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KNOWLEDGE IN ACTION

Faculty of Business Economics
Master of Management

Master's thesis

Implementing HR policies to make the workplace more inclusive for people with mental health conditions

Kim Karina Brandes
Thesis presented in fulfillment of the requirements for the degree of Master of Management, specialization International Marketing Strategy

SUPERVISOR :

dr. Frederike SCHOLZ

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Disclaimer

This master thesis was written during the COVID-19 crisis in 2020. This global health crisis might have had an impact on the (writing) process, the research activities and the research results that are at the basis of this thesis.

Preface

This master's dissertation represents the final step in my university career at the Hasselt University. Throughout my academic journey and the writing process of this thesis, I have gained insightful knowledge in marketing and human resource management. I could not have done this without the support of numerous people.

First and foremost, I would like to express my boundless gratitude to my supervisor, Dr. Frederike Scholz, for her continuous support, encouragement, guidance and for taking the time to provide valuable feedback during the whole writing process.

I would also like to thank the interviewees who took part in this study and who willingly shared their experiences with me. Without them, this study would not have been possible.

A special thanks goes out to my friends, who have always stood by my side and have always supported me.

Lastly, I want to thank my parents from the bottom of my heart for their continuous love and care.

Karina Brandes

Hasselt, May 2020

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Executive summary

In Europe, 12% of the population reports to have experienced mental health conditions. Among the German working population, 2.2 million individuals were absent from work because of it. This imposes significant costs for employers. Therefore, it is essential to explore how organizations promote mental health in the workplace. Mental health promotion not only comprises the prevention of mental health conditions, but also the inclusion of employees with mental health conditions and the enhancement of mental health by shaping positive aspects of the workplace. In this context, the thesis explores how a human resource practice, namely feelgood management, which recently gained popularity in German companies, promotes mental health in the workplace. Broadly stated, feelgood management is a practice that, based on employees' needs, strengthens their well-being. From the above arise two sub-questions that the thesis answers: 'How does feelgood management support employees' mental health?' and 'How does feelgood management address mental health conditions?'. By exploring this, the study contributes to the limited literature on feelgood management as well as on mental health promotion.

This thesis comprises a comprehensive literature review. The study is based on the social model of disability because it is examined how external factors, in this case the workplace, cause mental health conditions and promote mental health. Second, numerous potential harmful factors in the workplace were identified. These include relational factors, such as bullying and a lack of social support, and factors related to the job-design, such as high job demands, low job control, role ambiguity and role conflict as well as a long working hours. Furthermore, the current literature on mental health promotion was reviewed. It was demonstrated that it is distinguished between interventions which aim to alter aspects of the individual and which seek to modify elements of the workplace. The latter was the leading focus of the section. These organizational interventions comprise the increase of job control to prevent the emergence of harmful factors in the workplace as well as educational programs on how to help employees with mental health condition. Additionally, two positive intervention approaches, namely interpersonal relationships and appreciation, were introduced. In this context, gaps in the literature on organizational approaches, especially on positive organizational approaches, were identified, to which this thesis contribute to.

The findings of the study are based on a qualitative approach. Specifically, five semi-structured interviews with feelgood managers from Germany were conducted. In this regard, the study has two limitations that concern the small number of interviewees and the fact that the perspective of employees on feelgood management was not heard.

The interviews showed that feelgood management poses a suitable human resource practice to shape the organizational culture in such a way that employees' mental health is supported. This is realized by taking two central actions. First, appreciation is anchored in the organizational culture as a core value. This is manifested by making employees feel heard and understood, by acting according to their needs and by implementing specific measures so that every member of an organization shows appreciation to one another on a regular basis. Second, interpersonal

relationships are established by, inter alia, organizing team events and by improving the communication among teams to form closer connections. It was demonstrated how these two measures positively influence employees' mental health. By shaping positive aspects of the workplace, feelgood management entails elements of positive organizational intervention approaches.

It was further demonstrated how the practice addresses mental health conditions. Feelgood management was found to coordinate programs which intend to raise employees' resilience and alter their thought processes. Since these programs aim to prevent the development of mental health conditions, they can be attributed to individual-focused intervention approaches. Furthermore, the practice offers emotional support to employees with mental health conditions when they wish to disclose their condition and when they return to work. Thus, feelgood management helps to make the workplace more inclusive for individuals with MHCs. However, it was found that feelgood management is limited in the actions that can be taken to hinder the emergence of mental health conditions and to accommodate employees with mental health conditions. That is, neither modifying aspects of the workplace nor treating mental health conditions lies in the area of responsibility. Conclusively, feelgood management addresses mental health conditions to a restricted extent.

The findings discussed above make valuable contributions to two research areas. First, there is a dearth of research on feelgood management due to its relative novelty. This is the first study that has linked feelgood management to mental health promotion by showing how the practice enhances mental health and how it approaches mental health conditions. Furthermore, the findings add to the literature on mental health promotion. Specifically, by demonstrating that feelgood management poses a novel, promising way to implement positive organizational intervention approaches in the company, it adds to this particular research area.

To conclude, the primary focus of feelgood management lies in supporting employees' mental health by shaping positive elements of the organizational culture. Furthermore, the findings indicate that the HR practice has a limited influence on the prevention of mental health conditions and the accommodation of employees with mental health conditions. Accordingly, it is recommended that organizations adopt the HR practice to strengthen employees' mental health. Feelgood management raises awareness for the relevance of employees' well-being within an organization, which is considered as vital given the numerous positive effects mental health has on individual and organizational outcomes. Moreover, feelgood management is suitable as an additional practice that coordinates measures that address mental health conditions. However, supervisors and managers should take the lead in preventing the emergence of mental health conditions and making the workplace more inclusive. Conclusively, it is of upmost importance that every member of an organization takes up responsibility in promoting mental health. Mental health promotion should not solely be encouraged by one position within a company, but it should rather be a matter of concern throughout all the stages of an organization.

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List of Abbreviations

CBT: Cognitive-behavioral therapy

DSM-5: Diagnostic and Statistical Manual of Mental Disorders

HR: Human resources

MHCs: Mental health conditions

WHO: World Health Organization

1. Introduction

1.1 Problem statement

The prevalence of mental health conditions is growing rapidly. In 2015, 12% of the European population stated to have experienced a mental health condition in the course of their lives (GBD, 2015). Among the working population in Germany, the number of sick leaves due to mental health conditions has increased by 50% within 10 years (Knieps and Pfaff, 2018). As a result, 2.2 million people in Germany in total were absent in their jobs because of mental health conditions (Knieps and Pfaff, 2018). This leads to increasing costs for organizations: In 2018, 13.3 billion Euro were lost in German companies as a result of production downtime costs (BaUa, 2018). These numbers indicate the growing significance of mental health conditions for both individuals and organizations.

In the last decades, the perception of the reasons for the emergence of mental health conditions has shifted from the dominant idea that individual factors are decisive, towards a growing awareness that certain harmful factors in the workplace are detrimental for individual's mental health (LaMontagne et al., 2019). This is reflected in a growing body of research that has identified numerous factors in the workplace that cause mental health conditions (O'Driscoll und Brough, 2010). On the other hand, work also has positive effects on employees' mental health and represents an important step in the recovery of mental health conditions (Stuart, 2006; OECD, 2015). This highlights the importance of the workplace in preventing mental health conditions, accommodating individuals with mental health conditions as well as enhancing employees' mental health. In short, the workplace is a crucial setting for mental health promotion (Czabala et al., 2011).

Despite having identified many detrimental effects the workplace has on mental health conditions, the focal point of research on mental health promotion remains on studying ways to strengthen individuals' resilience or to treat the condition itself, rather than on exploring interventions which modify factors in the workplace to prevent mental health conditions and which seek to include employees with MHCs. Moreover, little is known about approaches which aim to enhance individuals' mental health in the workplace. Similarly, few organizations have implemented such approaches in the workplace. Building on this, as a way to support employees' well-being, German companies have recently adopted an HR practice, namely feelgood management (Gesing and Weber, 2017). Broadly stated, it aims to shape factors of the workplace in accordance with employees' needs. Due to the fact that feelgood management was only recently implemented, there is a dearth of studies examining how it influences individual and organizational outcomes.

Given these numerous gaps in research, the aim of this thesis is to bring together feelgood management and mental health promotion. More precisely, by interviewing feelgood managers, the study seeks to explore how feelgood management addresses mental health conditions and

how it supports employees' mental health. This way, the thesis provides a deeper understanding on feelgood management and contributes to research on mental health promotion.

This thesis includes six chapters. After stating the research questions, a comprehensive literature review is conducted. It discusses the theoretical background of this study, as well as identifies factors in the workplace which are found to cause mental health conditions. Furthermore, interventions which promote mental health in the workplace are reviewed. In chapter 3, the methodology of this study is elaborated on, justifying the choices made during the research process. Consequently, chapter 4 presents the findings of the study. In the next chapter, these results are discussed and linked back to the literature. Finally, in chapter 6, a conclusion is drawn and the limitations of this thesis are reflected on.

1.2 Research questions

1. How do organizations promote mental health?

   1.1 How does feelgood management support employees' mental health?

   1.2 How does feelgood management address mental health conditions?

2. Literature review

In this chapter, research on mental health and mental health conditions (MHCs) and their connection with the workplace is reviewed. To understand the basis of this thesis, the literature review starts with discussing two different approaches to mental health and MHCs, namely the medical and the sociological approach. In that regard, the social model of disability is introduced, which represents the theoretical foundation of this thesis. On that basis, definitions of mental health and MHCs are developed. Next, individual factors that cause MHCs are studied. Afterwards, those workplace factors which have been identified by the literature to be associated with the emergence of MHCs are looked at. These can be divided into three research areas, namely the role of the organizational culture, factors regarding the job design and relational factors. Subsequently, several strategies to promote mental health in the workplace are reviewed. These include interventions to prevent the emergence of MHCs, to accommodate employees with MHCs as well as strategies to enhance good mental health. In this context, the relatively novel, unexplored HR practice feelgood management is introduced, building a bridge between the literature review and the empirical part of the study.

2.1 Theorizing mental health and mental health conditions

This section aims to conceptualize mental health and mental health conditions. Different research branches have different views on what mental health and MHCs are, how they are formed, and how individuals who experience them should be treated (Aneshensel et al., 2013; Scheid and Brown, 2010). A distinction can be drawn between two main approaches: The medical and the sociological approach, which relies on the premises of the social model of disability (Scheid and Brown, 2010). Since MHCs are a multifaceted concept, each understanding of MHCs needs to be considered for its full comprehension, and each approach contributes to valuable insights into the complex concept of MHCs (Scheid and Brown, 2010). Accordingly, at first, the medical approach to MHCs and the corresponding definitions of mental health and MHCs are discussed. Afterwards, the social model of disability is introduced, following a discussion on the conceptualization of MHCs and mental health applied in this thesis.

Medical approach to mental health conditions

The following section addresses the medical approach to MHCs, which can be divided into two sub-approaches to MHCs, namely the biological and the psychological one (Scheid and Brown, 2010). The biological approach regards MHCs as a disease in the brain or body that can be treated by medical means (Schwartz and Corcoran, 2010). While this approach is occupied with biological irregularities such as genetic defects and neurochemical dysfunctions, the psychological approach focuses on aspects of the personality as the origin of MHCs (Peterson, 1999). The focus lies on individual factors that determine abnormal thoughts, feelings, and behavior. According to this approach, therapy is a possible treatment for MHCs. Both approaches to MHCs can be assigned

to the medical model because they both assume that the causes of MHCs are internal (Oliver, 1990). Therefore, their definitions of mental health and MHCs are similar, too.

When distinguishing mental health from MHCs, the medical approach typically applies the dichotomous model which suggests that mental health and mental health conditions are opposites (Schwartz and Corcoran, 2010). It assumes that individuals either have MHCs or are mentally healthy, and that MHCs can be classified in a certain category based on their symptoms. That is the basis of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) which is a classification system for MHCs, commonly referred to by researchers (American Psychiatric Association, 2013; Schmidt et al., 2014; Virtanen et al., 2012; Mark and Smith, 2012). Within the manual, "mental disorder", which will be referred to as mental health condition instead, is defined as "a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning" (American Psychiatric Association, 2013, p.20). Specific MHCs are defined based on identifiable symptoms or clinical features and are assumed to belong to a certain disease category (American Psychiatric Association, 2013). Accordingly, common conditions associated with the workplace, which are anxiety, depression and burnout, are also defined based on their symptoms. "Anxiety disorder", in the following referred to as anxiety, is associated with extreme fear as the consequence of an emotional reaction to an actual or perceived threat that lies in the present or future (American Psychiatric Association, 2013). Individuals with depression show symptoms such as feelings of sadness, emptiness and irritability that causes physical and mental changes that constrain an individual in functioning (American Psychiatric Association, 2013). Moreover, according to the World Health Organization (WHO), burnout refers to a phenomenon induced by harmful factors of the workplace (WHO, 2018). Characteristically for burnout is feeling exhausted, distant or negatively towards one's job and being less productive (WHO, 2018).

Social model of disability

Whereas the biological and psychological approaches consider the determinants of MHCs as internal, the sociological approach focuses on the external causes of MHCs (Horwitz, 2010). The sociological perspective addresses how society forms the behavior, thoughts, and feelings of individuals (Horwitz, 2010). Aspects of the environment, such as social conditions and structures, as well as cultural systems, are assumed to shape the emergence and the perception of MHCs (Horwitz, 2010). Accordingly, established elements of society are examined. These notions are reflected in the social model of disability (Thomas, 2004; Shakespeare, 2006). The model argues that society disables individuals with impairments, in this case individuals with mental health conditions, through social barriers that should be eliminated (Thomas, 2004). Thus, disability is created by society and not by the individual. It follows that, rather than changing the individual, the social model of disability demands identification of the social circumstances which shape MHCs. Moreover, instead of treating internal causes, the social model of disability is committed to restructure and/or eliminate those elements found in the society that are associated with MHCs

and those social barriers which oppress and exclude individuals with impairments, leading to inequality (Thomas, 2004; Shakespeare, 2006). It must be noted that the social model of disability does not deny the pain or struggle that people have due to their impairment, but, rather, that the focus of analysis is to understand the social factors affecting them (Shakespeare, 2006). In the following section, a definition of MHCs from a sociological view is developed.

Mental health conditions as a social construct?

Within sociology research, there is little consensus on how to define mental health conditions (Aneshensel et al., 2013). Various approaches exist, some employ given definitions, whilst others question the concept of MHCs as such, arguing that MHCs are a social construct. The theory of social construction considers MHCs to be purely deviational behavior from the norm that is not socially accepted (Aneshensel et al., 2013). Accordingly, individuals who are considered to have MHCs fail to meet social rules and expectations (Aneshensel et al., 2013). This view is reflected in the definition of Mechanic (1999, p.12) who argues that MHCs emerge when "the individual's thought processes, feelings or behaviors deviate from usual expectations or experience and the person affected or others in the community define it as a problem that needs intervention". This notion is contrary to the medical view applied by the DSM-5, which explicitly excludes deviant social behavior from its definition of "mental disorders" (American Psychiatric Association, 2013). The theory of social construction is supported by the fact that those behaviors which are considered to be MHCs change over time and are perceived differently in different cultures (Aneshensel et al., 2013). Nevertheless, individuals face the same symptoms of different MHCs in different societies, cultures, and throughout different times (Scheid and Brown, 2010). Thus, the objective reality coupled with the social construction of MHC cannot be disregarded. Therefore, in this thesis, MHCs are viewed as behavior that is deviant from usual functioning and is connected with emotional suffering, which is aligned with the conceptualization of Keyes (2002). Conclusively, the definition of MHCs applied in this thesis is oriented on the sociological lens.

