STRATEGISING, ORGANISING AND MANAGING HEALTH

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1.0 Abstract

The main argument of this thesis is that it is possible to optimise future health-strategies by studying the emergent processes. Stated differently, to optimise health strategic initiatives it is necessary to study and map a possible broad organisational direction within the emerging strategy. The thesis builds upon the assumption that a health-strategy, all things being equal, has the intention of enhancing the health of the individual employee. Based on this internal focus on the organisation, the unknown factors of the health-strategy are identified as the motivation of the individual employee, and the inter-relation between the individual and the organisation.

The qualitative case study within the second part of the report shows that the organisational processes and concerns of the individual employee have significant influence on the motivation of health. Based on this it is argued that worksite health promotion create a new dimension of motivation, and through this a new possibility for enhancing the individual motivation of a healthy lifestyle.

An obvious possibility for promoting health within the organisation is to focus upon the shaping of relationships, and to acknowledge the emergence of the individual motivation. An example is that the feeling of obligation due to the organisational context is shown to be a possible tool for creating intrinsic motivation of health and physical activity. The main challenge of health strategic initiatives is to generate motives founded upon a personal endeavour, which is perceived as valued and self-regulated and moreover provides the feeling of competence. The key issue of health-management is in other words, to avoid motives founded upon a comprehension of coercion and without any feeling of autonomy or competence.

The knowledge created through this thesis should be regarded as the initial step towards a framing of a strategic logic of health strategic initiatives. However, it will never be possible to conclude any definite and universal knowledge within this field. Therefore this thesis should be regarded as a request for an ongoing creation of knowledge within the field of health strategic initiatives.

2.0 Introduction

The focus on health as a political and social issue has been increasing through the last decades. Within the post modern society health is not solely an individual and private matter, but has moreover become a national economic - and political issue. This tendency is occurring concurrently with the modernisation of the welfare state, and entails a change in responsibility moving from public towards private domains. (Newmann, 2007 cited in Mik-Meyer 2008:156) The initial change within the realm of understanding health occurred in the 1970's as a result of the Social Security Act of 1973. When society to some extent took responsibility of the individual life, the responsibility of the individual health became a public issue (Bordum, 2009:28). We are currently witnessing further change, and the responsibility of health is now moving from the government towards the labour market, more specific the private and public institutions.

As a consequence of the process of socialisation and the private companies' adaptation to the post modern values of health, worksite health promotion have become a highly prioritised part of companies' external adaption and internal anchorage (Schein, 1994: 55). This change of health previously being an individual and private matter, to now being focused upon within the private domains, is moreover emphasized within a thesis from the Danish government concerning strategies for national health. The mutual responsibility of health is stressed as a health political aim for the future, and the labour market among other public spheres is appointed an important arena for encouraging health within the Danish population (The Danish Government, 2002:5).

The prevalence of worksite health promotion has increased over the last decades. The latest quantitative survey mapping of this field shows that 99 percent of Danish companies have implemented some kind of health promoting initiative (Rambøll Management 2008:5). Despite this focus on health within the private and public institution, there still is a challenge of getting the majority of the employees to embrace this health potential.[1] The intention of this thesis is to complete a thorough study of how

[1] http://www.amine.dk/worklife/3683/motion_paa_jobbet.html

companies can optimise the implementation and anchoring of health strategic initiatives within the organisation. This is done with a strong focus on the internal aspects of health-strategy emphasising the individual employee and the organisational processes and structures.

2.1 The structure of the thesis

The thesis is structures within two main parts. The purpose of part one is to discuss the conventional use of the concepts of strategy, health and management, for then to argue how we can frame the theoretical concept of health-strategy and health-management. Part two engages in a case study of the emergence of the health-strategy within the Copenhagen law firm - Nordia.

2.1.1 Part one – Framing the theoretical foundation of the thesis

The central argument of the theoretical mapping is that in order to optimise the implementation of health strategic initiatives, it is crucial to understand the unknown factors within the emergence of the health-strategy. The unknown factors are conceptualised as the motivation of the employee and the interrelation of the organisation and the individual.

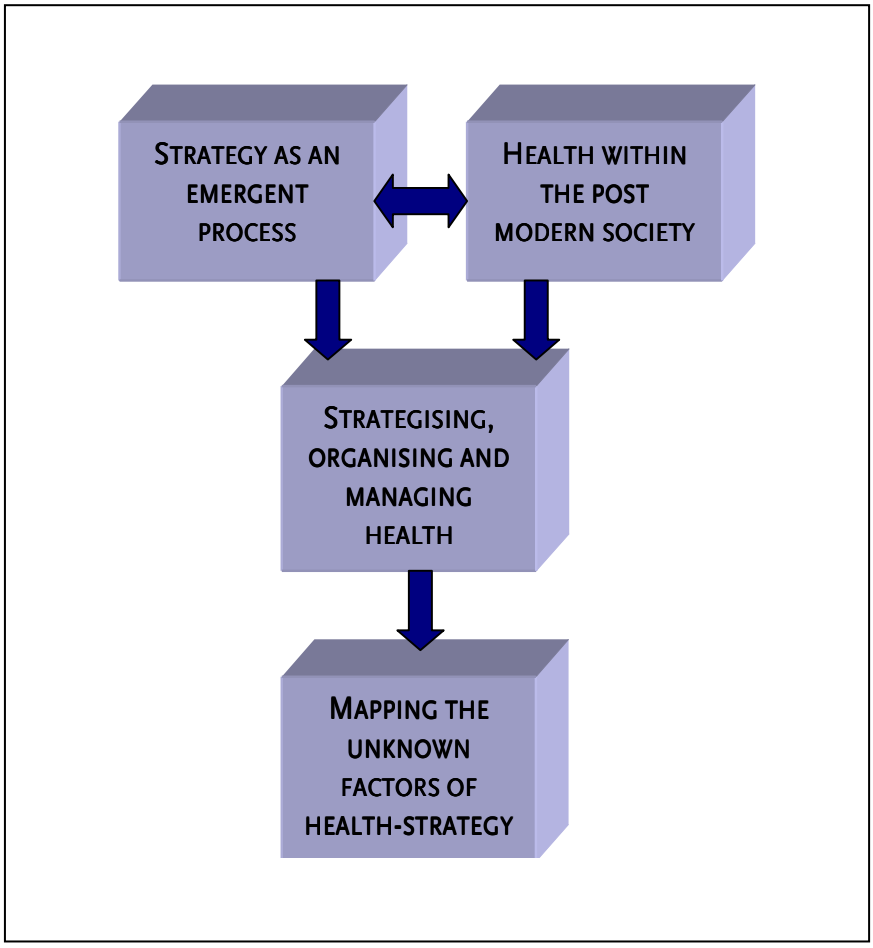
2.1.2 The research question of part one

With the goal of enhancing the health of the employee, how can companies optimise the implementation of a health-strategy?

Sub-questions:

- How can strategy and health be defined within the post-modern society?
- How do we comprehend the process of motivation towards health and physical activity within the corporate organisation?
- How do the individual and the organisation inter-relate?

Figure 1 - Graphical overview part one



2.1.3 Part two – case study

The case study explores the unknown factors of health strategic initiatives. The study focuses on the relation between the individual and the organisation, and through this map the motivation of health within a business context. The intention is to provide an understanding of the individual thoughts and considerations due to the health-strategy and through this explain how the individual motivation is transformed into action.

2.1.4 The research question of part two:

How can we map the logical incrementalism within the emergence of health strategic initiatives? – And how is the motivation of the individual employee enhanced within the organisation?

Sub-questions:

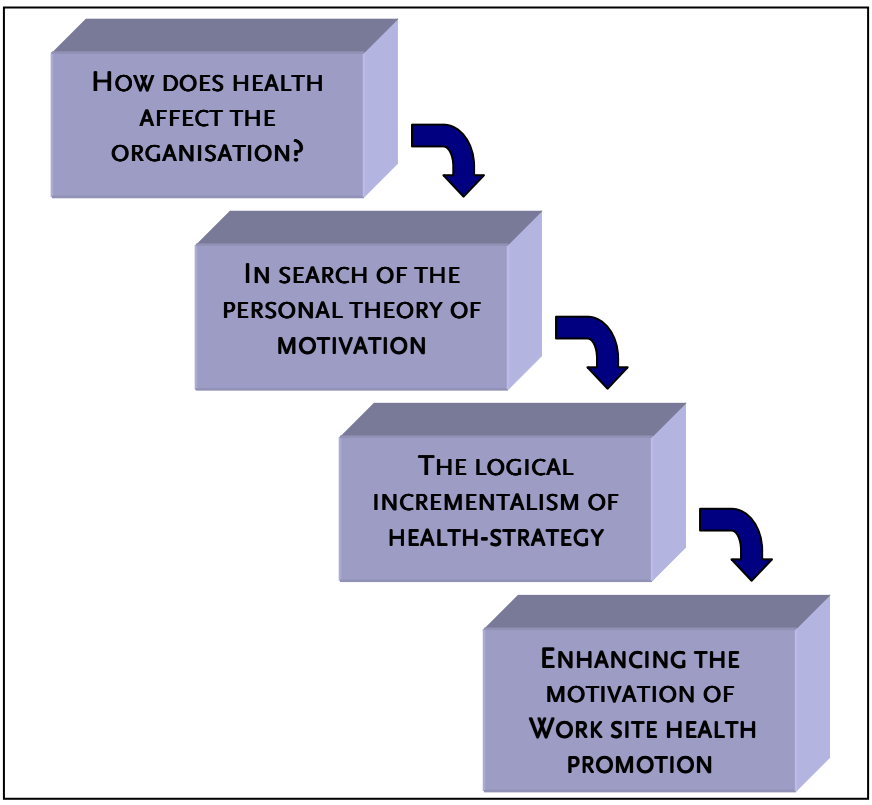
- How do health strategic initiatives affect the individual and the organisation?
- How does motivation of health within the organisational context differ from outside the organisation?

The research question of part two is based upon a search for a so-called 'logical incrementalism' within the emergence of the health-strategy. The term 'logical incrementalism' is initially presented by James Brian Quinn (1980) and is here argued as a central concept of understanding corporate strategy. Watson elaborates upon Quinns concepts and defines logical incrementalism as following:

An alternative to top-down strategic planning in which development happens incremental and experimental steps are taken within a sense of broad organisational direction or strategic logic.
- Tony Watson 2006:370

The use of the concept within this thesis is inspired by Watsons definition. We will return and elaborate on this within the theoretical framing of part one.

Figure 2 - Graphical overview part two



2.2 Methods

The two parts of this thesis each require their individual methodological clarifications. The following paragraph is initiated with a description of the overall methodological considerations of the thesis in full, and is rounded of with the individual methodological approach of the two parts in chronological order.

2.2.1 Meta-theoretical considerations

The subject matter of the thesis is studied through the premises of what Fuglsang & Olsen identifies as the complex idealisms (Fuglsang & Olsen 2005:5). These idealisms share an interpretive and constructivist perspective of social science and include the meta-theoretical directions; hermeneutic and social constructivism. The constructivist approach contains a broad spectre of interpretive traditions, theories and methods, however these perspectives share the core value, that understanding and interpretation will always be prior to explanation. (Højberg, 2005:309) In other words, meaning are created and changed thorough a process of interpretation.

It is a deliberate choice not to emphasise a specific tradition or method within this meta-theoretical paradigm. Instead a continuous reflection and elaboration will be done throughout the thesis. The disadvantage of this broad foundation is that the meta-theoretical considerations can to some extent seem random, however the purpose of this choice, is first of all to create room for a broad framework of understanding the relevant theoretical input presented in the initial part of the thesis.

The complex idealisms stand in contrast to e.g. the positivistic, realistic and naturalistic approach where the assumption of a 'real world' which the researcher can display is consistent (Esterberg 2002:13-14). Within constructivism we must distinguish between the theory of knowledge (epistemology) and the ontological approach of reality. The difference between these perspectives is, that while the epistemology states that reality is determined by the social context[2], the more radical ontological perspective states that

[2] This assumption is most common within the constructivist of social-constructivist paradigm

reality in itself is determined by our acknowledgement of it, and that it only appears for us if -and when, we acknowledge it (Højbjerg 2005:353). The case study within the second part of the thesis is based upon qualitative interview and will have a clear social-constructivist approach also implicating the methodological hermeneutic concept of interpretation as a method to reach true realisation. Due to this, we will approach the correlation of the individual and the organisation through the eyes of the epistemology approach of the hermeneutic circle, based on the idea that reality is determined by the social context. Throughout the thesis this coherence between the individual and the organisation is reflected upon.

The choice of this interpretive and constructivist perspective, as an underlying premise, is first of all made upon an acknowledgement of the social world as subject to constant interpretation and change. A consequence of this approach is that it is impossible to determine any universal and definite knowledge; we will however only be able to capture a specific moment in time based on the combined interpreted reality grounded on the social world of the researcher and informants of the case study.

2.2.2 Part 1 – Framing the theoretical foundation

The initial part of this thesis operates within a qualitative theoretical framework; the intention is to develop a theoretical foundation for completing the following case study. The concept of health-strategy within a corporate perspective is reinvented within the view of strategy as an emergent phenomenon. Within this perspective arguments of how we can optimise a health-strategy, through a formulated goal of enhancing the health of the employee, is presented.

2.2.3 The choice of theoretical contributions

The research will be analysed with a strong emphasis of the theoretical contribution from the British Professor Tony Watsons on how corporate management, strategy and culture should be understood within the post modern society. Central arguments from the organisational and sociological research tradition will be discussed and positioned against Watson's theory when relevant. In the following a brief introduction, elaboration and argumentation of the theoretical framework is presented.

A central theme of Watsons work is the relationship between the emergent life, strategies and identities of organisational members. In his book 'Organising, and managing work' from 2006, Watson, with a strong emphasis on the sociology of work, presents two perspectives of framing organisations and people. The Systems-control perspective views organisations as systems of managerially designed rules and roles, existing on its own terms and with rational systems of rules and procedures. Moreover the Process-relational perspective presents a post modern view of organisations as relational and phenomena, with emergent patterns resulting from process of exchange, negotiation conflict and compromise (Watson 2006:30). Watson emphasise the process of learning, negotiation and adaption within both management and strategy. Within his Process-relational perspective organisations and individuals are acknowledged as being constantly emerging through sensemaking[3] and social exchanges (Watson 2006:30). Moreover the concept of 'Strategic exchange' is emphasised, describing how individuals and organisations are shaped through the interplay that occurs between how people involved with work organisations shape and make sense of their lives, and the way organisations themselves are strategically shaped.

The analytical tool for mapping the emergence of the health strategic initiatives within the case study is established through the modern contribution of the self-determination theory of motivation. This theory is combined with Watsons arguments of motivation and organisational behaviour in a corporate context. The choice of the self determination theoretical perspective was based on a pilot interview with the participation of the HR manager of Nordia. This preliminary interview acknowledged the premises of the case study and helped identify a suitable theoretical contribution to build the case study upon.

The chosen theoretical framework of this thesis is based upon a prioritisation of an in depth analysis of health-strategy within this framing of the modern organisation. Moreover the contribution of individuals and organisations as emergent and relational is consistent with the social constructionist and interpretive premise of the thesis. A

[3] Concept originally presented by Weick, (1995). Within this thesis used to explain the collaborative process of understanding among individuals within an organisation.

different approach could have been a discussion of health-strategy within two contradictive theoretical perspectives. This might have created a more versatile discussion of the subject however this approach would in addition face the risk of becoming superficial and insufficient.

Health-strategy within a corporate perspective is a relatively new area of research, this emphasises the choice of an in depth analysis and framing within this specific theoretical framework. This theoretical framing will create a precise and applicable strategic frame of analysing the health strategic initiatives within the case study, and will moreover establish a foundation for further analysis of health-strategy within a broader and more diverse perspective.

