Experiences of Employee Health Promotion Activities

- How managers influence employees' personal health-related behaviours.

Essay/Thesis:	30 ECTS
Program and/or course:	Strategic Human Resource Management
Level:	Second Cycle
Semester/year:	St/2017
Supervisor:	Stefan Schedin
Examiner:	Anna Hedenus
Report No:	xx (not to be filled in by the student/students

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Foreword

Abstract

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Purpose: The scientific support for the benefits of physical activity is abundant on both the individual- and organisational level. Workplace health promotion programs (WHPP) aims for improved psychosocial workplace environment as well as employee health by increasing physical activity, however, these initiatives has not reached the expectations of previous research. The aim of this study is to offer possible explanations for the discrepancy by investigating managerial attitudes.

Theory: The managers' frames in thought and communication will be analysed from an organisational culture viewpoint in order to expand the picture and provide answers to questions from previous studies in the field. By focusing on frames and culture the participants viewpoints comes to light without risking contamination from previous conclusions.

Method: Through conversations with nine first-line managers in the white collar division in Sweden the issue was investigated by semi-structured interviews. A grounded theory approach with theoretical sampling was applied in order to investigate WHPP from a managerial perspective.

Result: Managers attributed sick-listing frequencies and ill-being to a poor psychosocial workplace environment and acknowledged it as a pressing concern. Physical activity is viewed as valid method of increasing stress resilience, productivity and cooperation, but respondents lacks the tools necessary to effectively promote physical activity in the workplace. Many initiatives have been tried, but with unconvincing results. Lack of resources, organisational priority and understanding of employee motivators can explain the issue, but also barriers in the context such as norms and regulations complicates the matter. The results are organised into a frame of health promotion valid for all respondents which identifies the current challenges of health promotion initiatives in the workplace.

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Introduction

Physical activity, and more specifically exercise, are linked to beneficial psychological effects such as self-efficacy, self-esteem and positive affects (Joseph et al., 2014). There is also a relationship between exercise and increased resilience against job burnout and depression (Toker & Biron, 2012), especially for high-risk individuals (Bakker et al., 2013). Research indicates that organisational culture may be able to explain these psychological risk factors, such as distress, depression, and burnout symptoms. Moreover, a clearly defined and unified group culture revealed to have the highest impact (Marchand et al., 2013). This can be used to improve the workplace, and employee health, by Workplace Health Promotion Programs (hereafter WHPP). These kind of initiatives may have varied contents and objectives, but in a large group of researchers involved in a longitudinal effort to map out and define the programs and effects there are important key-ingredients and objectives: create awareness about ones health's effect on the quality of life, increase agency concerning personal health, reduce costs associated with unhealthy employees, increase performance, increase commitment, and solidify a culture of health and well-being. The authors continue to describe critical aspects of designing a successful WHPP: health education, behavioural change tools, a supportive organisational environment focusing on health-promotion, integration of health-promotion in organisational strategies, benefits, HR and HMS-work, and follow-up with additional educations according to the needs (Goetzel et al., 2014).

Some of these programs have shown promising results — e.g. moderate increase in stress resilience and a small increase in job attendance according to a meta-study by Conn et al., but the individual studies were reported to vary notably (2009). Further on, Bertera calculated a return on investment on 205% from an experimental design using a WHPP (1990), but a meta-study focusing on RoI from WHPPs revealed varied results averaging at 138% (Baxter et al., 2014).

But while research promise success, the results from WHPPs are generally unclear, insignificant, or reporting small effect sizes according to several meta-studies (Malik et al., 2014; Proper et al., 2003; Marshall, 2004; Rongen et al., 2013). One explanation provided by Heath et al. in a large meta-analytical study is the tendency for isolated actions, and lack of both social support and holistic perspective. The authors composed the results of physical activity interventions globally, and highlight the importance of having an inclusive and coherent perspective in order to appeal to different demographical groups (2012). There are also indications that management could be part of the problem according to a qualitative study by Audrey and Procter, who found evidence of poor implementation and lack of commitment to the WHPP within the studied cases (2015). This view is shared by the Swedish regulatory body for workplace environment which recently decided on new regulations for psychosocial workplace environment. The report reveal an 70% increase in work-related illness due to the organisational and social environment — for which managers are identified as both highly influential and responsible (AV, 2015). Followingly there are established needs, and regulated demands for improvements, but this perspective might not be shared by the most crucial stakeholders — the managers.

Objectives

The potential benefits of a successful WHPP, in addition to the new national regulations, makes this issue a contemporary and highly relevant research area. It would seem there are some issues and barriers concerning the successful implementation of WHPPs which are not explained satisfactory by studies of isolated implementation processes. Even though there is relative consensus in the problem-formulation, the antecedents are vague. However, it is the large scale implementation and adaptation of the WHPP which is criticised, rather than the WHPP as a method. The objective of this thesis is therefore to investigate and theorise on possible obstacles and reasons for WHPP failure, and not the merits of the method as such, nor to cast suspicion on isolated successful initiatives. The study will continue the investigation of managerial influence, based on their responsibilities, interest and agency regarding the workplace environment — supported by the criteria for successful program design as stated by Goetzel et al. (p. 928, 2014). *See appendix 1*

Aim

The aim with this study is to explore the reasoning and strategies among managers concerning their employee's health-related behaviours in order to offer an explanation for WHPP success rates. One important area of investigation is managers perspectives on their responsibilities, and possibilities, to create change — from an external viewpoint focusing on formal demands and authority. This will likely be affected by previous experiences, why these will also be taken into account. Finally, moral convictions could restrict actions towards interfering with employees personal or private life, from an internal individual standpoint. With this ambition, questions of individual-, and organisational-, frames as well as legitimisation arises — e.g., how do managers interpret their reality, and what agency do they give themselves in that context. In terms of limitations, the study will focus on the Swedish context, due to the new regulations concerning workplace environment. Furthermore, only managers with white-collar employees will be included. This because physical activity, and -ability, has a very different meaning in physically demanding professions since it is already considered a professional valid competence with direct influence on performance.

Research questions

The following questions will be used to guide the exploration and discussion into the matter:

- How do managers assess their extrinsic responsibility and ability to influence employee's physical activity behaviours within the context of the organisational culture?
- What experiences and beliefs do managers have concerning health-promotion as a method of improving psychosocial workplace environment?
- What intrinsic responsibility and ethical aspects do managers consider in influencing employees physical activity behaviours?

Previous research

Relevant previous research will be reported in two sections divided by theoretical level. First, studies focusing on individual aspects, leadership and attitudes will be presented, followed by an organisational perspective where culture, norms and groups will be discussed. These are bidirectionally influential and entwined in many aspects, but separated by theoretical approach and -concepts.

Individual level

The studies in this section deals with psychological theories about stress, leadership and legitimacy which are important to understand previous attempts on health promotion initiatives, and managerial attitudes.

In a dissertation compiled by both quantitative and qualitative research on WHPP in Swedish municipal organisations, Larsson identifies management as a key stakeholder. Manager commitment and support is needed for a successful WHPP implementation, and also provides improvements in the psychosocial working conditions as well as employee health (Larsson, 2014). These effects are linked to organisational culture, which is influenced by managers through participation. Managers thereby influence employee actions, attitudes and perspectives (Hu et al., 2012). This is further supported by research on transformational leadership (Schneider, Ehrhart, & Macey, 2013).

In a qualitative study Holmqvist and Maravelias aimed at identifying managers perspectives on, enablers of, and barriers to, health promotion programs. The study utilised an intervention program with the purpose of making managers change the workplace culture and promote exercise. Transformational leadership, balanced demands/resources for the employees, having specific goals, and being experienced in organisational development was judged to be important enablers. The authors identified barriers to successful implementation as; the dynamic changing environment, no support from top management, and a high workload. The authors promote more social theory perspectives in future research in order to explore and explain the issue (Holmqvist & Maravelias, 2010). One model useful in this scenario is the demand-control-support model (Karasek & Theorell, 1990). In a recent study the authors describe the modern work-life and stress as pressing concerns, but the correlations is significantly stronger for hinderance stressors, rather than challenging stressors. Hinderance is defined as unmanageable factors, e.g., interpersonal conflicts, role conflicts and organisational politics. Employee strain was measured by Maslach Burnout Inventory for emotional exhaustion, Warr's anxiety-contentment scale for job-related anxiety, and Physical Symptoms Inventory for somatic health issues. Job related anxiety was decreased for all hinderances when subject perceived control and support, physical symptoms was buffered, decreasing the effects of interpersonal conflicts and organisational politics (Dawson, O'Brien, & Beehr, 2015).

Unfortunately psychosocial workplace environment is not a prioritised area. Pescud et al. investigated small and large businesses in Australia and found factors influencing management's view on health promotion, which included conceptualisation of health, importance of health and the role of the workplace. The study found that a lingering focus on physical health and safety still existed, excluding psychosocial workplace environment (2015).

Additionally, the participants were uncertain of their responsibilities as a representative of the employer, and also personally in the role of manager. In the study managers also expressed a reluctance to interfering in the employee's private lives, but the motivation and inclination increased in small business with personal bonds between the manager and employee (Pescud et al., 2015).

The discretion of individuals depends on cultural legitimacy, limiting actions to what is considered valid and appropriate in that context. This also influences annual reporting and performance management practices which within the modern context focuses on material assets and short cycles. These practices makes the effects from workplace health promotion initiatives very difficult to identify, in other ways than the direct costs (Frick & Johansson, 2013).

Organisational level

The meso-level section targets research on cultural theories, change and individuals' behaviour in groups. This is crucial to WHPP which aims at changing individual behaviours through the culture.

