al. (2015) questioned if obese people "profit more than their normal-weight peers" (p. 1). Mache et al. perpetuated

fatphobic (Gordon & Hobbes, 2022) and weight biased notions of health (Burgard, 2009) rather than analyze systemic access to healthcare and cultural indicators of health. The interventions in PerfectFit@Night focus on physical movement and relationship to food, relying heavily on data connected to a person's self-reported height and weight for their BMI (Mache et al., 2015). Mache et al. (2015) recommended that future studies incorporate "environmental and individual components" (p. 10). The exclusionary, ableist, and White norms of "PerfectFit@Night" reinforced a narrow lens of health leadership. Hull and Pasquale (2018) studied workplace health promotions as not only a form of control over employees, but as perpetuating social truths misaligned with public health initiatives.

Stiehl et al.'s (2018) review of workplace health promotion literature was specifically through the lens of low-wage workers, "defined [in the United States] as those with weekly earnings below 150% of the federal minimum wage for a 40-h week" (p. 360). Stiehl et al. pointed out that health risks are more significant for low-wage workers and that they have less access to programs or interventions that prevent further health struggles. Additionally, they saw opportunities for "new technologies, new staffing models, or new settings" organizations could implement that would increase access to health promotion" (Stiehl et al., 2018, p. 369). A suggested intervention was to combine opportunities, such as "linking smoking cessation . . . 'with] initiatives to reduce exposure to hazardous particulates" (Stiehl et al., 2018, p. 370).

Sovičová et al. (2019) focused on a program for battery workers, which might align with Stiehl et al.'s (2018) focus but does not explicitly discuss whether the employees are low-wage workers. I do not know if battery workers in Eastern Europe receive low wages but know that can be the case in the United States. Program interventions included education on topics like frequency of changing clothes and mopping the floor, as well as physical adjustments in the

workspace such as a renovation to the bathrooms and improves air system. This workplace health promotion program reflected ways in which the organization took on responsibility for changes as well as taught employees what was within their control (e.g., hand washing behavior).

Employee-Driven Programs and Interventions

Within the literature reviewed here on organizations' concepts of wellness within workplace health promotion, I was particularly intrigued by studies that looked at programs from the perspective of privilege or identity. Of additional interest were studies that did not necessarily use language of workplace health promotion but practiced it consistent with Khanal et al.'s (2016) definition, discussed above. For example, Acharya (2003) studied craftswomen and well-being in India. There, women drove the creation of workplace health promotion through their advocacy for their safety, seeking an end to abuse and alcoholism at work (Acharya, 2003).

There are also examples of individual action toward workplace health promotion from Black and multi-racial activist spaces. Latunde (2022) wrote about the use of mindfulness for Black women's well-being within unhealthy and "historically hostile institutions" (p. 1). Black feminism and Christian faith framed the study. Health-related actions including morning routines, Qigong practices, writing, and gathering in community. While these actions were not discussed in workplace health promotion language specifically, they are actions being taken when an institution or workplace is not supporting worker wellness.

Like Latunde (2022), Collins et al. (2020) addressed wellness interventions or programs in ways that expanded what wellness or workplace health promotion might mean or look like. The study focused on activists within two organizations, Black Lives Matter and Showing Up for Racial Justice. The people in the study self-identified as anti-racist activists, which is relevant to

broadening the idea of wellness within the organization. Collins et al.'s language resembled other studies in connecting programs and interventions to themes of psychological and political liberation and how these are related. For psychological liberation, participants learn and unlearn history and socialization from colonization, capitalism, and oppression. Collins et al. found that participants use systemic analysis to support their learning about root causes and in exploring their own identities, privilege, oppression, and role. The participants growth in political liberation connected largely to organizer events and trainings, as well as in taking actions to help foster the world they sought to create. Actions included building intentional relationships between incarcerated people and "free world allies" (Collins et al., 2020, p. 379). These learning and action processes coalesce in "a theory of liberation . . . by which activists situate their understanding of how liberation should occur" (Collins et al., 2020, p. 380). Examples that stood out to me include "more philosophical, such as anti-capitalist, and . . . more pragmatic . . . relationship building" (Collins et al., 2020, p. 380). Key to bridging political and psychological liberation is the work of critical self-reflection, which, in turn, impacted behaviors within the organizations. While this article does not specifically discuss workplace health promotion, it offers an example of how individuals within organizations and organizations themselves can foster embodied wellness.

Rossi et al. (2022) and Zoller et al. (2022) studied co-production and employee-centered workplace health promotion interventions. Rossi et al. (2022) demonstrated participatory workplace health promotion within normalized notions of health. Zoller et al. (2022) applied a critical approach to participatory research for health workplaces, contextualizing their research within labor rights while addressing structural change. Their study broadened conceptualizations of workplace health promotion by incorporating both environmental and consumer health. By

modeling how to institutionalize participation, changing pay and other working conditions often seen as "objective factors" (Zoller et al., 2022, p. 14), Zoller et al. took worker concerns seriously. Arguing for creating accountability within the organization, they demonstrated how to implement critical participatory action research with embodied wellness at work for farm workers. Lessons learned from their study influenced my study design are presented in Chapter III.

Finally, I reviewed articles that connect workplace health promotion and workplace experiences of people with disabilities. In Australia, Meacham et al. (2021) focused on interventions for people with intellectual disabilities in an organization. Interventions included setting realistic goals, a clear support or buddy system, flexible work, and close evaluation of interventions. Gillespie et al. (2022) focused on barriers people with disabilities often face in workplace health or wellness programs. They found that there were accessibility barriers to the activities within a given organization and a lack of resources for the needs of the people with disabilities (Gillespie et al., 2022). However, neither Gillespie et al. nor Meacham et al. applied a disability justice lens that might have expanded understanding of what health means to disabled employees. Such a perspective has been presented by others (Schalk, 2022; Sins Invalid, 2019; Wong, 2022).

Management and Leadership

Having contextualized (in Chapter I) the legacy of enslavement within management studies and the development of management within the capitalist system, here I introduce a critical lens to the governance and surveillance of bodies in connection to health and dehumanization. The growing critical body of literature reflects nuance to discussions and definitions of wellness. This literature includes management studies and the role of managers or

supervisors in the promotion and implementation of employee health programs. I also review leadership literature, particularly literature associated with health and leadership, to demonstrate ways in which organizations use leadership of managers to implement workplace health promotion interventions. Centering the critical scholarship and contextualizing the overwhelming body of workplace health promotion literature that surveils workers' bodies to support the success of organizations, I demonstrate that the dominant narrative in wellness and health at work literature concentrates definitions, decisions, and power in the hands of the few. Some of the literature focuses on the impact leaders or managers have on the success of workplace health promotion in how they care for their own health, by modeling health or wellness, and embodying health-related practices.

Management

Zoller (2003a) found that employees who complied with workplace health promotion efforts developed identity and empowerment in opposition to their peers who did not participate or comply with the program. Her findings demonstrated ways in which workplace health promotion reinforced "managerial goals," while spreading weight bias (Burgard, 2009) through messaging on self-discipline (Zoller, 2003a). By acknowledging ways in which health promotion was tied to power and fatphobia, Zoller highlighted how these programs are narrow in definition and design, supporting the health and wellness of only those who align with the governance (McGillivray, 2005) and occupation (Dale & Burrell, 2014).

Kroth and Keeler (2009) did not directly address health but outlined five caring themes within manager-employee relationships: recursiveness, invites, advances, capacitizes, and connects. Their theory acts as a process to practice managerial caring, relying heavily on individual behaviors and attention to relationships (Kroth & Keeler, 2009). In discussion of

labor, it is important to distinguish and be critical of how care might be reframing concepts implemented in forced labor camps. Kroth and Keeler (2009) noted, "[the] caring side of bureaucracy . . . views managerial power as exercised in everyone's best interest" (p. 514) much like slave holders during chattel slavery.

Like Kroth and Keeler (2009), Lenz et al. (2012) discuss supervisors modeling wellness practices and noted reciprocal benefit between organization and employee. They do not use management language in their quasi-experimental study of the effectiveness of the "Wellness Model of Supervision" (Lenz et al., 2012, p. 207). The wellness model of supervision impacted counselors at work in that they were "more likely to promote career sustaining behaviors associated with higher levels of counselor wellness" (Lenz et al., 2012, p. 218). While they do explore what it means for CITs to define wellness for themselves, they ultimately prioritized the benefits to the work and employee retention in the field (Lenz et al., 2012). Dailey and Zhu (2017) suggested that workplace health promotion supports healthy identities workers bring to organizations. They contend that organizations should "capitalize on different health identities," using identities as bridge builders that ultimately lead to a "greater return on investment" (Dailey & Zhu, 2017, p. 366).

More recently, Greenberg et al. (2021) conducted semi-structured interviews to study women in middle-management roles within government organizations as "Health Ambassadors in the Workplace" (p. 2). The participants completed a 12-week course comprised of two stages, one to deepen knowledge of health and one to learn how to design workplace health promotion programs for their supervisees (Greenberg et al., 2021). The emphasis on education was significant in that it was prescriptive and pre-determined (Greenberg et al., 2021) rather than community or culturally tailored. Furthermore, the use of female managers to govern health at

work reinforces ways racialized female bodies have been used since the 18th century to determine "racial superiority and inferiority" (Strings, 2019, p. 67).

Greenberg et al. (2021) did not address systemic or structural power dynamics that middle-managers face, nor the systemic or structural inequities their employees might face in achieving health. The lack of attention to managerial power reflects a lack of reflection about how power within systems influences staff. Meanwhile, James et al. (2022) found that blue-collar workers' discourses of wellness initiatives included coercion and that to be a good worker is to participate in health programs. Greenberg et al. (2021) aligned with privileged approaches to health, while James et al. connected to literature on health, governance (McGillivray, 2005), and occupation (Dale & Burrell, 2014). James et al. provided a critique within the management and health literature similar to Zoller (2003a, 2003b).

Leadership Theories and Applications

Few studies I reviewed address management and employee wellness programs (Greenberg et al., 2021; James et al., 2022; Zoller, 2003b) while a conflicting body of literature interrogated leadership and employee health or wellness. The difference between management and leadership was not clearly defined in the literature, and my categorization of the literature within sections of this chapter reflects language the scholars themselves used to define their work. The term "health" and its position in the workplace is used in numerous ways in the literature, including healthy leadership, health-related, health-specific leadership, health-oriented leadership, health-promoting leadership, and workplace health promotion.

Both Haunschild (2003) and Tomkins and Pritchard (2020) took on more critical questions linking the organization or systems to employee health and wellbeing. Haunschild provided a conceptual paper with critical analysis that applies Foucauldian analysis to wellness,

power, and employee health. The author clearly recognized the harm of capitalism and the ways in which the system connects to expectations of physical bodies in the workplace (Haunschild, 2003). Themes throughout include connections of health to organizations, discipline, organizations, goodness, and normativity (Haunschild, 2003). Concerns about wellbeing and health within organizations and work included both the importance of reflecting on how "good" and "bad" (Wong, 2022) are defined and that much of the discourse on health does not include lived experiences from people impacted by institutions and professionals (Haunschild, 2003).

Haunschild (2003) questioned: "Can and should we recommend certain forms of resistance or disobedience against health promotion?" (p. 56). Kuhn et al. (2020) provided a partial response to Haunschild by evaluating the ethics of workplace health promotion programs. They concluded that the programs themselves should draw from ethical standards in business, medicine, and public health (Kuhn et al., 2020). Meanwhile, James and Zoller (2018) found that resistance to the programs includes avoiding participation, raising questions about the purpose, and voicing feedback.

For blue-collar workers, resistance included recognizing the value of the manual labor they already performed to complete the work of their roles (James et al., 2022). Haunschild (2003) concluded, "employee health promotion is strongly evidenced in modern capitalist organizations and represents a disciplinary power that co-evolved with capitalism" (p. 56). Given Cooke's (2003) history of enslavement and management, the disciplinary power supported the development of United States's capitalist economy. Linking health of employees to capitalism is a crucial component of critically analyzing the entire notion of health at work and some scholars (James et al., 2022; James & Zoller, 2018) are contributing to the discourse by demonstrating where workers resist such surveillance.

Tomkins and Pritchard (2020) took the concepts in Haunschild's (2003) work much further through their critical perspectives of health at work. Their book is a conceptual meta-analysis in terms of scope of scholarship covered, including the following themes: efficiency, effectiveness, care, age, learning, technology, and politics.They incorporate fictitious case studies to demonstrate how the discourses on these topics show up in organizations. This approach to health at work incorporates a Foucauldian lens, as reviewed in Chapter I, which means it accounts for the role of self-discipline through the adoption of norms to govern bodies. A crucial component was recognition that,

> Organizations provide discursive templates and images for the type of person who is most useful and most desirable through mechanisms such as recruitment, induction, promotion, training and other forms of organizational communication and messaging; these become vehicles through which not only external behaviour, but also internal experiences, feelings, and expectations are synchronised and normalised. (Tomkins & Pritchard, 2020, p. 10)

Zoller et al. (2022) provided one framework for turning away from discursive templates toward workplaces that holistically integrate worker participation and voice. Tomkins and Pritchard (2020) discussed ways in which people are expected to work like machines, with pressures on their performance, productivity, and reliability compared to machines (Cooke, 2003; Crane, 2013). There exists a tension because individuals are expected to maintain their health or fix it, but they are working within the organization or environment that caused harm (Tomkins & Pritchard, 2020).

Tomkins and Pritchard (2020) also provided examples of discourse in the workplace that applies language of organisms to humans. For example, humans are to flourish like organisms to be fit and survive. Similarly, one's age can be utilized against someone, as well as the use of technology in the workplace, perpetuate notions of who belongs in an organization and performance. The political aspects of organizations and ways in which health is politicized while

being made an individual responsibility (Tomkins & Pritchard, 2020; Zoller, 2003a, 2003b) problematizes the conversation of health at work. To what end should one flourish, and for who? Applying a disability justice lens (Piepzna-Samarasinha, 2016; Schalk, 2022; Wong, 2022), this perpetuates ableism and privileged notions of health (Darroch & Giles, 2014). Rather than focus on flourishing toward privileged and ableist norms for the sake of capitalist productivity, the disability justice framework honors all bodies as worthy, regardless of what they can produce within a capitalist system (Sins Invalid, 2019).

Rudolph et al. (2020) defined healthy leadership as "health-related leadership models and associated constructs, including health- and wellbeing-specific leader attitudes…and/or behaviors" (p. 1). They noted, "health and wellbeing are typically understood here, and within the 'healthy leadership' literature, to encompass physical, mental, and social wellbeing, and not just the absence of disease (WHO, 2006)" (Rudolph et al., 2020, p. 1). They specifically excluded research that draws associations between health and wellbeing with leadership theories or constructs that do not directly pertain to health. Their review of the following three subcategories were crucial to my understanding of existing discourse on health at work: health-promoting leadership, health-oriented leadership, and what they named as "additional healthy-leadership models" (Rudolph et al., 2020, p. 8).

The concept of health-promoting leadership emerged in 2004 (Rudolph et al., 2020). It was found that there was not an overlap between the theories and how the theories were measured (Rudolph et al., 2020). Health-oriented leadership differed because it "was developed by a largely deductive process" (Rudolph et al., 2020, p. 7). Health-promoting leadership addresses both leader behavior and workplace conditions,which is significant in that it acknowledges systemic factors in health. Unfortunately, that does not necessarily equate to

awareness of power and inequities (Darroch & Giles, 2014; Love, 2018). The measure for health-oriented leadership, when translated from German to English, was labeled health-promoting leadership, causing additional language confusion within the body of literature because others developed the language health-promoting leadership for similar but separate work (Rudolph et al., 2020).

Rudolph et al. (2020) noted several criticisms of the literature, including ambiguity, methodological problems, and lack of critical lens. They equated a critical review of literature to the depth of rigor of methodological application. Importantly, they closed by raising the question of whether the entire premise of healthy leadership is good for anyone. They pointed out that utilizing a healthy leadership theory could be seen as the cure, allowing people to avoid addressing the systemic problems causing harm to employees. However, they did not go so far as to question capitalism or governance of bodies (Dale & Burrell, 2014; Herzog et al., 2016; McGillivray, 2005; Tomkins & Pritchard, 2020) nor conceptualizations of health (Bad Ass Visionary Healers, n.d.; Hersey, 2022; Schalk, 2022; Piepzna-Samarasinha, 2022; Strings, 2019; Wong, 2022).

In addition to the systematic review by Rudolph et al. (2020), I found three other works that generally utilize health language connected to leadership and work. Kranabetter and Niessen (2017) perpetuated the ideology that health for employees is about their productivity for the betterment of the organization. Haunschild (2003) critically questioned health at work as governance over bodies while Tomkins and Pritchard (2020) linked the construction of organizations to approaches to health and working bodies.

Kranabetter and Niessen (2017) pointed out that a manager's attention to health from a systemic or organizational perspective, such as protecting employee workload, might be what an

employee then notices. While they do not utilize systemic or organizational language to discuss the relationship between managers and employees, there was some recognition of how organizational culture influences individual health and manager-employee relationships. By focusing on manager behaviors or training, Kranabetter and Niessen missed an opportunity to look at the organizational or systemic connection (Crane, 2013; Dale & Burrell, 2014) to an employee's health and their exhaustion or cynicism.

Each of these resources provided foundational information about what the literature offers about health in the workplace. While more uphold privileged norms than not, all of the literature presented furthers the conversation on health at work. In the sections to come, I will explore additional conceptualizations of health and leadership.