Differentiating mental health from mental health conditions

Having defined MHCs, this section aims to conceptualize mental health. In this thesis, mental health and MHCs are not regarded as polar opposites, as suggested by the dichotomous model (Schwartz and Corcoran, 2010). Instead, the distinction drawn between mental health and MHCs is based on the dual continuum model by Keyes (2002). This model considers mental health and MHCs as two different dimensions of a continuum. Individuals are assumed to have varying degrees of mental health, ranging from having an optimal to a minimal level of mental health, as well as having varying degrees of MHCs, ranging from no MHCs to having severe MHCs. Furthermore, having no MHCs does not necessarily imply that an individual has high levels of mental well-being, and the other way around. Similarly, low levels of mental well-being do not necessarily indicate MHCs, and the other way around. While the distinction made between mental health and MHCs borrows from the dual continuum model, the conceptualization of mental health applied in this thesis is based on the complete state model, which Keyes (2002) definition borrows

from. The author articulates that mental health is not only the absence of a condition, but also the presence of subjective well-being as well as mental and social functioning. Subjective well-being describes how individuals perceive and assess their emotional states. Positive mental and social functioning includes accepting oneself, being able to form positive relationships and growing personally, having a purpose in life, mastering one's environment and being autonomous. The complete state model is also reflected in the World Health Organization's (WHO, 2018) definition of mental health which states: "Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community". Galderisi et al. (2015) make a valuable contribution to this by noting that individuals do not constantly have to be happy or always be able to cope with their environment to be mentally healthy.

Having looked at the different approaches to and conceptualizations of MHCs and mental health, the next section discusses which factors affect the emergence of MHCs. Mainly examining how the workplace forms MHCs, this thesis adopts the sociologic rather than the biological or psychological lens on MHCs (Shakespeare, 2006). Despite employing the sociological approach, this thesis does not imply that the other approaches are insignificant. Rather, the external social factors associated with the emergence of MHCs and the promotion of mental health are to be highlighted and analyzed. These factors are likely to be disregarded by the medical and psychological approaches.

2.2 Factors influencing the emergence of mental health conditions

The following section discusses which factors affect the emergence of MHCs. First, a brief overview of individual factors influencing MHCs is given. The focal point of this section lies in examining which factors in the workplace are associated with MHCs. Accordingly, the organizational culture, job design and social factors are studied.

2.2.1 Individual factors

As mentioned above, biological as well as psychological factors of individuals are determinants of MHCs. The association between these individual factors and MHCs is very complex given their numerous interactions with other non-related and work-related factors as well as difficulties to measure certain characteristics and attitudes (Diener, 1984; Gito et al., 2013). Since the main focus of the study lies on the identification of external predictors of MHCs, the following section merely gives a brief overview on the most common research on individual factors that make employees susceptible to develop MHCs in the workplace.

One personality factor which has been tested by numerous studies is self-esteem, which reflects the view individuals have on themselves, whereby low self-esteem refers to a critical assessment of oneself (Pierce et al., 1989). Low self-esteem was proven to be associated with symptoms of MHCs. For example, Williams and Smith's (2016) study showed that those individuals who had

low self-esteem were more likely to develop symptoms of anxiety and depression than individuals with high self-esteem. Another relevant individual factor in the workplace is external locus of control. It is defined as the tendency to ascribe happenings and accomplishments to external factors (Phares, 1976). Kormanik et al. (2009) demonstrated that an external locus of control predicted depression. Another behavior which has been linked to MHCs is perfectionism. It refers to the behavior of individuals to have high expectation in oneself or others and assess certain behavior based on set standards (Frost et al., 1990). A study conducted by Leonard and Harvey (2008) found that perfectionism was associated with burnout. On the contrary, an attribute which is negatively associated with burnout is optimism, as shown by Gustavsson and Skoog (2011). It reflects a belief that an outcome is in one's favor (Scheier and Carver, 1985). The above-mentioned studies point to a direct effect of personality factors on MHCs, whereas the lower section discusses their indirect effects.

Early work by Diener (1984) suggests that the personality affects how individuals perceive certain situations. It follows that it is assumed that the personality also determines how members of an organization perceive specific aspects of the workplace and cope with them. This is where the concept of resilience comes in. Personal resilience is defined as an individual's ability to adapt to challenging circumstances and carry on (Warner and April, 2012). It is suggested that resilience protects individuals against developing MHCs in response to harmful factors in the workplace (Van Breda, 2001). Thus, individuals with low levels of resilience are assumed to be more likely to develop MHCs in the workplace than those with high levels of resilience. This hypothesis yielded mixed results (Gito et al., 2013; Van Doorn and Hülsheger, 2017; Rees et al., 2015). In this regard, a particular interesting study was conducted by Shatté et al. (2017). On the one hand, it was found that individuals with low resilience showed more symptoms of a burnout than those with high resilience. On the other hand, their study did not find support for the hypothesis that high levels of resilience act as a buffer against harmful factors in the workplace. It was demonstrated that, when employees with high resilience were exposed to harmful factors in the workplace, their symptoms of a burnout increased significantly. Nevertheless, they were able to keep working. This implies the important role the workplace plays because it can cause mental health conditions, independently of personality aspects. Accordingly, the next section addresses which psychosocial factors in the workplace are associated with mental health conditions.

2.2.2 Psychosocial factors in the workplace

This section examines psychosocial factors in the workplace which are associated with the emergence of mental health conditions, and, therefore, have negative impacts on individuals. Psychosocial factors are defined as "all organizational factors and interpersonal relationships in the workplace that may affect the health of the workers" (Vezina et al., 2004, p.32). In this section, those psychosocial factors that have been identified by O'Driscoll und Brough (2010) to be the most influential are discussed. Given the extensive research on these factors, an overview of important, and more recent findings, rather than an extensive description of all the research done on this topic, is provided. Accordingly, the complex interplay of different psychosocial

factors, that is, certain psychosocial factors moderate the effects of other psychosocial factors on MHCs, will not be discussed in detail.

It is important to note that most of the included studies measured MHCs with the DSM-5, and therefore adopt the medical definition of MHCs (American Psychiatric Association, 2013; De Beer et al., 2016; Schultz's et al., 2010; Yürür and Sarikaya's, 2012). Nevertheless, by studying the environment of individuals, in this case the workplace, rather than certain characteristics of individuals that make them more suspectable to developing MHCs, the included studies were still regarded as being aligned with the sociological lens. Being based on clear definitions of different symptoms and MHCs, comparability between the studies was ensured (Sjöberg et al., 2017).

The following section begins with providing an overview on the organizational culture and its effects on job design and social factors. Next, job design-related factors, namely job demands, job control, role ambiguity and role conflict, as well as working hours, are discussed. Lastly, relational factors are examined.

Organizational culture

The organizational culture influences the emergence of MHCs in numerous ways, as shown in the following. Organizational culture refers to the fundamental beliefs, values, and practices dominant in a company (Hofstede, 1984). It shapes rules on how to behave, what is expected of members, how challenges are dealt with and the acceptance and integration of diverse members (Spataro, 2005). As a result, the organizational culture is especially important with regards to imposing MHCs. Even more so, the organizational culture affects the development of MHCs, as found by Beckmann et al (2016). Their study showed that a negatively perceived organizational culture is associated with MHCs. They found that an average of 65% of employees who perceived the organizational culture as negative reported at least one symptom of MHCs. On the contrary, in the comparison group where the organizational culture was perceived positively, 36% reported at least one symptom of MHCs. The authors did not give an explanation of why the corporate culture was associated with mental health.

As suggested by Dextras-Gauthier et al. (2012), one possible explanation for the association of organizational culture and MHCs is that the organizational culture shapes factors related to the job design as well as relational factors. In their study, the authors drew on Quinn and Rohrbaugh's (1983) typology when distinguishing between four kinds of cultures which were assumed to shape psychosocial factors in different ways. That is, group culture was believed to foster positive relationships and high job control. In a developmental culture, which is characterized by innovation and flexibility, job demands, and job control are high. Contrarily, in a hierarchical culture, job security is evoked through the promotion of stability and formalism which avoids role conflicts and long working hours. Lastly, a rational culture is based on results, rivalry and productivity and avoids role ambiguity, and can lead to long working hours. To conclude, different kinds of cultures promote different kinds of values that shape job-related and relational factors, which, in turn, influence the emergence of MHCs (see figure 1). In the section below, it is

discussed how the above-mentioned factors are defined and what specific influence they have on MHCs.
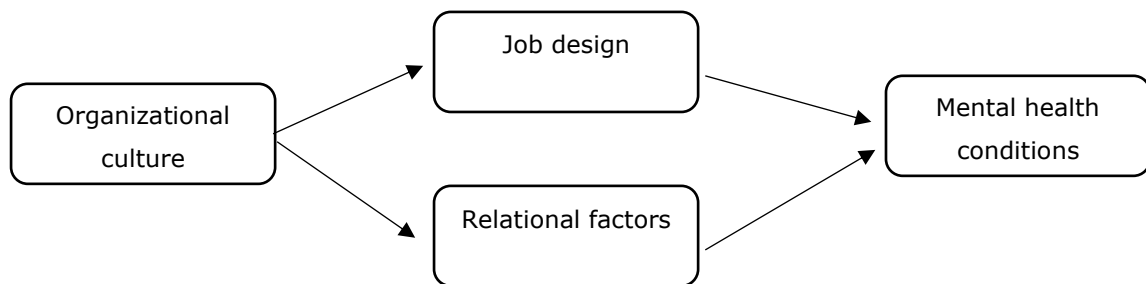

Figure 1: Associations between the organizational culture, job design, relational factors and MHCs. Author's own figure based on "Organizational culture, work organization conditions, and mental health: A proposed integration", by Dextras-Gauthier, J., Marchand, A., & Haines III, V., 2012, International Journal of Stress Management, 19(2), 81.

Job design

Factors that are related to the job design play an important role in the emergence of mental health conditions and have been the subject of many studies (O'Driscoll and Brough, 2010). Job design can be defined as "encapsulating the processes and outcomes of how work is structured, organized, experienced, and enacted" (Grant et al., 2011, p. 418). These factors can also be referred to as formal practices at work as they are determined by the organization in the form of rules, procedures, and patterns (Lee et al., 2016). The section begins with a discussion on the association between job demands and MHCs. Next, the influence of role ambiguity and role conflict on MHCs is addressed, following an outline of hours of work and control over job design.

One factor which has been shown to be associated with MHCs by many scholars is job demands. Job demands can be divided into quantitative and qualitative demands (O'Driscoll and Brough, 2010). The former refers to an increase in the volume of work, while the latter refers to the necessary skills or resources an individual must have to complete a task (O'Driscoll and Brough, 2010). Job demands have been extensively studied based on the Job Demand-Control model by Karasek (1979). It suggests that the negative effect of job demand on mental health is moderated by control over the job design. Most of the studies related to job demands are based on this model and, therefore, measure the moderating effect of job demands on MHCs (O'Driscoll and Brough, 2010). However, some studies have also looked at the direct effect of job demands on MHCs, which will be discussed in the following. A finding on quantitative work demand is that increased time pressure to complete a job predicts anxiety and depression (Westman and Eden, 1992). De Beer et al. (2016) contribute to this finding in a study among employees of a financial company. It was found that work overload, which was here characterized by high workload and time pressure, was associated with burnout. Similarly, most findings on qualitative work demands conclude that it is associated with MHCs, too. For example, a meta-analysis by Nahrgang et al.

(2010) showed that employees who have high qualitative demands, characterized by high cognitive demands and task complexity, were more likely to develop symptoms of burnout. In a qualitative study, Gauche et al. (2017) confirmed that high cognitive demands, referring to the necessity to remember and executing numerous tasks at the same time, is a determinant of MHCs. The study also identified emotional demands as another harmful aspect of job demands. Emotional demands were referred to as "the experience of participants having to regulate their emotions as a result of getting worked up about things that should not affect them", which occurred, for example, when customers screamed at them (Gauche et al., 2017, p.6). While high job demands lead to MHCs, repetitive work and work underload can be harmful, too. For example, early work by Margolis (1974) found that depression is significantly influenced by underutilization. Underutilization refers to having too little to do or having too easy tasks at hand (Margolis, 1974). This association was confirmed by Schultz et al.'s (2010) study which showed that work underload was associated with several health outcomes, such as anxiety. However, job overload had a larger effect on MHCs than job underload.

Role ambiguity and role conflict are two additional job-related factors that are positively associated with MHCs. Role ambiguity occurs when employees do not know what their objectives and expectations for their job are, and/or when they are unable to predict the consequences of their actions (Margolis, 1974). Margolis (1974) found that role ambiguity was associated with depression and job dissatisfaction. Yürür and Sarikaya (2012) extend this finding. In their study, the examined social workers showed more symptoms of a burnout the greater their encountered role ambiguity was. Role conflict, on the other hand, appears when an individual is confronted with incompatible demands (O'Driscoll und Brough, 2010). This happens when it is required to handle complex tasks at the same time, or when an individual perceives different expectations as incompatible (O'Driscoll and Brough, 2010). A meta-analysis of Schmidt et al. (2014) showed that role conflict was moderately associated with depression. The authors gathered data from several countries which is why it can be assumed that the relationship is not unique to one region. On the contrary, a qualitative study by Jones (1993) suggests that role conflict can have positive outcomes, too. The author notes that by solving role conflicts and communicating them, dialogues are encouraged among members of an organization. Moreover, those who experienced role conflicts have a broader view on the visions and goals of the organization.

Another job-related factor, that has been studied extensively with regards to MHCs is working hours. Research on the relationship between working hours and MHCs has produced inconclusive results, with most studies identifying an overall positive association between working hours and MHCs (Sparks et al., 1997; Ng and Feldman, 2008). In a meta-analysis, Ng and Feldman (2008) showed that working hours and MHCs are positively related. Thus, working hours predicted MHCs. Similarly, a meta-analysis by Sparks et al. (1997) found an overall small, positive correlation between hours of work and MHCs. However, this relationship was not linear. It follows that it cannot simply be assumed that more working hours automatically lead to more MHCs. Indeed, the authors pointed out the possibility that employees will only show symptoms of MHCs when their working hours surpass a certain number. In this case, symptoms of MHCs sharply increased when employees worked more than 48 hours a week. Virtanen et al. (2012) confirmed this in a follow-up study among British civil servants, where an association between hours worked and

depression was found. The authors discovered that those who worked more than 11 hours a day were more likely to show symptoms of depression than those who worked 7-8 hours a day. However, generalizing the findings on the association between working hours and MHCs may be complicated given that it is moderated by several factors (Sparks et al., 1997). Jone's et al. (2007) identified that one of those moderators is gender. Their study demonstrated a gender-specific relationship between overtime and well-being as only women reported a negative influence of long work hours on MHCs. One possible explanation for this finding is that women have more problems reconciling family responsibilities with professional obligations than men do.

