MASTERARBEIT | MASTER'S THESIS

Titel | Title

Health-Related Proactive Behavior at Work as a Contextually Embedded Practice: A Qualitative Study of Office Employees' Experiences Within Organizational Conditions and Social Processes

verfasst von | submitted by

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angestrebter akademischer Grad | in partial fulfilment of the requirements for the degree of

Master of Science (MSc)

Wien | Vienna, 2026

Studienkennzahl lt. Studienblatt | Degree programme code as it appears on the student record sheet:	UA 066 840
Studienrichtung lt. Studienblatt | Degree programme as it appears on the student record sheet:	Masterstudium Psychologie
Betreut von | Supervisor:	Univ.-Prof. i.R. Dr. Christian Korunka
Mitbetreut von | Co-Supervisor:	Dr. Ricarda Maria Silva Henao B.Sc. M.Sc.

Danksagung

Zunächst möchte ich mich bei meiner Masterarbeitsbetreuung, Prof. Korunka und Dr. Silva Henao, für ihre fachliche Unterstützung bedanken. Besonders danken möchte ich Dr. Silva Henao für die ursprüngliche konzeptuelle Idee sowie für das präzise und wertvolle Feedback, das wesentlich zum akademischen Niveau dieser Arbeit beigetragen hat.

Ein weiterer Dank gilt zudem Dr. Reiter und Dr. Eitenberger, die mir in ihren Seminaren wertvolle Einblicke in die qualitative Methodik ermöglicht haben. Auch meiner Studienkollegin Ines möchte ich für die wertvollen fachlichen Impulse und das ehrliche Feedback danken.

Ein ganz besonderer Dank geht an meine Studienkolleginnen und Freundinnen Sarah, Katrin und Lisa für ihre Begleitung durch alle Höhen und Tiefen. Danke für unsere Gespräche, eure Unterstützung, und euren Enthusiasmus. Es bedeutet mir unglaublich viel, dass wir diesen Weg gemeinsam gegangen sind.

Zuletzt danke ich allen meinen Freund:innen und meinen Eltern von ganzem Herzen. Danke, dass Ihr mich aufgefangen und an mich geglaubt habt. Ohne Euch hätte ich das nicht geschafft.

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Health-Related Proactive Behavior at Work as a Contextually Embedded Practice: A Qualitative Study of Employees' Experiences Within Organizational Conditions and Social Processes

Humans are not merely passive recipients of external conditions but active participants in shaping their lives (Grant & Ashford, 2008; Parker et al., 2010). This proactive capacity of individuals is being increasingly recognized by occupational research as relevant for the promotion of health and well-being within work settings (Sonnentag et al., 2023). In this context, health-related proactive behavior at work (HR-ProW; Landskron et al. 2023) recently emerged as a novel construct conceptualizing employees' proactive role in shaping health and well-being experiences. It is defined as self-initiated, future-focused and change-oriented behavior primarily aimed at maintaining and fostering health and well-being within the work context.

Occupational conditions substantially impact employees' health and well-being (Sonnentag et al., 2023), which in turn have major implications for individual, organizational and societal well-being, productivity, and welfare. Given that most adults spend a considerable portion of their lives at work, workplace experiences impact the quality of day-to-day affective experiences, as well as overall well-being, health and life satisfaction (Koopmann et al., 2016; Schulte & Vainio, 2010; Sonnentag et al., 2023; Weiss & Cropanzano, 1996; Wiese et al., 2025). Moreover, employees' health and well-being have been shown to impact factors relevant for long-term organizational success, financial gain, and competitive ability, such as employees' performance, productivity, and creativity (Nielsen et al., 2017; Schulte & Vainio, 2010; Sonnentag et al., 2023; WHO, 2010). Neglecting employees' health and well-being has further been linked to societal long-term costs, such as the global burden of disease, healthcare costs, as well as national and regional social and economic costs due to impairment of citizens' ability to participate in social and work activities (OECD/EU, 2018; Schulte & Vainio, 2010; WHO, 2010). Supporting employees' health and well-being within the work context therefore represents a matter of wide-ranging importance.

Although organizations carry legal and ethical responsibilities to safeguard their employees' health (RIS, 2026; WHO, 2010), comprehensive health promotion remains complex, and it cannot be assumed that current knowledge concerning healthy workplace practices has been comprehensively and effectively implemented at a specific workplace (Motalebi et al., 2018). As employees cannot always depend on their workplaces to provide adequate support for complete physical and mental well-being, HR-ProW emerges as a

strategic avenue for individuals to advocate for both themselves and their colleagues and to proactively shape health-relevant aspects at work. Moreover, the role of proactive employees in creating healthy workplaces is being increasingly recognized as relevant within multi-faceted approaches to health promotion, such as participatory organizational interventions (Bakker et al., 2015; Motalebi et al., 2018; Nielsen et al., 2017; Nielsen & Christensen, 2021; Sonnentag et al., 2023). This underscores the relevance of understanding how such proactive engagement unfolds in practice and how it can be supported.

HR-ProW was developed conceptually to provide researchers with a delineated yet comprehensive framework for studying the agentic role of employees in maintaining and fostering health and well-being at work. It complements and extends research on traditional proactivity constructs that primarily aim to increase work efficiency and performance, by placing health promotion at the center of proactive action instead. Moreover, HR-ProW moves beyond approaches that focus on specific behavioral domains of health such as coping (Aspinwall & Taylor, 1997), burnout prevention (Otto et al., 2020), and vitality management (Op den Kamp et al., 2018), by allowing for a broad spectrum of health promoting actions, grounded in individuals' own perceptions and experiences. In doing so, it adopts a holistic understanding of health consistent with the World Health Organization's definition of health as encompassing physical, mental, and social well-being, rather than merely the absence of illness (WHO, 2020), and clearly distinguishes proactive health behavior from not only performance-oriented proactivity but also from health-related behaviors that are not enacted proactively.

Despite its conceptual clarity, HR-ProW remains a novel and underexplored construct. To date, limited empirical research has examined whether HR-ProW adequately reflects how employees experience and enact proactive health behavior within everyday work contexts. Due to proactive health behavior occurring at work, it is likely that it is not an isolated phenomenon but embedded within organizational structures and social dynamics. Proactivity research in general supports this notion, as it increasingly emphasizes the importance of contextual influences (Grant & Ashford, 2008; Parker et al., 2010) and has even conceptualized proactivity as a fundamentally social process (Vough et al., 2017). Still, it remains unclear whether and how these contextual dynamics manifest when the primary goal of proactivity shifts from performance enhancement to health promotion. The distinctive goal orientation of HR-ProW may alter the processes involved, resources mobilized, risks entailed, and social meanings associated with proactive behavior at work.

Against this background, the present study investigates office employees' lived experiences with HR-ProW and examines how such behavior is embedded within organizational conditions and social processes. By adopting a qualitative, explorative design, the study seeks to gain a nuanced and contextually grounded understanding of how proactive health behavior is enacted, enabled, constrained, and negotiated in everyday work life. By critically engaging with the construct in light of empirical accounts, this research aims to refine and contextualize HR-ProW, thereby contributing to its theoretical development and informing future empirical research and health promotion practice.

Theoretical Background

Health-Related Proactive Behavior at Work

HR-ProW describes the act of taking control of "one's own health and well-being at work, that of the team, and within the whole organization by coming up with and implementing strategies, solutions and ideas that address health at work (long-term and short-term), as well as voicing these ideas within the organization and encouraging colleagues to engage with health-related issues at work" (Landskron et al., 2023, p. 3). The construct was developed based on the proactivity model by Parker et al. (2010). This model integrates research on different proactivity phenomena into a unifying definition of proactivity. This definition revolves around shared goal generation, goal striving, and motivational processes, as well as the key characteristics of self-initiation, change-orientation, and future-focus. Parker et al. (2010) postulated that any behavior can be conducted in a more or less proactive manner contingent on these key characteristics.

Importantly, the integration of key characteristics and shared processes into an overarching proactivity concept adds to and does not diminish the value of research into the manifestations of specific proactivity phenomena, due to unique differences in contextual factors, situational antecedents, psychological mechanisms, dispositional moderators, and consequences that specific phenomena may have. Considering both the overarching characteristics and mechanisms as well as the nuances in specific manifestations and dynamics allows a deeper and comprehensive understanding of the role proactivity phenomena may play within the workplace (Grant & Ashford, 2008).

As such, while HR-ProW draws on shared aspects across proactivity constructs for its conceptualization, it constitutes a phenomenon that is more specific than general proactivity, due to its focus on proactive behaviors conducted with the shared goal of health and well-being promotion. Due to its novelty, there is little research looking into the processes and dynamics of influencing factors for HR-ProW and how they may differ to those of general

proactivity. However, for performance-oriented proactivity social and structural factors have been shown to play a role in shaping how the process of proactivity unfolds (Vough et al., 2017). Subsequently, research on other proactivity constructs may give implications for which and how structural and social factors may shape experiences with HR-ProW specifically.

HR-ProW's Manifestation of the Key Characteristics and Shared Processes of Proactivity

In terms of HR-ProW the key characteristics should align with those of general proactive behavior. They likely manifest as deciding to take charge of health at work (self-starting) by changing or implementing health-relevant behavior and work conditions, and by encouraging others to do the same (change the situation) in order to improve or maintain health long-term (achieve a different future) (Landskron et al., 2023). Generally, self-initiation describes the voluntary and self-guided nature of proactive behavior. It can vary from choosing one's own goal and initiating behavior intended to reach that goal, to accepting a goal specified by others but choosing and initiating the means to reach that goal. By doing so employees express psychological ownership of the change target. Change orientation means that proactive behavior involves making changes to a current situation, while future focus describes how proactively behaving employees ultimately envision and aim to achieve a different future in the long term (Parker et al., 2010).

So far, there is no empirical research indicating whether there are differences in goal generation, goal striving, and motivational processes of general proactivity and HR-ProW. Nevertheless, since these processes were identified as unifying aspects of all proactivity phenomena, they may unfold similarly rather than differently for health endeavors. General proactive behavior is understood by Parker et al. (2010) as a goal-driven process that involves mechanisms of goal generation and goal striving. Goal generation involves recognizing a current or possible future problem or opportunity, and envisioning changing that future by actively addressing these issues. Subsequently, steps are planned that involve changing the self or the situation in order to reach the envisioned future. Following, striving to reach the set goal encompasses a process of enacting the planned behavior, dealing with obstacles, and reflecting on the success and consequences of the endeavor. The goal striving process requires effective self-regulation to persist in the face of distractions, emotions, and setbacks during execution.

The shared motivational processes of proactive behavior include can do, reason to, and energized to motivational states. Can do motivation encompasses self-efficacy perceptions, control appraisals and attributions, as well as considerations of perceived costs of proactive behavior. Self-efficacy perceptions pertain to beliefs in one's own ability to enact the specific

behavior. Control appraisals and attributions pertain to perceived feasibility of the endeavor within the context and the perceived likelihood of the desired outcome to emerge. Perceived costs of proactive behavior include fear of failure, threatened job security, lost opportunities and resources due to choosing one behavior over another, resistance and skepticism from others, and damage to ones' ego or image due to mistakes or criticism. As such, proactive behavior may be considered a risky endeavor (Parker et al., 2010).

Reason to motivation describes how wanting to be proactive as well as seeing value in the envisioned future strengthens proactive goal processes. Due to the key characteristic of self-initiation, by definition proactivity is guided by either autonomous intrinsic motivation, meaning employees' enjoy striving for proactive goals and fulfill their needs for competence and autonomy by doing so, or autonomous extrinsic motivation, meaning they recognize the importance of making changes towards the envisioned future and accept personal responsibility for it (Parker et al., 2010).

Energized to motivation acknowledges that affect can stimulate or inhibit proactive behavior. Positive affect might make people feel generally more inclined to act by increasing the tendency to approach challenges actively and by broadening cognitive processes and cognitive flexibility. Negative affect may mainly inhibit proactive behavior, however, certain feelings, such as feelings of frustration and anger, may also stimulate proactive behavior when they lead to a need for relief of these feelings which is then achieved by proactively changing the conditions triggering them. Further, other's affect may also stimulate or inhibit proactive behavior through signaling and emotional contagion (Parker et al., 2010).

HR-ProW's Primary Goal of Health and Well-Being Promotion

HR-ProW distinguishes itself from proactivity as defined by Parker et al. (2010) by focusing on behavior specifically aimed at maintaining and fostering health and well-being, instead of work efficiency and performance, and differences in processes and contextual influences likely stem from this differing goal orientation as well. Parker et al's model (2010) was developed by integrating and analyzing a multitude of different phenomena and behaviors associated with proactivity, which historically have been defined and studied as separate constructs (Grant & Ashford, 2008; Parker & Collins, 2010; Potočnik & Anderson, 2016; Thomas et al., 2010). One example of such a construct is voice, which focuses heavily on proactive behavior with the intention to express constructive ideas for change, relate relevant experiences, and provide relevant information, rather than expressing mere criticism (Van Dyne & Le Pine, 1998). Another example is job crafting, which describes how individuals actively shape work demands and resources to better suit their personal needs and

preferences (Tims & Bakker, 2010; Wrzesniewski & Dutton, 2001). By doing so they aim to enhance personal fit and overall experience at work (Slemp et al., 2015). These proactivity phenomena primarily revolve around increasing work efficiency and performance and Parker et al. (2010)'s model reflects this focus, for instance, in the higher-order categories of future types proactivity aims to achieve. Proactive person–environment (PE) fit behavior represents one of those future types Parker et al. (2010) identified. It aims at improving the fit between an individual's characteristics and the work environment to more effectively execute one's tasks. Another type of future identified by Parker et al. (2010) is proactive work behavior, where employees' make changes to the work environment to increase efficiency. Last, proactive strategic behavior aims to improve the fit between the organization's strategy and the external environment (Parker et al., 2010; Parker & Collins, 2010).

In contrast, HR-ProW focuses on achieving a future that shifts towards a state of complete physical, mental and social well-being, reflecting a holistic understanding of health as defined by the World Health Organization (2020). HR-ProW allows for any health promoting actions grounded in individuals' understanding of their behavior as health benefitting due to their individual experiences and contexts. It recognizes the variety of health-related challenges at work, the diversity of contexts, and the individuality of corresponding behaviors addressing them, as well as values the expertise of employees regarding their health and their work context (Landskron et al., 2023). This distinguishes HR-ProW from other recently developed health-related proactivity constructs, which center specific predefined proactive health behaviors and thus constrain the range of health behaviors participants can report in research. Examples are proactive coping (Aspinwall & Taylor, 1997), proactive burnout prevention (Otto et al., 2020), and proactive vitality management (Op den Kamp et al., 2018).

Additionally, HR-ProW includes behaviors that foster change not only for the individual but also for the team and within the whole organization. It recognizes that employees may not only aim to promote their own health and well-being, but also that of their colleagues (Landskron et al., 2023). This focus on individual, team, and organizational levels is apparent in the subconstructs individual and social HR-ProW, that Landskron et al. (2023) defined based on factor analyses they conducted to examine the internal validity of their theoretically developed HR-ProW scale. While individual health-related proactivity at work (individual HR-ProW) describes behavior that can be carried out independently by an individual employee, social health-related proactivity at work (social HR-ProW) is defined as behavior that is specifically enacted through social interactions at work (e.g., by speaking

with a colleague or a supervisor). The emergence of social HR-ProW as a distinguishable subconstruct provides first tentative empirical evidence that the social context plays a role in the execution of proactive health behaviors.

The Impact of Organizational Conditions and Social Processes

The majority of research on proactivity has focused on individual factors as antecedents and moderating variables shaping the proactivity process. However, employees' behavior does not occur in isolation but rather in interaction and interdependence with leaders and colleagues and the organizational context. Research supports the notion that organizational conditions and social processes play a significant role in shaping whether proactivity occurs, how proactivity is carried out, as well as what consequences proactivity may bring about. Within the work environment proactive behavior may be visible, evaluated, potentially consequential for one's image, career possibilities, and relationships with coworkers and leaders, and may even be an inherently social practice due to engagement of multiple actors during the proactivity process. Resources and structures at work may shape what is and what isn't possible, as well as how risky an endeavor may be perceived (Grant & Ashford, 2008; Parker et al., 2010; Vough et al., 2017).

Differences in which and how specific context factors influence HR-ProW compared to other proactivity phenomena are plausible due to the different primary goal targets. Within a work environment that revolves around work tasks, performance, and productivity, health may take a subordinate role and health endeavors may even reduce efficiency and performance short-term by, for instance, taking up time otherwise used for task completion. As such, proactive health endeavors may receive differing reactions and support from colleagues and leaders than proactive endeavors aiming to increase performance and efficiency; different resources may be needed in different ways to implement health-related proactivity; and employees may take different aspects into consideration when choosing how and when to act proactively, and who to involve in the proactivity process. Following, selected organizational conditions and social aspects are discussed which may be relevant for HR-ProW, as prior research has demonstrated their significance either for proactive behavior or for the promotion of health and well-being at work. These aspects served as sensitizing knowledge for the development of the interview guide and for situating the study's findings within existing theoretical and empirical work. However, they did not determine a predefined analytic focus during data analysis.

Research suggests that contextual influences on proactive behavior can emerge from multiple levels of the work environment, including job design characteristics, interpersonal

relationships, and broader organizational climate and culture. On the level of job design, job autonomy is a frequently discussed aspect within the field of proactivity. It has been postulated that higher autonomy increases perceptions of control over the work environment and work processes. Autonomy requires and allows employees to shape work conditions and processes themselves, strengthening their belief that change is feasible and lies within an individual's power. This increases control appraisals and self-efficacy, which may increase can do motivation and subsequently enable proactivity (Grant & Ashford, 2008; Parker et al., 2010). Integrating proactive health behavior within daily work life may require flexibility, positive control appraisals and self-efficacy to carve out the necessary time and space between completion of work tasks. As such it seems plausible that higher autonomy and freedom to adjust individual work processes would support HR-ProW as well.

However, proactivity has also been shown to occur within highly hierarchical and structured organizations if shared practices and norms for enacting proactive behavior are established (Vough et al., 2017). Norms are defined as unwritten rules of beliefs, attitudes, and behaviors that are considered acceptable in a particular social group. They are typically distinguished into descriptive norms, which refer to what is commonly done, and injunctive norms, which refer to what is commonly approved or disapproved of (Kallgren et al., 2000). In the case of highly hierarchical organizations, the uniform and structured nature of work processes necessitates that any changes made at an individual's level are also established for colleagues as well as integrated at management levels. In Vough and colleagues (2017)'s study this was made possible by an established proactivity routine, that is a shared and standardized practice based on socially mandated norms for how proactive behavior should occur. These patterns of action and shared norms throughout the organization reassured employees that it is possible and acceptable to initiate change and likely promoted proactivity by reducing perceived risks (Vough et al., 2017). Further research also showed that norms influence whether and how often employees enact specific proactive behavior independent of the degree of autonomy (Parker et al., 2010). It is thus indicated that while autonomy, shared practices and norms may support proactive behavior, it is not dependent on these factors. Instead individuals may modify the way in which they engage in proactive behavior based on the specific characteristics of their organizational context (Vough et al., 2017). For HR-ProW, it seems likely that shared practices and norms regarding health-relevant behavior may play a role as well by signaling acceptance or rejection of specific ways to enact proactive health behavior. However, the specific influence of autonomy, practices and norms may be complex and may adapt to other contextual factors.

Job stressors (e.g., time pressure, situational constraints) have also been shown to prompt proactive behavior. Job stressors may be perceived as signaling discrepancies between current and ideal work conditions. In order to decrease this discrepancy and reduce strain employees may become proactive (Parker et al., 2010). For proactive health endeavors similar mechanisms may be at play. Work conditions that cause stress and physical strain, thus impairing health and well-being at work, may prompt employees to behave proactively to change these conditions.

Leadership style has also been frequently discussed in relation to health behavior at work in general and different proactivity phenomena. Supportive leaders with, for instance, a transformational leadership style, provide autonomy and encourage employees' to pursue long-term goals (Wang et al., 2020). Research has shown that these leaders may influence employees' health behavior and job crafting by providing resources, helping their team members achieve a better work-life-balance, supporting the implementation of health interventions, increasing self-efficacy, and building a trusting, open, and supportive work climate (Parker et al., 2023; Sonnentag et al., 2023; Vough et al., 2017; Wang et al., 2020). Moreover, these leaders may influence health behavior by being role models for health awareness and health behavior (Sonnentag et al., 2023). However, not all studies show significant relationships for supportive leadership and proactive behavior (Parker et al., 2010; Wang et al., 2020). As such, it seems likely that there may be more nuances and dynamics at play moderating the influence of leadership style on proactivity, and in turn on HR-ProW as well.

Positive relationships with team colleagues and leaders have also been shown to be favorable for proactivity. Colleagues, like leaders, may provide employees with useful job resources, information, assistance, feedback and unique perspectives useful for the implementation of proactive initiatives (Farrell et al., 2025; Kim, 2019; Parker et al., 2010; Vough et al., 2017; Wang et al., 2020). Colleagues may also communicate norms and expectations at work about tasks, and role model proactive behavior (Wang et al., 2020). These resources may also be valuable in terms of health and well-being endeavors at work, meaning proactive health behavior may also profit from positive relationships with co-workers and leaders.

In general, how supported by leaders, colleagues, and the organization at large an employee feels has been shown to enable proactivity as well. Research indicates that there are likely ways of acting proactively that are encouraged while others are discouraged by the organization and established practices within it, impacting which proactive behaviors

employees feel supported to enact (Vough et al, 2017; Wang et al., 2020). Felt support may increase self-efficacy, control appraisals, reason to motivation, and reduce fear of costs (Parker et al., 2010; Vough et al., 2017; Wang et al., 2020). The experience and implementation of proactive health behavior at work is likely influenced by how supportive colleagues, leaders, and the organization seem of health endeavors specifically, and how willing to listen to ideas for health promotion management is perceived to be.

Since proactivity is associated with various perceived risks, psychological safety may play a significant role in enabling proactivity by mitigating the fear of costs. It describes the belief that others will respond positively when one shares their thoughts, asks questions, seeks feedback, reports a mistake, or proposes a new idea (Edmondson, 1999). As such, psychological safety creates an interpersonal climate in which employees feel safe to perform risky behavior, such as voice, innovative and creative change endeavors (Kim, 2019; Gong et al., 2012; Edmondson, 1999; Nembhard & Edmondson, 2006). Similar mechanisms may be at work for proactive health behavior as well, as it is likely that such behavior is also connected to perceived risks.

Beyond specific contextual factors such as leadership or autonomy, broader organizational characteristics may shape whether proactive behavior is enacted and how it is experienced. In this regard, the concepts of organizational climate and organizational culture provide integrative perspectives on how shared meanings, values, and practices are embedded within organizations and influence employees' behavior and experiences (Schneider et al., 2013). Moreover, they have been shown to be relevant for innovative processes as well as health and well-being outcomes (Edmondson & Mogelof, 2006; Farrell et al., 2025; Glisson, 2015; Sonnentag & Pundt, 2016).

Organizational climate can be defined as the shared perceptions and interpretations of policies, practices, and procedures, as well as of the behaviors they signal to be supported, rewarded, or expected within the organization (Schneider et al., 2013; Sonnentag & Pundt, 2016). Organizational culture, in contrast, describes deeper patterns of shared basic assumptions, values, and beliefs that permeate an organization, shape organizational practices and structures, and influence leaders’ and employees’ thoughts and behavior at work. These assumptions, values, and beliefs are likely passed on to new employees through socialization and communicated by myths and stories people tell about how the organization came to be the way it is (Albrecht et al., 2025; Schneider et al., 2013). It has been proposed that climate can be viewed as an expression of employees’ conclusions about which values and beliefs characterize their organization. As such, climate can be understood as the more observable

and tangible evidence of underlying intangible and implicit cultural assumptions within the organization (Schneider et al., 2013).

Organizational climate and culture integrate many of the contextual factors discussed above by describing how norms, practices, leadership behaviors, and job design signal underlying values and are interpreted by employees collectively, subsequently influencing their experiences with certain behaviors, including proactivity. For instance, if proactive behavior is collectively perceived as valued and an inherent part of work due to certain practices, structures and leadership behaviors signaling support, employees may feel safer initiating change and proposing ideas (Parker et al., 2010; Vough et al., 2017).

For proactive health behavior specifically the health climate and health culture within the team and the organization is likely to be important. Health climate specifies the shared perceptions of an organization's approach to employee health behaviors, including perceptions of whether health behaviors are valued and well received (Sonnentag & Pundt, 2016). Health culture specifies whether health is an integral part of the basic assumptions, values, and beliefs within an organization that ultimately shape conditions at work (Albrecht et al., 2025; Schneider et al., 2013). A health climate and culture characterized by shared perceptions of health as deeply valued by the organization and management, as well as of health behavior as an inherent part of organizational practices, is likely to be favorable for proactive health behavior.

In sum, existing research indicates that proactive behavior does not occur in isolation but is embedded within a broader network of organizational conditions and social processes. Factors such as job design, leadership, interpersonal relationships, psychological safety, organizational climate, and organizational culture may shape whether employees perceive proactive behavior as possible, acceptable, and worthwhile. However, empirical findings regarding these contextual influences remain partly inconsistent and fragmented, and the complex interplay between different contextual factors is still insufficiently understood (Parker et al., 2010; Vough et al., 2017). Furthermore, it is plausible that experiences with proactive health behavior are shaped differently by contextual factors than proactive behaviors aimed at increasing performance and efficiency. A qualitative exploration may therefore provide valuable insight into which contextual aspects may be relevant for HR-ProW, and provide insights into the nuanced interplay of these factors and proactive health behavior within the work environment.

Research Questions

HR-ProW introduces a distinct perspective for proactivity research and health promotion at work by providing a delineated framework that captures proactive behavior explicitly conducted to maintain or improve health and well-being at work. The framework is clearly distinguished from traditional proactivity constructs aimed at improving work efficiency and performance, as well as health behavior not conducted proactively. HR-ProW thus allows researchers to foreground employees' agentic role in shaping their health-related work experiences.

Nevertheless, the HR-ProW construct was developed conceptually, drawing on Parker et al.'s (2010) unified definition of proactivity and on established measurement tools designed to assess proactivity focused on work efficiency and performance improvement. While theoretically grounded, it remains unclear whether HR-ProW adequately reflects employees' lived experiences and the contextual realities in which proactive health behavior unfolds. In particular, although research on proactivity has increasingly acknowledged that social processes and organizational conditions shape proactive behavior, most empirical work has focused on individual antecedents and moderating variables, while comparatively little attention has been paid to how proactivity is embedded within everyday work contexts.

Moreover, existing research on contextual influences (e.g., job autonomy, job stressors, leadership style, perceived support, psychological safety, organizational climate, organizational culture) indicates that complex constellations of mechanisms and contextual factors are likely at play and warrant further investigation. Additionally, these studies considered proactivity aimed at performance enhancement, and it cannot be assumed that these dynamics operate in the same way when the goal of proactivity shifts to health promotion. The unique goal orientation of HR-ProW may alter processes involved, resources mobilized, risks entailed, and social meanings associated with proactive behavior at work. Given this conceptual novelty and the limited empirical knowledge on how HR-ProW manifests in practice, formulating directional hypotheses regarding specific contextual predictors would be premature and may risk imposing assumptions that have not yet been empirically substantiated for this construct.

Accordingly, this study adopts a qualitative, explorative approach to examine how HR-ProW is enacted and experienced within the structural and social context of office work. This approach allows for an in-depth exploration of the dynamics through which proactive health behavior is enacted, enabled, constrained, and negotiated, and provides a nuanced understanding grounded in employees' own accounts. By investigating how HR-ProW is

embedded within organizational conditions and social processes, the present study seeks to critically examine, refine, and contextualize the construct and to provide insights that may inform future theory development and empirical research. Based on these considerations, the following research questions were formulated:

1) To what extent do office employees engage in health-related proactive behavior at work?
2) How do organizational conditions impact office employees' health-related proactive behavior at work?
3) How do social processes at the workplace impact office employees' health-related proactive behavior at work?