Horstmann (2018) conducted a quantitative study that sought to determine if there was a correlation between health-specific leadership and burnout. Health-specific leadership is, "characterized by the leaders' intention to support employee health by caring about employee wellbeing and intentionally showing health-supportive behavior such as fostering positive resources and reducing work-related demands" (Horstmann, 2018, p. 97). Confusingly, health-oriented leadership is mentioned, as is health promotion and health-related behavior. Horstmann (2018) noted, "Health-specific leadership can be understood as an external resource that supports employees and creates health-promoting conditions and thereby fosters their health" (p. 97). This appears to mean that health-specific leadership is a tool to utilize to support employee health, and the point for that seems to be that one will then be a more productive employee. As I understand the use of *health-specific leadership*, it is a tool to care for people so as to exploit them (Cooke, 2003).This seems a bit like human consumption of natural resources (Hämäläinen, 2022) and the ways in which caring for the environment is often spoken of as

ensuring that resourtces are here longer, rather than caring because humans should feel interconnected with the nature world (Luger & Collins, 2022). This use of different language, while referencing health-oriented leadership underlies the concerns raised by Rudolph et al. (2020).

With the concept of health-oriented leadership and the Maslach Burnout Inventory General Survey instruments, Horstmann (2018) sought to address three hypotheses connected to health-specific leadership and employee burnout. The findings demonstrated "health-specific leadership was positively related to employee burnout . . . [and that] employees who perceive their supervisors as more health-oriented take better care of their own health" (Horstmann, 2018, pp. 101–102). Horstmann did not address health and leadership through a critical lens and made no mention of race or socioeconomic privilege, much less variability amongst participants. And by focusing on manager leadership development, Horstmann reiterated ways in which health at work is an individual problem with power (Darroch & Giles, 2014; Fine & Torre, 2021) oriented solutions.

Health-oriented leadership is a construct within the literature on health and work. I reviewed two articles on the subject. Foundational to my understanding of health-oriented leadership is Franke et al. (2014) in their theoretical development and quantitative study developing the health-oriented leadership instrument. Unfortunately, they too used language that contributes to confusion within the area of study.

Health-oriented leadership is comprised of both StaffCare and SelfCare, with StaffCare referring to what leaders provide to their employees and SelfCare what they as leaders and employees do for themselves (Franke et al., 2014). Both StaffCare and SelfCare include health behavior, value, and awareness (Franke et al., 2014). The instrument developed by Franke et al.

(2014) to measure health-oriented leadership assess StaffCare and SelfCare, as well as external components of the workplace such as environment and task content. The emphasis on self and staff situates health-oriented leadership within a limiting and privileged notion of health and care (Bad Ass Visionary Healers, n.d; Piepzna-Samarasinha, 2016).

Franke et al. (2014) acknowledged that limitations include not studying the relationship of these variables longitudinally. They agreed there may be other factors contributing to how an employee evaluates their leader. My strongest critique is for the complete lack of acknowledgement of privilege or oppression (Crenshaw et al., 1995; Ghasemi et al., 2021) and ignoring that some employees might fit privileged norms or identities within their organization (Harro, 2018). I would have liked to see an acknowledgement of the ways that identities of the employees and leaders interact and may impact experiences, health (Rothblum & Solovay, 2009; Strings, 2019), and study results.

Franke et al.'s (2014) theory was applied by Santa Maria et al. (2018) in a quantitative study in Germany that evaluated the impact of health-oriented leadership on Berlin police officers. They found health-oriented leadership positively correlated to lower mental and physical health problems. Confusingly, they noted that "besides health-specific leadership behaviour, the awareness and value of police supervisors attach to the health of their staff" impacts employees (Santa Maria et al., 2018, pp. 196–197). They acknowledged that other factors contribute to employee health but did not address how, in and of itself, that may conflict with their findings on the influence of health-specific leadership behaviors. Santa Maria et al. did not explain the ways in which they differentiated health-oriented leadership behaviors from health-specific leadership behaviors, again contributing to an area of study without clear constructs. They offered limited information about the relationship they found between

health-oriented leadership and work-related health behavior. How, I ask, is that different from health-specific leadership and would characteristics of health-specific leadership contribute to work-related health behavior? This is a limitation that Santa Maria et al. do not address. Given the conversations happening about police and ways they contribute to systemic harm (Alexander, 2020), I lacked understanding of systemic nature and actions of German policing. Santa Maria et al. (2018) recommended leadership training on health-oriented leadership for officers which reinforces the ways it is self-regulated (Zoller, 2003b) and Western (Darroch & Giles, 2014).

Milner et al. (2013) connected workplace health promotion, leadership, and employee wellbeing through a lens of social exchange theory. They noted that one implication of the study is that their "findings illustrate that leaders' impact occurs at the level of the actual provision of . . . policies and programs (Milner et al., 2013, p. 521). Hoert's (2014) quantitative study assessed the relationship between employee perceptions of organizational health climate, workplace health promotion programs, and their own health and work behaviors. Hoert found that employees who perceived leaders supported health promotion found the climate of the organization to be healthier. This also came about in Dailey et al.'s (2018) and Daily and Zhu's (2017) research on wellness as an identity bridge. Employees also indicated they were more engaged and satisfied with their jobs when leaders supported health promotion (Hoert, 2014). Hoert (2014) highlighted that leadership support and organizational health climate significantly influenced worker participation (Hoert, 2014).

In another approach to health and leadership is health-promoting leadership, Barrett et al. (2005) designed scales to measure, "(a) practices that strengthen organizational involvement in the development and implementation of HP [health promotion] objectives and strategies and (b) practices that develop an organizational learning culture to sustain such involvement in HP"

(p. 198). The components measured by the four scales were practices for organizational learning, wellness planning, workplace milieu, and organization member development. They did not indicate how systemic inequities influenced access to individual care and heart health. It is known that marginalized community members facing economic inequities also face greater health disparities (Zoller et al., 2022). Thus. more understanding of systemic inequities within this community might have provided more transferable information for my own study. Furthermore, Barrett et al. (2005) did not address Indigenous perspectives (Genat, 2009; Kellilher, 2022; Upton, 2020) thereby erasing Indigenous history and presence in the community and potentially perpetuating White, colonizer bias (Fortier, 2017). If the organizations themselves ignore systemic harm and bias, they may have a harder time addressing heart health.

Jiménez et al. (2017) introduced health-promoting leadership, offering a lens like Barrett et al. (2005) toward the role of organizational culture to health-promoting leadership. They identified seven dimensions, as they refer to them, that "establish basic condition in the workplace, where a health-promoting workplace can be created" (Jiménez et al., 2017, p. 2435). Their instrument connected changing work conditions through health-promoting leadership to create a health-promoting workplace. Jiménez et al.'s work continued from Dunkl et al. (2015) who studied the relationship between health-promoting leadership and transformational leadership to employees' recovery from stress.

It was unclear in analyzing the literature how scholars differentiated the health-promoting leadership instrument from a health-promoting leadership questionnaire that some of the same scholars utilized to compare health-promoting leadership and transformational relation to employee stress recovery (Dunkl et al., 2015). The scholarship appeared separate from Eriksson et al.'s (2011) phenomenological study of "health promoting leadership," which noted that many

participants perceived "*instrumental motives*…rather than a concern for improved health of the employees" (p. 82). These motives support discourse on productivity and capitalism (Cooke, 2003; Dale & Burrell, 2014; McGillivray, 2005) for the benefit of those in power (Upton, 2020).

Within the health-promoting leadership review of research, I found two articles that connect health-promoting leadership to nursing. In a qualitative study Furunes et al. (2018) found that leaders in nursing need to be attentive, support and promote development of nurses they lead, and "cater for nurses' meaningfulness at work" (p. 4298). The study linked health-promoting leadership to productivity and resilience for the purpose of benefitting the organization (see also Michaels & Greene, 2013; Valentine et al., 2019). This perspective dehumanizes staff, using their bodies and labor as a resource (Cooke, 2003).

Akerjordet et al. (2018) noted that health-promoting leadership is values-based, systemic, and holistic without noting how inequities, power (Darroch & Giles, 2014; Upton, 2020), or privilege (Fortier, 2017) might shape these conceptualizations (Cooke, 2003). Winkler et al.'s (2014) quantitative study utilized a social support scale with questions related to task-related communication, individual consideration and individual power distance orientation, positive feedback, work-related wellbeing, job satisfaction, emotional exhaustion, and psychosomatic complaints. Their use of language, understood through a lens of labor and disability justice, raises concerns for me. Winkler et al. refer to people as low-skilled workers while recommending that supervisors receive cultural awareness training to address power distance orientation. The value communicated in language throughout their study perpetuates paternalism (Okun, n.d.) and colonization (Fortier, 2017). Referring to employees as "low-skilled" also perpetuated classism (Freire, 1973/2000; Sennett & Cobb, 1972). Throughout my lived experiences, I have found that it is the educated elite who define employees' abilities and value

based on the type of work they do. These determinations are done without recognizing that collusion with capitalism (Cooke, 2003; Harro, 2018) devalues the inherent worthiness of all (Sins Invalid, 2019).

Della et al. (2010) focused on organizational climate through a health lens. Their quasi-experimental study implemented the "Leading by Example" (LBE) questionnaire used by the Dow Chemical Company in the United States. Over three years, Della et al. tracked changes in the support from leadership for health promotion. The LBE questionnaire was based on a Partnership for Prevention checklist (Della et al., 2010). Each worksite experienced moderate or intention interventions and showed that "relatively simple and passive environmental modifications can impact employees' perceptions of management support for health" (Della et al., 2010, p. 144). Interventions mentioned in the study that pertain to evaluating leadership support at the chemical plant ranged from tools to assess one's health risks to increasing access to healthy foods and "on-site walking paths" (Della et al., 2010, p. 140). These measures reinforce self-driven solutions (Zoller, 2003a, 2003b) and governance (McGillivray, 2005).

Change Management

To facilitate a critical participatory action research study is to conduct change. Stacey (2001) and Shaw (2002) worked on complex responsive processes is emergent (brown, 2017; Genat, 2009) in design. They acknowledged that change "will emerge naturally" (Cameron & Green, 2015, p. 127) and that managers of change are part of the environment. brown (2017) and Shaw have both noted that change cannot be fully controlled or predicted, but "emerges dependent on who is in the room." Along with scholarship on complex responsive processes, I am influenced by Kusy and Holloway (2014) on building support through understanding. Like Geist-Martin and Scarduzio (2011), Kusy and Holloway recognize the importance of

communication. They noted that people need to develop understanding, as they may use the same language with different meaning. Like Dailey and Zhu (2017)—who saw health at work as a means of bridge-building—Kusy and Holloway demonstrated the importance of creating bridges across team members. My study is influenced by Kusy and Holloway's (2014) assertion that a planning-to-plan team should not jump into planning strategies and implementation. Instead, it needs to plans how the change will happen. Rather than starting with the desired change, participants need to begin by identifying how they are going to work together to create their employee-identified changes or initaitives.

Appreciative inquiry, as conceived by Srivastva and Cooperrider (1987), assumed that "an organization is a mystery to be embraced" (as cited in Hammond, 1998, p. 24). The model for change requires dialogue among people to envision and innovate. Rather than focusing on deficits within an organization, Appreciative inquiry encourages acknowledging what currently works and building on those characteristics to move toward opportunities (Hammond, 1998). To successfully conduct change, it is important to recognize competing commitments. Kegan and Lahey (2009) provide reflection questions and processes to recognize what barriers or competing commitments are inhibiting changes. Crucial to addressing competing commitments is recognizing that some commitments may require an adaptive process as outlined by Heifetz et al. (2009). Adaptive processes are iterative rather than prescriptive, creating space for community context and emergent ways of creating change (brown, 2017; Genat, 2009; Shaw, 2002).

Chapter II Summary

This chapter critically reviews literature pertaining to health and wellness at work, including interventions and the role of managers and leadership. I intentionally connected cross-disciplinary scholarship and the works of activists and organizers because, in my view

knowledge production and understanding the world cannot be through a single theoretical framework. Given my background in history, community-university partnerships, and other participatory community-based change spaces, I have seen and experienced the value of diverse perspectives with attention to power (Cooke, 2003; Dale & Burrell, 2014; Darroch & Giles, 2014; Fortier, 2017; Tomkins & Pritchard, 2020), whiteness (Liu, 2019), and ableism and disability justice (Piepzna-Samarasinha, 2022; Schalk, 2022; Sins Invalid, 2019; Wong, 2022).

There is a growing body of literature demonstrating employee-driven and centered approaches to discussions of health and wellness at work (Acharya, 2003; Latunde, 2022; Zoller et al., 2022), disrupting notions of power and to some degree definitions and value of health. These participatory examples, combined with the broader context of the existing literature and change management literature, demonstrated opportunities for continued learning from employees through a critical lens. Additionally, there is an abundance of literature on health of employees within organizations, including a growing body of that emphasizes physical health (Khanal et al., 2016; van Elk et al., 2022) and the benefits to the organization (Valentine et al., 2019). Scholars who have studied the manager role in employee health (Greenberg et al., 2021; Kroth & Keeler, 2009; Lenz et al., 2012) have reinforced power dynamics and Western notions of health. Similarly, many have studied health and leadership in the workplace (Della et al., 2017; Franke et al., 2014; Kranabetter & Niessen, 2017; Jiménez et al., 2017; Santa Maria et al., 2018) with little analysis through a lens of power or Whiteness (Liu, 2019).

In Chapter III, I will explain critical participatory action research, the methodology through which a team of fully remote employees defined wellness at work and determined next steps for their organization. The study design uplifted emergent (Genat, 2009) and collaborative (Upton, 2020) forms of knowledge and practice. The findings led to the development of

landscaping embodied wellness, a process and map through which employees can work collaboratively identify structural and personal approaches to fostering wellness at work.

CHAPTER III: METHODOLOGY AND METHODS

In Chapter I, I offered preliminary definitions of health situated in a complex and unclear discourse, which I further explored in Chapter II through a critical lens. I also presented my definition of embodied wellness. The integrative framework I applied demonstrated the interconnected and overlapping influences of colonization and capitalism within literature on employee health promotion, including the role of leadership and managers in health at work. Included in the literature reviewed were activists and grassroots organizers calling for and co-creating change and practicing what it means for organized spaces to exist without governance and discipline.

The literature overwhelmingly demonstrates that the role of individuals and collective organizing are largely absent when analyzing wellness at work through a lens of oppression, whether that be Western, White, ableist, patriarchal, capitalist, and/or socioeconomically privileged. In Chapter III, I explain why I am proposing a critical participatory action research methodology and review literature on action research methodology broadly, including critical participatory action research more specifically. I demonstrate that critical participatory action research is the most suitable research method to produce a complex and appropriate approach to studying embodied wellness at work because it requires participant voice and power.

Action Research

Action research literature includes first-person action research and critical participatory action research. Some of the literature I discuss in the applications section below will also review additional language utilized by scholars to discuss forms of action research. The use of different language complicates analysis and learning of the methodology, like the ways in which various

terms of health, wellness, and care arose in my critical review of research process and continue to impact how I navigated the literature review process.

Theoretical and Conceptual Background to Action Research

Kemmis et al. (2014) began with Lewin's work where the researcher remains a "non-participant" (p. 9) and shared seven approaches to action research. They focus heavily on critical participatory action research (CPAR) and noted it "works at its best when co-participants in the process undertake each of the steps in the spiral of self-reflection collaboratively" (Kemmis et al., 2014, p. 19). Herr and Anderson (2015) also explained different traditions or approaches to action research. They constructed a continuum of positionality that is useful in understanding and conceptualizing different action research traditions in terms of the researcher's affiliations.

Of particular use in my proposed work, is their "reciprocal collaboration (insider-outsider teams)" (Herr & Anderson, 2015, p. 48), which depicted the researcher both as a member of the organization that is the focus of the research as well as part of another organization (frequently a university). They noted, "Each of us as researchers occupies multiple positions that intersect and may bring us into conflicting allegiances or alliances" (Herr & Anderson, 2015, p. 55).

Marshall (2016) briefly reviewed action research's core characteristics, including that it "both adopts chosen disciplines and respects and works with emergent process" (p. 4). Marshall described first person action research: "[It] involves a person cultivating an approach of inquiry to all they think, feel and do, including . . . their perspectives, assumptions and behaviour" (Marshall, 2016, p. 8). This approach to inquiry also incorporates systemic thinking, giving space for analysis of power, socialization, and emerging life experiences.

Among the most recent books on action research is Fine and Torre's (2021) *Essentials of Critical Participatory Action Research*. I incorporated their "methodological release points" (Fine & Torre, 2021, p. 32) in the design of this study. McClellan and Fine (2008) described these as "ways of making potential openings in the 'assumed' and in the 'common sense'" (p. 242). They offered numerous strategies to navigate what they called the "participatory contact zone" to establish a sense of unity about co-participants, including making space to acknowledge, learn from, and address disagreements. Fine and Torre emphasized the emergent nature of the CPAR. I implemented some of their ideas for analyzing data such as participants or co-researchers working in small groups to review focus group meeting transcripts. Additionally, Fine and Torre presented grounding questions that should be utilized at the start of a CPAR project.

Two other articles have also contributed to the methodology proposed here. Genat (2009) suggested that action research "facilitate[s] learning and develop local capacity" (p. 103). This view informed my research question about what participants may need or want to learn as they co-construct embodied wellness policies or programs. Fortier (2017) used the concept of *unsettling* as a requirement of critical and decolonizing research conducted by non-Indigenous scholars and activists. There are three themes within the unsettling process: "identification and belonging," "accountability and consent," and "responsibility and appropriation" (Fortier, 2017, p. 23). Fortier (2017) recognized that "acknowledging that one need not be privileged by the social conditions in a settler state to be complicit in the ongoing process of colonization" (p. 26).

Swaminathan and Mulvihill (2017) suggested questions to ask oneself when taking field notes. They encouraged researchers to invite "critical friend[s]" (Swaminathan & Mulvihill, 2017, p. 69) into the study. These critical friends can provide critical questions and perspective to

in this study. Duesbury and Twyman (2020) described how to evaluate the quality of one's project, which supports reflexive practice of any researcher.