2.2.4 Part 2 – Case study

Nordia is a Scandinavian law firm situated in Stockholm, Oslo, Gothenburg and Copenhagen. The case study is based upon the Copenhagen office which employs 50 employees. From January 2009 Nordia implemented a comprehensive health-strategy. The choice of Nordia was based on criteria of being able to conduct qualitative interviews with a representative segment of the organisation. Moreover the hierarchical organisation provided an opportunity for studying how this affects the emergence of health strategic initiatives within a corporate organisation. A closer elaboration of the health strategic initiatives is done within the initial part of the case study.

The case study is based on a deductive reasoning with an examination of the empirical social world, through the theoretical framework of part one. Fourteen qualitative interviews have been completed within a representative extract of the organisational composition of Nordia. (For overview of informants please view appendix 1). The focus of these interviews was an understanding of the individual lifeworld within the organisation. The selection of informants was done randomly, and the processing of the empirical data was completed thematically in light of the analytical framework of part one. Moreover all quotes used within the report have been approved by the informants.

When conducting qualitative interviews upon the premise of an interpretive perspective it is essential to acknowledge that it is the subjective lifeworld of the individual which are studied. In other words, it is important to bear in mind that it is the socially interpreted reality of each informant we approach. Another approach of conducting this analysis could have been a scientific method of measuring the physical effect of the health-strategy, this would have been founded on a more positivistic perspective which assumes that the social world is inherently knowable, and that we can all agree on the nature of social reality (Esterberg 2002:10). An advantage of such an approach could be the measurable outcome which within a positivistic perspective could determine how the health-strategic initiatives affected the health of the employees. However, when adapting the view of individuals as relational phenomena and organisations as emerging, the focus is an understanding of the mindset behind thoughts and choices made by the individual. An argument for choosing this approach is, that a change of mentality in oppose to a physical change, will constitute a more long termed effect of promoting health in general (Bordum 2009:27).

2.2.5 Delimitations

Implementing health within a business context entails several considerations and challenges. These vary from ethical and moral concerns, towards more organisational and strategic considerations. Incentives for private institutions to engage in the health of the employee are a debated subject within the modern society. Within literature this debate is a fraction of a comprehensive discussion of corporate social responsibility within the post modern society. The intention of this thesis is not to explain the underlying incentives of health-strategic initiatives of private and public institutions, or to engage in the discussion of health as a private or a public issue. The intention is however to complete a study of the internal individual and organisational issues of corporate health-strategy, both in theory and in practice.

The report is build upon the presumption that the health-strategy, all things being equal, has the intention of enhancing the health of the individual employee. Some might argue that this is a narrow and naive approach of the concept of health-strategy. The opposing argument is however that these initiatives might always include economical

considerations and external regards as for example employer branding, corporate social responsibility. However a focus on the actual health of the employee is relevant because it is the obvious and fundamental mean to reach these ends. Moreover this delimitation is necessary in terms of conducting an in depth analysis of how to optimise the strategy, and again to reach the formulated goals.

Arguments of the company as an eternally profit orientated instance has through the last decade been put forward and discussed (Friedman, 1970:2 & Djursø, Neergaard, 2006:149). In relation, the bottom-line outcome of health strategic initiatives is continuously sought to be proved. This discussion is funded upon a contract theoretical perspective where the companies' only obligation is to optimise the profit. The intention of this thesis is not to engage in this discussion, but is however to acknowledge the fact that health promoting initiatives, due to various goals – economically founded – is increasingly implemented. Based on this acknowledgement, the focus of the thesis is how these health-strategies emerge, and due to this, how we implement a health-strategy in the most favourable way.

When studying health on an individual level, it is moreover important to distinguish between diagnosed health and self-considered health. This thesis is build upon the self-considered health of the individual. A positivistic approach would argue that measurable physical calculations are the only method to study the actual statement of health. However, recent empirical research, as for example the comprehensive KRAM – survey[4] from 2007, has shown this individual perception of health actually being a useful indicator of the measurable physical statement of health (Kjøller, M. & Rasmussen, N. K.,2002:58, Curtis, T. Grønbæk, M. 2007:4).

[4] The KRAM-survey is with 65.509 respondents until now the most comprehensive research of health among the Danish population. For further information please view: http://www.kram-undersoegelsen.dk/default.asp

3. Part one
Framing the theoretical foundation of the report

Part one is a clarification of central concepts, and a framing of the theoretical foundation of the report. The main purpose of the report is to move away from strategy as a plan or a vision, and to examine the concept of 'health-strategy' within a perspective of strategy as an emergent process. The central argument of part one is that when studying health-strategy as an emergent process, it is essential to conduct an analysis of the underlying thoughts and considerations of the individual employee. These thoughts and considerations are conceptualised as motivation, and studying the process of motivation helps us identify central individual motivational factors and organisational processes, with which to understand and explain these processes.

Initially strategy is discussed within a corporate perspective, and the argument of how and why it is necessary to view strategy as an emergent process is presented. Next, health is defined within a post modern and organisational context and the concepts of health-management and health-strategy are discussed and defined. Emphasising the individual motivation, these definitions constitute a frame for discussing organisational aspects of health in terms of social processes and organisational behaviour. Following the discussion of strategy and health in a corporate context, an in depth theoretical discussion of motivation and motivational factors of health is presented. The theoretical mapping has a strong focus on the individual and touches upon both sociology and psychology within an organisational perspective.

3.1 Strategy is an emergent process

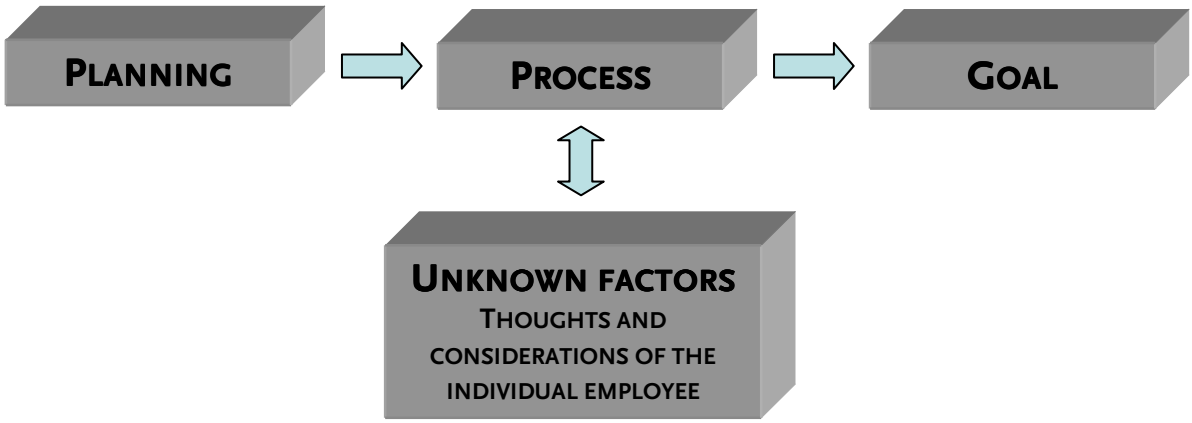
A classic definition of strategy is: '*a plan for achieving goals or objectives'* (Barron's business dictionary, 2007) Over time this definition has evolved, and more contemporary theorists argue that there is more to it than the actual formulated plan. Another perspective is that strategy is a language game, where the essential thing is the rhetoric used to provide a common language within all levels of the organization in order to determine, justify and give meaning to the actions the organisation comprises (Eccles, Nohria and Berkley,1992:4) This perspective can be related to the view of strategy as a

Pattern (Mintzberg, 1998:9) which adapts the perspective of a consistency in behaviour and a fundamental way of doing things both within and outside the organisation. This perspective is, in relation to the case study of part two, relevant because it constitutes a foundation for studying past behaviour and internal processes within the organisation.

When defining strategy most scholars and managers will present strategy as a plan or a direction; however, when describing strategy using a specific example, it seems that strategy is likely to be presented as an emergent process over time, - not necessarily in accordance with the given plan – what was intended - but as an empirical description of what was really done. This contrasting definition and use of strategy lies within the human nature of seeking to define relevant aspects of human life (Mintzberg,1998:9). Due to this, the basic argument of this report is that: to optimise the intended plan we have to study the past emerging process.

Within this emergence, 'actual' strategies are likely to vary in the extent of which some formal planning plays a part. Whereas Mintzberg sees actual realised strategies as varying from being relatively deliberate to being relatively emergent, Watson refers to all strategies as emergent, recognising however that these emergent strategies vary in the extent to which they involve deliberate long term planning (Watson,2002:368). A short reflection of these arguments does however result in the conclusion that they both share the same acknowledgements, and that it to some extent merely is a variation of the terminology used to describe the concept. An argument to underline this is that strategy viewed as patterns looked for by the observer of an organisation over time, will always appear emergent (Watson, 2002:368). If we adapt the perspective of health-strategies as having elements of both deliberate planning and emergence, the argument is that optimising the plan is about recognising and understanding the 'unknown factors' which constitute the emergence.

Figure 3 – The corporate strategy



In terms of an internal perspective on health-strategy, the unknown factors are conceptualised as thoughts, considerations and finally motivation that lead to a given behaviour. The thoughts and considerations of the individual are relevant because these might bring us closer to the identification of a pattern within the emergence of the health-strategy. Through this we can create the possibility for learning and adapting due to what works, and what does not work.

3.1.1 Health and business - uniting the plan and the process

Health-strategies bring a new and for some complex and personal agenda into the work organisation. The obvious goal of a corporate organisation is the goal of the given professional business in relation to which the employee is employed to pursue and perform. Emphasising this, the focus on profit within the corporate agenda is by the liberal economist Milton Friedman (1912-2006) formulated as: *The business of business is business (Friedman 1971).* Implementing health as part of work life brings a new objective into the organisation, and the individual has to relate to not only his/her work performance but also his/her individual physical condition and behaviour in relation to health. What is interesting is how this health agenda is met by the employee? To answer this question, the case study of part two will initially engage in an analysis of the initial thoughts and concerns due to the health strategic initiatives. In other words; how does the employee react upon the health-strategy?

Moreover, another question in relation to this is how we can unite the plan and the process of a health-strategy? Stated differently; how is it possible to optimise the plan within the perspective of strategy as an emergent process?

Quinn provides us with an alternative to both muddling along and rigid strategic planning. He calls this logical incrementalism. Logical incrementalism is an adaptive approach of strategy formulation, *"..there is a process of the gradual evolution of strategy driven by conscious managerial thought"* (Watson,2002:370). Organisations must change as they face changing circumstances; however this change is the outcome of how we interpret and argue those circumstances and finally act on the basis of our negotiated understandings (Watson,2002:371). Logical incrementalism, as constant adaption through the implementation process of a plan, is the underlying basis of this report. An ongoing learn and adapt process of a health-strategy requires in depth knowledge of the individual reflection and organisational processes. To illustrate how this logical incrementalism works, it is useful to compare it with the creation of a budget for financial management. The more accurate we can predict future cost and expenses, the more useful the budget will become. If there is unexpected cost, we will of course incorporate these within next years budget. Exploring the emergence and mapping a logical incrementalism might discover unexpected or unknown factors of health strategic initiatives.

The argument is that when studying the process of the individual motivation and the negotiated understandings of the employee within a case study, the findings can initiate a small step towards a framing of logical incrementalism in regards to the concept of health-strategy. However, logical incrementalism and negotiated understandings are broad and diffuse concepts. Moreover health is a complex subject both within a social and individual perspective. It is therefore necessary to be more specific and determine exactly what it is we are studying. The following paragraph seeks to define health within the post modern society, and moreover within a business context. The goal is to frame health within an individual perspective by identifying thoughts, considerations all together conceptualised as the motivation of the individual. After this is done, we can

bring together the concepts of logical incrementalism, health and negotiated understandings, and then define health-strategy.

Summing up, the report builds on an internal view of the organisation, and a goal of enhancing the health of the employee. The case study of part two builds on the conviction that the individual reflection and action determine the emergence of the health-strategy. Based on this argument, the emergence of the health-strategy within the organisation is constituted by the sum of the individual behaviour. To identify patterns of individual behaviour we must understand the thoughts and consideration with which to map the motivation behind a given behaviour. Indentifying these motives of behaviour due to a health-strategy will initiate the understanding of a pattern of the emergence of a health-strategy which will help us optimise the plan in the future.

The basic arguments of how to view and optimise a health-strategy has now been presented. The following theoretical mapping is an elaboration of this. Central concepts will be identified and defined, and a discussion of central issues within this perspective is presented.

3.2 Health within business and society

Within the post modern society, health is a complex concept. To understand the notion of health, a brief conceptual mapping of the field is initially established. Following is a focus on the individual and the social processes that according to the social constructive perspective frame the life-world of the individual.

The individual approach towards health is through theory generally viewed and defined within three dimensions (Holstein,1998:215).

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1) The medical perspective

The medical perspective relates to the sickness and illness, and is concerned with the physical ability to function.

2) The physiological perspective

This is the broader perspective of well-being. Here the human ability to function relates to how we cope with, for example, stress and how we control our mental health.

3) Social health

Social health provides the ability to function and live as desired in relation to, for example, work and friends.

These three dimensions are empirically emphasised through a survey conducted in 1990 in Britain that gathered over 9000 individual definitions of health. The main conclusion was that 'health can be defined *negatively* as the absence of illness. This relates to the medical perspective which emphasises the physical and in relation to the two other perspectives more measurable approach of health. Health can also be defined *positively* as fitness and well-being' which emphasises the psychological perspective, or finally *functionally* as the ability to cope with everyday activities (Blaxter 1990:14).[5] In comparison with the medical perspective the psychological and social perspectives are intangible and difficult to measure. These perspectives are based on a feeling and on the individual life-world. However the psychological and social perspectives are interesting because they frame what the case study of part two seeks to study and understand. Entering the individual life-world of psychological and social health initiates an understanding of the motivation towards health, and can initiate an understanding of how members of the organisation meet the implementation of health-strategic initiatives.

Over the last century a tendency of definitions of health that emphasise the psychological and social perspective has emerged. The relation between the physical and the mental is united with this classic definition of health.

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"

- WHO 1947

[5] A main point in Blaxters study is that the individual approach to health can be explained through demographic and social criteria.

This broad definition reaches beyond the more medical definitions of health, and according to WHO, health is not only a physical goal or the absence of illness; it is also a right and a resource of the individual, and last but not least the general foundation for quality of life (WHO 1986). Another definition of health is presented by Jensen and Johnsen:

"Health is about the feeling of passion and spirit for life and the feeling of mastering the situations of everyday life. Health is a feeling of coherence.."
(Jensen and Johnsen:2000,5)

This definition is, in comparison with the WHO definition, a step further away from the medical model. The essence of the above definitions is similar in their broad approach to health but differ in a discursive matter when WHO focuses on health as a *state*, and Jensen and Johnsen emphasise health as a *feeling*. When studying the individual view on health within the case study, the employee emphasised various approaches and definitions of health, however a majority emphasised the psychological and social state and feeling of health. A key point is that when studying health within the postmodern society and moreover emphasising the individual approach, it is difficult – if not impossible - to determine anything other that a broad definition, embracing both a feeling and state of health within all three levels of medical, psychological and social health.

Within the post-modern society there is a tendency to view health as increasingly correlated with the identity and self staging of the individual (Stelter, 1995:5, Kristiansen, 2007:75), and moreover as a determinant for social polarisation and social in heritage (Kristiansen, 2007:75, Rasmussen, 1999:2). This tendency could indicate a development towards a positive definition of health as a 'reserve stock' of vitality, fitness and strength, both psychological and/or physical, which individuals can draw upon to pursue their goals and actions (Blaxter, 2003, 2004). Within the case study the individual thoughts and view on health is studied. The interesting thing about health within the work organisation is that there is an extra dimension of both the social and professional

structure of the organisation which might affect how the employee engages and acts upon the health-strategy.

