International Practice Development Journal

ORIGINAL RESEARCH

'Muchness' as the subjective experience of wellbeing: sharing the findings of a participatory inquiry with nurses

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Abstract

Background: I discovered the concept of muchness when reading a blog that considered quotes from *Alice in Wonderland* to identify what meaning they could offer healthcare. One was from the Mad Hatter:

> *'You used to be much more "muchier". You've lost your muchness.'*

Reflecting on my experiences of working with nurses who reported feeling overworked, undervalued and undermined, I questioned whether some nursing staff had lost their muchness – their subjective experience of wellbeing.

Aims: The research aimed to work with nurses to explore two research questions:
- What is muchness?
- How can muchness be nurtured?

Methods: An innovative research method was developed – Virtual Picture Voice. This enabled nurses to create and share 'stories of muchness' and then participate in their analysis and synthesis, contributing to the creation of the Muchness Model Version 1. A metasynthesis process followed, drawing on wider theoretical understandings and resulting in the development of the Muchness Model Version 2.

Findings: Version 2 advocates for a 'full-life' understanding of wellbeing – a balance between the pursuit of feeling fulfilled and feeling good, facilitated by reflection and action.

Conclusions: A holistic approach to the facilitation of wellbeing can enable nurses to identify what is important/matters to them, personally and professionally. Critical reflection on self, our relationships and the contexts in which we work can generate knowledge to inform actions towards experiencing subjective wellbeing in the workplace.

Implications for practice:
- Creative approaches to self-inquiry can facilitate access to experiential and embodied knowledge, informing actions that facilitate wellbeing
- The Muchness Model Version 2:
  – can stimulate critical reflection and dialogue with self and others, helping identify factors that enable or limit muchness and potentially informing action at individual, team and organisational levels
  – offers a person-centred approach to the facilitation of wellbeing in nurses across the career trajectory and within leadership and culture-change programmes

Keywords: Arts-informed approaches, flourishing, participatory inquiry, Photo Voice, subjective experience of wellbeing, virtual methods

Introduction

This article will share the findings of a participatory inquiry that explored the concept of 'muchness' as the subjective experience of wellbeing. The research was stimulated by my experience of working with nurses in clinical practice, helping them to develop workplace cultures that are more person-centred. Person-centredness in this respect is defined as:

> *'...an approach to practice established through the formation and fostering of healthful relationships between all care providers, service users and others significant to them in their lives. It is underpinned by values of respect for persons, individual right to self-determination, mutual respect and understanding...'* (McCormack and McCance, 2017, p 3).

I encountered the concept of muchness in a blog by Walsh and Craig (2014a) that considered some quotes from *Alice's Adventures in Wonderland*, the book by Lewis Carroll (2015) and the feature film directed by Tim Burton (2010), to identify what meaning they could offer healthcare. One of these quotes was from the Mad Hatter:

> *'You used to be much more "muchier". You've lost your muchness'* (Burton, 2010).

Reflecting on my experiences of working with nurses who reported feeling overworked, undervalued and undermined, I questioned whether some nursing staff had lost their muchness – their subjective experience of wellbeing – depleting their readiness to develop themselves, their practice and workplace cultures towards person-centredness. While I believe the wellbeing of nurses and other healthcare staff should be valued for its own sake, it should also be considered against the growing body of evidence recognising the impact of nurses' wellbeing on experiences and outcomes for patients and their families (Maben et al., 2012; West et al., 2020).

Such reflections stimulated the following research questions:
- What is muchness?
- How can muchness be nurtured?

This article will briefly outline the methodological principles that underpinned the research, and provide an overview of a novel participatory research method, Virtual Picture Voice. Details of a metasynthesis to further review and refine the empirical data follow. The findings are represented by the Muchness Model Version 2, which will be discussed in detail.

Situating muchness within the philosophical and psychological literature on wellbeing

Perspectives on wellbeing have evolved since Aristotle wrote *Nichomachean Ethics* in the 4th century BCE, resulting in a vast body of knowledge reflecting multiple philosophical interpretations and psychologically based approaches to operationalising the key concepts. An exploration of this literature to situate muchness primarily led to the eudaimonic tradition of wellbeing and the way it is interpreted and operationalised in associated psychological wellbeing theories (Ryff, 1989; Waterman, 1990, 1993; Ryan and Deci, 2000; Seligman, 2011). Philosophically, the concept arises from the contemplations of Aristotle, who questioned how we should live and evaluate a life well lived. He believed eudaimonia to be an objective condition (Waterman, 2008), judged by others. However, more contemporary philosophers argue that subjective experiences should be considered (Norton, 1976; May, 1969, cited in Waterman, 2008). It is this latter perspective that I believe to be more closely related to muchness. While the traditional translation of eudaimonia is happiness, some contemporary philosophers prefer to translate it as flourishing (Huta and Waterman, 2014, p 1427). Eudaimonia is operationalised in a variety of ways, including psychological wellbeing and full functioning.

However, I was challenged to think beyond eudaimonia. Hedonia is an alternative philosophical perspective, where happiness is defined as the subjective experience of pleasure related to 'the belief that one is getting the important things one wants, as well as certain pleasant affects that normally go

with this belief' (Waterman, 2008, p 236). This subjective affective state is usually measured through the presence of positive affect, the absence of negative affect and levels of life satisfaction. When considering the wellbeing theories, I was drawn to the perspectives of Henderson and Knight (2012) and Huta (2013), who contend that hedonia and eudaimonia have major complementary roles in life, arguing for living a full life, where the two are in balance.

Methodological principles
This research is underpinned by philosophical and theoretical perspectives largely informed by the work of:
- Freire (2000) and his belief that it is possible for human beings to transform reality through reflection and action (praxis)
- Johnson (2007, 2008), who acknowledges the body as a source of knowledge

A more detailed account of the development of the theoretical underpinnings can be found in Sanders (2020).

Methodological principles to inform the research were developed from those underpinnings and are outlined in Box 1. They acknowledge the importance of persons (nurses) as active participants in decision making within the research process (Aldridge, 2016). By working both creatively (Titchen and McMahon, 2013) and critically (Au, 2007; Wright, 2017) it is possible to unearth experiential and embodied knowledge (Heron and Reason, 2008). Participants as the creators of this knowledge decide which knowledge is useful (Ledwith, 2016). A space experienced as 'psychologically safe' is essential to enable this process (Rule, 2011). Additionally, reflexivity is important to help the researcher develop understandings of the way in which their self-location, position and interests (Pillow, 2003) can impact on the research and those involved, enabling actions to be taken that facilitate person-centredness and participation.