Applications of Action Research Methodologies

Table 3.1 presents nine articles; each demonstrated the application of an action research methodology and informed my work for this participatory action research study.

Table 3.1

Key Literature on Participatrory Action Research

Authors (year)	**Focus of cited study**	**Lesson learned for this study**
Wilkinson et al. (1997)	Prevention of heart disease, matched companies providing interventions to organizations implementing the interventions.	An example of generalizability of action research, example of workplace health promotion driven by power external to workers.
Munn-Giddings et al. (2005)	Development of mental well-being strategy in two workplaces in the UK.	Noted that hierarchy could cause a challenge in organizations implementing a participatory action research approach to health promotion.
Kekäle and Pirttilä (2006)	Leadership and management pertaining to employee health at two Finnish universities.	Reproduced power-based language while focusing on empowerment of employees.
Tehan and Robinson (2009)	Grief in the workplace in Australia.	Studies compassion and befriending people at work during times of grief and concludes by connecting such a culture to productivity, retention, and overall viability of the businesses.
Darroch and Giles (2014)	Examine ways community-based participatory research can be used to decolonize, applied postcolonial feminist theory.	Emphasized analysis of power and co-construction of knowledge.

Authors (year)	Focus of cited study	Lesson learned for this study
Tucker et al. (2017)		Provided practices for socially just leadership approach to action research.
Waddington and Wood (2019)	Toxic workplace at a college.	Incorporated reflection for employees instead of going to expert-led training to address workplace toxicity, including bullying.
Fetherman et al. (2020)	Utilized four-step process with faculty as experts to implement health promotion in small organizations.	Utilized health promotion faculty, provided reasoning that low-wage employees "lack personal experience with health promotion and their doubt whether employers would make employee health a priority" (p. 11) thereby perpetuating typical power structures and approaches to workplace health promotion.
Upton (2020)	East Central Ministries doing community development work in Albuquerque, NM.	Introduced me to co-conspiring methodology, emphasizes research as collaborative and relational.

Wilkinson et al. (1997) studied the prevention of heart disease actively collaborating with workers in Bedfordshire in England. They sought to make their research generalizable, a goal seldom attempted in action research. I now see the potential for the process in my study to be generalizable, including for other small, remote organizations seeking to implement embodied wellness at work. The Landscaping Wellness Model, described in greater detail here in Chapter V, emerged from my study and provides a table and embodied wellness map that can be used in a variety of organizations even though the initiatives that arose in CreatingChange are contextualized and may not be applicable to other environments. Tehan and Robinson (2009) in

a study of grieving in the workplace, used what they called a befriending framework in modelling different theories that influence implementation of action research.

Munn-Giddings et al. (2005) conducted an action research project involving a healthcare trust and a social services organization:

> The project involved a team of professionals from Anglia Polytechnic University working with senior managers and employees of a health care organization and latterly with managers of a Social Services Organization (SSD) to develop a mental well-being strategy in each of these workplaces. This involved organizing and running of a series of five workshops in each of the two organizations and additionally surveys to determine the extent of the problem on staff and effects on their working and personal lives. (p. 409)

They concluded stressing the importance of the whole team reflecting together when conducting participatory action research.

Kekäle and Pirttilä (2006) worked on "developing leadership and management, fluency and division of academic work, well-being, and the health of academic staff" at two Finnish universities. The needs for and ways of achieving empowerment was a focus of the research but they used power-based language themselves which seemed contradictory but might reflect that they used participatory action research and did not identify or label it as critical. In my own research, I sought to be reflective to avoid power-based and ableist language. Kekäle and Pirttilä (2006) said people may be "blind as far as deeper cultural issues" (p. 263), thereby othering people who are blind or visually disabled.

Another example of participatory action research on health and work is Waddington and Wood (2019) who used this approach to work with college employees in a culture that was "toxic, characterized by bullying, destructive leadership, gossip and victimization" (p. 1038). They incorporated reflection within the participant focus group as an alternative to the more common organizational development approach of expert-led training. By slowing the process down to create intentional reflection space, the action research shifted language for participants

to connect their toxic work experience to the organizational climate. Waddington and Wood (2019) concluded, “By changing conversations, negativity was diminished, and negative interactions were replaced by more positive workplace relations” (p. 1049).

Fetherman et al. (2020) undertook a community-based participatory research project for small workplaces, organized into four phases: initial assessment, program planning, implementation of the program, and evaluation of the program and its methodology. They said, “Health promotion faculty provided expert assistance to help organizations navigate and use . . . public health tools” (Fetherman et al., 2020, p. 11). I was left curious to learn more to understand how that is different than valuing community-based knowledge.

It is to be noted that three of the articles just considered made clear connections between power and participants. Darroch and Giles (2014), influenced by Freire (1973/2000), postcolonial feminist theory, and analysis of power, demonstrated reflexivity, and co-constructing knowledge with participants through democratic processes. This aligns with Kusy and Holloway’s (2014) work on building consensus through understanding. They suggested a planning-to-plan approach that gives people time to develop sharing meaning and communication, just as Geist-Martin and Scarduzio (2011) recommended. Similarly, Tucker et al. (2017) identified practices for a socially just leadership approach, including diverse and representative leadership, egalitarian structures, equal influence, noticing and sharing power, and identifying mutually beneficial goals. These practices align with other literature on action research practices.

Upton (2020) named their approach “co-conspiring methodology” which they described as “decolonizing the research process . . . inspired by an ongoing, collaborative research relationship with East Central Ministries, a faith-based non-profit organization based in

Albuquerque, New Mexico's international district" (p. 387). They further describe what this means: "I work alongside community members to build relationships, jointly create projects, discuss theory, and create shared understandings of themes that emerge in analysis . . . [with the purpose of] working toward meaningful social change" (Upton, 2020, p. 388). The framework is grounded in action research and the communication theory of invitational rhetoric. Included in the framework is "a process that relies on relationship and community building" (Upton, 2020, p. 389).

Why Critical Participatory Action Research?

Critical participatory action research "is directed towards studying, reframing, and reconstructing social practices" (Kemmis et al., 2014, p. 19). It is explicitly rooted in community voice and building change toward justice (Fine & Torre, 2021). The methodology can leverage participant concerns and ideas within the workplace (Zoller et al., 2022). By studying embodied wellness at work through the critical participatory action research methodology, I intend that participants will co-create (Upton, 2020) emergent (brown, 2017; Genat, 2009) ways of defining and creating embodied wellness policies or programs. Stacey (2001) described the methodology in terms of complex responsive processes approach to change management that will center on communication and consensus building (Geist-Martin & Scarduzio, 2011; Kusy & Holloway, 2014). As a methodology, it is well suited to address my research questions, which prompt co-creation, flexibility (Mirra et al., 2016), and reflection (Fine & Torre, 2021; Fortier, 2017).

Organizational Context of the Study

CreatingChange (a pseudonym) is a small, for-profit consulting firm started in 2018. The use of a pseudonym for the organization and all participants was to maintain privacy and confidentiality to the best of my ability. The team works remotely, with quarterly in-person

gatherings, to advance justice with community-based social change organizations. Grounded in emergent strategy principles (brown, 2017), CreatingChange's work includes centering community knowledge and solutions, acknowledging chaos is part of change, and rooting all work in relationships. Starting as a consulting firm of one employee—the founder—it has evolved to a growing team of 10 employees at the time of writing this dissertation. Currently, I am one of two non-Indigenous staff. The founder and I are both White women. The organization's scope of work includes but is not limited to bookkeeping and finance technical services, fundraising strategy and grant management, and organizational development.

As a newer, part-time employee at CreatingChange, I know that all employees receive a wellness stipend annually, to use as they desire. This could include gym memberships or vacations. All employees receive four weeks of paid time off, including part-time employees. Existing benefits also include medical, dental, and vision insurance which is covered at 100% by CreatingChange for full-time employees. It does not include benefits for family members paid for by the organization. All employees receive retirement matching benefits. All employees are encouraged and supported in asking for work supplies they need, whether that be a new computer or desk. As an employee, I asked for a standing desk, computer, printer, and other supplies to ensure I had the means to complete my work from my home. All employees can work from anywhere in the United States, typically from home. The team has engaged in ongoing conversations about embodied wellness at work, seeking to create change and address burnout.

Research Design

My methods were informed by the framework and practices presented by Upton (2020). I present two overarching research questions in Table 1.1. I have reproduced the research questions here as Table 3.2 for convenience. The questions come from an inquiry on how

employees define wellness or health and the value it holds. Furthermore, I create space for employees to have this conversation outside the normalized means in which capitalism and oppression influence what employees may strive toward regarding wellness or health. Importantly, one of the subsequent questions pertains to learning as we have all been colonized and socialized, which means in different ways we all have decolonizing or unsettling (Fortier, 2017) work to do toward liberation (Love, 2018).

Table 3.2

Research Questions

Overarching question	Sub-questions
1. How does a small group or team of workers within an organization define embodied wellness?	1.1 How do workers' definitions of embodied wellness differ from their conceptualizations of wellness more broadly?
	1.2 How do workers' lived experiences and identities inform their definition of embodied wellness?
	1.3 To experience embodied wellness at work, what policies or practices to workers seek?
2. How do workers collectively create embodied wellness policies and practices?	2.1. What areas of growth or learning do workers, individually and as a team, seek to engage in as part of embodied wellness at work programming or design?
	2.2 To what extent do employees seek to create policies and practices through a lens of anti-capitalism, anti-oppression, critical consciousness, and disability justice?
2.3 How will workers assess whether they are embodying wellness? How do they measure their embodiment of wellness or success of wellness?	
3. What are the implications of the worker's approach for understanding of embodied wellness and the politics of workplace health?	

Note. This table is repeated from Chapter I.

I recruited participants via email after Institutional Review Board (IRB) approval. As a team member, my positionality as a researcher was as an insider-outsider role (Kemmis et al., 2014). Together, we co-created a participatory research process (Fine & Torre, 2021). Collectively, everyone used their knowledge, skills, and gifts to influence the method to build social change from the roots upward. Our "differences . . . [were] cultivated as resources" (Fine & Torre, 2021, p. 8).

Recruitment

Participants were recruited via email, sent directly to their company email accounts. Two emails were sent over the course of a week and a half. Recruitment provided findings on what it means to facilitate an employee-powered and driven wellness initiative. From the organization's staff of nine, not including myself who is a part-time team member and is the researcher for this study, six participants engaged in this study. Of the six, one is the owner who founded the company and thoughtfully asked questions about her role in the process. Of the five others who participated, none held positional power over the other. All identified as female. Two additional team members signed up to participate but withdrew before meetings began. One person who withdrew noted she did not have the time to participate. Informed consent was gathered through a signed informed consent form for all participants, who also all consented to being recorded.

While I could not guarantee flawless confidentiality—given the fact that these were group meetings—I took several steps to protect privacy and confidentiality to the best of my ability. I discussed a pseudonym with the owner, seeking her consent to the selected pseudonym. All participants self-selected pseudonyms, giving them agency over how they would be named in this study and therefore disrupting power dynamics and interrupting the process whereby a researcher would take away a participant's agency to self-select a pseudonym (Allen & Wiles,

2016). The pseudonyms are used throughout this study for all participants to maintain privacy. All participants were paid hourly stipends based on their self-identified family dynamics and geographic location using the Living Wage Calculator (n.d.) as developed by MIT. Across the course of the 14 meetings of the study, $1,479 was spent on participant stipends from the researcher's (my) own funds. The stipends were paid at the end of each meeting through a payment method of the participant's choosing.

Additionally, as part of informed consent, all participant-researchers will be encouraged to use any results from the study in their own work. While I am distributing results in this dissertation, participants are encouraged to implement and utilize lessons learned from the study. This reflects the importance of participant-researchers sharing in ownership of the experience and lessons learned, as well as "share their perspectives instead of merely being talked about" (Mirra et al., 2016, p. 119).

Meeting Structure

Over the course of the study, I conducted 14 semi-structured meetings on Zoom. With permission of the participants, meetings were recorded and are kept on a password protected computer. Seven meetings were individual meetings with participants, including two with Liza, the owner. Liza reflected from the beginning that she did not want to influence the team and instead wanted the team to decide how she would participate given power dynamics. The first semi-structured interview with Liza created space to identify what limitations, boundaries, or restrictions she wanted the team of participants to know about that might impact their planning process.

Seven of the meetings were semi-structured focus groups where five participants defined wellness for themselves and as a collective, then generating ideas. The second and third meetings

were with the five other participants, none of whom held positional power over one another. Marie and Anne have been with the organization for nearly a year and a few years respectively. Iris, Rachel Bennett, and Ellie all began working at CreatingChange less than two months before the study began. Additional information about their identities will not be shared given the unique nature of the work and approach CreatingChange takes to their work, recognizing that sharing more information about each employee may risk identification of the organization or participants themselves.

We engaged in a variety of methodological release points (Fine & Torre, 2021) within our first meetings, with storytelling and use of digital tools to visually collaborate. Methodological release points "surface the wisdom that each person carries: the stories, skills, dreams, networks and gifts, especially for those who assume 'I don't have much to offer'" (Fine & Torre, 2021, p. 32).

Table 3.3 shows the meeting sessions, which research questions were addressed at each, and a review of activities conducted in the meetings. We did not fix the number of meetings at the outset, but instead were responsive to our needs as a group as we progressed. This process was not and could not be prescriptive (Upton, 2020).

Table 3.3

Outline of Participatory Research Process at CreatingChange

Employee Meetings	Corresponding Question(s)	Activities
Session 1	• Q1 • Q1.SQ2 • Q2	• Storytelling circle to share their "why" for participating and expectations for the study • Discussed group norms for the space together, including role of owner and structure of meetings and timeline • Discussed agenda for meeting 2
Session 2	• Q1.SQ1	• Checked-in: how are you doing? How is your wellness today? • Overview of how researcher defining or studying wellness • Digital post-it notes activity to answer series of questions about how participants define wellness, define wellness at work, and what already exists at CreatingChange for wellness • Discussed meeting 3
Session 3	• Q2.SQ1 • Q2.SQ2 • Q1.SQ1	• Checked-in: how are you doing? How is your wellness today? • Discussed ideas and themes from individual semi-structured meetings • Thematic analysis of themes • Generated of new ideas that participants thought of after reviewing ideas from individual meetings and conducting thematic analysis • Discussed next steps
Session 4	• Q1 • Q2	• Checked-in: how are you doing? How is your wellness today? • Introduction of potential process map for grouping ideas • Began grouping ideas on process map through reflective and collaborative discussion and decision-making
Session 5	• Q1.SQ3 • Q2.SQ2	• Checked-in: how are you doing? How is your wellness today? • Continued grouping ideas within themes, or spheres, that emerged from thematic analysis through reflection and collaborative discussion and decision-making • Discussed plan for meeting 6
Session 6	• Q2.SQ3	• Checked-in: how are you doing? How is your wellness today? • Continued grouping ideas through reflection and collaborative decision-making • Discussed plan for last meeting
Session 7	• Q1 • Q2 • Q3	• Checked-in: how are you doing? How is your wellness today? • Prioritized as a group, reached consensus on next steps • Presented process and proposal for next steps to owner, engaged in discussion • Collective feedback and discussion of CPAR process and experience

In between sessions 2 and 3, I conducted individual semi-structured meetings with all participants. The participants answered the following questions, as well as engaged in emergent discussion based off the conversations we had in each meeting. The questions to begin the meeting were as follows:

1. Check-in: How are you today? How is your wellness today, coming into the meeting together?
2. How long have you worked at this organization?
3. What is your role and what does your day-to-day look like?
4. What are the structures of the work and organization culture that support or provide wellness?
5. What structures of the work or organization culture cause stress, lack of wellness, or otherwise do not support your wellness?
    a. What would you like to see change?
    b. When you dream of what you would like to see change, what does that look like?
        i. What are the structures or ways of working?

Transcripts were completed after each session and reviewed for themes and key words.

Data Analysis

I facilitated and completed thematic analysis in two ways. The participants co-analyzed the data as we proceeded throughout the meetings. They reflected on and identified themes when they individually and collectively defined wellness. They did so another time after completing idea generation for what they wanted in the organization. It was from this second round of thematic data analysis that the participants identified structural and personal areas of wellness for

their workplace. Throughout the process, I also engaged in analysis of meeting recordings and the transcripts, which I completed by uploading the recordings to a paid Otter.ai subscription service and then reviewing multiple times. I presented my reflections throughout the process to the participants, including the mapping tool, which we used to generate group ideas.

I also consulted with my dissertation chair, Dr. Amy Lesen, on what was arising throughout the facilitation process. For example, I reflected that I was not sure if everyone would feel they could share what they want to change or add for wellness at CreatingChange, particularly since some participants were newer to the team and others had been with the organization for a longer time. After the conversation with Dr. Lesen, I proposed to participants that we add individual meetings as part of the process, to take place between employee meetings two and three. I did this in conjunction with journaling about my observations. I wanted to check my bias and perspective throughout. Throughout the data analysis process, the participants also engaged in meaning making around language and ideas, which aligns with Geist-Martin and Scarduzio's (2011) suggestions on health communication and Fine and Torre's (2021) work on "critical construct validity." Critical construct validity is a means by which we made meaning of terms and language. We did not assume knowledge of language but worked to build consensus and understanding (Geist-Martin & Scarduzio, 2011; Kusy & Holloway, 2014). This meant that participants were not focused on, for example, agreement that everyone would participate in each initiative. Rather, participants supported ideas by voicing their support (Kusy & Holloway, 2014). There were times the participants thought an initiative or ideas were good to include in the process and would point out that if implemented people could opt into the activities individually. This was a component of the dialogue to ensure we "hold space for public life" (Fine & Torre, 2021, p. 47).