When studying health within an organisational context the argument of this report is that human interaction and social relations comprise the framework for the individual to relate, define and perceive his/her life, and within this - also health. Stated differently, organisations create a social space where humans constantly relate and reflect themselves to others, and here we move from a constructionist to a social constructionist perspective. The choice of this meta-theoretical fundament stresses the choice of qualitative interviews as the research method within the case study of Nordia because here it is possible to enter the life-world of the individual.

The recurrent problem in sociology is to conceive of corporate organisations, and to study it, in ways that do not anthropomorphize it and do not reduce it to the behaviour of individuals or of human aggregates.
(Swanson 1976, cited in Scott 2003:3)

The main focus and intention of this report is captured by the above quote. The purpose of the case study is to analyse the processes of the individual approach and motivation towards health. This will help us explain how thoughts and considerations turn into actions due to the health-strategy, and finally this will provide the opportunity to optimise the intended plan of the strategy.

3.2.1 Health as a 'shared value' of the organisation

Health is within the post modern society ascribed a positive value, and is moreover linked to the concept of symbolic – and social capital (Bordieu 1930-2002). Symbolic capital can be defined as a capacity which is ascribed a positive value within given culture, and is an essential instrument of recognition for the individual (Järvinen in Andersen, 2004: 344). Throughout this report, health is analysed as a personal endeavour and ascribed a positive value within a social context. However, it is not necessarily a matter of course that health is regarded as a positive value for the individual human being. To avoid building the empirical case study on a false premise, we will test

this hypothesis with the informants of the qualitative research questions. Symbolic capital is in the sense of Bordieu depended on the field it is related to, and only adds value because it exists within a given field. Capital is thus a capacity or ability to control and change the future of the individual (Kristiansen, 2007:79). Within this perspective social capital is the essential value of health. But what happens when health enters an organisational context where the primary agenda is the professional work and the performance in relation to this? This question will among others be answered within part two.

Culture can be defined as a set of meanings shared by members of a human grouping which defines what is good and bad, right or wrong (Watson, 2006:81). This set of shared meanings determines the appropriate way for group members to think and behave. When implementing a health-strategy this view of corporate culture strengthens the hypothesis of health as ascribed a positive value, and moreover being the foundation of social capital within an organisation. However when implementing a health-strategy through a top down initiative, the value of health is placed within the organisation, and is not a value emerged through the social processes of the employee. The question is how this possibly 'shared' positive value of health, really affects the individual employee?

3.3 Strategising and managing health

In the following we unite the concepts of strategy and health and argue how it is possible to optimise health-strategy within an organisational context.

The literature presents several definitions of both 'health-strategy' and 'health-management'. These concepts are used more or less indiscriminately, which makes it important initially to understand the meaning of these concepts. Moreover a discussion of whether it is possible to manage and strategise health is established, and a definition of both health-management and health-strategy is presented.

Contributions of health-strategy within a corporate perspective seem to agree on one important criteria: it must be implemented on a voluntarily basis for the employees.

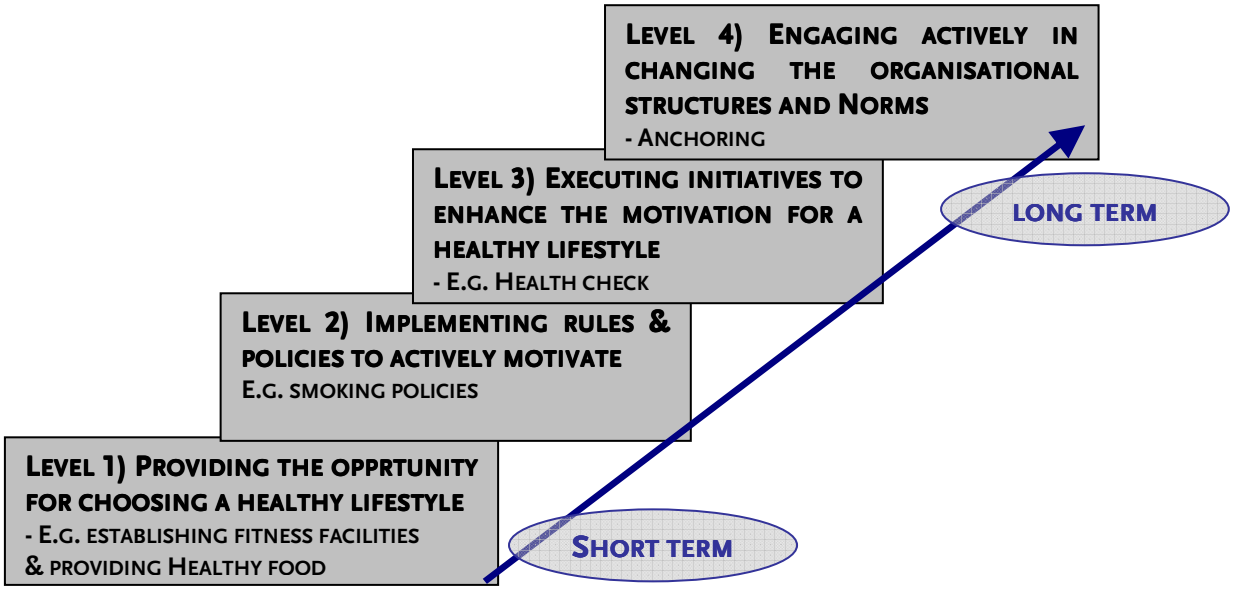
"Health promotion within the workplace should not be done for or on anyone. It should be done together with the people who are in focus of the effort".
- Danish National Center of health-promotion within the work place

Further,

"Promoting health within the workplace is the combined effect of the employee, the employer and the society's effort to improve health and the well-being of the working population."
- The Declaration of Luxembourg 1998

Moreover there seems to be a range of initiatives which the companies rhetorically refer to as health-strategic initiatives. But what is it that determines if initiatives such as, for example, establishing fitness facilities or implementing healthy food within the company canteen, are health strategic initiatives or just a material good for the employee? I will argue that to implement a health-strategy, there must exist a formulated long or short term goal. Again we enter the discussion of strategies being emergent or intended; however the requirement of a formulated goal is rhetorically founded and helps us to define the concept of health-strategy. Alternatively the view of strategy as an emergent process provides us the opportunity of studying the emergent processes. Below is an overview of common health strategic initiatives mapped within a strategic framework of being short or long termed.

Figure 4 – Levels of health strategic initiatives



Embracing the criteria of voluntariness, health-strategy is in its most simple form about providing health as a possible and easy choice of the employee. Definitions of health-management or health-strategy are, in line with this, often formulated based on a desire for establishing the frame of health within the organisation.

"..health-management is about securing an organisational frame and structure where the individual employee easily can choose a healthy lifestyle"
-Healthy Company

The majority of companies seem to have understood this message and, as mentioned within the introduction, the latest qualitative survey of health related initiatives of Danish companies shows that 99 percent have implemented health promoting initiatives within the organisation (Rambøll Management, 2008: 5). These initiatives are founded upon the so called 'KRAMS factors' which are: Nutrition, Smoking, Alcohol and Physical activity and Stress[6].

[6] http://www.kram-undersoegelsen.dk/

However my argument is that if the modern company wishes to enhance the health of the employee, they have to take the next step and move away from just framing the possibility for the individual employee to choose a healthy lifestyle. A health-strategy has to include health promoting initiatives that engage actively in the implementation and execution of health-management and moreover takes part of anchoring this within the organisational culture. Level 4 of figure 2 represents the anchoring of health within the organisation. This could, for example, be done by educating so called 'health ambassadors' within the organisation. Educating these ambassadors is a service offered from several consultant companies engaging in the implementation of health within organisations[7]. However initiatives of anchoring are still infrequently seen within the Danish public and private institutions and the market of health-strategy within Danish companies is still situated on level 1- 3 of figure 2.

3.3.1 Is it possible to manage health?

A classic definition of management is from the father of scientific management Henri Fayol; 'management is to forecast and plan, to organise, to command, to co-ordinate and control' (Fayol cited in Mullens, 2007:415). This definition belongs to a functionalistic and rational organisational thinking, where the individual employee was regarded as a means to reach an end[8]. Within the modern society and organisational framing this classic understanding of managing people is questioned and challenged, and the view of the individual as constantly sensemaking and project oriented (Watson, 2006:30) is presented. In other words; every employee is active in shaping his/her life, and can never be assigned to anything from which they do not see the benefit. However, how is it within this perspective realistic to even contemplate the possibility of strategising and managing health? And is it reasonable within the postmodern democratic society to assume that people are willing to be managed towards a healthy lifestyle?

[7] For examples please find the homepage of
Sundhedsdoktor http://www.sundhedsdoktor.dk/sundhedsydelser_1.html,
Healthy Company http://www.healthy-company.dk/default.aspx?pageid=600

[8] The reason for the use of past tense here is that this paradigm has it roots within the early 19's centuries production processes as for example the school of scientific management (Taylor), Administrative Theory (Fayol) or Theory of Bureaucracy (Weber).

Health is historically not part of work life, and it can be argued that health is a private matter and does not belong within the corporate organisation. This questions the ethical and moral right to implement health strategic initiatives within the work organisation. Moreover, if humans do not assign to anything they do not benefit from, the issue of both managing and strategising health can be argued to be about creating this benefit or emphasising and making the benefit obvious for the employee.

When studying the emergence of the health-strategy within the case study, the view of the individual and the organisation as relational phenomena is obvious to identify. Therefore my argument is that there is a problem with health-strategies when they solely focus on people rather than on organisational behaviour. The problem is that they tend to neglect the role of structures, processes, and cultures. Moreover empirical research has shown a clear relationship between the social aspect of health and especially sport and physical activity and the individual motivation. (Roessler, K. K., Ibsen, B. 2009:187-193, Avlund, K. Et all:155-156). Based on this, the answer of engaging actively within level 4 of figure 2 could be to move the focus from the individual to the structure, and manage the tasks and relationships within the organisation. Stated differently, health-management should focus on managing relationships instead of individuals.

Before it is possible to manage relationships we must understand the individual process of what motivates towards action. Based on this, the argument is that understanding the human motivation of health within a corporate context, is the key to initiating a framing of a logical incrementalism of health-strategy. Without an understanding of what differentiates motivation of health and physical activity outside and within the work-organisation, health-strategic initiatives are implemented as a tumbling in the dark. Understanding the individual motivation should be regarded as a tool for shaping relationships within an organisation, and hereby taking the next step towards a successful health-strategy. This might seem like common sense, but health-strategic initiatives are in many cases implemented as a fixed package solution with no focus on the individual employee and their specific thoughts and concerns.

3.4 Defining health-strategy and health-management

A relevant premise of the case study within part two is the free will of the individual. This causes humans to be constantly considering their actions in terms of negotiating and trading with other individuals and managerial groups within the organisation (Watson, 2006:171). This view of organisations as 'negotiated orders' was introduced by Strauss in 1963 and derives from the work of Dalton 1959 who produced systematic evidence of the centrality to managerial behaviour of what Dalton conceptualised as 'informal relations'.

Negotiated order within organisations is the ever-shifting pattern of organisational activities that arisen or emerged over time as an outcome of the interplay of the variety of interests, understandings, reactions and initiatives of the individual and groups involved in the organisation
(Watson, 2006:62).

Organisations viewed as a negotiated order is in other words concerned with the processes that lie underneath the official structure and culture of the organisation. Critics of this perspective argue that it is impossible to manage an organisation based on this premise; however the key of management within the process-relational perspective is to understand the emergence of the processes due to the negotiated order and thereby minimise the unknown factor of the emergence of a health-strategy. This brings us back to the concept of 'logical incrementalism' which is the key to frame the process of individual motivation and organisational processes.

With the argument that health is a private and personal issue, Watson might refuse the existence of the term 'health-management'. Managing health is simply not possible because it violate the personal limit of which aspects of life the individual can be managed. On the other hand, the individual employee might have a personal interest in embracing health as part of their work-life, which could make health- management possible on a given level?

Based on the presented theoretical perspective, health-management has multiple dimensions and is about motivation and persuasion. This is done through a shaping of

informal relationships by understanding the premises of these processes of the negotiated order within an organisation. The key to health-management and health-strategy is an understanding of the individual motivation for perusing health within a corporate context. This leads to the conclusion that health-management can only be done under the following premises.

1) The employee must possess some kind of interest in pursuing health, and/or e.g. in participating physical activity within his or her work-life.
2) The manager must realise and understand the individual mindset behind this personal endeavour, with which to identify the specific motivation of the individual employee.
3) The manager must understand the social processes of the organisation which emerges from the health-strategy.

The completed theoretical framing of strategy and health leads to the following definition of health-strategy:

HEALTH-STRATEGY IS ABOUT OPTIMISING THE PLAN BY UNDERSTANDING THE LOGICAL INCREMENTALISM OF THE PROCESS

Understanding the logical incrementalism of health strategic initiatives provides the possibility for executing health-management:

HEALTH-MANAGEMENT IS THE ACTION TAKEN TO CREATE OR PROMOTE THE INDIVIDUAL MOTIVATION TO PURSUE HEALTH

To optimise a health-strategy it is, according to the above, necessary to understand the logical incrementalism which due to the internal focus of this report is identified to be the individual thoughts and considerations of the employees. If we, through experience and studies, are able to identify a pattern of logical incrementalism within health-strategic

initiatives it will be possible to minimise the unknown factors of the process and to optimise the planning.

The case study of part two should be regarded as an attempt to conduct this mapping. However before we do this, we must take a closer look at what drives the individual motivation and organisational behaviour. Through the interviews conducted within the case study, a strong focus on physical activity of the implemented health-strategy was put forward. The thoughts and considerations are therefore, in the following, conceptualised as motivation.

3.5 Mapping the unknown factors of the strategic process

When implementing health as a strategic goal within the worksphere, a more personal and social dimension is created within the organisation. This combination of the social, health and the professional agenda calls for a discussion and reframing of the classic and widely studied motivational factors of health. Moreover these overlapping agendas of the modern company create a new and more complex managerial challenge.

Optimising the plan within the perspective of health-strategies as emergent is all about minimising the unknown factors. But how do we map and understand these unknown factors? In other words what are we looking for when studying the emergence of a health-strategy?

3.5.1Motivation within the organisation

Research on motivation of health and work is a comprehensive field. Contemporary theorists however seem to agree on the important assumption; motivation is not an entity; it is a process (Watson, 2006:87-88, Maehr & Braskamp, 1986 and Roberts, Treasure & Conroy, 2007:3).

Theories of motivation range from deterministic and mechanistic to organismic and cognitive. The deterministic and mechanistic perspectives perceive humans as passive and driven by psychological needs. A basic assumption of this report is the perception of individuals as sense making and project oriented. In line with this, the mechanistic and

deterministic view is rejected as relevant. Instead, the individual is regarded as an active subjective interpreter, and in regards to health within an organisation, my argument is that this subjective interpretation always is related to the social context. Relevant examples of this are shown when studying the employee within the case study of part two.

In its most simple form motivation is 'to be moved to do something' (Ryan & Deci, 2000:54). In other words, an employee must feel an impetus or inspiration to act due to the health-strategic initiatives, otherwise this employee is considered to be unmotivated. To understand motivation both inside and outside the organisation, we must however study the thoughts and concerns that drive this motivational process, processes which can be defined as:

THE PSYCHOLOGICAL CONSTRUCT THAT FRAMES THE INTERNAL AND EXTERNAL FORCES TO ENERGIZE, DIRECT AND REGULATE ACHIEVEMENT BEHAVIOUR

This definition positions the theoretical approach of motivation within the social-cognitive perspective where a dynamic conception of the human as an active participant in decision making and planning achievement behaviour (Maehr & Nicholls, 1980: 221-267 and Roberts, Treasure & Conroy, 2007:3). The term; 'achievement behaviour' is often used within motivational theory of physical activity. Within the social-cognitive perspective achievement it is defined as:

The attainment of a personally or socially valued achievement goal that has meaning for the person in a physical activity context
- Roberts, Treasure & Conroy, 2007:4

It has been argued that the key of optimising the health-strategy is an understanding of the 'unknown factor' of the individual thoughts and considerations. This process of motivation is in other words what constitutes these thoughts and consideration, and is what the qualitative interview of the case study within part two seeks to identify and map.