Methods

Design, Ontological and Epistemological Position

The aim of this study was not to test predefined hypotheses but to examine whether and how HR-ProW captures a meaningful aspect of employees' lived experiences within the organizational and social context at work. A qualitative, explorative design was therefore chosen as it enables the investigation of complex, contextually embedded phenomena from the perspective of those directly involved. To gain access to the research field and in-depth data of relevant experiences an open-ended interview form was employed and data was analyzed using reflexive thematic analysis (Braun & Clarke, 2022b; Mayring, 2010).

Participants' accounts were understood as meaningful representations of their lived realities, as this study is grounded in an experiential orientation to the data. Within this orientation, language is understood as a mostly transparent tool through which individuals communicate what they do, think, feel and believe, and how they make sense of their reality. What and how they communicate is understood to reflect the social norms and expectations that shape and constrain their individual experiences (Braun & Clarke, 2022b).

Ontologically, this study is positioned within critical realism (Madill et al., 2000). This position assumes that a single material and social reality exists independently of individual perception. However, access to this reality is mediated as people's perception, interpretation, representation, and experience of it are shaped by (social) context, human practices, culture, and language. Different individuals in different contexts may therefore experience and interpret this reality differently. The experiential and critical realist perspective allow me to "give voice" to the "rich tapestry" of employees' experiences with proactive health behavior at work, while recognizing the ways in which the social and organizational context structures and limits these behaviors (Braun & Clarke, 2022b).

Epistemologically, the study adopts a contextualized perspective (Braun & Clarke, 2022b; Madill et al., 2000). Knowledge is understood as situated, that is inseparable from context, as well as co-produced by the researcher and participant in interaction. The knowledge and meaning produced in the research process are inevitably shaped by the researcher's and participant's theoretical lenses, assumptions, values, and practices. These subjective contributions are seen as valuable resources but have to be reflected on, requiring a reflexive researcher throughout the research process (Braun & Clarke, 2022b; Madill et al., 2000).

Reflexivity During the Research Process

Building on the contextualized epistemological stance outlined above, reflexivity was understood as a central component of the research process. In line with the paradigmatic values and assumptions underpinning reflexive thematic analysis, researcher subjectivity was not treated as a source of bias to be minimized, but as an inevitable and valuable resource in the co-production of knowledge. The researcher is not seen as a separate entity to the observed subject, but as a part of the reality they want to understand. As such the researcher's role in the process of knowledge production is not one of a neutral observer but one of actively co-producing knowledge through shaping the context of research, interaction with the interviewee, and interpretative engagement with the data. The results of this engagement are understood as partial and subjective, but grounded in data (Breuer, 2010; Braun & Clarke, 2022a, 2022b).

Throughout the research process, I reflected on how my disciplinary background in psychology, my theoretical knowledge, and my habitual ways of thinking may have shaped the formulation of research questions, the design of the interview guide, and my engagement with participants' accounts. In particular, I was aware of my strong personal conviction that health is a core value and of my desire to empower employees to promote their health at work. At the same time, I recognized that I hold the view that organizations and leaders bear responsibility for creating health-supporting work conditions. Making these normative commitments explicit was important in order to critically examine how they might influence my attentional focus, interpretations, and analytic decisions.

Reflexivity was further practiced continuously during data analysis by repeatedly revisiting the data, interrogating working interpretations, and considering alternative ways of understanding participants' accounts. The analytic process required moving between interpretations closely aligned with participants' explicit descriptions and more interpretative, theoretically informed readings of the data. Rather than striving for objectivity, the aim was to

develop themes that were conceptually coherent, analytically robust, and well-supported by the data.

To enhance transparency, I engaged in regular discussions with colleagues to reflect on my assumptions and working interpretations. These exchanges were not intended to establish consensus, but to challenge and refine my analytical thinking. Additionally, I documented overarching interpretative insights, perceived links between developed themes and the research questions, and key methodological decisions throughout data collection and analysis. This documentation functioned as a reflexive tool to ensure coherence and clarity in the development of the findings.

Data Collection

Qualitative data were collected through semi-structured interviews containing narrative elements. As participants were not expected to be familiar with the construct of health-related proactive behavior at work, the interview guide was meticulously designed to gradually introduce participants to the topic. Interviews began with broader inquiries about participants' place of employment, job role, and a narration of a typical day at work, before moving toward more specific inquiries concerning work conditions shaping participants' experience of health at work, ultimately moving toward proactive health behaviors at work.

The development of the interview guide was informed by existing theoretical and empirical knowledge regarding factors that shape health experiences at work. These considerations served as sensitizing background knowledge rather than as predetermined analytical categories. Accordingly, inquiries were formulated in an open manner to avoid leading participants or constraining their responses. Further, the inquiries posed were carefully articulated to ensure their comprehensibility and to avoid overwhelming participants. The interview guide was subjected to a preliminary evaluation by individuals familiar with psychological research but not specifically with proactivity research and was subsequently refined according to their feedback regarding clarity, structure, and flow.

During data collection, the interview guide was further adjusted based on the success and flow of prior interviews. The initial interview guide and its adjustments made to it during data collection can be found in Appendices B and C. Fieldnotes were recorded to document the interview setting, impressions during the interviews, and initial thoughts on interview content in relation to the research questions. Participants were interviewed individually, with interview duration varying considerably (between 50 minutes and 130 minutes). This range reflects differences in how extensively participants engaged with the topic, their willingness to share and elaborate on their experiences, and the dynamics of the interview interaction. As

qualitative interviews are co-constructed, such variation is considered part of the data generation process, although it may have influenced the depth of individual accounts. All interviews were audio taped.

Following data collection, all interviews were initially transcribed automatically using Whisper (OpenAI, 2022), and then revised using the software MAXQDA (2024). Transcription style was based on Dressing and Pehl (2018)'s expanded content-semantic transcription to capture the content of what was being said and take into account some nonverbal affective signals interviewees exhibited in relation to the verbal information, such as sighs and sounds of agreement. A table of the transcription symbols utilized can be found in Appendix D. Ethical guidelines set by the University of Vienna were strictly adhered to, and pseudonymity for all participants was ensured by using pseudonyms to obscure all person and workplace identifying markers. Participants were informed about the purpose of the study, the interview procedure, as well as the handling of the data and gave written consent. See Appendix E for the provided participant information and declaration of consent.

Sample

Seven German-speaking participants were recruited through personal contacts and flyers posted in supermarkets, pharmacies, a gym, and a student space at the University of Vienna, all located within Vienna. Participant and interview characteristics can be found in Table 1, and the designed recruitment flyer in Appendix F. Eligibility criteria required participants to work in an office for a minimum of 20 hours per week and be at least 18 years old. Four participants identified as female and three identified as male. Participants' ages ranged from 24 to 46 years, and all reported having received a tertiary education. Two participants reported being team leaders, while the remaining participants were team members. Five participants reported perceiving their organization as large, while two perceived their organization as small.

Rather than aiming for data saturation or statistical representativeness, in line with the exploratory aim of the study and the use of reflexive thematic analysis, the focus was on generating rich, detailed accounts that enable the development of meaningful patterns of shared meaning across cases. Accordingly, the relatively small sample size was considered appropriate, as each interview provided substantial and detailed data, allowing for an in-depth and nuanced analysis of participants' lived experiences.

Table 1

Sociodemographic Characteristics of Participants and Interview Characteristics

Code name	Age	Gender	Education	Occupation	Duration of current employment	Working hours per week	Interview duration	Interview location
01MA	46	W	Diploma	Head of Accounting	4 years	40	01:12:41h	Participant's home and a park
02MA	24	W	Bachelor	Project Manager	2 years	30	01:21:59h	Zoom
03MA	29	W	Bachelor	Funding Program Manager	4 years	40	01:19:43h	A park
04MA	29	W	Master	Project Manager	2 years	40	01:51:05h	A park
05MA	28	M	Master	PhD Student (Bioinformatician)	9 months	30	02:02:04h	Participant's home
06MA	29	M	Master	Head of Operations Manager	10 years, 5 months in new position	40	02:09:47h	Zoom
07MA	40	M	Master	Strategic HR Manager for Compensation and Benefits	Unknown	40	00:49:59h	MS Teams

Data Analysis

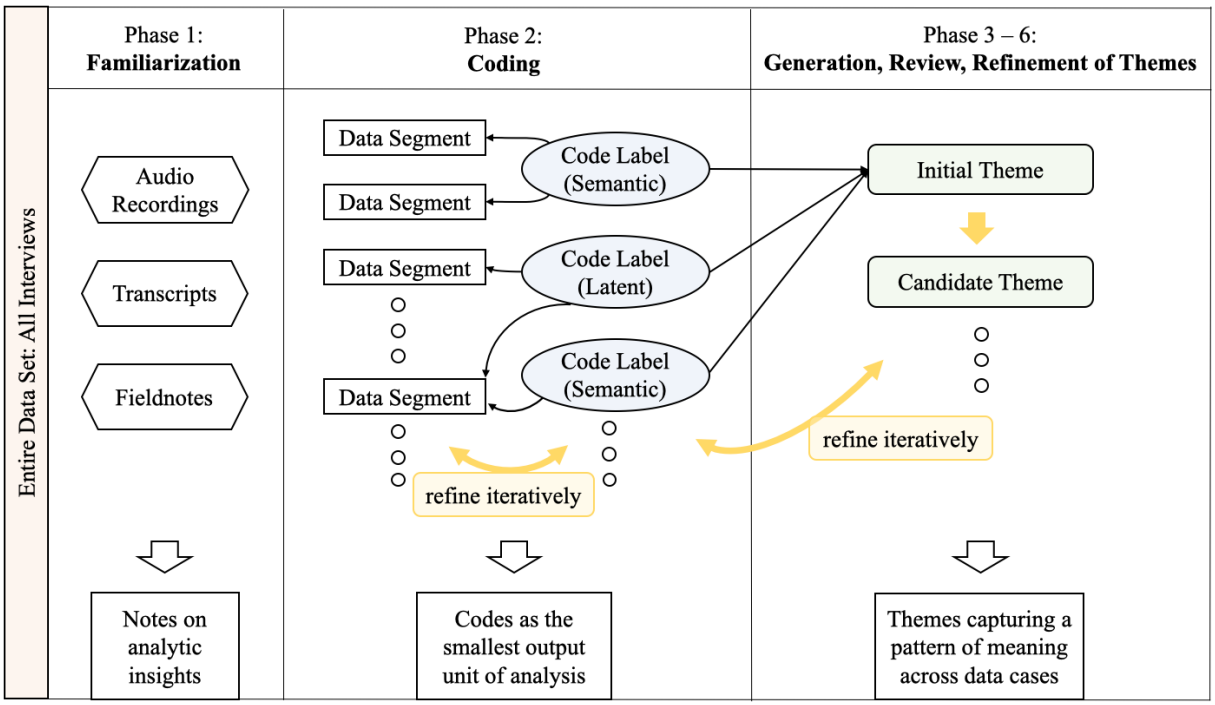
For data analysis, reflexive thematic analysis (reflexive TA; Braun & Clarke, 2006) was employed, as the study aimed to identify patterned meanings of contextually located, lived experiences of employees with proactive health behavior at work across multiple data cases. Theoretical flexibility is a key strength of reflexive TA (Braun & Clarke, 2022b) and enabled an experiential orientation (see "Design, Epistemological and Ontological Position"), an abductive approach to data analysis, as well as the identification of both semantic (explicit) and latent (underlying) meanings within participants' accounts.

An abductive approach meant a combination of inductive and deductive orientations, and involved an iterative movement between data and theory. Existing proactivity theory, including the conceptual definition of health-related proactive behavior at work, informed the analytical perspective and sensitized the researcher to relevant characteristics of proactivity, such as self-initiation, change-orientation, future-focus, and explicit intention to promote health and well-being at work. These characteristics initially guided the identification and interpretation of relevant behavioral accounts. However, it was not prespecified which forms of health-related proactive behavior might be reported, nor was it predetermined how such behavior would be experienced and embedded in context. Furthermore, engagement with participants' narratives also prompted critical reflection on how clearly and rigidly HR-ProW's key characteristics manifest in everyday work practices, and whether proactive health behavior can always be distinctly separated from performance-oriented behavior. Observed tensions were not treated as deviations from the construct, but they were incorporated into the analysis as analytically meaningful insights. Beyond the identification and interpretation of instances of HR-ProW, subsequent analytical steps were primarily data-driven. Themes concerning the role of organizational structures and social processes were developed inductively through close and repeated engagement with the data. The analysis thus moved iteratively between empirical material and theoretical reflection, consistent with an abductive orientation.

The analytic process of reflexive TA further involves an iterative movement between six phases: (1) familiarization with the dataset; (2) coding; (3) generation of initial themes; (4) development and review of themes; (5) refining, defining and naming themes; and (6) writing up (Braun & Clarke, 2022b). For coding and theme development, the software MAXQDA (2024) was utilized. Figure 1 presents a visual progress map of the analytic process. To become intimately familiar with the dataset (i.e., all interviews), the familiarization phase involved repeated listening to the audio recordings, transcription of the

Figure 1

Analytic Steps in the Process of Reflexive Thematic Analysis



interviews, and rereading of fieldnotes. Throughout this process, brief notes capturing analytic thoughts were written down to mark points of potential analytic interest.

During the coding phase, all interview transcripts were systematically read and reviewed to identify passages relevant to the research questions. Analytically meaningful code labels (e.g., "work sometimes consumes all resources") were assigned to text segments of varying length, ranging from single words to multiple paragraphs. In reflexive TA, codes represent the smallest unit of analytic output and capture single meanings within the data (Braun & Clarke, 2022b). Coding was conducted iteratively, with repeated movement through the dataset and ongoing refinement of code labels. Early in the process, codes tended to stay closer to the explicit, surface meaning of the data (semantic; e.g., "never having heard a 'no' from the boss"). As analysis progressed, codes increasingly captured more implicit and conceptual meanings as well (latent; e.g., "feeling secure and settled facilitates the development of HR-ProW"). To maintain an overview, codes were loosely grouped under broader parent codes reflecting similar analytic directions (e.g., "colleagues provide personal support and friendly interaction" grouped under "a supportive culture helps"). Across the analytic process, codes were merged, revised, or discarded, resulting in 660 code labels assigned to 1,016 text segments at the end of the analysis.

For the generation of initial themes, codes and analytic notes were reviewed to identify patterned meanings across multiple codes and interviews. In reflexive TA, themes are not topic summaries, which contain all mentioned aspects about a single topic or category, but represent broader patterns of shared meaning organized around a central idea, concept, or form of sense-making (i.e., what individuals understand to be going on in a situation and what individuals think they can or should do in a situation). They are understood as the second level of analytic output and constitute a higher level of interpretation than the codes they are based on (Braun & Clarke, 2022b). Each initial candidate theme was documented alongside keywords capturing analytic insights related to the theme. The candidate themes were then repeatedly reworked, to ensure that each theme was organized around a coherent central meaning while remaining conceptually distinct from other themes.

During the development and review phase, all coded data segments were revisited and allocated to the candidate themes. This process allowed for a critical evaluation of how well codes contributed to each theme's central idea and whether the theme was coherently developed from and well-supported by the data. Substantial revisions were made at this stage, including rejection of some candidate themes. The iterative process character of reflexive TA became particularly evident here, as reviewing themes frequently led to renewed refinement of code labels as well.

In the fifth phase, themes were further refined, defined, and named. Attention shifted to the overall configuration of themes and their interrelations. A mind map was created to visualize connections and clarify the overarching analytic narrative. Some themes underwent substantial conceptual revision, while others were primarily sharpened in definition. For instance, although the central idea of the first theme remained largely stable, specific analytic elements were reassigned to other themes to enhance conceptual clarity. Conversely, the sixth theme was only developed fully during this later stage, as the increasing depth of analytic engagement led to the identification of patterns related to a sense of security, or its absence, as a latent mechanism enabling, shaping or constraining HR-ProW.

Finally, during the writing-up phase, theme content and the analytic narrative across themes were further fine-tuned. Central organizing concepts of the themes were articulated more precisely, resulting in adjustments to theme names and boundaries. This reflects the understanding in reflexive TA that writing is not a separable reporting step but an integral part of the analytic process itself (Braun & Clarke, 2022b).

Results

The developed themes, subthemes, and corresponding code examples are presented in Table 2. As the interviews were conducted in German, citations were translated into English using DeepL Translator (DeepL, 2026). Subsequently the wording was refined to reflect the wording and meaning in the German paragraphs as best as possible. All German counterparts of the translated and cited interview passages can be found in Appendix G.

The themes do not correspond one-to-one with the research questions. Instead, different aspects of multiple themes contribute to answering each research question. The first research question focuses on the extent and forms of health-related proactive behavior at work and is mainly answered by the themes “looking out for oneself and others at work” (theme 1), which describes how such behavior looked like in participants’ accounts and can be characterized, and “bounded possibilities” (theme 3), which contributes to the understanding of which behaviors are enacted and which are not by describing how an individual’s agency is situated and constrained by organizational structures and demands. As such, Theme 3 also contributes to answering the second research question, which examines how proactive health behavior is shaped by organizational conditions. The second research question is further answered by aspects of the themes “it is difficult to be the one who does things differently” (theme 4), and “everyone acting in concert” (theme 5), and “from uncertainty to confidence” (theme 6), which describe how the perception of structures’ design as supporting or undermining proactive health behavior shaped participants’ experience with such behavior. The third research question focuses on how social processes shape proactive health behavior at work. It is mainly answered by the themes “doing health together” (theme 2), which describes how such behavior is socially initiated, negotiated, and sustained in everyday workplace interactions, “it is difficult to be the one who does things differently” (theme 4), which describes how normative and social barriers within an unsupportive health climate shape the experience of HR-ProW, “everyone acting in concert” (theme 5), which describes how alignment of personal health initiatives with the culture and climate at work shapes the experience of HR-ProW, and “from uncertainty to confidence” (theme 6), which describes how HR-ProW is supported by psychological safety, security, clarity and legitimacy, while also serving as a means to regain these psychological states at work.

Table 2

Themes, Subthemes, and Exemplary Codes from the Reflexive Thematic Analysis

Themes	Subthemes	Codes
Theme 1: **Looking out for oneself and others at work:** Proactive health behavior between prevention and reaction to strain		▪ HR-ProW taking the stairs ▪ HR-ProW prioritizing tasks and openly communicating this to the team ▪ HR-ProW for others: Chatting with people and inquiring about their well-being ▪ HR-ProW to foster health ▪ HR-ProW as reaction to pain or problems ▪ Seeing the addressing of burdens as one's own responsibility
Theme 2: **Doing health together:** Proactive health behavior as a socially embedded workplace practice	2a: Everyday social interactions as a negotiated and relational resource	▪ HR-ProW Initiating and maintaining joint lunches with colleagues ▪ Social interaction is very nice, and seeking it out is a central part of HR-ProW ▪ Taking breaks is easier when it is linked to something social ▪ THE ONE initiating person is the driving force in the team for joint breaks
	2b: From individual to collective practice: Group-level proactive health behavior	▪ Mutual initiation of breaks and initiation of dialogue after stressful moments is a basis within the team ▪ Collective HR-ProW: Using feel-good spaces like the office terrace as a shared working and meeting space ▪ Reciprocal HR-ProW: Initiating mutual exchange about stressful events and job aspects within the team
Theme 3: **Bounded possibilities:** Organizational structures and demands shape the scope of proactive health behavior at work	3a: Proactive health behavior at work makes use of perceived opportunities within given structures	▪ There is no suitable table/room for joint lunches ▪ Implementing an official sports session during working hours is seen as illusory ▪ The fact that it is a small company is taken into account and expectations for a canteen are adjusted accordingly ▪ Certain things are seen as unrealistic and impossible to implement ▪ No possibility or willingness to make fundamental changes to the distribution of tasks within the team is seen

Themes	Subthemes	Codes
	3b: Excessive workload, demands, and role configurations exhausting the capacity to enact proactive health behavior	▪ Time and workload conditions ▪ Work sometimes consumes all resources ▪ Specialized job roles in a relatively small team make it very difficult to step in for someone else ▪ Prioritizing work when work and health are not reconcilable ▪ High workload and being immersed in work: you no longer pay attention to your posture et cetera ▪ HR-ProW outside of work as compensation (social, physical, thematic)
	3c: Voice without guarantees: Structural change depends on conditions beyond individual control	▪ Adoption of ideas organization-wide is dependent on framework conditions, and therefore there are limitations ▪ Multiple factors must come together for actual implementation ▪ Solutions were discussed, but not implemented by the boss after the employee review ▪ Adjusting the division of tasks to reduce the burden on one person would require a fundamental change in the team's responsibilities
Theme 4: **"It is difficult to be the one who does things differently":** Proactive health behavior as norm-deviating and effortful practice in unsupportive environments		▪ Appealing to employees' personal responsibility for health ▪ Concerning conditions are not addressed at all in an official setting ▪ It is not role-modelled, and not rooted in the corporate culture ▪ Company meal vouchers for an unhealthy burger restaurant ▪ Expressing a desire for more support feels like an admission of weakness and failure ▪ Unwritten rules are particularly unpleasant ▪ Not wanting to burn any bridges too early on because of having little power when starting out

Themes	Subthemes	Codes
Theme 5: **Everyone acting in concert:** The ease of proactive health behavior in culturally aligned environments		▪ A supportive corporate culture helps with HR-ProW ▪ Space to discuss health issues within the team is perceived as being available ▪ Never having heard a 'no' from the boss ▪ Very supportive team leader ▪ Team leader will ask for wishes and set up a space for discussions of them during team days ▪ Everyone seems to feel comfortable, and that is important to the organization ▪ Reliable refilling of the fruit basket shows that the organization is doing something ▪ Quarterly mood barometer on employee well-being ▪ Colleagues provide personal support and friendly interaction
Theme 6: **From uncertainty to confidence:** (Re)constructing a secure foundation for and through proactive health behavior		▪ Feeling secure and settled facilitates the development of HR-ProW ▪ Clarity and familiarity with work processes facilitate relaxation and following one's own rhythm ▪ Clarity about others' expectations helps ▪ Feeling secure in the stability of one's position and task competence enables HR-ProW ▪ Security that it is acceptable to practice HR-ProW because others do it too (legitimacy) ▪ A culture of openness and mutual support in the team develops over time through getting to know each other better ▪ Requesting a performance review becomes easier after the first time ▪ Peace of mind through set boundaries and clarified expectations with the boss ▪ A transformation phase within the organization poses an additional challenge ▪ Reflecting on one's own role and responsibility in shaping society leads to greater steadfastness in HR-ProW (legitimacy)

Note. HR-ProW = health-related proactive behavior at work

Theme 1 – Looking Out for Oneself and Others at Work: Proactive Health Behavior Between Prevention and Reaction to Strain

Participants described proactive health behavior at work as a broad and multi-faceted set of behaviors aimed at maintaining and fostering health and well-being in everyday work life. Central to their understanding of such behavior was the idea of looking out, both for oneself and for colleagues, by managing work demands in ways that do not compromise physical or mental well-being. Proactive health behavior was not framed as a single or clearly delineated type of behavior, but as a flexible and situational practice that adapts to perceived demands, limits, strain, anticipated health risks, and perceived responsibilities toward oneself and others.

To facilitate comprehension of the wide range of reported HR-ProW, the vast pool of behaviors was sorted into fourteen overarching categories (see Table 3). The categories retain distinct nuances depending on the type of behavior reported and the intention behind the behavior. Nevertheless, the categories are not mutually exclusive and should not be understood as fixed or isolated forms of HR-ProW. Instead, they represent different ways in which participants enacted a shared understanding of proactive health behavior as everyday, practical, and context-sensitive care for health at work.

The first categories describe more externally oriented practices and behaviors that emphasize social engagement. *Socializing* comprises behaviors that make use of the general health benefits of social interactions, and behaviors that foster these positive exchanges. An example behavior is “initiating and maintaining joint lunches with colleagues”. *Seeking and providing support and assistance* includes helping coworkers with health issues such as stress, ergonomically non-beneficial equipment, and overwork, as well as asking for help facing health issues oneself. Example behaviors are “sharing expertise with colleagues on the person to go to for specific requests” and “requesting support to complete an unsustainable amount of assigned tasks”. *Voicing requests for change to colleagues and leaders* entails actively asking coworkers and leaders to modify unhealthy behaviors and working conditions, as well as to implement ideas that foster well-being. Example behaviors are “reminding ill colleagues to stay at home and rest” and “proposing the idea of offering yoga or stretching during breaks”.