While I ultimately conducted a final round of analysis, which led the landscaping embodied wellness map described at length in Chapter V, the participants engaged in analysis throughout the process as well. This was important to dismantle or reduce power dynamics between myself as researcher and the participants. I asked reflective questions throughout meetings to ensure that I was not making meaning that did not reflect what participants were sharing. Participatory analysis supported the employee-driven nature of the study design and process (Mirra et al., 2016). Transparency in the data analysis and findings will be crucial to practicing CPAR that is unsettling (Fortier, 2017). I sought to serve as an "interpreter and recorder of emergent data" (Genat, 2009, p. 111), which reflected an interpretivist analysis (Creswell & Creswell, 2018; Genat, 2009). This aligns with the critical lens I described in the theoretical frameworks section of Chapter II, as I sought to be intersectional and responsive to the ways in which participants share and made meaning of health and wellness at work.

Ethical Protections and Considerations

As the doctoral student, I engaged alongside the participant-researchers of this study to "intentionally engage intersectional dialogues about the colonial extractive history of research in marginalized communities" (Fine & Torre, 2021, p. 26). Given that we co-created this process, all participants were participant-researchers (Kemmis et al., 2014), language that honors each person's role and the authority of their lived experiences and contributions to create the policies or programs. However, as a White settler colonizer, I also aimed to be reflective on how to unsettle myself (Fortier, 2017). This included acknowledging the complexity of being an insider to the organizer and holding outsider roles for the purpose of the study.

Within this critical study, I know topics of conversation may be activating or triggering for participants both because they could reflect lived experiences of harm and oppression or

challenges/shift their worldview—which could be difficult. I addressed this by incorporating attention to feelings in so far as they were "a guide for imagining and creating new community projects as well as for measuring change" (Upton, 2020, p. 394).

Additionally, participation was completely voluntary. Participants were given informed consent and reminded at every meeting that they could remove themselves from the study at any point in time for any reason. I sought to decenter myself and consent was an ongoing process within the meeting space so that we were accountable to one another (Fortier, 2017). Conducting a study with a group of people I know personally brought its own challenges and limitations in terms of power and accountability. Through direct experience within the organization, I hold insider knowledge and biases because I am in relationship with the participants outside the study. The relational nature supported a co-conspirator (Upton, 2020) as we co-create; however, this did not mean that I did not have to pay attention to power dynamics. This included the fact that I benefitted disproportionately from the study compared to participants because I will be rewarded through academic credit for the work within a colonizer, Western education system.

I am keeping data on a password protected computer. I am not sharing information about participants or the organizations with anyone outside of the study. I shared with participants the risks, including that people may believe they know the connection between the dissertation and organization if they look up organizations within which I work. However, I did my part to ensure data, including personal information and any stories shared throughout the study, are only shared within the circle of people who are participating in the study or have given informed consent to participate as external critical friends (Swaminathan & Mulvihill, 2017) supporting the analysis of data and findings.

Chapter III Summary

Throughout Chapter III, I have demonstrated the participatory, emergent, and co-constructed nature of CPAR as the chosen approach for this dissertation. CPAR is the method for this proposed study because it is "through solidarities to build collective imagination, strength, and healing and to build collective immunity" that I believe we will find ways to shift from capitalist ways of work rooted in enslavement (Cooke, 2003) and build something new that reflects everyone's humanity and care for our interconnectedness (Page & Woodward, 2023). CPAR provides a space to think critically about systems of oppression, colonized ways of being, and construction of our world through a relational lens, it takes what has always been personal and acknowledges it is personal. Page and Woodward (2023) shared the following words, attributed to lawyer, activist, and author of *Invisible No More* Andrea Ritchie, which I have heard often in my work in community: "That's at the scale at which we have to build—at the scale of relationship, at the scale of trust, at the scale of local conditions" (p. 205).

This study was possible because I have learned from many critical scholars, activists, and organizers. Many of the people I have learned from are Black, Indigenous, People of Color. Through ongoing development of my critical consciousness (Freire, 1973/2000), I started to question embodied wellness at work. Colonization and oppression harm us all, which I know from my own lived experience. This study was an opportunity for CreatingChange, one rooted in reciprocal relationship with attention to power, to practice building something new within an oppressive system while we work toward justice (Page & Woodward, 2023). The participants defined wellness and generated ideas and a plan for their organization with personal and structural spheres while acknowledging systemic influences. In Chapter IV, I will discuss the

findings and follow the discussion of findings with an analysis of implications and explanation of how to landscape embodied wellness at work, in Chapter V.

CHAPTER IV: FINDINGS

In Chapter I, I defined embodied wellness as a holistic approach to wellness that includes reflection and practice through individual and collective meaning making through a systems lens. Throughout the study, participants individually and collectively made meaning through storytelling, idea sharing, and discussion to identify practices or culture changes to support their wellness at work. They reflected on their lived experiences and the context of their organization within the context of the United States. Rather than assume or prescribe wellness for the organization and implement a prescriptive program, policy, or initiative, I facilitated a critical participatory action research study in which participants defined, identified, and planned next steps of development for wellness in their organization.

Throughout the process participants were reminded to show up as themselves, to speak from a place of their lived experience and only share what they felt comfortable sharing with the group. They listened to their peers to collectively create a wellness culture for their organization. They engaged in landscaping wellness, in which members from across the organization account for the existing landscape, honor what exists and cannot be changed or should continue, and plant new ideas and plans to enhance the landscape. Through an openness and enthusiasm to learn in community, the collective of participants in the study engaged in acts of psychological liberation (Collins et al., 2020) and modeled resistance to occupation (Dale & Burrell, 2014) and governance (McGillivray, 2005) of their working bodies. Furthermore, the landscaping embodied wellness process facilitated change (brown, 2017; Kegan & Lahey, 2009; Kusy & Holloway, 2014) in an emergent and participatory way (Fortier, 2017; Genat, 2009; Upton, 2020; Zoller et al., 2022).

Across seven meetings that took place throughout two months, CreatingChange employees identified initiatives for their organization that resulted in the landscaping wellness process which will be discussed in Chapter V. Among the findings from the seven meetings was recognizing the importance of personal and structural forms of wellness in employees' definition of wellness, which include practices and policy ideas. Each meeting demonstrated that part of participatory wellness design at CreatingChange included acknowledging the intersection of systemic and structural power, as well as identifying expectations and an emergent structure. Employees defined wellness through collaborative meaning-making to ensure shared understanding and from that arose an emphasis on care for one's spiritual, emotional, physical, and mental wellness. Through idea generation, employees demonstrated the intersection of workload and structures, individual engagement in opportunities, as well as the importance of roles to carry out wellness initiatives. By thematizing their own ideas and categorization of ideas within employee-identified spheres, CreatingChange employees demonstrated openness to all ideas and how complex it is to design a wellness program. The CreatingChange employees prioritized and planned next steps, including proposal engagement across power, and they listened to one another to collaboratively determine priorities based on everyone's individual ideas.

This chapter is organized chronologically by meetings and collaborative thematic analysis which arose from the respective meetings. It is intentionally written to demonstrate the evolving pace of the work and provides a model for how practitioners might seek to implement the landscaping wellness and process. From the first meeting with the owner to the seventh employee meeting where the owner joined the employees who presented and reflected on the work started in this study, the findings are written to serve as a guide or tool for anyone seeking

to initiate embodied wellness mapping within their organization. To maintain the confidentiality and privacy of participants, there will not be full biographies or profiles of the participants themselves. The work this organization does and the demographics of the team, is unique within the context of CreatingChange's mission and work. Therefore, to share more information about the participants would be to risk identification by readers as to which organization hosted this study. Table 4.1 provides an overview of the meetings with the corresponding phase that emerged from the process. Each is subsequently discussed in detail in this chapter.

Table 4.1

Overview of Meetings

Meeting	What happened
Meeting with owner	• Clarifying boundaries or limitations, to be shared with employees, from her position of power and any organizational limitations she wanted people to be aware of.
1st employee meeting	• Group meeting structure and norms, decision to leave it as emergent process.
2nd employee meeting	• Digital tools engaged to visually see how participants define wellness and wellness at work.
Individual meetings with each employee, including owner	• Each employee's reflections on what CreatingChange already does for wellness. • Each employee's ideas or initiatives for what they would like to see created at CreatingChange.
3rd employee meeting	• Discussion, thematic analysis of initiatives and ideas that emerged.
4th employee meeting	• Introduced of potential process map, becomes embodied wellness map presented in this study. • Decision to use and implementation of process map to group ideas and initiatives by structural, personal, and cross-boundary initiatives.
5th and 6th employee meetings	• Grouping ideas. • Reflection and collaboration to think about what ideas would look like implemented, which facilitated the grouping process.
7th employee meeting, owner invited to hear what employees completed	• Finished grouping ideas. • Reached consensus on priorities and plan for next steps. • Presented process and proposal for next steps, including priorities. • Reflected on value of process

Understanding the Intersection of Systemic and Structural Power

The first meeting of the study was a semi-structured interview with Liza, the founder and owner of CreatingChange. The purpose was to understand what limitations, boundaries, or other influences she was thinking about in relation to wellness at CreatingChange and wanted the team to know about as they engaged in the study. The findings from this meeting demonstrate that Liza was already reflective of power, both her own and the ways in which systemic power influence decision-making within the organization. Through what she shared, Liza demonstrated the importance of a leader in power being reflective of and being transparent about limitations or challenges that would influence the success of staff ideas or initiatives.

Liza identified the lack of a wellness policy or culture and how important it is for the organization to develop norms around wellness. She reflected that the purpose of the organization and work of the team means everyone is "striving so much to benefit others" and they are engaging in harmful systems." She connected this to the broader context within which the organization is situated, the United States. The national healthcare landscape came up with Liza more than once as an example of how harmful systems impact employees. This presents an important finding: the person with the most power in the organization was attuned to systemic influences on team wellness and actively seeks to create a culture that fosters wellness for everyone in the organization.

For example, CreatingChange currently provides fully paid healthcare for all full-time employees. Liza explained her intentionality when she built the organization given the national context. The United States does not provide public healthcare. CreatingChange fully covers full-time employee healthcare or provides healthcare proportional to a team member's hours if they are less than full-time. As a part-time team member, for example, 50% of my healthcare is

covered and 50% of the insurance coverage cost is deducted from my payroll. Liza shared that if, from this study, staff determined their priority was to implement paid family healthcare, that would be a longer-term goal to achieve. She once priced out what it would be to cover and found that for just one employee's family it would cost close to $70,000 annually. While she hopes to move toward providing paid family healthcare, as a small start-up organization nearing the five years in business mark, that is not affordable immediately and would not be an overnight change for the team.

Another example Liza provided was that if employees want to decrease their work hours to 30 per week, there would be a shift in how many clients each team member supports. This in turn impacts contracts with clients and while increasing costs is not out of the question, Liza acknowledged that CreatingChange is working with social change organizations that often have limited budgets. She referred to it as a "balance" and wants to "figure out what equity means for the team." As a remote organization, Liza also mentioned flexibility. She wants to find balance in flexibility with the team, between people "putting out high quality work" even though they "can't miss client meetings to run errands."

This step in the process provided an opportunity to understand how the person with the most power in the organization regarded wellness, as well as openness to employee-driven ideas. Liza did not share a specific definition of wellness, but from what she said it was clear that to her wellness comes from structural support as well as personal opportunities or initiatives. She acknowledged the struggle, or competing commitment, between accomplishing demanding and fast-paced work while taking care of oneself. She does not want to see people burnout or leave the work because the structures do not support employees. Liza reflected on her power regarding the study process and participant meetings. She noted that if the team found it "helpful and

wanted her to help think through strategy and process" she would be happy to participate. Yet she said, "I don't want to influence or sway conversations." Again, this demonstrated acknowledgment of her power and support for employee-driven planning and culture change.

Identifying Expectations and Structure

As the researcher and facilitator, I took what I learned from Liza to inform the agenda for the first meeting with the rest of the participants. Each of the team members were at the same position of power, meaning nobody in the team meetings supervised another member or held direct supervision power over another participant in the space. Through storytelling, reflection, and discussion, the participants created structure for future meetings, discussed power dynamics and how they wanted Liza to be involved in the process, and voiced expectations for the meetings to come.

Participants joined the study with a desire to learn from one another and the process. This came through in comments about wanting to talk about wellness, believing it is important especially since people spend so much time at work, and to continue learning especially since wellness can be stigmatized. By creating space to hear their individual reasons for participating in the study, all participants modeled openness and flexibility in their expectations for the process and hopes for the experience. Iris noted, "To be honest, I came from a place where [wellness] wasn't any it wasn't of any importance to find out what wellness meant for the workers, how they could enhance the experience so that people weren't burning out and just leaving after a few months to a year." Rachel Bennett shared, "[In] a lot of my classes and places that I've [worked], everybody talked about self-care, taking care of yourself, but nobody really told you how, or how it fits into work…so…that's something that I wanted to learn more about."

Similarly, Marie explained,

> Growing up going to work, you know, we were always putting our professions and what we're supposed to be doing before ourselves. I've noticed now that I'm older, I do it a lot to myself, and I burn myself out really fast. I'm really interested in trying to focus on the wellness portion of it. I'm excited to…hopefully do some awesome stuff.

The participants were driven by an interest in wellness for themselves and one another. They recognized the importance of their individual well-being as humans. This came through when Anne shared,

> This work within wellness is super important because I think there's a lot of different stigmas around focusing on one's wellness. And kind of, I guess, back burner-ing your wellness for the sake of your job. I feel like there can be a lot more research and a lot more studies done on positive impacts of focusing and centering your wellness before your profession. And then seeing the quality of work increase because of that.

She also said, "I'm really curious to hear more about how other people center [wellness] in their lives." Ellie looked forward to offering her voice, her perspective. She "hop[ed] it's helpful," when reflecting on her voice and perspective as contributing to the study.

Overall, participants were excited to engage in the process and open in that they did not have a set destination in mind and wanted to see where the experience led. Marie said, "I'm excited to be a part of it, and to hopefully do something awesome." They stated openly that they did not know what to expect of the process and wanted to see how it would go. This modeled a flexibility, an openness to working in emergent rather that structured ways. This finding was reflected in their conversation about Liza's role in their meetings. Iris reflected,

> Liza really gives the team the autonomy to figure a solution out or an idea or strategy and then come back to the table, look at it together when it's been thought out. So, I imagine in my mind, maybe come back when it's something that's kind of a couple meetings and figure something more concrete . . . I think she's given this team a good space to figure out what works and then come to the table.

They decided in that moment they would continue to work together and would reassess in future meetings at which juncture they wanted to invite her to participate in their process. This was reinforced when Anne shared, “I’m not really sure which direction our conversations will go in or even if we will have a real concrete product or deliverable for this…I think I’m trying to gauge how that’s going to go.” The team’s thoughtfulness extended beyond the process and relationship with Liza.

The participants engaged as a team in landscaping embodied wellness at work when they discussed employee capacity and engagement needs for the meeting structure. Marie asked what we would do for meeting structure participation when people took vacation time or might otherwise not be at work. Everyone supported a structure where we only met if everyone was available to meet at that time to support, as Anne put it well as “giving people space to to take time for themselves and their family.”

The group decided that an hour-long meeting structure would work best. Ellie reinforced this idea: “I’ve sat recently in some two-hour long meetings to get it all [the work] done. And they could have been broken up into three sections.” Only on two occasions did the participants decide to extend meetings, once during meeting four and once in Meeting 6 for Meeting 7 based on the pacing of Meeting 6 itself. This reflects the importance of being attuned to employee abilities, needs, and what they determine would be beneficial as a structure that in its very nature supports their wellness and the reality of their workload.

In discussing structure, Anne suggested receiving meeting questions or topics in advance, noting “it would be helpful to get the topic a little ahead of time so I can think on it a bit.” She also commented, “one little component that would be helpful contextually is having a little check in to see how everyone’s feeling about their wellness status because if someone’s having a bad

day that can definitely dictate which way they're thinking about [wellness]." The group agreed that receiving agendas, based on previous meeting discussion of next steps, and any reflection questions or prompts, a day in advance would be helpful. Everyone supported the idea of beginning each meeting with a check-in on how people were doing and where their wellness was at in that given meeting.

Defining Wellness and Appreciative Inquiry

In Meeting 2, we engaged in meaning making about wellness. When we set the agenda for Meeting 2 at the end of Meeting 1, I offered to share more information about how I defined embodied wellness as part of Meeting 2. Participants were interested and receptive, so after check-ins I shared my working definition of embodied wellness and ways in which I think about the context in which we discuss wellness at work, such as acknowledging that we are working in the United States. The participants, having also had time in advance of the meeting to reflect on how they defined wellness, how they defined wellness at work, and what wellness at work already included at CreatingChange, utilized digital post-it notes to anonymously share their definitions and reflections. Three key findings emerged from the meeting:

1. Wellness is defined by balance in a variety of forms.
2. Wellness at work is characterized by boundaries that facilitate balance in work and personal life.
3. Participants identified several existing practices or characteristics at CreatingChange that facilitate their wellness.

The participants engaged in thematic analysis when they reviewed what they had written collectively on defining wellness. Thematizing their own experiences was part of the employee-driven process. They identified balance as a key theme that supports various areas of

one's life. On the digital post-it notes, participants anonymously described wellness as "having a positive relationship with your being" and "a balance between physical, mental, emotional, and spiritual health." They also said it included, "not thinking too much about work projects on the weekend" and "balanced diet (cooking more eating out less)." Their definitions extended to "how much time [is] spent resting" and "balance between personal goals and interests, loved ones, personal health." In reflecting on the digital post-it notes, Iris said, "the word that always jumps out the most…when I'm thinking about wellness is balance…it was cool getting to see it populate all over these little squares, that that's also something people value. And that it is attributed to wellness."