However, before this can be done, we must conduct an in depth theoretical framing of how this process of motivation emerges.

The Self-Determination Theory distinguishes between different types of motivation based on different reasons or goals that give rise to behaviour. It is argued that to understand the motivation of the individual, the function and meaning of the achievement behaviour of the individual must be taken into account, and the goal of action must be understood (Roberts, Treasure & Conroy, 2007:4). The concept of achievement behaviour as defined within motivation of physical activity can help us understand the result of Watsons process-relational perspective on an individual level. The achievement is a subjectively defined goal and this concept is both useful when analysing motivation of work, physical activity and indeed motivation of physical activity within a corporate perspective. What is interesting is to study how or if this goal of physical activity changes when health is introduced within the work organisation.

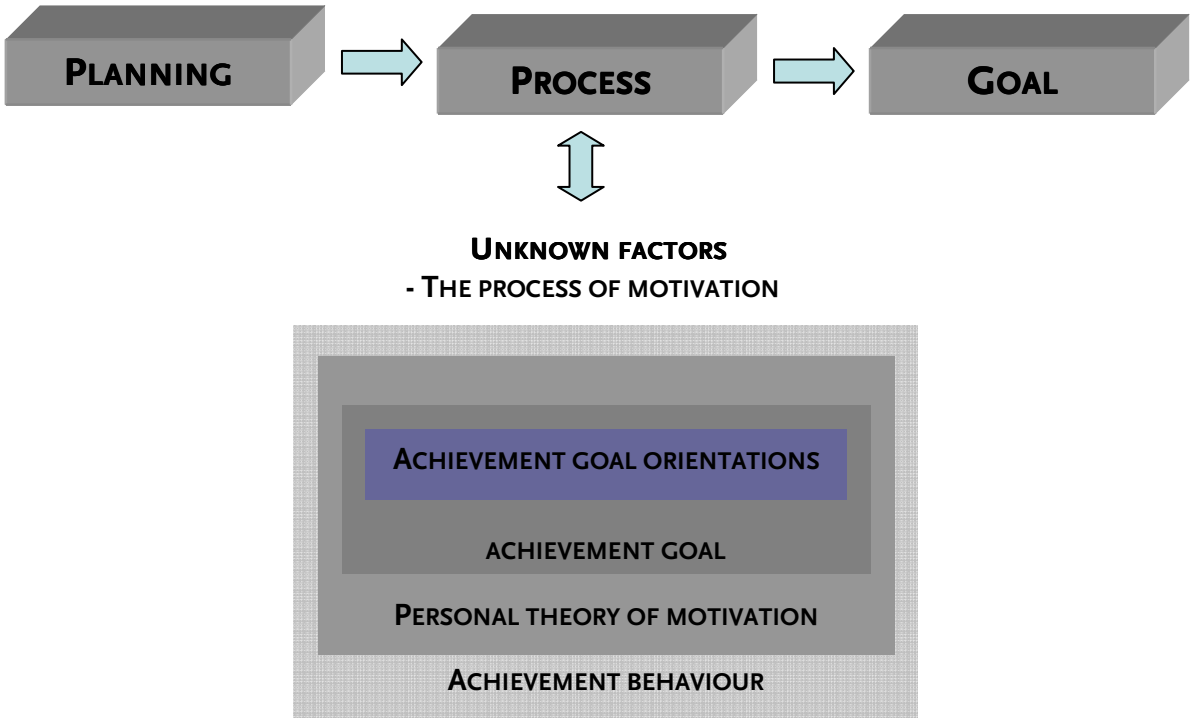
The individual interpretation and understanding of health is as argued a constant interaction and interpretation between the intrinsic motivation - doing something for its own sake as engagement inherent to the activity itself, and the extrinsic motivation - doing something as a mean to reach an end, and not for its own sake, in other words bound to, for example, rewards, status or competition.

The employee can have an egoistic founded interest in health bound to the hope of a long life without illness, or maybe self-fulfilment and realisation of for example running a marathon. However, within the corporate perspective, the case study moreover show strong extrinsic motivational factors of health related to career opportunities and prestige within the work organisation. This process of thought and considerations is part of the philosophical hermeneutic process of constant interpretation as a way of living (Højbjerg, 2004:314). Watson stresses this mental process as fundamental part of management and strategy. He calls the process 'constant tradeoffs', and argues that all human action is bound to the consideration of '*what is in it for me'.* However to conduct an in depth study of the achievement behaviour, it is necessary to step a bit deeper into this intrinsic and extrinsic view of motivation.

When studying the difference of individual motivation and maybe the difference in motivation of pursuing health within and outside an organisation, the key is to identify the 'personal theory of motivation', meaning what reflects the individual perception and thoughts of the achievement goal. Stated differently, in terms of physical activity it is assumed that individuals are predisposed – for example by their personal goal of achievement – to act in either a task or ego involved manner. These task or ego evolved predispositions are named achievement goal orientations (Roberts, Treasure & Conroy, 2007:6) and will be elaborated further on in the following paragraph.

Summing up on the above, optimising health-strategy requires an understanding of the achievement goal orientation of the individual employee. This achievement goal orientation constitutes the personal theory of motivation, but is in relation to health-strategy also influenced by the organisational context. How this happens will be mapped within the case study. Following this argument, the theoretical foundation of the case study can now be extended to include a more detailed framing of how this process of motivation emerges.

Figure 5 – The unknown factors of health strategic initiatives



3.5.2 Identifying the personal theory of motivation

When the individual is task-involved the goal is to develop, improve or learn, and the demonstration of ability is self-referenced. This perspective relates to the intrinsic motivation and is a more simple definition of motivation within sports and physical activity. Relating to the extrinsic motivation is ego-involvement that seeks to demonstrate ability in relation to others, or to outperform others (Roberts, Treasure & Conroy, 2007:5). However health within a corporate organisational perspective calls for an advanced approach of the classic perspective of motivation. In other words, the achievement goal orientation can not be viewed within the prevalent personal theoretical framing. Based on the influence of the organisational structure and culture it is necessary to apply another level of orientation to the 'personal theory of motivation'. For this purpose we will use the term 'organisation-orientation'. The organisation-orientation includes motivation based on goals related to for example social acceptance, recognition or even status within the work organisation. This orientation is bound to motivation that might also be argued as be ego or task-orientated, but the difference is to identify the specific situational determinants of motivation due to more organisational parameters of health. The concepts of task-orientation, ego-orientation and organisational-orientation refer to the situational determinants of motivation, and are part of the individual achievement goal orientation. Through the qualitative interviews of the case study, the motivational factors of the employee will be identified, and it will be possible to frame a pattern of the personal theories of motivation due to the health-strategy.

Motivation is a highly debated theme both within health and corporate theory. The intention is now to unite these two directions of motivational theory with which to establish an understanding of motivation in terms of health-strategy within a corporate perspective. The question is; what motivates the individual to pursue health, and especially what motivates the individual within the work organisation? By combining studies of motivation within health with a perspective on organisational behaviour, the theoretical framework for the analysis of part two is established. Based on the strong focus on the individual employee, it is therefore necessary to establish an understanding

of the individual mindset and organisational behaviour in terms of interpretation and understanding of the social world. The following will frame the theoretical fundament of the interaction between the individual and the organisation in terms of introducing health within the modern workplace.

3.5.3 Health, work and life are intimately related, and impossible to separate

In line with the meta-theoretical standpoint of this report, the perspective of the organisation is based on a perception of constantly emerging processes with focus on the life world of the individual. The work organisation is perceived as a composition of the individual meaning that the organisation is not ascribed a life of its own, but is constituted by the mindset and action of the individual member. Within the case study of part two we see highly independent employees, who nevertheless feel an organisational obligation to adapt to the health strategic initiatives. This discussion of the interplay between the organisation and the individual is therefore very relevant.

Individuals are constantly sense making and project oriented. In light of how they interpret their situation, they make strategic exchanges with others to deal with their material and emotional situation (Watson, 2006:30). The strategic exchanges of the individual are part of the personal theory of motivation. Within the case study we will for example analyse how the employee closely analyses possibilities for benefiting from the health initiatives. This benefit can be conceptualised as the achievement goal of the individual. In other words we analyse the mindset behind a given action by entering the life world of the employee.

Arguments are made that the strategic exchanges do not only show within the work organisation, but are part of life in general. Stated differently, there is a clear relation between organisational behaviour, and how people additionally think and act within their life in full.

The process by which we manage work tasks in human societies can not be understood separately from the process by which we manage our human existence...
- Watson, 2006:80

This emphasises the connection between health and work-life. Within the modern society both health and work are ascribed great meaning towards the identity and the individual choice of life. In terms of health and physical activity humans are constantly managing their relationships to others and their identities.

3.6 Conclusion of part one

Within the perspective of health-strategies as having elements of both deliberate planning and emergence, the key of optimising the intended plan, is to study the past emerging process. When studying the emergent process it is crucial to recognise and understand the 'unknown factors' which constitute this emergence. Based on an internal perspective on health-strategy, these unknown factors are conceptualised as the thoughts, considerations and more specific the motivation that lead to a given behaviour. Studying the motivation of the employee is relevant because it will bring us closer the identification of a pattern within the emergence of the health-strategy. Through this we can learn and adapt along the strategic process, due to what works, and what does not work.

The theoretical concept of 'Logical incrementalism' enables this alternative of both muddling along and rigid strategic planning. The logical incrementalism is in other words the adaptive approach of strategy formulation where we seek to identify a logic in which the health-strategy emerges within the work organisation. To frame this logic we must obtain an in depth knowledge of the individual reflection and organisational processes behind the motivation of a given behaviour. Stated differently; to optimise a health-strategy it is necessary to understand the logical incrementalism which due to the internal focus of this report is identified to be the motivation of the employees. If we through experience and studies are able to identify a pattern of logical incrementalism within health-strategic initiatives it will be possible to minimise the unknown factors of the process and to optimise the planning.

The conceptualisation of health is not unambiguous, and we have through the last decades moved from a medical conceptualisation of health towards a broader concept of

health as the well-being of the individual. Within the post modern society health can from an individual perspective be defined *negatively* as the absence of illness, *positively* as fitness and well-being' or finally *functionally* as the ability to cope with everyday activities. When studying motivations of health on an individual level, it is difficult – if not impossible - to determine anything other that a broad definition, embracing both a feeling and state of health within all different levels of medical, psychological and social health.

3.6.1 Understanding the human motivation

In its most simple form motivation is to be moved to do something (Ryan & Deci, 2000:54). The Self-Determination Theory distinguishes between different types of motivation based on different reasons or goals that gives rise to behaviour or an action. First of all the individual interpretation and understanding of health is a constant interaction and interpretation between the intrinsic motivation doing something for its own sake, as engagement inherent to the activity itself, and the extrinsic motivation doing something as a mean to reach an end, and not for its own sake. Stated differently extrinsic motivation is bound to for example rewards, status or competition. Optimising health-strategy requires an understanding of this 'achievement goal orientation' of the individual employee. This achievement goal orientation constitutes the personal theory of motivation. Within the work organisation the achievement goal orientation contain a task, ego and organisation-orientation of motivation.

When the individual is task involved the goal of the action is to develop, improve or learn, and the demonstration of ability is self-referenced. This perspective relates to the intrinsic motivation and is a more simple definition of motivation within sports. Relating to the extrinsic motivation is ego-involved that seeks to demonstrate ability in relation to others, or to outperform others (Roberts, Treasure & Conroy, 2007:5). The organisational orientation includes motivation based on goals related to for example social acceptance, recognition or even status within the work organisation.

If the modern company wishes to enhance the health of the employee, they have to take the next step and move away from just framing the possibility for the individual employee

to choose a healthy lifestyle. A health-strategy has to include health promoting initiatives that engage actively in the implementation and execution of health-management and moreover takes part of anchoring this within the organisational culture.

4 Part two
Studying the emergence of the health-strategy

Based on the theoretical foundation of part one, part two is a case study of the law firm Nordia. The study is based upon a strategic formulated goal as being the intention of enhancing the health and physical activity of the individual employee. Health-strategy is of course much more than this limited approach, however the argument is that there to some extent will be an objective in enhancing the health of the employee, because this objective is the mean to reaching a broad range of strategically formulated goals of a health-strategy. Based on the presented definition of health-strategy the intention of the following analysis is to take the first step in identifying a logical incrementalism within the emergence of a health-strategy.

HEALTH-STRATEGY IS ABOUT OPTIMISING THE PLAN BY UNDERSTANDING THE LOGICAL INCREMENTALISM OF THE PROCESS

In summation, logical incrementalism is an alternative to top-down strategic planning, where experimental steps are taken within a broad organisational direction or strategic logic. It is in other words this logic this analysis is searching for. By mapping the unknown factors and identifying an incremental development of the health-strategy within Nordia, the knowledge towards a possible broad organisational direction or strategic logic is generated.

After mapping the personal theory of motivation among the employees an attempt to identify patterns and synergies of the emerging process is presented. The case study is rounded off with a discussion of how we can use of the work organisation in terms of enhancing the health of the individual employee.

4.1 The health-strategy

Every year Nordia chooses a theme to develop the office and enhance the relationship and teamwork among the employees. The theme for 2009 was health, and the purpose

with this project was to bring the health and well-being of the employee into focus. The aim of the project ranges from an external focus on branding and image of the firm, to a more internal focus on the solidarity of the employees and the enhancement of the well-being and health of the employees (for further elaboration please view appendix 2). The following analysis is as mentioned limited to engaging in the internal aim of the health-strategy. The image, branding and positioning of Nordia is therefore not touched upon.

An initial survey of the overall well-being of the employees was the first step of the health-strategy and through this the specific strategic initiatives were identified. First of all changes in the food and drinks served by the canteen were implemented. Soft drinks were replaced by a smoothie machine and unhealthy snacks were limited. Moreover, initiatives to enhance the level of physical activity were established. Each employee received a running shirt and was encouraged to join races during the year. A reward system was established, where employee could earn points by running. These points could then be traded for sports clothes. Finally the employees got the chance to get a health check to show their current physical shape. Nordia strongly emphasised that all the initiatives had to be implemented on a voluntarily basis.

4.1.1 Premises of the case study

Before we can initiate an analysis of how the health-strategy affected the employees, it is essential to describe the premises of the case study and briefly discuss how these influence the further analysis. These premises are derived through the qualitative research interviews, and are an analysis of the statements and observations from the employee of Nordia.

The employees and partners of Nordia had different opinions on to what extent the firm has a hierarchic organisational structure. When using the term hierarchical organisation within the analysis it is the individual perception which is referred to. The overall tendency was that, the higher within the organisation hierarchy the less hierarchic they perceived the organisation to be. These different views on the organisational culture make it interesting to study how this affects the emergence of the health-strategy. Moreover there is an interesting disagreement among the employees and the partners

concerning the significance and influence of this hierarchy in relation to the health strategic initiatives.

The organisation we are dealing with have some characteristics which are necessary to stress. Lawyers are known to spend much time on their work, and the work-life balance of the individual employee is therefore taken into consideration throughout the analysis. This is especially relevant when it comes to the social dimension of health and physical activity.

The qualitative interviews showed that the employees felt a strong focus on the physical activity due to the health-strategy – The focus on physical activity was not formulated as intended from the management team, but is a premise derived from the individual perception of the employee. It would therefore not make sense to conduct an analysis based on the knowledge from this specific case study without building it on the premises of the case.