Another aspect which has been studied by many scholars is the relation between perceived control over the job design and MHCs. Control over the job design includes, but is not limited to, employees exerting control over the working hours, the starting and closing times, as well as the manner and order in which they complete their tasks (O'Driscoll and Brough, 2010). It is agreed upon that an appropriate level of perceived control over the job design results in an improvement in mental health; thus, mental health and perceived control have a positive relationship (Bentley et al., 2015; Mark and Smith, 2012). At the same time, studies have found that a lack of job control is associated with MHCs. For example, Kawakami et al. (1992) found that little autonomy over the workplace lead to higher levels of depression among workers of a factory in Japan. Lourel's et al. (2008) study confirms this association. It was shown that low job control was associated with symptoms of burnout, namely depersonalization and emotional exhaustion. Job control was, inter alia, measured by asking the respondents whether the job enables them to make their own decisions. While a general connection between job control and mental health was shown in several studies, Meier's et al. (2008) study contributes to the findings by adding that the specific contribution of job control depends on individual factors, too. For some employees, especially for those who have an external locus of control, too much control in combination with other factors can be perceived as an overload. Consequently, increased control over the job predicted MHCs when the job control was higher than the desired amount. This is because higher job control can be connected to higher responsibility and higher accountability.

Relational factors

While the previous section was concerned with formal relationships at work, this section addresses informal relationships. Informal relationships refer to relationships of employees that are voluntary and not controlled or determined by management (Lee et al, 2016). Relational factors are shown to have both negative and positive effects on the development of MHCs (Nielsen and Einarsen, 2012; Rydstedt et al., 2012). This section identifies those relational factors which have been found to be associated with MHCs, that is, poor interpersonal relationships at work. In this thesis, interpersonal relationships are referred to as the positive perception of repetitive interactions amongst members of an organization which make them feel connected (Reich and Hershcovis, 2011). On the contrary, poor interpersonal relationships at work are characterized by physical violence, bullying and low levels or a lack of social support. This section focuses on how bullying and social support predict MHCs, starting with a discussion about bullying.

Bullying in the workplace refers to the exposure of persistent negative actions from members of an organization which is perceived as mistreating and abusing (Einarsen et al., 2011). It can concern issues in the workplace, such as being given harsh deadlines, being monitored, or being assigned high workloads, or personal matters (Zapf et al., 2003; Einarsen et al., 2011). Personal matters include the exposure to gossip, verbal hatred and insults, excessive critique or being left out. Research on the effects of bullying on MHCs has been extensive (Nielsen and Einarsen, 2012). In a meta-analysis, Nielsen and Einarsen (2012) showed that workplace bullying predicted symptoms of depression and anxiety. This finding was attested by Verkuil et al. (2015) who also found that being bullied was associated with symptoms of depression and anxiety. The authors added that individuals who had MHCs were more likely bullied than those who did not have MHCs. Thus, a reversed relation between being bullied and MHCs was observed. Not only does bullying have an immediate effect on MHCs, Einarsen and Nielsen (2015) found that bullying also has a long-term effect on individuals. The authors demonstrated those who were bullied in their jobs showed increased symptoms of anxiety and depression five years after the experience. This finding is in line with Verkuil's et al. (2015) suggestion that being bullied interferes with individual's thoughts and is, subsequently, lived through repeatedly in one's mind long after the incident.

Another social factor that has been studied extensively with regards to MHCs is social support. Social support figures can exist at work in the form of supervisors or colleagues, or outside of work in the form of friends and family, whereby the focus of this section lies on the social support at work (O'Driscoull and Brough, 2010). Social support at work includes helping with practical issues, such as helping someone with a task (instrumental support), giving emotional support, for example through empathy, guiding (informational support) and giving feedback (appraisal support) (House, 1981). The majority of research on social support at work has focused on its positive effects on MHCs. On the one hand, numerous studies showed that high perceived support is directly associated with fewer symptoms of MHCs, such as depression and burnout (Brough et al., 2009; Yürür and Sarikaya's 2012). On the other hand, an indirect effect of social support on MHCs is assumed. This research stream suggests that social support works as a protection against the potential harmful effects of certain conditions in the workplace. Some studies find prove for the buffering role of support. For example, Nielsen et al. (2020) recently found that the negative effects of bullying at work on MHCs were moderated by social support from supervisors and colleagues. That is, those individuals who were bullied but received social support at work were less likely to show symptoms of MHCs than those individuals who were bullied and did not have social support at work. Cohen and Wills (1985) attribute the numerous positive findings of social support at work to an increased self-esteem that those employees who receive support gain. In contrast to this, it was also found that high perceived social support at work is associated with increased symptoms of MHCs. For example, Fenlason and Beehr (1994) found that social support could reinforce the negative impact of potential harmful factors at the workplace. Specifically, ranting about problems and negative issues of the workplace further amplified negative perceptions of those receiving support. Grinyer and Singleton (2000) identified another negative outcome of social support at work. Their study found that high levels of perceived support can increase levels of presenteeism. Sickness presenteeism refers to the behavior of individuals going

to work even though they are feeling unwell or sick (Aronsson et al., 2000) The authors explained that those employees receiving emotional support from their colleagues felt an obligation towards those who gave them emotional support, which made them reluctant to stay at home when feeling unwell. Not only were the effects of high perceived support studied, it was also examined what influence a lack of support has on the emergence of MHCs. Rugulies et al. (2006) found that a lack of social support from supervisors and colleagues increased symptoms of depression in female employees among the Danish workforce. This finding was attested in a systematic review by Santini et al. (2015). It was demonstrated that a lack of instrumental support predicted symptoms of depression. It can be concluded that high levels of perceived social support can both increase and decrease symptoms of MHCs, and that a lack of social support is a predictor for the emergence of MHCs.

2.4 Mental health promotion in the workplace

Having discussed factors associated with the emergence of mental health conditions, the following section reviews the research on strategies companies can implement to prevent MHCs, to accommodate employees with MHCs and to positively influence mental health. In short, strategies to promote mental health are discussed. Mental health promotion does not merely include teaching individuals coping mechanisms to deal with harmful factors in the workplace or to reduce the impact of MHCs, but rather, as a broader approach, also refers to actions taken towards modifying the workplace and initiating programs which enhance mental health (Barkway, 2006).

Mental health promotion interventions are often divided into three categories, namely primary, secondary, or tertiary interventions (Czabala et al., 2011; Bhui et al., 2012). First, primary interventions are designed to minimize the exposure to factors that have a negative impact on mental health or to raise individuals' resilience (Whitehead, 2007; Bhui et al., 2012). This proactive intervention targets those employees who feel healthy and is ought to prevent MHCs and foster mental health. Next, secondary interventions are targeted at those employees who are already negatively affected by certain factors (Whitehead, 2007; Bhui et al., 2012). The objective of this approach is to detect and manage symptoms of low mental health, or of light mental health conditions, before they get severe and/or disabling. Thus, the first two approaches are concerned with the prevention of MHCs and the improvement of mental health. Lastly, tertiary interventions aim to rehabilitate employees who have severe MHCs and who might have left their work and are off sick (Whitehead, 2007; Bhui et al., 2012).

According to LaMontagne et al. (2014), mental health promotion should incorporate all of the above-mentioned elements. Therefore, the authors developed an integrated approach which consists of three elements (see figure 2). Two of these elements, namely preventing MHCs on the primary and secondary level and managing MHCs on the tertiary level, address MHCs. The third element, positive interventions, focuses on promoting positive factors and, therefore, enhances mental health.
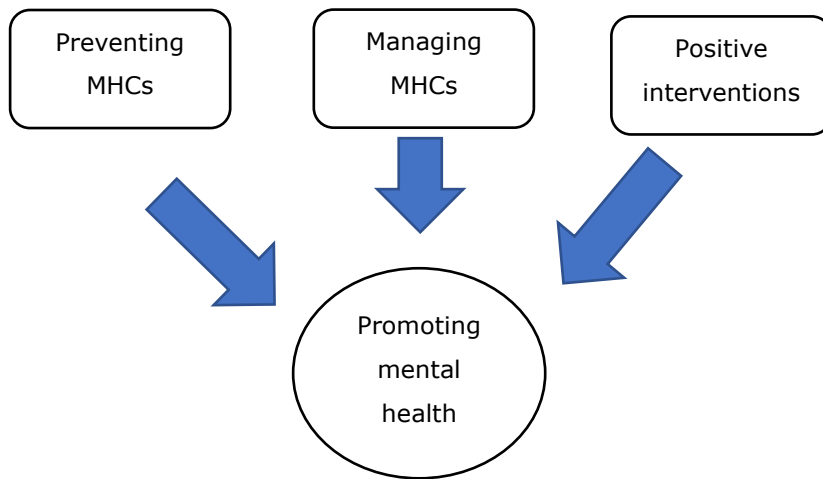
Figure 2: Mental health promotion. Adapted from "Workplace mental health: developing an integrated intervention approach", by LaMontagne, A. D., Martin, A., Page, K. M., Reavley, N. J., Noblet, A. J., Milner, A. J., Kegeel, T. & Smith, P. M., 2014, BMC psychiatry, 14(1), 131, p. 2.

Within the literature, a further distinction is drawn. It is distinguished between interventions at the individual level and at the organizational level (Czabala et al., 2011). The aim of individual-focused interventions is to develop protective factors that intend to aid employees to cope with work-related harmful factors and to increase their resilience (Enns et al., 2016). On the tertiary level, interventions seek to treat the condition itself (Enns et al., 2016). On the other hand, organizational interventions refer to those programs which aim to change aspects of the organization, such as altering the organizational culture or the job design (Bhui et al., 2012).

The next section is structured in line with this distinction drawn. First, individual-focused interventions are briefly introduced. Following the integrated approach by LaMontagne (2014), interventions to prevent MHCs, to treat MHCs and to positively influence mental health are briefly discussed. Afterwards, interventions at the organizational level are identified. Specifically, a primary and secondary intervention regarding modifying harmful factors in the workplace is discussed and two tertiary organizational interventions are introduced. Subsequently, an organizational intervention that specifically promotes mental health is looked at. Lastly, a new, possible intervention is examined, namely feelgood management.

2.4.1 Individual-focused interventions

Despite the extensive research on work-related stressors and their numerous harmful effects on mental health and MHCs, most research is concerned with individual-focused interventions rather than with interventions at the organizational level (Czabala et al. 2011; Enns et al., 2016). In the following, the most frequently researched individual-focused interventions are briefly introduced.

Examples for individual-targeted primary and secondary interventions are stress management programs that are based on cognitive-behavioral therapy (CBT) (Bhui et al., 2012). They are shown to produce the most favorable results in terms of preventing the occurrence of MHCs, as

compared to other types of individual-focused interventions such as relaxation and meditation (Bhui et al., 2012). The purpose of this intervention approach is to decrease the probability of developing MHCs by reshaping the employees' cognitions, which are thought to affect ones' thoughts and behavior (Beck et al., 1979). A particularly promising example of a CBT based program is stress inoculation training (Czabala et al., 2011). In the training sessions, harmful factors in the workplace are identified and coping mechanisms are taught. These training sessions have significant impacts on the decline of MHCs in the workplace. Despite these positive impacts on the prevention of MHCs, work-related outcomes, for example absenteeism and productivity, were not found to be affected by CBT based programs (Bhui et al., 2012). Another prominent primary and secondary individual-focused intervention is physical activity (Joyce et al., 2016). While many researchers have attested positive effects of physical activity on MHCs, as summarized by Joyce et al., 2016. For the treatment of MHCs, CBT-based programs were found to be effective, too. For example, Lagerveld et al. (2012) showed that CBT-based programs, which included work elements in the treatment, predicted decreased symptoms of MHCs.

Positive intervention approaches on the individual level focus on enhancing positive emotions and strengths of employees (LaMontagne et al., 2014). An example of such an approach in the workplace is a gratitude intervention, which was tested by Kaplan et al. (2013). Gratitude was referred to as recognizing and valuing what is good at work (Kaplan et al., 2013; Wood et al., 2010). In the study, participants wrote down regularly what they felt grateful for at work in order to improve their coping mechanisms with difficult situations (Kaplan et al., 2013). It was shown that, by reevaluating certain aspects and seeing them more positively, employees' self-reported well-being and gratitude was enhanced.

The focal point of research on interventions in the workplace lies on the individual level (Czabala et al. 2011; Bhui et al., 2012; Joyce et al., 2016; LaMontagne et al., 2014). This has been widely criticized. Glazer (2011) states that the current focus on coping mechanisms designed for individuals implies that employees can always control situations in the workplace. In reality, society and organizations need to change their practices to aid in preventing and managing potential harmful factors in the workplace. Enns (2016) notes that by failing to modify organizational factors, the source of adversity is not treated. Aligned with the social model of disability, this thesis is concerned with how the workplace can be altered to prevent mental health conditions and how mental health can be promoted. Therefore, the focus of this chapter lies in the little researched area of organizational-focused interventions, taking up on the psychosocial factors identified in section 2.2.2.

2.4.2 Organizational interventions

Following the proposed integrated approach by LaMontagne et al. (2014), this section on organizational interventions is divided into three parts. The first sub-section reviews the research on interventions which modify the workplace. More specifically, it is concerned with giving an overview on interventions that change those factors of the workplace that are associated with the emergence of MHCs, as discussed in section 2.2. Next, interventions which address the

accommodation of individuals with MHCs are outlined. Lastly, interventions that enhance mental health are brought to light, introducing how interpersonal relationships in the workplace and appreciation can be enhanced.

Changing the workplace to prevent mental health conditions

As discussed in section 2.2, harmful psychosocial factors in the workplace, such as job demand and role ambiguity, have been the subject of extensive research and numerous significant effects on MHCs were identified. It stands to reason to modify those factors that are related to the job design in order to prevent the emergence of MHCs in the workplace. Yet, only one of these previously identified factors, namely job control, was analyzed by high-quality studies in connection with primary interventions (Joyce et al., 2016). This lack of research may be partially explained by the difficulty of putting these kinds of interventions into action because the accompanied changes in operation bear economic costs for the organization (Joyce et al., 2016).

Increasing job control of employees has been found to reduce symptoms of MHCs. In a high-quality review, Joyce et al. (2010) summarized the outcomes of 10 studies measuring the effects of increased employee control on self-reported mental health. Increased job control was defined as the increase in choice of an employee on when, where, and how to work. Self-scheduling of shifts and gradual/partial retirement were found to be positively associated with mental health. Flexitime, which here meant that employees could choose when to start and finish apart from a two-hour core time, as well as overtime and fixed contracts, did not appear to significantly affect mental health. However, having a small evidence base of 10 studies, the authors stressed the lack of generalizability of the outcomes given the limitations of the review. A quasi-experiment conducted by Bond et al. (2008) poses another example of a study examining the effect of increased job control on MHCs. For employees of call centers, the control over work planning was enhanced, and they had regular meetings with their supervisors, discussing the improvement of work processes and personal growth possibilities. These strategies lead to a decrease in MHCs. These studies show that increasing job control can work as a primary, organizational focused intervention because modifying this psychosocial factor prevents MHCs, as well as a secondary, organizational focused intervention since the studies showed a decrease in MHCs.