Table 3

Reported Health-Related Proactive Behavior at Work and Characteristics

Behavior	Nature
Socializing	
Taking joint coffee breaks	Collective
Attending employee events	For oneself
As a team, establishing a Teams channel to improve communication and coordinate joint breaks	Collective
Chatting with people and inquiring about their well-being	For others
Initiating mutual exchange about stressful events and job aspects within the team	Reciprocal
Initiating and maintaining joint lunches with colleagues	For oneself
Implementing a regular team outing where the team goes out to eat ice cream together	Collective
Voluntarily being in the office instead of working from home for more social interaction with the team	For oneself
As a leader, promoting team spirit among employees by designating a day when everyone works in the office	For others
Initiating conversations when needed	For oneself
Bringing snacks to share with colleagues	For everyone
Seeking and Providing Support and Assistance	
Sharing expertise with colleagues on the person to go to for specific requests	For others
Being a point of contact for colleagues experiencing uncertainties and stress	For others
Lending an ergonomic chair to coworkers	For others
Encouraging colleagues to request things for themselves and speak up about issues	For others
Taking over the rest of a task to help a tired colleague	For others
Asking colleagues about their strategies for dealing with stress	For oneself
Requesting support to complete an unsustainable amount of assigned tasks	For oneself
As a volunteer group, addressing mental health at work through informational events and newsletters	For others/ Collective

Behavior	Nature
Using and maintaining a support network consisting of dialogue with colleagues about technical questions or excessive demands and stressors at work	Reciprocal
Offering to talk with colleagues if they seem to be feeling down	For others
Voicing Requests for Change to Colleagues and Leaders	
Repeatedly speaking up about burdens and requests for change	For oneself
Demanding an overdue performance review to address challenges with the team leader	For oneself
Reminding ill colleagues to stay at home and rest	For everyone
Reminding colleagues to lift heavy objects correctly to avoid hurting their backs	For others
Reminding colleagues to request ergonomic work equipment	For others
As a team, demanding a lamp for better lighting at the desk	Collective
As a team, requesting a pin board	Collective
Proposing the idea of offering yoga or stretching during breaks	For everyone
As a team, inquiring with the department manager about a fruit basket	Collective
Requesting clarification of vague and differing expectations regarding one's own role by leaders, both verbally and in writing	For oneself
Reflecting and Self-Observing	
Being careful not to lose touch with oneself amidst the many demands placed on one	For oneself
Listening to oneself and doing tasks at one's own pace	For oneself
Reflecting on ways to start the workday in a positive frame of mind	For oneself
Recognizing and reflecting personal limits and being prepared to pull the emergency brake if they are crossed	For oneself
Reminding oneself that it is important to set boundaries	For oneself
Remaining attentive to one’s well-being during particularly challenging times	For oneself
Developing the idea of having papers read aloud instead of reading them oneself to give the eyes a break	For oneself
Setting Boundaries and Managing Energy Levels	
Not being reachable at all times when working from home	For oneself

Behavior	Nature
Preserving time to unwind and recharge	For oneself
As a pregnant woman, consistently sticking to the legally mandated lower overtime hours	For oneself
Not taking part in every activity during a business trip	For oneself
Sitting deliberately next to people one likes during dinners on business trips	For oneself
Taking five minutes to drink coffee alone as a break from networking during business trips	For oneself
Saying "no" and claiming personal space in consideration of one's energy and exhaustion levels	For oneself
Bringing one's favorite snacks to a business trip as a source of energy	For oneself
Clearly distinguishing between what constitutes work and leisure time for oneself	For oneself
Not bringing work home after hours	For oneself
Endeavoring not to work on weekends	For oneself
Endeavoring no to work too long hours	For oneself
Deliberately not working too long hours to set an example for others and avoid inefficiency	For everyone
Discussing personal limitations regarding working hours during the job interview	For oneself
Decelerating by taking a few vacation days when showing endangering signs of overwork	For oneself
Prioritizing in Task and Resource Allocation	
Planning various tasks with different energy requirements according to fluctuating energy levels at different times of the day	For oneself
Developing the idea of tackling health topics during slow work phases where time and energy are available	For oneself
Writing a hierarchical to-do list for the next day before leaving work to clear one's head	For oneself
Prioritizing tasks and openly communicating this to the team	For oneself
Creating a healthy work-life balance for one’s team by adjusting the task and resource allocation	For others
Walking	
Taking the stairs	For oneself

Behavior	Nature
Going for a run during the day and staying at work longer in the evening to make up for the time	For oneself
Going for a walk (during lunch break or when taking care of small errands)	For oneself
Controlling Sounds	
Using noise cancelling headphones	For oneself
Listening to music	For oneself
Using hearing protection	For oneself
Considering Nutrition	
Drinking only one coffee a day	For oneself
Eating fruits instead of sweets as a snack at work	For oneself
Making sure to always have fruits to eat at work	For oneself
Cooking on home office days	For oneself
Being careful to choose healthier food options for lunch	For oneself
Drinking water instead of wine on business trips	For oneself
Always eating a fruit from the fruit basket	For oneself
Making sure to drink enough	For oneself
Remaining a non-smoker	For oneself
Taking Breaks	
Initiating a welcome change in place or task	For oneself
Taking longer breaks on home office days	For oneself
Taking a coffee break	For oneself
Initiating and taking joint breaks with colleagues to enhance the break's positive effect	Collective/ Reciprocal
Doing back-stretching exercises	For oneself
Adding break times into the calendar	For oneself
Taking deliberate micro breaks	
Moving the body and stretching	For oneself
Going to the toilet	For oneself
5-minute screen breaks	For oneself

Behavior	Nature
Standing up and walking a few steps	For oneself
Taking a breath	For oneself
Drinking coffee or tea	For oneself
Breathing fresh air	For oneself
Dealing with Illness	
Providing colleagues with reassurance that they can disengage from work obligations in the event of illness or deep exhaustion	For everyone
Not working and not being reachable for work requests while ill	For oneself
Adapting the Commute to and from Work	
Cycling to work	For oneself
Practicing language flashcards while commuting to start the workday in a positive manner	For oneself
Walking part of the way home	For oneself
Adapting Workstation Design	
Asking for and using a footrest	For oneself
Organizing and using a back massager	For oneself
Creating shortcuts on the desktop to information about muscle-activating exercises while sitting	For oneself
Organizing and using a belt for training back muscles while sitting	For oneself
Organizing and using an ergonomically beneficial chair	For oneself
Working while standing using a standing desk	For oneself
Making personal modifications to the desk and work material setup	For oneself
Using feel-good spaces like the office terrace as a shared working and meeting space	Collective
Utilizing Health Services Provided by the Organization	
Attending employee events for sport activities and social interaction	For oneself
Signing up for a voluntary workshop to receive advice on managing an overwhelming task load	For oneself
Following the advice of a health advisor and taking deep breaths to cope during stressful periods at work	For oneself
In general, utilizing the health services that fit one’s individual situation	For oneself

Behavior	Nature
Donating blood and getting vaccinated at the on-site doctor's office	For oneself
Using the office gym	For oneself

Note. All behaviors were conducted for a certain health and well-being benefit, e.g., relief from stress and burden, positive affect, avoiding strain, being physically and mentally healthy. Behaviors that were reported to be collective in nature were decided and carried out not by an individual but collectively through an exchange and interaction of a group, and those reported to be reciprocal in nature were performed alternately for each other.

The following categories describe more internally oriented or self-regulatory practices. *Reflecting and self-observing* describes the act of monitoring one's well-being during work, thinking about ways to improve the impact of work on one's health, and planning to act accordingly. Example behaviors include "being careful not to lose touch with oneself amidst the many demands placed on one" and "reflecting on ways to start the workday in a positive frame of mind". *Setting boundaries and managing energy levels* encompasses behaviors aimed at preserving the necessary energy for managing work situations without compromising mental health by modifying behavior and by upholding boundaries. Example behaviors are "sitting deliberately next to people one likes during dinners on business trips" and "not bringing work home after hours". *Prioritizing in task and resource allocation* entails managing workload by prioritizing and strategically distributing tasks across working hours, communicating this transparently to colleagues, and allocating resources to ensure feasibility. An example behavior is "planning various tasks with different energy requirements according to fluctuating energy levels at different times of the day".

Further categories reflect physical, environmental, or routine-based practices. *Walking* involves making use of movement's health benefits, such as exercise and clearing one's head. An example behavior is "taking the stairs". *Controlling sounds* means enabling focus and countering stress by reducing environmental noise and listening to music. An example behavior is "using noise cancelling headphones". *Considering nutrition* describes decisions leading to a healthier nutritional lifestyle. An example behavior is "eating fruits instead of sweets as a snack at work". *Taking breaks* encompasses efforts to uphold break times at work, as well as behaviors performed during breaks that provide healthy relief from work. This includes microbreaks, which last for an imperceptible amount of time, during which a window might be opened, the body stretched, and a deep breath taken. An example behavior is "taking a coffee break". *Dealing with illness* entails the act of not engaging with work and resting in the event of illness, as well as supporting ill or exhausted colleagues in doing the

same. An example behavior is “providing colleagues with reassurance that they can disengage from work obligations in the event of illness or deep exhaustion”. *Adapting the commute to and from work* constitutes behaviors fostering physical and mental health while traveling to and from one's workplace, such as “cycling to work” and “practicing language flashcards while commuting to start the workday in a positive manner”.

The last categories focus on changing aspects of physical surroundings and making use of health supporting structures at work. *Adapting workstation design* refers to making changes to one’s workstation in the office that are beneficial for one’s physical and mental health. This includes not only ergonomically beneficial equipment, but also a personalized, efficient setup of work materials that eliminates annoyances during workflow (e.g., cable entanglement) and enhances one’s mood. Further, it incorporates choosing to reside in feel-good spaces while working (e.g., the office terrace). An example behavior is “organizing and using a back massager”. *Utilizing health services provided by the organization* comprises making use of the optional services one’s organization established to support their employees’ health and well-being. An example behavior is “using the office gym”.

Across all categories, participants described engaging in proactive health behavior to maintain and foster health and well-being at work. While some behaviors were clearly oriented toward oneself (e.g., “preserving time to unwind and recharge”), others were explicitly performed for the benefit of others’ well-being (e.g., “taking over the rest of a task to help a tired colleague”). These behaviors reflect a broadened notion of responsibility for health that extends beyond the individual and incorporates attentiveness to others’ limits and needs.

HR-ProW was described as occurring both in response to experienced strain and in anticipation of future health risks, sometimes transitioning from one to the other. Notably, participants reported becoming particularly attentive to health at work when their limits became palpable. For instance when physical or mental warning signals emerged: “[...] Um, you are more likely to/ or I personally can only speak for myself, become particularly attentive when the body also sends out warning signals, yes. [...]” (MA07, pos. 32). Such moments often led to health-related actions aimed at alleviating immediate discomfort, overwhelm, pain, or upsetting events. Examples are “requesting support to complete an unsustainable amount of assigned tasks”, and “doing back-stretching exercises”. These behaviors can be understood as forms of proactive intervention as they respond to existing strain while actively seeking to prevent its escalation.

At the same time, participants also described behaviors that were initiated without any acute health issue being present, such as “drinking only one coffee a day”, “taking the stairs”, and “not bringing work home after hours”. These behaviors align with proactive prevention, as they are intended to nourish health long-term and avoid future health issues. However, the boundary between intervention-based and prevention-based health behaviors seems to be fluid rather than fixed. Some behaviors originated as intervening responses to negative experience but later transitioned into recurring preventive practices. For instance, “bringing one's favorite snacks to a business trip as a source of energy” was initially developed as a response to extreme strain during the participant’s first business trip and later became a preventive effort to avoid the future reoccurrence of these negative experiences.

Finally, while many of the reported behaviors are clearly attributable to the primary goal of maintaining and improving health and well-being (e.g., “offering to talk with colleagues if they seem to be feeling down”, “cooking on home office days”, “adding break times into the calendar”), some behaviors also incorporated aspects of increasing work-efficiency and performance. Examples include “signing up for a voluntary workshop to receive advice on managing an overwhelming task load”, “making personal modifications to the desk and work material setup”, “prioritizing tasks and openly communicating this to the team”, “requesting clarification of vague and differing expectations regarding one's own role by leaders, both verbally and in writing”, “as a team, requesting a pin board”. This blurring between the health and work performance benefits of the proactive health behaviors originated from mental health issues at work often being entangled with aspects of excessive workload and stress. Reducing strain on mental health meant finding ways to manage workload and stress better, which could but not always did align with higher efficiency and performance. Nevertheless, participants framed these behaviors as being primarily intended to protect and foster (long-term) health and well-being, ensuring they do not (further) compromise their mental health while facing workplace challenges and sustaining their ability to remain engaged in work as well as their commitment to their current employment. In this sense, performance-related benefits were secondary to the overarching goal of maintaining long-term well-being.

Overall, HR-ProW is understood by employees as a form of everyday care that seeks to manage work demands without compromising health. The reported behaviors serve the shared purpose of reducing strain, fostering positive affect, gaining relief from stress and burden, maintaining physical and mental health, and ensuring the sustainability of work participation over time.

Theme 2 – Doing Health Together: Proactive Health Behavior as a Socially Embedded Workplace Practice

Subtheme 2a – Everyday Social Interactions as a Negotiated and Relational Resource

Social interactions at work were reported by participants to contribute significantly to their well-being and participants placed high importance on behaviors fostering these exchanges as is mirrored in the multitude of reported proactive health behaviors incorporating social activities at work (e.g., see *Socializing* in Table 2). These social proactive health behaviors were embedded within the everyday workflow and were often enacted as informal, unplanned though intentional health practices within the team. Conversations, joint breaks, and informal exchanges occurred casually and repeatedly throughout the workday and sometimes participants were unsure whether they can be labelled "health behaviors", despite being attributed significant well-being benefits.

Seeking out, initiating and caring for supportive social interactions was reported as a means to enhance mood, cope with stressful work situations, enhance the quality and consistency of breaks, as well as receive advice and assistance on work-related health issues. Further, seeking out social exchange was reported as effective in counteracting the power of burdensome, unspoken norms and unwritten rules concerning unhealthy work practices by allowing participants to recognize that colleagues are also aware of and struggle with these norms and rules, and that they endorse contrary behaviors. An example of this counteracting benefit is MA05's exchange with his colleagues about the unspoken norm of excessive overtime practice at his workplace and his lack of fear of negative reactions regarding his proactive efforts to keep his overtime smaller:

> I: Hm (affirmative), okay. Yes. But the others never gave any feedback like, `that's not okay´ //or/?
>
> B: No//, not at all.
>
> I: That it would have been noticed somehow?
>
> B: Not at all, no. And even if you, if you, um/ every now and then I also, because of course everything that's somehow unwritten is, is of course in (.) usually kinda twice as unpleasant. And when you then actively talk to other people about it, it's/ it turns out it's not actually a problem. So that's, and it's in, I think, it's (.) the others are also aware that it's, um, not quite so, in terms of working hours, not quite so optimal in academic research (laughing). So from// the/
>
> […]

B: Hm (thinking), well, with my coworkers I have, so, especially with those who, like me, had just started working, with them I talked about it first, because they were kind of in the same situation. They were also new to this job and kinda had to decide for themselves how to handle it, and so it was particularly easy to talk to them about it then, like, `hey, how do you actually do it?´, and it was always like, `yeah, um, they're also actually trying to make sure that it doesn't escalate so much, the working hours, because, yeah, the danger is there´. […] (pos. 31-38)

The high importance participants place on social interactions compared to other health behaviors is further evident when benefits of socializing are chosen over healthy nutrition. "Taking a coffee break" and "bringing snacks to share with colleagues" are behaviors that were recognized to not promote healthy nutritional choices but, because they are conducted as a social activity, they were seen as important and well-being improving. As such, what was considered healthy was not definitive but shaped in the situation by what people did together and what they treated as important in that moment. Health was thus negotiated through everyday interactions and depended on what people needed and valued together at that time, making it relational and dependent on the social context. In the case of coffee breaks, this negotiation led to the mental and social benefits of shared breaks, such as a change of pace, feeling connected, and emotionally supported, being prioritized over nutritional considerations.

Some participants also reported a lack of joint activities beyond work topics and named the absence of a person who took on the role of initiating such activities as the underlying cause:

B: Yes, I think in part it's again this issue that you need people who initiate something like this, people that we don't have right now, or the people we do have are too tied up with their tasks to have the resources and time to do this as well. […] (MA06, pos. 89).

As such, without a (reciprocal) initiation of social health behaviors, such as joint lunches, these behaviors may cease to be performed. Notably, the absence of initiation of social health behaviors was not described as morally evaluated. Rather, non-initiation appeared to be accepted as part of everyday work life, underscoring the voluntary and non-coercive nature of these practices. In accounts where social proactive health behavior was initiated, invitations to, for instance, joint lunches or breaks were described as informal and low-threshold, and their success was typically assumed rather than explicitly reflected upon. The act of initiating thus functioned as a mostly unspoken prerequisite. This emphasizes that

social proactive health behavior relies on positive resonance and mutual availability rather than obligation or enforcement and demonstrates that for positive and health benefitting social interactions at work to happen, health-related proactive employees are pivotal.

Subtheme 2b – From Individual to Collective Practice: Group-Level Proactive Health Behavior

Some of the proactive health behaviors were reported to be collective in nature. They were reported through phrases such as "we do…" or "we decided…", meaning they were decided and carried out not by an individual but collectively as a group. These accounts describe an ongoing social process unfolding through interaction and shared decision-making, as well as mutual orientation toward each other's well-being. Proactive health behavior thus shifts from an individual act to a collective practice that is embedded in everyday group dynamics. An example is MA02's report of her team deciding to use the terrace as a feel-good space for work meetings:

> I: (laughs) Yes, I think so. (laughs) So you don't just use the terrace for lunch break, but //also/
>
> B: Yes.// Well, we now have/ we have three large tables standing, there's enough space, um, and yes, we just tried it out and we even had a bit of Wi-Fi, so it worked really well.
>
> I: Cool, yes, yes. Where did the idea come from?
>
> B: We were taking a break before that and then we agreed right after that that the three of us would come and sit together there. And then we figured, yeah, why not, the weather is so nice today, let's give it a try and see if it works well, also with the Wi-Fi and our laptop. But it worked well and yeah. Now we've agreed that we can do this more often (laughing).
>
> I: Hm (affirmative), okay. So it was like an idea that came up during lunch break, //`we could do that sometime´ like that.
>
> B: Yes, (inc.)// we're trying it now. It wasn't that important, I would say, but more of an exchange. And that's why it was a good opportunity. (pos. 61-66)

Instead of one person coming up with an idea and suggesting a proactive health behavior to the group, the idea in this case emerged through conversation and informal interaction, as the group developed a shared understanding of what felt supportive in that moment. This illustrates how proactive health behavior at the group-level can arise through making sense of the situation together, and demonstrates that groups can be health-related proactive, not just individuals.

Another way in which groups can be described as acting proactively, not just individuals, is when social health behaviors are conducted reciprocally within the team. These behaviors were reported through phrases such as “that's what we give each other”, meaning they were performed in a reciprocal manner, alternately for each other. Here, proactive health behavior unfolded as a practice of giving and receiving support over time, grounded in relationships characterized by mutual trust and familiarity. Rather than being explicitly negotiated each time, these practices appeared to develop gradually as part of a shared understanding of how to care for one another at work. An example is MA04’s report of her team's reciprocal initiative of a mutual exchange about stressful events and job aspects:

> B: Yes, and during stressful periods just initiating breaks together. And just saying, don't know, after a stressful meeting, `okay, they're all crazy, how about we quickly have a cup of tea together now and/´, something like that.
>
> I: Hm (affirmative) okay. And how is that received?
>
> B: Yes, I think pretty much positively.
>
> I: Hm (affirmative) okay. Yes. Do you feel that this also gets returned?
>
> B: Yes, yes, so that is, I think, a kind of basis we just have, that we kinda give each other that kind of support at work. (pos. 300-304)

Participants reported that this reciprocal act of support was made possible by the development over time of trust and familiarity between colleagues. Giving support was accompanied by the expectation, not as a demand but as an experienced norm, that support would be returned over time.

Taken together, these accounts show that proactive health behavior at work can transcend individual action and take the form of collective practices. Through the shared generation of ideas and their implementation, as well as reciprocal support, groups actively shaped their work context in ways that fostered health and well-being. Health-related proactivity at work thus emerged not only from individual agency but also from relational and collective processes enacted over time.

Theme 3 – Bounded Possibilities: Organizational Structures and Demands Shape the Scope of Proactive Health Behavior at Work

Subtheme 3a – Proactive Health Behavior at Work Makes Use of Perceived Opportunities Within Given Structures

Proactive health behavior was predominantly enacted within existing workplace structures, rather than aiming at structural change. Participants’ accounts indicate that they drew on what they perceived as the individual’s scope of action to design, adapt and organize

their work conditions within those structures. They set boundaries (e.g., “not taking part in every activity during a business trip”), shaped daily activities and routines (e.g., “planning various tasks with different energy requirements according to fluctuating energy levels at different times of the day”), shaped the sequence and priority of assigned tasks, shaped the work tempo (e.g., “listening to oneself and doing tasks at one's own pace”), shaped materials (e.g., “organizing and using a back massager”), shaped workstation design (e.g., “making personal modifications to the desk and work material setup”) and shaped social interactions (e.g., “voluntarily being in the office instead of working from home for more social interaction with the team”), they chose commuting vehicles (e.g., “cycling”), chose between given food options (e.g., “being careful to choose healthier food options for lunch”), chose spaces to move and reside in (i.e., stairs, terrace, office desk, home office; “using feel-good spaces like the office terrace as a shared working and meeting space”), and they utilized organizational health services (e.g., “using the office gym”). This perceived freedom within structures was described as being granted by the organization and as shaped by the structures and services the organization provides. One example is MA06, who spoke of his appreciation for the freedom his organization provided to modify desk and work material setup:

> B: [...] Yes, yes, absolutely, that's also quite straightforward at our company, I'd say, if I say I need something and I/ well, if it's not something that's either very expensive or very, let's say, something where it's not immediately obvious why we need it, I'd say, if we just say, 'okay folks, we don't have enough office chairs,' then um nobody here is going to make a big/ nobody has to check and count again, there's that much trust here and um that's quite nice, so as I said, that you have a lot of freedom to set up your workplace um and arrange it the way you yourself like it. Um I think, in that regard we do have a lot of freedom, I mean, conversely, other companies probably have probably (.) more resources or more offers, like in terms of what you can have at your workplace, but at our company, I think, quite some things you can, but you have to take care of it yourself in order to get those things, but that's, yes it's okay with me. (pos. 67)

In this account MA06 also describes taking into consideration which requests would be plausible and their necessity accepted without question. This reflects how across participants’ accounts the limits of proactive health behavior were not fixed but actively negotiated. This means participants took into consideration both which kind of requests would be accepted by others and their organization’s ability to grant their requests with the presumed resources it has. The resulting individual perception of what is structurally feasible

and legitimate within their organization, then led them to shape their proactive health behavior accordingly. Through this ongoing process of negotiating which changes were realistically attainable within their organization, participants kept their proactive health behaviors within what they perceived as structural limits. For instance, MA06 adjusted his expectations for the provision of a canteen:

> B: [...] Um, well, that/ yes, that would of course be nice, but on the other hand it's also completely unrealistic and not in any way something I expect, that from/ for twenty people who work flexible hours and are often on the road or working from home, some kind of canteen is set up or [...] (pos. 77)

MA06 did not attempt to request the provision of a canteen with healthy food options, because he doesn't believe that this is an acceptable and feasible request due to his organization's size. Another example, where considerations regarding changeability of straining work conditions prevented health behaviors attempting to change these conditions, is MA04's account of her struggles with a burdensome task allocation within her team:

> B: [...] But I just don't have the impression that there is any real (.) opportunity or willingness to change the individual job descriptions. Because there are basically these four fixed job descriptions for the four people who are employed here, and so now that's the way it is, okay, this person is responsible for this, that person is responsible for that. And, well, I think, to really change THAT from the ground up would basically mean a complete reorganization of the team and distribution of responsibilities, redistribution of responsibilities. And I think that's not really possible. I mean, I've said from time to time, in individual moments or on specific occasions and stuff, things like, "Okay, this is a bit too much for me right now" or "Can anyone help me with this?", et cetera. But nothing has changed in terms of the fundamental distribution of the individual jobs. (pos. 70)

MA04 is coping with the situation by developing strategies to alleviate and deal with the stress of the burdensome task load, however, the burden is not really reduced by this to a level where she is unbothered by it. Changing the deep-seated task distribution within her team and reducing her work hours were ideas she had but did not pursue due to her lack of belief in these changes' possibility. Her account illustrates how anticipated infeasibility of structural change led to a focus on coping strategies rather than to pursuing more fundamental changes.

Participants also made use of their organization's spaces and which spaces were available shaped which proactive health behaviors were considered thinkable in the first

place, and subsequently enacted. For instance, a stand-up desk was available to MA03 and she made an effort to use it, or some participants reported having a canteen with healthy food options and making use of it, while others reported not having a canteen and struggling with finding healthy food options. MA02's team deciding to use the office terrace as a feel-good workspace was only possible because the organization had moved into a new office providing this and other spaces that seem to have helped increase well-being within the team significantly. On the other hand, the lack of a suitable break room for joint lunches was one of the reasons MA06 named for the lack of joint lunches and his unhealthy habit of eating lunch at his desk while keeping engaged with worktopics:

> B: […] THAT is perhaps another quite relevant point, that we don't have a break culture in that sense (laughing). Well, it's (.) we used to have that, that um/ in the old office there was a big dining table and every now and then all of us would actually sit down there to eat. But because we don't have that kind of thing, I mean, we have a dining table, but only three people can actually sit there at a time […] (MA06, pos. 85)

An open office space also came up in multiple interviews as being understood as fostering contact with colleagues and connection with the team leader because by being in the office participants reported being able to experience encouragement and support by team leaders more directly and being able to ask questions and interact with their colleagues more easily which contributed to a positive work climate. The lack of spaces for private conversations regarding more sensitive work topics and increased distraction and noise were also brought up, however paled in comparison with the positive aspects participants reported.

Taken together, participants' accounts illustrate how proactive health behavior was not simply enabled or constrained by organizational structures, but that perceived limits and possibilities were continuously negotiated within them through considerations of requests' acceptance and feasibility within the organization's perceived capabilities.

Subtheme 3b – Excessive Workload, Demands, and Role Configurations Exhausting the Capacity to Enact Proactive Health Behavior

"Hm (thinking). Yes, it depends on the situation, but I think a lot [and reflect mentally], and (because?) I'm so caught up in this [busy workday], this very intense day-to-day, I don't have much time to think [about health], […]" (pos. 222). Like MA01 illustrates, some participants reported a lack of cognitive capacity to attend to health at work and the implementation of proactive health behavior during work. They named pressure from excessive workload and demands taking over all their time and energy resources as the main

reason for this absence of health behavior, even when their position in the organization (e.g., being a team leader) technically allowed for a higher amount of flexibility in shaping their work day. For instance, MA01 is a team leader, who has flexible work hours and can choose to work from home and how to distribute her tasks. However, the amount of work she has to do rarely left her with sufficient time or attention to enact health behavior even when it was promoted by the organization through workshops:

> B: Um, no, there are various um so um initiatives, and, yes, sometimes there are some um workshops on different aspects of mental health. Or (.) something meditation or, those kinda things, which you don't impleme/ well, I don't, and maybe other departments can, but um in my department you can't do that because you need that one hour to take care of urgent matters, so there's a bit of a conflict there, because you'd like to do it, but (..) but there's not really enough time for it. (pos. 184)

This conflict MA01 describes here between workload and health behavior forces her to prioritize one of them as she can't enact both. MA01 further reported that her work is commanded by deadlines and that the type of tasks she has to perform often depended on meetings with other people. These demands led to her workday actually being shaped by meetings and not by herself in a way that allows her to protect her own health. For instance, when she tried to plan break times between meetings to drink water, colleagues scheduled more meetings in those slots, effectively preventing her from taking any breaks:

> B: Because the meetings run every half hour throughout the day, and then you're on to the next topic and the next and the next. And I try to schedule blocks in my calendar, but (..)
>
> I: Hm (affirmative). Okay. So you mean you try to schedule breaks in your calendar?
>
> B: Yes, but sometimes people call for meetings even when (.) you've already scheduled something else. (pos. 118-120)

Participants also reported experiencing role configurations as restrictive for certain proactive health behaviors. For instance, tasks such as helping colleagues to carry heavy boxes, was evaluated by MA06 as unfitting for his new role in a leading position, while he also experienced having less opportunities to do so. So despite this task allowing for a benefitting change of pace, he ceased taking on such tasks in his new role: "[…] Um would be fun to do more of again, but is at the moment just, yeah, it's just not the role and it wouldn't make much sense for me to do that now." (pos. 151)

Role configurations were also experienced as constraining proactive health behavior when job roles were highly specialized. Because these roles involved dynamic tasks requiring

expertise and insight that could not easily be substituted by other team members, participants reported difficulties detaching fully from work during illness or vacation, as MA04 reports:

> B: And we don't really have clear rules for covering for each other, where it's really, really, really clear that if person X is on sick leave, person Y does this and that, and person Z does this and that, but it's more like, in a specific instance of sick leave, you have to work out who can take over for the next few days and, `please note, you'll have to keep an eye on this and that for me´. That's also often (somewhat?) difficult. […]
>
> B: […] also because the tasks are also somehow very dynamic, so we don't do the same thing every month and (.)/ so, you also couldn't really pin down that THIS is to be done when I'm sick, because it's always kind of different things that I'm working on at the moment. Yes. (266-270)

When workload and demands exhausted the capacity for health behavior at work or work conditions and role configurations weren't perceived to allow for these behaviors, participants often reported shifting them into their leisure time. Spending time with friends and family, exercising, engaging with topics unrelated to work, and spending time outdoors were activities participants understood as compensation from work stressors and as fostering their health and well-being outside work hours. For instance, MA05 described how he used his leisure time for physical activities in order to counteract the unhealthy lack of movement during work hours:

> B: In this case really more counteracting outside of working hours. I do that relatively consistently, so I make sure that I/I make it a point to do some kind of sport every day. Most of the time I alternate, one day I go running and the next day I do some kind of back and stomach muscle exercises. Um (.) definitely also/ so, I did that during my studies too, simply because it somewhere um feels good when you exercise, and now that I have an office job, there's um definitely more motivation because I know, okay, otherwise I'll just completely degenerate (laughing). (pos. 210)

MA05 is aware of aspects of his job that aren't said to be healthy and has the desire to counteract them, however he is also committed to finishing his workload and when forced to choose between taking time for health behavior or working on his tasks, he prioritized work and shifted health behavior into his leisure time, just like MA01 did. MA07 also illustrates how commitment to work and the desire to perform well take precedence over health behavior under conditions of high workload and demands:

> B: […] Well, I am actually a very health-conscious person, that yes, um I pay attention to my diet and I exercise, but I am also just someone who performs well and gets their work done, yes, and sometimes it's not possible to do both[, health and work]. And then work probably takes precedence over any um fun leisure activities, yes, so perhaps sometimes you just have to take yourself by the nose and shift your priorities, but that's not so easy either. (pos. 32b)

Being engaged in work, especially when pressure from a high taskload is present, also led to participants not following through with proactive health behaviors. MA06 illustrates this by describing how he neglects his posture and stops taking breaks when he is overwhelmed with work:

> B: […] this works well as long as you're not super swamped with work, and as soon as things pile up and you're somehow immersed in them and get stuff done somehow, then eventually you just sit there and um, yeah, and don't pay attention to these things anymore. […] (pos. 109)

In conclusion, excessive workload, demands, and role-related pressures sometimes consumed time, energy, and attention to such an extent that employees experienced proactive health behavior at work as incompatible with performing their tasks well and responding to demands adequately. This resulted in ongoing prioritization conflicts, that were then often resolved by letting work take precedence and shifting proactive health behaviors into leisure time.