The employees of Nordia are a relatively homogeneous group in terms of age and education. They are well educated and the organisation has an average age of 37 years which is relatively low. Health within the western society has shown to be socially imbalanced (WHO 2008 & Sundhedsstyrelsen 2007) meaning that a high level of education and socioeconomically advantages has a positive effect on the health and well-being of the individual. In 2007 an empirical survey mapped the sport and exercise involvement of the Danish population. Here 60 pct of the respondents with an education of more than twelve years, answered yes to the question 'do you practise sport or exercise on a regularly basis'. In comparison only 40 pct of the respondents with an education of less than 10 years answered yes to this question (Pilgaard, 2007: 46). This survey confirms the socially imbalance of health also within the level of physical activity within Denmark. Nordia verifies this socially imbalance as the employees even before the health-strategy was implemented had a high level of health and physical activity. The relatively homogeneous organisation both on education and approach of health and physical activity, will to some extent limit the possibility for an analysis based on socioeconomic differences, because these might be more obvious within another case

study. However the findings of the analysis are still very relevant because they will present a picture of this specific type of firm. It is relevant here again to stress that this case study does not provide us with any universal knowledge of the emergence of health-strategies, but does however provide the opportunity for taking a small step closer to mapping of the logical incrementalism within the emergence of health strategic initiatives. To attain honest and sincere answers from the employees of Nordia, the qualitative interviews were conducted one hundred percent anonymously. Quotes will therefore be followed only by a title, however the identity behind quote is of course known by the author of this report.

The initial part of the analysis is structured upon the chronological emergence of the health-strategy. In other words, the analysis begins with the initial thoughts, concerns and considerations when the health-strategy was first introduced. This is done first and foremost to follow the natural process of the individual lifeworld through the implementation of the strategic initiatives. Thereby the analysis in itself contributes to creating a pattern of the emergence of the individual motivation and identity, due to health and physical activity. Moreover it also provides an opportunity to relate and most importantly to reflect upon the natural process of the organisational thinking of the employee.

4.2 Initial thoughts and considerations of the employee

To initiate an analysis of the individual motivation due to the health-strategy we will now identify the basic thoughts and considerations of the employee. The intention is, through the qualitative interviews, to step into the mind of the employee to be able to frame the achievement goal orientations of the employee. Through this we can frame an understanding of how health relates to the structure and culture of an organisation, and how this affects the individual and the organisational behaviour.

The health-strategy was presented to the employee at a joint meeting in May 2008. The initiative was received both with joy, concern, excitement and anxiety. The more structural changes, for example healthy food within the canteen and the smoothie

machine, were overall accepted. Thoughts in relation to this were more or less of functional character, and focused on how this would work in practise.

"I was happy about the changes of food and snacks. It ensures limited temptations in everyday life. My only concern was how the smoothie machine would work in practise"
- Legal secretary

Further

"I can not really remember thinking anything else than; okay, fine.. I did not expect it to influence that much on the daily life at the office"
- Lawyer

What is interesting about this overall acceptance is that no one reacted negatively to the structural initiatives. An explanation to this might be, that the young and well educated segment posses an awareness of the positive consequences of a healthy lifestyle, and does therefore not question that health is made a part of their work life. Moreover the positive attitude towards the health-strategy constituted the organisational culture, and these shared meanings defining the health-strategy to be positive might have had a self-reinforcing effect on the overall acceptance. In other words, the employee actively made sense of 'the frame of reference' constituted by the social world of the organisation. Because of this homogeneous organisation, and because of the strong focus from society on health as a positive value, the individual and the structural context of the organisation stands as a unity and determines the organisational culture. This frame of reference regards health as a natural part of work life, and the employee relates and makes sense of this reality. An interesting assertion is that a more diverse organisational composition and culture in terms of education and basic approach to health, might not have had such strong shared meanings, and the overall acceptance of a health-strategy might have turned out differently. This argument is built upon the hermeneutic view of the individual as constantly applying meaning to what is observed and experienced, and moreover emphasises the point of the employee and the organisation as relational phenomena that socially construct their reality. Even within a homogeneous organisation there will be

great diversity of the individual goals and approach of health. This entails that any organisation will never - in terms of health – become a unified social grouping where the interests of the employees coincide. There will always be a variety of social constructions available for making sense, and it is from these the employee make ongoing interpretations. The point is that the organisation and the individual are in constant interaction. Within the perspective of the social constructivism this does of course not only include health within an organisation, but includes the whole existence of humanity.

In terms of the discussion of health as a private matter, the explicit acceptance of the health-strategy within Nordia might also indicate that the 'market' for health promoting initiatives is maturing, and that we could be approaching a general acceptance of the structural framing of the healthy life within the worksphere.

The initiatives in regards to physical activity and especially the possibility to attain the sports clothes created a stronger and more diverse reaction. The most enthusiastic were the employees who regarded themselves as already being in good physical shape. Their initiate reflection seemed to have two dimensions. First and foremost the tangible reward in the clothes was mentioned as a great motivation. The other dimension was a more ego-oriented motivation which originated in the advantage of being in good physical shape compared to their colleagues. This was not formulated as a desire to defeat colleagues, but more a joy in being able to stand out positively within the organisation.

"I was very happy when I heard about the initiatives on physical activity... Not because I knew I could beat the others, I was just looking forward to doing something I am good at together with my colleagues"
- Law student

Within this quote there moreover is an interesting aspect of recognition and status due to health and physical activity within the workplace. The theoretical mapping touched upon health as a capacity which is ascribed a positive value and referred this to the term of social capital (Bordieu 1994). Through the research interviews this hypothesis of

health as an instrument of recognition for the individual was tested and this had an interesting outcome.

After asking the employees to define health they were asked if health generated recognition within the organisation. Most of the employees answered that health in some way, and to some extent could generate recognition.

"We often compare results after a race, and a good result does create recognition"
-Legal secretary

Further

"It does create recognition to look healthy and fit, both within the society in general, but also at the work place"
- Lawyer

When questioning again whether health generates status, there seemed to be a disagreement of opinions. A pattern was however that the higher the interviewee was within the organisational hierarchy, the more he or she seemed to think that health generated status within an organisation. This is interesting because it raises the question, if or how a healthy lifestyle can affect a professional career? We will return to this issue later in the analysis.

Another reaction to the initial presentation of the focus on physical activity was a concern of the specific content of these initiatives. Again it is interesting that the initiatives in themselves did not create any direct critic or commotion. Not just health but also physical activity as part of the work place was generally accepted, however the concerns were directed at the content of the health-strategy more specifically the execution and the voluntariness.

"It would have crossed my personal limits if we had to participate in some kind of social arrangement or competition based on physical activity"
- Solicitors' clerk

This emphasises the post modern view of the individual as independent and not assigning to anything they do not see the benefit from. Moreover in terms of health and physical activity within the organisation, this shows the risk of trying to manage individuals instead of relationships. In other words, it is essential to create or make this personal benefit obvious for the employee, and through this enhance the motivation and give rise to the subjectively defined achievement goals of motivation. The question is how is this more specifically is done? Rounding off the analysis a discussion of how it is possible to enhance motivation within the organisation will be presented.

We will now take another step towards identifying the personal theory of motivation and the potential patterns within this. This is done with a mapping of how the health-strategy affected the everyday life within the organisation, and moreover to what extent this affected organisational culture, the professional work and the negotiated order of the organisation? This will initiate the understanding of the impact from the organisational towards the individual life world in terms of health within the worksphere.

4.3 The everyday life of health and business

Through the qualitative interviews, three key areas of influence on everyday life due to the health initiatives could be identified; *the social change*, *changes within the organisational culture and structure* and *a new dimension of performance within the work organisation*. The social change and the organisational structure relate to the concept of the negotiated order of the organisation. In other words, the changes that lies underneath the official structure of the organisation. The negotiated order constitutes the constantly shifting pattern of organisational activities. The emergence of interests, understandings, reactions and initiatives of the individual and groups involved in the organisation is highly influenced by the implementation of a health-strategy. How this occurs is elaborated on below.

4.3 1. The social change

"..the health-strategy created social relations within the organisation which would not have been created otherwise"

- Legal secretary

This social dimension of health is broadly acknowledged, especially within physical activity. However, what is interesting is that there are several aspects within a work organisation that affects this social dimension. First of all the individual approach towards the social aspect of work is different. It is therefore necessary to keep the premises of the long work hours and the organisation being a relatively homogeneous group in mind. Due to the long work life balance, the segment that had a well functioning family at home, seemed to choose to do without the social life, health and physical activity within the workplace. In relation to this, it is important to emphasise the actual goal of the health-strategy. Within this report the goal has been limited to an actual intent of enhancing the level of health and physical activity within the organisation. The employee who chooses not to engage in the health-initiatives within the work-place is not necessarily inactive and unhealthy; instead health can just be prioritised as part of the private life and not work-life. With the goal of this report in mind, the choice of not participating in the health initiatives, based on a wish to pursue health outside the workplace should of course be accepted. However if the health-strategy has a primary agenda of strengthening the social life within the organisation, deviance from an employee is a problem. Moreover if the majority of the employees reject participation in physical activity in relation to the workplace, it might have a negative effect on the previously described health related shared norms and beliefs of the organisation.

Another tendency that could be identified was the young and newly appointed employees using health and physical activity as a tool for establishing a social network within the organisation. Due to this I will argue that there is a pitfall of physical activity as a social determinant within an organisation. First of all, health and physical activity as an important social parameter might exclude those who for some reason do not wish or cannot engage in these activities. The question is how to prevent this exclusion? In my

opinion health strategic initiatives should have a direct focus on the segment of employees who are inactive and in poor physical condition. This segment can easily be identified through individual health checks, which Nordia also conducted. Next it is important to make sure that the arrangements due to the health-strategy to some extent also include participants who do not wish to actively engage. By doing this the health-strategy also meet the wish for a voluntary approach to health within the work place. An argument against this is of course, that this will not help the employee to become more physically active. However, in accordance with the results of this analysis this might *create* a motivation in terms of an achievement goal for actively engaging.

When studying the motivational orientations a clear emergence of the individual motivation could be identified. The initiate motivation was for the majority of the employees the clothes they could obtain however, after engaging in a few activities, this motivation seemed to be replaced by the social dimension. This new motive resulted for some in a broad participation in numerous activities due to the health-strategy. This shows that the mean of participating to achieve the end of attaining the clothes, suddenly undermined the end of why the participation had been adopted. This 'paradox of consequences' (Weber 1978) affects social life in general, and the main point is that the formal and instrumental rationality[9] where calculated means of achieving material rationality, often fall in practise to bring about materially rational ends (Watson, 2006:67). In terms of these means to specific ends, motives towards achieving goals, constitute an interesting discussion of the goal of strategy versus individual and organisational goals. We will return to this discussion later, but for now just conclude that the motivation of the individual is constantly in process and constituted by the subjective achievement goal orientation. Based on this mapping of the emergence of motivation, it can be argued that it, within the initial phase of the health-strategy, is recommendable to establish tangible motivation factors which the employee can relate to and see the direct benefit of. This tangible reward will appeal to the instrumental rationality and might then create the foundation for an initial engagement in the health strategic initiatives.

[9] The concept of instrumental rationality was used by Max Weber to separate decisions based the most effective way of a mean to reach an end, and the more value based decision that reflects moral and principles which are regarded as valuable.

When studying health within an organisational context, the concept of rationality is interesting. The general comprehension of the rational decision or behaviour is associated with what the norm appoints as reasonable and valuable. In terms of health we are all aware of the negative consequences of divergence from the healthy lifestyle, and the rational behaviour based upon a common sense of the individual will within this perspective be choosing an active and healthy life. Challenging this perspective of instrumental rationality, my argument is that we within the case study experienced the rational decision of whether to adapt to the health initiative as not inherent in the given values of health. The rational decision is instead ascribed to the outcome of a given decision or behaviour. Stated differently rationality is a relational concept: a decision or behaviour can be rational - or irrational - only from a particular point of view, and never in itself.

4.3.2 Changes within the organisational structure

"The health initiatives have had an impact on the professional and hierarchical organisation. It is like there is created a new organisational structure and culture which runs parallel to the old organisational structure"

- Lawyer

This new organisational structure is conceptualised as the negotiated order of the organisation. This statement clearly shows a perception of the informal organisation constituted by values, norms and patterns that emerge due to the health-strategy. This emphasises the need for understanding and managing the informal relationships generated through a focus on health within a work organisation. At Nordia the professional engagement and well performed work was the primary road to recognition and status. As described, health is also ascribed this overall positive value, and the new focus on health challenged the professional work as the primary instrument towards recognition.

"The health initiatives created room for employees who were not that noticeable and visible within the organisation before"

- Partner

Further

"It feels good to beat some of the partners and lawyers, not in a negative way, it just gives me some confidence in my daily work at the office"

- Legal Secretary

A new dimension of the organisational structure is created through the implementation of health within the work place. How this takes place might be very different from organisation to organisation. However, an interesting thing about these parallel focuses within the organisation is that it was possible within Nordia to identify a correlation between the two. First of all, the personal energy created through a healthy and active lifestyle can be seen as a threat towards the professional work. This emphasises the point of individuals as relational phenomena and people constantly managing their basic humanity and identity in relation to others.

"Sometimes I feel like people frown on me for being very active. However, I think it is because they see my level of energy as a threat within the professional work at the office"

- Legal Secretary

This 'spillover effect' from health to the professional work is interesting since the importance of the physical appearance, body and lifestyle within the social arena is emphasised. Research has shown that the visible health factors as e.g. overweight can have an impact on the professional career[10]. However my argument is that also the intangible parameters of health as for example energy, confidence and self-esteem can

[10] http://www.nyforskning.dk/Overvaegt%20styrker%20maends%20karriere.asp?id=32521
http://www.reuters.com/article/lifestyle/Molt/idUSSP21068820080225

have a positive effect on the professional career. This argument is supported by a statement from one of the partners of Nordia.

Because of the focus on health within the society in general, and because health induce a series of positive assets, I think that a manager consciously or unconsciously will perceive the healthy and physical active employee as a better performer.
- Partner

Basically health can affect the individual and the organisational structure both socially and professional. The effect can be both positive when it makes room for employees who are not visible within the professional structure of the organisation, but also negative when the individual consequences of health as for example energy and self-esteem, becomes a threat towards the professional work. An argument could be that regardless of the implementation of a health-strategy, the existing focus on physical activity and health within the society already creates this effect on the organisational structure. However implementing a health-strategy will increase the focus on health, and it is necessary for the administration and the manager to be aware of this 'spill over effect' of health within the professional organisational structure.

4.3.3 'The health-performance'

As a result of the health initiatives of Nordia, the employees felt an obligation not only to perform due to the obvious agenda of the organisation – the professional work – but also in a more physical and lifestyle focused matter. It is important to stress that this was not described negatively, but more as a natural consequence of the health focus within society.

"Due to these health initiatives I feel like I not only have to meet the professional requirements of the organisation, but also have to be healthy and fit"
- Solicitors Clerk

The perceived obligation to obtain a healthy lifestyle resulted in a given behaviour of the individual. Based on the health agenda of the organisation, this behaviour is named 'the

health-performance'. This health-performance is related to the change of the organisational structure, but focuses more on how the individual employee felt that the health-strategy affected them within their work life. It is interesting to notice that in despite of the focus on implementing this health-strategy as a voluntary option, most employees to some extent still felt an obligation to participate. This health-performance emphasises the social-cognitive motivation perspective where surroundings as culture and the social is relevant for the individual. The personal theory of motivation is here strongly affected by the organisational-orientation. This emphasises the need for a reframing of understanding the individual motivation when health becomes part of a work organisation.