> **Box 1: Methodological principles**
>
> - Participation: power and control as a central issue
> - Valuing embodied and experiential knowledge
> - Creating a safe space for dialogue
> - Working creatively and critically
> - Researcher as facilitator
> - Reflexivity

Research methods: Virtual Picture Voice
The overarching research method, Picture Voice, was developed by drawing on Photo Voice (Hergenrather et al., 2009; Catalani and Minkler, 2010) and arts-informed approaches (Guillemin, 2004; Cole and Knowles, 2008; Weber, 2008; Butler-Kisber and Poldam, 2010; Vacchelli, 2018), enabling participants to:
- Create stories of muchness
- Analyse and synthesise the stories to co-create a story about the stories

An outline of the research method is provided in Figure 1 and further details follow. Approval to undertake the research was obtained from the Research Ethics Panel at Queen Margaret University, Edinburgh.

Figure 1: Outline of Virtual Picture Voice method

Figure 1: Outline of Virtual Picture Voice method

Pre-phase
Development of Picture Voice drawing on Photo Voice and arts-informed approaches
(June 2018-February 2019)

Phase 1
Virtual groups enabling the creation of stories of muchness and wider research information
(June 2019- December 2019)

Phase 2
Working with participants in virtual groups to analyse and synthesise the research information, leading to the creation of the Muchness Model Version 1
(February 2020-August 2020)

Pre-phase

Photo Voice is rooted in Freire's (2000) critical pedagogy. It involves taking and sharing photographs to stimulate dialogue and generate knowledge from experience, to raise social and political consciousness (Catalani and Minkler, 2010; Sutton-Brown, 2014). Other visual art forms can also be used to capture the 'everyday' that might otherwise remain ignored, or ways of knowing that we might find difficult to put into words (Weber, 2008), for example, drawing (Guillemin, 2004) or painting and collage (Vacchelli, 2018). Such approaches recognise the body as a source of knowledge (Vacchelli, 2018) and enable the voices of those concerned to be heard (Cole and Knowles, 2008) and shared (Butler-Kisber and Poldma, 2010). The components of Photo Voice were blended with arts-informed approaches, to enable participants to create pictures that would help them unearth embodied knowledge about muchness.

Phase 1

Seventeen nurse participants were recruited internationally, predominantly via Twitter. By creating tweets and asking people to share these messages by retweeting, I was able to reach people internationally quickly and with no cost. I created three original tweets and retweeted two of these once each. Table 1 contains an example of the tweets used and the associated analytics. Interested participants were invited to view an open-access blog to read more about the research and then contact me by email. I received 51 expressions of interest (from Australia, Canada, the Netherlands, Uganda and the UK); 22 individuals affirmed their interest, of whom 17 participated in the research.

Table 1: Example of recruitment tweet and associated analytics	
Tweet	**Analytics**
18th April 2019	

Tweet	Analytics
← **Thread** **Kate Sanders** @KateatFoNS Are you a nurse interested in staff well-being? Would you like to be involved in a participatory research study, exploring the idea of 'muchness' (subjective experience of well-being) & how it can be nurtured in the workplace. If so, please visit: muchnessinnursing@wordpress.com 10:55 AM · Apr 18, 2019 · Twitter Web Client View Tweet activity **154** Retweets **194** Likes	**X Tweet Analytics** Impressions — 37,202 times people saw this Tweet on Twitter Total engagements — 1,613 times people interacted with this Tweet Link clicks — 709 clicks on a URL or Card in this Tweet Detail expands — 211 times people viewed the details about this Tweet Likes — 194 times people liked this Tweet Profile clicks — 173 number of clicks on your name, @handle, or profile photo Retweets — 154 times people retweeted this Tweet Media engagements — 140 number of clicks on your media counted across videos, vines, gifs and images Replies — 31 replies to this Tweet Follows — 1 number of people who followed you directly from this Tweet

I did not formally collect demographic information but I determined the following:
- An estimated age range of participants was from mid-20s to early 60s, with most participants between 40 and 60 years old
- All participants used the pronouns she/her
- Most participants were white; two were from black, Asian and minority ethnic groups
- Participants worked in a wide range of settings, including the community (community nursing, health visiting and mental health care), acute and critical care, inpatient mental health care, midwifery, hospice care and teenage cancer care across Australia (n=2), the Netherlands (n=2) and the UK (n=13)

These nurses participated in one of seven small groups using a videoconferencing platform. While synchronous online spaces have been used in research for one-to-one interviews and focus groups (Abrams et al., 2015; Tuttas, 2015), at the time (before the Covid-19 pandemic), minimal literature was found supporting their use in participatory research. An advantage was the possibility of nurses participating nationally and internationally (Matthews et al., 2018), although it was recognised that this approach might exclude some due to a lack of digital literacy (Deakin and Wakefield, 2014), or access to the required technology (Tuttas, 2015).

In the groups, participants created pictures of muchness, using collage, drawing and artefacts (see Figure 2), which they shared to stimulate critical dialogue relating to the factors that enabled or limited their muchness. During the dialogue I created mindmaps to capture the essence of these conversations (see Figure 3). At the end of the group, guided by some questions (see Figure 4), participants were invited to write a reflection to accompany their picture (excerpts of these are included in later sections). The picture and text formed their story of muchness.