As we engaged in thematic analysis of the collective digital sticky notes—digital colorful squares across an open page where participants can add comments and ideas—on how participants defined wellness, Anne shared a story about her own journey and what she was taught about wellness in her upbringing, noting "a lot of it was physically based." She described the evolution of her thinking, ways it now includes mental wellness. She said, "One thing I noticed right away personally is that when I think wellness, I think a lot about mental wellness. And a lot of my ideas around wellness are internally focused…I think that shift from that mindset to where I am now and doing all the mental, the mental work to the mental piece is really critical in terms of wellness." Marie shared, "my definition of wellness grew after I had taken this class in college, an elective, that focused on wellness…at first, I thought it was just physical and mental…but everything about you is what wellness is." Anne and Marie each reflected ways in which wellness might be narrowly defined or taught, and that opportunities for further learning and mental growth helped them see it as more holistic and interconnected.

Ellie, who shared she had added the digital post-it note about balanced diet, explained, "I would say at first I thought more quantitatively [about wellness]." She went on to share that through listening to teammates in the meeting and reflecting on all the digital post-it notes that she "could see the qualitative side of measuring your wellness for yourself and at work." When describing what she meant about a balanced diet, she connected it to balance, including her work and personal schedule. Ellie said,

> If I'm eating out a ton it that means I'm like out of my routine. I might be traveling or whatever. Maybe I'm just not at home [or not] sticking with my hours that you know . . . if I'm cooking more than that means I'm doing what I'm supposed to be by standards I set for myself.

This is significant and reflects care for self that does not reinforce fatphobic norms in workplaces or society around how or why to eat a balanced diet. Rather, it reflects a level of embodiment or awareness of self and what feels best for her lifestyle.

Like ways Ellie connected balance in life to wellness at work, balance came through in examples on the digital post-it notes. The digital post-it notes included "boundaries" and "taking the time and measures to ensure no burnout or stress." Wellness at work includes the "amount of tasks completed" and a "positive work environment, balance between projects or tasks, growth." One participant wrote in a digital post-it note that it includes "positive relationships," "advocating for my needs" and "values-based leading," as well as "being intentional."

In discussion of defining wellness at work, Marie made an explicit connection between being able to positively support finances for and with clients to her "emotional and spiritual health." This reflected a connection between individual and organization conceptualizations of wellness and the connection of balance across spaces. Anne connected organizational processes and how work is conducted to "positive, transparent relationships with coworkers." She

highlighted the importance of interpersonal relationships at work, noting that in her role she "thrives on helping people see their potential."

After reflecting individually and collectively, naming themes in how the team was defining wellness, the participants discussed ways their definition of wellness exists or is practiced at CreatingChange. On digital post-it notes, the team noted several organizational and personal examples of wellness at work. Structural examples of wellness include paid maternity leave, flexible work schedules, and a month of vacation leave. Team members were very excited about an upcoming wellness retreat in which the entire organization would spend three nights in a city away from home, relaxing, hiking, eating meals individually and together. They were excited about the opportunity to get a massage as part of a work trip. Iris commented,

> I thought…we were going to discuss goals for the year…[do] our own strategic planning. And then I see an agenda where it's yoga, massages, facials, and this is so cool, but I've never seen a [work]place that's done that for their people.

Participants also highlighted the organization's wellness stipend. Annually, all team members receive $500 to support their wellness. They can use it all at once or a little bit of it throughout the year. Liza mentioned, separate from the second group meeting, that the funds can be used for vacation, flights, co-pays for healthcare visits, new sneakers, gym memberships, or anything else that employees want to utilize the money for, that they feel supports their wellness. Liza has not put limitations or boundaries on how the funds can be used. Ellie said, "I know I have that to look forward to . . . it keeps me hopeful. When I need it, it's there."

Personal examples of wellness that already exist at CreatingChange include the ability to prioritize family, an informal weekly chat on Zoom that exists so the fully remote team can connect in between quarterly in-person retreats, and "space and support to celebrate team and individual personal and professional accomplishments." Rachel Bennett shared that when there was an opportunity to add additional tasks to her role, she was asked 'are you ready to take this

on?'" She said, "something I've always wanted in a job is the freedom to grow and learn. It is really cool." Her example reinforced that there are personal ways in which roles are adjusted on a structural level. There is support for individual development without putting pressure on team members. Similarly, Marie gave an example of wellness at CreatingChange from a time when there was a transition in the team that directly impacted her work. She explained that Liza approached the next steps as a conversation, that Liza explicitly said she did not want Marie to burn out from the workload due to the team transition. She compared this to experience working at a federal agency, where at one point she was "doing the jobs of four people." The approach at CreatingChange made her feel appreciated and prioritized.

The second meeting did not include all that the team originally thought they would cover, but moved at a pace that honored the storytelling, reflection, and naming of existing practices that the team engaged in. Ultimately, this meeting modeled how much time it takes to begin to define language used and the ways in which defining a term involves discussing and unpacking examples of what it does and does not look like. They concluded the meeting with the plan to discuss what they want to add or create at CreatingChange to further enhance wellness at work.

Idea Generation

Recognizing that the participants had varying levels of experience at CreatingChange, with some employees having recently joined the organization, and all participants could feel varying levels of comfort in sharing their ideas, I reflected with the chair of my dissertation on potential next steps. Seeking to create concentrated space for each participant to share their experience and ideas, I proposed at Meeting 2 that the next step be individual, semi-structured interviews with me, the facilitator and researcher. I proposed this gave everyone the same depth of attention and invitation to share their ideas and added a level of privacy should participants

find that helpful. All participants supported this emergent idea as the next step in the study and scheduled individual meetings with me. These meetings provided a space for all participants to share about past experiences and evolving ideas knowing that there would be an opportunity to come together as a team to learn what everyone shared in their individual meetings.

The individual meetings were the primary space for individualized reflection and idea generation. Through semi-structured interviews, participants shared responses to the following questions:

1. Check-in: How are you today? How is your wellness today, coming into the meeting together?
2. How long have you worked at this organization?
3. What is your role and what does your day-to-day look like?
4. What are the structures of the work and organization culture that support or provide wellness?
5. What structures of the work or organization culture cause stress, lack of wellness, or otherwise do not support your wellness?
    a. What would you like to see change?
    b. When you dream of what you would like to see change, what does that look like?
    c. What are the structures or ways of working?

From the individual responses to these questions, as well as conversation arose from participant responses, a variety of practices, ideas, and characteristics arose. In many ways, CreatingChange is the best work environment the team has worked in, captured well when Rachel Bennett said, “I feel like she’s like taking into account me personally, and making sure that I’m not like overworked or you know, like just making sure that I’m okay with what like what’s gonna

happen next? And I feel like I'm offered more, a lot more opportunities right now than I've ever been offered in a job." This impacted discussion about ideas for adding or building more within wellness culture at CreatingChange. Multiple participants who were newer to the team said things like what Rachel Bennett shared when she said, "You know, maybe when I'm used to it, I'll feel like, oh maybe we should do this. Like, when I'm used to it."

Flexibility at CreatingChange arose as a common theme among participants. Rachel Bennett shared a story about the positive impact flexibility and working from home has had on her relationship with her young son. She used to struggle on weekends because her song spent so much time away from her and her partner during the week, but she said now "now I get at least four or five days a week with him. You know? It's been a lot better for the both of us it." Ellie expressed the value of flexibility when she described her daily work schedule and how it aligns with family care. She said, what "works best for me is working in increments." Anne, speaking about the value of flexibility, said "I think [it] helps me be able to take care of my needs outside of work." One example she offered was the flexibility of "Slack" messages, an application used for team communication (see Teckchandani, 2018). Iris also highlighted the benefit of Slack, noting, "it's almost and how easy it is to like download it on the on the phone, and then use it like your text messaging…it feels more like real time conversation than I think emails, sometimes feel. I think that it really adds to our productivity."

Although Slack is a digital tool that supports flexibility and communication, Anne noted that it also contributes to working at times one is supposed to be off and connected to a cross-boundary initiative raised by the team about Slack etiquette or protocols. She suggested that the team develop Slack etiquette or common practices that reflect a desire for communication that supports wellness in terms of workflow as well as the personal relationships

and boundaries needed to be well as humans. Marie reinforced the value of Slack and how without boundaries it can be a problem for wellness. She said,

> When I'm working, you know, I'm automatically like, 'Oh, I'm gonna check Slack.' Or 'Oh, I'm gonna check my email.' I mean, so when I take the day off, and I'm checking my email or end up, you know, I'm just because it's on my phone. So maybe that's something I need to work on, and listening to myself and, or hiding the app, or doing or taking it off my phone or whatever. But I think that is probably the main one and me not listening to myself or not listening to actually taking the time off.

One idea Anne shared that aligns with flexibility and communication is to develop shared norms around calendar use so everyone can be supportive and mindful of when someone is busy, facing a big deadline, or away on vacation.

Marie also provided an example of how she and a team member are working together to build a system for their roles that supports flexibility, communication, and boundaries for time away. Their new initiative reflects a structural and personal approach to embodied wellness at work. The new digital resource will allow people doing the same type of work for clients to collaborate and see if they are each completing tasks on their workload. Marie made it clear that rather that use for micromanagement of team members, this allows people to intentionally check-in when someone is behind, gets sick, has a loss in the family, or merely goes away on vacation. Rather than needing to train someone to do your work before someone is out, especially since those moments cannot all be planned, Marie noted this would allow transparency in workflow and information, so the other person has all they need to support your clients while you are away.

The employees identified the need for systems or processes that help them doing their work in ways that support their wellness. They valued ideas for processes or systems to better work with clients, who are leaders of social change organizations. Iris mentioned,

> I think just like stuff that we're building out now, when we're talking through the grant, grant development channels, or when we're getting together to do the grant scanning, it's [work] like those templates will help in the long run because there's a lot of general information that we're going to be asking for on the front end, or it shouldn't be so much as a stressor to get this information [from clients]. When you're in the midst of trying to submit one [a grant for a client], I think implementing [those templates and processes] into our work is going to help a lot.

As with Iris's reflection, which referred to some ongoing work in the organization, other ideas connected to existing or currently evolving structures and experiences. Another example of structural change that can be determined through transparent community at the organization level and individual choice on the personal level is work week structure. Rachel Bennett reflected on how due to participation in this study and listening to everyone share, she was thinking more about four-day work weeks and wondering how that could work. She sought out articles on four-day work weeks and thought the idea of long weekends sounded positive for wellness. Her ideas reflect flexible hours practice that Marie already engages in and an opportunity for a structural policy or practice that all know about and can opt into.

Some new ideas pertained to physical wellness that would allow people to opt into activities or opportunities that help people take a pause in their workday. Marie liked the physical movement challenges the team did monthly when she first started and would like to see some form of that support and accountability return to the organization. She suggested times where everyone takes a 15-minute break to go on a walk or do whatever feels good for them in that moment. Everyone could opt into the activity of their choice, but the purpose would be breaks are supported structurally for personal wellness.

Marie talked about experiencing shared breaks in a past role and how beneficial it was when everyone took a break together. Ideas she and others generated reflect an interest and enthusiasm for caring for oneself and developing a culture where people feel they are supported to step away from work. Similarly, Liza saw an opportunity for the team to collaborate and share

responsibility for integrating personal practices or policies of wellness throughout the organization. Like Marie, Liza expressed the value of accountability for physical wellness for her as an individual because the work at CreatingChange involves a lot of sitting and screen time. Liza wants to see ongoing wellness initiatives that align with a personal sphere of wellness while the organization continues to build structural practices or policies that support wellness within the workload.

One participant brought up ways to address challenges that she acknowledged as more complicated to practice as the organization grows and are impacted by interpersonal relationships. She raised the idea of better encouraging or returning to the norm CreatingChange had of a flat hierarchy to honor all voices and knowledge as valuable on the team, rather than prioritize or uplift certain voices or power. She suggested a process of accountability when people are not meeting job expectations and ensuring that there is a culture that honors multiplicity of ideas and ways of working. She noted that there are multiple ways to do things to accomplish strong work for the clients and wants to build a culture that supports everyone's ideas and engagement in the team to in turn support wellness for the organization and team members.

Liza mentioned that with a growing team there is increased need for collaboration and that may limit flexibility. The participant who raised ideas about accountability and Marie's initiative to be transparent across tasks that two people's roles can conduct all coalesce within the tension between organizational and personal spheres of embodied wellness at work. Connected to honoring multiplicity and the knowledge everyone on the team brings to the organization, Ellie suggested having ways to gather feedback on work, brainstorming that perhaps it could be in informal video meetings or happen through Slack. The team is in a time of

transition in structural ways that create opportunity both structurally and personally for the team to rethink wellness. Everyone mentioned ideas that address wellness at personal, structural, and sometimes in structural and personal ways.

Structural and Personal Spheres

The language for structural and personal spheres of wellness did not come about until the third meeting, which was a crucial space for the team to regroup and conduct a thematic analysis based of the ideas generated from the individual meetings. As the researcher, I shared out the ideas and results verbally, then we analyzed them on digital post-it notes so everyone could visually reflect on and read the ideas over again. We then engaged in another round of idea generation to address any ideas that rose from the discussion. Participants had ideas that directly related to what they saw come from the collective data or findings from the individual meetings. These spheres or categories would provide the inspiration for a mapping tool to categorize the ideas and support the team of participants in thinking through the layers that may be involved in the ideas and characteristics they generated. They would continue to reflect on how their ideas would be categorized by sphere, which would be a significant portion of the focus time throughout the rest of the study.

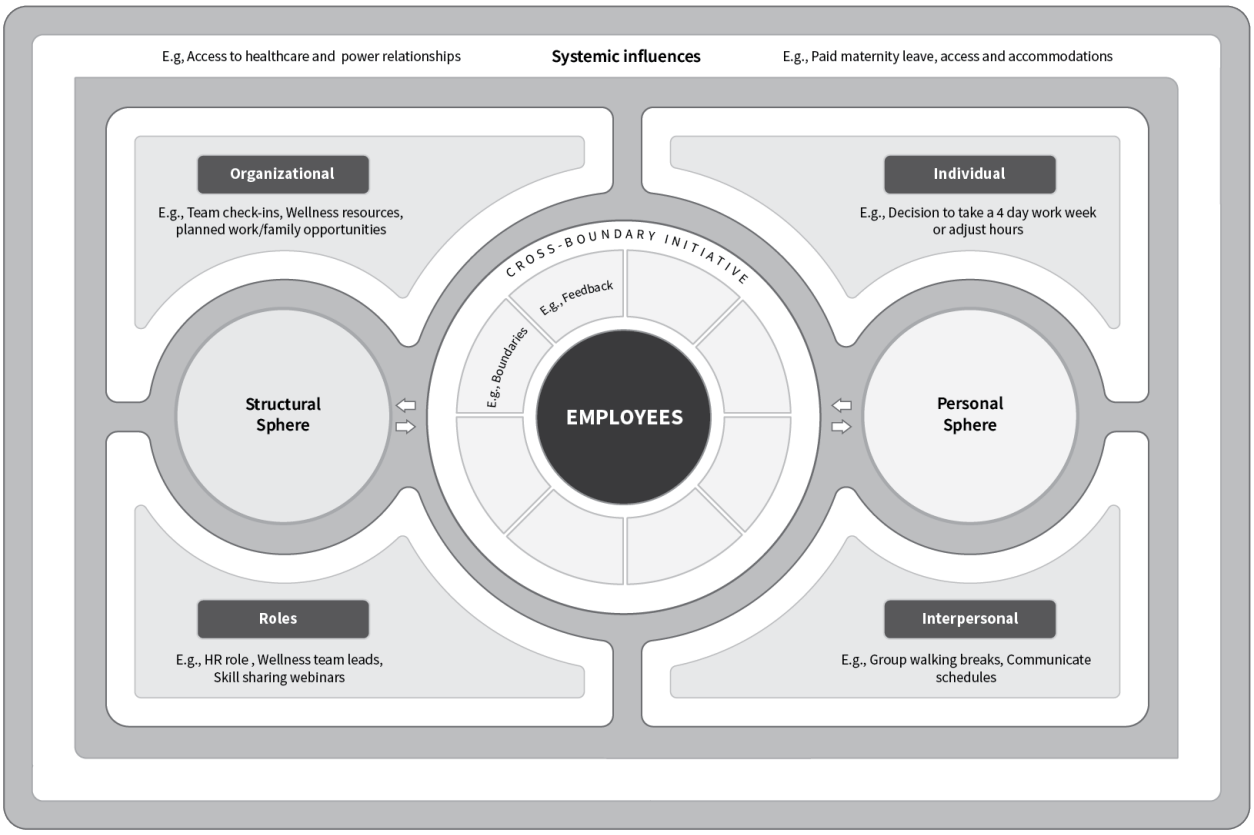
Categorization by Sphere

From the discussion in Meeting 3 and the themes identified by the participants, I drafted a mapping tool and presented it in the agenda and at the start of Meeting 4. The participants wanted to work on grouping the ideas they generated, which I sought to create a space for in the drafted tool I made using a digital platform with mapping resources. Utilizing the tool, participants grouped activities within the themes they identified. The mapping tool (Figure 4.1)

was a circle, the boundaries of which reflected the context in which the participants live. This included colonized land, the United States, and that there is no national healthcare.

Figure 4.1

Embodied Wellness Map with Examples From CreatingChange Participants



Note: Diagram prepared by Gibson Creative Inc. for and with all rights to the author.