The influence of social networks, and manager's impact on employee life outside of the workplace is however not without complications. Research shows that increased focus on healthy behaviours by legislation and public opinion risks making it a professional competence. This can be interpreted as a concealed power move from the managers who expands their influence over employees using external health professionals and individual-based argumentation making it seem to be in the employee's best interest (Maravelias, 2009). As an alternative to the power approach, Hoyt et al. claims that leaders have a crucial role in determining collective goals and focusing individual efforts into a group performance. This ability does not come from the leader themselves, but from their role, enforced and replicated by all interactive individuals — e.g., a part of the organisational culture. Hoyt et al. presents proof of the leader's responsibility for group goal attainment, causing the leader to risk unethical behaviours by overestimating the value of the goals in relation to ethical principles. The authors further exemplify the explanatory power of the cultural perspective compared to a power perspective in an experiment where increased power did not increase group goal fulfilment. The propensity of unethical behaviours from individuals in leadership positions increased if the goals were deemed worthy — arguing for a utilitarian perspective where an action is morally sound if it increases the overall happiness (Hoyt et al., 2013).

In summary, culture is found to be very influential concerning individual behaviours in a group. Since a culture is deeply rooted within the organisation it cannot be changed by superficial and temporary actions. Previous research has also revealed the structure of cultures, where leaders seem to have a prominent role, and thereby greater possibility to affect the culture, and in extension also individual behaviours. To complicate matters further, even if there is a unified or dominant culture, the actors are still individuals. They have different goals, needs and resources and cannot be treated as a homogenous entity. This is reflected in previous studies which stresses the importance of individual adaptation as well as consideration. What has been found to be universal is the need for balance between demands, control and support. If there is an imbalance very little can be achieved, which has been shown repeatedly.

Schein writes about how the leader forms the culture, as well as the culture only allows certain leadership styles. However, all cultures, from micro to macro, exists interdependent of each other and cannot be understood isolated. Culture can explain destructive or unreflective behaviours, communication difficulties, resistances to change. It includes interactional behaviour-habits, norms, values, climate, language, mental models and ways of thinking. The leader will have to try to manage this, but in order to change a culture, one must also understand it by adaptation and implementation (Schein, 2010). This can explain the situation in Sweden today — increasing support for workplace health promotion, but a lingering perspective of industrialisation and transactional leadership, making progress slow. Alvesson and Svenningsson describe this in their studies on organisational culture change, where companies faced serious problems with coordination, prioritisation and implementation. The lack of a comprehensive strategy, clear communication throughout the company, and role models lead to decoupling between the espoused new values and current practices. Management played an important role here, but is dependent on the type of cultural context according to the authors. Hierarchical and bureaucratic tendencies will decrease initiative and influence from employees through large, inaccessible and obscure processes, but not reduce resistance against the implementation of specific operative activities (Alvesson & Svenningsson, 2015).

An important aspect to keep in mind is the attraction of fads, and the uncritical adoption of trends in order to gain temporal legitimacy and status. One example of this is the activity-based workspaces which has been very popular as a concept, but proven difficult to implement successfully. This is explained by personal preferences, the concept is suitable for some individuals, rather than some types of industries (Appel-Meulenbroek et al., 2011). In the institutional logics perspective, culture can be understood as a source of agency that motivates and justifies action. The organisational culture is seen as a social resource, and social norms are created by institutions (Thornton et al., 2015). The implementation issues of WHPPs may be caused by cultural aspects in addition to management commitment.

According to one longitudinal meta-study assessing previous success of a range of program designs, individualisation and loosely organised programs within, or close to, the workplace increases the chances of success of creating a sustained behavioural change. The author points to the importance of working with social support, adaptation to the organisational culture, and encouragement of individual successes. All on a strategic and holistic level, but with an individualised perspective. However, the reasons needs to be further investigated (Marshall, 2004). The cultural aspect has been further explored in a qualitative study investigating how adaption to assumptions, strategies, norms and activities can increase the success of WHPP:s (Such & Mutrie, 2016). By relating WHPPs to competence development, autonomy and relatedness to others, one can improve longevity and the chances of creating permanent change (Nielsen et al., 2014). Frick and Johanson refer to comparative studies of Western and Eastern company values, and conclude that health promotion is more difficult in Western cultures due to the financial- and stock-market do not see the economic benefits of an improved working environment. Initiatives and investments aiming at reducing sick-leave, improving the psychosocial environment or employer brand is difficult to get approved since the beneficial effects are not apparent in classical company reports. The authors recommend improved measurements, marketing processes, reports, evaluations and follow-ups in order to combat the issue and visualise both the importance and financial benefits of workplace environment activities (Frick & Johanson, 2013).

According to the previous research mentioned above, a WHPP should succeed given that the employees has enough control and support in relation to their demands, and the manager takes point in leading the cultural change aided by a long-term and holistic strategy which heeds the individuality of the workforce. However, the previous research described has been concerned with finding a broad model which could be generally applied. The focus is primarily to make large generalisations, often by meta-studies where different contexts are compared. This in spite of culture, context and conditions are mentioned to be highly influential.

Theory

From earlier research on the matter it stands clear that managers are an influential group, and that organisational culture is important for the success of health promotion. The focus of this study will be on managers' conception of their, and their organisation's, reality. The study will therefore be conducted with a organisational culture theory perspective with the use of frames. When researching the practical application of frames, one often talk about framing, but in this study it is instead understood as sensemaking, as the term is more on point and leads to less confusion of concepts. By understanding managers' actions and attitudes as a result of their effort to make sense of their reality from within their culture, a new angle is targeted with a potential to produce new insights. Frames of thought are interesting due to their capacity to explain localised contexts and bidirectional influence between individuals and groups. Frames of communication focuses on the creation, evolvement, reproduction and retainment of perspectives.

Organisational culture will be understood as a specific group's shared basic assumptions (Schein, 2010), over which leaders are influential. But it is a bidirectional effect since the leader, by necessity, is part of the culture themselves. Schein comes to the conclusion that leaders cannot control culture, but merely *manage* culture (ibid.).

This would follow, since the leaders are part in a culture with a shared understanding of acceptable behaviours, and as occupant of the leader-role, managers still need to abide by the rules or risk loosing their legitimacy. Schein continues by describing managers' tools for influencing cultures divided in mechanisms for expressing their values by focus, measurements, resource allocation, role modelling, coaching, rewarding, recruiting etc. Mechanisms for reinforcing values include organisational design, structure, rituals, stories and statements both internally and externally (Schein, 2010).

These ways of understanding reasons for acting and behaviours, which can vary between contexts even if the circumstances are identical, can also be explained as frames. Frames are paradigms from which members derive meaning, explanations and legitimised behaviours. It comes from Goffman's discussion of *schemata of interpretation* which should be used in order to give meaning to a series of events (1974), but has also been defined as a method of imposing a world-view, causality-chains and solutions on others (Entman, 1993). This can be done by presenting logically equivalent stories with the same facts but different frames, or emphasise some facts altering the content as well as the frame (Borah, 2011). There are different types of frames — external frames in communication which focuses on what's being said, and internal frames in thought which are focusing on what's being heard (Chong & Druckman, 2007). The effectiveness of frames in communication are measured by agenda setting and priming. The first is concerned with the quantitative attention the perspective gets, the second refers to the probability for provoking a certain feeling or action given the right stimuli. This might seem as the most important measurement, but due to the accessibility bias which states that fresh information is more likely to be the basis of our decisions, one can see the relevance of agenda setting (Borah, 2011). It is important to keep in mind that all individuals are not the same and will therefore not react in the same way on identical stimuli, we tend to choose the frame which reflects our current world-view (Borah, 2011; Chong & Druckman, 2007). What matters is availability, accessibility and applicability which will be judged on an individual level. The person must understand the frame, it must be on the top of our heads, and it has to be relevant to the situation at hand. Often there are more than one frame and these will compete, what decides is the strength and availability of the frame (which can be related to Borah's (2011) concepts of agenda setting and priming). Chong and Druckman predicts that frames will be more effective on knowledgeable subjects, that strong previous beliefs reduces the effectiveness and that exposure always matter, and that frames weak in comparison to previous beliefs will risk creating a counter-effect where the subject will actively oppose the frame (Chong & Druckman, 2007).

How to understand frames

Frames include micro, meso and macro perspectives which are built from experience. Sensemaking is involved in both the construction and enactment of frames. It is defined as the process in which we comprehend situational circumstances in a defined and articulate way which leads to action, or in other words, the creation of a frame (Weick, Sutcliffe, & Obstfeld, 2005). Sensemaking starts with chaos — unfiltered and unorganised sensory experiences. The chaos is organised by previously existing frames, in which anomalies are found and the frame improved. The anomalies are generalised into categories but remains changeable — both as events progresses, but also in retrospect (Weick, Sutcliffe, & Obstfeld, 2005).

Sensemaking furthermore explains how we understand ourselves and the external world in a continuous and interwoven, interdependent process. This also applies on groups: through discussions and structuring the group make sense of their reality, and themselves in that reality, in a practical way allowing for coordinated action towards a goal. Hence, decision making can be understood as an action-oriented and purposeful dynamic consequence of the sensemaking (Brown, Colville, & Pye, 2015).

There is no consensus whether sensemaking should be viewed as cognitive, collective or communicative process primarily - i.e. if it is a micro, meso or macro process. Since power is ascribed by sensemaking, the managerial sensemaking should be understood as hegemonic and an act of legitimisation (Brown, Colville, & Pye, 2015). Thurlow and Helms Mills examines legitimisation during change in a practical example from a Canadian school. By producing a plausible narrative giving the subject legitimacy they are receiving agency. By connecting the narrative to collective experiences and organisational identity the commitment increased and the narrator is seen as legitimate (Thurlow & Helms Mills, 2015).

When discussing agency and actionability many aspects are relevant; we must have an understanding of our surroundings and our place in them, we need to know what we aim to achieve, what actions which would result in the desirable results, if we have the resources necessary for the actions, and whether those actions are acceptable, possible and legitimate. The individual's perceived resources and obligations, as described in the demand-control-support model originally from Karasek and Theorell, are therefore very important. Stress and workload will be manageable as long as the demands do not exceed the resources at hand and also the organisational/managerial support available, otherwise the psychosocial workplace environment will be suffering as well as the individual's health (1990). There is also an individual aspect to this — according to a study in Spain the damaging effects of increased demands is moderated by the kind of effort; extrinsic effort increased stress and intrinsic effort decreased it (Ollo-López, Bayo-Moriones, & Larraza-Kintana, 2014). This puts some of the limelight directly at managers — who are the ones responsible for extrinsic demands in a workplace situation.