Figure 2: Examples of arts-informed approaches used by participants to create pictures of muchness

Figure 3: An example of a mindmap generated during dialogue in one of the groups
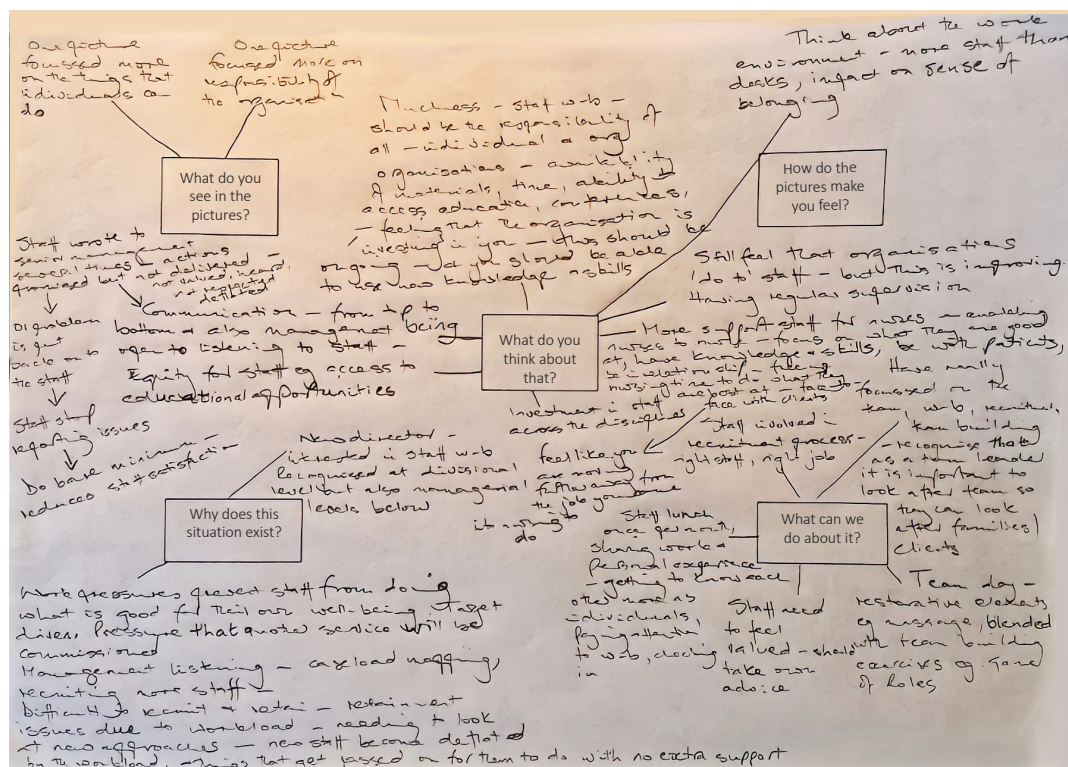
Figure 4: Questions to facilitate reflection

The stories and wider research information were shared on a private blog that participants were invited to access to encourage ongoing dialogue by leaving comments. Engagement with the blog was limited, reflecting the experience of other studies (Harrichan and Bhopal, 2014). Possible reasons include: issues of power and control in the space – although I created the blog to enable easy access for participants and to encourage dialogue, this does not mean participants felt it was their space to use; practical challenges with accessing the password-protected site; heavy workloads (Tang and Lam, 2021); and the lack of honoraria or other incentives (Genoe et al., 2016).

In summary, the research information generated in Phase 1 was:
- A table of emotions and feelings associated with muchness and enabling factors, collected in six of the seven groups
- Mindmaps created during group dialogue, generated in six of the seven groups
- Seventeen stories of muchness; 15 created using words and pictures, and two using pictures only
- Nineteen comments on the blog site about the stories, contributed by four participants

Phase 2
All 17 participants were invited to work with me during Phase 2. Of six participants who initially expressed an interest, four consistently worked with me as co-researchers, to creatively and critically analyse and synthesise the research information, eliciting the key elements of muchness and their connections. In coherence with my philosophical and theoretical principles, the process was emergent and iterative, broadly aligning with hermeneutic and emancipatory praxis. Drawing on the idea of Freirian culture circles (Ledwith, 2016), dialogue was fundamental to this process. It was stimulated by what stood out for the co-researchers when engaging with the research information, and helped the group to consider different perspectives to deepen insight and understanding about social practices and structures that enable or limit the pursuit of muchness. Using the metaphor of a kaleidoscope, the essence of this process is captured in Figure 5.

Figure 5: Kaleidoscoping: analysing and synthesising the research information through dialogue

The dialogical process – social praxis		
		Viewing/reading the research information created during Phase 1
		Developing individual understandings and interpretations – our varying lenses
		Co-creating knowledge through dialogue – turning the kaleidescope
		Key elements and connections begin to emerge
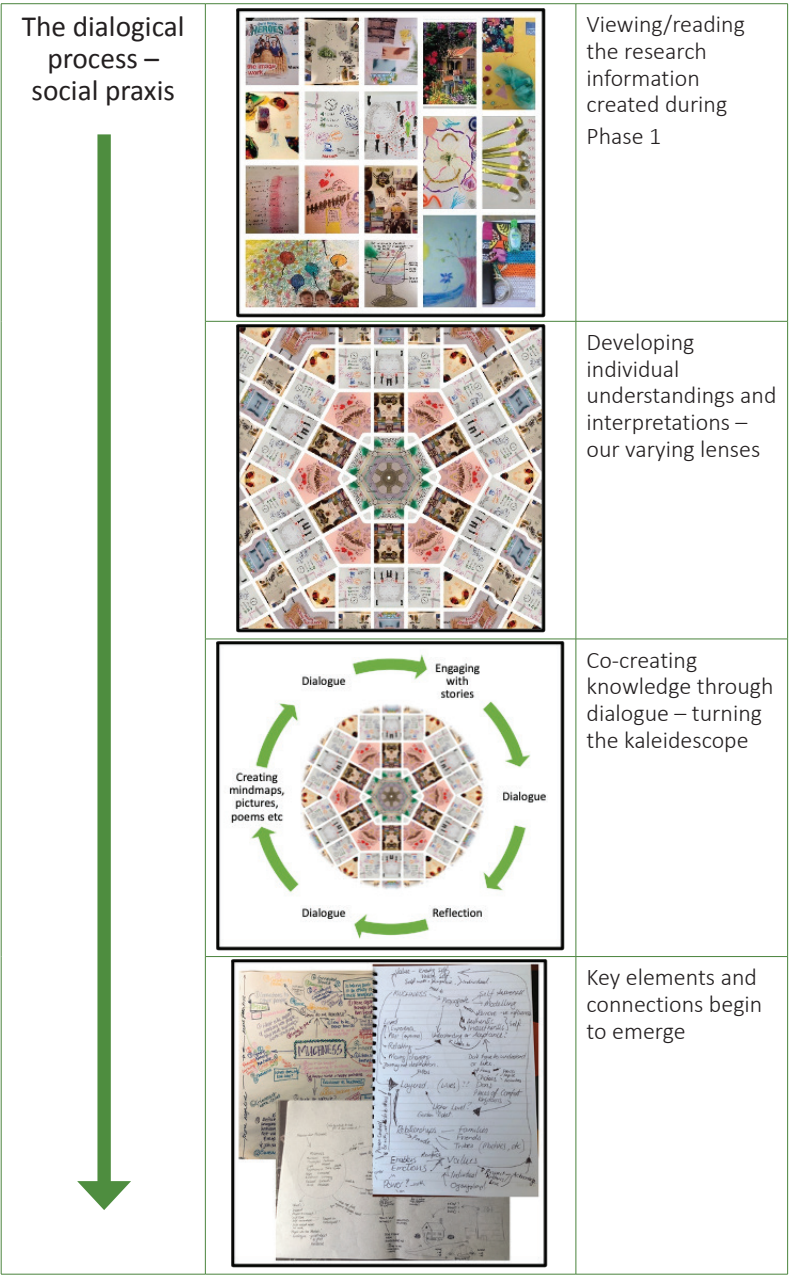
The process of hermeneutic and emancipatory praxis facilitated the development of understanding and meaning to inform practical actions (McCormack and Titchen, 2006), but also awareness of the wider social, cultural and political conditions that might limit the actions of individuals and teams (Cardiff, 2014). Examples are provided in Table 2.