The theoretical framing argues that the individual does not assign to anything he or she does not contribute from. Due to this it is stated that health-management is only possible if the individual has an interest in participating in the activities. It is again obvious here that physical activity within the worksphere creates another dimension of motivation. This is not a personal endeavour for health or an ego- or task-orientation. It is however an organisational driven motivation, where the benefit from the action is socially and conscientiously bound to a wish of being part of a community. In other words, the individual 'trade off' in terms of this 'what is in it for me' is heavily bound to organisational considerations.

The interviews showed that some employees engaged in some part of the health-strategic initiative due to a feeling of obligation. The interrelation between the negotiated order, professional work and health initiatives within the organisation is very relevant. Again this was not referred to negatively, or felt as a direct pressure against their will.

"I participated in one of the activities, not really because I wanted to, just because I felt I should be part of these initiatives within the workplace"
- Lawyer

This health-performance is an example of achievement behaviour due to health within a business context. The achievement goal that has meaning to the member of the

organisation is being part of the social life of the organisation. Here an example of a strong extrinsic motivation that separates the motivation within and outside the organisation is shown. The argument is that behaviour due to motivation of obligation reinforces the conscious or unconscious 'pressure' that leads to similar behaviour. This circle of individual motivation that leads to action which affects the organisational structure and again reinforces individual motivation is the origin of the health-performance pressure. Strengthening this, the focus on physical activity created competition on all levels of the organisation. Reinforcing this health-performance was also the competition due to the physical activity. Within Nordia the positive perception of the competition was most distinct. This can maybe again be explained by the nature of the business were competition is a natural part of the professional work.

4.4 Separating the individual-, the organisational- and the strategic goal

Before engaging an analysis of the achievement goal orientations of health, a discussion of the concept of 'goal' within the corporate organisation is relevant. Within the initial part of the report it is argued that the formulation of a strategic goal determines the conceptualisation of a health-strategy. However based on the presented analysis it is necessary to emphasise an inevitable weaknesses of this argument when it is framed within the presented theoretical framework of social construction.

The concept of strategic- and organisational goals is an ongoing rhetoric perception of the modern literature of organisation and management. The notion of goals gives overall coherence to the elements of organising when they focus upon for example behaviours, structures or motivation (Watson, 2006:47). These goals are defined as qualities of the organisational entity rather than intentions of the individual. It is unavoidable that motives and intentions are human qualities, and by uniting the organisation and the goal, I will argue that the systematic and functionalistic framing of management and organising is adopted. In other words, the organisation is given a mind of its own, and the argument that organisations are solely constituted by individuals is replaced. We have through the completed analysis learned that various motivational approaches of health are present within the organisation. A central question is however if the organisation and the health-strategy ever can be constituted by anything else that the

sum of the individual goal of the employee? Following this argument the manager can of course still formulate specific goals of the health-strategy, moreover it is merely a question of rhetoric if we conceptualise the goal as being strategic- organisational or individual. The relevant issue of optimising health-strategies is however to acknowledge and emphasise the three presented premises of health-management. If these premises are fulfilled skilled managers will be able to enhance motivation of health and perhaps reach a common goal of enhancing the individual health within the organisation. Summing up these was identified as:

1) The employee must posses a personal interest in pursuing health, and/or e.g. in participating in physical activity within his or her work-life.
2) The manager must realise and understand the individual mindset behind this personal endeavour, for then to identify the specific motivation of the individual employee.
3) The manager must understand the social processes of the organisation which emerge from the health-strategy.

Another argument within this discussion of goals is that the language of 'organisational goals' is merely used as a language of managerial persuasion. Within Nordia this articulation of health as an organisational goal was obvious to identify though the implementing the health-strategy, and this rhetoric actually showed to have a positive effect on the motivation of the employee. Therefore rhetorically formulating health as a common goal can simply be argued to be an effective tool of health-management.

4.5 In search of the personal theory of motivation

We have now identified thoughts, concerns and considerations of the employees. Moreover the effect on the individual, the organisation and the daily work-life has been mapped. With the intention of optimising the strategic plan through understanding the process of the strategy, we have now learned a bit about how a focus on health can affect the culture and negotiated order of an organisation. Based on this knowledge, the intention is now to elaborate further on the individual motivation. In other words, we now step a bit further in to the emergence of the motivation of the individual. This will bring

us closer a more complete picture of the personal theory of motivation of the employees at Nordia. Subsequently an initial attempt to identify the logical incrementalism of health strategic initiatives is done. Rounding off the analysis, the generated knowledge serves as a foundation for a presentation on how it is possible to enhance the motivation of health within an organisation.

4.5.1 The achievement goal orientations

Individuals approach a task or an activity with a certain goal of action reflecting their personal perception about the particular achievement activity in which they are engaged (Roberts, Treasure & Conroy,2007:4). However, motivation is not a unitary phenomenon, the employees do not only have different motives they also have different kinds of motivation. In other words, motivation does not only vary in what is pursued, it also varies in the thoughts and considerations behind this goal. An example is the employee within Nordia who took part of the physical activity based on a motive of socialising with the colleagues. When studying the thoughts behind this social motive, it was possible to identify different underlying motivations varying from obligation to a search for recognition within the organisation. As a tool for mapping these underlying motives the theoretical framing identified three situational determinants of motivation towards health and especially physical activity. The ego-orientation and-task orientation represents basic motivation determinants within physical activity, and the organisation-orientation was added in terms of enabling a study of motivation within an organisational context. These orientations make it possible to gather the thoughts and considerations behind the achievement goal formulated by the employee.

The presented thoughts and considerations of the employees within the initial analysis can be briefly conceptualised within four main motivational factors:

- Recognition and/or status
- The social aspects
- Competition
- The tangible reward of the sports clothes

Conceptualising these motivations provide an initial fragmented picture of the personal theory of motivation towards an activity of the employee. Each of these motivation factors includes various underlying thoughts. Investigating these thoughts will bring us closer to the personal theory of motivation.

4.5.2 The organisational-orientation

It has previous been argued that health creates changes within the organisational structure. Due to this, a new dimension of health-performance is perceived by the employee, and this entails a strong influence of the organisation-orientation towards the personal theory of motivation within the work place.

The health-performance initially influences the process of motivation in terms of the achievement goal orientations where the organisation-orientation is very obvious. All employees did for example identify at least one motivation driven by considerations to the work place or the organisational life. This could be a socially driven motivation or a motivation based on recognition and/or status. Again it is necessary to stress, that when referring to a motivation as founded upon an organisation-orientation, it is not the motivation in itself that determines this; it is more the thoughts behind, and the subjectively defined achievement goal that determines the orientation of a specific motivation. For example, a socially founded motivation is not always built upon an organisation-orientation. If it is built upon a wish to demonstrate an achievement in a social context this will be ego-orientated. But if the goal of this demonstration is to impress colleagues, in order to gain recognition, then the motivation is organisational-orientated.

When mapping the thoughts behind the subjectively defined achievement goal within Nordia, the organisation-orientation took two different directions which it is necessary to separate. First of all, the perceived obligation to participate in the physical activity is bounded in an organisation-orientation of conscientiousness, as being part of the social initiatives. The other dimension of the organisation-orientation is when the employee identifies an achievement goal which he or she will attain through participation. Here the health initiatives are used as a tool for attaining a personal endeavour. These two

dimensions to some extent separate the intrinsic motivation from the extrinsic. What drives the obligation to participate is clearly an extrinsic motive when employees feel externally propelled into action.

In reference to the argument of individuals as not assigning to anything unless they identify a positive outcome, it is interesting to raise the question if this perspective is invalidated when an employee solely participates based on an obligation or a perceived pressure. The opposing argument is that the individual subjectively defines a positive effect from the participation, for example remaining within a given position in the organisation, and neutralising a possible exclusion as a consequence of the health initiatives. Stated differently, the extrinsic goal is self endorsed and adopted with a sense of volition (Ryan & Deci, 2000:55). This means that despite this feeling of obligation, the employee accepts the value of the given action, and the actual line between the intrinsic and extrinsic motivation is challenged because the intrinsic motivation occurs based on an extrinsic reasoning of the individual. The conclusion must be that there is a significant difference between feeling obligated or forced into a given action.

4.5.3 The ego-orientation

The ego-orientation is founded upon a wish to position oneself in relation to others. Ego-orientation is for example associated with the view that physical achievements should provide social status (Roberts, Treasure & Conroy,2007:8). The actual boundaries between the ego, task and organisational-orientation can be a bit diffuse. Status and recognition can for example be discussed as being both ego- and organisationally orientated where competition can be both ego- and task orientated. Again it is essential to pay attention to the specific thoughts and concerns behind the actual achievement goal.

The achievement goal within the ego-orientation is of various regards, however in accordance of the argument of health as determinant of symbolic capital, the case study showed an obvious relation between the ego-orientation and health as an essential instrument of recognition for the individual. The employee identified both physical and social ego-orientations which are clearly placed within the extrinsic motivational drivers.

The positioning of the individual within the organisation could both be founded on the tangible results of the physical activity, but also on a more social agenda of using the physical activity as an opportunity for individual acceptance and positioning within the organisation hierarchy.

The most obvious achievement goal based on an ego-orientation was the direct competition in terms of comparing results from the physical activity. An interesting thing was that this competition did not constitute a motive to any behaviour. In other words the achievement goal of performing better than other members of the organisation was not identified as an achievement goal or motivation for any behaviour. The comparing of result was more seen as a natural consequence of the measurable outcome of the physical activity. Again an explanation could be that the business of a law firm is competitive by nature, and that this professional premise of the specific organisation made its impact on how the physical activities emerge. Here we can identify an obvious difference in what motivates individuals within and outside the workplace. A specific example of this was actually the employee who had a high degree of task-orientation in physical activity in their private life. This segment seemed to have a high degree of organisation-orientation when participating in physical activities with colleagues. An explanation for this could be that this employee is very confident in the activity, and hence has the surplus energy to approach the activity in light of a profound achievement goal.

4.5.4The task-orientation

An obvious tendency throughout the qualitative interviews was the limited task-orientated motive for engaging the physical activity within the organisation. This task orientation did occur for most of the employees who had an active life outside the workplace, but as soon as the physical activity was introduced within the organisational context the task-orientation seemed to be minimised. The effort of attaining a good result was of course present, but when studying the thoughts behind, it was more the good result in relation to the colleagues and not the personal achievement which was the underlying motive.

"...When I participate in a race with my colleagues the focus on improving my personal result on a given distance is not the main motivation. However when I run in my spare time I always try to improve my previous results"
- Solicitors clerk

This diminishing of task-orientation is interesting because it shows a clear difference in motivation within the workplace and outside the organisational context. In other words, the ego- and organisation-orientations overruled any task-orientation in terms of physical activity within an organisational context. Moreover this also shows an increase of the intrinsic motivation of physical activity within the organisation, when the inherent satisfaction in the activity was replaced by an extrinsic motivation bound to a separable consequence (Ryan & Dect, 2000:56).

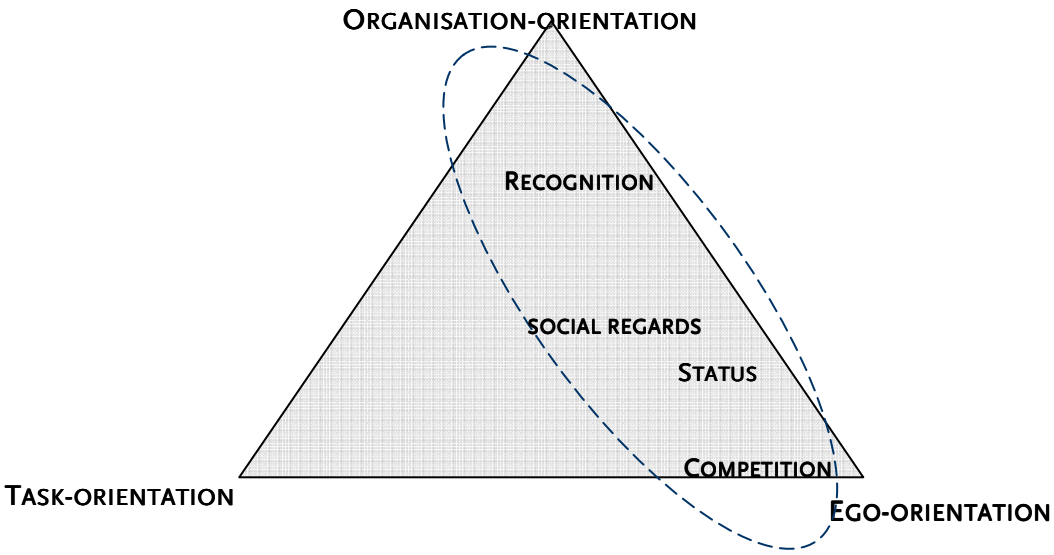
4.6 The logical incrementalism of health-strategy

Summarising the main points of the above the following will engage in what must be seen as an initial attempt of mapping a logical incrementalism of health strategic initiatives within an organisation. The concept of logical incrementalism is viewed as the process of how a health-strategy emerges with a broad organisational direction or strategic logic *(Watson 2006:370).* It is in other words this logic or pattern within the emergence of the health-strategy we are seeking to map.

It is important to stress that this mapping will never be a complete and perfect picture of how health strategic initiatives emerge within an organisation. As stated, the individual and the organisations is constantly developing and we will never be able to capture anything else than a specific moment in time. However, this knowledge is still useful because it will take us a few steps closer to understanding how health affects the individual and the organisation. This will provide a foundation of knowledge for in the future to optimise the use of both private and public institutions in order to enhance the health of the individual.

Based on the underlying thoughts and considerations behind the identified situational determinants of motivation, we can now enter the identified motivational factors within a tool of framing overall tendencies of motivation towards health at Nordia. Again it is important to keep in mind that it is not the motivation factors that determine how these are placed within Figure 6. It is moreover the thoughts and considerations behind these motives. This means that within a different organisation, and at another point in time, these specific motivations might be placed differently. However figure 6 should be regarded as a general picture of how the informants formulated the underlying mindset behind their achievement goals in regards to the health-strategy.

Figure 6 – Mapping the personal theory of motivation



The motivational factors of the case study are placed within an analytical tool that provides an initial picture, of how the motivation of physical activity is shaped within an organisation. As shown, the social determinants of motivation moving away from the task-orientation can be identified. In other words, the overall logic of the emergence of the health-strategy was first and foremost, that the behaviour of the employee was based on considerations founded upon egoistic and/or organisational concerns. The employee of Nordia seemed to be motivated mainly through intrinsic motivation where health initiatives were used as a mean to reach an end. This end, or goal, with the given

behaviour based on the health-strategy was identified to be either in relation to organisational concerns or egoistic concerns.

Within this ego- and organisational orientation two different approaches towards the health-strategy could be traced. First of all there was a group actively engaging activities based on a personal will and desire, on the other hand some employee participated more based on obligation. The personal wish and desire was founded both upon organisation- and ego- orientation, whereas the obligation to participate founded upon an organisational orientation of motivation.

If we take the analysis of this a step further, we can try to identify patterns within segments of the employees and their motivational orientation. To do this, two relevant variables was chosen to comprise this search for a strategic logic. First of all the official hierarchy of the organisation showed to be relevant in terms of mapping individual motivation of health within the organisational context. Secondly the existing individual approach and history of health and physical activity, is regarded as a relevant determinant of orientation towards health and physical activity. When elaborating on the segment of inactive, medium active and very physical active employee, it is important to remember that it is the self considered level of activity of the individual employees. Derived through the qualitative interview a general picture of the individual achievement goal orientation within the work organisation is presented below.

Table 1 – Patterns of motivation

	Organisation-orientation	Ego-orientation	Task-orientation
Level of physical activity			
Very physical active	Low Recognition & status	High Competition & recognition	- Low inside the organisation - High outside the organisation
Medium physical inactive	High Sociality, recognition & (Clothes)	Medium (Clothes)	Low
Inactive	High (Clothes)	Low (Clothes)	Low
Organisational hierarchy			
Partners	Low	High Competition	Either high or low
Solicitor's clerk & lawyers	Medium Sociality	Medium Recognition	Low
Students & secretaries	High (Clothes) & Sociality	Medium (Clothes)	Low

Again we can see a tendency of health being used as a social tool of the lower part of the hierarchic order within the organisation. In other words, this social motive for participating in health initiatives within the organisational is decreasing proportionally the higher we enter the organisation hierarchy.