Method

The population was defined as Swedish managers in the white-collar sector with both personnel management- and workplace environment-responsibilities. The sampling frame was focused on managers who recently initiated, or completed, workplace health promotion initiatives in Sweden. From this frame, an initial purposive sampling was conducted, stratified in order to cover as many types of cultural setting as possible to ensure a rich data-set. All participants was required to personally manage a team and have continuous dyadic interactions with the employees. The limitations were based on the research questions and the theoretical backdrop which presumes experience of health promotion initiatives, involvement in the organisational culture, and managerial responsibilities.

In the initial sample, representatives from small, large, young and old companies from different industries were contacted. As the data collection progressed, gaps were detected and an additional three subjects were recruited according to the logic of theoretical sampling — in order to increase saturation, close the gaps, and investigate differences between private and public section in addition to other organisational settings. Nine respondents participated and the sample-size lies within the span recommended by Kvale and Brinkmann (2009).

During the interviews the researcher maintained an open climate by weighing in as little as possible, in order to not influence or interfere with the respondent's narrative. Only indirect steering was utilised, using topics and answers from the respondent, rather than direct steering by pre-written questions. Participants who often generalised, or was evasive when talking about sensitive or personal matters was challenged to concretise or provide with examples in order to get relevant data. The researcher was also vigilant not to react with negative emotions or judgements to any answers, which would risk making the respondent censor themselves according to Lantz (2013). All interviews were conducted in the respondent's native tongue, and both the initial and axial coding were done without translating the material and risk contamination of the data. The quotes were translated using a hermeneutical approach with back-and-forth translation for maximum precision.

Constructivist grounded theory was used, as described by Charmaz (2014) and an interpretivist perspective was applied (Della Porta & Keating, 2008). Material for the study was collected through semi-structured interviews with managers using a theoretical sampling technique (Charmaz, 2014). An interview guide was constructed to focus the interviews, and cover the matters important to the research questions.

Grounded theory demands constant simultaneous review of the data and analysis, changing from micro to macro perspective. Consecutive interviews and transcriptions was performed in order to enable coding and analysis in parallel. This illuminated any shortcomings or deficiencies in the sampling as soon as possible. Thematic analysis provided a way of discerning patterns within participants and the sample. The coding and analysis formed an emerging result and data collection seized when

the data was saturated enough considering the limitations of the thesis. A primary initial coding provided *in vivo* codes, which then were compared across the whole dataset and to the codes in a secondary focused coding. The initial coding line-by-line revealed actions, assumptions, perspectives and meanings of each respondent in their own words. These were then coded from an analytical standpoint and extrapolated into general categories valid for all subjects in an axial coding with the aim of relating categories and create an analytical hierarchy from the dissembled material (Charmaz, 2014). Codes are linked to *in vivo* examples in order to ground the analysis firmly in the dataset. The most prominent, frequent, and enlightening codes from each interview were gathered in a code book in order to create a focused overview of the material from which the results are sourced. Memos, as described by Charmaz (2014), was used during the analytical process and the finalised and generalised form constitutes the first part of the result.

Grounded theory was chosen for its capacity to develop and explore the chosen field without support from comparable previous studies through an inductive approach. In addition, grounded theory provides a flexible analysis based on the reports from the sample, which was considered necessary due to the lack of a body of studies with the same aim. Previous research only indicates the impact of managerial influence without researching the issue directly. As the research questions focus on individual beliefs and experiences, a constant comparative analysis enables the researcher to define similarities and differences between subjects (Thorne, 2000).

Issues of objectivity, reliability and validity are complicated in qualitative research, and have broader implications. Concerning the issue of objectivity, Kvale mentions freedom from bias, allowing the subject to object, and intersubjectivity (2008). In this study — the freedom from bias is upheld by an open and accepting interview climate, and summarising follow-up questions or statements during the interviews in order to allow the subject to clarify their perspective. Intersubjectivity is tested through discussions with supervisor and opponents. All interviews are conducted with the same instructions, situations and all participants are given the same time-frame.

Face-validity is guaranteed in the research, since individual beliefs regarding workplace health promotion and psychosocial workplace environment as well as experiences of previous initiatives, are measured by personal interviews regarding the matter. But further verification is needed for construct validity to analyse whether the respondents talk about the same thing. In grounded theory, verification is part of the process of continuous interpretation and checks of credibility, plausibility and trustworthiness according to Kvale (2008). Reliability - consistency and trustworthiness — is judged both within the single interview, and the whole sample. Further generalisation is avoided due to the small size of the sample and the methodological approach. Trustworthiness is vital, since the subjects' statements are the only data collected and the analysis presupposes truthfulness. Participants are informed of the use of the material, aim of the study, and importance of reporting truthfully. They will get no benefit from whitewashing, and knows that all which is said will be anonymised. In addition, all verifiable

claims about executed initiatives and workplace situation were examined in order to control for attempts of deception. Internal contradictions on the other hand are not seen as deliberate lies, or poor reliability, but rather as interesting and true reports of the subject's experiences or beliefs. Analytical generalisation is dependent on exhaustive information from the interview, but generalisability is assessed by applicability to the new situation compared to the studied subjects' situation (Kvale, 2008).

Limitations

During the interviews and after analysing the contents the reliability is considered to be good. The participants' revealed some conflicting opinions and standpoints, but this does not need to be evidence of deceit, but rather a part of the result. All participants were assessed as truthful, and the verifiable information was corroborated by other sources.

The construct validity is considered to be low, due to clustered differences in definitions regarding some of the key concepts. These discrepancies are, however, very enlightening and part of the result. The differences are proof of a heterogenous sample, and the clustering points to a high level of saturation in the data.

The clusters and commonalities suggests a degree of generalisability across industries and settings, but there are clear differences which seems to be based in individual differences. This speak against the possibility to generalise with the aim to design a WHPP which would be efficient for all organisations. But even if there are important differences, there exists a consensus in the problem formulation, and a common belief in physical activity as a valid proactive measure to improve psychosocial workplace environment. The results are therefore interpreted as useful for a continuation of necessary theory-building, but also practice when designing future WHPPs. Since much of the results are context-specific, one must be acutely aware of the presumptions and conditions of the study.

Ethical consideration

The aim and purpose of the study will be explained, as well as the value of their participation. No information about other participants, previous research or preliminary results will be disclosed due to the risk of contaminating the data. No compensation will be offered in exchange for participation.

Since personal information will be acquired and recorded, the handling of the data is important. All respondents will be anonymised after the transcription is complete, and all original recordings destroyed. All non-essential information which risks identifying the participant will be censored and informed consent about the objective as well as method was collected from all participants. No criminal or unlawful practices or actions will be reported to any authority, as the researcher is not bound by civic duty and prioritise access to material.

Results

The findings from the utilised research design will be presented by the most salient topics discussed by the participants — corresponding to the research questions, coding and theoretical outset. The three overarching themes are understood as expressions of the participants' sensemaking which together forms a frame of health promotion. The first theme, *health as a manageable goal*, concerns the subjects' definition of health as well as the link between health and physical activity. Next is *health as a managerial endeavour* which treats the respondents' perception of responsibility for health and their personal efficacy to influence the organisation and their employees. Finally limitations are discussed in *encountering barriers*. These are regulatory, normative, and ethical considerations which participants perceive as a hinder to health promotional initiatives.

Health as a manageable goal

What is healthy

What passed for health promoting activities did vary quite a lot. While some were of the opinion that only physical exercise should be considered, others included social bonding and artistic workshops. The design also varied — from a competitive approach, collective collaboration or individual effort. But none reported specifically that these kinds of events had lead to increased, sustained physical activity behaviours. The most significant investments were in the physical workplace environment which were believed to have a large effect on the psychosocial workplace environment. Other investments were mentioned, such as different kinds of workout equipment — such as walking staves, bicycles or gym-equipment. These tended to be frequently utilised by the employees and also the respondents, but none of these investments were on a large scale, and no plans to expand the efforts was mentioned.

"it should be nice offices, fun to come to work, it should be fresh, orderly, that vouches for a good workplace environment" - Respondent 7 (small franchise organisation, focusing on physical environment as a solution to psychosocial challenges)

When the respondents explain their responsibilities towards employees concerning physical activity, they were mainly focused on facilitation of the daily demands of the job, as well as the regulated employee grants offered. One participant expressed a goal of not exceeding the regular demands on the job when it comes to extracurricular activities and heeding anti-discrimination laws. This however in spite of the respondent personally initiated collective tabata-training during work-hours.

What is unhealthy

During the interviews, stress and workload pressure were reported to be common features according to all the participants, and one of the most pressing workplace environment concerns. One of the respondents made a distinction between positive performing-enhancing stress, and negative longterm strain,

which was the most common in the workplace. The negative stress, or strain, is also identified as a source of ill-being. Another respondent also points out that although there is a generally high level of strain, some sub-groups are more exposed due to differences in demands or specific work-loads. This can derive from restricted and fixed methods, internal competition or lack of experience due to high personnel turnover. This is pointed out by Dawson et al. who sees factors perceived as unmanageable by the employee as the most damaging. The individual's perception of their demands, control and resources is what determines the stress (2015). Despite this not all respondents saw stress as something that needed to be combatted — instead stress was described as a natural feature, and not something which could be helped. An aspect relevant to stress which is mentioned by two respondents was the importance of sleep. Both as an antecedent and consequence of stress, sleep is vital and clearly affects the working capacity. Some examples of sleep deprivation mentioned were weakened immune system, weakened emotional stability, less frequent and sociable collaboration between colleagues but also a general decline in performance. The most notable effect of regular and satisfactory sleep-patterns discussed was a resilience against burnouts. This is not mentioned by previous research within WHPP, but is a matter which would be of great significance. The mentioning of this indicates that it might be an issue present in the organisations.