Table 2: Examples of hermeneutic and emancipatory praxis
Hermeneutic praxis For one co-researcher, the importance of knowing her values and living these authentically emerged as being of fundamental importance to her muchness. Over the period that we met, she shared stories with the group; reflecting on her practice and helping her to: make sense of the values in the stories of muchness and the values that were important to her; evaluate whether she was being authentic to these; and understand the impact that this had on her muchness and the muchness of others. This involved revisiting and rewriting what she called her 'credo' to guide her being and doing.
Emancipatory praxis For another co-researcher, her experience of working during the Covid-19 pandemic became a powerful lens through which she began to question the stories, our dialogue and her experience within the group. Through this process she was able to take a step back from reality, which helped her identify how previously she had accepted situations, taking for granted the ways in which power was used over her. Consequently, she named the practices of others that she experienced as discriminatory and that were impacting negatively on her muchness. She took action to address these practices to change her situation for the better. This resonates with the Freirian (2000) understanding of praxis – reflection on action to develop theories about social, cultural and political reality to inform future actions.

The intention in this phase was to work as co-researchers, but after six meetings different perspectives surfaced within the group that we were not able to explore together. Consequently, the nature of participation had to be renegotiated, which ultimately had a negative impact on the co-researcher's level of control and decision making, since I had to co-ordinate communication through email as the synthesis process moved through to the development of a model of muchness. Despite the challenges faced within the group, feedback from the co-researchers suggested they all gained from their participation, including experiencing positivity, motivation, learning and growth, pride and individual empowerment. I contend that this is indicative of muchness and/or flourishing through the research process (Titchen et al., 2017).

The Muchness Model Version 1 (MMV1; Figure 6) represents the key elements of muchness and the relationship between them. Descriptors of each element, using the empirical research information, were also developed. Agreement was reached with the co-researchers to ensure contributions were attributed.

Figure 6: Muchness Model Version 1

Attribution to the development of the model was agreed as follows: © 2020 Kate Sanders, Algar Braid, Leila Khan, Alison MacDonald and Mandy Odell. The Muchness Model Version 1 was created through a person-centred inquiry with nurses. The inquiry was initiated by Kate Sanders as part of her doctoral studies.

Metasynthesis

The metasynthesis process created an opportunity to strengthen the MMV1 from philosophical, theoretical and conceptual perspectives, by bringing together the empirical knowledge generated in phases 1 and 2 of the research with a wider body of evidence, including:

- The wellbeing literature
- The literature underpinning my theoretical principles
- Other relevant models and frameworks (Manley et al., 2011; Harvey and Kitson, 2015; McCance and McCormack, 2017a; Cardiff et al., 2020)
- The critique of 10 critical friends from research, education, service development/improvement and practice perspectives

This next phase ended the process of co-construction; from this point the interpretations and modifications made were my own. The Muchness Model Version 2 (MMV2; Figure 7) that emerged remains rooted in the empirical work but offers a more developed understanding of the elements and their relationships (Risjord, 2018).

Findings

The overall findings are captured in the MMV2. The description of muchness that emerged in Phase 2 was refined through the metasynthesis process (Box 2), responding to the first research question – what is muchness? The elements within the model and their interrelationships provide insight into how muchness can be nurtured (the second research question).

> ## Box 2: A definition of muchness
>
> Muchness is the subjective experience of wellbeing associated with a sense of wholeness and fullness. It is experienced as a consequence of living a full life, that is a life that includes priorities that are both eudaimonic (Knowing self, Giving of self, and Growing self) and hedonic (Nurturing self) in orientation. These are complementary and balanced across time; enabling us to feel fulfilled and to feel good.

Figure 7: The Muchness Model Version 2
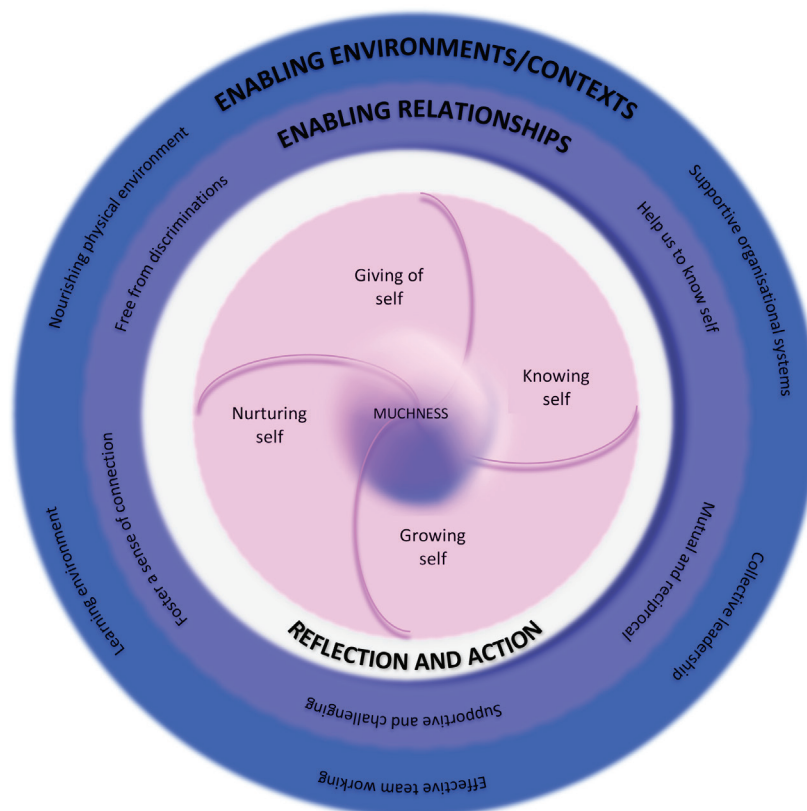
© 2021 Kate Sanders. The Muchness Model Version 2. Version 2 builds upon The Muchness Model Version 1, © 2020 Kate Sanders, Algar Braid, Leila Khan, Alison MacDonald and Mandy Odell, which was created through a participatory inquiry with nurses, initiated by Kate Sanders as part of her doctoral studies.