Managing mental health conditions

The organizational culture plays an essential role for the accommodation of employees with MHCs, as explained in the following. The organizational culture determines how MHCs are addressed in a company (Nielsen et al., 2006). Individuals with MHCs often experience stigma, discrimination and exclusion in the workplace (Byrne, 2000). The organizational culture plays an important role in this because it shapes the perception employees and supervisors have of MHCs, the way individuals with MHCs are included and what their working conditions and career opportunities are (Kirsh and Gewurtz, 2011). Thereby, organizational culture defines the characteristics employees should and should not have by valuing certain norms. Often, individuals with MHCs do

not meet these norms (Foster and Wass, 2013). Able-bodied worker is such a valued characteristic which poses many challenges for employees with MHCs (Kirsh and Gewurtz, 2011; Foster and Wass, 2013). When job tasks are designed for able-bodied individuals, employees with MHCs can have a disadvantage over those who meet the criteria (Foster and Wass, 2013). If, because of the able-bodied norm, a company would not agree to change the job design in order to meet the requirements of an employee with an impairment, that employee with MHCs can be disabled (Foster and Wass, 2013). On the other hand, an inclusive culture, where differences are regarded as something positive and the job design is adapted to them, can be positive for employees with MHCs (Krish and Gewurtz, 2011). Since an inclusive culture does not imply that MHCs are something negative, stigmas can be diminished. Seeing this, it becomes obvious that it is important to implement a positive organizational culture by spreading awareness and acceptance. A specific intervention that was proven to increase knowledge and better the attitude towards individuals with MHCs is mental health education programs, which will be introduced in the following (Dimoff et al., 2016; Kitchener et al., 2004).

Mental health education programs can be directed towards organizational leaders and/or employees. An example of a program targeting leaders can be seen in the study of Dimoff et al. (2016) who scrutinized the influence of a knowledge- and skill-building program for supervisors on their attitudes towards MHCs. The so-called Mental Health Awareness Training consisted of two modules. The first module was concerned with educating leaders on identifying stressors and determining what symptoms individuals with MHCs show. The second one intended to increase the supervisors' self-efficacy and their intention to promote mental health in the workplace. In this module, the supervisors were shown possible ways to decrease harmful factors in the workplace. Moreover, they were taught how to support and aid those individuals showing (early) signs of MHCs and rehabilitating employees with severe MHCs. The Mental Health Awareness Training was found to positively influence knowledge, attitudes, and self-efficacy of the participants regarding mental health conditions. This resulted in an increase of their intention to promote mental health in the workplace. Besides, the study found a significant decline in absence of employees with MHCs, which was accompanied with decreasing costs.

An example of an evidence-based mental health education program targeting employees is Mental Health First Aid, which was studied by Kitchener et al. (2004). Employees were taught how to support those colleagues struggling with MHCs. Topics of the three weekly sessions included lectures on symptoms of certain MHCs, factors in the workplace that may cause or exemplify them, and where to find a point of contact to seek help. The study showed promising results: Attendees were more confident in supporting those showing symptoms of MHCs and in advising them to get help. Furthermore, a significant decline in stigmas towards MHCs could be seen. Surprisingly, the training improved the mental health of the attendees themselves.

Positive organizational intervention approaches to promote mental health

In the following, positive organizational interventions are introduced. These interventions aim to enhance the positive sides of the workplace and can be regarded as a primary intervention

(LaMontagne, 2014). Positive intervention approaches are less commonly studied than those that aim to prevent the emergence of MHCs or accommodate individuals with MHCs (LaMontagne, 2014). Additionally, the focus of positive approaches lies on the individual level (LaMontagne et al., 2014). Therefore, very few positive organizational intervention approaches in the workplace have been formally studied, as shown below. LaMontagne et al. (2014) suggests that an example of a positive intervention approach promoting mental health in the workplace is an intervention which enhances interpersonal relationships. There is extensive research on the positive effects of interpersonal relationships in the workplace on mental health. For example, Rydstedt et al. (2012) found that employees who rated their relationships towards their supervisors and colleagues as positive, were more likely to assess their mental health as good. Despite many findings on the positive association between interpersonal relationships and mental health, very few organizational interventions promoting interpersonal relationships in the workplace were tested in a controlled study (Hodgins et al., 2014). One exception is Leiter's et al. (2011) study that examined the effects of the Civility, Respect and Engagement in the Workforce (CREW) intervention on interpersonal relationships. This intervention aims to promote respectful, interpersonal relationships. Over a period of six months, several measures were implemented. For instance, the participants were asked to meet with their colleagues once to twice a week together with an expert who taught them how to listen actively and communicate in a respectful, attentive way. Moreover, exercises were realized that encouraged regular, direct, and considerate conversations amongst employees. Furthermore, to prevent the occurrence of anti-social behavior, open letters were sent out by the management, stating that discrimination is not tolerated. In addition, ways to solve conflicts were shown. It was found that the intervention significantly improved interpersonal relationships, which was, inter alia, reflected in increased cooperation and teamwork. On top of that, the implemented measures reduced anti-social behavior such as bullying.

As suggested by LaMontagne (2014), another positive intervention approach that promotes mental health entails showing appreciation to employees. Appreciation is referred to as showing an individual that he or she is valued (Adler and Fagley, 2005). This can entail recognizing positive characteristics of an individual or certain behaviors, such as the performance. To date, organizational appreciation interventions have not yet been tested in the workplace, even though appreciation has been found to have numerous positive effects on individuals (LaMontagne, 2014). For example, Ashforth and Kreiner (1999) noted that appreciation has a positive meaning for the identity of individuals. Contributing to this, Semmer et al. (2016) argued that appreciation can reinforce a positive view on oneself. Furthermore, it was found that employees who feel appreciated in the workplace are more engaged and committed, more satisfied with their jobs and have higher trust in their company and in their management (White, 2016; Waters, 2012; Fagler and Adler, 2012). Moreover, Fagley and Adler (2012) noted that appreciation can enhance the formation of interpersonal relationships in the workplace. It was also found by several studies that, regardless of the setting, appreciation has a positive effect on well-being (Adler and Fagley, 2005; Lim, 2017). Fewer studies investigated the effects of appreciation in the workplace on mental well-being. Adler and Fagley (2012) suggested that appreciation in the workplace has positive impacts on employees' well-being. This was confirmed by Stocker et al. (2014). Their

study examined how appreciation by colleagues and managers is associated with mental health. It was found that feeling appreciated by managers as well as by colleagues was positively associated with feelings of calmness and happiness, which are two indicators of mental health. Filling out daily dairies, the participants of the study indicated that praise, which entails remarks and signals showing that employees' achievements are valued, and words of appreciation, such as "thank you", were the most frequent ways they were shown appreciation. Furthermore, the participants also perceived decreased job control, being shown interest in their person, and material rewards as a form of appreciation. Bass and Avolio (1994) add to this by stating that the consideration of the needs of employees is another way to appreciate them. Beck (2016) examined the most effective ways to communicate appreciation in a company. The author found that there needs to be a fit between the accomplishments made by an individual and the appreciation shown. It was added that appreciation needs to be perceived as both sincere and personal. Chapman and White (2019) also noted that customized appreciation is perceived as more positive than when all employees receive the same amount of appreciation in the same way. On the other hand, when appreciation by management is perceived as unfair or not sincere, employees' attitude towards them and the organization decreases (Beck, 2016). These findings indicate what an effective appreciation intervention in the workplace ought to entail and that it could yield promising outcomes.

2.4.4 Feelgood management: A new intervention?

In recent years, a new HR practice, namely feelgood management, has emerged in German start-up companies (Greve, 2018). Feelgood management can be integrated to the company as an additional function of the HR department or as an external consultant role (Gesing und Weber, 2017). This section provides an overview on the very limited literature on feelgood management, including its definition, its role in the organization and its influence on organizational outcomes.

According to Lange (2019a), feelgood management is broadly defined as all practices within a company that support and promote the well-being of employees, while every measure implemented is aligned with the employees' needs. Since feelgood management regards employees as the most valuable asset of a company, the needs and individual strengths of employees are identified and their potential is promoted (Lange, 2019b). Accordingly, the practice is customized to the different preferences and wishes of employees (Gesing und Weber, 2017). The specific responsibilities of feelgood managers vary and are not yet clearly defined (Greve, 2018). According to Badura et al. (2016), the central task of the practice is to shape an organizational culture that employees can identify themselves with. Specifically, feelgood management helps to shape the organizational culture in such a way that optimal working and learning conditions are generated. (Lange, 2019a) adds that, by organizing regular rounds of talks with supervisors and employees, feelgood management aims to improve the internal communication in a company. The specific aims of those sessions include establishing interpersonal relationships and appreciation. Lange (2019a) also stresses the importance of internal communication for feelgood management, stating that the practice poses as an interface

function between supervisors and employees. Thereby, potential problems can be identified and conflicts and misunderstandings between employees, and between employees and their supervisors, can be resolved.

There is a dearth of research on the positive effects of feelgood management on individual outcomes. That is, no known study has examined yet whether the HR practice enhances the mental health of individuals. Greve's (2018) study builds an exception by measuring how feelgood management influences job satisfaction. Job satisfaction is a psychological construct that reflects an employee's attitude towards her or his work (Kanning and Staufenbiel, 2012). The study found that feelgood management had a positive influence on job satisfaction (Greve, 2018). However, the extent of the influence was small and depended largely on the nature of the design of the practice. That is, the author noted that when the tasks of feelgood management exclusively consisted of administrative activities such as organizing employee events or ordering healthy food, employees did not report enhanced job satisfaction. Instead, when the tasks included supporting new employees, obtaining feedback and suggestions, and taking care of employees' problems, said employees showed higher job satisfaction. Moreover, in employee appraisals, feelgood managers should find out which aspects do not meet the expectations of employees, address individual concerns and work out solutions together with managers and other employees.

The above section has highlighted that research on organizational intervention approaches, especially on the ones that foster mental health, and on feelgood management is still scarce. There is not enough evidence yet to attest for a positive effect of feelgood management on mental health. Moreover, there is a lack of research on how feelgood management addresses MHCs. This study aims to contribute to these gaps by investigating the HR practice in relation to mental health promotion. To this author's knowledge, feelgood management has not been investigated yet in connection with intervention approaches. More precisely, the aim of this study is to find out how feelgood management supports employees' mental health and how it addresses MHCs. To do so, experts in the field of feelgood management were interviewed. The next chapter provides detail on the applied methodology.

3. Methodology

The purpose of this chapter is to give an overview of the research process. Following Denzin and Lincoln (2011), the choice of the research strategy was governed by the research question and the investigated subject. The aim of this thesis was to gain a deeper understanding of feelgood management and its potential influence on mental health and MHCs. Accordingly, the research questions were as follows:

1. How do organizations promote mental health?
   1.1 How does feelgood management support employees' mental health?
   1.2 How does feelgood management address mental health conditions?

Since the field of feelgood management is relatively unexplored, a qualitative research design was chosen (Strauss and Corbin, 1998). This allowed for the possibility to listen to feelgood managers and represent their experiences. Semi-structured interviews were conducted with five experts, which were then analyzed based on a thematic analysis. This chapter starts with justifying the decision of a qualitative research design, following a discussion on the choice of semi-structured interviews. Subsequently, the chapter addresses the sample, ethical considerations and how the data was collected. Lastly, the analysis of the interview data is described in detail.

3.1 A qualitative research design

To answer the research questions described above, a qualitative research approach was chosen. As opposed to quantitative research, which aims to test hypothesis, qualitative research is characterized by its exploratory and descriptive nature (Bogdan and Biklen, 1997). A qualitative approach allows the gathering of new information and the understanding of individuals' opinions, experiences, and perceptions on certain topics (Strauss and Corbin, 1998). While qualitative research is not generalizable given its fewer numbers of respondents compared to a quantitative approach, it provides more depth and detail since this approach is more flexible and open (Patton, 2002; Bogdan and Biklen, 1997). Therefore, it allows for the exploration of experiences and perceptions on a certain topic of individuals. Given that the obtained data guides the study, qualitative research is inductive (Bogdan and Biklen, 1997). That is, rather than testing a specific theory, the aim of this study was to generate new knowledge (Gioia et al., 2013).

Given the limited literature on feelgood management and the lack of literature studying the influence of feelgood management on mental health and mental health conditions, exploring the research field is necessary. The application of qualitative methods is advised for explorative studies, like this thesis (Strauss and Corbin, 1990). Rather than testing specific hypothesis based on a theoretical framework, this thesis utilized open questions to gain general insight to the experts' knowledge on feelgood management and their perspectives on mental health and MHCs.

Nevertheless, this research is based on existing theory on mental health and feelgood management as shown in chapter 2, though it does not limit the experts' responses. The research is inductive in that the aim was to gain knowledge about feelgood management in general and understand how feelgood managers can improve mental health through exploring the experts' opinions, views and knowledge (Gioia et al., 2013). Furthermore, obtaining expert knowledge was only possible with qualitative research: Many of the statements made by the experts could not be foreseen, which is why quantitative research, for example a standardized questionnaire, may have omitted important information as the answer possibilities are limited (Bogdan and Biklen, 1997).

3.2 Choosing a method: Semi-structured interviews

Several methods can be applied when gathering qualitative data, for example observations, focus groups and interviews, which can be classified as structured, semi-structured or open-ended (Hankock et al., 2010). In this study, semi-structured interviews with experts were employed as a qualitative data collection method to best gain an in-depth insight into the topic. Semi-structured interviews are characterized by an interview guideline structuring the interview and a flexible interview process (Hankock et al., 2010). The sequence of the predetermined questions can be varied and further questions to important replies can be asked (Hankock et al., 2010). This allows for the possibility to react spontaneously to the interviewee (Hankock et al., 2010). Moreover, the answer possibilities are not predefined or limited (Hankock et al., 2010). Due to the flexible nature of the interview process and the open-ended questions, semi-structured interviews are especially useful for explorative studies because these characteristics enable the researcher to understand and capture the multifaceted knowledge of the interviewees (Barriball and While, 1994). Open-ended questions allow the respondents to describe their experiences in-depth (Strauss and Corbin, 1998). Given the numerous gaps in the literature in an explorative study, the ability to react spontaneously to the interviewee is essential in order to transform resonant undertones of the interviewees into concrete and evaluable statements (Helferich, 2019). Furthermore, follow-up questions make it possible to adjust the focus during the interview to gain more detailed information on what is considered relevant (Helferich, 2019). Additionally, new emerging topics can be further touched upon (Helferich, 2019).