Stress from overworking and flexible working conditions were present and acknowledged in most of the organisations. The respondents were united in the view that stress is an issue which needs to be adressed. The nature differed though, e.g., in private companies the demand for profit, increasing efficiency and flexibility and constant customer adaptation was the most stressful components:

"The company must always come first. And when you have other partners involved, when you depend on revenue from customers, then it's always the needs of the customer that comes first" - Respondent 3 (small consultancy firm, explaining the limited possibility to focus on employee health)

While in public organisations regulatory restrictions and interpersonal conflicts were emphasised:

"Which means that the teachers who works with the students have a course they must have completed a specific date, so they can't, like one can in other courses, take it in a pace manageable for the students, instead the students just needs to keep up, so the ones you loose, they will have a very hard time, and the teachers obviously becomes very stressed out" - Respondent 8 (small municipal organisation, describing working conditions for one sub-group of employees different from the normal conditions)

An issue present in larger organisations was the amount of external governance. This correlated for obvious reasons with the public organisations, but evidence were also seen in large private firms and differed from regulatory restrictions in the focus on politics. Governmental regulations demanding employer subsidies or grants for employees are controlled by the tax authority and restrict employer initiatives. The majority of respondents had implemented the minimum requirements, but some went

above and beyond. These decisions had nothing to do with the participants personally, and they could not argue for the motives behind the specific design — referring only to the management or decisions taken before their time. Stress caused by external governance was exemplified by decisions and restrictions which was in some manner restrictive and without well-founded reasons in the eyes of the subjects. Smaller organisations on their hand had issues regarding support and competence in health promotion which caused stress due to a feeling of vulnerability and dependency on the individual employee.

Benefits of physical activity

Respondents discussed the benefits of staying physically active, and described improvements in health and productivity from personal experiences, both regarding themselves but also generally. Not all expressed the same confidence, but none contradicted the positive effects of exercise. Some participants mentioned improved cooperation and social structure as the principal gains. In addition to improved collaboration, individual performance is highlighted as a desired effect of physical activity. These basic assumptions are bound to influence the participant's answers to the research question and is therefore important to have in mind.

All managers had some experiences of implementing health promotion activities, but the reasoning behind it was different. Some did it in compliance with regulations or company directives, but most of the subject had a plan for increasing healthy behaviours among employees or improve the psychosocial environment. One of the most prominent reasons was that physical activity is mentioned by multiple respondents as a solution for the increasing working demands by decreasing the damaging effects of stress. One respondent even describes it as a panacea, indicating an over-reliance on physical activity which can be linked to the subject's personal history and experiences.

Many of the respondents quote research to support personal beliefs about the effects of physical activity. One well-researched correlation that was frequently brought up was the link between learning and physical activity, which is relevant with regard to the necessity of development and flexible adaptation present in most organisations. To accomplish these goals many strategies had been tested. All initiatives were however tentative and in small scale. Two participants had employed health professionals but they had a small budget, and were only allowed to engage employees to a limited extent for different kinds of events or collective activities. One subject installed some training equipment as a test in order to facilitate physical activity adjacent to the workplace. Four participants allowed one hour exercise per week during work hours, but one subject thought it had to be mandatory in order to reach all employees. A general theme important to the subjects was proximity to the workplace.

To summarise; no respondent was content with where they were today and worked to improve the psychosocial workplace environment, towards their own goals and definition of health. All participants saw work-relevant benefits possible from physical activity, even if they varied quite a bit.

Health as a managerial endeavour

Responsibility allocation for physical activity

Generally, the subjects did not voice any particular sense of responsibility for protect employee health per se, neither personally or as an employing organisation. But participants were interested in reducing strain, which many pointed to as a collective responsibility. The major issue seems to be a diffusion of responsibility where most respondents in some aspect saw physical activity as the employee's responsibility, and not the employer:

"It's my responsibility [as employee] to take care of myself to not become an encumbrance for the company, be it in terms of productivity or sick-listing frequency" - Respondent 1 (large private company, recognising the importance of physical activity in terms of well-being, but placing the responsibility on the employees.)

In some cases the respondents lay the responsibility for increasing physical activity on a regulatory or governmental level instead of the individual, but never on themselves, top management or the organisation. The lack of commitment can be explained by the strategic planning and prioritisation from top management concerning both time and money. Respondents were forced to focus primarily on profit targets instead of other values:

"In the annual goals, it [health promotion] is not the first item on the agenda. That is the financial goals, but it exists in the business strategy, so it is of a strategic importance and very significant to us" - Respondent 4 (large consultancy firm, explaining lack of focus on health by operationalised goals set by top management)

The responsibilities for psychosocial workplace environment of the employing organisation, according to respondents, is focused around the environmental hygiene factors. These were e.g., lighting, noice, adjustable desks, IT structure, equipment, and systems. The hygiene factors was seen as important and expected part of the organisation's offer, needed to combat the challenges of the modern work-life involving strain, changing environment, high performance demands and extensive responsibilities. Different solutions were suggested, with flexibility a common denominator. This in reaction to increased demands exceeding the traditional eight-hour working day isolated to the place of work. Subjects used individual adaptions, mentioned institutionalised practices such as flexible working time or flexible working space along with increased self-government and streamlining of administrative processes. Linked to this, leadership was also frequently mentioned. Here, respondents identified inclusion, transparency, responsiveness and perceptiveness as very important when creating a healthy workplace environment. Furthermore, participants also expressed the need for fulfilling their obligations towards the employees when acting as role models, but this effect was only noticed in small organisations where the manager had a prominent role in the recruitment process.

"deliver what I promised during the employment interview" - Respondent 6 (small municipal organisation, revealing a sense of personal responsibility towards employees)

Regarding responsibility for physical activity behaviours, participants did not see this as a matter for the organisation. This because upbringing, personality and personal convictions was regarded as the significant antecedents of physical activity behaviour, which should be influenced through societal norms, communities and regulations according to the respondents. This perspective implies very little incentive of actually making an effort to improve the psychosocial workplace environment through physical activity. Furthermore many respondents felt restricted by their own role descriptions, result responsibilities and the low priority of these issues when discussing with top management.

Personal efficacy

Collaboration and involvement of employees in building and improving the workplace environment was seen as important. The respondents were still in control of the situation by communication of a normative standard and stoping too deviating behaviours. One interesting example is the introduction of activity-based workspaces according to one of the participants. They met hard resistance from specifically the subject's team who refused the change. The respondent also described criticism from both the management and the team, but solved the situation by discussions with both parties and incentives for the team to change. After long discussions and internal pressure by marginalisation of those opposed to the transition, at the time of the interview almost everyone was accepting the change. This kind of top-down cultural change by structure and incentives was described in different ways by many of the participants, as well as Alvesson and Svenningsson (2015). However, the same respondent also expressed a powerlessness regarding influencing culture and saw change as an unmanageable collective process and expressed no ideas how one could control the culture, as predicted by Schein (2010).

Respondents also committed personally in some cases and introduced as well as led different kinds of activities. Among these were an inspirational initiative with tabata-training on ten occasions, or walks during the lunch-breaks. These activities mirror the participant's attitude towards physical activity, but also their beliefs of the organisational training culture influenceable, and the mentality of their employees as formable.

Not all respondents shared this perspective or commitment, some attributed their lack of action on shortage of ideas, and one subject simply stated that they were not interested in increasing physical activity behaviours. The general mentality was to listen to the employees, and give consideration to their personal situations and limitations, as long as it didn't infer significant costs. They only saw themselves as having agency as far as they could motivate it by formal requirements and the needs of the organisation, which seemed to be defined as their own performance targets against upper managment. The leadership can then be described as an iron fist with a velvet glove, where the leadership stands in contrast to democracy:

"since we are grown up in a democratic society it's in our backbone that this is how it works, I have the right to my opinions, express them, demonstrate and vote, but if it didn't turn out as I wanted, then fine, then you might be able to accept that, or change employer" - Respondent 5 (large NGO, explaining personal strategies of dealing with workplace conflicts)

"we don't live in a fully democratic world, it's a matter of fact, one has to accept that" - Respondent 4 (large consultancy firm, pointing out restrictions to employee influence)

By working with the structure, but also by acting as a role model, many of the participants believed they had the power to influence the organisational culture. The primary goals were commitment and job satisfaction, but also increased equality and physical activity were discussed. The term "cultural carrier" is also used by one subject to explain the manager's role and responsibility for the organisational culture. By using and paying notice to what is being spoken about several respondents actively try to form the culture by storytelling. This is further evident in discussions of social conformity and experiences from different communities where the norm affects the behaviour of the members.

There were many conflicting ideas and experiences, ranging from initiator, collectiveness, frequency and investments. No common line could be detected other than all initiatives and forms seemed to be judged as at least partially successful. They saw their roles as influential, not due to their formal authority, but as respected leaders. The managers had different backgrounds in physical training which seemed to reflect in their identification with their employees — the less physically active the respondent were, the more they saw themselves as one with the employees and they preferred voluntary activities, while highly active managers leaned towards mandatory training. Of those highly physically active, all had a history of frequent and strenuous activity, and none had increased their training during their current position — instead it appeared to be common to decrease their own physical activity. Additionally, the high-performers identified less with their employees, revealing an externalised or even alienating perspective on employee health promotion. Despite strain being a recognised issue which physical activity could alleviate, the participants saw their own influence as marginal due to the multitude of factors over time which forms an individual.

Organisational culture influentiability

All participants mentioned the importance and influence of organisational culture, and identified this as a possible instrument with potential for affecting behaviours. The difference in attitudes, situation of experiences of the sample made for rich data, but the differences were too large to define sub-groups based on size, industry, age or sector. The most important factor moderating the manager's experiences of health-promotion initiatives seemed to be their view of the employees as a group. Some groups were described as positive to physical activity, and others negative. This belief coloured the managers' actions and efforts within health-promotion.

"if you review the time-sheets and see when people are coming and going, you see that the health maintenance hour is viewed more as a working time reduction" - Respondent 9 (large public organisation, admitting to controlling time-sheets due to distrust in employees when discussing possibilities of placing responsibility for physical activity on individual employees.)