Orientations to muchness

When returning to the wellbeing literature, two articles (Huta and Waterman, 2014; Huta, 2016) particularly resonated with the elements at the centre of the MMV1 relating to 'self'. These articles consider four categories of analysis being used across eudaimonic wellbeing research. Huta (2016) illustrates how:

- Eudaimonic *orientations* (authenticity, meaning, excellence and growth) inform and shape actions and *behaviours*
- Which subsequently lead to *experiences*, for example, feelings of meaning, purpose and progress
- And possible longer-term *functioning* or outcomes – for example, satisfaction, authenticity and autonomy

Reviewing the MMV1 against these categories of analysis led me to review and refine the central elements of the model, creating four orientations to muchness: *Knowing self*; *Giving of self*; *Growing self*; and *Nurturing self*. These orientations define the things we choose to pursue – that is, our motives and goals (Huta and Waterman, 2014). A description of each orientation followed in the form of the associated behaviours, experiences and functioning outcomes. Following feedback from critical friends, the four orientations were expanded to fill all the central space representing their interconnection and the embodied nature of persons who are in constant interaction with others and their environment (Johnson, 2007, 2008).

Knowing self in term of our values and living in accordance with or being true to these values engenders a sense of authenticity and autonomy. Subjectively this is experienced as feeling aligned with our values and at one with self as reflected in the stories of muchness (Phase 1) and group dialogue (Phase 2):

> *'… integrity and authenticity'* (Storyteller 6).

> *'Who I am, what is my purpose, what difference can I make?'* (Co-researcher comment recorded in field notes).

Knowing self is fundamental to muchness because knowing our values and what is important and matters to us will inform the other orientations. This aligns with a eudaimonic understanding of wellbeing as reflected in the Greek imperative of *know thyself* (cited in Waterman 2008, p 240). It enables a person to pursue what is intrinsically worthwhile (Ryan et al., 2008) and take actions that are self-determined (Ryan and Deci, 2001). This perspective is reflected in the next two orientations, highlighting their interrelatedness.

Giving of self relates to motives and activities that engender a sense of purpose and meaning. Within the research, examples of this tended to relate to work – for example, providing a service, improving the experience for others and helping others to learn:

> *'… nursing as a service, use of self and giving of self to others…'* (Co-researcher comment recorded in field notes).

> *'… giving to others is a crucial aspect of my job…'* (Storyteller 14).

Feelings associated with this orientation included feeling challenged, energised and productive. Having purpose in life and valuing self were identified as outcomes.

Ongoing opportunities to learn and develop, both personally and professionally, are key to *Growing self* as reflected in this comment:

> *'Muchness is about… personal growth and very much about learning'* (Participant comment, Phase 1).

This reflects a desire to learn continuously and be curious, to feel competent, confident and able to contribute, as suggested below:

> *'… trying new things helps me see myself, others, life, the world, and my approach to all of these in new, different and interesting ways. Gaining fresh perspectives can energise, regenerate, rejuvenate, motivate and reconnect people'* (Storyteller 14).

Giving of self towards purpose and meaning and *Growing self* to enable personal and professional growth could be viewed as indicators of functioning well (Ryff, 1989). Additionally, they contribute to the fulfilment of the three basic needs for wellbeing: autonomy, competence and relatedness (Ryan and Deci, 2001).

The research also highlighted the importance of engaging in activities that are pleasant for the individual, that facilitate self-nourishment/self-care as reflected in the following example:

> *'A week at home, lovely time connecting and catching up with friends, coffee and scones, walking a dog, lots of time in nature…'* (Storyteller 6).

These activities would be more aligned with a hedonic comprehension of wellbeing. Examples of *Nurturing self* included fulfilling basic needs, such as eating and drinking, rest and relaxation, socialising, exercising and being in nature. Subjective experiences comprise happiness and pleasure, peace, relaxation and contentment.

The inclusion of *Nurturing self* supports a full-life perspective (Henderson and Knight, 2012). Recognising the complimentary roles of both hedonic and eudaimonic pursuits (Huta 2013) emphasises a more integrated conceptualisation of wellbeing. It is argued that eudaimonic activity requires effort that at times can be challenging (Lambert et al., 2015) and can cause fatigue (Huta and Ryan, 2010), requiring hedonic activity to restore balance (Huta and Ryan, 2010). This realisation was reflected by one of the participants:

> *'I've learnt… that unless I nurture myself first, I will have nothing to give others… I owe it to both myself and my patients to ensure that my self-care is solid'* (Storyteller 14).

If muchness is viewed as the subjective experience of wellbeing, and definitions of flourishing offered by Seligman (2011) and Henderson and Knight (2012) are perceived as a level of functioning, my understanding of the relationship between muchness and flourishing is that:
- Flourishing is the overarching or ultimate functioning outcome of living a full life
- Muchness is the subjective experience of flourishing
- Muchness will be experienced as both feeling fulfilled and feeling good

Enabling relationships
The importance of relationships to the nurturing of muchness was strongly apparent throughout the research. There were many examples in the stories of muchness (Phase 1):

> *'… connections, togetherness; enable me and others to feel valued; supportive – all levels; useful communities'* (Storyteller 1).

and in the group dialogue (Phase 2):

> *'... the importance of relationships, circular or reciprocal relationships... that help you to know yourself... you add value and so do they'* (Co-researcher 4, comment recorded in field notes).