Specifically, in this study, expert interviews, which are a type of semi-structured interviews, were employed (Bogner and Menz, 2002). In an expert interview, the knowledge, and opinions of experts in the required field stands more to interest than their characteristics as an individual (Flick, 2009). Accordingly, they speak for a certain group of individuals. Bogner and Menz (2002) defined expert as someone who has knowledge that relates to his or her specific professional field of activity. In this study, expert interviews were applied to gain a deeper understanding to the profession of feelgood management and its connection to mental health. Therefore, the knowledge and experience of the experts, namely the interviewed feelgood managers, was explored.

3.3 Sample

For this study, five experts were interviewed. All these interviewees are considered experts in the field of feelgood management because of their working experience of at least two years. In order to select these experts, a non-random sampling technique was chosen. This means that not everyone has an equal chance to be selected (Tongko, 2007). To be specific, a purposive, or judgment, sampling technique was applied. It is referred to as "the deliberate choice of an informant due to the qualities the informant possesses" (Tongko, 2007, p.147). The purposive sampling technique enables the researcher to choose participants based on self-chosen criteria (Tongko, 2007). This sampling technique was chosen because of the exploratory nature of this study, which required the knowledge of certain participants, namely experts in the field of feelgood management. The lack of generalizability that comes with this technique can be neglected in this case because the aim was to gain insights into a relatively new research field instead of displaying representative results (Tongko, 2007). The selection criteria in this study comprised the requirement that the participants have working experience as a feelgood manager. This means that being a trained feelgood manager was not enough, but that working experience in the searched field was crucial. Moreover, as there are several definitions of feelgood management, the selected participants needed to have the same understanding of the concept as applied in this thesis. Furthermore, feelgood managers needed to work in Germany since this thesis refers to an understanding of feelgood management which is present in German companies and German literature. It did not matter, however, whether the feelgood managers worked part-time or full-time, whether they were self-employed or an employee of a company and what age or gender they were.

After determining the sampling strategy, participants were recruited. During this study, access to feelgood managers has proven to be difficult, given the small number of feelgood managers working in Germany. In the beginning of this study, major IT companies were targeted at the researcher's location in Germany. Possible participants were contacted via their company's e-mail address or they were called. It was asked in German whether the companies had employees who have the remit of a feelgood-manager and, if so, whether they would agree on having an interview. After solely negative responses were given, a different recruiting strategy was chosen, and the search was expended to all industries and the research location was widened. Via the social media platforms LinkedIn and Xing, individuals who called themselves feelgood-managers were identified. They were then messaged to via their work email-addresses or called at work. The reply rate was rather low, but a few responded. In the end, five interviewees were found who had the same understanding of the concept of feelgood management as applied in this thesis and who agreed to an interview. In the table below, the participants are described, using pseudonyms.

Table 1: Interviews with feelgood managers - use of pseudonyms

Interviewee	Date	Gender	Employment status	Qualification	Other occupations
Christine	20.11.2019	Female	Self-employed	Trained feelgood manager	Management consultant
Anna	27.12.2019	Female	Employed at IT company	Studied communication science	Recruiter
Tom	05.12.2019	Male	Self-Employed	Trained feelgood manager	Coach
Charlotte	28.02.2020	Female	Self-employed	Trained feelgood manager	Coach
Stephanie	19.03.2020	Female	Employed at accounting company	Trained feelgood manager	Responsible for HR

3.5 Conducting the interviews

Semi-structured interviews were conducted for this study with the help of an interview guideline (see appendix A) which is vital when using this research method as mentioned above (Hankock et al., 2010). To design an interview guideline, existing literature on mental health and feelgood management was studied intensively. Based on the literature, open questions were designed and assigned into topics. The order of the questions was preassigned to ensure the fluency of the interview; however, it was not strictly followed during the interviews. That way, occurring topics could be picked up on immediately and the questions could be answered in an unconstrained way. Moreover, the interviewees were able to ask for clarification of certain questions, and the researcher could ask whether the answer was understood correctly. Thus, the interview guide only provided an orientation during the interview and ensured the coverage of all themes (Helferich, 2019). To ensure an unbiased reaction to the questions, the interview guideline was not sent to the interviewees beforehand.

In view of the physical distance between the researcher and the interviewees, four out of five of the interviews were conducted via the video platform Skype. The other interview took place at a café in Hamburg, Germany. The format of the interview was one-to-one where only the researcher and one interviewee were present at a time. Every interview was recorded with a voice recorder. Additionally, some key points were written down during the interviews. Using a voice recorder enabled the researcher to listen actively to the interviewee and ensured that the transcriptions fully reflected the interviews. The interviews lasted between 35 and 45 minutes and were conducted in German. At the end of every interview, the participants were offered to receive the

results of the study. After conducting the interviews, they were transcribed, and essential statements were translated into English by the researcher herself.

3.4 Ethical considerations

Several ethical considerations were made before conducting the interviews. All the experts interviewed signed an informed consent upfront. Informed consents ensure that the interviewees are well-informed about issues concerning the study (Wiles et al., 2007). The informed consents in this study provided information about the topic and the aim of the thesis as well as information about how the obtained data would be used. The interviewees were also informed about their right to not answer a question or to withdraw from the interview process. Furthermore, the anonymity was ensured, which means that the data cannot be traced back to any individual or company and personal data was only shared with the supervisor of this thesis. Ensuring the anonymity of the interviewees was obtained by using pseudonyms for the interviewees and by not naming the companies the interviewees worked at (see table 1). Furthermore, it was made sure that the quotes used in chapter 4 do not allow for the identification of any individuals or companies. After having read the informed consent, the participants were asked whether they agreed to be interviewed. Every participant gave their consent and willingly signed the informed consent (see Appendix B). The informed consent ensures that no accusations can be made about not having been well-informed about the interview process (Wiles et al., 2007). Moreover, the participants gave their oral agreement that the interview could be recorded using a voice recorder. Before the interview started, remaining questions were clarified. Besides, another consideration that was made concerns the translation process of the interviews. The interviews, which were conducted in German, were later translated to English by the researcher herself. Attention was paid that the meaning of the translated English version of the interviews was the same as in German and that they, to the best of the researcher's ability, reflected the underlying meaning and tonus.

3.6 Data analysis

To analyze the qualitative data, a thematic analysis was conducted. According to Braun and Clarke (2006, p. 6), a "thematic analysis is a method for identifying, analyzing, and reporting patterns (themes) within data". As it reports "experiences, meanings and the reality of participants", it is seen as the appropriate method for assessing the experiences of the interviewed experts (Braun and Clarke, 2006, p.9). Following the guideline developed by Braun and Clarke (2006), several steps were undertaken in the process, which will be discussed in the following. It is important to note that the conducted analysis was iterative; thus, the described process was undertaken several times, as recommended by Braun and Clarke (2006). The first step was to get familiar with the data by transcribing the interviews and reading through the transcripts several times. Next, initial codes were developed. Boyatzis (1998, p.63) defines them as "the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way

regarding the phenomenon". While the general subjects of interest were predetermined, the codes were developed based on the statements made by the interviewees. This is in line with inductive coding, in that codes and themes emerged from and were guided by the conducted interviews (Thomas, 2006). Attention has been paid to label the codes in a way that represents the meaning of the statements best, which included re-labeling some codes during the iterative process. After coding the data, those codes which reflected the same ideas were grouped and organized into preliminary themes. At this stage, no themes were discarded yet, as suggested by Braun and Clarke (2006). In the next step, the preliminary themes were reviewed. When the emerging themes did not meet the criteria, that is, the themes needed to be clear and distinctions needed to be recognizable, the themes were revised (Braun and Clarke, 2006). In that process, some themes were discarded which were regarded as redundant, while others merged together due to their interrelation. While changing the order of some statements made in the interviews, special care was taken that the emerging themes reflected the message of the interview segments. In the end, several recurring themes and sub-themes emerged, which clearly showed similarities and differences in experiences and opinions of the interviewed feelgood managers in relation to the research question. The developed themes and sub-themes are shown below in figure 3. The identified themes shaped the content of the following chapters. When discussing the themes, some quotes that seemed to be representative for a theme were chosen and translated from German into English to best illustrate an idea, opinion or experience.
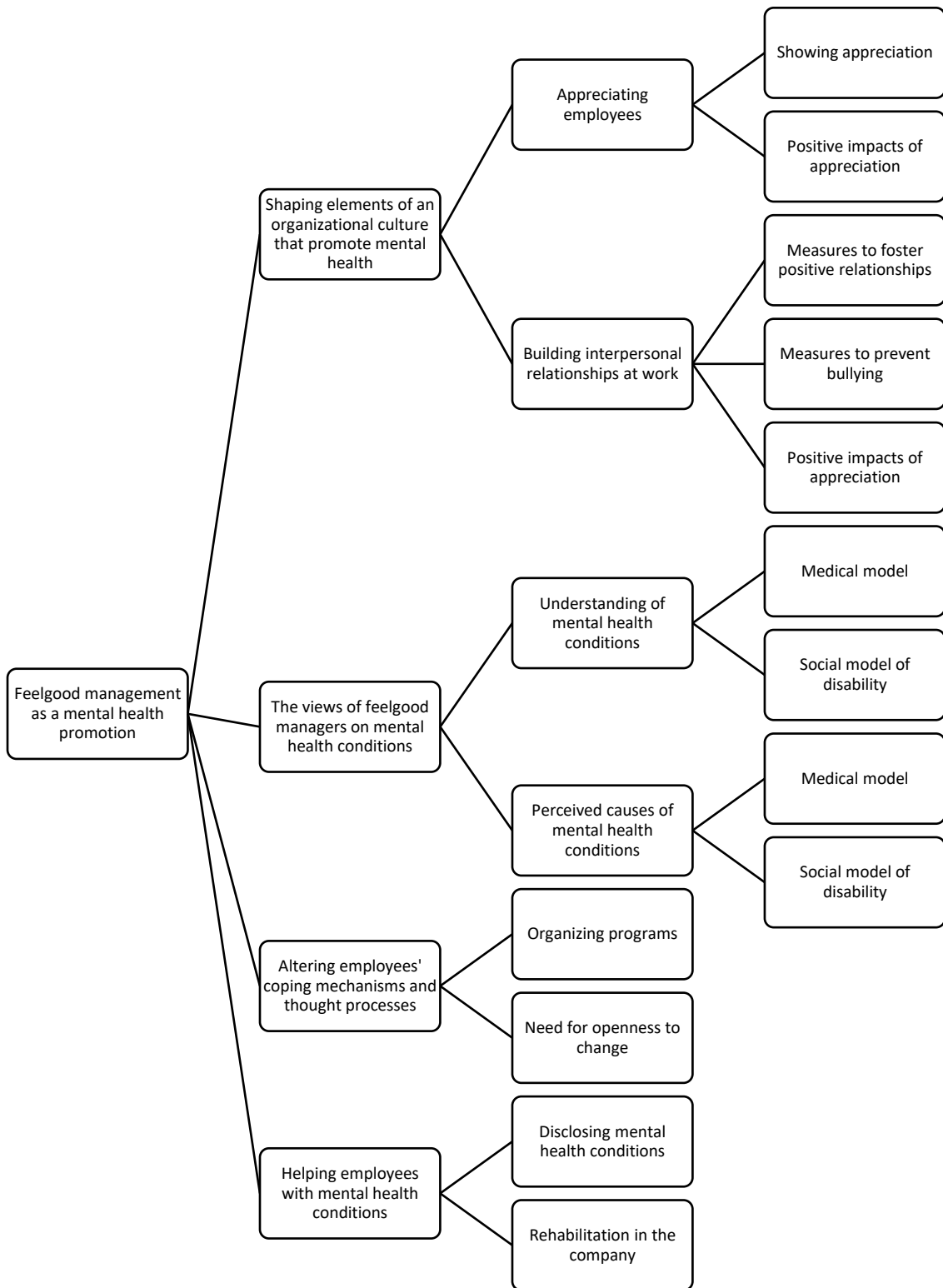
Figure 3: Coding tree

4. Results

This chapter presents the findings from the conducted interviews with multiple feelgood managers. It is divided into four sections. The first section is concerned with demonstrating in what way the organizational culture is shaped by feelgood management. Influencing the organizational culture is seen as the main responsibility of the HR practice. The interviews brought forth two central elements of the organizational culture, namely appreciation, and interpersonal relationships, that are enhanced. Second, the interviewees' understanding of mental health conditions is investigated and put in context with the medical and social model of disability. Third, it is discussed how feelgood management aims to alter employees' coping mechanisms and thought processes. The chapter ends by showing ways feelgood management can accommodate for employees with MHCs.

4.1 Shaping elements of an organizational culture that promote mental health

All the interviewees stated that they are responsible to design and shape the organizational culture. In the interviews it became clear that, in the eyes of feelgood managers, organizational culture comprises of two main elements: Appreciation and interpersonal relationships. These two elements and their positive influence on mental health will be discussed in the following.

4.1.1 Appreciating employees

When asked what the interviewees considered as organizational culture, Tom, Anna and Charlotte all answered that they regard appreciation as a major part of the organizational culture.

> *"Feelgood management develops the corporate culture in such a way that more appreciation is established in the company and that the employee is brought to the center of attention." (Charlotte, self-employed, 28.02.2020)*

According to Charlotte, feelgood management creates an appreciative, people-centered organizational culture. Therefore, consolidating appreciation in a company is a key task of feelgood management. Stephanie added that appreciating employees means that the company has a people-centered culture. She emphasized that employees know that the person remains in focus in their company because feelgood management is a position that is only concerned with employees. In her view, establishing appreciation in a company requires a person who is solely responsible for it because managers, who are responsible for more technical, strategic tasks, do not find the time for such softer tasks. Charlotte agreed. She added by stating that many supervisors neglect showing appreciation and that this is a gap in a company that she tries to fill.

A question that arose during the interviews was how the interviewees define appreciation. Anna pointed out that appreciation is challenging to define because, for every employee, it means something else.

> *"It depends on the individual employee. What the employee perceives as appreciation. One employee does not care about a 'thank you', others feel motivated by it. You also have to check how individual employees are and what is important to them." (Anna, employed, 27.11.2019)*

She stressed the importance of determining individually what employees perceive as appreciation and, conclusively, what kind of appreciation they need. This implies that appreciation can be shown in several ways. Indeed, Charlotte believes that it can be distinguished between appreciation of the employee's work and appreciating the employee's personal characteristics.

> *"I see that a lot of companies appreciate the tasks employees are doing. But some companies tend to forget that employees are not only workers who do their tasks, but also human beings. You can't forget that." (Charlotte, self-employed, 28.02.2020)*

The interviewee regards both kinds of appreciation as important. The following section shows examples of what appreciation comprises, both on a personal and on a professional level, and how feelgood management can influence the appreciation shown to employees.

Showing appreciation to employees

The interviewees named many ways how members of an organization can be shown that they are appreciated. One possible way to do so is to listen to employees, as indicated by Anna.

> *"Sometimes it helps employees to just talk it out while I listen to them. I believe that employees trust me and that they know that I don't tell anyone else. […] If he or she does not want any measurements to be taken, then this is okay." (Anna, employed, 17.11.2019)*

This statement suggests that the interviewee considers listening and confidentiality as important components of appreciation. Moreover, showing interest in the employee as a person was seen as another component of appreciation.