The psychosocial workplace environment is a reflection of the organisational culture, and thereby those managers most optimistic about the opportunity to improving the workplace would then have the strongest beliefs in their ability to affect the culture. However, due to individual differences this turned out as a truth with modifications. Respondents from smaller and younger organisations generally worked more frequently with the organisational culture, focused more on recruiting the right employees, and viewed the culture as dynamic.

Perceptions of the subject's agency and ability to influence individual behaviours was diffuse and sometimes self-contradicting. Most respondents acknowledged their own importance in organisational culture, specifically when it was culture as a result of structure, but to change mentalities or individual convictions in order to increase physical activity was seen as difficult, if not impossible. Here it became clear that all respondents saw the employees' health in a holistic perspective, recognising the impact of their personal lives on their professional sphere as well as the importance of the workplace environment.

Concludingly managers reported lacking both support and resources for working with health promotion. In addition they also had insufficient motivation due to a deflection of responsibility and uncertainty of the effectiveness of health promotion initiatives. The respondents presented many examples of changing the organisational culture, but did not see it as such, maintaining a low self-efficacy. Much focus came on the personal history of physical activity, and the participant's own habits correlated with the preferred type of initiatives as well as the subject's identification with the employees.

Encountering barriers

External demands and barriers

Respondents unanimously recognised the work- and family life as interdependent. Difficulties with the balance of demands, and management of one's spare-time came up. There were also a large measure of acceptance for the difficulties, and understanding of the need for individualised adaptations. Very little critique or blame was placed on employees with families or different prioritisation of their spare-time. This might be explained by the organisational culture and the extent of organisational members being parents — the more parents within the organisation, the more acceptable and natural would that be in the culture if one adopts Schein's definition (2010).

Gender stereotypes were not common, but surfaced in some cases when discussing primarily work/family conflicts. According to one participant female employees had a responsibility to collect children from daycare and another respondent argued that female coworkers had responsibilities for the family and therefore could not participate in collective activities to the same extent as other coworkers.

Specific events involving physical activities were common and often a regular reoccurrence. The goals of these activities were primarily teambuilding and to create a break from the everyday routine. Some respondents wished they did more, and some actively avoided physical elements in order to minimise internal competition and stigmatisation of employees not fit enough. One of these subjects tried to encourage physical activity during lunch-breaks or as a remedy when feeling stressed out.

They also identified several external barriers which prevents increased or improved strategic efforts to influence the physical activity behaviours. Work/Family conflicts, facility restrictions and regulatory restraints were the most frequently reported barriers. Another difficult barrier was a culture of resistance against physical activity, evident in a few workplaces, and the absence of a strong physical activity culture in most. There were also concerns about the locations or offices which the subjects thought limited their possibilities for promoting physical activity: size, sound-proofing, lighting and location. Furthermore external mandatory regulation restricts the managers agency by rules of what may be included in the health maintenance grants and in a couple of cases also the industry standards that the manager would not be allowed to, or comfortable with, deviating from.

"one can mend and polish on the workplace, but health generally is broad pencil strokes and big politics" - Respondent 9 (large public organisation, defining health promotion as outside of both personal scope and authority due to the necessity of holistic societal strategies)

Internal demands and barriers

Lacking health promotion initiatives is also an issue of insufficient knowledge about employee motivators. This can be linked to the findings of Pescud et al. who revealed an inadequate focus on the psychosocial aspects, and also an unwillingness of interfering with the employee's personal life (2015). Some respondents suggest there is a positive aspect of forcing or demanding participation, and others talk more in terms of stimulation and stresses that it has to be a pleasant experience. Some participants believed that the commitment would increase with a requirement of personal investment from the employees, and yet others talked of making it as easy and cost-free as possible. Concerning the frequency and form there were more contrasts — collective activities where supported by some, but not all thought the communal aspect would be beneficial and supported more individualised designs. While all talked about creating sustained behavioural changes, not all believed in continuous, fixed recurring activities, but rather promoted bouts of inspirational events in order to not risk it feeling boring or a hinderance in the everyday life. A common belief is the importance of including employees in the process, and that this would be aided by the increasingly health-oriented societal culture.

All participants agree that the societal view promotes a healthy and more active lifestyle, which affects general behaviour and prioritisations, but simultaneously there was a widespread view of generational differences where young people today are less inclined to take care of their health.

This diverse and fractured description of employee motivators means either that they all needs very different WHPP designs, or that the subjects do not know the individual motivators of their own staff. In either case the suggested WHPP designs described by e.g.. Larsson (2014) would not be able to fill the requirements set by Goetzel et al. (2014).

Some ethical or moral aspects are mentioned during the interviews. A few respondents discuss a single aspect; e.g. the lack of physical activity in health promotion work was in one case defended by the stigmatisation and internal competition it risked leading to. But generally there was a tendency towards unethical behaviours from the participants, which is explained by Hoyt et al. who found that the tolerance of unethical behaviour increases when the goals are deemed as just (2013). Examples are suggestions of mandatory exercise, removal of employees not able to cope with the stress, or employees of specific political convictions. The most telling example is from Respondent 8 who weighed in employee personal health in the wage negotiations, but also expressed a concern for causing stress by promoting physical activity too strongly. This points to incomprehension and unfamiliarity in dealing with health promotion problems, and as the practices evolve and mature, so will the legislative acquis.

"I commit to not having market-oriented rents, I can't have an employee who writes publicly on Facebook supporting market-oriented rents and then comes here and supports another system" - Respondent 5 (large NGO, discussing acceptable behaviours the workplace and describing how to create a streamlined culture which is easy to work with.)

Other ethically questionable attitudes revolve around putting the responsibility for stress reactions, bad health and life style choices solely on the individual.

"I think much revolves around realising, to realise the issue and not rationalise. Not to fat-shame, but if you are overweight, don't try to say you have a dense bone structure, it's not your bone structure that's wobbling" - Respondent 9 (large public organisation, viewing overweight as a personal flaw indicative of not being able of taking care of oneself as well as lacking professional performance.)

In conclusion, ethical aspects do not seem to be a significant barrier against increasing physical activity initiatives. Many of the participants showed signs of reflections on the ethics, but it was not consistent and was not reported as a hinderance. The highest propensity for ethical responsibility was managers in smaller organisations, where they had a closer relationship with their employees. External barriers were more common, complaints about regulations and norms restricted participants actions. Also more practical issues came up, such as limited space and logistical problems due to that the offices were not planned to accommodate for physical activity.

Towards a frame

Taken together these areas of investigation result in a frame of health promotion. The foundation is questions about what health is, and what promotes or threatens health. Important aspects of the frame is the issue of responsibility for health promotion and belief in the own capacity to influence employee health. This is also influenced by internal barriers such as ethical considerations, resistance, and lacking knowledge about influencing employee behaviours. External barriers are societal/industrial regulations and norms which restricts or influence health promotion initiatives.

The respondents have very similar understandings of the frame, and agrees on the content, which supports the idea of a general frame of health promotion. However, the participants' environments are different, leading to dissimilar approaches and results. Given the situation, universal workplace health promotion programs do not seem viable, but a general structure can be possible as long as adaptations can be made for the specific cultures and contexts.

Discussion

Challenges in previous research

Managers are seen as central to WHPP success by Larsson, and their actions as influential of employee attitudes and perspectives (2015). This seems to be partially true, there are clear evidence of manager influence on employee behaviours and attitudes, but they do not see themselves as the most important player. One central explanation for the lack of clear success of health promotion initiatives are the barriers explained by Holmqvist and Maravelias — changing environment, lack of management support and stress which all were met in the whole sample. The enablers described by the authors — transformational leadership, balanced demands, goal specificity and knowledge of organisational development (2010) was scarce and only partially visible. Instead, there were frequent tendencies towards a transactional perspective where employees would be rewarded for achieving opaque operationalised targets set by managers and the demands were described as high in most organisations. The reality of the respondent's organisations was pressed and did not leave room for any additional objectives, maybe a result of streamlining — where the resources have been carefully balanced not to exceed the demands instead of the other way around.

Pescud et al.'s investigation found factors influencing management's view on health promotion, which included conceptualisation of health, importance of health and the role of the workplace. Failing WHPPs was explained by a focus on physical workplace environment, uncertainty of their responsibilities and a tendency to coach only the employees they had a personal relationship with. The authors recognise managers' perspective as highly influential, but their know-how of health promotion strategies as low (2015). In the sample there was a focus on the physical environment, and diffusion of responsibility as well as a respect for the work/family issue, but this would also be explained by high stress and lacking knowledge of employee motivators. Across all previous research and results from the study, the need for balanced demands in relation to the control and support, is abundantly clear. Karasek and Theorell's model (1990) is therefore relevant when discussing an individual perspective, and is given additional depth by the discussion of hygiene factors researched by Dawson et al.. By this, the participants inactivity can be explained by their definition of the issues as both unmanageable and outside of their control. Furthermore, the effects on the employees — interpersonal conflicts between subgroups, top-down steered structure, and transactional leadership can explain sick-listing as caused by burnout or psychosomatic illness (Dawson et al., 2015). These factors can be very influential, as evidenced by the implementation-issues of activity-based workspaces (Appel-Meulenbroek et al., 2011).

Leadership was frequently debated by respondents, and most consider themselves to be accomplished leaders who solves problems, guide performance and structure the work. The issues present are explained by factors external to themselves and their role as a leader. The avoidance of responsibility for identified cultural problems restricts the subject's learning and risks colour their beliefs, decreasing

future investments into health promotion, since the results will be uncertain at best. The general education suggested by Pescud et al. would therefore be important in this regard (2015).

Other health promotion implementation issues discussed by Marshall (2004) seems to be corroborated by the current study; The initiatives described most positively by the respondents were loosely organised and close to the workplace. Most initiatives were group activities but aimed for increased individual physical activity, other strategies such as coaching and role modelling were more targeted for individuals, and were reported to be quite successful. There were no clear differences in effectiveness across the WHPP designs, but due to the lack of relevant measures, it is impossible to state with any confidence.