Subtheme 3c – Voice Without Guarantees: Structural Change Depends on Conditions Beyond Individual Control

Across participants' accounts, proactive health behavior aimed at structural change was described as particularly constrained, as its realization depended on factors largely beyond the control of individual employees: B: "[...] so right now I'm speaking more from the perspective of our office, where I can address these kinds of issues, but don't really get to make the decisions for our office [...]" (MA06, pos. 165b). Accordingly, proactive health behavior aiming to actively change existing and often far-reaching and deeply rooted structures was reported much less than behavior contained within given structures. Those that were reported largely pertain to voicing (repeatedly) issues, burdens, and ideas for change, where fulfillment was described as ultimately depending on multiple factors outside the power of an individual health-related proactive team member. As such, participants who engaged in proactive health behavior through voice did not experience structural change as something they could reliably initiate or control, but rather as something that might or might

not come to be depending on broader organizational conditions. An example of this is MA03's report of her team's attempt to implement offers for yoga or stretching during breaks:

> I: Yes, that means that it was simply not accepted, when the/by this/this suggestion, and you probably don't know why?
>
> B: Hm (thinking) I know that a colleague mentioned it once, and I think to the team leader, and I even think my team leader then sort of br/ um (thinking) in the annual/ so, she brought it up in her annual review, and as far as I know, she also said that it would be passed on, but I think in such a large organization, it's just not that easy to implement, but/ I don't know. (pos. 199-200)

In another example, MA04 voiced her requests for change and support when she demanded an overdue performance review by her team leader to address various burdensome challenges:

> B: […] Hm (thinking) Exactly, two months ago or so I also had my first performance review with my boss. And that was on my initiative, because I wanted to have it. And that really was a HUGE step for me to take. And then after the meeting, I somehow also felt better mentally, better than before, even though not all of the issues we discussed were immediately resolved. […]
>
> […]
>
> B: […] And I believe the meeting was the first occasion where I addressed some things that had been building up for a VERY long time. And (.) I was semi-satisfied with my boss's reaction, and it wasn't possible to find a solution for everything, […] (pos. 226-228)

Although MA04's demand for a performance review was successful, her account still indicates that her requests for support with the issues she voiced there did not automatically translate into sustained structural change. MA04 explained that at the time of the interview the agreed upon changes had not been implemented yet and that the responsibility of ensuring these changes actually happen seemed to be put solely on her: "So it's been about two months now, roughly, and I get the impression that much of it (.) hasn't really been implemented, or that it would be up to ME again to actively demand that it be implemented. […]" (pos. 234).

While MA03 and MA04's attempts to change structures by voicing their ideas and struggles were not successful, one participant did report having achieved a successful structure change through his voice behavior. MA07 repeatedly spoke up about his predicament where all the knowledge and responsibility of his central position in his

organization lie on his shoulders alone. This means an excessive workload for him and a huge loss of knowledge to the organization when he is absent. This predicament of a sole knowledge carrier for a central position in the organization was known, however, only after he repeatedly spoke up about needing assistance, the decision-makers took action and started looking for a second employee to assist. Nevertheless, MA07 did not attribute this change to his persistence alone, but explained that multiple factors had to align in order for this change to happen:

> B: Well um, there are several factors that have to come together for something um like this to happen, especially in a highly competitive um in a highly competitive industry that we work in, and where you just also think twice about every euro, um so it takes several factors to come together, and in my specific case, it was the following factors, so not only that everyone saw that I am simply underwater and that I am the knowledge carrier, yes, that is obvious, that is clear to everyone anyway, but it also happens that we now have a new structure within HR, we've modernized a bit, we have new managers, we have new decision-makers, and [my] area, which was previously only staffed by one person, very minimalistic for this size, um is also to be staffed more heavily in the future, so far we've more or less, how should I put it, done the bare minimum in this area, but we need to become stronger in this, yes, and all these things, the commitment, the new managers, then the changing times, which bring with them the need for us to become stronger, to position ourselves better in this area, all of this then leads to the point where approval is actually given eventually, and maybe a second person is needed, yes, and so another small step is taken in the right direction, but, as I said, it's also several factors that have to come together for that. (pos. 12)

Here, MA07 emphasized that he did not perceive his voicing of the issue as decisive, but that structural change required the alignment of organizational priorities, supportive leadership, resource availability, and external pressures. This further illustrates how changing health-impacting aspects at work is sometimes understood to not lie within an individual proactive employee's power.

Not only changes in tangible structures such as the number of team members were reported by participants as dependent on various factors outside an individual's control, but also changes to far-reaching and deep-seated culture and conventions that impact health negatively. For instance, MA05 describes how he believes that for changing the unhealthy

overtime practices within his workplace long-term, institutional changes beyond individuals' and even team leaders' power are necessary:

> B: Yes, yes.// Totally yes. Yes. It's (.) quite a lot, quite SICK in this system, I think. Um because it's just (..) yes, well, it's just completely, actually completely normal for people to work much more than they are paid for. That's somehow, already by definition, somewhere exploitation to me. But it's just such an institutional form of exploitation, and it is, the funding agencies also don't give out any more money than those thirty hours for a PhD student. And I think even if you WERE a group leader and WANTED to change that yourself, even THEN it would be DIFFICULT. Because it's just always this (.) actually pretty crazy arms race that you have to somewhere (.) this/ even if I now look at it from the group leader's perspective (.) this publish or perish, meaning you have to constantly um produce new research results so that you can continue to get your grants so that you can continue to keep your group alive. And these grants are just (.) you have to say, okay, I want two PhD students for this period, then they give you money, but this money is only enough for these thirty hours (laughing) and then um you can (.)/ YES, it's difficult. (pos. 130)

MA05's account describes how not only individuals but also leaders' agency in shaping health-benefitting conditions is situated in wider institutional structures and understood to be limited by them.

Nevertheless, another participant's account suggests that leaders can enable structural adjustments to a certain degree, even while constrained by wider organizational conditions. Contrary to MA04's account were her team leader did not attempt to change task distribution within the team, MA01 reported "creating a healthy work-life balance for one's team by adjusting the task and resource allocation" and "as a leader, promoting team spirit among employees by designating a day when everyone works in the office":

> B: Well, I try to ensure that my team, um has a good, um good balance, and I think now it's working well. Um for me, I still need to (.) work on it a bit more.
>
> I: Okay, yes. How did you manage that for your team? Did you do anything specific to make it possible?
>
> B: (...) Yes (hesitantly), I then (.) um (.) um (.) used the resources in such a way that the, that the tasks are better distributed and then found additional solutions so that no one person is entrusted with too many tasks. (pos. 162-164)

Her account illustrates that the capacity to enact structural change varies by role, and that leadership roles can enable certain structural adjustments, if perceived to lie in their power by the leader.

Overall, a large percentage of employees is only in a position to suggest change initiatives while approval and execution of high resource dependent changes and changes to deep-seated structures are dependent on a multitude of factors, such as certain stakeholders and leaders interest in the initiative, the overall amount of available resources, prioritization of the initiative compared to other initiatives, commitment to the realization of the change, legal conditions, the changing times in the world of employment, et cetera. The power of individual employees and team leaders is understood to be fundamentally constrained, as structural change depends on a complex interplay of organizational, institutional, and temporal factors that extends well beyond individual initiative or commitment.

Theme 4 – "It is Difficult to Be the One Who Does Things Differently": Proactive Health Behavior as Norm-Deviating and Effortful Practice in Unsupportive Environments

"[…] And I just find it DIFFICULT, when the team somehow exemplifies this SO, to be the person who does things differently" (MA04, pos. 278). As MA04 so fittingly sums up, in a workplace in which the lived culture partly consists of behavior that is not recommended for a healthy life, being the one who tries to do things differently, in a more healthy way, is difficult. In this context, HR-ProW is perceived as a deviation from dominant workplace norms rather than as an integrated or expected part of everyday work practices, making such behavior feel risky and effortful. This remains true even when passive health offers by the organization are available and direct requests for help would not be rejected.

Some participants' accounts positioned their proactive health behaviors as a strenuous assertion within a work environment that only passively and not actively supports proactive health behavior. Such an environment was characterized by leaders and colleagues modelling unhealthy behavior at work, structures that undermine health behavior, a lack of positive and supportive thematization of employees' well-being at work, and in one case negative reactions to proactive health behavior. Still, passive offers of health services (e.g., time management workshops) were available, and help would be provided within perceived possibilities, but only if employees themselves requested it. This meant that employees felt they carried the sole responsibility of initiating health behavior and addressing health-related issues at work.

MA02 illustrates the lack of thematization in her response to the inquiry of whether health at work is ever explicitly addressed within her organization:

> B: […] But otherwise, whether it's brought up, I think there's just a lot of emphasis on personal responsibility somehow. And that you should sort things out yourself somehow, or if something doesn't suit you, that you then bring it up. Um yes, but that otherwise it, not really, it hasn't been addressed that much. (pos. 123)

She describes a lack of a team leader routinely asking employees how they are doing and encouraging them to speak up if they need help. Instead her team leader relied solely on her team members' unprompted voicing of their wishes and concerns. Participants thus couldn't be entirely sure whether health behavior would be supported and had to employ significant energy resources to ensure the realization of their requests. MA04 commented on the strain this put on her: "[…] But it's just really difficult for me to be in this position now, hm (thinking) [where I have to] keep insisting on compliance with what was agreed. [...]" (pos. 234), and " […] I think it would be much EASIER for me to be in a working environment where such offers are made right from the start. And I think that would make it much easier for me to address issues […]" (pos. 238).

Experienced unsupportiveness due to the team leader's thematization of health topics becomes even more apparent in MA05's case. He experienced the way leaders at his workplace talked about health at work, especially mental health, as done in a negative way:

> B: […] yes, well, my boss doesn't really address this actively. And when he does, then in a rather dispensable way (laughing), let's put it that way. So I would say quite clearly that passively, the offers that are there are pretty cool, and actively, in terms of addressing and also in/ I feel in terms of appraisal and in terms of priorities, how the decision-makers have that too, there is still room for improvement. (pos. 282)

His account illustrates how workplaces that provide various health services can still feel unsupportive if leaders do not actively voice support of health behavior and show interest in their team members' (mental) health.

The experienced unsupportiveness of team leaders on its own, did not stop participants from performing health behaviors, however the team leader's position of power made these behaviors feel more perilous, sometimes undermining health behavior fully. For instance, MA05 explained wanting to counter his team leaders opinions about health at work, however, considering the power his team leader has over his job and his career, he decided to postpone voicing his disagreement:

B: […] So, I've actually resolved to (.)/ well, I'm still very much at the beginning, and of course you have particularly little (laughs) power at that stage. Because, naturally, the group leaders also haven't invested THAT much in you yet, and you don't want to burn any bridges too early on. But I do intend to, when I'm somewhere towards the end of my PhD, where you also already (.)/ where you know, okay, now they can't/ now nobody can really make your life that difficult anymore, because you've somehow already done good work, that I'll then also tackle these things a bit more (.) proactively and maybe also address them. So NOW I wouldn't (.) um not yet (.)/ I would (.)/ so I think if for some reason somewhere the topic of mental health comes up, then I think somehow I would express my opinion even now. But I do plan to, perhaps later, when I'm in a slightly stronger position, that I might then have more opportunity to actively bring it up. (pos. 180)

MA05 perceived his team leader as unsupportive of (mental) health issues and due to the perceived power of his team leader about his job position and career, health behavior became a perilous endeavor. MA04 also illustrates further fears that might go along with health behavior in the case of an unsupportive leader when she talks about the significance of having voiced struggles she experiences at work during a performance review she initiated:

B: […] And then at some point I actually asked for [the performance review], which was REALLY a huge step for me, because it felt VERY much like, `I'm admitting right now that I can't cope with the stress at work´. […] but I think it was really a big STEP for me just to do that and to EVEN point out where these problems lie for me, because I kinda had never done that before and (.) before that I had tried for a very long time in this job to always give the outward appearance that I could handle everything. (pos. 228)

MA04 described struggling with a fear of being seen as incompetent and weak if she asks for support with job aspects, such as the task allocation: "[…] it definitely plays a role that (.) for ME, talking about things like that, for example, to my boss, saying that I would like more support, often feels like admitting my own weakness or failure, and I find that difficult." (pos. 116) For her this fear was intensified by her team leader modelling behavior excessively that she struggles with and wants more support with, because she doesn't feel legitimized in her struggles and need for support. This is apparent in her account of desiring to work less hours but because of observing her team leader working even more than his 40-hour contract dictates, she doesn't believe that he would be open to such a change:

B: […] And my boss, for example, also has a forty-hour contract and often works MUCH more than that because he does a lot of overtime. And um I don't know, he's currently finishing his doctoral thesis on the side, for example. And when I then hear things like that, I always think to myself that I should also be able to manage with forty hours somehow, or I just get the impression that I have little ground to argue with him as to why I should or want to work less now. (pos. 172)

Beyond interpersonal dynamics and leadership behavior, participants also described structures that reinforced the experienced lack of active support for health at work within their organization. These structures were designed in a way that was perceived as facilitating unhealthy behaviors instead of healthy ones, and signaling that health is considered secondary to performance in the organization's priorities. By doing so, these structures contributed to an organizational environment in which health behavior was perceived as neither actively supported nor normalized. An example of such structures are meal vouchers provided by the organization for places with mostly unhealthy food options, which facilitated the consumption of such food over healthier options. Another example are wine glasses dominating the arrangement of tableware during company dinners, which reflected that excessive alcohol consumption is the norm in this context:

B: […] Exactly, and um also the issue of alcohol on business trips, because it's REALLY often the case that it's somehow considered normal for everyone to drink wine on an evening like that, and that, for example, somehow the wine carafes are already on the table when you arrive at the restaurant, and ONLY wine glasses are set out, for example, and you kind of have to go out of your way if you somehow want to drink something else. And I often find that difficult, because I like to drink wine, sometimes I like to drink a good glass of wine, but just that it's somehow connected with this EXPECTATION and that many people drink a LOT on business trips and that it's almost an integral part of it, [...]. (MA04, pos. 134)

Perceived expectations, rules and requests incompatible with intended health behavior further characterized the experienced difficulties of participants with conducting health behavior within environments of unspoken support. Modelled behavior by colleagues and leaders as well as hearsay played a significant role in shaping what kind of expectations for themselves participants perceived. This is illustrated by MA05's explanation of the source of unwritten rules regarding his workplace's excessive overtime hours:

I: Hm (affirmative), okay, yes. Can you somehow say by what these unwritten rules, this "when is it okay to go home," could be pinned down, concretely? So how do they show themself?

B: On one hand, what you somehow sort of (.) um basically just hear from the other colleagues, from hearsay. So I know that our boss is more of the type who likes it when people are there and working. And um and he works a ton himself. Of course, that also always makes it difficult then, when you have this/ have a supervisor who is such a workaholic himself (laughs), that you say, okay, yeah, but I'm still going to work a little less because I just can't handle it anymore. Um (.) so on the one hand, there's this, more indirectly from hearsay, what the boss's expectations are, and on the other hand, there's also how much I see other people working. (.) Exactly. (pos. 23-24)

While the perceived expectations of one's leader made contrary health behavior feel especially perilous due to the perceived power imbalance, behaving contrary to perceived expectations and behavior modelled by colleagues was also frequently reported to be a difficult endeavor. When drawing boundaries at work others did not, participants spoke of a fear of being perceived unfavorably, of missing out on "[…] important networking […]" (pos. 130, MA04), as well as feelings of guilt due to a sense of obligation and solidarity. For instance, MA05 describes worrying about the legitimacy of not engaging with work during weekends because others in his occupation do not have the freedom to do the same:

B: […] That's definitely something that makes me think, that I know, okay, the others/ most of the others have to work on weekends and they do, at least sometimes, because the model systems just require it, and I don't usually do that. But of course it's something that always stays in the back of your mind, (if I/?), can I now, with a clear conscience, somehow do nothing on the weekend because somehow the others (.) have to work. So it's something/ I can live with it, but of course it's something that gets you thinking. (pos. 116)

While MA05's account illustrates a sense of solidarity, MA04 reported feeling a sense of obligation to fulfill her team leader's request to take care of a few tasks first before fully disengaging from work in case of illness: "[…] I find it difficult not to do that then, or somehow I feel this sense of obligation that maybe I should do it quickly anyway, […]" (MA04, pos. 262). MA04's account further illustrates that not only modelled behavior but also direct requests contrary to intended health behavior pose a challenge for their implementation. Again, requests by leaders were reported to be more difficult to refuse due to the power imbalance, as MA06 explains: "[…] This works with many people, works with/

yes, it's just, naturally, the more it moves in the direction of management, the more difficult it naturally is to somehow say, “No, right now I don't really have time for you.” (pos. 73). Nonetheless, requests by colleagues were also reported to be challenging to refuse, and yielding to invitations to group activities contrary to intended health behavior was described as tempting. For instance, even though MA04 had resolved to not drink any more coffee that day, her colleagues’ initiation to drink coffee together, “[…] [tempted] me somehow to have another drink after all.” (pos. 208).

Unfavorable or negative reactions were presented as another challenge for the implementation of proactive health behavior by one participant. MA04 reported, for instance, experiencing attempts of persuasion instead of acceptance and understanding when she tried to implement a boundary during a business trip:

> I: […] Um when you say no to an evening like that, how does your work environment react?
>
> B: Yes, often not so well, and I really had to learn, so (here, in this situation then?), to go through with it anyway, because it's often the case that somehow the situation then is that everyone says, "Oh yes, let's go to a bar now!‘ and when I say, 'Um I'm tired, I'm going to call it a night,’ then it often happens that the reaction is, ‘Oh come on, you can still come with us for just one drink, the bar is really nice, we've really picked a great place. You can't be tired already, you can sleep until eight tomorrow anyway' or whatever, that kind of persuasion just happens somehow. And then it's really difficult for me to stick to my no. […] (pos. 131-132)

As MA04 narrates in this illustration, participants facing challenges, such as not actively supporting leaders, behavior modelled and requests by leaders and colleagues contrary to one’s health intentions, as well as negative reactions, did not stop implementing proactive health behaviors altogether. However, implementation required courage, invoking and reaffirming one’s resolve, a repeated conscious choice for the intended behavior, as well as practice in order to be steadfast in the face of these challenges. MA01, MA05 and MA06 underscore this by saying:

> B: […] But you can say yourself, “I can't do this”, and yes, you have to have that courage, you have to say, “Sorry, but I can't do that”, yes. […] (MA01, pos. 244)
>
> B: […] It's also that (.) some things will always be something, that you actually have to justify time and again for you, like, more for yourself, so that's also something you also really have to practice, that it's okay, that I do that, so it's not, not something so trivial, […] (MA05, pos. 256)

B: […] yes, but it's kind of prevalent throughout, so I think it's just very much part of the corporate culture, where you might (.) sometimes just have to consciously say (.) so just make a conscious effort to do things differently and say, "Hey, I'm eating now, I'm taking at least fifteen minutes to eat my meal in peace." (pos. 113, MA06)

In sum, when workplaces do not actively support health, proactive health behavior is experienced as norm-deviant, as well as socially and professionally risky. It requires repeated conscious effort, justification, and personal resolve to act against implicit expectations, modelled behavior and power relations.

Theme 5 – Everyone Acting in Concert: The Ease of Proactive Health Behavior in Culturally Aligned Environments

As MA02 reports, "Yes (quietly). Yes, I think it's already very much oriented towards that, at least that's how it seems to me, or that's the impression I get, that everyone feels very comfortable, and that [well-being] is of course very important, [...]" (pos. 113), some participants understood their organization as valuing the health and well-being of their employees, their leaders as being actively supportive of health behavior, and their work environment as shaped in a way that signals support and facilitates health behavior. As such, in these accounts participants expressed experiencing a health-supportive climate as a result of a broader cultural orientation toward actively supporting employee health and well-being. In these environments, proactive health behavior was not experienced as an individual initiative deviating from the norm that needed to be defended or justified in the face of unhealthy role models. Instead, it was embedded in shared norms of healthy behavior at work, supportive leader practices, and health behavior facilitating structures, making proactive health behavior an unobtrusive and low-effort part of daily work life. MA03's account illustrates that the effortlessness of proactive health behavior is underpinned not by singular factors (e.g., leadership style), but by the alignment of many facets of the lived corporate culture with a shared orientation towards healthy behavior at work:

I: Hm (affirmative) or something specific that helped you do that. Where you feel like it made it possible for you.

B: Yes, basically, I think it's really the corporate culture, even if that's always so abstract and you never know exactly what corporate culture actually entails. […] That means that the offers at work are partly designed in such a way that you feel, okay, I feel supported in using it. Um, and yes, (.) I do believe that what I've seen, I've kind of adopted, and how the company basically LIVES AND BREATHES it. (...) Yes.

I: Hm (affirmative). Yes. Just that people do it, that people use it.

> B: Yes. That they use it, and you don't get any negative feedback or dirty looks or anything like that. […] So, I think a lot of importance is placed on interactions with others. And that we have this social aspect and you're not just working by yourself. At least, that's how I always perceive it. (MA03, pos. 205-208)

Among the facets of lived corporate culture MA03 names is not only the provision of health offers but that they are designed in a way that makes employees feel supported in using them. An example of this is MA02's account of the fruit basket at work always being full, signaling that it is wanted and supported to take fruits from the basket and that the organization cares about employees' nutrition enough to make sure the fruit basket is regularly replenished. The relevance of the design of health offers for experienced supportiveness becomes even more apparent when comparing MA02's and MA03's accounts to MA04's description of health offers that she does not feel supported in utilizing: "(.) Well, I think it's sort of because it's at this corporate level, it's almost a bit TOO anonymous and too far removed from our actual workday. […]" (pos. 184).

In addition to health offers' design being perceived as supportive, in MA03's account utilizing them was a norm within the team and experiences of utilizing these offers are shared with colleagues:

> B: Yes. It's being used. Um so every time I've talked to colleagues, um so there are certain [offers] I haven't taken advantage of, but then from what I've heard, I've picked up on, ah okay, so-and-so has and they [took advantage of] it and it was actually super cool or moderately well done or whatever, but people are taking advantage of it, […]. (pos. 186)

The shared norm within MA03's team of taking care of one's own health at work by utilizing health offers among other things aligned with MA03's proactive health behavior intentions and normalizes them as they represent conformity with her team's behavior.

Another way organizations and team leaders signaled support and normative legitimacy of health behavior was by creating deliberate spaces and designating time for reflecting on, discussing, and voicing struggles, ideas and requests related to their team members' well-being at work. For instance, MA03's organization introduced an anonymous mood barometer to gather information quarterly about employees' well-being and identification with the organization. The results are then discussed with the team leaders and within the team but also in the annual briefing of all the organization's employees, signaling interest in and care for the well-being of employees as well as a shared perception of health as important. In another instance, MA02 reported team days at her workplace, during which

her leader encourages the discussion of any requests related to well-being at work among other things: " […] we've also had two team days now, um where we've also reflected together, or rather, where my boss is also quite open and and asks us if there's anything we want, if there's anything we need. […]" (pos. 119). MA02's account illustrates how team leaders were perceived as actively supporting health behavior by providing space to voice requests and this perceived supportiveness of MA02's team leader is then further consolidated by "[…] [never having] heard a no [from her team leader], also not from what [she] heard from the others, from [her] colleagues. […]" (pos. 157b).

Team leaders further actively supported health behavior by routinely asking their team members about their current wellbeing, keeping track of their team members workload, and inquiring about overwhelm while also reminding team members frequently to speak up if they need help. MA03 illustrates this by recounting her team leaders efforts to manage her team members overwhelm with tasks:

> I: Okay, yes. And that you feel so b/ so that you feel so supported by the team leader, is there anything specific she does?
>
> B: Um she addresses it directly (laughs), and when she notices, okay, one person is at full capacity right now, she then also says to that person directly, "Are you doing okay right now? You have to say something if it gets to be too much," also with those exact words, um or we have to make sure that we distribute the resources really well, um so she also tries during the (Jour fixe?) to more or less always get an overview of who is doing what, um and I don't feel like it's about control, because we pretty much always have something to do, it's not like anyone ever has nothing to do, but it's just that during certain phases, some people have a lot of tasks at once, and she tries to guide and steer that a bit and then to say, "Okay, who can take on this and that? (.) So, yes. (pos. 187-188)

MA03's team leader further actively and regularly shows support by inquiring about her team member's general well-being not only task-related well-being:

> B: […] she asks us all regularly, also in the morning, so when she greets us, "Morning, how are you?", I don't think everyone does that. […] Yes, I// I think you also feel fundamentally differently um welcomed and also recognized somehow, as a team member. (pos. 210-214)

By directly addressing the well-being of team members and helping manage overwhelm with tasks through reallocation, team leaders contributed to a positive and mutually supportive atmosphere at the workplace. In this atmosphere, team members were

understood as supportive of each other and mutually helped each other out, while boundaries were still respected, as MA03 reports:

> B: In principle, I do feel that this (inc. loud background noise), that this collegiality is really part of our corporate culture. I haven't worked in that many companies yet, but the way it's practiced here, that um people help each other, um haven't seen that very often. So it is/ of course, everyone has their own tasks and you can't help everyone all the time, but in principle, um it's part of the corporate culture that we simply support each other. And that if you say, “Okay, no, not right now,” um, “but later or so,” so (.)/ (pos. 124)

A supportive atmosphere further manifested itself in the quality and depth of the relationships between team members as well as the span of topics talked about. Participants who reported a positive and supportive atmosphere talked with their colleagues not only about work-related topics, but also about aspects of their personal life as well as experiences of stress and well-being at work. For instance, MA03 recounts her typical daily communications with her colleagues:

> B: Yes, actually. So with my colleague, um with the person who sits next to me, we basically talk about all kinds of things, because basically we see each other almost every day. Um (...) Yes, actually, we do. Not in great detail, so she's much more open with me than I am with her, I would say. But I think when we're this/ let's say, at a normal level of stress, then we talk about it openly, so also among ourselves. So, I also have the feeling that the colleagues who I sit with, that we are also quite open there, where we say like, “Woah, there's so much to do right now” and um (...) “How are we going to do it?”, or whatever. But/ well, you don't just bottle it up inside, I feel. (pos. 190)

The supportive and positive atmosphere contributes to the ease of proactive health behaviors by signaling that the well-being and health of employees is highly valued by colleagues, leaders and the organization, and that proactive health behavior is supported. Importantly, while actively supportive team leaders played a significant role in the participants’ perception of the legitimacy of health behavior, and they contributed to a positive and supportive atmosphere within the team, positive and supportive exchanges between colleagues were also reported in contexts without supportive leaders. As such, not actively supportive team leaders did not necessarily stop supportive exchanges between team members, however, when team leader and team members' supportiveness aligned, the ease of proactive health behavior increased.

The ease and unobtrusiveness of proactive health behavior within these supportive environments manifests itself further by eliciting either positive reactions or by simply being accepted and eliciting no reactions at all. Thus, when proactive health behavior is a norm within the team and a shared understanding of health as important is prevalent, proactive health behavior becomes unremarkable. For instance, MA02 describes how unremarkable her colleague's walks at lunch are perceived by her:

> B: […] Um, what's also never a problem is, so she often does that in her, I think she probably combines it with her lunch break, um that she just says she has to go for a walk and, yes, sometimes she goes out to eat or something, um, but, totally, so that's also, well, that's also never a problem, rather/. (pos. 207)

Overall, alignment between employees' proactive health intentions with the team's and organization's lived culture, shaped by leadership practices, peer relationships, and organizational structures, contributed to HR-ProW being experienced as unremarkable, easy, and risk-free. In these contexts, support was not merely passively available but actively enacted. Leaders routinely inquired about well-being and redistributed workload when necessary, organizational structures were designed in ways that facilitate healthy behavior, and healthy behavior was normalized as part of everyday work life. The ease of proactive health behavior thus emerged from the congruence of cultural norms, relational practices, structural signals, that jointly legitimized and embedded health as a shared value at work, which led to the climate at work being perceived as supportive of health behavior, and thereby removing the need to justify or defend proactive health behavior.