Key to the nature of these relationships is that they:
- Enable a person to know themselves – their goals and motives
- Are mutual and reciprocal – enabling a person to feel known, valued and nurtured
- Offer both challenge and support – to facilitate learning and growth
- Foster a sense of connection
- Are free from discrimination

Although in philosophical terms, relationships are not an explicit feature of eudaimonia or hedonia, Aristotle's *Nichomachean Ethics* included a lengthy section relating to the importance of friendship and love to a life well lived (Ryff and Singer, 2008). Of the psychological wellbeing theories included in the metasynthesis, all but Waterman (2008) has a construct associated with relationships, but they often look beyond hedonia and eudaimonia to wider literature relating to positive psychological

functioning. For example, Ryan and Deci (2000) identify relatedness as one of their three basic needs for wellbeing but draw on attachment theory (e.g. Bowlby, 1973), suggesting that attachment has a positive impact on intrinsic motivation in babies, continuing over the lifespan to enhance autonomy and self-determined action (Ryan and Deci, 2019).

Seligman's (2011) wellbeing theory is based on the premise that 'other people' are of fundamental importance to wellbeing, because 'very little that is positive is solitary' (p 20). However, the origins of this understanding are less clear as he is uncertain whether we pursue relationships '... for their own sake', or because they facilitate 'positive emotion or engagement or meaning or accomplishment?' (2011, p 22). I contend that the answer goes beyond wellbeing to fundamental beliefs about human nature and how individuals experience and make sense of the world in relationship with others. For example, Freire (2000) argues that we can't live without a *non-I* because consciousness is a social process. Through ongoing relationships with others, we open ourselves up to different perspectives, enabling us to develop a full sense of being a person. These interactions, Leibing (2008, p 180 cited by McCormack and McCance, 2017) believes, enable us to determine what really matters, helping us to identify a self-defining values orientation to pursue (Medlock, 2012).

In summary, relationships that enable muchness help us to know self, value self (through giving of or growing self) and nurture self. The characteristics of these types of relationships suggest a values orientation that recognises the uniqueness of individuals and their intrinsic worth. The notion of enabling relationships resonates with McCance and McCormack's (2017a, p 60) 'healthful relationships', which enhance the wellbeing of staff by enabling them to deliver person-centred care in accordance with their values and beliefs.

Enabling environments/contexts
While participants often spoke of 'nurturing environments from a hedonic perspective – places that were restful and relaxing, being in nature – when considering eudaimonic orientations, the focus was largely on the workplace and organisations. In this context, participants recognised wellbeing as the responsibility of the individual but also of the organisation. For example:

'… recognise that the responsibility lies primarily with me… but team and organisation have a responsibility too' (Participant comment, Phase 1).

'... availability of materials, time, ability to access education... feeling that they are investing in you... and able to use your knowledge and skills' (Participant comment, Phase 1).

These perspectives resonate with Aristotle's belief that '... happiness needs the addition of external goods… for it is difficult if not impossible to do fine deeds without any resources' (*Nichomachean Ethics*, 1985, 1099a30-35; 2007, 1360b9-18, cited in Gundawardena et al., 2020, p 426). The wellbeing theories however, pay scant attention to context. Although Self-determination Theory (Ryan and Deci, 2020, p 3) acknowledges that 'well-structured' environments contribute to the satisfaction of competence as a basic need through 'optimal challenges, positive feedback and opportunities for growth', the environmental mastery element of Psychological Wellbeing Theory (Ryff, 2014) seems to put the onus on the individual to control, choose or create opportunities or activities suited to their values and needs within their environment.

While some participants identified attributes in their organisations that enabled wellbeing, more frequently they commented on situations they found frustrating, for example:

'Caring for people at the worst time of life is not the problem – it is the system that causes the hassle – the grief I have shared with people has enriched my life... it is the obstacles that are put in the way to deliver the care that you want... full of red tape, policies, bureaucracy' (Participant comment, Phase 1).

Such examples reflect an apparent misalignment between the values and goals of individuals and those of the organisation (Sellman, 2011; Arjoon et al., 2018). This is supported by Flynn and Mercer's (2013) literature review, which found politics, policy and organisational culture had a negative impact on nursing values, often due to a mismatch of ideologies. MacIntyre (2007) offers an understanding of practice as a cooperative activity, where standards of excellence are exercised and internal goods such as knowledge and skills are valued for their own sake. Nursing as a practice aligns its value orientation with such 'goods of excellence' (Sellman, 2011). Sellman draws a contrast with the dominance of pro-market and managerialist imperatives, which focus on goods of effectiveness and efficiency. As such, nursing is viewed as instrumental (Taylor 1991), valued to deliver services that achieve organisational goals (Manley and McCormack, 2003). I contend this viewpoint does not recognise the inherent worth of persons, which is fundamental to person-centredness (McCormack and McCance, 2017), or the value of nursing work as a means of enhancing (rather than depleting) the muchness and wellbeing of all involved.

Within the MMV1, the term environment/context reflects the multiple places or spaces where individuals live and work, which are physical, relational and cultural in nature. For example, a nurse could work in a ward, unit or community, where she is also part of a team that will have particular local patterns of practice (Plesk, 2001). This environment will also be influenced by wider contextual factors such as organisational systems and structures (Manley et al., 2011); and beyond by a macro context (McCance and McCormack, 2017b) that includes national health and social care policies. This perspective was acknowledged by one of the participants in Phase 2:

> '… I recognise how power, the social/economic environment and organisational contexts can impact on our muchness' (Co-researcher email, Phase 2).

Refinement of this element of the model was informed by several frameworks that offering insights into the characteristics of workplace environments that facilitate staff wellbeing (Manley et al., 2011; Harvey and Kitson, 2015; McCance and McCormack, 2017a; Cardiff et al., 2020). Each is underpinned by philosophical and theoretical principles that are coherent with my theoretical framework. Through the development of effective workplace cultures, it is argued that 'staff are helped to flourish (grow, develop, thrive)' by 'maximising individuals' achievement of their potential for growth and development as they change the circumstances and relations of their lives' (Titchen and McCormack, 2010, p 532). Similarly, an outcome of the Person-centred Practice Framework (McCance and McCormack, 2017a) is the 'feeling of wellbeing' (p 42). Several interrelated themes emerged across these frameworks, with impacts at individual, team and organisational levels. These were used to refine the organisation of empirical data in the MMV1, and to further enhance understanding. Table 3 identifies the attributes of of environments and contexts that nurture muchness, with supporting comments from participants.