Company culture and climate

From the results it is clear that the organisational culture is an important aspect which has a considerable influence. Respondents described the culture explicitly, and implicitly by revealing underlying assumptions. Multiple subjects discussed the importance of instilling cultural values in new employees in order to do the job. This was more or less emphasised, and differences can be explained by cultural strength and homogeneity. But there were also a tendency for smaller and younger organisations to be more mindful of what values they permitted and instilled in the employees. The strategies for achieving this did include role modelling, coaching, rewards, resource allocation, focus and recruiting, just as Schein describes. Schein's perspective of managing culture, rather than deciding (2010), also has support from the data.

Concerning Schneider, Erhard and Macey's discussion of organisational climate (2013), no clear differences in climate strength could be identified between large and small organisations, accounting for role homogeneity and shared strategic understanding. But restrictions in the gathered information prevents any thorough investigations into the matter. However, from a differentionists perspective on a department level the hypothesis could be validated due to clear differences within the own work group and other teams. This has lead to alienation and decreased understanding of colleagues in some workplaces which is evidenced by differences in opinions and behaviours between units. The most telling example of this is Resondent 5 who describes the implementation process of activity-based offices; her own team had a defined and differentiated viewpoint compared to the rest of the workforce which caused frictions in the management team due to an unwillingness to accept separatists. The story is no isolated event and problematises the implementation of any company-wide health promotion intervention that has to be adapted to the general organisational culture, since instruments such as resource allocation and strategic focus is only available on a cross-unit level and therefore cannot be adapted to team sub-cultures. Respondents were generally very aware of the intricate relations between sub-, micro- and macro-cultures. When discussing how to affect culture, most subjects had an idea for small entities, which involved managing what is being talked about and feeding a perspective through actions and incentives. But when the cultural context grew, respondents became more vague and mentio-

ned use of communication channels and messages, but lacking an explanation for public opinion or societal prioritisation.

Frick and Johanson's arguments for difficulties of WHPP success in Western cultures due to the market influence and financial focus obscuring the values of health promotion which was found to be highly relevant (2013). In the western culture the shared understandings are capitalistic, and in this tradition relevant measurements do not include longterm psychosocial effects. This makes it hard for managers to argue the importance of WHPP, despite it being a sound strategy even in a capitalistic culture, due to a healthy the return of investment (Baxter et al., 2014). New measures and strategic objectives would be needed to reflect both impact of health-related problems and effects of health promotion initiatives since these are invisible with the standard measures of short-term costs and profits.

Frame of Health Promotion

One effective way of influencing perspectives and in extension also behaviours is by using frames in communication (Chong & Druckman, 2007). By promoting a specific frame which prescribes the sought after behaviours, managers can influence their employees (Entman, 1993). Chong and Druckman describes two ways of doing this — agenda setting and priming. These are both clearly used when Respondent 6 explains storytelling. By creating a frame with the desired implications and communicating this frame repeatedly it is very likely to be accepted by the group. The reported effectiveness of this strategy is discussed by Borah who stresses the importance of accessibility and availability (2011) and further by agenda setting by frames in communication (Chong & Druckman, 2007). There are many ways to understand our surroundings, and the frames we choose are generally the ones corresponding to our current world-view (Borah, 2011). These are more easily accessible and are often made available in strong, homogeneous cultures due to their power to promote a specific frame which is accepted by the members as the truth. This uniformity can be forced by excluding members not adhering to the prescribed frames as Respondent 6 mentioned about acceptable political standpoints. More often the diversity can be valued, even if it obstructs the streamlining and leaning, as expressed by Respondent 7 who actively strives for a diverse workforce in order to reflect the customers. This is explained by the respondent as upbringings and cultures being an important aspect in the social interaction, and building of trust, which cannot be taught or learnt.

We all understand the world differently, this comes from our frames and personal ways of making sense and structuring the world around us. Generally this is no issue and can be very rewarding for groups since it provides the collective with different perspectives, but when a manager is purposefully trying to lead change it is a difficulty. Each interpretation of the reality means that different values and viewpoints will exist, and the leader would therefore need to frame the change in a way which would be positive for all individual world-views, or, aiming at changing the member's perspective in order for them to see the same side. Framing is a good tool to influence individual sensemaking within a relatively homogeneous culture, but they are only relevant within the context of a culture where they are a

tools to understand and categorise events, values and practices of the culture. An example of this is Respondent 9 who is used to promote physical activity as a work relevant competence in very collectivistic sub-cultures in Sweden (the army and the police), but finds that the strategy does not work on the current workforce. But even if diversity is very important both for including different perspectives and different competences, common ground is crucial. In sensemaking all decisions and coordinated actions is a consequence of how the world, and the groups' role in that world, is defined. Without an acceptance of a collective goal or mission, resistance will surface. Respondent 8 describes subgroups who have diametrically different backgrounds and skillsets which is necessary for their roles, but also creates problems when trying to promote physical activity. For some sub-groups it was part of their culture and in their frame, it made sense. In others, it was seen as an authoritative power-move with no relevance to the work situation. Thus, Respondent 8 was very careful when promoting physical activity and was keen to put the initiatives and responsibility on the work teams.

How managers frame health promotion

During the interviews a frame appeared, which was consistent across the relatively diverse sample. The three main themes was not affected by the sector in which the organisation operated, the size of the company or how long they had operated. It can therefore be surmised that the frame is at least one common understanding, but potentially one of many. Below, the themes are explained more in depth, along with a visualisation of the frame.

Health as a manageable goal	Health as a managerial endeavour	Encountering barriers
Facilitation of job requirements	Quantifying & measuring health	Employee motivators
Collectiveness	Cultural controllability	W/F conflicts
Physical activity as a tool	Responsibilities	Resources

The first theme, *health as a manageable goal,* includes how the interviewed managers defined the benefits of achieving a healthy workforce, and what being healthy meant for them. A general consensus was found around the understanding that healthy workers perform better. Since all managers had a result-focused perspective, this was an important value and seen as a legitimate goal to work towards. The common aim was to improve employee health in such a way it would facilitate their work and support their job requirements, even if there were as many definitions to health as there were participants. Another point the subjects agreed on was the collectiveness of health promotion initiatives, some mentioned individualised efforts, but all preferred communal activities when possible. In this, the respondents also shared the view of physical activity as a tool. For some it had an intrinsic value too, and the type and intensity of physical activity differed, but as a concept all agreed physical activity could be used to improve health.

Health as managerial endeavour was another theme detected from the data. In it, respondents answers revolving their personal role was included. Closely related to the issue of defining health, another challenge was mentioned; the quantification, and measuring, of health. As seen above many participants inverted the problem in order to solve it, they defined health according to what they could measure. It is a very clever solution which works well enough, but it also reveals some blindspots. From measuring physical workplace environment and issuing questionnaires about well-being most participants considered themselves informed on employee health. By following sick-listing frequencies and time reports additional information on individual problems could be identified. What is lacking is the connection between investments in health promotion and results in employee well-being. This is believed to result in increased productivity, collaboration and stress-resilience, in other words the return of investment. Another aspect of the second theme is the conception of the organisational culture. The respondents agreed that they personally had the power to influence the culture, as all research suggests, but their inability to control the culture deterred participants from more ambitious investments. Lastly, health promotion is interpreted as an individual problem on one hand, and a societal challenge on the other, meaning very little responsibility falls on the managers in this frame.

The last theme, *encountering barriers*, involves limitations participants perceived when working with health promotion. The primary barrier is the obscurity of employee motivations. Linked to previously mentioned problems with affecting organisational culture, the uncertainty revolving what motivates employees are concerning. If this view is spread within other frames it severely limits the leadership tools and styles available since any transformational leadership requires knowledge of how to best motivate employees in a broad context. Here some differences in the sample could be detected — in smaller organisations the participants felt a closer and more personal relationship with their employees. This in turn also meant a greater responsibility towards them, in the sense of fulfilling their promises. However none of the small business managers included anything on health promotion in their strategy to attract and retain talents. Something all respondents respected and worked with was facilitating work/family conflict. In the context of this frame it meant not putting pressure on employees to invest their leisure time in company activities, and in effect also limiting organisational initiatives not to overburden employees outside of office-hours. Lastly the recruitment of resources for health promotional initiatives was a limitation in the frame. It was seen as difficult due to competing organisational goals, uncertainty of the return of investments due to lack of proper measurements and if it laid within the respondents role or responsibility to focus on health promotion.

By summarising these aspects of the results are given an explanation. The cautious and uncertain approach to health promotion in addition to obscurity of responsibilities and employee motivations against the background of work/family conflict as well as resource scarcity, limits any health promotion initiatives. Nonetheless respondents see a value and potential in health promotion and make minor investments, but these are still small and temporary with no real measurements and no significant re-

sults, as seen in the findings. No changes can be expected as long as the frame is not challenged, either by a competing frame or new unexplainable experiences. By following the same patterns the managers' sensemaking will continue support the frame, and changes will not be motivated.

A possible method of forcing an evolvement of the frame of health promotion would be to show that very few WHPPs are indeed successful. According to Goetzel, a successful program makes the participants' aware of health issues and they should work consciously and purposefully to improve their health. For the organisation the sick-listing frequency and absenteeism should decrease while productivity, commitment, attraction of candidates are expected to increase due to a culture focusing on health and well-being (Goetzel, 2014). By making sense of health promotion initiatives this way, managers attempts would be considered as failures, which would motivate a re-evaluation of the practices.