Theme 6 – From Uncertainty to Confidence: (Re)constructing a Secure Foundation for and Through Proactive Health Behavior

Participants' accounts suggest that a sense of security may arise from factors such as clarity, experienced competence, psychological safety, as well as normative and value-based legitimacy, and may, in turn, enable the adoption of proactive health behavior at work. This sense of security appeared to develop over time through clear and open communication, increasing familiarity with workplace norms and expectations, clearly defined roles and responsibilities, and reflection on one's own values. In workplaces that actively signaled approval of health behaviors, knowledge of this support provided employees with the security to participate in health-related practices and implement their own proactive behaviors without fearing negative reactions. In contrast, in workplaces lacking such explicit support, insecurity was more prevalent, as neither leaders nor colleagues actively voiced approval or modeled healthy behaviors. Nevertheless, participants still enacted proactive health behavior in these

contexts, often finding alternative ways to regain clarity and a sense of security outside established team norms and practices. In some cases, proactive health behavior itself became a source of security, expanding the role of security from a precondition to an intertwined element of both the process and the consequences of proactive action.

> B: Yes. I mean, I already, I think that, what I've mentioned a few times now, that/ that by now I, because I've been in the team for a while now and am a bit more familiar with everything, that I now just listen to myself more and do things at my own pace, or also, if I need a break, that I take it, um which I just didn't do at the beginning, because, yeah, of course, you're new somewhere and you're maybe just a little bit more insecure, um, yeah, you kind of have this fear, I don't know, that people, who knows, will think negatively about you or something, which was never the case. (pos. 145, MA02)

Some participants, like MA02 here, reported developing their proactive health behaviors not immediately after they started their current job but only after some time had passed. During that time they gained a sense of security and psychological safety in being allowed and able to make their own adjustments to work processes and conditions without negative consequences. They learned "how things are done here" by getting to know the team, the procedures and conventions at their workplace, and what their role in the team is. This clarity about how things are done, what is and what isn't expected of one, and how their colleagues and leaders would likely react to their initiative then gave them the security to make use of and navigate the structures available to them in a way that suited them best. Further, they made the experience that they can manage their assigned tasks and the expectations placed on them successfully, giving them the confidence and again security to implement their own routines, procedures and pacing, as well as set boundaries. MA04 illustrates this:

> B: […] so I think it was necessary to be in the job for a longer period of time, and to somehow establish my own standing in this job and to know, `Okay, I'm good at what I do, and that's not going to change, even if for once I'm not present at some important conversation over dinner´. […] (Pos. 150)

They also learned with time whether (proactive) health behavior is generally accepted and allowed at their workplace by observing the behavior of their colleagues and getting to know the perspective of their team leader in supporting requests and proactive health behavior. For instance, here MA02 describes how trust in her team leader's openness and support helped her feel safe to voice a request:

B: Yes. So, in the beginning, I wasn't really aware of the extent to which I could express my wishes. Um maybe I also didn't, didn't yet know what to wish for exactly. Um that just happened over time, and of course it helped enormously that I knew I I would find a sympathetic ear there. (pos. 157a)

Observing health-related workplace practices of colleagues gave participants the security to adopt health behaviors because healthy workplace practices by colleagues signaled permission and positive reception, and legitimized such behavior at work. An example of the effects of observing healthy workplace conventions is MA03's use of noise cancelling headphones in an open-plan office:

I: Yes. Yes. Did you do that from the beginning, or did it develop at some point?

B: (...) Hm (thinking) no, not at the beginning. More when I had been working in the company for a while and saw that, okay, it i/ is generally considered okay. Um.

I: You saw that because you observed the // others?

B: Yes.// Exactly. So, I noticed previously that the others had their headphones on, and that it was generally okay, because at first it might seem strange cause you don't seem approachable, right. Um (..) but, yes. The more responsibility I had and the longer I was with the company, and the better/ or the better I got to know the structures (.)/ yes, with all that it practically started, that I then, I think, also started wearing headphones myself. (pos. 145-148)

Another security giving aspect that takes time to develop and nurtures (social) proactive health behavior is a more personal and closer relationship with colleagues. MA04 describes how getting to know colleagues and building up a mutual relationship that allows open communication about health struggles at work and mutual support takes time:

B: Yes. Well, I think that came about more as a result of getting to know people better. I think at the beginning it was still a rather cooler, more distant relationship, or at the beginning I also didn't let on when, for example, I was very overwhelmed by something at work. And maybe my colleagues didn't either. And I think it took us reaching a point where we knew each other well enough on a more personal level for it (.) to be possible to show how we are feeling and to be there for each other, to look out for each other. (pos. 306)

In workplaces where security and clarity was lacking due to unsupportive leaders, unhealthy conventions as well as a phase of transformation within the organization, the role of proactive health behaviors shifted to being instrumental for regaining security and clarity. For instance, the proactive health behavior of demanding a performance review to voice

struggles with task distribution and requests for change gave MA04 the security to speak up again about her requests and struggles in the future:

> B: Hm (thinking). (.) Hm (thinking) well, I think asking for something like this performance review, that yes, and now that I've already done it once, I think the barrier to doing it again is a little, or I think, now I would feel more like I actually CAN go to my boss and say, `Hey, I'd like to talk to you about the division of tasks in project so-and-so, because it's not working for me right now and we need to find another solution somehow,´ so I do believe that. To what extent all of that can be implemented then is another question, because it's about framework conditions, et cetera, but at least I would feel that in any case I CAN do this. (pos. 308)

Even though her team leader did not satisfyingly answer her requests for change, he did not reject her either, allowing her to feel validated in asking for the actualization of the agreed upon changes in the future. Further, MA05's fear of being perceived as weak and incapable if she admits her struggles to her team leader was likely reduced once she overcame this fear and spoke up about her struggles during this first performance review. Mirroring this gain in security through speaking up about struggles and personal boundaries, MA05 also drew security from having spoken up about his overtime limits during his job interview:

> B: […] And I actually already brought this up back then/ during my job interview with my boss. Um because I um knew that there might be this expectation to work a lot. But I just knew um that my brain can't handle much more than six hours of full speed a day, and then I can manage maybe another hour or two where I'm still a bit productive, but then that's it. And that's what I told him during the job interview, that 'okay, this is how much I can do and I can't do any more than that'. Um and that does give me a little peace of mind now, because I um now I think to myself, 'okay, I told him at a time when he could still have easily said no to me' and he still said 'yes', so in that sense, yes, exactly. (pos. 38b)

The fact that his team leader gave him his job, even after he had communicated his boundaries for overtime work, gave MA05 the security in his team leader's acceptance of his boundaries, legitimizing his contrary conduct in a workplace where excessive overtime practices are the norm.

Another context of uncertainty and insecurity participants reported, was a phase of transformation within their organization. Procedures, responsibilities, roles and expectations became unclear due to the ongoing changes and workload increased leaving less time for

performing proactive health behaviors. Again participants took back some of that security and clarity through proactive health behaviors. An example is MA06's plan to request clarification of the vague and differing expectations between his boss and his managing director regarding his role in the organization after a phase of transformation:

> B: […] So, in the meantime, a lot has just changed simply because of the realities that have been created in the last few weeks, also due to the managing director, and what has been communicated to me [by him about], what [he] actually [expects of me], um for me, that's more like, yes, let's say, a heavy responsibility now to say, I have to say from my point of view, `hey, I think´, to my boss, `I think that the way we last discussed it and the way I'm experiencing it now, it's just not going to (.) that's not how it should be and that's not how it's going to work, which means, um can we sit down together and, yes, define what the expectations are, perhaps check again with the managing director to see if that is consistent with his views, and then put it in writing in some form´, I (.) notice time and again that then/ yes, just having a job description, a written one, might also be helpful. […] (pos. 55)

In workplaces with widespread unhealthy conventions, another security providing strategy was reflecting on personal views regarding what practices make sense long-term for society at large and incorporating these into a strong belief system. This allowed for a value-based legitimization of behaviors contrary to prevalent practices and norms of colleagues and leaders. MA05 reported this in relation to his opposition of his workplaces excessive overtime practices:

> I: Okay, yes. Okay. And what's it like then, when you go home, um, do the others notice then, that you're going home earlier?
>
> B: Yes, earlier, //so/ yes.
>
> I: So// Yes.
>
> B: Phew. Um, to be honest, I actually want them to notice, because I also kinda want to be a good role model (laughs). So I want, cause/ well, I know that the work culture is actually um shaped by the behavior of all the individuals in the collective (.) actually brings it about. And um, because I'm also a part of THAT, I can of course help shape to a certain extent what is normal and what is not. Um, so I/ well, everyone notices when I leave, but that's also intentional (laughs). Um, yes. (pos. 25-28)

This awareness of social co-responsibility and belief in an individual's power to actively co-shape workplace practices supported MA05's performance of health-related proactive behaviors at work. Attempting to be a good role model who is seen to uphold

healthy behaviors in the work context constitutes an effort by MA05 to take on social co-responsibility for healthy workplace practices.

Altogether, security was a central condition for the implementation of proactive health behavior at work, while at the same time being shaped and strengthened through such behavior. Security developed gradually through clarity and familiarity with processes, roles, expectations, and workplace norms, through observing colleagues' health behavior and supportive leader responses, which signaled that proactive health behavior is the norm and legitimate, through confidence in one's own competence and through building closer relationships within the team, which gave participants the feeling that it is safe to act health-related proactive without fear of negative consequences. In contexts where explicit approval and healthy conventions were lacking, participants often created their own sources of clarity and legitimacy by deliberately initiating conversations about workload and expectations, setting boundaries early on, and reflecting on personal values. Proactive health behavior was thus not only supported by security given by leaders, colleagues and the organization, but also served as a way to (re)gain security even in uncertain or unsupportive environments.

Discussion

Taken together, the themes suggest that proactive health behavior at work is deeply embedded within the work context and often not simply a matter of individual agency, but a collective practice that is continuously negotiated within the social, structural, normative, and cultural environment. Employees appear to adapt their proactive health behavior to the situation they find themselves in and the sense they make of it, individually or collectively. Participants' accounts further indicate that experiences with HR-ProW take on different meanings and qualities depending on the degree of active support and cultural alignment within the work environment. Accordingly, HR-ProW does not seem to be a clearly defined set of behavior types, but rather a contextually bounded and adaptive practice encompassing a variety of behavior that may be experienced differently across contexts.

Theme 1 suggests that employees may be prompted to act health-related proactively when they perceive personal limits and strain, anticipate future health outcomes, or feel responsible for their own and their colleagues' health and well-being. While such actions are primarily intended to improve a well-being-impairing situation and achieve a healthier future, they occasionally involve improving workflow and efficiency to reduce mental strain, thus partly overlapping with performance-improving behavior.

Theme 2 highlights positive social interactions as a significant resource for proactive health behavior at work. Participants described valuing social interactions deeply and actively

seeking them out for the health benefits they associate with them. Rather than individual behavior, social proactive health practices often appeared as collective processes in which understandings of what is considered healthy were negotiated in interaction, and health behavior was enacted together (collective HR-ProW) or reciprocally for one another (reciprocal HR-ProW). The presence of proactive individuals who initiate such interactions appeared to be particularly important, as participants reported a lack of health-benefitting social practices when such initiators were absent.

Theme 3 indicates that the scope and reach of proactive health behavior are bounded by perceived limits of both individual and organizational capacity or willingness to implement change. Employees described experiencing prioritization conflicts between work responsibilities and actions aimed at protecting or improving health and well-being, as well as constraints in achieving changes to deeply embedded structures, because they would require alignment of multiple actors and conditions beyond an individual's influence. In response, employees appeared to adapt their proactive health behavior to perceived opportunities within their environment, for instance by making use of existing spaces or health offers at the workplace, or by shifting health-promoting activities into their leisure time when such behavior seemed incompatible with work demands.

Theme 4 suggests that in environments that are not actively supportive of health behavior, proactive health behavior may position individuals as norm-deviating and expose them to social and professional risk, making such actions effortful and precarious. In such contexts, implicit expectations to conform to established behavioral norms, as well as power imbalances may create situations in which HR-ProW requires repeated conscious choice, personal resolve, and active justification.

Mirroring theme 4, theme 5 suggests that in environments characterized by strong cultural alignment with the values underpinning proactive health behavior, such behavior becomes normalized and easier to sustain. In these contexts, organizational structures, leadership behavior, and peer practices appear to signal support for health behavior, creating a supportive climate in which health-promoting behaviors are collectively enacted. Within such environments, HR-ProW may become relatively effortless, unobtrusive, and no longer require justification.

Finally, theme 6 points to the ongoing construction of security as an underlying process shaping employees' experiences with proactive health behavior at work. Security appeared to emerge with time from increasing clarity regarding expectations and processes at work, confidence in one's professional competence, as well as psychological safety, and

normative or value-based legitimacy of proactive health behavior. Across accounts security appeared both to enable proactive health behavior, and to be reinforced through such behavior. Environments that fostered security appeared to encourage employees to act proactively for health and well-being, whereas environments characterized by uncertainty appeared to partially undermine employees' readiness to do so. At the same time, within these uncertain environments, proactive health behavior itself appeared to serve as a means through which employees regained a sense of control and security. Proactive health behavior thus appears embedded within a dynamic process in which security is constructed, challenged, and strengthened through employee agency.

Overall, the findings suggest that HR-ProW represents a meaningful but contextually contingent form of proactivity. While employees may engage in proactive health behavior to shape their work experiences, the extent and manner in which they do so, as well as the quality of their experiences with it remain strongly influenced by the social, structural, and cultural conditions of the workplace.

Theoretical Implications and Further Research

The findings of this study provide initial empirical support for the relevance of the construct of health-related proactive behavior at work (HR-ProW), as participants' accounts suggest that the concept captures a meaningful aspect of office employees' real-life experiences. At the same time, the results extend existing conceptualizations of proactivity, as proactive health behavior appeared less as a clearly bounded set of individual behaviors and more as a contextually negotiated, adaptive, and socially embedded practice. These insights contribute to a more differentiated theoretical understanding of HR-ProW by indicating that it cannot be fully understood as an individual behavior alone but may be more appropriately conceptualized as a contextually embedded and, at times, collective practice. In addition, the findings offer insights into how the organizational culture may facilitate or constrain HR-ProW, and shape the quality of employees' experiences with it, as well as into how experiences of security may function as an underlying process in the enactment of proactive health behavior.

Taken together, these findings offer a contextualized perspective on proactivity that contributes to a more nuanced understanding of how HR-ProW unfolds in everyday work contexts. In line with the exploratory approach of this study, the results should be understood as interpretive insights that point toward potentially relevant avenues for future research rather than as definitive claims. In particular, the study foregrounds the role of collective practices, organizational culture and climate, as well as perceptions of security as potentially

important aspects for understanding employees' experiences with HR-ProW. By highlighting the interrelations between these aspects, the findings further suggest that HR-ProW may be more comprehensively understood through an integrated perspective that moves beyond fragmented consideration of individual antecedents toward a more experiential and context-sensitive account of proactive health behavior.

Extending and Relativizing the Theoretical Concept of Health-Related Proactivity at Work

The findings of this study validate, extend, and relativize the current theoretical understanding of HR-ProW by suggesting that it represents a meaningful but fluid, as well as socially and contextually negotiated construct capturing aspects of employees' everyday work experiences. Participants' accounts illustrate that proactive health behavior can encompass a wide variety of behaviors that are not predefined but are instead adapted by employees to the situations they encounter at work. This observation aligns with the holistic understanding of health on which the HR-ProW construct is based, as well as with its conceptual openness toward diverse forms of health-promoting behavior grounded in employees' own perceptions and experiences. It also aligns with Parker et al.'s (2010) proposition that any behavior may be enacted in a more or less proactive manner depending on the presence of the key characteristics of self-initiation, change-orientation, and future-focus. Proactive health behavior is additionally characterized by the shared target of impact being the promotion of health and well-being. At the same time, the findings suggest that these defining characteristics, as well as the proposed shared underlying goal-generation and goal-striving processes may not always manifest as clearly or as deliberately for HR-ProW as the theoretical model of proactivity by Parker et al. (2010) implies. Additionally, the processes involved in goal generation and goal striving for social proactive health practices appear to be based on interactional processes that differ entirely from those considered in Parker et al.'s (2010) model.

Participants frequently described that health-related proactive behavior was initiated when strain or personal limits became salient. In such situations, proactive behavior appeared to serve as a means of alleviating experienced strain, with the continuation of these behaviors subsequently aiming to prevent the recurrence of these problems. While these accounts indicate an orientation toward future consequences and attempts to change an undesirable situation, they do not necessarily suggest a conscious or elaborate process of goal generation as described by Parker et al.'s (2010) model. Rather, proactive health behavior often appeared to first emerge in a more situational and partially reactive manner, before its continuation sometimes prompted more elaborate planning. This can still be considered proactive behavior

as theoretical reviews have recognized that while planning for proactive goal striving may sometimes be elaborate, at other times it may be momentary (Grant & Ashford, 2008). Nonetheless, future research may consider differences in processes between partially reactive HR-ProW and more elaborately planned HR-ProW, as well as how employees switch from one approach to the other.

Furthermore, in some accounts, the initiation of health-promoting practices occurred spontaneously within social interactions (e.g., collective HR-ProW), rather than through an individual's explicit decision to act proactively. This suggests that when HR-ProW emerges as a social practice, goal generation and goal striving function differently, in a more relational and situational manner. In these cases, employees jointly negotiated what constitutes beneficial health practices within their specific work context and the current situation, jointly generated ideas for HR-ProW, and jointly enacted them. Further research should investigate the underlying processes of goal generation and goal striving for such social proactive health practices and how the interactional nature shapes them compared to individual goal generation and goal striving. The observations of proactive health behavior emerging as a collective practice rather than as a purely individual endeavor further extend the theoretical framework of HR-ProW by Landskron et al. (2023). While Landskron et al. (2023) acknowledged the role of social interaction through the sub-construct of social HR-ProW, they still conceptualized proactivity primarily as an individual behavior that involves interaction with others. In contrast, the present findings suggest that certain social proactive health practices may be more accurately understood as collective processes that are initiated, negotiated, and enacted within everyday workplace interactions.

In contexts in which HR-ProW was experienced as norm-deviating, some of the goal generation and goal striving aspects described in Parker et al.'s (2010) model became more conspicuous. While in actively supportive environments HR-ProW sometimes seemed to appear more spontaneously prompted by strain or modeled behavior by coworkers, in contrast, in not actively supportive environments, persistence in the face of obstacles, fears related to power imbalances, and negative reactions from others appeared to require more deliberate decision-making and personal resolve. These accounts indicated, similarly to the aspects described by Parker et al. (2010), a higher degree of reflection and self-regulation within the process of enacting HR-ProW. Future research may investigate differences in goal-generation and goal-striving processes depending on the cultural environment and whether they relate to different antecedents, experiences, and consequences of HR-ProW.

Another insight that emerged from participants' accounts, and that further indicates the need to relativize the concept of HR-ProW, concerns the difficulty of clearly distinguishing proactive health behavior from other forms of proactive behavior. Several behaviors described by participants appeared to simultaneously benefit health and performance. For instance, actions aimed at improving workflow by prioritizing tasks differently benefit work performance and efficiency, however they were reported by participants to be primarily motivated by the desire to reduce mental strain and protect well-being. Such observations suggest that the intended impact of proactive behavior may not always be directed exclusively toward health or performance outcomes but may encompass both, and that the classification of a behavior as HR-ProW may depend to a considerable degree on employees' own interpretations and intentions. Moreover, when proactive health practices are enacted collectively, the meaning and perceived impact of behavior may be negotiated within interaction. Behaviors that might appear health-impairing from an external perspective, such as drinking coffee, may nevertheless be experienced as health-promoting when they provide opportunities for social connection and mental recovery.

Finally, the findings provide some indications regarding how the shared motivational processes proposed by Parker et al. (2010) manifest for HR-ProW. Participants' accounts suggest that factors related to "can do" motivation (Parker et al., 2010), such as control appraisals, self-efficacy, and anticipated costs, interact strongly with structural and social conditions in the workplace and shape whether proactive health behavior is enacted. For instance, perceived feasibility and willingness to implement change as well as fears associated with proactive health behavior appeared to be moderated by available spaces, resources, health services, as well as organizational culture, and in turn influenced whether HR-ProW was conducted. For "reason to" motivational processes (Parker et al., 2010), results indicate that autonomous motivation plays a role, as participants appeared to value health and well-being, which served as value-based legitimacy for HR-ProW and supported resilience in the face of differing norms. For the "energized to" motivational processes (Parker et al., 2010), experiences of strain, such as physical pain or stress from time pressure and situational constraints, occasionally appeared to stimulate proactive health behavior, similar to the role of negative affect and job stressors proposed in Parker et al.'s (2010) model. Still, the cognitive and affective mechanisms underlying such processes were not an explicit focus of this study. Future research is therefore needed to investigate these motivational dynamics more directly.

Taken together, these findings suggest that while HR-ProW reflects the core characteristics of proactive behavior described in existing theory, its manifestation in everyday work contexts may be more fluid, interactional, as well as socially and contextually negotiated than theoretical models typically assume. This extended and relativized understanding of HR-ProW based on empirical accounts provides insights for future theory development and empirical research.

The Meaning of Organizational Culture for Health-Related Proactive Behavior at Work

The findings of this study further suggest that, while previous research has often examined contextual influences on proactive behavior individually, if at all (Grant & Ashford, 2008; Parker et al., 2010; Vough et al., 2017), an integrative cultural perspective may provide a more useful framework for understanding employees' experiences with HR-ProW. Within participants' accounts, various aspects of the workplace context, such as job design characteristics (e.g., autonomy and workload), broader structural conditions of the workplace (e.g., available health offers, physical spaces for breaks, role expectations), workplace norms and practices, leadership behavior, interpersonal relationships, perceived supportiveness, as well as psychological safety, appeared to influence whether and how employees engaged in proactive health behavior, as well as the quality of their experiences with it. These observations provide future research with insights into which contextual factors appear particularly relevant for understanding HR-ProW as compared to other forms of proactivity. At the same time, participants' accounts illustrate how these factors rarely function in isolation. Rather they appear closely interconnected and together form a cultural environment that aligns or misaligns with proactive health behavior, thereby shaping employees' experiences with HR-ProW.

Participants' experiences suggest that proactive health behavior is facilitated and often experienced as relatively effortless when organizational structures, leadership practices, and peer behavior collectively signal that health and well-being are legitimate priorities within the workplace. This pattern points toward a cultural orientation, that is, an underlying pattern of shared basic assumptions, values, and beliefs shaping the organizational context (Albrecht et al., 2025; Schneider et al., 2013), in which health and well-being is valued and proactive health behavior is actively supported. Participants' perceptions of supportiveness, psychological safety, and normative legitimacy indicate an organizational climate (Schneider et al., 2013; Sonnentag & Pundt, 2016) in which employees concluded that their organization values health and well-being, and that appeared to reflect this cultural orientation. In such culturally aligned environments, employees described proactive health behavior as relatively

effortless and unproblematic, as health-related practices were often normalized, collectively enacted, and did not require explicit justification.

In contrast, when such cultural alignment was absent, proactive health behavior appeared considerably more difficult to enact. Participants described an organizational climate in which organizational structures, leadership practices, and peer behavior were perceived to signal a cultural orientation that values and prioritizes productivity, constant availability, or endurance instead of health and well-being. As proactive health behavior deviated from the norms communicated within this cultural orientation, participants reported increased fears and perceptions of risk instead of psychological safety and perceived supportiveness. As such, engaging in proactive health behavior often required repeated conscious decisions, personal resolve, and active justification, making such behavior more effortful and precarious. These findings suggest that the potential social and professional costs associated with proactive behavior in existing research (Parker et al., 2010; Vough et al., 2017; Wang et al., 2020) may be particularly salient for HR-ProW when such behavior challenges implicit norms regarding appropriate work behavior within the team and is misaligned with the cultural environment within the workplace.

Taken together, while previous research has examined the role of organizational climate and culture only in relation to innovative processes (Edmondson & Mogelof, 2006, Glisson, 2015), the present findings suggest that for HR-ProW as well considering contextual influences through the overarching lens of organizational climate and culture may provide a more comprehensive framework for understanding how such behavior unfolds in everyday work contexts. The theoretical understanding of HR-ProW may benefit from shifting attention from a fragmented view of individual antecedents toward a more integrated perspective that considers how these factors jointly constitute the cultural environment in which proactive behavior unfolds and how experiences of HR-ProW are shaped by this cultural environment.

Mechanisms of Security

A final contribution of this study lies in the identification of security as an underlying process shaping employees' experiences with HR-ProW. Participants' accounts suggest that a sense of security at work influences whether proactive health behavior is enacted, how it is experienced, and whether it can be maintained over time without ongoing strain or resistance. This observation resonates with existing research on proactivity, which has examined the role of perceived risks and anticipated costs in constraining proactive behavior (Parker et al., 2010; Vough et al., 2017; Wang et al., 2020), as well as the enabling function of

psychological safety (Kim, 2019; Edmondson, 1999; Gong et al., 2012; Nembhard & Edmondson, 2006).

At the same time, the present findings extend this line of research by suggesting that the sense of security identified in participants' accounts goes beyond the concept of psychological safety. While psychological safety refers specifically to the belief that others will respond positively to interpersonal risk-taking, such as voicing new ideas (Edmondson, 1999), participants' accounts suggest a more encompassing, multi-dimensional, and subjectively experienced sense of being secure at work while enacting proactive health behavior. This sense of security appeared to arise from the interplay of several facets, including clarity regarding work processes and expectations, confidence in one's professional competence, normative and value-based legitimacy of proactive health behavior, as well as trust in positive reception by leaders and coworkers. In this sense, psychological safety may be understood as one important component of a broader sense of security.

Further, the findings extend previous research by suggesting that security may not only function as an antecedent of HR-ProW, but also as an outcome that is actively constructed through such behavior. In participants' accounts, engaging in proactive behavior, particularly in uncertain or unsupportive environments, sometimes appeared to serve as a way of regaining a sense of control, stability, and predictability. This points to a more dynamic understanding in which security is not a static condition, but is continuously shaped by employees' interactions with their work environment and their own proactive efforts.

Continuing, the findings suggest that the development and experience of security are closely linked to the broader cultural environment of the workplace. In culturally aligned environments, where health and well-being are collectively valued, security appeared to develop more readily over time and to facilitate proactive health behavior. In contrast, in culturally misaligned environments, security appeared more fragile and, at times, was actively constructed through HR-ProW itself. In such contexts, proactive health behavior may serve as a means of coping with uncertainty and insecurity by gradually establishing a sense of legitimacy and clarity. Among the facets of security, value-based legitimacy of proactive health behavior appeared particularly relevant in these cases, as it enabled employees to justify and sustain HR-ProW even in the face of conflicting norms or potential social and professional costs. In such situations, legitimacy seemed to be derived less from the social and normative environment and more from employees' own value orientations, thereby supporting resilience and persistence in enacting proactive health behavior. This observation aligns with prior research that identified the role of experienced legitimacy in enabling

proactivity within highly hierarchical environments (Vough et al., 2017), and suggests that the role of legitimacy for HR-ProW can be considered as relevant in more autonomous environments as well.

Taken together, these findings suggest that security may be conceptualized as a dynamic mechanism for HR-ProW, linking individual experiences, relational processes, and cultural context. Future research may therefore investigate the processes through which different facets of security are developed, maintained, and reconstructed over time, as well as how these processes differ across cultural contexts. In particular, examining how normative and value-based legitimacy enable HR-ProW in different cultural environments may provide a more nuanced understanding of the conditions under which proactive health behavior can be sustained and experienced positively.