Within the circle, there were two spheres with two categories each. The first thing the team did was suggest "personal" as the name for the second sphere. Organization and roles were categorized within an overarching sphere of "structural," and "individual" and "interpersonal" were categorized under personal. In the middle of the circle, between structural and personal was a cross-boundary section that reflected ideas spanning across structural and personal, such as continuing a flat hierarchy structure to honor all voices and knowledge on the team. In structural, "organizational" represented ideas that would be the responsibility of the organization and

require its support. “Roles” represented ideas both for new roles in the organization and tasks or characteristics that could be embedded in existing roles. In the personal sphere, “individual” represented ideas or characteristics that individual team members would be responsible for, and “interpersonal” ideas or characteristics represented things people could opt into together but would not be mandated or implemented on a structural level.

Meetings 4, 5, and 6 were spent grouping the ideas generation into the two overarching spheres and subcategories. Ideas were also placed in the flow category that spans boundaries of structural and personal, such as a culture of flat hierarchy. In many ways, the flow category represented values or practices that support values that are also represented across spheres. The significant findings from this process were the need for time and space for collaborative questioning and meaning making, and decision-making.

When we went into the grouping process, I anticipated that it a meeting or two would be needed to group proposed practices and ideas. However, what emerged was a space and opportunity for collaborative questioning, meaning making, and decision-making. The grouping process took place across part of meeting 4, all of meeting 5 and 6, and part of 7. A common question became, “are we thinking it’s a new role or a component of an existing role?” and from that discussion would reflect awareness of existing work capacity and caution about overloading people’s work responsibilities. This also showed up in the way the team worked through what ideas might look like in action. At times, such as discussing categorizing the idea of group walking breaks, they acknowledged the complexity of whether to embed an idea in the structure of the organization, who holds responsibility for planning, and individual decision to participate. Anne pointed out that when ideas are about personal preference and everyone deciding how to

engage should be balanced with “saying there’s no structure also means that it is something that will get pushed aside because there’s no structure.”

Another idea that reflected the complexity of practices or ideas that support wellness at work was an idea to make sure nobody worked on a client team alone. As the team discussed the idea and what that could look like, especially if there was not a need for a variety of roles on the client team based on that client contract, Rachel Bennett suggested one solution could be that if someone is otherwise the other person working on a client contract, they could have a partner to talk through problems. One person suggested the partner could also take notes. This was a time for collective meaning making, for thinking through what ideas meant or how they would look to implement. It was not simply about categorizing the ideas within the spheres or overarching themes. The process took a significant amount of time because it was about categorization not to merely put everything in a group but rather to begin thinking through how the team might enact next steps for design and implementation of each characteristic or idea.

Prioritization and Planning Next Steps

At the end of Meeting 6, the participants reached consensus in that they all supported (Kusy & Holloway, 2014) the decision to individually reflect and decide on their three priorities to focus on designing and implementing. They brought those ideas to the seventh meeting, which they spent time discussing and collectively determining how they would proceed. The two findings from this process were, first that participants wanted to begin with structural idea design and implementation and, second, participants wanted to continue design and implementation in a similar structure to the initial design, idea generation, and next step planning process.

While Iris could not attend at the last minute due to an unexpected change in personal schedule, four of the five participants attended the seventh meeting. All attendees listed client

communication, which included an identified need for developing structures and processes with expectations, as a priority they wanted to focus on. All attendees also listed at least one other structural or cross-boundary idea to focus on next, ranging from paid family healthcare and developing and hiring for a human resource staff role to developing Slack etiquette and norms. Marie and Anne prioritized assessing the number of clients each person sits on and finding the number of client teams that would best support wellness. Ellie and Rachel Bennett each prioritized ideas pertaining to implementing wellness activities team members could attend or participate in on a regular basis.

When the team reflected on everyone's individual priorities and discussed how to proceed, they decided to combine Rachel and Ellie Bennett's ideas into one next step to design and implement a rotating wellness lead role that would include hosting or sharing options for group wellness activities. They also prioritized two structural ideas, one which pertains to onboarding clients and setting client relationship expectations and the priority of determining how many clients each team member would sit on to create workloads that reflect and support wellness. The process they decided to follow is like what the group practiced in this study. They plan to have an ongoing working group that meets to design and implement the ideas. The proposal is that this responsibility will be part of their existing workload rather than adding any outside work hours. The team members were attuned to representing all roles in the organization, allowing anyone who wanted to participate in the working group or committee to do so and ensuring that even if not everyone in the organization that at least all roles are represented. The decision-making progress among the CreatingChange participants reflected consensus on the next steps in the process rather than all coming to the same agreement.

Proposal Development and Engagement Across Power

Thirty minutes into Meeting 7, Liza was invited to join the group. Each team member took time to present a portion of what they came up with as a group. We did not plan who would share out what parts, rather much like moments throughout meetings four through six as the team categorized the ideas generated, team members volunteered to take on parts of the meeting. They collectively shared their vision for next steps and engaged in a conversation. Liza asked about the process and asked for more information about their ideas. What came from this conversation was Liza's verbal support for their next steps. Liza encouraged them to be realistic in the time constraints. She recognized that adding to their existing workloads would not be simple since everyone does a lot of work for the organization and the respective clients they support. The utilized her position of power to voice that it is okay if the process is slow, that whether monthly or quarterly meetings, or some other meeting structure they decide would be okay. She was focused on everyone being realistic about their time commitments.

Liza also encouraged the team of participants, in the transition to a working group, to set realistic goals that reflect the realistic time commitment. She said it was okay for the working group to set "very, very realistic goals." This seemed to be a reflection or encouragement connected to existing workloads for employees, seeking to avoid overwork or stress on top of their existing work. However, it was not discussed further between the employees and Liza. Just before she left, she shared with the group that it would also be okay for the group to think about what wellness looks like each season, to organize or plan seasonally. This is an idea team of participants, including any team members who decide to join the next phase of the work, will have an opportunity to reflect and do some decision-making about.

Table 4.2

Next Steps for CreatingChange's Wellness Program

Action Steps	Priorities
• Invite all employees to participate, including those who did not participate in the study. • Ensure representation across all organizational roles, to establish a working group.	• Structural, organizational priority: Determine structure and limit for how many clients each team member supports at a given time.
• Establish facilitator who will schedule meetings, draft agendas, keep the working group moving forward.	• Structural, role priority which will provide personal opportunities: Design and implement a rotating wellness lead role, role may include organizing group activities and sharing information about wellness or areas of wellness.
• Meet on an employee-determined schedule to design and implement the initial team priorities, integrate this working group responsibility within existing work responsibilities and hours for those that participate.	• Structural, organizational and role priority which will impact cross-boundary ideas such as flexibility: Develop onboarding process for clients, including setting client relationship expectations.

After Liza left, three participants stayed to reflect on the study experience. Through this conversation, they all named the importance of a facilitator who can keep the working group moving, reflect on each meeting to help draft or suggest next steps and next meeting agenda. Given my role as a part-time employee, they asked if I could facilitate the working group. While that has not yet been determined at the time of finishing the dissertation, what it reflected as part of the meeting and findings is the importance of intentional facilitation in the transition from initial planning to moving ideas into design and implementation steps.

Summary of Results

Throughout this study, eight steps or phases of the process emerged. Table 4.3 provides a visual summary of the results, which corresponds with the more in-depth narrative summary. The phases of the process and ways in which the employees utilized a mapping process to categorize initiatives all led to the Landscaping Wellness Model presented in Chapter V for practitioners and scholars alike to utilize in their community.

Table 4.3

Summary of Results

Phase	Findings that emerged from the respective phase
Understanding the Intersection of Systemic and Structural Power	• Desire to develop norms and wellness culture within organization. • Attuned to systemic influences, of the organization such as national healthcare structure. • Competing commitments to make change in employee hours would include need to make change to client contract structure or imagine another possibility. • Open to employee-driven ideas and solutions, did not want to influence idea generation or employee process.
Identifying Expectations and Structure	• Desire to learn about wellness and from one another. • Rather than set structure for the plan, emergent and open to see how it evolved. • Meet when everyone can be present as much as is possible, including arranging meeting schedule to complement employee vacation schedule, with hour-long meeting structure as norm. • Share agenda and any questions in advance, giving everyone time to reflect before meeting. • Add check-in component to know how each person is doing at the start of future meetings.
Defining Wellness and Appreciative Inquiry	• Wellness includes balance in physical, mental, emotional, and spiritual areas of life. • Rest, balanced diet, time with loved ones, and positive relationship with self all included. • Wellness at work includes boundaries, not worrying about work on weekends, balanced scheduled between work and personal, positive work environment, values-based leading, intentional. • CreatingChange already includes wellness stipend, paid vacation time, paid maternity leave, wellness retreat, health insurance fully paid by the organization for all full-time employees, attention to burnout of employees and support to avoid overwork.

Phase	Findings that emerged from the respective phase
Idea Generation	• Challenges include flexibility so sometimes people work when they are supposed to be off, currently creating some processes to make workflow better. • Desire for norms on their digital messaging tool and calendars, create and engage in common practices such as avoiding messaging when people are away. • Create opportunities for people to opt into educational opportunities, walking meetings or breaks, and • Physical movement challenges were helpful for people because they sit and work on screens all day, liked the accountability and support to move their bodies. • Desire to maintain flat hierarchy and value all knowledge and voices, something that seems to be shifting as organization grows. • Need for accountability for when people are struggling in roles or not completing work, lack of a system or process.
Structural and Personal Spheres	• Structural sphere includes initiatives within new or existing roles as well as organizational initiatives such as policies or practices that impact everyone. • Personal sphere includes individual and interpersonal initiatives or ideas, individual being things that people have personal choice to opt into on their own and interpersonal being ideas or initiatives that are not organization-wide, and people can choose to do together. • Cross-boundary ideas span across the organization and involve interact between the structural and personal spheres.

Phase	Findings that emerged from the respective phase
Categorization by Sphere	• Example of role within structural sphere: individuals within their existing roles may do a rotating wellness lead where everyone takes turn leading wellness initiatives or programming. • Example of organizational initiative within structural: salary increases over time and a weekly check-in at the start of the week to communicate, connect, gather feedback as a team. • Cross-boundary initiatives include flat hierarchy where all knowledge and perspectives valued, as well as flexibility and transparency, and shared digital messaging and calendar etiquette or norms. • Example of individual idea: opting to work 4 days a week instead of 5, which the organization allows. • Example of interpersonal initiatives: group walking breaks, sharing Mindfulness resources.
Prioritization and Planning Next Steps	• Individuals wanted to prioritize structural and personal initiatives for next steps. • Desired to continue with a similar process as they were with the study, working meetings to design and implement ideas. • Importance of representation, employees wanted to continue to ensure someone from all types of roles in the organization participates in the working group.
Proposal Development and Engagement Across Power	• Everyone opted to participate and share out part of the process or plan for next steps. • Employees presented their desire for a working group that would carry the work forward. • Owner asked questions to learn more about ideas and supported their process. • Importance of facilitator to organize meetings, agendas, keep moving the work forward.

By beginning the study with a conversation with the owner, employees knew from the beginning of their work together what systemic factors were influencing structures of the organization. Participants took that information and voiced expectations and their desired structure in a meeting after they received information about the systemic and structural power dynamics influencing potential boundaries or limitations. From there, participants collaboratively defined wellness and engaged in appreciative inquiry to identify how the organization already provided or supported wellness. Employees then generated ideas for what they felt was missing or opportunities to address what they needed for wellness at work. From there the structural and personal spheres of wellness at work emerged and the ideas were categorized accordingly. The categorization process was highly reflective and took time to discuss and think through what ideas would look like in action. The group did not dismiss or devalue ideas.

After participants finished categorizing ideas, they prioritized the ideas they wanted to act on next and what they wanted the planning process to look like. After they knew what they wanted to do next, they proposed their ideas to the owner and there was employee engagement across power dynamics. This process of eight steps could be replicated at a pace that reflects what the community engaging in the process needs and wants.

There were also findings that emerged within each phase of the process. Meeting with Liza before the first meeting with the team of participants demonstrated that she supported the participants in driving the process. She made clear that finances could influence how or when ideas could be implemented but did not seek to restrict the generation of ideas itself. She had awareness of her role and power, presenting flexibility in how she engaged in the process to avoid influencing or hindering the team's process. The participants themselves demonstrated the value of an emergent process, modeling flexibility and wanting to see how the process evolved

rather than confine themselves. This gave space for the work to reflect the pace in which they were accomplishing it.

When participants defined wellness and engaged in reflection on what their organization already does or how their work culture supports wellness, they presented a few key findings. The participants defined wellness by balance and discussed boundaries. They saw wellness as encompassing the whole person and different facets, like spiritual and physical wellness. They characterized wellness at work by boundaries that facilitate balance in work and personal life. This form of balance includes discussion of workload and how they work with clients. The third finding from this process was that participants identified several existing practices or characteristics at CreatingChange that facilitate their wellness. These include a wellness stipend, paid vacation time, an upcoming wellness retreat, and paid maternity leave.

From there, participants engaged in idea generation that addressed what they did not have and felt was important for their wellness. This addressed opportunities to enhance wellness. Flexibility arose throughout the participant meetings, as did communication and transparency. Iris and Marie both identified ongoing development of structural changes that would contribute to wellness for employees by shifting how they complete their work with clients. Physical wellness was spoke of not in terms of changing body shape or size, but with attention to how much screen time and sitting the team members do. They also talked about ideas for group activities and creating opportunities to learn more about different areas of wellness.

Another idea that emerged, that aligned with ideas the participants had for learning and physical wellness, was the idea of shared breaks or ensuring everyone is taking intentional breaks throughout the day. Ellie and other participants brought up the idea of learning from one another and on new topics directly related to people's work. This aligned with the idea of

learning more about forms of wellness and honoring multiple ways of knowing or working. It was from reflection on their ideas that structural and personal spheres of wellness emerged as findings.

The participants identified structural wellness as components of the organizational and roles that are needed for wellness. This includes a desire for paid family healthcare and determining a specific number of clients for each team member to support so they are not overworked. Paid family healthcare is a structural priority and acknowledges that systemic conditions in the United States contribute to the high cost of healthcare for employees and the organization. They want to create shared expectations for communication on Slack, which the team uses each workday to communicate and collaborate. The personal sphere includes individual and interpersonal ways of practicing wellness. Ideas included optional group walking meetings or breaks, as well as posting mindfulness resources for the entire team to engage with if they desire to do so.

When participants categorized the ideas by sphere, I drafted a visual, digital map they could utilize. The participants liked and wanted to use it to organize their ideas and talk through the ideas more in-depth. The center of the circle represented boundary-spanning initiatives or values that intersection with the structural and personal spheres. From this portion of the study, the importance of time emerged. The participants did not rush through the process and instead engaged in collaborative, relationship-driven conversation. They raised questions about how different ideas would look, discussed whether there were intersecting activities or ideas, and asked whether some ideas could work together. For example, the idea to share mindfulness activities went from being “Mindfulness Mondays” to “Mindfulness Everyday” because in discussion with one another they did not want to label or limit sharing mindfulness activities or

ideas to one day of the week. In that discussion, Marie even asked what they would do when holidays that fall on Mondays impacted that practice. The collaboration was a component to meaning making and drove the process. The ideas were complex, a finding that reinforces the importance of a contextualized, employee-defined wellness culture.

When participants shifted into prioritizing and planning next steps, two findings emerged. The CreatingChange team wanted to begin with structural idea design and implementation. Most of their priorities were designed to impact their workload and work processes, such as designing Slack norms or etiquette for the organization. They also valued the emergent, flexible process from which the ideas arose and wanted to continue in a similar structure. This reinforces flexibility and collaboration, which were characteristics of how the participants worked together.

The final phase of the process in this study was proposing their ideas and engaging across power. From this phase other findings of the study were reinforced. Liza came into the process open, asked questions to understand what the team created, and ultimately offered full support in implementing their plan for next steps. She offered ideas that would support the participants in taking their time and working in such a way that reflected their workload and did not add stress. The participants were collaborative in the presentation, each voicing and explaining part of the process and proposal.

Chapter IV Summary

By analyzing the themes of the meetings from each meeting and organizing by phases of the study which can be utilized by practitioners and scholars to try this in their communities, I presented findings that related to not only the context of the organization but also the respective phases of the study. By analyzing themes of the idea generation, discussing priorities, asking clarifying questions, and allowing space for everyone to bring their ideas to the table to develop

a plan forward that reflects what employeesIce, need, and want, the team of participants of this study “landscaped” wellness.

The idea of "landscaping wellness” arose from the findings because the participants themselves identified structural and personal practices or policies, they saw ideas that would fit in a broader organizational context and those that could be integrated into existing or led through the development of new roles. The team engaged and saw the value of agency and empowerment for individual action, interpersonal support, and recognized those practices or actions were influenced not only by the systemic context of their organization but by the structural policies and practices of the organization itself. There is a relationship between structural and personal responsibilities that create and foster wellness for individuals in their lives and in their workplaces. The CreatingChange team of participants practiced the study design in how they worked together, assessed, and asked questions as they went, and sought to create shared meaning and understanding. They modeled flexibility and transparency in communication. Many of the practices or ideas they want represented in areas of their work culture to foster wellness, they practiced throughout this process.

While the findings of this study, including the value of understanding the intersection of systemic and structural power, identifying expectations, and leaning into an emergent structure, and building off conversations that define wellness for the community of participants, entailed themes, characteristics, and ideas for design and implementation, it was the process itself which became landscaping wellness. In Chapter V, I will discuss the landscaping metaphor as it relates to participatory wellness at work which centers employee power and ideas. I will create connections between questions future practitioners and scholars can utilize to facilitate landscaping wellness in their environment to this study experience and ideas generated by

CreatingChange's team of participants. I will also discuss limitations and potential next steps for research.