When reflecting upon table 1, it is to some extent also relevant to keep in mind, that the organisational hierarchy also determines an overall age variable. Moreover the partners of the company were mainly male while the group of secretaries was constituted by women. The latest study on the influence of age and gender in relation to physical activity shows that the modern woman actually is more active than men, and that the general level of physical activity for the first time since 1964 increases around the age of forty (Pilgaard, 2009:25-26). The middle-aged segment (30-40 years) spends the least time on physical activity. These tendencies were also present within Nordia. The most active

segments were indeed the female secretaries above 40 and the younger employee. It is a deliberate choice not to engage more in this age and gender variable. The main reasons for this, is first of all the wish for studying health and motivation beyond the prevalent research approach. Moreover the findings of the case study did generally confirm previous identified patterns as presented above.

In general Table 1 shows a high degree of organisation- and ego orientation within the organisation, an exception to the organisation-orientation is however the partners of the company who represent the top level of the organisational hierarchy. The obvious reason for this is the prioritisation of time in relation to the work-life balance. The partners spend long hours at the office and all had families to go home to. This entailed limited motives for this segment to participate in physical activity based on a wish for social concerns. Moreover this segment already has achieved a high level of recognition and status through the professional work. This lack of organisational orientation within the top level of the hierarchy is interesting in relation to the expectation of the partner or manager as a role model in regards to the health initiatives. An interesting discussion concerning the inter-relation of the individual, the organisation and health is to what extent the manager or partner of a company should lead the way in terms of worksite health promotion?

4.6.1 Should managers be role models of health?

Within the post-modern society the limits between work life and private life is continuously diminishing. A partner at Nordia argued that separating work life and private life is simply not possible.

"...Being a partner at Nordia is an identity which I bear with me in every aspect of life. Private life and work life is not separable, and I am as much a role model for my employee as I am for my children"

- Partner

This clearly indicates that this partner sees himself as a role model, not only within the professional work, but within every aspect of life. Another partner had the opposite opinion and rejected being a role model in terms of health.

"I do not see my self as a role model in anything else than the professional work of the organisation"

- Partner

Part of this discussion can be related to the discussion concerning health as a private or a public issue. If we expect a manager to be a role model of health we must acknowledge health and business as an integrated unit. In other words, then we must accept the fact that individual health and work is interrelated, and the health-performance being a natural part within all levels of organisational life. On the other hand, where is the limit then to what aspects of human life the work-place should embrace? As presented within the theoretical mapping Friedman argues; "*The business of business is business" (Friedman 1971).* Friedman represents a contract theoretical perspective where the managers of a company are legally bound to the purpose of gaining profit. Within this perspective, health is or should exclusively be implemented within the organisation as a strategic initiative of profitability, and the expectation of the manager as a role model of health might be a natural part of the corporate strategy. The reason for this disagreement among the partners of Nordia might indicate that we at the moment are witnessing a shift of paradigms within the relationship between health and business. Stated differently, the market for worksite health promotion is still developing, and we will in the future experience health as a continuously bigger part of the private and public institutions. However, I will argue that it still is essential to acknowledge the basic premise of the company as a profit oriented institution. An example of this is the ongoing discussion of to what extent worksite health promotion shows on the bottom line, and moreover how to map this return on investment[11]. This central focus supports the argument that companies must and will engage actively in the health of the employees in the future, and this engagement will result in health being a central part of the corporate agenda. In other words, due to this shift within the paradigm of health and business, is

[11] A conference in October 2009 was held to discuss the topic of return on investment in worksite health promotion, for further details: http://www.dfif.dk/konference/index.asp

an inevitable that managers and partners are expected to be role models also in terms of health.

Drawing attention to how the newest research on how the workload generally affects the individual health and physical activity, a challenge for this new managerial role can be identified. Empirical research shows that long working hours does entail a decreasing level of physical activity within the male segment. A paradox is however that within the female segment, long working hours entails an increasing level of physical activity (Pilgaard, 2009:179). An explanation to this is the fact that the male segment in general works longer hours than the female (Pilgaard, 2009:180), which makes the frame of reference different between the two segments. However, if long working hours of a manager or a partner affect the physical activity within a negative direction, how should the manager be able to balance being a role model of both health and the professional work? This is one of the future challenges we will experience when health in the future becomes a natural part of work life.

4.7 Enhancing motivation within the workplace

The central question is now how this framing of the personal theory of motivation and logical incrementalism of health initiatives affect the goal of enhancing the health of the individual?

The research within Nordia showed a clear tendency of motivation being ego- and organisation oriented. One of the fundamental differences between task- and ego oriented individuals is the way they define and assess competence. Task oriented people tend to construct competence based on self-reference criteria and are primary concerned with the mastery of the task. Therefore task-oriented individuals are more likely that ego-oriented to develop perceived competence over time (Elliot & Dweck, 1988:5-12). In contrast ego-orientation may lower perceptions of success in perceived competence, especially for those who are unsure of their ability. The main argument is that that task-orientation and the intrinsic motivation is important for experiencing enjoyment within physical activity and enhances motivation (Roberts, Treasure & Conroy, 2007:8-12). The employee, who is task-orientated outside the work-place, was in general the very physical

active. This confirms the argument of task-orientation as important in terms of enhancing motivation for physical activity. However the important point is that the task-orientation is generally not present when it comes to physical activity in relation to the work place. Not said that the employee did not posses task-orientation - they did -, however only outside the work place. In other words; task-orientated achievement goals was not the reason for participating health initiatives within the organisational context.

This conclusion is interesting because it emphasises the challenge in establishing or enhancing motivation towards physical activity through health strategic initiatives. The answer to how this is done might be found by studying the personal theory of motivation, with the employee who actually have changed their lifestyle and have become more physical active due to the health-strategy. A pattern within this segment was that the tangible award in terms of the sports clothes was the initial main reason for participation. However an obvious process within their achievement goal formulation was that it moved towards being highly organisation-oriented. The organisation-orientation was often formed by social concerns, meaning for some a search of recognition by belonging to the new organisational culture and structure formed from the health-initiatives and for others simply the intrinsic enjoyment of the activity within the organisational context. This shows that the extrinsic motivation of the tangible reward did for some employee result in intrinsic motivation inherent in the activity.

Within the Self Determination Theory (SDT), contributions are framed in terms of social and environmental factors facilitating intrinsic motivation. This rhetoric reflects an assumption of intrinsic motivation as an inherent proclivity which is catalysed rather than caused. The Cognitive Evaluation Theory (CET) which is considered a subtheory of SDT argues that interpersonal events and structures as for example tangible rewards that create feelings of competence, can enhance intrinsic motivation (Ryan & Deci, 2000:58). Because of the initial influence of the tangible reward within Nordia, the feeling of competence through rewards might according to the CET be a key in terms of health-management-within organisation. An obvious suggestion as to how this could be done; is by rewarding the employee for their achievements within the physical activity and health. In other words, satisfying the basic physiological need for competence will

generate intrinsic motivation, and this might promote the lacking task-orientation within the organisation. A subsequent argument is however that the feeling of competence will not enhance intrinsic motivation unless it is accompanied by a sense of autonomy (Ryan & Deci, 2000:58). My argument is that because health to some extent still is a personal concern of the individual, this autonomy is a crucial dimension of health-management within the work organisation. Moreover the risk of individual deviance from the health-strategy has shown to be crucial to prevent, because this will influence the shared norms and beliefs towards health in a negative direction. Stated differently, the negotiated order and the culture of the company has shown to be important within the primary phase of the health-strategy in terms of the overall acceptance of health within the organisation, therefore it is essential not to create a negative conception of the initiatives among the employee.

Another relevant characteristic of the group, who actually changed their lifestyle due to the health-strategic initiatives, was that they generally did not have a family life at home or long working hours. This indicates that the health-strategy within Nordia only enhanced motivation for physical activity with the employee who either needed or sought the social forum to build an active lifestyle. Moreover, this also shows that physical activity within the work place or together with colleagues, for the majority will be prioritised subsequent to family and work performance.

It must be stressed that, all things being equal, motivation is an individual matter. This attempt of concluding general procedures of how to enhance motivation must therefore be approached with a critical view. Within the initial part of the analyses the premises of the organisation was closely described, health promoting initiatives must always be implemented with a strong focus on the specific composition of the individual organisation.

4.7.1 Enhancing health on the premises of the organisation

Although task-orientation and the intrinsic motivation in literature is argued to be important in enhancing the motivation of the individual (Roberts, Treasure & Conroy, 2007:12, Ryan & Deci, 2000:60), the dominance of the extrinsic motivation of health

within Nordia emphasise the need for analysing how these motivations nevertheless can provide the foundation for enhancing the motivation of health within the workplace.

What separates the intrinsic and the extrinsic motivation is that extrinsic motives have an instrumental value of attaining an outcome. Within Nordia these values were identified as; status, recognition and the tangible reward of the sports clothes. It can in relation to this be argued that extrinsic motivations to some extent is unautonomous because they are driven by pursue of a given outcome (Ryan & Deci, 2002:60). Following this argument the intrinsic motives is preferable within an organisational context, because they as argued can have a positive effect on the general acceptance of the health-strategy. However in line with an overall conception within the SDT my argument is that extrinsic motivation is autonomous, but does however vary in the degree to which it is autonomous. The prior example of an employee, who engaged in the initiatives of physical activity due to an obligation, shows that this employee is extrinsically motivated because he or she wants to attain the separable outcome of avoiding social exclusion within the organisation. Similarly the employee, who participates because he or she feels the activity has a value for obtaining a healthy life, is also extrinsically motivated since he or she also is participating based on the instrumental value, rather than finding the activity in itself interesting. Both examples involve instrumentalities; however the latter case entails a personal endorsement and a feeling of choice, whereas the former involves more compliance with external control. Both represent intentional behaviour however the two examples of extrinsic motivation vary in their relative autonomy. The key point is that despite indications of lack of intrinsic motivation within the case study, the employee can be motivated through a feeling of choice and autonomy. The challenge is to generate motives founded upon a personal endeavour, which is perceived as valued and self-regulated and moreover provides the feeling of competence. The key issue of health-management is in other words to avoid motives founded upon a comprehension of obligation and without any feeling of autonomy or competence. The central question is however how this is done?

The obvious method for creating and enhancing motivation for health upon the premise of personal endeavour and autonomy is by establishing an awareness and knowledge of

the value of a healthy lifestyle. From various levels of the society this message has through the last decades been communicated to the individual. However, based on the above analysis my argument is that health within an organisational context creates new opportunities and a new platform for enhancing the individual motivation of health.

4.7.2 Utilising the organisation for enhancing motivation

As stated within the theoretical mapping, empirical research has shown a clear coherence between social relations and motivation towards sport and physical activity. Relating this to the fact that the work organisation is a dominant aspect within the individual motivation of health and physical activity, it is obvious that there is created a relevant foundation for enhancing motivation which is not present to the same extent outside the work-sphere. Moreover table 1 show that the organisational-orientation is high within the inactive or medium active segment. In other words, the segment which is highly relevant in terms of health promotion is the segment most likely to react upon the organisation as a key motivational factor towards physical activity. This segment is interesting because it is often nominated as the most challenging group to motivate and maintain within an active and healthy lifestyle. The following recommendations for how promotion of health within the organisation is done with a focus on the inactive and medium active segment of employees.

As mentioned Nordia had a relatively high level of health and physical activity among the employees. However, it was still possible to identify a few inactive employees in poor physical condition within all levels of the organisation. We have from the presented analysis learned that the employees are motivated differently on different levels of the organisation. Utilising the organisation for enhancing motivation should therefore be done based on a close analysis of the individual employee and the organisational composition. When the criteria of managing health are fulfilled, the key for enhancing the motivation is the shaping of relationships, and moreover aiming the initiatives towards the individual motivation. Based on the knowledge of the inactive employee first and foremost seeking the tangible reward, and then to be motivated by the social aspect of health, worksite health promotion aimed at this segment must focus the implementation in phases with a strong focus on the knowledge of motivational

emergence with the individual. These phases should be framed with a focus on the composition of the organisation, in other words, aimed at the creation of relationships among the employee that can enhance the motivation of health and physical activity. A specific example of how this could be done; is by establishing social communities within the workplace and initially attract the employees with a tangible gain of their participation. These communities could be both physical meetings focussing on a specific sport or exercise, or it could be web based communities focusing on physical activity of various kinds.

It is necessary to stress that no individual or organisation are the same. Because of the constantly debated role of health within the post modern society, and particularly within the work organisation, this individuality is even more dominant and powerful within the emergence of health strategic initiatives. Based on this, my argument is that any research on the logical incrementalism of health-strategy will never be fully adequate. It is essential to constantly reconsider and innovate both knowledge of health-strategies and the actual implementation of these. Nerveless this analysis has taken the initial step towards a more effective implementation of health-strategies in the future, and hopefully we through further empirical experience and similar case-studies can build on this knowledge for further improvement of implementing health strategic initiatives.

5 Conclusion

Within the perspective of health-strategies having elements of both deliberate planning and emergence, the key of optimising the intended plan is to study the past emerging process, and hereby understand the unknown factors of the health-strategy. Stated differently, to optimise health strategic initiatives it is necessary to study and map a possible broad organisational direction or strategic logic within the emerging process. Based on an internal focus of the organisation and the goal of enhancing the motivation of health, the unknown factors of the health-strategy are conceptualised as the motivation of the individual employee, and the inter-relation between the individual and the organisation.

5.1 The first step towards a framing of a logical incrementalism

A key finding of the case-study is that a new dimension of the organisational structure is created through the implementation of worksite health promotion. Health is used as a social tool, and moreover a possibility for gaining recognition within the organisation. The higher ranking the employee has within the organisational hierarchy, the more he or she seems to acknowledge that health generates status within the organisation. Ironically it is only the younger employee who uses this new organisational structure as a road to recognition. This indicates that health strategic initiatives create room and space for employees who are not dominating the official professional organisation. This inter-relation between the professional work and health is not only visible in terms of tangible parameters as for example overweight, also intangible parameters as for example energy, confidence and self-esteem are shown to have positive effect on the professional career and/or a negative effect on the social life within the organisation.

When studying health and physical activity within the work-sphere, the organisational concerns dominate the personal theory of motivation. Several employees identified the task-orientation – as for example improving skills – as presents outside the workplace, but the motivation founded upon the goal of developing skills of a given activity, is generally not present within the organisation. Stated differently, the organisation-orientation is prevailing and this achievement goal orientation took two different

directions. First of all, the perceived obligation to participate in the physical activity was founded upon a conscientiousness of being part of the social initiatives. Secondly some employees identified an achievement goal which he or she could attain through participation; here the health initiatives are used as a tool for attaining a personal endeavour. These two examples were within the case-study founded upon an extrinsic motive of a mean to reach a specific end.

The interesting thing is that in despite of a strong focus on implementing a health-strategy as a voluntary option, the majority of the employees to some extent still felt an obligation to participate. This extrinsic motivation as for example the feeling of obligation or the tangible reward, did for some employees result in intrinsic motivation inherent in the activity. This shows that the worksphere creates a new dimension of motivation and a new possibility of enhancing the individual motivation for a healthy lifestyle.

5.2 Enhancing the motivation of the employee

Task-orientation and intrinsic motivation is argued as important for experiencing enjoyment within physical activity and thereby for enhancing motivation. Therefore the lack of this motivation might seem like a challenge for enhancing motivation within the work organisation. However, the key of enhancing the motivation of the individual is to utilise the existing extrinsic motivation, and create an emergence of motivation moving towards intrinsic or strong organisational-orientation. Stated differently, this feeling of obligation should be perceived as a tool of enhancing motivation of health. This is done through the shaping of relationships within the organisation. In other words, the existing social-sphere of the organisation should be utilised to promote health and engagement of physical activity.

