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Master thesis

Understanding the influence of supervisors in the delivery of  
physical activity programmes in frisklivssentralen

- a qualitative study

Hvordan forstå rollen veileder har i utvikling og gjennomføring av  
frisklivssentralens tilbud om fysisk aktivitet

– en kvalitativ studie

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## **Abstract**

Frisklivssentrals in Norway is a community based health programmes intended as a preventive measure. Aim for frisklivssentral is helping vulnerable audiences with lifestyle changes. Basic offers the centres have is in physical activity, diet change and tobacco secession. In addition, the centres have offers mental health, sleep and alcohol habits. Work on healthy living centres are ruled by a guideline (Norwegian Directorate of Health, 2013a). The work carried out at centres are affected by the supervisor's interpretation of the guidelines. The purpose of this task is to understand the influence of supervisors in the delivery of physical activity programmes in frisklivssentralen

The purpose of physical activity in frisklivssentrals is to make users able to engage in physical activity on their own after the prescription period. It also says in the guide that healthy lifestyle coaches will motivate users through autonomy, competence and relatedness. It is therefore used self-determination theory (Deci & Ryan, 2002) to discuss the findings and see how supervisors are doing this.

The study is based on interviews with 7 mentors from 6 different frisklivssentrals in eastern Norway. To analyse the interviews a grounded theory approach is used.

The findings of the analysis are presented through 5 core categories. Core categories presented in this study is the supervisor's prerequisites, user prerequisites, aim, strategy and approach and structural framework conditions. The supervisor's prerequisites, their habitus, affecting the remaining categories and shows together how the supervisor affect the services provided. Through goal they set for business and target users, through the framework factors they have, through approach and strategies they have towards users develop the offer in such a way that they can greatly motivate users through perceived autonomy support.

## Norsk sammendrag

Frisklivssentraler i Norge er et kommunalt helsetiltak ment som et forebyggende tiltak. Målet for frisklivssentralen er å hjelpe utsatte målgrupper med å endre levevaner. Basistilbudet frisklivssentralene har er innen fysisk aktivitet, kostholdsending og tobakkavvending. I tillegg kan sentralene ha tilbud innen psykisk helse, søvn og alkohol vaner. Arbeidet ved frisklivssentraler er styrt av ”veileder for frisklivssentraler” (Helsedirektoratet, 2013). Arbeidet som utføres ved sentralene påvirkes av veileders tolkning av styringsdokumentet. Formålet med denne oppgaven er å forstå veileders betydning for tilbudet frisklivssentraler tilbyr innen fysisk aktivitet.

Formålet med fysisk aktivitet i frisklivssentralen er å gjøre brukere i stand til å drive med fysisk aktivitet på egenhånd etter endt reseptperiode. Det står også i veilederen (Helsedirektoratet, 2013) at frisklivsveiledere skal motivere brukere gjennom autonomi, kompetanse og tilhørighet. Det er derfor brukt selvbestemmelsesteorien (Deci & Ryan, 2002) til å diskutere funnene og se hvordan veilederne gjør dette.

Studien tar utgangspunkt i intervjuer med 7 veiledere fra 6 forskjellige frisklivssentraler på østlandsområdet. For å analysere intervjuene er det brukt en grounded theory tilnærming.

Funnene av analysen presenteres gjennom 5 kjerne kategorier. Kjerne kategoriene som presenteres i studien er veileders forutsetninger, brukerforutsetninger, mål, strategi og tilnærming, og rammefaktorer. Veileders forutsetninger, deres habitus, påvirker de resterende kategoriene og viser til sammen hvordan veileder påvirker tilbudet som gis. Gjennom målet de setter seg for virksomheten og målet for brukere, gjennom rammefaktorene de har, gjennom tilnærmingen og strategiene de har overfor brukere utvikler de tilbudet på en slik måte at de i stor grad kan motivere brukere gjennom opplevd autonomi støtte.

## **Introduction**

This thesis will focus on the Norwegian frisklivssentral (FLS), an organisational model for community based health programmes, and employees working as supervisors there.