> *"You should also ask employees 'hey, how are you' instead of just assuming that everything is all right. That you act proactive". (Anna, employed, 27.11.2019)*

This way of showing interest in the person can be regarded as showing appreciation to the employees as individuals. Anna added that it is important to be empathetic and to make employees feel heard and understood. This empathy enables her to notice when an employee does not feel well.

Additionally, in Charlotte's opinion, appreciation on a professional level entails words of appreciation, like 'thank you' and praise for their work. Another way to show appreciation on a professional has to do with the job design, as indicated by Charlotte.

> *"Some employees also need a lot of freedom in doing their work. That is also a kind of appreciation, when I say 'Do task x however you want to, I know you can do it'." (Charlotte, self-employed, 28.02.2020)*

This suggests that appreciation can be shown by giving employees more freedom in their job. The following view shared by Stephanie reveals a way of how appreciation on a professional level can be shown by all members of the organization.

> *"I organize regular team meetings where everyone can present the projects they are working on. Once a week, we all meet in a big room and everyone who wants can present their project. We support the employee by clapping. I know, that sounds insignificant. But it is not. "* (Stephanie, employed, 19.03.2020)

This interviewee established in the company that not only the feelgood manager shows appreciation to employees, but that colleagues and supervisors show appreciation, too. She believes that her responsibility is to establish a culture where appreciation is regularly expressed by every member of the organization. One way to do so is pointed out by Charlotte.

> *"On Christmas, every employee got a feedback letter. Everyone could write feedback to everyone. That could include things concerning the profession of the person, but it could also be more personal. The only rule was that it needed to be something positive."* (Charlotte, self-employed, 28.02.2020)

This measure enabled members of the organization to feel appreciated by colleagues, on both a professional and individual level.

Furthermore, all of the interviewees emphasized the importance of identifying employees' needs and wishes. According to Anna, listening to employees is a part of appreciation because it makes employees feel heard and like their opinion truly matters. Charlotte indicated that the first step of implementing any kind of measure is to identify the needs of employees. She added:

> *"I support companies to capture the needs of the employees."* (Charlotte, self-employed, 28.02.2020)

This implies that not only feelgood managers are responsible to identify employee's needs, but that the aim is to implement the identification of employees' needs as a key value in the organizational culture. On top of that, several interviewees shared that the responsibility to initiate the identification of employees' needs make them a spokesperson of the employees. Tom explained how exactly he identifies the needs of employees.

> *"I identify the employees' needs by having personal conversations with them. I ask 'What is good? What are you proud of in a company?' I also ask where there are areas that can be improved. I ask what is missing so the employees can do a good job. I ask what it missing so that people can be happy at work."* (Tom, self-employed, 05.12.2019)

The interviewee stated that personal conversations are necessary for the identification of needs. In these conversations, he asks directly about positive things and areas of improvement. This enables him to identify the advantages and disadvantages of a company in the perspective of the employees. Another way to identify needs was mentioned by Stephanie. She organizes regular feedback sessions where needs and wishes can be mentioned, including feedback to the physical work environment or on processes. The interviewee stressed that any kind of feedback is

accepted. This feedback can be given personally or digitally. Anna added that in consultations hours she hosts once a month, employees can talk about everything that is on their minds, both work related and private topics.

After having identified employees' needs, measures are taken. Stephanie explained that she comes up with several solutions based on the feedback. To ensure that the solutions are to the likings of employees, she suggests to them a few different measures and asks for feedback on them. Only when the employees agree to this measure, it is implemented. Tom went further. According to him, it is crucial to include employees in the collection of ideas and the design of measures.

> *"I ask them 'What exactly do you want to improve?' 'What kind of idea do you have?' 'How can we implement that?" (Tom, self-employed, 05.12.2019)*

He motivates the team to come up with solutions and ideas themselves. Thus, in his opinion, feelgood managers act as an initiator rather than someone who is responsible for the implementation. Christine confirmed this in a statement. When asked when she considers a project as a feelgood manager to be successful, the interviewee said that as soon as she sees that the supervisor lets employees decide and co-design things. Thus, the aim of feelgood management is to anchor the involvement of employees in the implementation of measures into the organizational culture. According to Anna, this is another way to show the employees that they are appreciated.

To conclude, several ways of showing appreciation to employees emerged in the interviews. These include making employees feel heard and understood, giving them praise for their work and establishing in a company that other employees and supervisors show appreciation, too. On top of that, identifying employees' needs and letting them come up with ideas on how to design their job and their work environment were considered as crucial.

The positive effects of appreciation

Anna, Stephanie, and Charlotte indicated that appreciation contributes to the well-being of employees. Even though the interviewees could not give a clear answer to what extent appreciation enhances mental health, they mentioned several positive effects they could observe in employees and in themselves. One of those aspects is that appreciation has an influence on the attitude towards work.

> *"If you have a corporate culture that is bad, where you are not appreciated as much, then you say 'I'm working here 9-5 and if there are problems, then I drop my pen, I don't care'." (Stephanie, employed, 19.03.2020)*

This perspective shared by Stephanie implies that a lack of appreciation decreases the engagement and motivation at work. On the other hand, feeling appreciated has positive effects on the attitude towards work, as indicated by Stephanie.

> *"If you have a supervisor and a team that appreciates the work, then you will go through the most difficult problems with the company and you will be more loyal and you will have more of an attitude of 'I'll manage this somehow'."* (Stephanie, employed, 19.03.2020)

The interviewee said that employees who feel appreciated tend to be more engaged and more loyal towards their company. Even more so, this statement indicates that appreciation helps employees cope with difficult tasks. Charlotte added that employees are more willing to take up tasks when they feel appreciated. Hence, appreciation has a positive impact on the motivation and the engagement of employees. Likewise, Anna observed that a lack of appreciation demotivates many.

Additionally, Charlotte articulated that employees who feel appreciated are more likely to state their opinions.

> *"The longer we do these weekly feedback rounds and the more people see that it is wished for that they mention their opinion, the more they talk about their wishes."* (Charlotte, self-employed, 28.02.2020)

She added that she even sees appreciation as a self-fulfilling prophecy.

> *"I noticed that when employees feel appreciated for the work they have done, they actually do tasks better."* (Charlotte, self-employed, 28.02.2020)

This demonstrates that, in the opinion of Charlotte, appreciation improves task-related abilities necessary for the employee's job. Building on this, it was also indicated that appreciation changes the self-awareness of the employees' own work. For instance, Anna mentioned that, when she gets feedback from the supervisors and employees for a project that she has organized, she feels more able to do her job and she feels proud of her work. Moreover, she stated that it makes her feel like she makes an impact and that the work she does is useful and important to the company. Thus, it makes her feel like she adds value to the company. Stephanie confirmed this by stating the following.

> *"Employees and supervisors need to grasp that their appreciation that they show towards others has a very big impact on the person."* (Stephanie, employed, 19.03.2020)

This statement goes beyond the previous mentioned statement and implies that appreciation not only has an influence on the self-perception of one's work, but that it also has an impact on the feelings of an individual. Indeed, Anna explained that she feels happy after receiving positive feedback. Thus, feeling appreciated changes one's own feelings and can lift the mood and, conclusively, has a positive effect on the well-being. She also indicated that these feelings have a spill-over effect on her private life.

> *"When you feel appreciated you like to talk about your work and you fall asleep happily. And you can live your life normally without having to think about random situations at work."* (Anna, employed, 27.11.2020)

Her argument indicates that appreciation not only has an impact on the feelings an employee has at work, but also on one's private life.

To conclude, the data shows that, as claimed by the feelgood managers, appreciation has positive impacts in three different ways. First, it has a positive impact on the work employees are doing and on their attitude towards their work and company. Second, feeling appreciated for the work one has done improves the self-perception of one's work. Third, it has a positive impact on the well-being.

As the interviews went further, another topic that came up was that forming interpersonal relationship was regarded as another element of a positive organizational culture. This will be discussed in the next section.

4.1.2 Building interpersonal relationships at work

Tom, Stephanie and Charlotte reported that they see relationships in the workplace as an important part of the organizational culture. Therefore, they consider it as crucial to build interpersonal relationships at work. Even more so, Tom perceives a project he has implemented at a company as successful when the quality of the relationships has improved. In accordance, a question that came up in the interviews was how feelgood managers can foster relationships at work.

First, measures which promote the formation of interpersonal relationships at work emerged in the interviews. For example, several interviewees indicated that they organize team events in order to build a team spirit and help form closer connections amongst employees. Anna and Stephanie stated that they organize regular team events such as summer parties, Christmas celebrations, regular after work events and smaller team events. For some events, the families of employees were invited, too. Moreover, Anna organizes big events where all employees from different sites come together so that the employees can get to know each other. Tom pointed out the importance of these team events.

> "Together with the employees we established that every Wednesday we make a team lunch which is organized by the employees themselves. That way, once a week they come together and not talk about work but about their personal life. This brings the interpersonal aspect to the foreground." (Tom, self-employed, 05.12.2019)

In his opinion, regular team lunches during the working day enable employees to get to know each other better. Sharing private stories, rather than purely discussing work related issues, helps to build more personal relationships. Stephanie agreed that these team events help to build tighter relationships at work among the employees. Even more so, she said that friendships emerged which lasted with former employees who were not part of the company anymore.

Stephanie talked about another factor that influences relationships positively besides regular team meetings. The interviewee said that when employees feel comfortable at work and like their job, they are more likely to form relationships at work.

> "The most important aspect is that the employees feel good at work. […] My goal is that everyone at work can say that they love their job. If I can reach that, then employees like

> *to be at work. And if people like to be at work, then they also allow for closer connections to happen." (Stephanie, employed, 19.03.2020)*

The feelgood manager believes that friendships can be formed in the workplace when employees cherish their job and, therefore, enjoy being at work. Thus, taking measures which improve the employees' liking of their job will help building relationships among employees.

The aim of feelgood management is not only to foster personal connections but also to improve the relationships on a professional level. Tom explained how, by improving the communication among different teams, he improved their relationship.

> *"The teams were spread over two different floors, so they were physically separated. They were under the impression from each other 'Those are the ones down there, and those are the ones up there'. That's why we had to work together to reestablish a sense of community." (Tom, self-employed, 05.12.2019)*

His perspective indicates that a lack of communication, in this case due to spatial separation, may make it more difficult for employees to form connections among each other. Thus, improving the communication amongst employees helps to form relationships. Tom explained another way how he improved the communication amongst employees.

> *"In the beginning of the week, we did a check-in, and at the end of the week we did a check-out. In the check-in, everyone meets. Then, each employee has one minute to talk about their goals for the week, what they are currently working on and what kind of information they need from who. Like that, everyone gets updated. At the end of the week, everyone looks back and talks about what went well." (Tom, self-employed, 05.12.2019)*

His implemented measure aims to improve the formal exchange of information among employees. By letting them present to one another on a regular basis, everyone keeps up to date with the targets and projects of others.

The measures mentioned above concern the connections among employees who are already working at a certain company. However, measures can also target new candidates as claimed by Stephanie. She stated that, before hiring a new employee, everyone in the company gets to meet her or him and gets to decide whether she or he fits to the company and to the employees. This prevents potential negative relationships to emerge in the workplace. Another way to prevent negative relationships was mentioned by Anna. She implied that certain values of a company influence the occurrence of anti-social behavior.

> *"Diversity is very, very important to us. No matter which skin color, which religion you have or which small quirk you have… that is great in our company, that bullying is not an issue." (Anna, employed, 08.12.2019)*

Her argument suggests that an organizational culture, which advocates that every employee can be as he or she wants to be, can prevent the occurrence of bullying. On a similar note, Christine

explained that anti-social behavior can be reinforced by values in a company that suggest that this kind of behavior was accepted, for example shown by a lack of consequences for bullying.

Charlotte talked about what happens when there are bad relationships in a company. First, she claimed that it has negative effects on employees' mood. Second, she considers that it demotivates employees and decreases their engagement. These notions were supported by Christine who said that bullying can cause symptoms of MHCs in those employees who already show symptoms of MHCs. According to the interviewee, this shows how important it is to establish positive relationships in the workplace. Stephanie further explained why interpersonal relationships in the workplace are important.

> *"We spend most of our days at work and we spend most of our time with our colleagues. That's why it is so important to be surrounded with people we like and that give you a good feeling. Having friendships at work is as important as having friends outside of work." (Stephanie, employed, 19.03.2020)*

Stephanie noted that friendships in the workplace are crucial given that the majority of the day is spent there. Charlotte contributed to this by saying that having friends in the workplace make her happy to go to work.

> *"Having friends at work makes you happy to go to work and it gives you a good feeling when you return from work. And you just like to work when you are surrounded by nice people." (Charlotte, self-employed, 28.02.2020)*

Charlotte's statement suggests that interpersonal relationships foster well-being and increase job satisfaction. Hence, interpersonal relationships are believed to have a positive impact on mental health.

This section has demonstrated that feelgood management can initiate several ways to build positive and strong relationships in a company, such as organizing team events and improving the communication amongst employees. This fosters mental health. Moreover, negative relationships, which can cause MHCs, can be prevented by ensuring a fit between the employees and by anchoring certain values into the organizational culture.

4.2 The views of feelgood managers on mental health conditions

Having discussed aspects of a positive organizational culture and its influence on mental health, this section is concerned with the view of feelgood managers on mental health conditions.

When asked how he would define mental health conditions, Tom named the conditions that he would consider as MHCs. That is, depression and burnout. Anna and Charlotte defined MHCs based on the symptoms they can cause. They stated that feeling depressed, being in a bad mood and not feeling motivated are such symptoms of MHCs. On top of that, Anna and Charlotte added that MHCs can cause physical symptoms, too, like a skin rash or being sleepless. Christine went further by stating that MHCs necessarily need to cause physical symptoms to be classified as a condition.

> *"I believe that you can call it a condition when you are already so exhausted that it causes physical problems."* (Christine, self-employed, 20.11.2019)

These notions are aligned with the medical view on MHCs as the interviewees described MHCs with specific, notable symptoms. In contrast to this narrow view, Anna stated that MHCs comprise of many symptoms. Thus, she has a broad view on MHCs. Catching up on this, Stephanie went even further.

> *"I think mental health conditions are a lack of balance between your head and your gut feeling."* (Stephanie, employed, 19.03.2020)

This statement shows that Stephanie also includes the mental state in her definition of MHCs, instead of purely noticeable symptoms. This notion is aligned with the premises of the social model of disability.

The following section is concerned with the perceived causes of MHCs. All of the interviewees were asked what they considered as the main reason for the emergence of MHCs. According to Charlotte, MHCs emerge because of certain personality traits.

> *"Perfectionists tend to get MHCs more quickly because they want to do everything at 150%. And they tend to overextend themselves".* (Christine, self-employed, 20.11.2019)

She pointed out that those employees who are perfectionists are more likely to get MHCs. This implies that, in her view, the thoughts of individuals and the expectations they have of themselves cause MHCs, rather than factors of the environment. Charlotte also believes that the emergence of MHCs is dependent on the individual but does not exclude that other factors have an influence.