CHAPTER V: DISCUSSION

Throughout Chapter IV, I presented the chronological process and findings from the study. The team of participants defined wellness and generated ideas for what they sought in their organization to support their holistic wellness both as individuals and as a collective. The process the group came to call "landscaping wellness" emerged. This new model, Landscaping Wellness (LW), utilizes a landscaping metaphor for engaging in collaborative, employee-driven wellness envisioning in organizations. The landscaping metaphor arose during this study as the group discussed wellness and helped the team connect the process to the natural world, something we all depend on much as we depend on wellness. This model represents an innovative structure for deeply participatory collaborations between workers and a facilitator to allow the workplace-wellness-envisioning process to be completely worker-led. This type of model fills a previous gap in the field that I discussed in Chapters I and II.

The LW process begins with acknowledging the existing terrain. This serves to represent systemic factors that contextualize the ways employees are living and working. To define wellness through this landscaping metaphor means to acknowledge that there are factors that exist outside of one's control. The existing "wellness terrain" accounts for "invasive species" such as oppressive norms or practices, and existing inequities. These "invasive species" may also include the existing structures that the organization has designed for workplace wellness that were not generated by engagement with the organization's workers. At CreatingChange, this existing part of the wellness landscape includes structures such as the wellness stipend. Another example of one of these existing "wellness invasive species," that does not serve many workers is paid maternity leave. The U.S. Government does not mandate paid maternity leave, so access to that leave is dependent on an organization: this is "invasive" in that the existing problem was

created by an entity outside the organization and yet impacts the agency and decision-making within the organization. At CreatingChange, the organization has responded by choosing to build paid maternity leave into their benefits. Providing paid maternity leave is a way CreatingChange has responded to these external forces in the workplace wellness sphere.

However, the LW process also involves "weather conditions:" the staff of the organization. Considering the "weather" in this way acknowledges that the landscape may change as staff changes, because the team of participants shape what happens to the landscape. For this reason, it is crucial to ensure that all roles in the organization are represented. This aligns with the fact that a landscape requires many types of conditions to thrive. To go without rain, for example, would harm certain landscapes, while others need period of drought. The multiplicity of perspectives of the staff of any organization helps the organization thrive. The staff (the "landscapers") will also understand that their newly envisioned landscape will require care throughout seasons. This represents the importance of a plan for next steps and determining how ideas will move into design and implementation.

Throughout this chapter, I will further explain the Landscaping Wellness model, align it with findings from the study, and connect it back to my broader interdisciplinary lens. I will provide examples of how a worker-driven process contributes to the ongoing critical discussion of wellness in the workplace. Finally, I will identify opportunities for continued research as well as the limitations of this study.

Implications for Future Practice: The Landscaping Wellness Model

The LW model generated during this study reflected employee capacity and engagement needs. Rather than worry about the degree to which the work could be scaled up (Cawley & Price, 2013), the LW model is contextualized and focuses on community context to determine

the process best for the people involved and impacted. When employees determined the structure of the meetings, they advocated for hour-long meetings. On two occasions the participants decided to extend meetings: once in the moment during meeting four and once when planning for Meeting 7 (based on the pace of discussion during Meeting 6). The employee-led process enabled matching the work to employee capacity, schedule, and needs. The LW process itself is thus a structure that in its very nature supports employee wellness. This aligns with Zoller et al. (2022) who pointed out the importance of worker influence on all work decisions, stating, "Employee input regarding everyday work practices can impede management from . . . encourage[ing] harmful work" (p. 5). The value of an employee-designed process was articulated by participant Rachel Bennett, when she said,

> I had another job where they invested a lot of money into making this really nice workout area in the basement, but nobody used it. I didn't even know it existed for months. I was wandering around downstairs one time when I peeked around the corner and there was all this really nice equipment just covered in dust. I was like, "I wonder why nobody uses this."

Her story about an experience at a previous organization reinforces the fact that programs, initiatives, or policies designed and implemented by an unrepresentative group of employees, or by staff who wield power, may not reflect what employees need or want and in turn may not be utilized. Zoller et al. (2022) presented the structure of worker-centered design to counteract the implementation of irrelevant programs that do not reflect worker voice and need.

LW removes the influence of those in power by giving the employees their own, organization-supported space to organically discuss and define wellness and, in turn, determine initiatives for the organizations. This may reduce the likelihood of developing health silence whereby employees learn from about wellness and health in a vacuum in their workplace, "silenc[ing] doubt and limit[ing] dissent" (James et al., 2022, p. 13). A participatory model such as LW may also reduce coercion (James et al., 2022) because it decenters external notions of

health and puts wellness back in the hands of employees and their collective meaning-making. The Total Worker Health framework (NIOSH, 2016), applied with the LW model, would give employees the voice and power to decide what is negatively impacting health. For example, Total Worker Health includes removing threats to worker health (NIOSH, 2016). The CreatingChange participants wanted to work as a team to create a policy dictating the maximum number of clients each team member would support, to avoid burnout and overwork. For CreatingChange employees, this physical design of work was impacting their wellness and was identified as a priority for change. As with the ways that farm workers prioritized social conditions over pay (Zoller et al., 2022), CreatingChange participants emphasized transparency and flexibility over compensation. The LW model thus emerged from CreatingChange's employee-driven process, as explained further in Table 5.1, which aligns with work from critical health scholars who have conducted participatory research pertaining to health at work. Our model also addresses concerns raised by scholars of critical health communication (James et al., 2022; Zoller et al., 2022) and leadership (Ladkin, 2020; Liu, 2019; Tomkins & Pritchard, 2021) who have studied the issues that arise in organizations with leader-driven, top-down initiatives and programs.

Table 5.1 summarizes the Landscaping Wellness model as an approach to beginning an employee-driven process in an organization or team. Practitioners may utilize the provided questions as a starting point to an emergent process that is rooted in the context of their workplace and employees and draws from multiple lenses and disciplines to understand wellness. Landscaping is an act of working within the local environment, and while lessons and tools such as the map and table are transferable across landscapes, different landscapes do not all have the same needs. Landscaping Wellness at work in Table 5.1 and Figure 5.1 provide a way

to make the findings of this study transferable to practitioners and scholars in their local environments.

Table 5.1

Landscaping Wellness at Work

Landscaping Metaphor Example	Questions to Ask While Engaging in the Process	Examples from This Study	Connecting Process to Theory
TERRAIN ASSESSMENT Assess existing "terrain," including "invasive species"	• What do you mean by wellness? Are there certain boundaries or restrictions on what that can mean in the organization? • Are there financial boundaries or restrictions that employees should know about as they generate ideas? • Why do you value wellness for the organization?	• Understanding the intersection of systemic and structural power. • CreatingChange employees are impacted by the lack of national healthcare.	• Critical race theory identifies the systemic factors that shape today's world (West, 1995). • Forced labor campus and chattel slavery impacted management practices and development of capitalism in the United States and in turn 21st century work culture in the United States (Cooke, 2003; Hannah-Jones, 2021). • Dominant narratives in the United States perpetuate fatphobia, as well as Western, White norms of wellness and culture (Burgard, 2009; Strings, 2019). • Health is directly tied to capitalism and White supremacy culture in the United States (Hersey, 2022; Page & Woodland, 2023). • In workplaces, wellness is often discussed in relation to economic impact (Lerner et al., 2013).
ASSESSING "WEATHER CONDITIONS" —understanding what conditions impact the landscape	• Why did you decide to participate in this process? • What expectations do you have for the experience? • What role do you want the founder/person with the most power to have in the meetings? • What structure do you want for the process? • Do you want to create structures in the organization that go beyond and/or are counter to systemic barriers or influence– Example - work toward a certain benefit for healthcare, sick days, wages, etc. If so, what are ideas or process we want to utilize to work toward that?	• Identify expectations and emergent structure.	• Co-conspiring (Upton, 2020), unsettling (Fortier, 2017), and CPAR literature reinforce the importance of community-centric change (Gaventa & Cornwall, 2008), openness to emergent ideas and process (brown, 2017; Genat, 2009).

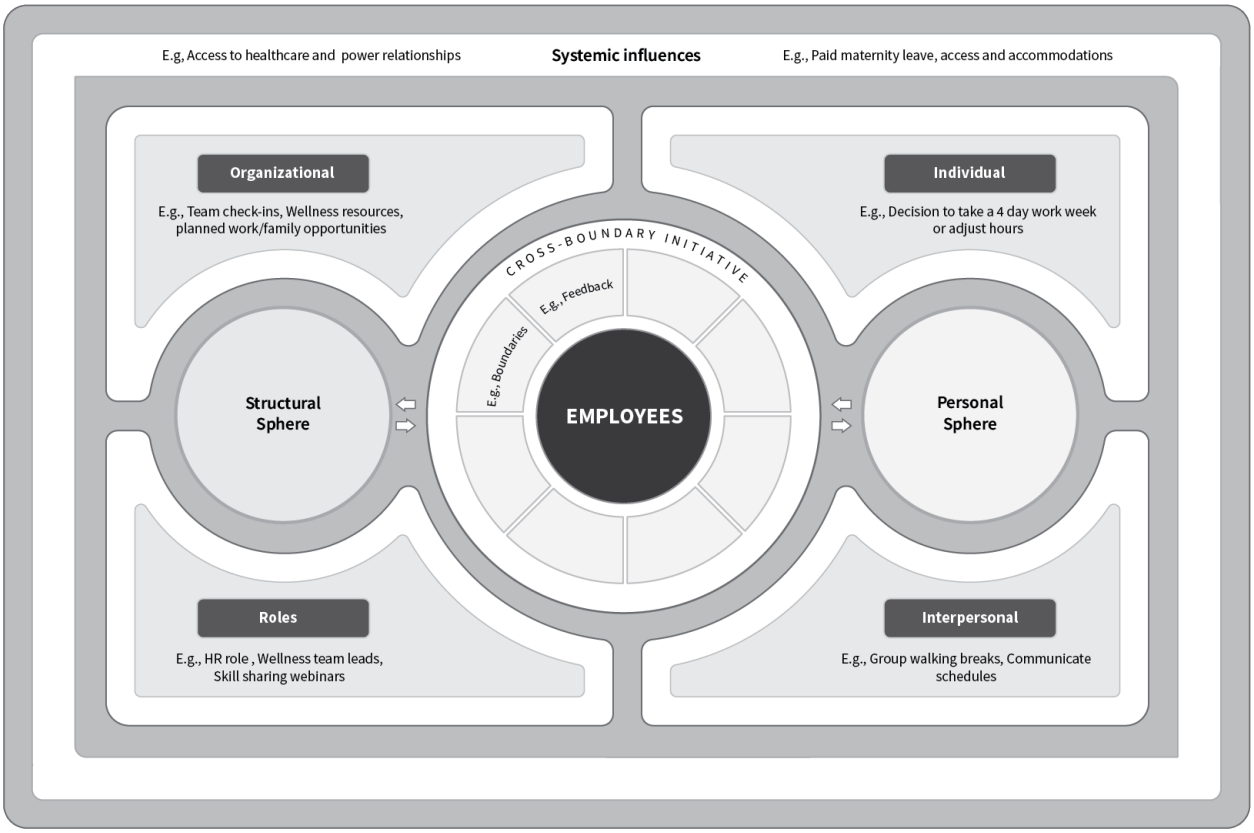
Landscaping Metaphor Example	Questions to Ask While Engaging in the Process	Examples from This Study	Connecting Process to Theory
GENERATING NEW IDEAS that reflect what the local environment has, as well as what employees identify as missing from the landscape or organization.	• What structure do you want for the process? • What are the stressors in your work? Workload? Travel? Schedules? • How does the team work together? What sense of connection or belonging do you experience? • What benefits does the organization have? What do you wish the organization included in the employee benefits? • What supplies do you need for your work? Do you have them? • How are your identities valued and included in the organization? Do you face discrimination, prejudice, or other harm? • How do you define wellness? • How do you define wellness at work? Does it differ from how you define it for yourself? • How do we define wellness as a group? • What practices, benefits, or other ways do you experience or see wellness in your current organization? • What practices, benefits, or other ways do you want to see wellness show up in your current organization? • What are the structures of the work and organization culture that support or provide wellness? • Does any idea we're discussing or language we use to talk about physical wellness reflect preference or uplift certain body sizes, shapes, or other physical characteristics? Certain mental or emotional abilities? • What structures of the work or organization culture cause stress, lack of wellness, or otherwise do not support your wellness? • What would you like to see change? • When you dream of what you would like to see change, what does that look like?	• Defining wellness and appreciative inquiry. • Idea generation. • Structural and personal spheres with cross-boundary initiatives such as flexibility arose from the team's thematic analysis, using this model in other communities may lead to new themes as part of the specific context from which employees utilize the model.	• Zoller et al. (2022) holistically define health and include structural changes as part of achieving a healthy workplace. • Center employee-identified needs and changes (Darroch & Giles, 2014). • Employee-driven meaning making of ideas and language through conversation, building on Geist-Martin and Scarduzio (2011), with a critical, employee-centered process (Zoller et al., 2022) rather than wellness initiatives that reinforce control (Zoller, 2003a; James et al., 2022).

Landscaping Metaphor Example	Questions to Ask While Engaging in the Process	Examples from This Study	Connecting Process to Theory
CARING FOR THE LANDSCAPE, identifying what the landscape needs to survive and thrive.	• How would you want to implement this idea? • Are there ideas that require corresponding activities in both spheres? • What do our practices reflect about social identities (race, gender, socioeconomic, religious, etc.)? • How do we consider the role of family in our discussions of wellness? Do we consider family in a particular way or define it? Are we open to all examples of family?	• Categorization by sphere. • Prioritization and planning next steps.	• Moving away from centering ability as means of defining health (Sins Invalid, 2019). • Unsettling (Fortier, 2017) of dominant views of health, including ableism toward disability justice (Sins Invalid, 2019). • Co-conspiring is an ongoing process that requires relationship (Upton, 2020).
DESIGNING ACROSS TIME AND SEASONS.	• What resources do you need to implement this idea? • Are there perspectives missing? • Does this idea privilege a certain gender, race, religion, ability, nationality, language, type of education or level of academic achievement, or addition social identity? • What is the goal(s) for each priority? • What timeline works best as a starting point for achieving the goal(s)? • Do we see new connections between ideas that could be combined? • What ideas do we want to prioritize to design and implement first? Why are those are our priorities? • Are all roles of the organization and represented in the design? Will any roles be unable to access this initiative?	• Proposal and engagement across power	• Emergent strategy allows space for evolution and change in the process itself (brown, 2017; Genat, 2009) • Importance of creating shared language and negotiating who is responsible for what components of health (Geist-Martin & Scarduzio, 2011; NIOSH, 2016).

During the LW process, the CreatingChange employees wanted to use a map template that I had drafted and offered as a solution to visually represent the definition of embodied wellness they developed. The map design reflects ideas I drew from circle maps, system maps, and multi-flow maps. The circles avoid the visual appearance of a hierarchy, demonstrate flow and connection across the landscape, and show the landscape as a system within a system. The map reflects key spheres from the participants' work: organization and roles (within the map area of structural wellness) and individual and interpersonal (within the map area of personal wellness). The workers are visually centered on the map to reflect the central importance of worker wellness to all organizations. The values listed in a circle around the worker sphere represent characteristics and ideas that emerged from the CreatingChange participants as those that support structural and personal wellness. Within the structural side of the map, organizational and role-based changes and ideas were categorized. The roles category encapsulated ideas for new roles within the organization as well as characteristics or responsibilities that might go within existing roles.

Figure 5.1

Embodied Wellness Map



Note. This is identical to Figure 4.1 presented in Chapter IV. Diagram prepared by Gibson Creative Inc. for and with all rights to the author.

Within the personal side of the map, the participants identified optional (not required) activities or choices. The participants also identified interpersonal concepts that would contribute to a workplace culture in which everyone has an opportunity to embody wellness and support one another. In the map, the "wellness landscape" generated by the employees is represented within a rectangle containing systemic influences that impact the landscape (the "invasive species"). Those factors could include, for example, the ongoing legacy of colonization within the United States, white supremacy culture, fatphobia, and the lack of guaranteed healthcare access. Examples from CreatingChange's work are presented on the map to give ideas for anyone utilizing it, not to restrict what their own ideas or responses might be.

At the end of the study, the CreatingChange team participants reflected on why the LW process was important and how it might be useful for other organizations. Rachel highlighted having digital tools to work together as an important part of the process. Several participants voiced the importance of having a facilitator (in this case, my role) to support the process by creating meeting agendas, planning meeting times, etc. Marie reflected on how crucial it was to have a space where people were not judged for their questions or ideas, where nobody was seen as ignorant or as asking "dumb questions." This co-created atmosphere of safety allowed everyone to participate in the ways they wanted: Ellie said she "stepped more easily" into conversations when feedback was invited in the conversations (compared to prompts to share stories about their lived experiences). Rachel highlighted how well the team of participants collaborated. Ellie added that the entire LW process "itself was kind of like a group building activity." Overall, the employees expressed that the outcomes of the LW process were applicable to their work and lives. Practitioners seeking to implement the LW process in their organization can take seven steps toward application of this research.

Table 5.2

Application of LW Model

Step	Action
1	Identify facilitator.
2	Meet with those in power.
3	Invite employees to participate, determine meeting structure.
4	Utilize embodied wellness map and LW table to move through LW process.
5	Define wellness for the organization and employees.
6	Determine priorities and process to design and implement LW.
7	Design and implement.

I would encourage practitioners to embed evaluation, as determined by the employees, to identify how the designed and implement LW process works for employees. Practitioners are encouraged to see this as iterative rather than a one-time practice.