Table 3: Environments/contexts where muchness is nurtured	
Environment/context	**Comments from participants**
Enabling organisational systems, including resources such as sufficient staff or an appropriate skill mix (McCance and McCormack, 2017a) and the right equipment (Harvey and Kitson, 2015).	'*Management listening – caseload mapping, recruiting more staff, aiming for greater equity in workload*' (Participant comment, Phase 1)
Supportive human resource teams (Manley et al., 2011), recruiting to facilitate shared values (Manley et al. 2019) and participatory approaches to management (McCance and McCormack, 2017a).	'*… communication between staff and management being a two-way process… with managers and commissioners having recognition and understanding of the role and pressures nurses face*' (Storyteller 9, Phase 1)
Leadership styles that enable the participation of those giving and receiving services towards involvement in decision making and ongoing development of people and practice, such as collective leadership (Cardiff et al., 2020) and transformational leadership (Harvey and Kitson, 2015). There was a dearth of examples of this from participants – more often there was a sense of frustration at a lack of engagement and involvement.	'*Staff wrote to senior management several times – actions promised but not delivered – not valued, heard, not respected, deflated*' (Participant comment, Phase 1)
Effective ways of working within teams that are built through the development of shared values, helping them to come together around a common purpose that engenders a sense of having a voice, being valued, respected and feeling connected (Cardiff et al., 2020) and developing positive staff relationships (McCance and McCormack, 2017a). Through the research process, some participants became aware this was not happening in their teams and recognised the negative impact that it was having on their sense of muchness.	'*… on reflection, maybe my team don't know how I feel – maybe they are not supporting me in the way I need*' (Participant comment, Phase 1) '*… feel cross with my team [due to conflict and oppositional behaviour]… have tried but team also need to take responsibility*' (Participant comment, Phase 1)
Learning environments, where staff feel supported to learn and grow and to use new learning in practice. **Success and achievement** were also identified as important (Harvey and Kitson, 2015). While learning could include opportunities to undertake formal courses or programmes, several of the frameworks also highlight the significance of learning in the workplace. For example, Cardiff et al. (2022, p 8) acknowledge the importance of 'safe, critical, creative, learning environments', recognising the possibilities to develop self and practice through reflection, feedback, sharing of ideas and action planning. **Psychological safety** is acknowledged as important, to support curiosity and risk taking (McCance and McCormack, 2017a), enabling knowledge generation in and from practice (Harvey and Kitson, 2015), facilitating both personal and professional growth.	'*… ability to access education… feeling that the organisation is investing in you… should be able to use knowledge and skills*' (Participant comment, Phase 1) '*Being allowed to play, being able to explore, I have a place in my work, I can build it myself, we can use stories to explore and understand our world, research, make things fun while we do it*' (Storyteller 13, Phase 1)
The physical environment, although not spoken about to a great extent in relation to the workplace, was acknowledged as being of importance outside work. For example, home was often seen as a place for rest and relaxation, and many sought out time in nature as sunshine, trees, water etc. to replenish and recharge as these offered calm, warmth and harmony. The characteristics of these environments resonate with those that humanise the environment through a connection to nature and beauty, and can be extended within the workplace as emphasised in the Planetree Model of person-centredness (Frampton et al. 2003, cited in McCormack and McCance, 2010)	

Just as persons are in constant interaction with others, we are also in continuous relation with the environments and contexts in which we live and work. The nature of these contexts has the potential to either enable or limit a person's pursuit of their orientations to muchness. The embodied nature of this relationship is represented in Figure 7, as the elements relating to the individual and relationships are situated within the circle relating to context/environment and the boundaries between the elements are blurred.

Reflection and action

Although moments of muchness might be experienced by chance, it is more likely to be sustained by intentionally living a life that consistently balances the pursuit of eudaimonic and hedonic activities. While knowing self (McCance and McCormack, 2017a) can inform choices about how we live our lives, I also contend that the nature of our relationships, environments and contexts can influence our pursuit of an orientation to life that facilitates muchness. Reflection, as a means of generating knowledge to inform action (Rolfe et al., 2001), may therefore extend beyond self to evaluation of the impact of wider determinants of our wellbeing. That is in accordance with the ontological underpinnings of this research, as Freire (2000) believed we have the power to create, recreate and transform ourselves and reality through praxis, a continuous process of reflection and action. Dialogue with self and others is an essential element of this process (Galloway, 2012).

Self-inquiry

Aristotle states that eudaimonia requires 'reflectiveness and reason' (Ryan et al., 2008, p 145). Similarly, Norton (1976, cited by Waterman, 2008), contends that individuals determine what to prioritise and pursue in order to do the best they can with their lives. Both philosophical perspectives suggest a process of deliberation or reflection.

Two of the critical friends shared how the centre of the MMV1 resonated with their idea of inner work, defined as 'self-inquiry through reflection' with the purpose of a person promoting their own self-care so as to be 'fully who and what [they] are and can be' (Walsh and Craig, 2014b). Similarly, another critical friend recognised that:

> *'The willingness to reflect, receive feedback, to grow is all part of flourishing that will advance nursing and healthcare'* (Padlet, Comment E4).

It was proposed that '*how we situate the self [will influence] how we work with the other*' (Padlet, Comment D4), potentially influencing relationships with persons receiving care and work colleagues, but also the workplace culture and context.

Theoretically, these perspectives accord with the Person-centred Practice Framework (McCance and McCormack, 2017a). Knowing self and clarity of values and beliefs are prerequisites for nurses and wider caring practitioners working in person-centred ways, with flourishing as an ultimate outcome (Titchen and McCormack, 2010).

The wellbeing theories offer some evidence of the value placed on self-awareness in terms of enabling individuals to live in ways that enhance wellbeing (Ryan et al., 2008). However, there is limited reference to how reflective processes are used when the wellbeing theories and constructs are operationalised.

In the context of self-inquiry, reflection should be critical, involving a process of analysis and evaluation to expose self-deception and generate self-knowledge (Kim, 1999, cited in Rolfe et al., 2001) by confronting contradictions that exist between our personal visions for living a full life (what we say) and how we live (what we do) (Johns, 2005; Driscoll, 2007). This process may be difficult as it could unearth challenging insights (McCance and McCormack, 2017a). For example, in Phase 2 of the research, one of the co-researchers shared how she had become aware that her team was in conflict with another

team and that she was not doing anything to resolve this, which was contrary to her value of mutual respect. She realised the need to facilitate a meeting for the teams to explore how to work together more respectfully and effectively. This example illustrates the 'shadow side' of reflection, as identified in MMV1 and MMV2. While initially uncomfortable, such revelations might facilitate greater awareness or understanding relating to our orientations to muchness, thereby enabling us to act intentionally in the pursuit of wellbeing.