Practical Implications

The findings of this study suggest that multiple, interrelated contextual factors, including organizational structures, job design characteristics, social dynamics, and cultural orientations, shape the extent and quality of employees' experiences with HR-ProW. By illustrating how different facets of the work context may be associated with distinct experiences of HR-ProW, participants' accounts offer practitioners a more nuanced understanding of the challenges and opportunities employees may encounter when attempting to act in favor of their own and others' health and well-being. These insights may support practitioners in more effectively advising employees and designing interventions that take into account the contextual conditions shaping proactive health behavior.

In particular, the findings extend the understanding of potential benefits and risks of HR-ProW, by suggesting that these may differ depending on cultural orientations within the workplace. While culturally aligned environments seem to facilitate more positively experienced proactive health behavior, the protective value of HR-ProW for employees' health and well-being may, in some cases, become particularly salient in less supportive environments. However, participants' accounts also suggest that in the absence of broader organizational support and alignment around health promotion, HR-ProW may at times function as a coping mechanism that allows employees to manage strain without achieving change of the underlying structural issues. These observations reinforce the importance of considering the broader organizational culture when designing interventions, as focusing solely on employees' competencies or motivation may risk overlooking the contextual conditions that appear to shape both the possibilities and the consequences of proactive health behavior.

Further, the findings point to important limits of individual agency that need to be taken into consideration. Participants' accounts indicate that employees tend to adapt their proactive health behavior to what appears realistically possible within their specific work context, suggesting that such behavior represents a bounded and situated form of agency. As such, while employees often appear willing to take initiative for health and well-being, such efforts appear to be shaped and constrained by perceived feasibility, available resources, experienced conflicts with workload and role responsibilities, broader structural conditions beyond individual control, as well as experiences of security. These observations suggest that individual efforts alone may not be sufficient to bring about structural change and foster more sustainable and meaningful improvements in employee health and well-being, and thus underline the importance of multi-level approaches to workplace health promotion that may combine support for employees' proactive health behavior with structural and cultural changes.

Nonetheless, the findings suggest that individual agency should not be disregarded entirely. Although participants described clear limits to what could be implemented and changed within their work context, some accounts indicated that voicing concerns or repeatedly raising health-related issues could, in certain cases, contribute to tangible improvements when additional organizational conditions aligned. At the same time, participants' accounts suggest that engaging in HR-ProW may hold value even when structural change is not achieved, as taking initiative for health and well-being was associated with positive psychological experiences such as feelings of pride, clarity, or legitimacy.

Moreover, the findings suggests that employees are not only recipients of contextual conditions but also active interpreters of them, whose evaluations shape how proactive health behavior unfolds in practice. Individual and collective perceptions of what is beneficial, feasible, supported, and legitimate within a given work context shaped whether and to what extent HR-ProW was enacted. From a practical perspective, this observation underlines the importance of actively involving employees in the identification of relevant health-related issues and the development of interventions. Such participatory approaches may help ensure that interventions are perceived as helpful, feasible and acceptable within the specific work context and thus resonate with existing guidelines for the implementation of healthy workplace interventions that emphasize stakeholder involvement throughout the intervention process (Meyers et al., 2012; WHO, 2010).

Limitations

While the present study provides in-depth insight into how HR-ProW is embedded, experienced, and negotiated within the everyday work context of office employees, several limitations should be considered. The study follows an exploratory qualitative design aimed at gaining a refined and contextualized understanding of employees' real-life experiences rather than statistically generalizable results. In line with this qualitative design, the findings are intended to inform future theory development and empirical research by providing analytically transferable insights into the underlying logic of employees' practices and experiences rather than universal conclusions. Nonetheless, the findings are based on patterns of meaning within a relatively small and context-specific sample, and limits of their transferability to other work settings have to be recognized, as they may not capture the full range of ways in which HR-ProW is experienced across different contexts.

Accordingly, the sample of the present study was limited to employees working in office-based occupations. The experiences described may therefore reflect characteristics of work contexts that provide comparatively high levels of autonomy, flexibility, and opportunities for social interactions, as well as comparatively lower opportunities for physical movement during the workday. As such, proactive health behavior may unfold differently in occupations characterized by, for instance, lower autonomy, higher physical demands, or shift work. Still, similar to the present study, previous research conducted in a highly structured organizational setting has recognized the importance of social processes and perceived legitimacy for proactive behavior as well (Vough et al., 2017). This suggests that certain facets, such as the social negotiation of proactivity and the role of legitimacy, may hold significance beyond work contexts characterized by comparatively high autonomy. However, the specific mechanisms through which these facets appear to shape employees' experiences seem to differ, indicating that the role these facets play may vary depending on structural conditions. Future research is therefore needed to examine proactive health behavior in different occupational contexts in order to broaden the understanding of HR-ProW and the role of these facets across different work environments.

In addition, the present sample consisted of participants who had completed tertiary education and who volunteered to take part in interviews explicitly focusing on health behavior at work. This self-selection of participants, together with the comparatively high level of formal education, may indicate that the sample included individuals who are particularly interested in health-related topics, more attentive to their well-being at work, or more willing to reflect on their experiences than employees who would not volunteer for such

a study. This may have influenced the extent to which proactive health behavior was recognized, reflected upon, and articulated by participants during the interviews. As a result, the findings may reflect the accounts of employees who are comparatively more engaged with questions of health and well-being at work, and the transferability of the findings to employees with different educational backgrounds, levels of health literacy, or interest in health-related topics may therefore be limited.

A further limitation is that the actual health-related outcomes of proactive health behavior were not empirically assessed. The focus of the present study was on employees' experiences with proactive health behavior and on how such behavior is enacted and negotiated within the work context, rather than on whether these behaviors objectively lead to improvements in health and well-being. Participants frequently described their proactive behavior as helpful for coping with strain, maintaining, and fostering their health and well-being. However, these accounts reflect subjective evaluations and do not allow conclusions about the actual short- or long-term effectiveness of such behavior. Previous research suggests that proactive behavior may be associated with positive well-being outcomes (Sonnentag et al., 2023), but has also linked proactivity to potential negative consequences, such as strain and resource depletion (Bohlmann et al., 2021; Cangiano et al., 2018; Sonnentag et al., 2023). While the present study did not assess health and well-being outcomes directly, the findings contribute to this line of research by suggesting that the experience and consequences of HR-ProW may vary depending on contextual conditions, such as cultural orientations within the workplace, which appeared to influence how effortful or unobtrusive proactive health behavior was perceived. Future research is therefore indicated to examine more directly whether and under which conditions HR-ProW contributes to health and well-being, for instance, by combining subjective reports with objective indicators, longitudinal designs, or daily diary methods, and, as such, identifying the pathways through which proactive health behavior may lead to beneficial or detrimental outcomes.

The study is additionally based on retrospective self-reports, which are influenced by participants' memory and subjective interpretations of past experiences. While such accounts are appropriate for the experiential focus of the present study, they do not capture behavior as it is experienced in real time and may be shaped by retrospective sense-making. Complementary research using longitudinal, diary, or intervention-based designs may therefore provide further insights into the dynamic processes through which proactive health behavior develops and how it relates to well-being over time.

Another limitation concerns the perspective represented in the data. The sample included five team members and two team leaders, but did not include perspectives from higher-level management, human resource professionals, or other organizational actors. As such, the findings primarily reflect how HR-ProW and the surrounding organizational context are experienced and interpreted from the viewpoint of employees. This may be particularly relevant for findings related to organizational culture and climate, leadership, or structural constraints, as these phenomena are shaped through the interaction of multiple actors across different organizational levels. Future research using multi-perspective designs that include actors from different hierarchical positions may therefore contribute to a more comprehensive understanding of how HR-ProW is embedded within organizational contexts.

Finally, the interpretative nature of reflexive thematic analysis implies that multiple interpretations of the dataset are possible. In line with the ontological, epistemological, and methodological assumptions underpinning this study, the themes represent the researcher's interpretation of patterns of meaning within participants' accounts rather than an objective description of reality. Different researchers, drawing on different theoretical assumptions, sensitivities, and experiences, might have developed somewhat different themes or emphasized different aspects of the data. This means that the analysis should be understood as one situated, reflexively produced, and theoretically informed interpretation of the dataset, rather than as a final or definitive account. At the same time, this does not render the analysis arbitrary. The themes are based on close, repeated, and reflexive engagement with the data and provide a coherent and meaningful account of employees' experiences. As such, the interpretative nature of the analysis limits claims to objectivity, but does not diminish the value of the insights generated.

Despite these limitations, the study provides valuable insight into how proactive health behavior at work is enacted, experienced, enabled, constrained, and negotiated within everyday organizational contexts. By offering an in-depth, exploratory perspective, the findings contribute initial empirical indications for how the construct of HR-ProW may be understood, contextualized, and further developed in future theoretical and empirical research.

Conclusion

The present study set out to explore whether health-related proactive behavior at work captures a meaningful part of employees' lived experiences and how such behavior is embedded within the work context. The findings suggest that HR-ProW does indeed reflect a relevant aspect of how office employees actively engage with their health and well-being at

work, but also that this engagement cannot be adequately understood as an isolated expression of individual agency alone. Rather, proactive health behavior emerged as a contextually bounded, adaptive, and at times collective practice that is continuously negotiated within organizational structures, social relationships, cultural orientations, and experiences of support, legitimacy, and security. In this way, the study not only provides initial empirical insight into the relevance of HR-ProW as a construct, but also contributes to a more differentiated understanding of how proactive health behavior unfolds in everyday work life. Overall, the findings underline that employees are active participants in shaping health and well-being at work, while also showing that the possibilities of such agency, the forms proactive health behavior takes, the meanings associated with it, and the quality of employees' experiences with it remain deeply intertwined with the social and organizational conditions in which HR-ProW is enacted. As such, this thesis offers an exploratory and context-sensitive foundation for future theoretical, empirical, and practical engagement with HR-ProW.

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Appendix

Appendix A: Abstracts

A1: English Abstract

Health-related proactive behavior at work (HR-ProW; Landskron et al., 2023) describes self-initiated, future-focused, and change-oriented behavior aimed at promoting health and well-being at work for oneself and others. As the construct is novel and developed based on proactivity theory, this study examined whether HR-ProW captures a meaningful aspect of employees' lived experiences and how it unfolds within the work context. The study adopted a qualitative exploratory design, analyzing seven semi-structured interviews with office employees using reflexive thematic analysis (Braun & Clarke, 2006). Six themes suggest that HR-ProW is enacted as a situational and adaptive practice ("looking out for oneself and others at work"), and, at times, as a social practice ("doing health together"). They further indicate that HR-ProW is shaped by perceived limits and possibilities ("bounded possibilities"), and that the organizational cultural environment shapes what is supported and legitimate, thereby influencing how HR-ProW is experienced and what it comes to signify: Cultural alignment appears to facilitate HR-ProW ("everyone acting in concert"), whereas misalignment makes it more effortful and precarious ("it's difficult to be the one who does things differently"). Experiences of security appear to both enable HR-ProW and be reconstructed through it ("from uncertainty to confidence"). Overall, the findings suggest that HR-ProW does not always appear as a clearly differentiated individual action, but is embedded and negotiated within organizational and social conditions, highlighting the importance of considering contextual influences in future research and workplace health promotion.

Keywords: Occupational Psychology, Proactivity, Well-Being, Health, Health-Related Proactive Behavior, Organizational Conditions, Social Interactions, Organizational Culture, Sense of Security, Reflexive Thematic Analysis, Qualitative Research

A2: German Abstract

Gesundheitsbezogene Proaktivität am Arbeitsplatz (HR-ProW; Landskron et al., 2023) beschreibt selbstinitiierte, zukunftsorientierte und veränderungsorientierte Verhaltensweisen, die darauf abzielen, die eigene sowie die Gesundheit und das Wohlbefinden anderer am Arbeitsplatz zu fördern. Da das Konstrukt neu ist und auf der Proaktivitätstheorie basiert, wurde untersucht, ob HR-ProW einen bedeutsamen Aspekt der gelebten Erfahrungen von Angestellten erfasst und wie sich dieses im Arbeitskontext entfaltet. Die Studie folgte einem qualitativen explorativen Design und analysierte sieben halbstrukturierte Interviews mit Büroangestellten mittels reflexiver thematischer Analyse (Braun & Clarke, 2006). Sechs Themen legen nahe, dass HR-ProW als situative und adaptive Praxis ("auf sich selbst und andere bei der Arbeit achten") und mitunter als soziale Praxis ("Gesundheit gemeinsam gestalten") ausgeübt wird. Sie deuten ferner darauf hin, dass wahrgenommene Grenzen und Möglichkeiten HR-ProW prägen ("begrenzte Handlungsmöglichkeiten") und dass das organisationale kulturelle Umfeld prägt, was als unterstützt und legitim gilt, und damit beeinflusst, wie HR-ProW erlebt wird und welche Bedeutung es annimmt: Kulturelle Passung scheint HR-ProW zu erleichtern ("alle ziehen an einem Strang"), während fehlende Passung dieses aufwendiger und prekärer macht ("es ist schwierig, die Person zu sein, die Dinge anders macht"). Sicherheitserleben scheint HR-ProW sowohl zu ermöglichen als auch durch dieses Verhalten rekonstruiert zu werden ("von Unsicherheit zu Vertrauen"). Insgesamt legen die Ergebnisse nahe, dass HR-ProW nicht immer als klar abgegrenzte individuelle Handlung erscheint, sondern in organisationalen und sozialen Rahmenbedingungen eingebettet ist und innerhalb dieser ausgehandelt wird. Dies unterstreicht die Bedeutung kontextueller Einflüsse für zukünftige Forschung und betriebliche Gesundheitsförderung.

Schlagwörter: Arbeits- und Organisationspsychologie, Proaktivität, Wohlbefinden, Gesundheit, Gesundheitsbezogene Proaktivität am Arbeitsplatz, Organisationale Rahmenbedingungen, Soziale Interaktionen, Organisationskultur, Sicherheitserleben, Reflexive Thematische Analyse, Qualitative Forschung

Appendix B: Initial Interview Guide

Hallo und herzlich willkommen! Danke nochmal für Ihre Bereitschaft, hier an diesem Interview zum ***Thema Gesundheitsverhalten bei der Arbeit*** *teilzunehmen!*

Wie im Vorhinein abgesprochen, werde ich das Interview aufnehmen und im Nachhinein ***transkribieren****, d.h. aufschreiben was genau gesagt wurde. Dies mache ich, damit ich die Kernaussagen dieses Gesprächs unverfälscht in die Analyse einbeziehen kann. Die Aufnahme wird im Anschluss gelöscht. Ich garantiere Ihnen dabei* ***absolute Anonymität*** *– d.h. die Beiträge sind im Anschluss nicht auf Sie persönlich rückführbar, weil ich Namen und wichtige andere Eckpunkte wie Firmennamen, Adressen und andere personenbezogenen Daten im Transkript durch allgemeine, nicht-identifizierende Begriffe ersetze beziehungsweise schwärze. Ihr Name wird zudem durch ein Pseudonym ersetzt.*

Noch einmal kurz gefragt, ist die ***Aufzeichnung dieses Gesprächs für Sie in Ordnung***

Okay, dann starte ich jetzt die Aufnahme. ☺

Bevor wir anfangen, möchte ich noch kurz ein paar grundlegende Punkte ansprechen: Ich interessiere mich für Ihre ***persönlichen Ansichten, Perspektiven und Erfahrungen*** *und daher gibt es keine richtigen oder falschen Antworten. Sie können einfach ganz offen und ausführlich erzählen, und nehmen Sie sich gerne so viel Zeit zum Beantworten der Fragen, wie Sie brauchen. Ich werde mir hin und wieder Notizen machen, wenn ich auf etwas zu einem späteren Zeitpunkt nochmal zurückkommen möchte, aber auch wenn ich in diesen Momenten nach unten schaue, haben Sie dennoch meine ganze Aufmerksamkeit. Falls eine Frage unklar ist oder Sie sonst irgendwelche Bedenken haben, zögern Sie nicht, dies jederzeit zu äußern. Für das Interview ist* ***1 Stunde*** *vorgesehen - aber wenn Sie sich unwohl fühlen, können wir das Interview auch jederzeit abbrechen.*

Haben Sie dazu noch ***Fragen*** *(zum Ablauf)?*

Okay, das Interview wird insg. drei Themenbereiche abdecken. Die Arbeitsbeschreibung bildet den ersten Teil. Hier möchte ich etwas über Ihre Arbeitstätigkeiten und Ihren Arbeitsalltag erfahren. Im zweiten Teil beschäftigen wir uns mit Rahmenbedingungen, die Ihr Erleben rund um Gesundheit bei der Arbeit mitformen. Und der dritte Themenbereich behandelt schließlich das Gesundheitsverhalten bei der Arbeit. Hier geht es um alles rund um mögliches Handeln für Gesundheit bei der Arbeit.

Okay, die ersten paar Fragen decken ein paar technische Fragen ab, die womöglich weniger spannend sind.

Block A: Arbeitsbeschreibung

1. Für den Anfang, können Sie mir sagen, was ihr Beruf ist und wie lange sie schon an Ihrem jetzigen Arbeitsplatz angestellt sind?
   1.1. Sind Sie Führungskraft?
   1.2. Wie viele Stunden arbeiten Sie in der Woche?
   1.3. Wie viel interagieren Sie mit Kolleg:innen? (Wie viele Kolleg:innen haben Sie?)/Wie groß ist Ihr Team?
   1.4. Wie groß, schätzen Sie, ist Ihre Organisation/Firma/Betrieb? Grob geschätzt, wie viele Mitarbeiter:innen gibt es?
   1.5. Was für Möglichkeiten haben Sie, um im Homeoffice zu arbeiten?
2. Wie verläuft denn so ein typischer Arbeitstag für Sie? Können Sie mir den einmal im Detail beschreiben, so von dem Moment an in dem Sie am Arbeitsplatz ankommen bis zu dem Zeitpunkt an dem sie heimgehen?
   - Arbeitszeiten
   - Arbeitsaufgaben
   - Arbeitsweise
   - Arbeitsrhythmus
   - Arbeitsorte
   - Worin unterscheiden sich die Tage? *(wenn TN Hinweise gibt, dass sie nicht einheitlich sind)*

Block B: Rahmenbedingungen

3. Gibt es Orte oder Räume bei der Arbeit, an denen Sie sich besonders wohlfühlen?
   - Woran liegt das?
4. Gibt es Orte, an denen Sie sich nicht wohlfühlen?
   - Woran liegt das? (geschlossene Räume, Lautstärke, Personenanzahl?)
5. Kommt es zu Unterbrechungen während der Arbeitszeiten?
6. Wie flexibel können Sie Ihren Arbeitstag selbst gestalten?
7. Wenn Sie jetzt an Ihren Arbeitstag denken, fällt Ihnen da etwas ein, das Sie stört (z.B. an Ihrem Arbeitsplatz, an Ihren Aufgaben oder anderem)?
8. Wie gut passen Ihre Arbeitszeiten zu Ihrer sonstigen Lebensgestaltung?

9. Was für Maßnahmen für die Gesundheit gibt es an Ihrem Arbeitsplatz?
    9.1. Wie ist es zu diesen gekommen?
    9.2. Wie werden diese kommuniziert?
    9.3. Wie kommen diese bei Ihnen und Ihren Kolleg:innen an?
        - (*nur wenn "kommt nicht gut an" -> Was kann ich darunter verstehen/Was heißt das? -> Wie sehr werden diese genutzt?)*
        - Fühlen Sie sich hier von der Organisation, ihrer:m Chef:in, Ihren Kolleg:innen unterstützt?

Block C: Gesundheitsverhalten

10. Denken Sie während Ihrer Arbeit über Ihre Gesundheit nach?
    - *(nur falls notwendig: Worüber denken Sie genau nach, wie kann ich mir das vorstellen?)*
11. Machen Sie in Ihrem Arbeitsalltag irgendetwas für Ihre Gesundheit?
    11.1. Wie ist es dazu gekommen, wie hat das angefangen?
    11.2. Gibt es Situationen, in denen Sie sich bei der Arbeit körperlich oder psychisch besonders gut gefühlt haben?
        11.2.1. Was war anders als sonst?
    11.3. Wie reagiert Ihr Arbeitsumfeld (zum Beispiel Kolleg:innen oder Ihr:e Chef:in) darauf?
    11.4. Was hat Sie dabei unterstützt? (Was hat Ihnen dabei geholfen?)
        - Gefühl der Unterstützung durch Organisation, Chef:in, Kolleg:innen
    11.5. *(wenn relevant für org. Rahmenbed.:)* Wie leicht sind Sie an Ressourcen gekommen?
        - Zeit, Material, Erlaubnis zur Umgestaltung, Räume
    11.6. Gab es Schwierigkeiten, denen Sie begegnet sind, wenn Sie etwas für Ihre Gesundheit gemacht haben oder machen wollten?
12. In welchen Situationen wird Gesundheit innerhalb der Organisation thematisiert, wenn überhaupt?
13. In welchen Situationen spielt Gesundheit in Ihrem Team eine Rolle?
    13.1. In welchen Situationen sprechen Sie mit Kolleg:innen über Gesundheit bei der Arbeit?
        - Wie reagieren Ihre Kolleg:innen darauf?
    13.2. Machen Ihre Kolleg:innen selber etwas für ihre Gesundheit bei der Arbeit?

13.2.1. Wie wird das im Arbeitsumfeld aufgenommen?

13.3. Machen Sie von sich aus etwas für die Gesundheit Ihrer Kolleg:innen?

13.3.1. Wie ist es dazu gekommen?

13.3.2. Wie wird das von Ihren Kolleg:innen angenommen?

14. Sehen Sie in Ihrem Arbeitsumfeld prinzipiell Möglichkeiten, wie Sie selbst gesundheitsfördernde Initiativen/Maßnahmen mitzugestalten?
    - Gedanken/Ideen einbringen
    - einführen/umsetzen

14.1. In der Organisation?

14.2. Im Team?

Okay, damit sind wir von meiner Seite her am Ende des Interviews. Möchten Sie noch irgendetwas hinzufügen? Irgendetwas, das wir vergessen haben anzusprechen, oder das Ihnen jetzt noch zu dem schon Besprochenen einfällt?

Demographische Daten:

- Alter:
- Geschlechtsidentität:
- Höchster Bildungsabschluss:

Nochmals vielen Dank, dass Sie an diesem Interview teilgenommen haben!
Ich hoffe, das hat alles so für Sie gepasst?
Wie waren das Interview und die Fragen für Sie so?

Falls Sie im Nachhinein noch ein Anliegen oder Fragen haben, können Sie sich auch später noch bei mir melden. ☺

Ich beende die Aufnahmen nun.

Appendix C: Revised Interview Guide Utilized for MA06 and MA07

Block A: Arbeitsbeschreibung

1. Für den Anfang, können Sie mir sagen, was ihr Beruf ist und wie lange sie schon an Ihrem jetzigen Arbeitsplatz angestellt sind?
   1.1. Sind Sie Führungskraft?
   1.2. Wie viele Stunden arbeiten Sie in der Woche?
   1.3. **Wie viel interagieren Sie mit Kolleg:innen?** (Wie viele Kolleg:innen haben Sie?)/Wie groß ist Ihr Team?
   1.4. Wie groß, schätzen Sie, ist Ihre Organisation/Firma/Betrieb? Grob geschätzt, wie viele Mitarbeiter:innen gibt es?
   1.5. Was für Möglichkeiten haben Sie, um im Homeoffice zu arbeiten?
2. Wie verläuft denn so ein typischer Arbeitstag für Sie? Können Sie mir den einmal im Detail beschreiben, so von dem Moment an in dem Sie am Arbeitsplatz ankommen bis zu dem Zeitpunkt an dem sie heimgehen?
   - Arbeitszeiten
   - Arbeitsaufgaben
   - Arbeitsweise
   - Arbeitsrhythmus
   - Arbeitsorte
   - Worin unterscheiden sich die Tage? *(wenn TN Hinweise gibt, dass sie nicht einheitlich sind)*

   Wie schaut das aus?

   Wie geht es Ihnen damit?

Block B: Rahmenbedingungen

3. Wie gut passen Ihre Arbeitszeiten zu Ihrer sonstigen Lebensgestaltung?
4. Wie flexibel können Sie Ihren Arbeitstag selbst gestalten?
5. *Kommt es zu den Arbeitsfluss störenden Unterbrechungen während der Arbeitszeiten?*
   - *Pausen – positiv?*
6. Gibt es Orte oder Räume bei der Arbeit, an denen Sie sich besonders wohlfühlen?
   - Woran liegt das?
7. Gibt es Orte, an denen Sie sich nicht wohlfühlen?

- Woran liegt das? (geschlossene Räume, Lautstärke, Personenanzahl?)

8. Denken Sie während Ihrer Arbeit über Ihre Gesundheit nach?
   - *(nur falls notwendig: Worüber denken Sie genau nach, wie kann ich mir das vorstellen?)*
9. Wenn Sie jetzt an Ihren Arbeitstag denken, fällt Ihnen da etwas ein, das Sie stört in Bezug auf Gesundheit (z.B. an Ihrem Arbeitsplatz, an Ihren Aufgaben oder anderem)?
   - *Ursache?*

     Wie gehen Sie damit um?
10. Was für Maßnahmen für die Gesundheit gibt es an Ihrem Arbeitsplatz?
    - **10.1. Wie ist es zu diesen gekommen?**
    - 10.2. Wie werden diese kommuniziert?
    - 10.3. Wie kommen diese bei Ihnen und Ihren Kolleg:innen an?
      - (*nur wenn "kommt nicht gut an" -> Was kann ich darunter verstehen/Was heißt das? -> Wie sehr werden diese genutzt?)*
      - **Fühlen Sie sich hier von der Organisation, ihrer:m Chef:in, Ihren Kolleg:innen unterstützt?**

Block C: Gesundheitsverhalten

11. Machen Sie in Ihrem Arbeitsalltag irgendetwas für Ihre Gesundheit?
    - 11.1. Wie ist es dazu gekommen, wie hat das angefangen?
      - *11.1.1. War das immer schon so oder hat sich das in Ihrer jetzigen Arbeitsstelle erst mit der Zeit entwickelt, wie kann ich mir das vorstellen?*
    - **11.2. Gibt es Situationen, in denen Sie sich bei der Arbeit körperlich oder psychisch besonders gut gefühlt haben?**
      - 11.2.1. Was war anders als sonst?
    - 11.3. Wie reagiert Ihr Arbeitsumfeld (zum Beispiel Kolleg:innen oder Ihr:e Chef:in) darauf?
    - 11.4. Was hat Sie dabei unterstützt? (Was hat Ihnen dabei geholfen?)
      - Gefühl der Unterstützung durch Organisation, Chef:in, Kolleg:innen
    - 11.5. *(wenn relevant für org. Rahmenbed.:)* Wie leicht sind Sie an Ressourcen gekommen?
      - Zeit, Material, Erlaubnis zur Umgestaltung, Räume

11.6. Gab es Schwierigkeiten, denen Sie begegnet sind, wenn Sie etwas für Ihre Gesundheit gemacht haben oder machen wollten?

11.7. ***Woher nehmen Sie die Information*** *bzw. das Wissen dazu, was bei der Arbeit gesundheitlich fördernd oder hinderlich für Sie ist?*

12. In welchen Situationen wird **Gesundheit innerhalb der Organisation** thematisiert, wenn überhaupt?

13. In welchen Situationen spielt **Gesundheit in Ihrem Team** eine Rolle?

13.1. In welchen Situationen sprechen Sie mit Kolleg:innen über Gesundheit bei der Arbeit?

- Wie reagieren Ihre Kolleg:innen darauf?

13.2. Machen Ihre Kolleg:innen selber etwas für ihre Gesundheit bei der Arbeit?

13.2.1. Wie wird das im Arbeitsumfeld aufgenommen?

13.3. Machen Sie von sich aus etwas für die Gesundheit Ihrer Kolleg:innen?

13.3.1. Wie ist es dazu gekommen?

13.3.2. Wie wird das von Ihren Kolleg:innen angenommen?

14. Gibt es etwas, dass Sie gerne verändern würden? (auch Dinge, die jetzt okay sind, aber von denen Sie denken, dass diese in Zukunft negative gesundheitliche Auswirkungen haben werden?)