Community Engagement for Psychological Liberation and Wellness

A constant theme that arose from this study was the power of the collective, egalitarian LW process in generating ideas and initiatives in the workplace. As a direct result of the process, participant Rachel Bennett sought out more information about shorter work weeks after the group discussed this concept during the first two study meetings. Anne said she valued hearing from newer employees because they had ideas that were totally new to her. Similarly, Ellie explained that she began the process thinking about wellness in a quantitative way until the group discussed more qualitative measures of wellness. In sum, the group engaged in what Collins et al. (2020) describe as acts of psychological liberation. They individually and collectively sought to unlearn their previously held beliefs about wellness. This enabled the group to create a new definition of "embodied wellness" that reflected their lives and their needs (Collins et al., 2020). The participants expressed appreciation for the ways I facilitated the space and presented my reflections on wellness to the group. They said it gave them an opportunity to make connections between things like, for example, colonization, capitalism, and their health. Marie said, "I never would have looked at it in that capacity, but then after I was able to think about it, and started looking at it in that capacity, I was like, wow…it still kind of blows my mind too. (And I still have doubts about it.)" There was space for everyone to offer their ideas and reflections, and they expressed that there was no perceived pressure to agree with each other about all components of the work. The group expressed that there was not a singular destination to the learning, rather everyone was allowed to engage and form ideas throughout the process.

Considering this feedback from the participants, this study contributes to Collins et al.'s (2020) work on psychological liberation in that it provides examples from participants about moments they experienced a change in their thinking. While the participants did not use the terminology "psychological liberation," their stories reflected "agentic and structural opportunities to pursue wellness and liberation" (Collins et al., 2020). Collins et al. (2020) provide examples where activists engaged in psychological liberation, such as critical self-reflection, analysis of power and systems, and taking action to reflect their values or beliefs. Similarly, CreatingChange participants held all the ideas the group generated as valuable, at no point dismissing any idea. They recognized that living in a nation without national healthcare available to all impacted CreatingChange's role in accessing paid family healthcare. At CreatingChange, individual healthcare is provided and paid for by CreatingChange for all employees, but employees do not have access to family healthcare plans (covering partners, children, etc.) funded by CreatingChange. Furthermore, the participants discussed how they as individuals, and collectively as an organization, could continue to grow and evolve in how they frame and support wellness. The participants, like the activists in Collins et al.'s work (2020), identified education as an opportunity for continued liberation and change. The participants all discussed personal roles and responsibilities, while seeing connections to and interdependence with one another and the structures and systems within which they live. In connecting practice and theory as part of this doctoral research, I saw the group living the theoretical perspective that Collins et al. (2020) present in their seminal work.

Practitioners seeking to engage in psychological liberation as it pertains to health can use the LW model as a starting point, engaging in the reflection questions provided to prompt community conversation and learning. By engaging in community reflection on wellness,

practitioners and employees can unearth where their ideas of wellness come from and what value they hold in their workplace, determining next steps within their landscape.

Limitations and Further Research

CreatingChange conducts work that supports community-based organizations creating social change in their respective communities. Liza said,

> You're listening to people's major dreams for their lives, and their communities and their families and everybody around them. And then you're faced with this massive challenge of making sure that they get the resources to be able to do that, and that is stressful.

CreatingChange contributes to systemic change for justice by supporting community-based organizations that are seeking social justice to address inequities in their communities. The work CreatingChange employees do is stressful and positions the employees to be justice-oriented in their thinking. To support clients, they need to understand systemic inequities and to work towards helping clients change those inequities. Through this study, they named and agreed to prioritize creating a limit to the number of clients each employee sits on. In their working group, they will decide how that number is determined. They identified this as a priority to support wellness of the employees on the team and reduce stress and burnout. The Landscaping Wellness model provides opportunity for any organization, social justice centered or not, to build a collaborative, grassroots concept of wellness with and for employees.

The LW model provides a process and visual map for employees to utilize to develop their conceptualizations of wellness. Reflecting on power and considering the ways in which employees are supported allows employees to immediately reflect on and work with competing commitments (Keegan & Lahey, 2009). The process also reveals the ways competing commitments are themselves power dynamics that influence employee lives. For example, Liza wants to be able to provide family health insurance plans fully paid for staff. However, a

systemic power dynamic that impacts the organization is the cost of healthcare in the United States context. To provide healthcare for staff and their families fully paid for by the organization, she needs to be intentional about how the organization earns the money to cover the costs, but most clients are start-up non-profit organizations and CreatingChange does not want to take funding away from communities. This reveals ways in which power dynamics, influenced by systemic barriers or challenges, impact organizational decisions for structural wellness.

An area for further exploration—because it was not raised by employees—is how they feel about the competing commitment between their family healthcare and client contracts. Additionally, the only mention of monetary resources was the desire for salary increases over time, but that was not a focus in the meetings. It is an area to explore further with the CreatingChange team. Employees at CreatingChange included an idea about salary increases over time, but it was not prioritized nor discussed in detail. This could also be explored in the team's future work and future studies.

By understanding limitations that stem from systemic and structural power, and utilizing appreciative inquiry (Hammond, 1998; Srivastva & Cooperrider, 1987) and acknowledging what power workers have within their workplace, employees can practice change management that is centered on their own perspectives. In this study, the employees themselves used reflection and conversation with one another to make meaning (Geist-Martin & Scarduzio, 2011), and to express what already felt like wellness at work. Examples of wellness that already existed at CreatingChange prior to the study include their wellness stipends, paid maternity leave, and paid vacation days. Thus, employees generated ideas from a place of shared understanding of both power influence and what already existed in the landscape. Organizations planning to use the

model can incorporate transparent communication from those in power about limitations or boundaries the organization is facing, perhaps influenced by systemic realities of their own organization's budget. These are not used as a means of dismissing employee ideas but to begin the process with clear understanding of the competing commitments (Keegan & Lahey, 2009), such as the nature of the medical industrial complex in the United States (Page & Woodland, 2023).

The process of workers self-generating ideas of what wellness at work means reinforces concepts from the health-oriented and health-promoting leadership literature, as well as critical scholarship on health at work. For example, the concepts of StaffCare and SelfCare (Franke et al., 2014) are comparable to structural and personal forms of wellness that emerged at CreatingChange. Table 5.1 and Figure 5.1 could thus be utilized to engage in naming and implementing StaffCare and SelfCare (Franke et al., 2014). driven by what those terms mean for employees in another setting. What emerged as the LW model at CreatingChange also expands the concept of the seven dimensions of health-promoting leadership (Jiménez et al., 2017). Jiménez et al. (2017) included low workload in their seven dimensions. What the CreatingChange team did was identify a need to address workload, by determining number of clients each team member supports at a given time. They identified a next step will be determining what that number would be, likely depending on role and scope of work with the clients.

By utilizing the LW model, employees engage in discussion and lead the conversation about what a low workload means. This also supports employee voice and trusts they know their lived experiences. One could incorporate the LW model with health-promoting leadership so that identifying examples of those dimensions in a workplace reflect worker-defined and driven

ideas. Practitioners seeking to implement the LW model and accompanying embodied wellness map could engage individuals within their departments or areas of work to complete the map and answer the questions in the model provided. From there, knowing their local context or landscape best, develop the plan for how to design and implement their ideas. Whereas many workplace health programs are designed for organizations, this model process a multi-phased process for employees to begin defining, identifying, and planning wellness for their local landscape or context.

LW is a model that organizations and employees could utilize if they want to shift away from power, leader, and organizational-driven processes for implementing wellness at work. For example, James et al. (2022) highlighted examples of employees feeling coerced and pressured to be "healthy workers" as defined by their employers. Through our process, CreatingChange employees understood what autonomy they had from Liza, the organization's owner. They then defined wellness using their own language and personalized it. When they spoke about the idea of employees taking group walks, for example, it was prompted by their work requiring so much time at a desk and looking at a screen. Thus, the idea of taking walks was generated by discussion among workers, rather than pressure or language from their employer to be healthy for the benefit of their productivity and work. Shifting the power and value from employers to employees deviates from what critical scholars highlight and have noticed about many programs, which is that workplace health programs are about productivity and surveillance of self and others (Herzog et al., 2016; James et al., 2022; Zoller, 2003a).

While this "productivity language" was not completely absent from the worker discussions during this study, the CreatingChange employees spoke of productivity and wellness without judgement of each other. At no point did the reasoning for the walks reinforce weight

bias, that is, mean walking to lose weight (Burgard, 2009) or place walkers in opposition or superiority to those who might not opt to take the walks. All the ideas for personal action were thus voiced as options rather than requirements of employees as governance for the organization (Haunschild, 2003; Herzog et al., 2016). Nor did CreatingChange employees focus only on physical health, which Conrad (1988a) noted has been about reducing health care costs. CreatingChange participants spoke about their ideas as ways to support one another to live their full lives, recognizing that employees have rich experiences and priorities beyond their work hours and work priorities.

Future scholars and practitioners could use the model to engage in psychological liberation (Collins et al., 2020) as a community, analyzing the purpose of productivity and what meaning (Geist-Martin & Scarduzio, 2011) it holds in connection to health of employees and wellness initiatives in the workplace. CreatingChange employees, as part of their next steps, could engage in a process of understanding and inquiry to understand their perspective on productivity and how it has or has not evolved, particularly in relation to health, boundaries, and balance.

The LW process placed the meaning-making and power, with acknowledged limitations or competing commitments, in the hands of employees. The value of the model is that it reflects worker leadership, critical perspectives, employee-driven change management, and employee-driven concepts of wellness. The model itself reflects the complexity enabled by a worker-centered initiative, while demonstrating the critical perspective of workers when given the freedom and encouragement to speak from their lived experiences. As a scholar-practitioner and the researcher of this study I had influence on the design, and I brought questions to the participants that reflected the cross-disciplinary nature of how I think about on wellness.

However, LW emerged because of how the employees at CreatingChange responded to questions, showed up in the process, and engaged.

This study demonstrates that taking an approach to workplace wellness initiatives that is centered on employee meaning-making and decision-making results in wellness definitions and policies that reflect worker' needs, lives experiences, and values. While Dailey and Zhu (2017) highlighted benefits of a worker-centered approach that reinforce the benefit to organizations, of which I am critical, they too demonstrated that employees bring identities or values of wellness with them to work. Employees at CreatingChange named what they experienced as wellness and generated ideas for what they wanted to see change or added in their organization to further support them. Throughout the process, they were reflective of where certain initiatives should be of personal choice thereby reflecting the nuance and critical approach to workplace wellness initiatives.

The LW model is a process other organizations, teams, and practitioners can use to collaboratively define and vision wellness in their communities. When I defined embodied wellness in Chapter I, I said that it includes reflection and practice through individual and collective meaning-making through a systems lens. I said that it does not assume or prescribe wellness or health as a required or achievable way of being human in this world. Instead, I said embodied wellness supports all individuals to be who they are. Workplaces cannot support or provide wellness to all employees if the employees themselves do not hold power in the process of defining, designing, and implementing the initiatives.

Given my insider-outsider role as both a part-time member of the organization and a researcher completing my dissertation, I had existing relationships with the participants in this study. Thus, this study does not contribute to understanding the relationship and trust building

required to successfully carry out the Landscaping Wellness model. This is an opportunity for further exploration about the model, as is the opportunity to apply this process to different sectors, and to organizations of varying sizes.

An area for further research with remote-work organizations or teams would be to specifically think about what safety measures employees need. Structural and personal ideas pertaining to occupational, or workplace safety would be an area for further research, as remote work has become a more prevalent approach to work itself. In further research, the LW model could be integrated with the Total Worker Health model, which is holistic and centers employees with occupational or workplace safety. I did not collect demographic information for this study in part because I recognized that presenting demographic information could risk identification of the organization and its employees. Thus, there is an opportunity to test the LW model using an identity or demographic lens, such as race or socioeconomic status.

Conclusion

This study was born out of the evolution of my personal and professional positionality toward wellness, capitalism, power, and work. I designed this study to center community, providing an opportunity to contribute to understanding of what it means for employees to be empowered and have agency to define and design wellness for their own workplace. What emerged was a deeper understanding of what happens when employees are centered in the process. This study contributes to existing literature such as the previous work of equity-minded critical health and wellness scholars (e.g., Zoller et al., 2022). It also adds to evidence being generated by programs like the NIOSH's (2016) Total Worker Health initiative that are cross-disciplinary and that move away from top-down approaches where workplace wellness initiatives are implements or developed without any worker input. My study also models

psychological liberation for workers and researchers, demonstrating how we may free ourselves from notions of wellness that do not include considerations of equity such as disability justice, healing justice, critical consciousness, fat studies, or labor studies.

The Landscaping Wellness model is a process during which workers themselves determine the definition of and pathway to wellness in their workplace. The wellness concepts generated here may be applicable to other workplaces, but these ideas do not represent the limit of how we should define wellness. This study is one addition to an ongoing conversation. The team of participants in this study modeled that conceptualizing wellness takes time and discussion. The acknowledgement of difference by the participants reveals the fact that not everyone needs or seeks the same wellness initiatives, policies, or practices.

In this study, I sought to answer two overarching questions:

1. How does a small group or team of workers at an organization define embodied Wellness?
2. How do workers collectively create embodied wellness and practices?

Through the findings and analysis that I have presented, I demonstrated that workers do so with flexibility, communication, and by valuing everyone's voice in the process. The LW model acknowledges that there are structural and personal spheres of wellness at work. For organizations that are ready to support the idea that wellness is individual and should not be defined by one's ability to produce or determined by someone else (Burgard, 2009; Sins Invalid, 2019), Landscaping Wellness provides a model to begin that revolutionary process.

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APPENDIX A: GLOSSARY OF TERMS

Action Research: methodology of research that includes understanding an issue or situation and taking action to create change.

Anti-racism: to actively seek to shift systemic, institutional, and personal behaviors and policies to change discrimination toward racialized bodies, in the context of the United States referring to people who are not white/European.

Appreciative inquiry: change model, including theory and process, developed by Srivastva and Cooperrider (1987) that begins with naming what is working or going well, then moving toward what needs and improvement and how to do so.

Biopower: a term coined by Foucault (1977) theorizing that by surveilling and normalizing certain measures of assessment, people can be controlled or disciplined. Power is in turn wielded over people by creating norms for living and being occupied (Foucault, 1977; Dale & Burrell, 2014)

Body Mass Index (BMI): BMI is a number determined through a calculation involving height and weight and is perpetuated by people who relate health to weight loss (Burgard, 2009). BMI is accepted and used even though "91% of what accounts for a health outcome *has nothing to do with BMI*" (Burgard, 2009, p. 43).

Chattel slavery: treating people as property, owning, and enslaving them to work within a system of unpaid labor. Contextualized for this study, referring to racialized Black people brought from countries in the United States to be forced to work, bought, sold, and dehumanized.

Critical consciousness: defined by Freire (1979/2000) as a process in which people become aware of power dynamics and act toward change to create social change from social inequities.

Colonization: wherein a country or empire goes to another territory to settle, establish control, and takes over the land. In the context of this study, referring to settler colonizers from Europe who committed genocide toward Indigenous people and tribes of North America to establish the United States.

Critical participatory action research: a research methodology that invites participants as co-researchers to create, analyze, and make meaning of research, to act toward what they are studying while paying attention to and seeking to make power more equitable in the process.

Critical race theory: a framework to analyze social and legal systems developed by U.S. legal scholars to address racialized social and legal inequities.

Cycle of liberation: the process by which people can move away from upholding and colluding with systems of domination and privilege to create and seek a world of justice, liberation, and equity (Love, 2018).

Cycle of socialization: the process by which people are born into a world with existing systems and structures and are taught messaging and meaning about the world based on their communities, social norms, schooling, and more to collude and uphold existing systems of domination and oppression (Harro, 2018).

Disability justice: defined by Sins Invalid (2019) and adapted from Berne's work, rooted in a framework that serves as a living document with ten principles. The framework includes the foundational understanding that "all bodies are unique and essential. All bodies have strengths and needs that must be met" (p. 19).

Embodied wellness: defined in this dissertation as a cross-disciplinary, integrative framework to reflect, practice, and recognize wellness that builds awareness of and is critical to

Emergent: a process of allowing and noticing what arises from a conversation, study, etc., acknowledging that it is contextualized to only the people working together in that space can design that task, policy, change, etc. or have a certain conversation in the way that they do (Genat, 2014; brown, 2017).

Healing justice: an abolitionist and anti-capitalist framework that challenges the medical industrial complex, seeks collective healing and liberation, and is rooted in and contributes to generations of work by Black organizers and activists (Page & Woodland, 2023).

Intersectionality: a theory centering Black women's experiences in the United States to explain and describe the intersecting and compounded forms of disadvantage people experience based on social identities such as race and gender, as well as ways oppression is compounded in the legal system (Crenshaw, 1989).

The Nap Ministry: founded by Hersey (2022) fosters discourse and provides education on the connection between capitalism and White Supremacy culture. The organization centers Black rest as resistance and an act of liberation.

Occupational safety and health: in the United States, the U.S. Department of Labor includes he Occupational Safety and Health Administration (OSHA) which develops standards and means of enforcing workplace safety and health, such as protection from heat conditions in factories.

Oppression: covert and overt exercise of power that perpetuates harm in systems, institutions, and through individual relationship.

Privilege: the systemic, institutional, and individual opportunities experienced by people with certain social identities, such as White people in the United States who are seldom racialized, and their race is seen as the given or norm.

Unity of interest: concept perpetuated by slave holders, the belief that forced labor from enslaved peoples in forced labor campus benefitted the enslaved themselves (Cooke, 2003).

White supremacy culture characteristics: qualities and behaviors that perpetuate disconnection among people and privilege white people, who are not racialized (Okun, n.d). Okun (n.d.) and collaborators who steward the work provide antidotes to dismantling internal and external behaviors perpetuating white supremacy culture.

World Health Organization (WHO): a United Nations agency formed in 1948 to utilize science to address the health and inequitable access to healthcare of all people across the globe.

Workplace health promotion: programs and policies developed for employees to improve their health, often used to maintain, or improve worker health to reduce absenteeism and maintain productivity.

APPENDIX B: COPYRIGHT PERMISSION FOR FIGURES

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