Tensions

In order to explain why none of the investigated organisations had completed a successful WHPP in spite of all of them trying, tensions in the frame must be highlighted. According to the respondents in the current study tensions can be divided in three categories; resources, culture and regulations.
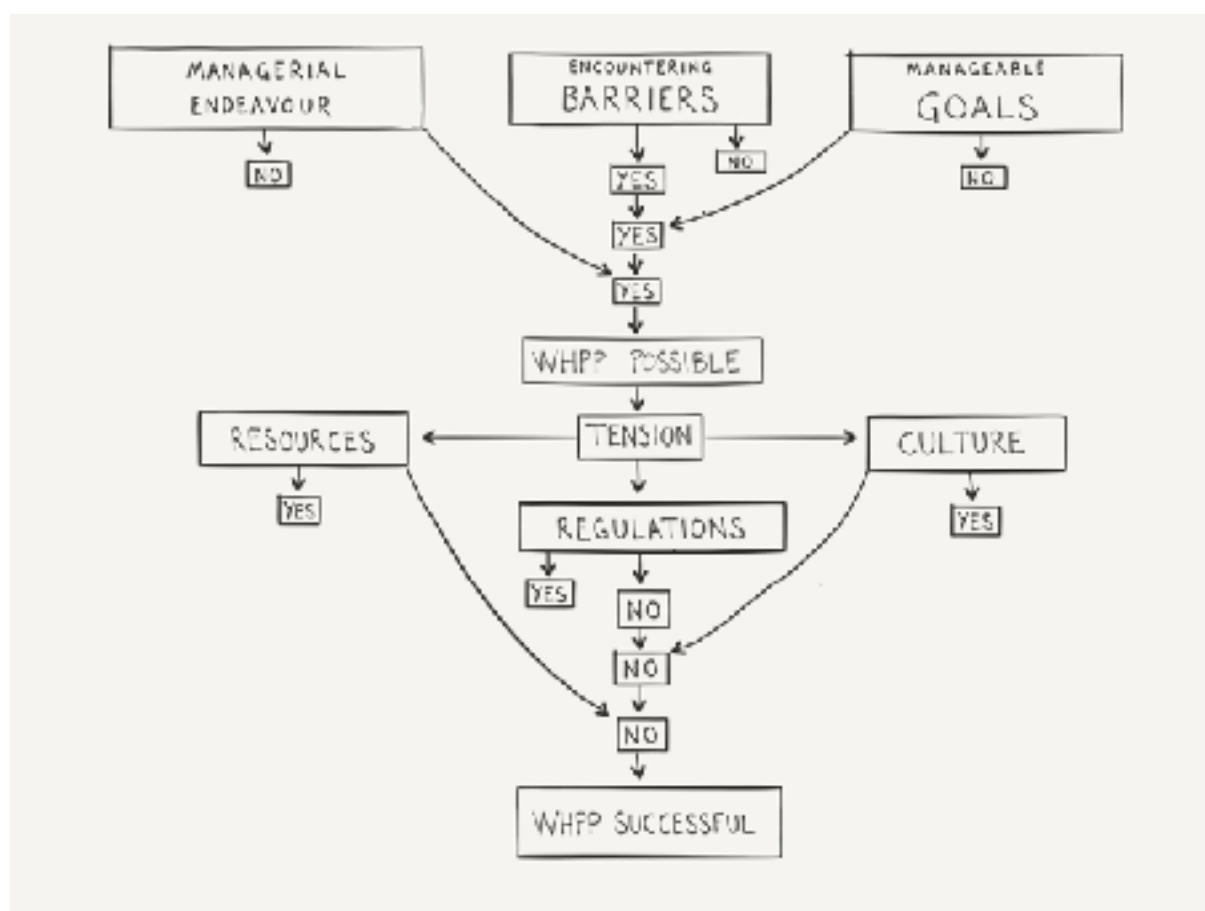
- Resources include lacking time, funds and interest from management. Often the respondents wanted to, or were supposed to, promote health and improve the working environment but they lacked resources which lead to fatal compromises with the initiatives.
- Cultural tensions were common in the studied organisations. Employees had different priorities leading to work/family conflicts, some sub-groups fought the concept of physical activity, and most respondents reported low attendance and commitment in collective workouts.
- Regulative tensions concern restrictions from the government, municipality or industry. The most frequently mentioned example was the rules surrounding wellness grants which can only be used for some specific expenses which limits the use of the grant for many health promotion initiatives. Two respondents also reported limiting norms within the industry, these are not binding but restricted the subjects all the same.

When digging deeper in the data searching for explanations for the manifested resistances against large health promotion initiatives, the existence and rivalry between different frames helps us understand much. On one hand the manager might grasp the importance of exercise, but that way of understanding organisations is relatively new compared to the capitalistic perspective focusing on profits and performance. This frame has been heavily reproduced, communicated and taught — making it the prevailing perspective (Chong & Druckman, 2007). As Respondent 4 pointed out, even if employee health is an important value in the business plan, it is not the first thing discussed at management level, neither something properly measured or communicated. Another aspect of this issue is legitimacy, if the manager acts in a way that is not in alignment with the employees frame in though, the actions will not make sense, and the frames in communication will not affect the employee since they risk being too far from the current world view and thereby incomprehensible. The managers and organisation are bound together, and while they may influence each other, neither can be controlled.

Conclusion

In line with previous research, important differences between organisations, and managers' attitudes, appeared. Despite a consensus about the severity of modern work-environment issues and the benefits of physical activity, diametral differences in methods and perspectives were detected. The primary disagreements concerned who is responsible, the benefits of collective activities, and the effects of organisational culture. Generally the respondents expressed a high self-efficacy when it came to affecting the structure and physical workplace environment, a moderate ability to influence the psychosocial environment, and quite limited in influencing organisational culture — despite testing a large array of activities and health promotion initiatives.

An issue which surfaced during the interviews was the unfamiliarity with employee motivators. This obstructs a good situationally adjusted leadership and also all initiatives surrounding cultural change or health promotion. However, the participants were very positive to commit to these kinds of initiatives, and with a general belief in a high return on investment from WHPP:s they would to be willing to accept external help with tailoring a program adapted to their specific needs.

Concerning ethical considerations about interfering in the private lives of their employees, the managers showed respect for work/family conflicts, but only a few revealed evidence of any further ethical arguments. The moral discussions were mostly revolving around how the respondents had overcome issues, rather than limits of their capacity to influence their employees.

Implications for future WHPPs

In the discussions about improving the workplace environment, many interesting ideas and perspectives came to light. The specific and unique situations in each respondent's organisation makes the current suggestion of a general design for WHPP:s difficult to implement, and highlights the fact that one solution might not be generalisable to other contexts.

The cultural approach is very valuable for shedding light on the matter and is recommended in further studies. During the interviews it became clear that even though managers believe themselves to have some agency in changing the culture and the workplace environment, it is more described as steering or affecting, rather than revolutionary changing. Investigations of the participants' frame also revealed the importance of the individual's definitions of health, barriers and work environment.

The study started out from the question of whether managers are the reason for so many WHPP:s to fail to create lasting beneficial effects for employees' health. After interviewing very different managers with unique experiences and backgrounds, it stands clear that they indeed have a part to play. Although respondents describe some successful activities, none believed they have created a lasting improvement in general employee health by health promotion initiatives.

Contributions to research

Many reasons for WHPP failures mentioned by previous studies could be corroborated; the lack of managerial and organisational resources committed to health promotion was an issue for all respondents, and included limitations in funds, time, knowledge and facilities. The role of the manager was also hypothesised to play a large part in determining the success of health promotion initiatives, something that the current study supports.

The study adds to the understanding of WHPP by describing differences in managers' propensity for actual or potential actions aiming to increase employee health longterm and the psychosocial workplace environment, depending on their cultural context.

Previous WHPP attempts have aimed for a generalisable design able to increase physical activity behaviours and psychosocial workplace environment long-term. This appears to be an overly ambitious goal according to the data of this study where significant differences in the organisational culture across the sample would prevent a successful design suitable for all the studied workplaces. The considerable impact from cultures on a societal-, industry-, organisational-, team- and sub-group level demands a more tailored design for each organisation in question.

A frame was constructed from the data which was shared across the sample. This may be used to further the understanding of managerial attitudes and aiding by defining the line between what is common and what is unique. Frame theory proved to be a potent tool which should be used more frequently to understand, and respect, the specific context of the participants. Quantitative research can then be practiced on groups with defined commonalities which should lead to a sorely needed increase in precision and validity.

There are some general issues overlooked in earlier research which needs to be addressed; the lack of suitable measurements for psychosocial workplace environment and effects from increased physical activity was revealed to be a significant barrier, which concealed the value of further investments and initiatives.

Future research

In future studies, more focused efforts are encouraged in order to continue to build the understanding of the manager's role in health promotion. While this study gives a perspective on the challenges ahead and offers an explanation for failed WHPPs, a more thorough investigation is needed into the relationships between individuals and cultures. In this report it has become clear that managers have an important role to play, but it does not mean it is the whole story. Further qualitative research investigating top management, first line managers and employees would shed some more light on the issue and identify possible solutions.

Reference list

Alvesson, M., & Sveningsson, S. (2015). *Changing organizational culture: Cultural change work in progress*. Routledge.

Appel-Meulenbroek, R., Groenen, P., & Janssen, I. (2011). An end-user's perspective on activity-based office concepts. *Journal of Corporate Real Estate, 13*(2), 122-135.

Audrey, S., & Procter, S. (2015). Employers' views of promoting walking to work: a qualitative study. *International Journal of Behavioral Nutrition and Physical Activity*, *12*(1), 1.

Arbetsmiljöverket. (2015). *Ny föreskrift om organisatorisk och social arbetsmiljö.* https://www.av.se/press/ny-foreskrift-om-organisatorisk-och-social-arbetsmiljo/

Bakker, A. B., Demerouti, E., Oerlemans, W., & Sonnentag, S. (2013). Workaholism and daily recovery: A day reconstruction study of leisure activities. *Journal of Organizational Behavior*, *34*(1), 87-107.

Baxter, S., Sanderson, K., Venn, A. J., Blizzard, C. L., & Palmer, A. J. (2014). The relationship between return on investment and quality of study methodology in workplace health promotion programs. *American Journal of Health Promotion*, *28*(6), 347-363.

Bertera, R. L. (1990). The effects of workplace health promotion on absenteeism and employment costs in a large industrial population. *American journal of public health*, *80*(9), 1101-1105.

Biddle, B. J. (2013). *Role theory: Expectations, identities, and behaviors*. Academic Press.

Borah, P. (2011). Conceptual issues in framing theory: A systematic examination of a decade's literature. *Journal of communication*, *61*(2), 246-263.

Brown, A. D., Colville, I., & Pye, A. (2015). Making sense of sensemaking in organization studies. *Organization Studies*, *36*(2), 265-277.