The tangible rewards were identified as a strong motivator within the case-study. These rewards provide the opportunity for increasing this feeling of competence and thereby create an intrinsic motivation for physical activity. In other words, satisfying the basic physiological need for competence will generate intrinsic motivation, and this might promote the lacking task-orientation within the organisation. However the composition of the individual organisation is unique, and the existing relationships and organisational

processes have to be closely analysed before engaging in the implementation of a health-strategy.

The risk of individual deviance from the health-strategy has shown to be crucial to prevent, because this will influence the shared norms and beliefs of health in a negative direction. Another important criteria for enhancing motivation within the work organisation is therefore to make sure the employee has a feeling of autonomy of their actions. This does to some extent contradict the argument of utilising the feeling of obligation. However the feeling of obligation exclusively results in a given action from the employee, due to a strategic exchange based on a formulated achievement goal. In other words, the employee acts upon a personal 'trade off' of 'what's in it for me', and the feeling of autonomy is therefore still present. The challenge of health strategic initiatives is to generate motives founded upon a personal endeavour, which is perceived as valued and self-regulated and moreover provides the feeling of competence. The key issue of health-management is in other words to avoid motives founded upon a comprehension of coercion and without any feeling of autonomy or competence.

Another relevant finding was that health-strategic initiatives only enhance motivation for physical activity with employees who either needed or sought the social forum to build a healthy lifestyle. This indicates that physical activity within the work place for the majority is prioritised subsequent to family and work performance.

Health-management has multiple dimensions and is about motivation and persuasion. This is implemented through a shaping of informal relationships by understanding the premises of these processes of the negotiated order within an organisation. The key to health-management and health-strategy is to understand the individual motivation for perusing health within a corporate context.

Based upon a general acceptance of the health-strategy within Nordia the 'market' for health promoting initiatives is maturing. Neither of the employees questioned the implementation of health within the organisation, this indicates that we could be

approaching a general acceptance of the structural framing of the healthy life within the worksphere.

It is important to stress that this thesis is the first step towards a framing of the logical incrementalism within the emergence of health strategic initiatives. The knowledge of this report is useful because it takes us a few steps closer an understanding of how health affects both the individual and the organisation. With this in mind, this report should be regarded as request for a continuous study and reflection of how health-strategies emerge.

6 Discussion

6.1 Is it possible to map a logical incrementalism?

A basic premise of understanding the emergence of health-strategy is to study the 'human element' of individual motivation and social processes. Acknowledging this human element is essential, and is in opposition to a more rational and functional perspective where the behaviour is viewed as actions performed by purposeful coordinated individuals (Scott, 2003:34, Watson, 2006: 30). Within the constructivist and interpretive perspective of human life, this search for a pattern and a logic of individual behaviour could indicate a positivistic point of departure with origin in the early positivistic paradigm where Auguste Comte, amongst others, believed that sociology could become a 'positive' science of society, and that prediction of human behaviour was closely related to social control (Esterberg 2002:10). A significant critique of this thesis is the paradoxical in searching for patterns within human behaviour, and still emphasising the hermeneutic perspective of human life. Human behaviour is not mechanistic, and should not be regarded as an entity which can be mapped. Based on this, the meta-theoretical perspective of this report, to some extent undermine the central objective of the analysis. However, this study still serves the purpose of initiating a small step towards a broader knowledge of how health affects the corporate organisation. It is up to the individual reader to decide how or whether this knowledge is applicable. Ultimately the study can be justified as setting a framework for how organisations can be analysed before engaging in health strategic initiatives.

6.2 Health within a broader perspective

Do we have a problem? - And is worksite health promotion the solution?

The latest years focus on health have entailed that the majority of the Danish population possess an awareness of the importance of health. However, despite the widespread effort of health promoting initiatives from all levels of society, it is still possible to identify a significant challenge within the preventative health effort. Up to 20 percent of the Danish population are still living under unfavourable conditions of life and are in a poor physical condition (The Danish ministry of health [sundhedsministeriet], 1998)[12]. This

[12] http://www.sundhedsministeriet.dk/publikationer/forebyg2/social.htm

polarisation of health shows that the prevailing health effort does not reach people with limited resources both social and economic. The question is whether worksite health promotion is part of the solution to break this curve of the still increasing socially imbalance of health within the post modern society?

Workplaces are a suitable arena for promoting health because they in some respects have the knowledge to implement relevant initiatives, which reaches beyond what the employee is able to achieve within their personal life. Moreover it is possible to implement rational and long-termed initiatives, and last but not least it is, as this thesis indicates, it is possible to motivate through the social arena and culture of the company. However, the inactive and socioeconomically disadvantaged section of the population is to a great extent not reached through worksite health promotion, because the majority of these people are unemployed and live of social security. Within a long termed perspective we must not reject the possibility that worksite health promotion is part of the solution, but it is at the moment necessary to use other means to solve this socially imbalance of health. These other means initially include a rethinking of the existing initiatives of promoting health within the society. My argument is that we still need to acknowledge social conditions - as for example the social inheriting - as essential in terms of individual health. When this is done we can move away from the individualistic perspective that still dominant the general approach of health within the society. It is fundamental to utilise the strong social community and put health in focus within every institution and organisation of society.

Another significant disadvantage of worksite health promotion is that the long-termed results are difficult to document. Organisations are very different and the initiatives are very different, it is therefore again necessary to stress the need for an ongoing generation of knowledge within this field.

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Dansk Firma Idrætsforbund: www.dfif.dk

Healthy Company: www.healthycompany.dk

Kram undersøgelsen: www.kram-undersøgelsen.dk

Ledernes Hovedorganisation: www.lederne.dk

Mandag Morgen: www.mm.dk

Nordia: www.nordia.dk

Nationalt center for sundhedsfremme på arbejdspladsen: www.ncsa.dk

SundhedsDoktor: www.sundhedsdoktor.dk

Sundhedsstyrelsen: www.sst.dk

World Health Organisation: www.who.dk

Appendix 1 – Overview of informants, qualitative interviews

Informant 01:	Conni Falkner	**Informant 02:**	Andreas Medom Madsen
Age:		**Age:**	31
Title:	Coordinator/ Assistant	**Title:**	Lawyer
Informant 03:	Tine Svanholmer	**Informant 04:**	Gunver Heimdal-Kej
Age:	40	**Age:**	27
Title:	Secretary	**Title:**	Solicitor's Clerk
Informant 05:	Anne-Sofie Andersen	**Informant 06:**	Annette Frederiksen
Age:	24	**Age:**	52
Title:	Secretary	**Title:**	Secretary
Informant 07:	Christian Nielsen	**Informant 08:**	Rasmus Lund
Age:	25	**Age:**	35
Title:	Law student	**Title:**	Partner
Informant 09:	Morten Bruus	**Informant 10:**	Anne Mette Oxlund
Age:	34	**Age:**	28
Title:	Partner	**Title:**	Solictor's Clerk
Informant 11:	Janne Yde Sjørslev	**Informant 12:**	Jørn Poulsen
Age:	34	**Age:**	63
Title:	Lawyer	**Title:**	Service employee
Informant 13:	Ebbe Holm	**Informant 14:**	Sandra Jakobsen
Age:	65	**Age:**	23
Title:	Partner	**Title:**	Law Student

.

Appendix 2 – Description of health-strategy

Extract from 'Sundhedsregnskab' Nordia

Projektbeskrivelse

Formålet med projektet er at sætte fokus på medarbejdernes sundhed og trivsel.
Det har været afgørende for os, at gennemførelsen af projektet havde fuld opbakning fra ledelsen og medarbejderne. For at sikre dette, har både ledelse og medarbejdere været med i den indledende proces, så vi kunne sikre, at de initiativer, som skulle i værksættes, ville blive modtaget positivt blandt største delen af medarbejderne.

De har lagt os meget på sinde, at projektet skulle gennemføres på frivillig basis, og netop derfor var det afgørende, at medarbejderne fik indflydelse på, hvilke initiativer, som skulle være kernen i projektet.

For at sikre, at medarbejderne blev inddraget tilstrækkeligt, og for at sikre at vi fik lavet en seriøs plan for projektet, herunder struktureret mål og handlinger, har vi benyttet os af Sundhedskompasset (Healthy Company), som løbende har superviseret os i processen.

Den indledende del af processen
Indledningsvis i processen fastlagde vi målsætningen. Hvad ville vi gerne opnå med projektet, og målene blev prioriteret i primære og sekundære mål. På baggrund af målsætningen var det herefter muligt at vurdere forslag til indsatser.

Efter opstillingen af en række forslag til indsatser foretog vi, som et led i den årlige medarbejder-trivselsundersøgelse i 2008, en undersøgelse af, hvilke indsatser medarbejderne fandt vigtigst, hvilke indsatser der ville kunne medføre størst effekt, og hvor vi kunne forvente størst opbakning fra medarbejderne. På baggrund af resultatet af undersøgelsen kunne vi fastlægge, hvilke initiativer, som skulle iværksættes i 2009.

Kick-off
Allerede i maj 2008 fik medarbejderne at vide, at sundhed skulle være tema for 2009. Men først den 19. december 2008 holdt vi i forbindelse med juleafslutningen kick-off til "projekt sundhed 2009". Medarbejderne blev præsenteret for hele projektet, herunder målsætningen og hvilke konkrete initiativer, som ville blive iværksat i 2009.

Medarbejderne fik ved samme lejlighed udleveret en løbebluse, som en opfordring til at deltage i de motionsaktiviteter som skulle iværksættes

Målsætning
Primære målsætninger
Medarbejdernes sundhed ligger NORDIA på sinde, fordi sundhed giver gladere og mere motiverede medarbejder i fysisk og mental balance. Baggrunden for NORDIA's og medarbejdernes frivillige deltagelse i sundhedsprojektet er ønsket om at være velafbalancerede mennesker med overskud til at vise omsorg for hinanden.

Profilere og positionere

Forretningsmæssigt er det målet at sundhedsprojektet og den vedtagne sundhedspolitik skal være med til at profilere og positionere Nordia, som et fremgangsrigt, ungt og attraktivt advokatfirma.

Rekruttering og fastholdelse af medarbejdere
Det er en klar del af målsætningen, at vi skal benytte vores sundheds-image i rekrutteringsøjemed, men også i arbejdet med at fastholde de eksisterende medarbejdere.

Image
Det er målet at skabe et image, hvor vi fremstår som et sundt, aktivt og omsorgsfuldt kontor, hvor medarbejdernes generelle sundhed ligger os på sinde.

Omsorgskultur
At kunne skabe en arbejdsplads med en ægte omsorgskultur – ikke kun fra ledelsen men i lige så høj grad medarbejderne i mellem. Medarbejderne skal via de aktiviteter som iværksættes øge sammenholdet og få et tættere fællesskab. Et tættere fællesskab skulle gerne bane vejen for at der opstår en naturlig omsorg for hinanden.

Sekundære målsætninger
Sygefravær
Kontoret har i forvejen et forholdsvist lavt sygdomsfravær. Til trods herfor er det dog stadig et mål at nedbringe dette yderligere.

Effektivitet
Via menneskeligt overskud fra medarbejderne er det vores målsætning at øge den effektiviteten i arbejdstiden. Når medarbejderne er i god form, er sunde og raske, er medarbejderne i stand til at holde koncentrationen og fokus længere, og dermed i stand til at udnytte arbejdstiden bedre.

Indsatser
Kost
Da en sund kost er en vigtig del af en sund livsstil et det vigtigt for os, at medarbejderne får en sund og varieret kost mens de er på kontoret.

Kontoret har en cateringordning, som muliggør, at medarbejderne kan overholde de gældende kostråd, dvs.

- Spis frugt og grønt 6 gange om dagen
- Spis fisk og fiskepålæg flere gange om ugen
- Spis kartofler, ris, pasta og/eller groft brød hver dag
- Spar på sukker, især fra sodavand, slik og kager
- Spar på fedtet, især fra mejeriprodukter og kød
- Spis varieret og bevar normalvægten
- Sluk tørsten i vand

Kontoret har en frugtordning, som sikrer, at medarbejderne har mulighed for at spise frugt i arbejdstiden og dermed – måske – undgå at falde for fristelsen til at spise et usundt mellemmåltid.

Kontoret serverer morgenbrød hver fredag. I den forbindelse serveres der nu alene sundt brød i forskellige varianter. Wienerbrød, scones, croissanter m.v. er blevet afskaffet.

Af drikkevarer serverer kontoret alene vand, kaffe og the. Der er ikke sodavand m.v. tilgængeligt på kontoret. Kontoret har en smoothie-automat i kantinen, som medarbejderne kan benytte som f.eks. mellemmåltid.

Der serveres med mellemrum kage. Men vi bestræber os på at skære dette ned til et minimum. Det er således ikke længere en selvfølge, at der serveres kage eller lignende, hver gang medarbejderne samles til et arrangement.

Kontoret holder "fredags-bar" hver fredag. I den forbindelse serveres der ikke længere chips m.v. hver fredag. Én fredag om måneden holdes en lidt udvidet fredagsbar, hvor der serveres f.eks. chips eller lignende.

Motion
Med henblik på at få flere af kontorets medarbejdere til at dyrke motion i fritiden forsøger vi aktivt at få medarbejderne til at deltage i f.eks. motionsløb, walkatons eller cykelløb.

En medarbejder står for opdatering af lister med relevante aktiviteter, og tilmelding m.v. sker også via kontoret. Kontoret betaler tilmeldingsgebyret. Vi forsøger at påvirke medarbejderne, så medarbejderne internet opmuntrer hinanden til at deltage i aktiviteterne.

Som en motivationsfaktor for at deltage i aktiviteterne har vi lavet et pointsystem, hvor man optjener point til lækkert løbetøj:

Efter deltagelse i 2 løb	Et par løbebukser
Efter deltagelse i 4 løb	En langærmet løbebluse
Efter deltagelse i 6 løb	En tynd løbejakke eller en vest
Efter deltagelse i 8 løb	En tykkere løbejakke

Kontoret medvirker til at få etableret en rabatordning i en eller flere fitness-clubber.

Ergonomi
Kontoret har fokus på ergonomien på kontoret. Der bliver årligt udarbejdet en APV, som blandt andet undersøger, om der er ergonomiske problemer på kontoret.

Vi opfordrer medarbejderne til at skifte arbejdsstillinger, og vi stiller de nødvendige rammer herfor til rådighed.

Medarbejderne har mulighed for at vælge mellem flere forskellige typer mus. Flere af medarbejderne benytter mouse-trapper.

Medarbejderne har mulighed for at vælge mellem flere forskellige typer trådløse headset til telefonen, hvilket flere medarbejdere benytter sig af.

Vi har fokus på, at de forskellige medarbejdergrupper benytter deres arbejdsplads forskelligt. Dette har medført, at sekretærerne har fået nye stole, som giver mulighed for en mere optimal arbejdsstilling.

På kontorets intranet er der et afsnit som handler specielt om ergonomi. Her kan medarbejderne blandt andet finde information om indstilling af bord, stol og skærm, forebyggelse af museskader, forslag til øvelser som kan laves i løbet af dagen.

FRISK-portalen, som medarbejderne har fået adgang, til indeholder herudover en lang række råd og vejledninger om ergonomi.

Psykisk arbejdsmiljø
Kontoret gennemfører årligt en trivselsundersøgelse og mindst hvert 3. år en APV-undersøgelse. En del af disse undersøgelse vedrører en række områder, som vedrører det psykiske arbejdsmiljø. Herunder bliver det blandt andet undersøgt, hvordan medarbejderne opfatter samarbejdet med de andre medarbejdere og ledelsen.