While 'internal dialogue' is important (Dewing, 2010, p 24), the difficulty of reflecting alone and the benefits of reflecting with others are acknowledged (Dewing, 2009). This supports the dialogic nature of human beings and the importance of relationships that allow us to share and consider the perspectives of others to help us define our values and the path we should pursue (Medlock, 2012).

Reflecting on our relationships and the environment/context
The research also highlighted the importance of reflection on the nature of our relationships and the environments/contexts in which we live and work, and the ways in which these nurture or limit our muchness. To consider this from a theoretical perspective, I returned to Freire's (2000) concept of conscientisation. This is a process that involves critiquing reality by stepping away from the dominant ideology and engaging in subject-to-subject dialogue to develop an awareness of our situation, and to see the things that shape our lives but also the ways in which we can transform it. The example of emancipatory praxis that arose in Phase 2 and is provided in Table 2 illustrates how reflection can facilitate enlightenment (Freire, 1994) as we question what is happening around us, creating new knowledge to enable transformations (Ledwith, 2016).

In summary, critical reflection enables us to develop knowledge about what matters and is important to us as individuals, our relationships and the environments and contexts in which we live and work. The knowledge generated from the reflective process can be used to inform actions towards the pursuit of a full life, enabling us to feel fulfilled and to feel good. This involves self-inquiry but also critique of our relationships and contexts, in dialogue with others. Difficult or uncomfortable truths might be revealed – the shadow side of reflection – but if we accept this as enlightenment, we can use it in the pursuit of muchness. Reflection and action (praxis) is a continuous process, acknowledging that individuals, relationships and environments/contexts are constantly evolving.

Discussion
Since starting this research, the context of health and social care in the UK and internationally has become increasingly complex and pressured due to the demands and constraints of the Covid-19 pandemic (Galea et al., 2020). Its unprecedented impact came amid a global shortage of healthcare workers (World Health Organization, 2016), adding to concern for the mental health and wellbeing of staff in the sector (Søvold et al., 2021). In the UK, the focus on staff wellbeing has sharpened, as highlighted in a review of a recent NHS staff survey (McKenna et al., 2021), which acknowledges increases in work-related stress, discriminatory practices and chronic, excessive workloads. Concerns over high levels of sickness, presenteeism and stress in the UK were highlighted in Boorman's (2009) government-commissioned review, resulting in numerous reports, policies and guidance aimed at support the development of organisational strategies to address these issues. However, more than a decade on from Boorman, West and colleagues (2020, p 20) stated:

> *'Staff stress, absenteeism, presenteeism (attending work despite being unwell), turnover and intentions to quit had reached alarmingly high levels in the NHS in late 2019. And then the pandemic struck.'*

This raises significant questions about the effectiveness of the approaches adopted to enhance wellbeing over the past 10 years.

A review of health and wellbeing policies and guidance – for example, the NHS (National Health Service, 2018) *Workforce Health and Wellbeing Framework: Getting started*, suggests:

- The terms health and wellbeing have become conflated (Dooris et al., 2018) and consequently there is no clear definition of wellbeing. I contend that a lack of clarity about the philosophical and theoretical underpinnings of wellbeing has the potential to obscure the goals to be achieved, the most effective approaches and interventions, and the measures of success
- Current strategies are underpinned by the assumption that nursing work will inevitably deplete wellbeing. Interventions, such as mindfulness, are offered to mitigate against this, whereas work should be recognised as a possible source of wellbeing. A focus on interventions at an individual level might mask the need for structural changes to facilitate wellbeing at all levels of organisations

These research findings offer an alternative perspective. Muchness, as the subjective experience of wellbeing, has clear philosophical and theoretical underpinnings, which recognise:

- The personal and professional responsibility of nurses to promote their own self-care and wellbeing
- That responsibility also lies with all levels of organisations to understand how workplaces affect wellbeing (West et al., 2020) and to facilitate the development of structures and systems that enable nurses to experience wellbeing because of their work (Kinman et al., 2020)

The importance of self-care is acknowledged alongside the recognition that much can be achieved to enhance staff wellbeing at individual and team levels through effective teamworking (McKenna et al., 2021). However, recent reports stress the need for action at the organisational level (West et al., 2020; Kinman et al., 2020). These reports prioritise change at a workplace level to those elements that are harmful to wellbeing. Similarly, a study exploring the experience of NHS staff relating to the provision of wellbeing interventions during the pandemic (Clarissa et al., 2021), found relational and material organisational factors were key to helping staff manage their work and therefore their health and wellbeing.

The MMV2 offers a person-centred approach to the facilitation of wellbeing, by enabling individuals to determine what is important/matters to them personally and professionally, how this can be used to inform their nursing work and the impact of relationships and the contexts in which they work. This responds to Kinman and colleagues' (2020, p 17) suggestion that work is needed to understand the:

> *'… factors that underpin positive wellbeing and optimum functioning among nurses and midwives in order to develop interventions to boost engagement, thriving and flourishing.'*

If used with individuals and teams, the MMV2 could complement, inform and qualitatively evaluate the impact of organisational interventions, as suggested by West and colleagues (2020). By adopting a more holistic approach to the facilitation of wellbeing – including the individual and the organisation, and working at micro, meso and macro levels – the MMV2 offers a person-centred and innovative approach to support the creation of healthful cultures (McCance and McCormack, 2017a) that facilitate muchness (the subjective experience of wellbeing) and flourishing (the functioning outcome of living a full life) in nurses.

Conclusion and implications for practice and research
This research used arts-based approaches and critical dialogue to explore the concept of muchness and how it can be nurtured. The findings represented in the MMV2, advocate for a 'full-life' understanding of wellbeing for nurses – that is, a balance between the pursuit of feeling fulfilled and feeling good. The MMV2 challenges current top-down and interventionist approaches to enhancing nurses' wellbeing. When nurses, working across the career trajectory, engage in creative and critical self-inquiry and are supported by effective and enabling teams and organisations, the possibility for nursing work to be a source of wellbeing can be realised. Further research is needed to evaluate the impact of the MMV2 with a view to its further development.

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