> *"I don't believe there is a general answer to that. I believe it depends on the individual."* (Charlotte, self-employed, 28.02.2020)

Christine expanded this statement by saying that employees have a different perception of their environment.

> *"It's about what the individual workers perceive as a lot in that moment. The amount is different. One employee can work 60 hours per week without any problems and the other one finds 38,5 hours too much."* (Christine, self-employed, 20.11.2019)

This argument underlines the belief of Christine that the personality determines whether MHCs arise or not, but adds the possibility that for certain individuals working hours can be harmful. She articulated that employees have different perceptions of working hours, and that these working hours have different effects on individuals. Thus, employees cope differently with the demands of their job. She acknowledges that for some employees, work is a factor that plays a role in the emergence of MHCs.

These perspectives show that some of the interviewees approach MHCs in a way that can be assigned to the medical model because they believe that the personality is the reason for the emergence of MHCs. However, most of the interviewees acknowledged that there are more factors that can cause MHCs than individual characteristics. For instance, Charlotte articulated that MHCs

form because of an interplay of private life, genes and work life. This coincides with the different approaches to MHCs that were introduced in chapter 2., which are the psychological, the biological and the sociological approach to MHCs.

Anna, Tom and Stephanie discussed how the environment of individuals can cause MHCs which is why the following statements can be assigned to the social model of disability. Specifically, several interviewees revealed that job design is a reason for the emergence of MHCs. Anna observed in her company that role ambiguity causes many employees to struggle.

> *"Because of the rapid growth of our company, we have difficulties with communication: The employees do not always know which tasks they are supposed to do because they are not clearly defined. That can be very frustrating which is why many employees develop MHCs here." (Anna, employed, 27.11.2019)*

She acknowledged that the workplace can cause MHCs. More specifically, role ambiguity is seen as one reason for the emergence of MHCs. She added to this statement that a lack of a permanent contact in a company causes employees to do certain tasks twice. In her view, problems with communication can lead to frustration in employees which, in turn, can cause MHCs. Stephanie added another harmful factor of the job design by stating that work demands can be another reason for the emergence of MHCs.

> *"We are living in a period of time in which we have to absorb knowledge at a speed that is no longer healthy. We have to absorb as much information as possible at the same time and hope to store a lot of it. But we usually do not manage to do that. This has an impact on our mental health." (Stephanie, employed, 19.03.2020)*

This interviewee assumed that the demands of the workplace exceed the abilities of individuals which causes MHCs. Besides work demands and role ambiguity, which can be assigned to job design, the work environment was mentioned as another factor by Anna.

> *"Our company is growing quickly and a company with 250 employees works differently than one with 50. You need more rules the bigger a company gets. Some employees do not like that and don't feel that comfortable with it." (Anna, employed, 08.12.2019)*

Due to a change process, employees have to adjust to an evolving work environment. It is indicated that a lack of freedom resulting from an increase in necessary rules can also lead to MHCs. While these statements clearly defined certain work characteristics as detrimental for the mental health, Tom mentions that job dissatisfaction is another reason for the emergence of MHCs.

> *"When you are unhappy with your work and you bottle that unhappiness up and you are going to work with a stomachache, then you are working against yourself. And in the long term, that will result in MHCs." (Tom, self-employed, 05.12.2019)*

He articulated that employees who are not satisfied with their job and ignore that feeling and fail to take actions against it may develop MHCs. This statement also shows that the interviewee believes that MHCs arise over a longer period of time.

This section has shown that the interviewees consider several factors to have an influence on the emergence of MHCs. First, individual characteristics were mentioned as such factors. However, most interviewees acknowledged that factors of the job design and the work environment are major contributors to the development of MHCs. This belief reflects a social model view since the emergence of MHCs is considered to be influenced by the environment of individuals rather than by certain individual characteristics.

Having looked at the view of the interviewees on MHCs, the next section is concerned with the measures they can and cannot implement to prevent their occurrence. Thus, measures which can be assigned to primary and secondary interventions are summarized.

4.3 Altering employees' coping mechanisms and thought processes

In the interviews, several topics emerged regarding the prevention of MHCs. Those feelgood managers who were employed indicated that they are responsible for organizing several programs and trainings. The interviewees emphasized that they do not execute them themselves, but rather coordinates them. First, Charlotte stated that she organizes trainings for resilience. These aim to teach employees coping mechanisms to deal with a stressful work environment. Likewise, Stephanie organizes seminars on how to prevent stress. Additionally, Anna mentioned that she organizes sports programs.

> "Our company offers that the employees can go to rehabilitation sports, which is a sport for the back, during the lunch break. The trainer then always responds to our needs. I coordinate the appointments so everyone can take part during their lunch pauses." (Anna, employed, 08.12.2019)

She stressed that it is important to accommodate to the wishes of the employees during the training. Her responsibility is to ensure that everyone is able to participate. Moreover, she said that she organizes programs for relaxation, such as sessions for acupuncture, so that employees can relax when they are stressed. All of these programs which they organize can be classified as primary and secondary individual interventions. On the one hand, they aim to prevent the emergence of MHCs. On the other hand, they also target those individuals who are already affected by their jobs, which can be classified as secondary interventions.

Christine made an indication concerning organizational primary and secondary interventions. She expressed that as a feelgood manager, she is not able to change the job design.

> "When someone is producing something and has to do the same hand movement every time, then I can't change that. The only thing I can do is show him ways to deal with it." (Christine, self-employed, 20.11.2019).

This perspective demonstrates that feelgood managers are not responsible to modify the job design.

Another topic arose during the interviews which is concerned with the need that employees alter their behavior. The following statements reflect the indications made by the interviewees that every member of an organization needs to be open to change, as stated by Charlotte.

"Since we work with people, the corporate culture can only evolve if the people who are part of the corporate culture evolve, too." (Charlotte, self-employed, 28.02.2020)

She indicated that, if she wants to improve the corporate culture in a company, it requires the employees and supervisors to develop personally. The following statement by Tom goes beyond this.

"When we are looking for solutions to improve something, one requirement is that not only the management but also the employees have this openness to want to change something and to want to leave their comfort zone. There is no point in employees saying that something has to change, but not wanting to change anything themselves. That is a contradiction." (Tom, self-employed, 05.12.2019)

The interviewee shared that both supervisors and employees need to be willing to change. This not only comprises the personality of employees, but also other factors such as the way they work.

Stephanie went beyond this by indicating that she aims to change the attitude of employees towards their work.

"Employees usually say sentences in the negative range. With words like "not", "none", or "few". And I try to teach them how to formulate these sentences positively, so that the attitude of the person becomes positive again. That will take me at least another 2-3 years, but that is my goal." (Stephanie, employed, 19.03.2020)

The interviewee assumed that the way employees formulate sentences affect their attitudes. More precisely, sentences with negative connotations have a negative impact on the attitudes of members of the organization in her view. Subsequently, transforming negatively formulated sentences to positive ones will have a positive impact on the employee's attitude. She thinks that she is able to change the employee's attitudes. She acknowledges that this transformation takes time. This statement reflects an underlying belief that a positive attitude towards work can prevent the emergence of MHCs.

Tom revealed what happens when employees are not willing to change.

"If the big goal is to establish a positive corporate culture, and there are employees who say they don't know what to do with it, then in this change process you also have to check whether the employees still fit to the company and whether the company still fits to the employees. There will certainly be a natural selection, that you lose the people who are not convinced of the way. And that is also okay." (Tom, self-employed, 05.12.2019)

He believes that it is not problematic if employees leave the company when they do not want to develop with and in the same direction as the company. This perspective also displays his

underlying belief that a positive corporate culture requires a fit between the employees and the company.

All of the above statements can be assigned to primary and secondary individual interventions as they do not aim to change the work itself, but rather aim to change employees and their coping mechanisms. This is reflected in the medical model which approaches MHCs from an individual point of view and, therefore, requires individuals to adjust to their environment. Whereas, the next section investigates whether feelgood management also entails elements of tertiary interventions.

4.4 Helping employees with mental health conditions

The interviewees made several indications concerning the accommodation of employees with MHCs, which will be discussed in this section. The first part of this section is concerned with the disclosure of MHCs.

It was stated by all interviewees that they see themselves as a person of trust and a point of contact for all the members of the organization. Subsequently, Anna indicated that employees disclose their MHCs to her.

> "Employees talk to me very openly about such issues because they know that I listen and that I appreciate them." (Anna, employed, 27.11.2019)

This statement shows that, indeed, employees trust her because they feel appreciated and heard. Thus, a feelgood manager can be regarded as a person of contact when it comes to disclosing MHCs. Christine confirmed that employees are more likely to disclose their MHCs when they trust others. Anna added that employees tend to be reluctant to disclose their MHCs towards other members of the organization.

> "I talked to an employee and he told me he was sick. And he didn't tell everyone. […] It is always the question of whether one is perceived as weak and as not resilient by the superior. These are the fears that employees have." (Anna, employed, 08.12.2019)

In the view of the interviewee, this reluctance to disclose MHCs stems from stigmas supervisors have towards MHCs. She mentioned two of them, namely the perception that individuals with MHCs are weak and that they are not resilient. Thus, from her experience, the decision to disclose MHCs is difficult for employees. Nevertheless, Stephanie indicated that it is the responsibility of the employee to ask for help when needed.

> "You can just give them these little tools and hope that every employee knows when his or her stress limit is reached. That the employee then says 'Stop, I need help' or 'Stop, I need vacation'. But as a company it is very difficult to recognize employees who have a MHC." (Stephanie, employed, 19.03.2020)

The interviewee believes that the employees themselves, rather than the company, are responsible to detect when they have MHCs. Thus, she puts the responsibility of disclosing MHCs

on the employees. The reason behind this was that, in her view, MHCs are often not visible. Likewise, Christine confirmed that she, as a feelgood manager, cannot identify those employees who have MHCs. However, she gave a different explanation, namely that a high number of employees makes it difficult.

When employees have disclosed their MHCs to feelgood managers, there are several things they can do. However, the possible measures feelgood managers can take when it comes to accommodating employees with MHCs seem to be limited, apart from offering emotional support. Anna mentioned that she can recommend certain actions to employees with MHCs. Such a recommendation for action is reflected in the following statement made by Tom.

> *"A feelgood manager is not a psychologist. So a recommendation from me can be that, if it turns out in a* conversation *that an employee has a mental health condition, a psychologist should be consulted." (Tom, self-employed, 05.12.2019)*

This perspective underlines that the possibilities for the accommodation of employees with MHCs are limited for a feelgood manager. The interviewee clearly states that feelgood managers do not have the necessary skills to replace a psychologist. Thus, treating MHCs is not a responsibility of feelgood managers. The view of the Tom is aligned with the medical approach to MHCs, assuming that the individual needs to be treated when he or she has MHCs.

Stephanie talked about her company's role in accommodating an employee with a burnout. She explained how an employee with a burnout did not come to work for 6 weeks. After that, the company changed job design related factors to fit her needs. These were a reduction of the working times and a reduction of the workload. The measures were customized to her needs. When asked about Stephanie's role in this, she stated that she was an accompanying person in the conversations between the supervisor and the employee. When the employee came back to work, she has regular conversations with her to ensure that she feels well. This shows, again, that feelgood managers can provide emotional support. However, she clearly pointed out that it was not her who decided what to change in the job design, but the supervisor of the employee. The importance of the supervisor was also emphasized by Christine who stated that it is crucial to involve the supervisor since he or she is the one who determines job-design related factors, and not feelgood managers.

This section has shown that feelgood managers act as person of trust when individuals disclose their MHCs, therefore offering emotional support. Since many employees have difficulties disclosing their MHC, having such a person of trust in a company is considered to be of upmost importance. However, feelgood managers are limited in the actions they can take. Neither aiding psychological help nor changing the work design is in their scope of power. The statements also demonstrate that feelgood managers have underlying beliefs that can be assigned to both the medical model, as they believe that consulting a psychologist when employees have MHCs is necessary, and the social model of disability, as the interviewees indicated that adjusting the workplace to the employees' needs is crucial.

5. Discussion

This thesis aimed to find out how the HR practice feelgood management supports employees' mental health and addresses mental health conditions. Several ways how feelgood management enhances employees' mental health as well as how it approaches MHCs were identified. First, data revealed that feelgood management influences two aspects of the organizational culture that foster employees' mental health. These two elements are establishing appreciation as a key value in the organization and building interpersonal relationships. Thereby, it entails elements of primary positive organizational intervention approaches because it aims to improve the mental health of employees by shaping the organizational culture, whereby it is not solely aimed at employees who have MHCs, but rather on every member of an organization (LaMontagne et al., 2014). This will be discussed in detail below. These findings contribute to the literature on positive intervention approaches promoting mental health because a promising organizational intervention approach was introduced. Furthermore, it expands the literature on feelgood management by explaining feelgood management with regards to mental health promotion, and by showing how feelgood management supports mental health.

Another finding of this study was that feelgood management addresses MHCs in several ways. Specifically, it was found that feelgood management entails elements of primary and secondary individual-focused interventions which aim to prevent the emergence of MHCs, for instance, the organization of resilience programs (Czabala et al., 2011; Bhui et al., 2012). On the tertiary level, it was shown that feelgood management represents social support for those employees who wish to disclose their MHCs and for those who return to work. However, the potential influence of feelgood management regarding the implementation of measures was limited. Therefore, feelgood management only addresses MHCs to a restricted extent. These findings add to the literature on feelgood management as this is the first study which explores how feelgood management addresses MHCs.

Feelgood management as a practice that promotes mental health

A key finding of this study was that feelgood management aims to shape elements of the organizational culture in such a way that employees' mental health is enhanced. This finding coincides with the existing literature on feelgood management which suggested that feelgood management forms the organizational culture (Gesing and Weber, 2017; Lange, 2019a; Greve, 2018). Thereby, feelgood management adopts a view of the social model of disability because it is assumed that altering the environment of the workplace, in this case the organizational culture, is necessary in order to improve employees' mental health (Thomas, 2004). Since feelgood management promotes positive elements of the workplace on an organizational level by establishing a positive organizational culture, it exhibits elements of a positive organizational intervention approach (LaMontagne et al., 2014). Therefore, this study suggests that feelgood management has the characteristics of a positive organizational intervention approach, which enhances appreciation and interpersonal relationships. LaMontagne et al. (2014) noted that

positive intervention approaches are less well researched than interventions concerning the prevention of MHCs. Furthermore, the author pointed out that most research on positive intervention approaches studied the individual level rather than the organizational level. Therefore, this study makes a valuable contribution to the existing literature on positive intervention approaches promoting mental health. It does so by examining the practices and influences of a novel, promising intervention approach that is implemented on the organizational level, namely feelgood management. Moreover, to the author's knowledge, the literature on feelgood management has not yet studied its influence on mental health nor has it explained feelgood management with regards to positive intervention approaches. In the following section, it is discussed in more detail how feelgood management promotes two aspects of an organizational culture that supports mental health. These two aspects are appreciation and interpersonal relationships.