### **Frisklivssentral as a concept**

In Norway, Frisklivssentral (FLS) and Fysiotek have been used in public health since the 1990s. The Norwegian FLS and Fysiotek are both models for organizing community based health programmes. From the start both FLS and Fysiotek were used but FLS has been the model emphasised in new government documents (Ministry of Health and Care Services, 2011b, 2013, 2015) and almost all fysioteks are being developed into FLS. In contrast to a FLS the Fysiotek only focuses on physical activity in collaboration with local sports clubs and gyms whereas a FLS offers primary physical activity schemes, diet guidance and tobacco cessation courses. Development areas are offerings of help to master psychiatric health problems, alcohol abuse, and help to handle chronic diseases, which are widespread in the population. The main target group are persons who are in need of support to change their lifestyle habits due to an increased risk of or a developing illness or disease related to their lifestyle (Norwegian Directorate of Health, 2013a). At FLS the participants can contact the centre themselves or they can be referred by a doctor (usually the GP) or The Norwegian Labour and Welfare Administration (NAV) (Norwegian Directorate of Health, 2013b). Some FLS have special arrangements with other healthcare personnel such as physiotherapists who can also refer patients to FLS.

The government's focus on preventative healthcare in the form of FLS both in White Paper nr. 16 (Ministry of Health, 2003) and White Paper nr. 34 (Ministry of Health and Care Services, 2013) have resulted in over 210 FLS all over the country (helsenorge, 2014). The Norwegian directorate of health, (2013a) also encourages all municipalities to establish a FLS alone or in collaboration with neighbour municipalities.

The municipalities are required by law (Ministry of Health and Care Services, 2011a) to promote health and prevent illness, injury and social problems through information, advice and guidance, and a FLS is a way of providing this. Since a FLS is only one way of

organizing a community based health programme, not all municipalities in Norway have developed a FLS.

### **Guidelines for FLS**

To help municipalities start up FLS, the Norwegian Health directorate has made a guide in establishing and organising a FLS. The first addition came out in 2011 (Norwegian Directorate of Health, 2011b) and a revised edition came out in 2013 (Norwegian Directorate of Health, 2013a)<sup>1</sup>. The revising was done after a new law about healthcare in municipalities and a new public health law came in 2012 (Norwegian Directorate of Health, 2013a). The guidelines include sections about laws that govern the operation of the FLS and recommendations for leaders and supervisors.

The demands in quality and recommendations on how to establish and organize the FLS are an important section for leaders and decision-makers (Norwegian Directorate of Health, 2013a). The rest of the guidelines are meant for supervisors who deliver the programmes and describes the content, methods and actions. Most of the activity at FLS follows to a certain degree pre-made courses like “course in depression management” and “good food course” while the physical activity scheme is less restricted. The guidelines (Norwegian Directorate of Health, 2013a) recommend that the supervisors show participants activities they can easily access after their prescription period at the FLS. It also suggests training outside using own body-weight or group training inside as an efficient method. The guidelines also specify that the scheme must be adjusted for all participants regardless of their physical condition and fitness. Participants should achieve mastering and experience in an inclusive and safe environment at the FLS (Norwegian Directorate of Health, 2013a).

### **Foundations for the guidelines**

The FLS primary scheme is based on the already existing guidelines for physical activity and diet from the Norwegian directorate of health (Henriksson, Karlsson, Larsen, & Bahr, 2009; Norwegian Directorate of Health, 2011a, 2011b, 2012a, 2012b; Sosial og helsedirektoratet, 2000). These national guidelines lay the framework for all public health work on diet and

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<sup>1</sup> A revised edition was released in October of 2016 (Norwegian Directorate of Health, 2016). This thesis is based on the content of the 2011 and 2013 edition. The new edition and relevance for this thesis is adressed in limitations of the study.

physical activity and are based on international research (Norwegian Directorate of Health, 2012b; Sosial og helsedirektoratet, 2000). As a method, the FLS uses a salutogenetic approach and focuses on factors that promotes health and mastery with a goal to increase own mastery and motivation to change (Norwegian Directorate of Health, 2013a). Antonovsky's autogenetic original idea is to focus on people's resources and capacity to create their own health, rather than focusing on risks, ill health and disease (Lindström & Eriksson, 2005). The guidelines also specifically refer to Deci and Ryan's self-determination theory, and states that at FLS supervisors should promote mastery through competence, autonomy and relatedness (Deci & Ryan, 1985; Norwegian Directorate of Health, 2013a).