Charmaz, K. (2014). *Constructing grounded theory*. Sage.

Chong, D., & Druckman, J. N. (2007). A theory of framing and opinion formation in competitive elite environments. *Journal of Communication*, *57*(1), 99-118.

Conn, V. S., Hafdahl, A. R., Cooper, P. S., Brown, L. M., & Lusk, S. L. (2009). Meta-analysis of workplace physical activity interventions. *American journal of preventive medicine, 37*(4), 330-339.

Dawson, K. M., O'Brien, K. E., & Beehr, T. A. (2015). The role of hindrance stressors in the job demand–control–support model of occupational stress: A proposed theory revision. *Journal of Organizational Behavior*.

Della Porta, D., & Keating, M. (2008). How many approaches in the social sciences? An epistemological introduction.

Dvir, T., Eden, D., Avolio, B. J., & Shamir, B. (2002). Impact of transformational leadership on follower development and performance: A field experiment. *Academy of management journal*, *45*(4), 735-744.

Goetzel, R. Z., Henke, R. M., Tabrizi, M., Pelletier, K. R., Loeppke, R., Ballard, D. W., ... & Serxner, S. (2014). Do workplace health promotion (wellness) programs work?. *Journal of Occupational and Environmental Medicine*, *56*(9), 927-934.

Heath, G. W., Parra, D. C., Sarmiento, O. L., Andersen, L. B., Owen, N., & Goenka, S. Lancet Physical Activity Series Working Group. (2012). Evidence-based intervention in physical activity: lessons from around the world. *The lancet*, *380*(9838), 272-281.

Holmqvist, M., & Maravelias, C. (2010). *Managing healthy organizations: Worksite health promotion and the new self-management paradigm*. Routledge.

Hoyt, C. L., Price, T. L., & Poatsy, L. (2013). The social role theory of unethical leadership. *The Leadership Quarterly, 24*(5), 712-723.

Frick, K., & Johanson, U. (2013) *Systematiskt arbetsmiljöarbete – syfte och inriktning, hinder och m öjligheter i verksamhetsstyrningen.* Arbetsmiljöverket 2013:11, ISSN 1650-3171

Hu, Q., Dinev, T., Hart, P., & Cooke, D. (2012). Managing employee compliance with information security policies: The critical role of top management and organizational culture. *Decision Sciences*, *43*(4), 615-660.

Joseph, R. P., Royse, K. E., Benitez, T. J., & Pekmezi, D. W. (2014). Physical activity and quality of life among university students: exploring self-efficacy, self-esteem, and affect as potential mediators. *Quality of Life Research*, *23*(2), 659-667.

Karasek, R. T., & Theorell, T. T.(1990). *Healthy work: Stress, productivity and the reconstruction of working life*.

Kvale, S., & Brinkmann, S. (2009). Interviews: Learning the craft of qualitative research. *California, US: SAGE*.

Kvale, S. (2008). *Doing interviews*. Sage.

Lantz, A. (2013). Intervjumetodik. 3. uppl. *Lund: Studentlitteratur*.

Larsson, R. (2015). Managing workplace health promotion in municipal organizations.

Malik, S. H., Blake, H., & Suggs, L. S. (2014). A systematic review of workplace health promotion interventions for increasing physical activity. *British journal of health psychology*, *19*(1), 149-180.

Maravelias, C. (2009). Health promotion and flexibility: Extending and obscuring power in organizations. *British Journal of Management*, *20*(s1), S194-S203.

Marchand, A., Haines, V. Y., & Dextras-Gauthier, J. (2013). Quantitative analysis of organizational culture in occupational health research: a theory-based validation in 30 workplaces of the organizational culture profile instrument. *BMC public health*, *13*(1), 1.

Marshall, A. L. (2004). Challenges and opportunities for promoting physical activity in the workplace. *Journal of Science and Medicine in Sport*, *7*(1), 60-66.

Nielsen, G., Wikman, J. M., Jensen, C. J., Schmidt, J. F., Gliemann, L., & Andersen, T. R. (2014). Health promotion: The impact of beliefs of health benefits, social relations and enjoyment on exercise continuation. *Scandinavian journal of medicine & science in sports*, *24*(S1), 66-75.

Ollo-López, A., Bayo-Moriones, A., & Larraza-Kintana, M. (2014). Not All Alike: The Distinctive Impact of Voluntary and Involuntary Effort on Stress and Fatigue. *Applied Research in Quality of Life*, *9*(3), 559-573.

Pescud, M., Teal, R., Shilton, T., Slevin, T., Ledger, M., Waterworth, P., & Rosenberg, M. (2015). Employers' views on the promotion of workplace health and wellbeing: a qualitative study. *BMC public health*, *15*(1), 642.

Proper, K. I., Koning, M., Van der Beek, A. J., Hildebrandt, V. H., Bosscher, R. J., & van Mchelen, W. (2003). The effectiveness of worksite physical activity programs on physical activity, physical fitness, and health. *Clinical journal of sport medicine*, *13*(2), 106-117.

Rongen, A., Robroek, S. J., van Lenthe, F. J., & Burdorf, A. (2013). Workplace health promotion: a meta-analysis of effectiveness. *American journal of preventive medicine*, *44*(4), 406-415.

Schein, E. H. (2010). *Organizational culture and leadership* (Vol. 2). John Wiley & Sons.

Such, E., & Mutrie, N. (2016). Using organisational cultural theory to understand workplace interventions to reduce sedentary time. *International Journal of Health Promotion and Education*, 1-12.

Thorne, S. (2000). Data analysis in qualitative research. *Evidence based nursing*, *3*(3), 68-70.

Thornton, P. H., Ocasio, W., & Lounsbury, M. (2015). The Institutional Logics Perspective. *Emerging Trends in the Social and Behavioral Sciences: An Interdisciplinary, Searchable, and Linkable Resource*.

Toker, S., & Biron, M. (2012). Job burnout and depression: unraveling their temporal relationship and considering the role of physical activity. *Journal of Applied Psychology*, *97*(3), 699.

Thurlow, A., & Mills, J. H. (2015). Telling tales out of school: Sensemaking and narratives of legitimacy in an organizational change process. Scandinavian Journal of Management, 31(2), 246-254.

Weick, K. E., Sutcliffe, K. M., & Obstfeld, D. (2005). Organizing and the process of sensemaking. *Organization science*, *16*(4), 409-421.

Appendix

WHPP Criterias

1. "Make workers aware of their health and how being in good health improves quality of life."
2. "Workers should take 'ownership' of their behaviors and be accountable for health and cost outcomes."
3. "High participation and active involvement in these programs. People should take advantage of the many programs offered."
4. "Employees should lose weight, stop smoking, exercise more often, eat a healthy diet, better manage their stress levels, and generally adopt healthy habits."
5. "Medical claims costs should go down. The company should experience a lower incidence of certain diseases linked to behaviors like diabetes, heart disease, cancer, chronic obstructive pulmonary disease (COPD), musculoskeletal disorders, and stroke."
6. "Workers will be absent less often, disability costs will be controlled, accidents will be avoided, and injury rates should drop sharply."
7. "These programs will attract the best talent—and turnover rates will be reduced because we are the employer of choice in the community."
8. "Workers will perform at higher levels—they will be happier, have more energy, produce better results for our company."
9. "Establish a culture of health and well-being, where every worker feels valued and important to the enterprise—this will inspire greater loyalty and a high level of engagement."
10. "The program will produce a positive return-on-investment (ROI) for the company—for every dollar spent, two or three will be saved." (Goetzel et al., p. 928, 2014)

Interview Guide

Demografiska frågor (om personen, skador, idrottsbakgrund samt träningsvanor)

- Ålder

- Träningsvana

- Träningstyp

- Träningsbakgrund

- Skador då eller nu

Syn på fysisk aktivitet och dess konsekvenser (ex. ytligt/hälsosamt/bra för vissa/bra för alla)

- Varför tränar folk?

    - Varför tränar du?

- Hur tror du träning påverkar människor?

    - Hur har det påverkat dig?

- Tränar dina anställda?

    - Tror du det hade varit bra för dem (personligt och/eller professionellt?)

Erfarenheter av arbetsmiljöåtgärder (andra arbetsplatser eller denna, deras roll, typ av åtgärd)

- Berätta om vilken typ av arbetsmiljöåtgärder du varit med och genomfört

    - Typ?

    - Resultat?

    - Framgångsfaktorer/hinder?

Känsla av ansvar för arbetsmiljön (egna self-efficacyn, förebild?, personligt och lagbundet)

- Hur skapas en arbetsmiljö/klimat/känsla?

- Hur skulle du beskriva arbetsmiljön hos dig?

- Har du påverkat den?

    - Medvetet/omedvetet?

    - Förebild?

- Hur skulle du vilja jobba med arbetsmiljö?

Syn på fysisk aktivitet som en arbetsmiljöåtgärd (teoretiskt och praktiskt, hinder och boosts)

- Positiva/negativa erfarenheter?

- Teoretiskt - framgångsfaktorer
- Teoretiskt - hinder
- Vad skulle få dig att instifta ett program på arbetsplatsen?

Etiska aspekter (påverka arbetsmiljö, påverka medarbetarna, påverka faktorer utanför arbetsplats/tid)

- På vilka sätt får man påverka arbetsmiljön?
    - Fysisk?
    - Psykosocial?
- På vilka sätt får man påverka medarbetarna?
    - På arbetsplatsen?
    - Lunchen?
    - Fritiden?
- Tänk dig att du vill öka träningen hos de anställda - vilka åtgärder skulle vara acceptabla?
    - Gratis gymträning?
    - Friskvårdstimme?
    - Gemensamma träningspass?
    - Bonus eller julklapp för uppnådda (egna) träningsmål?
    - Bonus eller julklapp för uppnådda (arbetsgivarens) träningsmål?
    - Tävling i lyft/viktnedgång/löpning?
    - Träningsbeteende som faktor i rekryteringsprocessen?
    - Träningsbeteende som faktor i löneförhandlingen?