The results demonstrated that feelgood management implements numerous ways of showing appreciation in the organizational culture. This is in line with the literature on feelgood management which also identified appreciation as a key contributor of feelgood management to an organization (Lange, 2019a). This study extends the findings of Lange (2019a) by identifying numerous ways feelgood management establishes appreciation in the workplace. First, interest in the employee as a person is shown by making employees feel heard and understood. Second, feelgood management recognizes the accomplishments of employees by praising them and saying words of appreciation. Moreover, the needs of employees are identified and considered when implementing a measure. Additionally, feelgood management aims to establish appreciation as a key value in the organizational culture so that every member of the organization regularly shows appreciation for each other. These ways coincide with existing research on how appreciation in the workplace can be shown (Bass and Avolio, 1994; Stocker et al., 2014; Yukl, 2013). It was further found that appreciation in the workplace enhances mental health in several ways. Specifically, positive impacts of appreciation on the view of oneself as an employee, on the attitude towards work, as well as on the well-being were identified. All these notions are dimensions of the complete state model of mental health by Keyes (2002), as conceptualized in chapter 2. These findings are in line with existing research on the positive effects of appreciation in the workplace. On the one hand, it was argued that appreciation at work can reinforce a positive view on oneself (Ashforth and Kreiner, 1999; Semmer et al., 2016). This study also confirmed Fagler and Adley's (2012) findings which showed that appreciation has a positive effect on the employee's attitude towards their work and company. On the other hand, the research on the effects of appreciation in the workplace on employees' well-being is still emerging (Stocker et al., 2018). Stocker et al.'s (2014) study is an exception as the author found that appreciation in the workplace has a positive effect on the well-being of employees, which is in line with the findings of this study. Conclusively, this thesis has contributed to existing literature on appreciation by showing that it enhances well-being. Moreover, the findings add to the literature on positive organizational intervention approaches by introducing a novel kind of HR practice.

The establishment of interpersonal relationships in a company was identified as another element of a positive organizational culture that feelgood management improves. It was found that

feelgood management aims to foster interpersonal relationships in a company by improving the personal and professional relations amongst employees. This was realized by organizing several team events, such as team lunches, and by amending the communication flow amongst employees and different teams within an organization. The literature on feelgood management confirms the finding that establishing interpersonal relationships is an important part of feelgood management (Lange, 2019a). The results further indicated that the establishment of interpersonal relationships has positive effects on individuals' well-being. This is in line with numerous studies that attested a positive effect of supportive and positive relationships on mental health (Rydstedt, 2012; Brough et al., 2009). Furthermore, it was demonstrated that feelgood management prevents the emergence of negative interpersonal relationships in the workplace, such as bullying, by seeking to implement an organizational culture that advocates diversity regarding employees' personalities and identities. Besides, this is also realized by ensuring that the values of a potential new employee are in accordance with the values of the organizational culture. This finding contributes to literature on feelgood management since the prevention of bullying as part of feelgood management was not mentioned yet. Additionally, the results confirmed the findings of numerous studies that bullying causes MHCs (Einarsen, 2012; Verkuil et al., 2015). Overall, the findings add to existing literature on positive interventions which foster interpersonal relationships in the workplace by pointing out how relationships in the workplace can be enhanced.

Ways feelgood management addresses mental health conditions

The study identified several ways of how feelgood management addresses MHCs. First, the interviews revealed that the views the feelgood managers had on MHCs could both be assigned to the medical and the social model of disability (Thomas, 2004; Shakespeare, 2006). That is, it was assumed that both individual factors as well as factors in the workplace, such as the job-design, cause MHCs. Furthermore, adapting the workplace to the needs of individuals with MHCs, which is in line with the sociological approach, as well as improving employees' resilience and treating MHCs, which is in compliance with the medical approach, was regarded as necessary (Thomas, 2004; Shakespeare, 2006). These findings add to the literature on feelgood management since no known study has yet linked the medical and the social model of disability to feelgood management.

It was further found that feelgood management entails elements of individual-focused interventions (Czabala et al., 2011; Bhui et al., 2012). Specifically, the study has identified aspects of feelgood management which aim to prevent the emergence of MHCs. Thus, the HR practice encompasses aspects of individual-focused primary and secondary interventions, such as the organization of programs that strengthen the resilience of individuals (Czabala et al., 2011; Enns et al., 2016. The effectiveness of those programs has been studied extensively. For example, Bhui et al. (2012) found that CBT training is effective in preventing MHCs by enhancing employees' resilience. However, the findings demonstrated that feelgood management is limited in the sense that programs are coordinated, but executed by a different party.

Another finding of this study was that feelgood management acts as a social support for employees who wish to disclose their MHCs and for those who return to work. Specifically,

feelgood management can offer emotional support to employees with MHCs, which is aligned with the notion of House (1981). Given that several studies have shown that high perceived support decreases symptoms of MHCs, the relevance of social support should not be underestimated (Brough et al., 2009; Yürür and Sarikaya's 2012). However, several limitations were identified in accommodating employees with MHCs. For example, feelgood management does not offer psychological help or adjust the job design according the employees' needs. It can be concluded that, given the numerous limitations in executing measures for the prevention of MHCs and the accommodation of employees with MHCs, feelgood management addresses MHCs only to a restricted extent. These findings contribute to existing literature on feelgood management as no known study to date has explored how the HR practice approaches MHCs. Furthermore, it was not yet studied whether feelgood management entails elements of interventions which aim to prevent MHCs or accommodate employees with MHCs.

6. Conclusion

The aim of this thesis was to explore how the HR practice feelgood management promotes mental health, applying the premises of the social model of disability. Based on five qualitative interviews, it can be concluded that feelgood management is primarily focused on supporting employees' mental health. More precisely, the thesis demonstrated that feelgood management seeks to integrate appreciation and interpersonal relationships as key values in the organizational culture. These measures were found to have several positive effects on individuals' mental health. Conclusively, feelgood management poses an appropriate HR practice to shape the organizational culture and, accordingly, foster employees' mental health. Thereby, it entails elements of a positive organizational intervention approach. The conducted comprehensive literature review identified numerous gaps in the literature on feelgood management and on organizational positive intervention approaches. This thesis made valuable contributions to these research areas by linking feelgood management to mental health promotion, specifically to positive organizational intervention approaches.

Furthermore, the findings indicate that feelgood management addresses mental health conditions to a restricted extent. It was shown that, in order to prevent the emergence of MHCs, feelgood management is responsible to organize numerous programs. Therefore, it entails elements of an individual-focused primary and secondary intervention approach. Moreover, feelgood management functions as an important social support practice for employees with MHCs regarding the disclosure of MHCs and the rehabilitation of employees with MHCs in the workplace. However, numerous boundaries of feelgood management were identified concerning the modification of the job design according to employees' needs, the execution of programs that seek to prevent MHCs and the treatment of MHCs. Conclusively, addressing mental health conditions is a small part of the HR practice, but does not represent the main purpose of feelgood management. These findings add to the literature on feelgood management since this is the first study that explored how feelgood management approaches MHCs.

Managerial implications

Mental health and mental health conditions in the workplace are not only meaningful academic topics, but also important practical ones, given their links to numerous organizational outcomes. For organizations that seek to strengthen the mental health of employees, feelgood management poses an appropriate HR practice, which puts the employees' well-being in the heart of the company. By shaping the organizational culture and implementing important measures, feelgood management increases the recognition of the relevance of employees' mental health. The study showed that it is substantial to foster appreciation and interpersonal relationships in the workplace. Both are measures which are recommended to be implemented by practitioners. Therefore, feelgood management is regarded as a vital HR practice for any company. It is important, though, that every member of the organization participates in making changes for the better.

On the contrary, when it comes to preventing MHCs and helping employees with MHCs, the HR practice should only act as an additional practice that coordinates certain measures and that provides emotional support to employees with MHCs. It is essential that supervisors and managers take the lead in preventing MHCs and making the workplace more inclusive for employees with MHCs, for example by changing aspects of the workplace, such as the job design, in accordance with employees' wishes. Conclusively, it is critical that a company addresses MHCs in numerous stages of the company in order to decrease the likelihood that MHCs emerge in the workplace and to ensure that employees with MHCs are included in the organization. Thus, organizations should not solely rely on one position within the company that does it all, but rather encourage that every member of the organization addresses mental health and mental health conditions to build an inclusive workplace.

Limitations and implications for future research

This thesis has two limitations which are reflected on in the following to identify the boundaries of this study. The first limitation concerns the small number of participants. Given the difficulty to find feelgood managers who agreed to participate in the study, no more than five qualitative interviews were conducted. Therefore, the generalizability of the research is limited. Second, the findings of this study are based on the experiences of feelgood managers. This means that the experiences and opinions of employees were not captured. Hearing the perspective of employees on feelgood management could have offered a deeper understanding on how feelgood management can help to improve mental health, prevent MHCs and accommodate individuals with MHCs.

The limitations of this study as well as the limited literature on feelgood management and on mental health promotion imply several implications for future research. First, employees could be interviewed to explore their perceptions on feelgood management. It would be especially valuable to listen to the experiences that individuals with MHCs made with feelgood management. Furthermore, the influence of feelgood management on mental health could be further investigated in a quantitative study to validate the findings of this study that feelgood management fosters employees' mental health. This thesis has also identified numerous gaps in the literature on positive organizational intervention approaches. For example, despite the positive impact of appreciation on mental health, it was not yet empirically tested whether an appreciation intervention in the workplace is effective in promoting mental health. Therefore, testing an appreciation intervention represents another interesting new research area. Lastly, it would be insightful to test whether feelgood management poses an effective positive organizational intervention approach.

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Appendix A: Interview guideline in German

Einleitung

Seit wann sind Sie Feelgood-Managerin?

Haben Sie eine Ausbildung gemacht als Feelgood-Managerin?

Was verstehen Sie unter Feelgood-Management?

Was sind Ihre Aufgaben als Feelgood-Managerin?

Was war die letzte Maßnahme, die Sie getroffen haben?

Psychische Erkrankungen

Was verstehen Sie unter mentaler Gesundheit?

Was verstehen Sie unter psychischen Erkrankungen?

Wie entstehen Ihrer Meinung nach psychische Krankheiten?

        a. Arbeitsplatz, job design
        b. Kultur
        c. Intrinsisch

Ist es in Ihrer Firma schon vorgekommen, dass ein Mitarbeiter eine psychische Krankheit bekommen hat?

        a. Wie konnten Sie diesen Mitarbeiter dann unterstützen?

Ist es die Aufgabe von Feelgood-Managern, Maßnahmen zu treffen, um psychische Krankheiten zu verhindern?

        a. Welche Maßnahmen wären das?

Unternehmenskultur

In der Literatur wird oft erwähnt, dass Feelgood-Manager Gestalter einer Unternehmenskultur sind. Sehen Sie das auch so?

Was verstehen Sie unter einer Unternehmenskultur?

In der Literatur wird oft herausgestellt, was für eine wichtige Rolle die Unternehmenskultur für die Gesundheit der Arbeitnehmer hat.

Welche Rolle spielt Ihrer Meinung nach die Unternehmenskultur für die Gesundheit der Arbeitnehmer?

Was gehört Ihrer Meinung nach zu einer Unternehmenskultur?/Was macht eine Unternehmenskultur aus?

Inwiefern helfen Sie, die Unternehmenskultur zu verbessern?

Haben Sie schon mal erlebt, dass das Arbeitsklima sehr schlecht war?

     a.   Welche Maßnahmen haben Sie dann unternommen, um es zu verbessern?

Mitarbeiter

Sehen Sie sich selbst als Ansprechperson bzw. Vertrauensperson für jegliche Probleme von Mitarbeitern

     a. Wie gehen Sie mit diesen Problemen um?

     b.   Führen Sie regelmäßige Mitarbeitergespräche?

Welche Rolle spielen Mitarbeiter, wenn Sie bestimmte Maßnahmen etablieren möchten?

    a. Was wäre, wenn Mitarbeiter eine Maßnahme nicht aktzeptieren würden?

Welche Rolle spielen Mitarbeitende, wenn Sie bestimmte Maßnahmen etablieren möchten?

    a. Was wäre, wenn sie eine Maßnahme nicht akzeptieren würden?

Vorgesetzte

Wie wichtig ist es, dass auch Vorgesetzte mitziehen, wenn Sie bestimmte Veränderungen im Unternehmen etablieren möchten?

Erinnern Sie sich an eine Situation, bei der Vorgesetzte sich gegen Maßnahmen, die Sie als hilfreich empfunden haben, gestellt haben?

    a. Was hatte das für Auswirkungen?

Abschlussfragen

Wann würden Sie sagen, dass eine Maßnahme oder ein Projekt, das Sie als Feelgood-Managerin durchgeführt haben, erfolgreich war?

Warum sollte es, Ihrer Meinung nach, in einem Unternehmen einen Feelgood-Manager geben? Welchen Mehrwert schafft ein Feelgood-Manager?

Was haben Sie von Ihrem Job gelernt?

Gibt es noch etwas, das Sie im Bezug auf Feelgood-Management lsowerden möchten?

Appendix B: Consent form in German

Einwilligungserklärung zur Erhebung und Verarbeitung personenbezogener Interviewdaten

Forschungsprojekt: _____

Durchführende Institution: _____

Projektleitung: _____

Interviewerin/Interviewer:_____

Interviewdatum: _____

Das Forschungsprojekt, zu dem das Interview durchgeführt wird, ist Teil einer Masterarbeit, in der es um arbeitsplatzbedingte psychische Probleme geht und um potenzielle Maßnahmen, die ein Unternehmen implementieren kann, um deren Entwicklung zu verhindern. Dazu werden einige Feelgood-Manager*innen interviewt.

Das Interview wird mit einem Aufnahmegerät aufgezeichnet und sodann von der Interviewerin in Schriftform gebracht. Für die weitere wissenschaftliche Auswertung des Interviewtextes werden alle Angaben, die zu einer Identifizierung der Person führen könnten, verändert oder aus dem Text entfernt. In wissenschaftlichen Veröffentlichungen werden Interviews nur in Ausschnitten zitiert, um gegenüber Dritten sicherzustellen, dass der entstehende Gesamtzusammenhang von Ereignissen nicht zu einer Identifizierung der Person führen kann.

Personenbezogene Kontaktdaten werden von Interviewdaten getrennt für Dritte unzugänglich gespeichert. Nach Beendigung des Forschungsprojekts werden Ihre Kontaktdaten automatisch gelöscht.

Die Teilnahme an dem Interview ist freiwillig. Sie haben zu jeder Zeit die Möglichkeit, ein Interview abzubrechen, weitere Interviews abzulehnen und Ihr Einverständnis in eine Aufzeichnung und Niederschrift des Interviews zurückziehen, ohne dass Ihnen dadurch irgendwelche Nachteile entstehen.

Ich bin damit einverstanden, im Rahmen des genannten Forschungsprojekts an einem Interview teilzunehmen.

☐ja ☐nein

_____

Vorname; Nachname in Druckschrift (Teilnehmer*in)

_____

Ort, Datum / Unterschrift (Teilnehmer*in)

_____

Ort, Datum / Unterschrift (Interviewerin)