15. Sehen Sie in Ihrem Arbeitsumfeld prinzipiell Möglichkeiten, wie Sie selbst gesundheitsfördernde Initiativen/Maßnahmen mitzugestalten?

- Gedanken/Ideen einbringen
- einführen/umsetzen
- In der Organisation?/Im Team?

Note. Only the interview questions are presented, as the introductory monologue, demographic questions, and closing remarks remained unchanged. Within the interview guide, unchanged questions are shown in grey font, modifications to the sequence of the questions are indicated in black font, and changes to the wording are presented in italics.

Appendix D: Table of Transcription Symbols

Symbol	Meaning
I:	Interviewer
B:	Participant
/	Discontinued word or sentence
//	Speakers overlapping; always appears twice: 1. Appearance in the first speaker's text: // is placed before the first word that the second speaker spoke over. If the first speaker continues talking, it is written down continuously in the same row. 2. Appearance in the second speaker's text: // is placed after the last word spoken over the first speaker's words. If the first speaker stops talking after being spoken over and the second speaker continues, it is written down after the // in the second speaker's text. (If nonverbal or verbal sounds of "listening" did not interrupt the speaker, they were generally not transcribed. However, if it was a sound indicating agreement or disagreement with something the interviewer said, it was transcribed because it provided information about the participant's experiences.)
(inc.)	The audio is incomprehensible and cannot be transcribed
("word"?)	What was said could not be heard clearly in the audio, so this is the transcriber's guess as to what might have been said
("nonverbal")	A nonverbal expression, e.g., (laughing), (sighing)
Hm (affirmative)	The speaker indicated their understanding or agreement with what was said
Hm (thinking)	The speaker indicated that they are thinking about something
Hm (uncomfortable)	The speaker expressed discomfort or a negative attitude towards what was said
Hm (comfortable/sympathetically)	The speaker expressed support for, or a positive attitude towards, what was said
(.)	A pause of one second
(..)	A pause of two seconds
(…)	A pause of three seconds
("number" seconds pause)	A pause of more than three seconds, the duration of which is written down
"Words written with capital letters"	The speaker emphasized these words (usually by speaking louder)

Note. The symbols are based on Dressing & Pehl's (2018) "Einfache Transkription". Only the symbols utilized in the interview transcription for this study are listed here.

Appendix E: Participant Information and Declaration of Consent

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Teilnehmer:inneninformation und Einwilligungserklärung zur Teilnahme an der Studie:

Gesundheitsverhalten bei der Arbeit

Sehr geehrte:r Teilnehmer:in,

Wir laden Sie herzlich ein, an der oben genannten Studie teilzunehmen.

Hier erhalten Sie Informationen dazu, wie die Studie abläuft, welche Zwecke sie verfolgt, welche Daten dabei erhoben werden und wie diese Daten gespeichert und verarbeitet werden.

Zweck der Studie

Die Studie beschäftigt sich mit proaktivem Gesundheitsverhalten bei der Arbeit. Es geht darum, zu verstehen, inwiefern Angestellte selbst-initiiert bei der Arbeit etwas für die Gesundheit machen, und welche Rolle organisationale Rahmenbedingungen und soziale Prozesse am Arbeitsplatz für das Gesundheitsverhalten spielen.

Ablauf der Studie

Das **Interview** findet entweder an einem **von Ihnen gewählten Ort oder online** über **Zoom** (Plattform für Videokonferenzen) statt. Sie werden gebeten, von Ihrem Arbeitsalltag und Ihrem Gesundheitsverhalten zu erzählen. Insbesondere interessieren wir uns dafür, wann für Sie Gesundheit am Arbeitsplatz eine Rolle spielt, inwiefern Sie etwas für die Gesundheit am Arbeitsplatz machen und welche Möglichkeiten Sie an Ihrem Arbeitsplatz prinzipiell sehen, um gesundheitsfördernde Initiativen mitzugestalten. Sie müssen Fragen nicht beantworten, wenn Sie nicht möchten.

- Das Interview wird **60-90 Minuten** dauern.
- Ihre Teilnahme an dieser Studie erfolgt **freiwillig**. Sie können **jederzeit**, ohne Angabe von Gründen, Ihre **Bereitschaft zur Teilnahme** ablehnen oder auch im Verlauf der Studie **zurückziehen**. Die Ablehnung der Teilnahme oder ein vorzeitiges Ausscheiden aus dieser Studie hat **keine nachteiligen Folgen** für Sie.
- Ihre Daten werden ausschließlich für **wissenschaftliche Zwecke** verwendet. Die Forschung verfolgt keine kommerziellen Interessen.

Durch eine Teilnahme an dem Interview können neue Perspektiven auf das eigene Gesundheitsverhalten und die Rahmenbedingungen des eigenen Arbeitsplatzes gewonnen werden.

Datenerhebung, -verarbeitung und -speicherung

Das Interview wird **aufgezeichnet**. Im Anschluss wird die **Aufnahme verschriftlicht**. **Die Aufnahme wird dann gelöscht**. Bis zur Löschung wird die Aufnahme **streng vertraulich** behandelt. Die Studie findet im Rahmen einer Masterarbeit im Arbeitsbereich Arbeit, Wirtschaft und Gesellschaft innerhalb der Fakultät für Psychologie an der Universität Wien statt. Zugriff auf die Audiodatei hat nur die Studienleiterin. **Niemand sonst kann verlangen, die Aufnahmen einzusehen**. Die Aufnahme

wird mit einem anonymen Code benannt, sodass Ihr Name darauf nicht erscheint. Sie wird getrennt von dieser Einverständniserklärung abgespeichert und kann damit nicht in Verbindung gebracht werden.

Die **Textdatei** des verschriftlichten Interviews **wird anonymisiert**: das heißt, Ihr Name wird darin nicht vorkommen, und auch keine anderen persönlichen Daten, die Sie vielleicht im Gespräch erwähnen. Die **Löschung der Daten** können Sie **bis zur Anonymisierung** in der Textdatei **jederzeit bei der Studienleiterin** beantragen. Nach der Anonymisierung wird die Audiodatei automatisch gelöscht und die Daten können auch nicht mehr von der Studienleiterin auf Sie zurückgeführt werden.

Sie können über die folgenden Kontaktdaten bei weiteren Fragen oder Bedenken jederzeit mit der Studienleiterin Kontakt aufnehmen:

Studienleiterin	Name: [redacted] E-Mail: healthatworkstudy@gmail.com Tel.: [redacted]
Betreuerin der Masterarbeit	Name: [redacted]

Bitte unterschreiben Sie die Einwilligungserklärung nur

- wenn Sie Art und Ablauf der Studie vollständig verstanden haben,
- wenn Sie bereit sind, der Teilnahme zuzustimmen und
- wenn Sie sich über Ihre Rechte als Teilnehmer*in an dieser Studie im Klaren sind.

Note. Person-identifying information was removed to preserve the author's pseudonymity during the submission process.

Appendix F: Recruitment Flyer

Wir suchen Sie!

Wie können Arbeitnehmer:innen die **Gesundheit am Arbeitsplatz fördern**?

Wir freuen uns sehr, wenn Sie uns als **Interviewteilnehmer:in** in unserer Studie im Zuge zweier Masterarbeiten an der Fakultät für Psychologie der Universität Wien unterstützen!

Was?	Wie?	Dauer?	Wann?
Interview	**online oder in Präsenz**	**1 Stunde**	**ab Mai 2024**

Vermitteln Sie uns Ihre wertvollen Einblicke!

Erzählen Sie uns von Ihren Erfahrungen!

Wir reflektieren mit Ihnen Ihr Gesundheitsverhalten und Ihre Rahmenbedingungen am Arbeitsplatz!

Teilnahmevoraussetzungen:

- **Angestelltenverhältnis (keine Selbstständigkeit)**
- **Arbeitszeit mind. 20h/Woche**
- **mind. 18 Jahre**

Bei **Interesse oder Fragen** melden Sie sich gerne bei:

healthatworkstudy@gmail.com

Appendix G: Cited Interview Passages in German

G1: MA01

Pos. 118-120

B: Weil die Termine, die gehen halbstündlich dann den ganzen Tag, und dann ist man beim nächsten Thema und beim nächsten und beim nächsten. Und ich versuche dann so Blöcke in den Kalender einzuplanen, aber (..)

I: Hm (bejahend). Okay. Ja, also dass du so Pausen einplanst im Kalender, meinst du?

B: Ja, aber die/ manchmal rufen die Leute Termine, selbst wenn man das (.) schon verplant hat.

Pos. 162-164

B: Also, ich versuche das mein Team, ähm das gut, ähm eine gute Ausgleich hat und ich glaube, inzwischen passt das. Ähm für mich müsste es eher noch (.) hinbekommen.

I: Okay, ja. Wie hast du das für dein Team hinbekommen? Hast du da was bestimmt gemacht, dass das möglich ist?

B: (...) Ja (zögernd), ich habe dann (.) ähm (.) ähm (.) die Ressourcen so eingesetzt, dass die, dass die Aufgaben besser verteilt sind und dann zusätzliche Lösungen gefunden damit nicht bestimmte Personen ähm mit zu vielen Aufgaben betraut sind.

Pos. 184

B: Ähm nein, es gibt unterschiedliche ähm so ähm Initiativen und, ja, da gibt es manchmal irgendwelche ähm Workshops über unterschiedliche Aspekte der psychischen Gesundheit. Oder (.) irgendwas Meditation oder, solche Sachen, die man nicht umsetz/ also ich, und vielleicht andere Bereiche schon, aber ähm in meinem Bereich kann man das nicht machen, weil man braucht diese eine Stunde, um dringende Sachen zu erledigen, da ist ein bisschen das Spannungsfeld, weil das würde man schon gerne machen, aber (..) aber es fehlt ein bisschen die Zeit dafür.

Pos. 222

B: "Hm (überlegend). Ja, es kommt auf die Situation an, aber ich beschäftige mich mental sehr viel und (da?) nachdem ich so in diesem Alltag, in diesem sehr intensiven Alltag bin, dann habe ich wenig Zeit nachzudenken [über Gesundheit] […]"

Pos. 244

B: […] Aber du kannst selber sagen, `ich schaffe das nicht´, ja und diese Mut muss man auch haben, du musst sagen, `sorry, aber das kann ich nicht´ ja. […]

G2: MA02

Pos. 61-66

I: (lacht) Ja, ich denke schon. (lacht) Das heißt, also ihr nutzt die Terrasse nicht nur für die Mittagspause, sondern //auch/

B: Ja.// Also wir haben jetzt/ wir haben drei große Tische stehen, es ist genug Platz, ähm und ja das haben wir dann einfach mal ausprobiert und wir haben sogar ein bisschen WLAN gehabt, also das hat voll gut funktioniert.

I: Cool, ja ja. Wo kam die Idee her?

B: Wir haben davor haben wir eben Pause gemacht und dann haben wir direkt anschließend uns eben das ausgemacht, dass wir uns da zu dritt zusammensetzen. Und dann haben wir gemeint, ja, warum nicht das Wetter ist heute so schön, probieren wir es doch einmal, eben ob es auch von WLAN her und unserem Laptop gut funktioniert. Aber es ist ging gut und ja. Jetzt haben wir gesagt, das können wir öfter machen (lachend).

I: Hm (bejahend), okay. Also so eine Idee, die so in der Mittagspause entstanden ist, //`könnt man mal machen´ so.

B: Ja, (unv.)// wir probieren es jetzt. Es war jetzt nicht so super wichtig, sage ich mal, sondern eher so ein Austausch. Und deswegen hat sich das gut angeboten.

Pos. 113

B: Ja (leise). Ja, ich finde so, so ist es schon sehr darauf ausgelegt, also so kommt es mir zumindest vor, oder so hätte ich den Eindruck, dass sich jeder sehr sehr wohlfühlt, und dass das natürlich schon sehr wichtig ist, […]

Pos. 119

B: […] wir hatten jetzt auch zwei Teamtage, ähm wo wir da auch reflektiert haben miteinander oder eben jetzt so meine Chefin da auch recht offen ist und und fragt uns, ob wir uns irgendwas wünschen, ob wir irgendwas brauchen. […]

Pos. 123

B: […] Aber so sonst, dass es angesprochen wird, ich glaube, da wird einfach viel auf Eigenverantwortung appelliert irgendwie. Und dass man sich das selber irgendwie richten soll oder wenn einem was nicht passt, dass man das dann anspricht. Ähm ja, aber dass da jetzt sonst, nicht wirklich, wurde jetzt nicht so viel gemacht.

Pos. 145

B: Ja. Also ich meine eh schon, ich glaube eh das, was ich jetzt schon öfter erwähnt habe, dieses/ dass ich jetzt auch mittlerweile mir mehr diese, weil ich jetzt schon länger

einfach im Team bin und so ein bisschen vertrauter mit allem, dass ich jetzt auch einfach mehr auf mich selber höre und Dinge in meinem eigenen Tempo mache oder eben auch, wenn ich eine Pause brauche, dass ich mir die dann nehmen, ähm was ich am Anfang so einfach nicht gemacht habe, weil, ja klar, man ist irgendwo neu und man ist vielleicht einfach ein bisschen unsicherer, ähm ja, man hat da irgendwie die Befürchtung, keine Ahnung, dass Leute, was weiß ich, was denken, also was einfach nie war, […]

Pos.157a

B: Ja. Also am Anfang war mir das ja auch noch nicht so bewusst, inwiefern ich da jetzt Wünsche äußern kann. Ähm habe vielleicht selber auch nicht, noch nicht gewusst, was ich mir da genau wünschen soll. Ähm das hat sich eben durch die Zeit ergeben, und hat natürlich enorm geholfen, dass ich gewusst habe, ich ich stoße da auf offene Ohren. […]

Pos. 157b

B: […] Ich habe da noch nie ein Nein gehört, jetzt auch was ich von den anderen, von meinen Kolleginnen, so mitbekommen habe. […]

Pos. 207

B: […] Ähm was halt auch nie ein Problem ist, also die macht das oft in ihrer, ich glaube eh, dass sie es mit der Mittagspause dann wahrscheinlich verbindet, ähm dass sie einfach sagt, sie muss irgendwie eine Runde gehen und, ja, geht dann auch manchmal Essen oder so, ähm aber, voll, also das ist auch, also das ist halt auch nie ein Problem, sondern/.

G3: MA03

Pos. 124

B: Prinzipiell habe ich schon das Gefühl, dass diese (unv. laute Hintergrundgeräusche), das diese Kollegialität echt Teil unserer Unternehmenskultur ist. Ich habe jetzt noch nicht in so vielen Unternehmen gearbeitet, aber so wie das hier gelebt wird, dass ähm man einander hilft, ähm habe ich jetzt so noch nicht so oft gesehen. Also es wird/ klar, es hat jeder seine Aufgaben und du kannst nicht jedes Mal jedem helfen, aber es ist schon prinzipiell ähm ein Teil der Unternehmenskultur, dass man einfach sich gegenseitig unterstützt. Und dass wenn man sagt, `okay nein, jetzt gerade nicht´ ähm `aber später oder so´ also (.)/

Pos. 145-148

I: Ja. Ja. Hast du das von Anfang an so gemacht oder ist das irgendwann entstanden?

B: (...) Hm (überlegend) nein, am Anfang nicht. Also, eher als ich dann schon länger im Betrieb war und gesehen habe, okay, das is/ wird mal grundsätzlich als okay gesehen. Ähm.

I: Das hast du gesehen, weil du die anderen beobachtet //hast?

B: Ja.// Genau. Also ich habe das schon eher bei den anderen beobachtet, dass ähm mal Kopfhörer oben haben grundsätzlich in Ordnung ist, weil es macht halt vielleicht so auf Anhieb mal einen komischen Eindruck, weil man ja irgendwie nicht ansprechbar wirkt. Ähm (..) aber, ja. Je mehr Verantwortung kam und je länger ich im Betrieb war und umso besser/ oder je besser ich dann auch einfach die Strukturen kannte (.)/ ja, mit all dem hat das quasi begonnen, dass ich dann glaube ich auch selber Kopfhörer hatte.

Pos. 186

B: Ja. Wird schon genutzt. Ähm also immer wieder, wenn ich mit Kollegen:innen gesprochen habe, ähm also bestimmte Dinge habe ich halt nicht in Anspruch genommen, aber dann habe ich schon rausgehört, ah okay, der oder die schon und sie haben das gemacht und es war eh super cool oder mäßig gut gemacht oder was auch immer, aber in Anspruch genommen, […].

Pos. 187-188

I: Okay, ja. Und dass du dich so vo/ also dass du dich so auch unterstützt von der Teamleiterin fühlst, ist das irgendwas konkretes, was sie macht?

B: Ähm sie spricht es direkt an (lacht), und wenn sie merkt, okay, es ist gerade eine Person total ausgelastet, sagt sie dann auch zu der Person direkt, `Geht es gerade bei dir? Du musst was sagen, wenn es zu viel wird.´, auch mit dem Wortlaut, ähm oder wir müssen schauen, dass wir die Ressourcen wirklich gut verteilen, ähm also sie versucht sich auch im (Jour fixe?) mehr oder weniger immer so einen Überblick zu verschaffen, wer gerade was macht, ähm und ich habe auch nicht das Gefühl, dass es da um Kontrolle geht, weil wir haben quasi immer was zu tun, es ist nicht so, als würde irgendwer mal nichts zu tun haben, aber es ist nun mal so, dass dann manche phasenweise sehr viele Aufgaben auf einmal haben und sie versucht das schon so ein bisschen zu lenken und zu steuern und dann zu sagen, `okay, wer kann das und das übernehmen´. (.) Also, ja.

Pos. 190

B: Ja, eigentlich schon. Also mit der Kollegin, ähm mit meiner quasi Sitznachbarin, reden wir im Prinzip schon über alles mögliche, weil man sich ja im Prinzip fast tagtäglich sieht. Ähm (...) Ja, also eigentlich schon. Jetzt nicht so im Detail, also sie ist schon sehr viel offener mir gegenüber als ich ihr würde ich jetzt mal sagen. Aber ich glaube, wenn

wir so/ also sagen wir so, auf so einem normalen Level von gestresst sind, dann wird das schon offen angesprochen, also auch untereinander. Also, ich habe auch das Gefühl, dass die Kolleginnen, mit denen ich quasi auf einer Insel sitze, dass wir da auch recht offen sind, wo es dann heißt, `woah es ist gerade so viel´ und ähm (.) `wie sollen wir das machen?´, oder was auch immer. Aber/ also man frisst das jetzt nicht in sich hinein, habe ich das Gefühl.

Pos. 199-200

I: Ja, das heißt, das wurde einfach nicht angenommen, als die/ von diese/ dieser Vorschlag, und ihr wisst aber wahrscheinlich nicht, warum jetzt?

B: Hm (überlegend) ich weiß, dass es eine Kollegin mal angesprochen hat, und ich glaube bei der Teamleitung, ich glaube auch sogar meine Teamleitung hat das quasi dann in/ hm (überlegend) im Jahre/ also sie hat es in ihrem Jahresgespräch angesprochen und so weit ich weiß, hat sie auch gemeint, dass es weiter gegeben wird, aber ich glaube in so einer großen Organisation ist es dann halt nicht so einfach umzusetzen, aber/ weiß nicht.

Pos. 205-208

I: Hm (bejahend) oder etwas spezifisches, was dich dabei unterstützt hat, das zu machen. Wo du das Gefühl hast, das hat es dir ermöglicht.

B: Ja, im Prinzip, glaube ich, ist es wirklich die Unternehmenskultur, auch wenn das so abstrakt immer ist und man nie so genau weiß, okay, was fällt den eigentlich unter Unternehmenskultur. […] Das heißt, es ist zum Teil das Angebot schon so ausgerichtet, dass man das Gefühl hat, okay, ich fühle mich unterstützt, um es zu nutzen. Ähm und ja also, (.) ich glaube schon, dass was ich quasi gesehen habe, so bisschen übernommen habe und so wie das Unternehmen quasi das ganze LEBT. (...) Ja.

I: Hm (bejahend). Ja. Dass die Leute so tun einfach auch, dass die Leute es nutzen.

B: Ja. Dass sie es nutzen, und man jetzt auch keine negative Rückmeldung kriegt oder schiefe Blicke erntet oder so irgendwas. […] Also, ich glaube es wird einfach sehr viel Wert darauf gelegt, dass man ähm im Austausch ist mit den anderen. Und das so dieses soziale auch gegeben ist und man nicht nur für sich selber arbeitet. Zumindest ist das das, was ich immer so wahrnehme.

Pos. 210-214

B: […] sie fragt uns alle regelmäßig, auch in der Früh, also wenn sie uns begrüßt, `Morgen, wie geht's dir?´, das macht glaube ich auch nicht jeder. […] Ja, ich// ich

glaube man fühlt sich auch grundsätzlich schon mal irgendwie anders ähm empfangen und auch irgendwo wahrgenommen, als Teammitglied.

G4: MA04

Pos. 70

B: […] Aber ich habe halt nicht den Eindruck, dass da jetzt irgendwie eine große (.) Möglichkeit oder die Bereitschaft herrschen würde wirklich an den einzelnen Jobbeschreibungen was zu ändern. Weil es gibt halt so quasi diese vier feststehenden Jobbeschreibungen für die vier Personen, die da angestellt sind, und das ist jetzt so, okay, die Person ist für das zuständig, die andere Person ist für das zuständig. Und, also ich glaube, DAS wirklich vom Grund auf zu ändern, würde halt irgendwie so eine komplette Neuaufstellung des Teams und Verteilung der Zuständigkeiten, Neuverteilung der Zuständigkeiten bedeuten. Und das ist glaube ich nicht so wirklich möglich. Ich meine, ich habe schon immer wieder mal irgendwie in einzelnen Momenten oder bei irgendwelchen konkreten Anlässen und so was gesagt wie, `Okay, das ist mir jetzt ein bisschen zu viel´ oder `Kann mich da irgendwer unterstützen?´, et cetera. Aber es hat sich jetzt nicht was an der grundliegenden Aufteilung der einzelnen Jobs geändert.

Pos. 114

B: Ja, also ich glaube, was mich dabei unterstützt WÜRDE, wäre wenn es halt irgendeine Art von (.) regelmäßigem Feedbackgespräch oder Mitarbeitergespräch zwischen mir und dem Vorgesetzten gäbe, das halt auch explizit dazu da ist, NICHT über die tagesaktuellen Probleme in der Arbeit zu sprechen, sondern halt so ein bisschen auf diese Meta-Ebene darüber, `Wie geht es dir in der Arbeit? Welche Unterstützung brauchst du? Was können wir ändern? Wie können wir die Rahmenbedingungen ändern?´. Ich glaube, das würde es halt für mich leichter machen, diese Themen/ oder halt grundsätzlich Sachen, die mich strukturell an der Arbeit stören oder wo ich mir mehr Unterstützung wünschen würde, anzusprechen, ALS wenn es halt zwischen meinem Chef und mir nur so (.) Abstimmungen oder Gespräche über die tagesaktuellen Probleme in der Arbeit gibt.

Pos. 116

B: […] Hm (überlegend) und es spielt auf jeden Fall mit rein, dass (.) für MICH solche Sachen, zum Beispiel, meinem Chef gegenüber anzusprechen, dass ich mir mehr Unterstützung wünsche würde, sich oft auch anfühlt wie so, eine eigene Schwäche oder ein eigenes Versagen einzugestehen, und mir das dann auch schwer fällt.

Pos. 130

B: […] wichtiges Networking […]

Pos. 131-132

I: […] Ähm wenn Sie da Nein sagen zu so einem Abend, wie reagiert da das Arbeitsumfeld?

B: Ja, oft nicht so gut und da habe ich echt lernen müssen, also (da jetzt das dann?) trotzdem durchzuziehen, weil es ist halt doch oft so, dass irgendwie die Situation dann ist, dass alle sagen, `Oh ja, jetzt gehen wir noch in eine Bar!´, und wenn ich dann sage, `Ähm ich bin müde, ich werde mich jetzt zurückziehen´, dann passiert es halt schon sehr oft, dass dann die Reaktion halt ist, `Ah geh, du kannst doch noch mitkommen, für ein Getränk, die Bar ist wirklich nett, wir haben da wirklich was Schönes ausgesucht. Du kannst doch nicht jetzt schon müde sein, du kannst ja eh morgen bis acht schlafen´ oder was auch immer, halt solche so Überredungen dann irgendwie passieren. Und das ist halt echt schwierig für mich da halt dann bei diesem Nein zu bleiben. […]

Pos. 134

B: […] Genau, und ähm Thema Alkohol auch noch bei den Dienstreisen, weil das halt schon ECHT oft so ist, dass es halt irgendwie so als normal angesehen wird, dass dann alle Wein trinken an so einem Abend, und das halt irgendwie schon so die Weinkaraffen zum Beispiel da stehen, wenn man ins Restaurant kommt, und NUR Weingläser zum Beispiel aufgedeckt sind, und man muss irgendwie so den Weg gehen, wenn man irgendwie was anderes trinken möchte. Und das finde ich auch oft schwierig, weil ich trinke gerne Wein, ich trinke auch gerne mal ein gutes Glas Wein, aber halt das es irgendwie mit so einer ERWARTUNG verbunden ist und dass viele Leute auf den Dienstreisen ECHT viel trinken und das irgendwie so fast so dazu gehört, […]. (pos. 134)

Pos. 150

B: […] also ich glaube das war schon notwendig, eben längere Zeit in dem Job zu sein, und halt irgendwie mir mein eigenes Standing in diesem Job zu erarbeiten und zu wissen, `Okay, ich bin gut in dem, was ich da tue, und das wird sie halt nicht ändern, auch wenn ich jetzt einmal bei irgendeiner wichtigen Unterhaltung bei einem Abendessen nicht dabei bin´. […]

Pos. 154

B: Und ich habe auch ähm halt so je länger ich in dem Job war oder je mehr ich auch so mit meinen Kernkolleginnen darüber geredet habe, über diese Dienstreisen, umso mehr

hat mir das, glaube ich, auch noch mal verdeutlicht, dass auch andere Leute Dienstreisen anstrengend finden und dass das halt nicht nur ich bin. Weil am Anfang habe ich halt auch so ein bisschen gedacht, vielleicht bin ICH einfach nicht widerstandsfähig genug für so eine Dienstreise oder vielleicht bin ICH irgendwie zu sensibel und brauche zu viel Zeit für mich, um so was machen zu können. Und erst diese Gespräche mit Kolleginnen darüber haben mir dann echt gezeigt, dass es Kolleginnen AUCH so geht, dass sie das irgendwie einfach SEHR fordernd finden und dass sie nach Dienstreisen AUCH sehr müde sind und so. Und das hat mir dann, glaube ich, nochmal mehr irgendwie diese/ oder mich darin bestätigt, dass es vollkommen legitim ist, diese Strategien anzuwenden, und dass es halt nicht daran liegt, dass ICH dem Druck nicht gewachsen bin.

Pos. 172

B: […] Und mein Chef zum Beispiel hat halt auch so einen vierzig Stunden Vertrag und arbeitet halt oft VIEL mehr, weil er extrem viel Überstunden macht. Und ähm keine Ahnung, der stellt halt jetzt zum Beispiel gerade nebenbei seine Doktorarbeit fertig. Und wenn ich dann sowas höre, dann denke ich mir halt schon immer so, ich sollte das ja auch schaffen so mit vierzig Stunden irgendwie klarzukommen, oder ich habe halt so den Eindruck, dann habe ich irgendwie wenig in der Hand ihm gegenüber zu argumentieren, warum ICH jetzt weniger arbeiten sollte oder möchte.

Pos. 184

B: (.) Also ich glaube, es ist halt irgendwie dadurch, dass es auf dieser Konzern-Ebene ist, fast ein bisschen ZU anonym und zu weit weg von unserem konkreten Arbeitsalltag. […]

Pos. 208

B: […] dass mich das dann so irgendwie verführt, dann doch noch einen zu trinken.

Pos. 226-228

B: […] Hm (überlegend) Genau, ich habe auch vor zwei Monaten oder so zum ersten Mal so ein Mitarbeitergespräch mit meinem Chef geführt. Und das war auf meinen Initiative hin, weil ich das führen wollte. Und das war halt VOLL der große Schritt für mich, das zu machen. Und da habe ich mich dann auch nach dem Gespräch irgendwie psychisch besser gefühlt, als davor, obwohl jetzt nicht alle der angesprochenen Probleme sofort gelöst wurden. Aber es hat sich irgendwie trotzdem für mich sehr gut angefühlt, halt so für mich selber eingestanden zu sein. Und ja.

I: Ja. Wollen Sie ein bisschen erzählen, wie das zustande gekommen ist?

B: Hm (bejahend). Also ich habe schon wirklich lange darüber nachgedacht, dieses Gespräch irgendwie so einzufordern, weil ich habe davor eigentlich immer gedacht, dass das halt einfach Standard ist, dass es das zumindest irgendwie einmal im Jahr gibt an einem Arbeitsplatz, aber das war an meinem Arbeitsplatz nicht so. Also es dürfte wohl so sein, dass mein Chef schon irgendwie von dem großen Konzern halt diese Vorgabe kriegt, das einmal im Jahr zu machen, halt auch so mit so einem Gesprächsleitfaden und was da halt alles so dazugehört, das ist ja wirklich ein formalisierter Prozess, aber das ER das halt einfach nie von sich aus umgesetzt hat. Und dadurch war ich halt irgendwie in der Position, so danach fragen zu müssen, weil sich einfach bei mir schon so ein paar Sachen angestaut haben, die mich halt sehr belastet haben und wo ich mir irgendwie mehr Unterstützung gewünscht habe. Und dann habe ich irgendwann tatsächlich dann darum gebeten, was für mich VOLL der große Schritt war, weil sich das halt für mich SEHR so angefühlt hat wie, `ich gestehe gerade ein, dass ich mit dem Stress in der Arbeit nicht klar komme´. Und wir haben dann das Gespräch aber geführt und er hat das sogar zum Anlass genommen, auch den beiden anderen Kolleg:innen Einladungen zum Mitarbeitergespräch zu schicken. Also er hat es dann tatsächlich EINMAL mit uns allen dreien durchgeführt (lächelnd). Hm (überlegend) und das Gespräch selber war irgendwie sehr (aufwühlend?) für mich, und ich habe in dem Gespräch auch geweint, was so das erste Mal in diesem Arbeitsumfeld war, dass ich so diese Verletzlichkeit irgendwie gezeigt habe. Und ich glaube das Gespräch war so der erste Anlass, wo ich halt einige Dinge angesprochen habe, die sich einfach schon SEHR lange irgendwie aufgestaut haben. Und (.) ich war so semi-zufrieden mit der Reaktion von meinem Chef und es konnte jetzt auch nicht für alles eine Lösung gefunden werden, aber ich glaube es war für mich allein schonmal voll der große SCHRITT, das überhaupt machen und ÜBERHAUPT aufzuzeigen, wo für mich diese Probleme liegen, weil ich das davor halt irgendwie nie gemacht habe und (.) davor halt sehr lange in diesem Job versucht habe, nach außen hin immer den Anschein zu erwecken, dass ich alles schaffe.

Pos. 234

B: Also es ist jetzt ungefähr zwei Monate her, circa, und ich habe den Eindruck, dass vieles davon (.) nicht so wirklich umgesetzt wurde oder dass es halt wiederum ICH wäre, die jetzt aktiv einfordern müsste, dass das umgesetzt wird. […] Aber es ist halt für mich total schwierig, halt jetzt quasi in der Position zu sein, hm (überlegend) jetzt auf die Einhaltung des Vereinbarten zu pochen. […]

Pos. 238

B: […] ich glaube, für mich wäre es viel EINFACHER, in so einem Arbeitsumfeld zu sein, wo solche Angebote von vornherein gemacht werden. Und ich glaube, das würde es für mich viel einfacher machen, Dinge anzusprechen, […].

Pos. 262

B: […] ich finde es dann schwierig, das nicht zu machen, oder irgendwie ist dann so ein Verpflichtungsgefühl da, dass man das vielleicht doch kurz machen sollte, […]

Pos. 266-270

B: Und wir haben halt auch nicht so wirklich klare Vertretungsregelungen, also das wirklich ganz, ganz, ganz klar ist, wenn Person X in Kankenstand ist, macht Person Y das und das, und Person Z das und das, sondern das ist dann halt eher so ein, im Falle des konkreten Kankenstandes muss man sich dann halt noch ausschnapsen, wer kann jetzt die nächsten Tage das übernehmen und `Achtung, da müsste ihr mir bitte auf das und das achten´. Das ist halt auch oft (etwas?) schwierig.

[…]

B: […] und halt daran, dass die Aufgaben halt auch irgendwie sehr dynamisch sind, also wir machen jetzt ja nicht jeden Monat das Gleiche und (.)/ also, man könnte jetzt auch, glaube ich, gar nicht so gut irgendwie festhalten, DAS ist zu tun, wenn ich krank bin, weil es ja doch irgendwie dann immer unterschiedliche Sachen sind, an denen ich gerade arbeite. Ja.

Pos. 278

B: "[…] Und ich finde es halt aber SCHWIERIG, wenn es im Team halt irgendwie SO vorgelebt wird, halt die Person zu sein, die es anders macht."

Pos. 300-304

B: Ja, und halt in stressigen Phasen irgendwie halt gemeinsame Pausen initiieren. Und halt auch mal sagen, weiß ich nicht, nach irgendeinem anstrengenden Meeting, `okay, die spinnen doch alle, jetzt lass uns irgendwie gemeinsam schnell einen Tee trinken und/´, so halt irgendwie.

I: Hm (bejahend) okay. Und wie wird das angenommen?

B: Ja, ich glaube schon ganz positiv.

I: Hm (bejahend) okay. Ja. Haben Sie das Gefühl, dass das auch zurückkommt?

B: Ja, ja, also das ist, glaube ich, so ein Basis, die wir irgendwie haben, das man sich das so gegenseitig irgendwie gibt in der Arbeit.

Pos. 306

B: Ja. Also ich glaube, das kam halt eher erst so dadurch, die Personen besser zu kennen. Ich glaube, am Anfang war es schon noch ein eher kühleres, distanzierteres Verhältnis, oder am Anfang habe ich selber mir halt auch nicht so anmerken lassen, wenn ich zum Beispiel in der Arbeit von irgendwas sehr überfordert war. Und die Kolleginnen vielleicht ebenso nicht. Und ich glaube, es hat erstmal so diesen Punkt gebraucht, dass wir uns irgendwie halt auch auf einer persönlichen Ebene so gut kennen, dass dieses (.) Zeigen, wie es einem gerade geht, und halt füreinander da sein, aufeinander schauen, dann möglich war.

Pos. 308

B: Hm (überlegend). (.) Hm (überlegend) also, ich glaube halt, sowas wie eben dieses Mitarbeitergespräch einfordern, das schon und ich glaube, jetzt auch, wo ich das einmal gemacht habe, glaube ich, ist auch die Hemmschwelle ein bisschen es wieder zu machen, oder ich glaube, jetzt hätte ich halt eher das Gefühl, dass ich auch zu meinem Chef hingehen KANN und sagen kann, `Hey, ich möchte gerne mit dir über die Aufgabenteilung im Projekt so und so sprechen, weil das passt für mich gerade so nicht und wir müssen da irgendwie eine andere Lösung finden´, also das glaube ich schon. Bis zu welchem Grad das dann alles so umgesetzt werden kann, ist jetzt wieder eine andere Frage, weil da geht es ja um Rahmenbedingungen et cetera, aber halt ich hätte zumindest das Gefühl, dass ich das auf jeden Fall machen KANN.

G5: MA05

Pos. 23-24

I: Hm (bejahend), okay, ja. Kannst du irgendwie sagen, woran man diese ungeschriebenen Regeln, dieses `wann ist es okay heimzugehen´ festmachen könnte, konkret? Also woran sich das zeigt?

B: Auf der einen Seite, was man irgendwie so (.) ähm quasi vom Hörensagen, von den anderen Kollegen, halt hört. Also ich weiß, dass unser Chef ist schon eher so, dass er halt sehr, hat schon gern, wenn die Leute da sind und arbeiten. Und ähm und er arbeitet halt selber super viel. Das macht das Ganze natürlich auch immer schwierig dann, wenn man den/ einen Vorgesetzten hat, der selber so ein Workaholic ist (lacht), dass man dann sagt, okay, ja, aber ich arbeite trotzdem ein bisschen weniger, weil ich packe es einfach nicht mehr. Ähm (.) also auf der einen Seite eben dieses, eher so indirekt vom Hörensagen, wie sind die Vorstellungen vom Chef, und auf der anderen Seite, aber auch so, wie viel sehe ich, dass die anderen Leute arbeiten. (.) Genau.

Pos. 25-28

I: Okay, ja. Okay. Und wie ist das dann, wenn du heim gehst, ähm dann bekommen die anderen das auch mit, dass du früher heim gehst?

B: Ja, früher, //also/ ja.

I: Also// Ja.

B: Puh. Ähm um ehrlich zu sein, ich lege es schon darauf an, dass sie es mitbekommen, weil ich mag auch ein bisschen ein gutes Vorbild sein (lacht). Also ich mag, weil ma/ ich weiß halt, die Arbeitskultur wird halt ähm durch das Verhalten von allen Individuen in dem Kollektiv (.) kommt die eigentlich erst zustande. Und ähm dadurch, dass ich halt auch ein Teil von DEM bin, kann ich es natürlich auch bis zu einem gewissen Grad halt mitgestalten, was jetzt normal ist und was nicht. Ähm also ich/ also es bekommen alle mit wann ich gehe, aber das ist auch beabsichtigt durchaus (lacht). Ähm ja.

Pos. 31-38a

I: Hm (bejahend), okay. Ja. Aber von den anderen kam dann nie so die Rückmeldung, `das ist nicht okay´ //oder/?

B: Nein, überhaupt nicht.

I: Dass das irgendwie aufgefallen wäre?

B: Überhaupt nicht, nein. Und auch wenn man, wenn man halt ähm/ ab und zu habe ich halt dann auch das, weil es natürlich immer alles was irgendwie ungeschrieben ist, ist natürlich in (.) meistens doppelt irgendwie unangenehm. Und wenn man dann wirklich aktiv mit anderen Leuten darüber redet, ist es/ es ist eh kein Problem. Also das ist, und es ist in, ich glaube, es ist (.) den anderen eh auch bewusst, dass es halt ähm jetzt nicht ganz vom Gesamtdings nicht ganz so, Arbeitszeit-mäßig nicht ganz so optimal ist in der akademischen Forschung (lachend). Also von// dem/

[…]

B: Hm (überlegend), also mit meinen Kolleginnen und Kollegen habe ich, also speziell mit denen die frisch mit mir gemeinsam neu angefangen haben, mit denen habe ich am ersten darüber geredet, weil die halt irgendwie auch in der äquivalenten Situation waren wie ich. Dass sie halt auch neu in dieses Arbeitsverhältnis halt reinkommen und auch für sich halt irgendwo entscheiden müssen, wie ähm wie handhaben sie das dann für sich, und deswegen war das dann auch ähm besonders leicht mit denen halt darüber dann zu reden, so, `geh wie, wie macht ihr das eigentlich?´, und das war immer so, `ja ähm sie geben sich eigentlich eh auch Mühe, dass das nicht so, nicht eskaliert, die Arbeitszeiten, weil es ist, ja, die Gefahr ist da´. […]

Pos. 38b

B: […] Und ich habe schon auch ähm bei meinem damals/ bei meinem Bewerbungsgespräch mit meinem Chef auch das schon auch thematisiert. Ähm weil ich ähm halt gewusst habe, es könnte sein, dass da halt einfach die Erwartung da ist, dass man sehr viel arbeitet. Und ich habe aber einfach ähm gewusst, mein Hirn gibt nicht recht viel mehr her als sechs Stunden Vollgas am Tag, und dann schaffe ich vielleicht noch ein, zwei Stunden wo ich schon auch noch ein bisschen produktiv bin, aber dann ist es aus. Und das habe ich ihm schon beim Bewerbungsgespräch schon gesagt, dass `okay, so viel kann ich und mehr kann ich nicht´. Ähm und das gibt mir schon auch ein bisschen einen Seelenfrieden so jetzt, weil ich ähm jetzt denke ich mir, `okay, ich habe es ihm zu einem Zeitpunkt gesagt, wo er noch Nein sagen hätte können leicht zu mir´ und er hat trotzdem `Ja´ gesagt, insofern, ja, genau.

Pos. 116

B: […] Das ist schon auch durchaus was, was mir zu denken gibt, das ich halt weiß, okay, die anderen/ die meisten anderen müssen halt auch am Wochenende arbeiten und tun das halt auch, teilweise halt eben, weil die Modellsysteme das vorgeben, und ich mache das eher nicht. Aber es ist natürlich schon irgendwo was, was einem auch immer im ähm im Hinterkopf bleibt, (ob ich/?), kann ich jetzt quasi guten Gewissens irgendwie am Wochenende nichts machen, weil irgendwie die anderen (.) müssen arbeiten. Also es ist was/ ich kann damit leben, aber es ist natürlich schon was, was einem zu denken gibt.

Pos. 130

B: Ja ja.// Total ja. Ja. Es ist (.) ziemlich viel, ziemlich KRANK in diesem System, finde ich. Ähm weil das halt einfach (..) ja, also es ist halt ganz, eigentlich ganz normal, dass Leute um vieles mehr arbeiten als sie bezahlt werden. Das ist irgendwie schon definitionsgemäß für mich schon irgendwo Ausbeutung. Aber es ist halt so eine institutionelle Ausbeutung und es ist, die FÖRDERagenturen geben halt auch nicht mehr Geld her, als diese dreißig Stunden für einen PhD-Studenten. Und ich glaube selbst, wenn man jetzt Gruppenleiter WÄRE und das selber ändern WOLLTE, selbst DANN wäre es SCHWIERIG. Weil es ist halt immer dieses (.) eigentlich ziemlich abartige Arms Race, das man halt irgendwo (.) diese/ auch wenn ich jetzt aus der Gruppenleiter Perspektive (.) sehe dieses Publish Or Perish, sprich du musst ständig ähm neue Forschungsresultate raus hauen, damit du halt weiter deine Grants bekommst, damit du wieder weiter eigentlich deine Gruppe am Leben erhalten kannst. Und diese

Grants sind halt dann (.) da musst du sagen, okay, ich will jetzt zwei PhD-Studierende halt für diesen Zeitraum, dann geben die dir Geld, aber dieses Geld reicht halt nur für diese dreißig Stunden (lachend) und dann ähm kannst du (.)/ JA, es ist schwierig.

Pos. 180

B: […] Also ich habe es mir schon vorgenommen, dass ich (.)/ ich bin halt jetzt noch ganz am Anfang und da hat man natürlich extra wenig (lacht) Macht. Weil natürlich die Gruppenleiter auch noch nicht SO viel investiert haben in einen und man möchte es sich nicht irgendwie früh verscherzen. Aber ich nehme es mir schon schon vor, dass ich, wenn ich dann mal irgendwo gegen Ende von meinem PhD bin, wo man halt auch schon (.)/ wo man weiß, okay, jetzt können sie einem/ jetzt kann einem dann niemand mehr das Leben so richtig schwer machen, weil man hat irgendwie schon gute Arbeit geleistet, dass man dann auch diese Sachen ein bisschen (.) proaktiver angeht und auch vielleicht thematisiert. Also JETZT würde ich es (.) ähm noch nicht (.)/ würde ich mich (.)/ also ich glaube, wenn jetzt irgendwo aus irgendeinem Grund das Thema irgendwie auf diese Mental Health Sachen kommt, dann würde ich, glaube ich, auch jetzt schon irgendwo meine Meinung vertreten. Aber ich habe schon vor, das vielleicht später, wenn ich in einer bisschen stärkeren Position bin, dass ich dann vielleicht auch eher die Möglichkeit habe, dass aktiv aufs Tapet bringen.

Pos. 210

B: Da wirklich eher außerhalb der Arbeitszeiten entgegen. Das mache ich schon relativ konsequent, also ich schaue schon, dass ich/ also ich lege es darauf an, dass ich jeden Tag irgendwo Sport mache. Also meistens wechsel ich ab, einen Tag gehe ich laufen und den anderen Tag mache ich irgendwie so Rücken und Bauchmuskel Sachen. Ähm (.) schon definitiv auch/ also das habe ich während dem Studium schon auch gemacht, einfach weil es auch irgendwo ähm sich gut anfühlt, wenn man Sport macht, und jetzt seid ich den Bürojob habe, ist aber schon auch ähm definitiv mehr an Motivation da, weil ich weiß, okay, sonst degeneriere ich einfach komplett (lachend).

Pos. 256-260

B: […] Es ist schon auch (.) manche Sachen sind schon auch immer was, was man dann eigentlich immer wieder für sich quasi selber, eher für sich selber rechtfertigen muss, also das ist jetzt auch was, was man auch wirklich üben muss, dass das jetzt okay ist, dass ich das mache, also es ist jetzt nichts, nicht so ganz Triviales, […]

Pos. 282

B: […] ja, also mein Chef thematisiert das jetzt nicht wirklich aktiv. Und wenn dann in

einer eher verzichtbaren Art und Weise (lachend), sagen wir es so. Also ich würde da ziemlich eindeutig sagen, passiv das Angebot, das da ist, ist ziemlich cool, und aktiv von der Thematisierung und auch von der/ gefühlt von der Einordnung her und von dann den Prioritäten, wie die Entscheidungssträger, dass es das auch haben, ist da noch Luft noch oben.

G6: MA06

Pos. 55

B: […] Also da ist in der Zwischenzeit eben einfach sehr viel allein durch die Realitäten, die da geschaffen worden sind in den letzten paar Wochen, eben durch die Geschäftsführung auch, und das was da mir kommuniziert worden ist, was da eigentlich erwartet wird, ähm das ist für mich dann mehr so ein bisschen eine, ja, sage ich mal, eine hohe Schuld jetzt ist, zu sagen, ich muss jetzt halt da mal aus meiner Sicht sagen, `du, ich glaube´, zu meinem Chef, `ich glaube, so wie wir es zuletzt besprochen hatten und so wie meine Wahrnehmung da jetzt war, so wird es halt nicht (.) so soll es nicht sein und so wird es auch nicht funktionieren, dass heißt, ähm können wir uns mal zusammensetzen und, ja, abstecken, was die Erwartungen sind, das vielleicht auch nochmal mit der Geschäftsführung gegenchecken, ob das dann auch so stimmig ist, und das dann auch in irgendeiner Form verschriftlichen´, ich (.) merke es immer wieder, dass dann/ ja, allein mal eine Job-Description, eine niedergeschriebene zu haben, wäre vielleicht auch hilfreich. […]

Pos. 67

B: […] Ja, ja, voll, also das ist bei uns auch recht unkompliziert, sage ich mal, wenn ich sage, ich brauche irgendwas und ich/ also wenn es jetzt keine entweder sehr teueren oder sehr, sage ich mal, jetzt Dinge sind, wo sich nicht auf den ersten Blick erschließt, warum wir sie brauchen, ich sage mal, wenn wir einfach sagen, `okay Leute, wir haben zu wenig Bürosessel´, dann ähm wird man da bei uns jetzt niemand irgendwie groß/ da muss jetzt keiner durchgehen und nochmal nachzählen, soweit ist das Vertrauen dann da und ähm das ist schon ganz fein, also wie gesagt, dass man da viel Freiheit hat, sich seinen Arbeitsplatz ähm dann auch so zurecht zusammen zu stellen und zurecht zu machen, wie man es halt selber gerne hat. Ähm da haben wir, denke ich jetzt mal, schon viele Freiheiten, ich meine, umgekehrt wahrscheinlich in anderen Unternehmen gibt es wahrscheinlich (.) mehr Ressourcen noch oder mehr Angebote, so quasi was man alles noch irgendwie haben kann an seinem Arbeitsplatz, das ist halt bei uns, glaube ich, kannst du eh einige Sachen, aber du musst dich halt selber darum kümmern,

dass du die Dinge dann auch hast, aber das ist, ja, für mich okay so.

Pos. 73

B: […] Geht bei vielen Leuten, geht bei/ ja, ist halt natürlich, je mehr es irgendwie dann in Richtung Geschäftsführung geht, desto schwieriger ist es natürlich, da dann irgendwie zu sagen, `Nein, jetzt habe ich eigentlich gerade keine Zeit für dich´.

Pos. 77

B: […] Ähm also das/ ja, das wäre natürlich schön, andererseits ist es halt auch absolut unrealistisch und auch nicht in irgendeiner Weise was, was ich erwarte, dass ich von/ für zwanzig Leute, die Gleitzeit da sind und wo viele unterwegs sind oft oder im Homeoffice sind, jetzt irgendeine Art von Kantine einrichte oder/. […]

Pos. 85

B: […] DAS ist vielleicht noch ein recht relevanter Punkt, dass es bei uns auch keine Pausen-Kultur in der Form gibt (lachend). Also es ist (.) wir hatten das früher mal, dass es ähm/ im alten Büro gab es so einen großen Esstisch und ab und an haben sich da auch wirklich alle zum Essen hingesetzt. Und aber weil es das in der Form, also wir hätten so einen Esstisch, aber da gehen maximal drei Leute eigentlich hin, auf einmal […]

Pos. 89

B: "Ja, ich glaube, das ist teilweise eben auch so wieder dieses Thema, dass es Leute braucht, die so was initiieren, die es jetzt gerade in der Form nicht gibt, oder jetzt die Leute, die es gibt, zu sehr eingespannt sind mit ihren Aufgaben als dass sie die Ressourcen und die Zeit dafür hätten, das auch noch zu machen.[…]"

Pos. 96-97

I: Hm (bejahend) ja. Hm (wohlwollend) Wie ist das so mit kleinen Pausen jetzt ähm abgesehen von der Mittagspause? Machst du die, machen die die Kolleginnen irgendwie, ist das/ wie ist das so bei euch?

B: […] Ähm ja. Und sonst (.) hm (überlegend) (.) es ist halt am ehesten vielleicht da, also jetzt für mich und auch für Kolleginnen und Kollegen, dadurch dass unser eines/ das eine Haus von uns halt direkt nebenan ist, also das Hostel ähm, müssen wir oder gehen wir halt auch einfach öfter eh rüber und weil wir dort irgendwas zu tun haben, zu besprechen haben, uns anschauen wollen, und das ist halt oftmals dann so semi zumindestens eine Pause, also zumindestens für mich, wenn ich sage, ich gehe dann rüber, dann treffe ich irgendwen, rede mit der Person, ähm dann geht es eigentlich/ habe ich nur eine Frage für die Arbeit gehabt, und bin dann aber eine halbe Stunde

unterwegs quasi und verbringe einen Großteil der Zeit dann damit, dass ich unterwegs irgendwie Leute treffe, die ich halt kenne, die mich irgendwas fragen oder mit denen ich kurz rede, und/ also ja, so in dem Sinne ist es (.) wahrscheinlich ein/ ist das am ehesten so eine Situation, wo man dann zwischendurch eine Pause hat. Sonst nehme ich mir ab und zu halt die Zeit raus, dass ich dann zwischendurch sage, wenn ich jetzt noch irgendwelche Erledigungen zu machen habe, dadurch dass wir in der Nähe recht viele Geschäfte haben, dass ich dann zwischendurch mal kurz einkaufen gehe. So, ja.

Pos. 109

B: […] das geht halt quasi so lange gut, so lange man jetzt nicht inhaltlich super ausgelastet ist, und sobald halt dann Dinge auf einen einprasseln und man irgendwie so drinnen ist und jetzt irgendwie Sachen macht und dann sitzt man halt irgendwann dann so da und ähm, ja, und achtet halt auf diese Dinge auch nicht mehr. […]

Pos. 113

B: […] ja, aber zieht sich irgendwie so durch, also ich glaube das ist einfach sehr viel von der Firmenkultur ist, wo man vielleicht auch mal (.) bewusst sagen müsste (.) also da das bewusst einfach auch anders machen und sagen, `Hey, ich esse jetzt, ich nehme mir jetzt wenigstens eine Viertelstunden Zeit, um mein Essen zu essen in Ruhe´.

Pos. 165a

B: (...) Grundsätzlich/ also, Möglichkeiten (.) ja, weil gerade so dieses, dass man sich irgendwie einbringt bei Sachen, das ist schon auch gewollt und schon auch was, was bei uns funktioniert in aller Regel. Ähm denke gerade/ also, ich glaube halt auch, dass gewisse Dinge bei uns illusionär sind, also ich sage jetzt mal, dass wir jetzt irgendwie einen Sport in der Arbeit oder jetzt auch/ also ich habe im Homeoffice auch schon manchmal irgendwie dann eine halbe Stunde habe ich mir gedacht, so, ich mache jetzt Sport, und wenn ich gerade nichts zu tun hatte an dem Tag, dann war das halt auch Arbeitszeit einfach. Aber trotzdem weiß ich, dass ich das bei uns jetzt nicht etabliert kriegen werde (.), dass ähm man sagt, man hat jetzt eine Zeit X pro Woche zur Verfügung für (.) um Sport zu treiben oder für solche Dinge, das wird es glaube ich nicht geben.

Pos. 165b

B: "[…] also ich rede da jetzt recht viel aus der Perspektive von unserem Büro, wo ich halt so Sachen anreden kann, aber jetzt halt nicht wirklich für unser Büro jetzt irgendwie die Dinge entscheiden kann […]"

G7: MA07

Pos. 12

B: Also ähm, es sind mehrere Faktoren müssen da zusammen spielen, dass sich ähm so etwas entwickelt, gerade in einem hart umkämpften ähm in einer hart umkämpften Branche, in der wir ja tätig sind und wo man halt auch quasi jeden Euro zweimal überlegt, ähm da müssen schon mehrere Faktoren zusammenkommen und in meinem konkreten Fall, waren es folgende Faktoren, also nicht nur, dass auch alle gesehen haben, dass einfach halt ich unter Wasser bin und ich halt da der Wissensträger bin, ja, das ist ja offensichtlich, dass ist eh jedem klar, aber es kommt dazu, dass wir jetzt eine neue Struktur haben innerhalb von HR, wir haben uns da etwas moderner aufgestellt, wir haben neue Führungskräfte, wir haben neue Entscheidungsträger und dieses Themenfeld, was halt bisher nur mit einer Person besetzt war, sehr minimalistisch für diese Größe, ähm das soll halt auch in Zukunft stärker besetzt werden, jetzt hat man halt mehr oder weniger, wie soll ich sagen, das Nötigste in dem Bereich gemacht, wir müssen da aber stärker werden, ja, und all diese Dinge, das Commitment, die neuen Führungskräfte, dann der Wandel der Zeit, der es ja mit sich bringt, dass wir da stärker werden müssen, dass wir uns da besser aufstellen müssen, all das führt dann dazu, dass dann irgendwann eben tatsächlich auch mal die Zustimmung kommt, da braucht es vielleicht eine zweite Person, ja, und da geht das schon wieder einen kleinen Schritt in die richtige Richtung, aber, wie gesagt, es sind auch mehrere Faktoren, die da zusammenspielen müssen.

Pos. 32a

B: "[…] Ähm man selbst wird halt eher/ oder ich persönlich kann nur für mich sprechen, werde halt besonders aufmerksam, wenn halt der Körper auch Alarmsignale sendet, ja. […]"

Pos. 32b

B: […] Also, ich bin schon ein sehr gesundheitsbewusster Mensch, das ja, ähm achte auf Ernährung und mache Sport, aber ich bin halt auch jemand, der seine Leistung erbringt und der seine Arbeit macht, ja, und manchmal geht sich dann beides nicht aus. Und wahrscheinlich hat dann die Arbeit Vorrang über irgendeiner ähm spaßigen Aktivitäten der Freizeit, ja, da muss man sich halt vielleicht manchmal auch bei der Nase nehmen und die Prioritäten verschieben, aber auch das ist nicht so leicht.

Note. Interviews were conducted in German.