The physical activity scheme in the FLS stands out because of its lack of specific framework and it is more dependent on the supervisor in terms of their interpretation of the guidelines. According to the guidelines (Norwegian Directorate of Health, 2013a) supervisors should abide by the professional qualifications that they have. There is no demand on who works at a FLS, but it is recommended that they have supervisors with a university degree in the field they supervise.

### **Focus for the thesis**

The focus for this thesis is the physical activity scheme in the FLS and the supervisors providing it. The guidelines (Norwegian Directorate of Health, 2013a) for FLS open up for local adaptation of the physical activity scheme and that gives a bigger variety of schemes within different FLS. With more freedom to adapt it also becomes more dependent on the supervisor.

All of the supervisors in FLS who run the physical activity scheme have the same set of guidelines and the same laws to relate to, but what else shapes their performance?

### **Research question**

How can we understand the supervisor's importance to the promotion of, and motivation for physical activity as given in Norwegian frisklivssentral?



## Literature review

To get an overview of what is known about a research topic a literature review is according to Bryman (2012) an important element in the research process. The review is a way to give us knowledge about several different things about research done about the topic. From the review we want to know something about the topic in general, what concepts and theories have been applied to the topic, what methods has been used and if there are any controversies about the topic (Bryman, 2012). This review in this thesis is done to look at what we know about the Norwegian FLS concept and similar concepts in other countries and if there is a gap in knowledge that the thesis can help shed light on.

To help structure the literature search and the review the review is sectioned after country with a main focus on Norway and other Scandinavian countries. As search tools, the search databases used were oria, google scholar, CHINAL, EBSCOhost, SportsDiscus, and the Scandinavian databases helsebiblioteket, Idunn and SveMed. To find relevant search words a review of the Scandinavian offers concerning FLS or similar offers has been helpful to search concerning Scandinavia, a good amount of google. To understand how the different offers in UK and Oceania is put together local professionals have provided good help.

The FLS concept in Norway is relatively young with the first set of guidelines for FLS published in 2011 (Norwegian Directorate of Health, 2011b). To look at the literature concerning what is today called FLS the previous concepts called fysiotek, green prescription (grønn resept), physical activity prescription (fysak resept) with different variations were also used as search queries. The literature concerning the Norwegian concepts is mostly concentrated around users' experience of the scheme, their outcome and how they have done after a certain time after the scheme. This is mostly reports (Båtevik, Tønnesen, Barstad, Bergem, & Aarflot, 2008; J. Helgerud, 2008) or masters dissertations (Hurrød, 2016; Selø, 2013; Ulvik Hauge & Povlsen, 2014) and not peer review articles. Some masters dissertations have looked at the organisation of FLS or EoP programmes (Groeng & Terragni, 2013; Sørensen, Kragstrup, Skovgaard, & Puggaard, 2008; Sørensen, Skovgaard, & Puggaard, 2006) and the supervisors' work (Forve, 2016). All in all the dissertations and the reports claim that many users of the scheme continue with the lifestyle changes they have made. They

recommend promoting FLS and encourage doctors and other health personnel to refer patients to FLS if they could use help with lifestyle changes. At the same time they emphasise that it still needs more research.

In Sweden, Denmark and Finland they have similar offers concerning a low threshold offer to help getting started with physical activity, an offer now incorporated into the Norwegian FLS. In 2010 (Kallings, 2010) a cooperation report between Norway, Sweden, Denmark and Finland's department of health showed that all of the countries had a physical activity on prescription programme with minor differences in organisation. This report claims that all of the models have an effect on participants' activity level. It also claims that different patients or users need different level of back-up to succeed and that resources could be used most efficiently if different user groups were mapped out to see who would benefit from more resources.

The effect of an exercise on prescription (EoP) programme in various models is described by Sørensen et al. (2006). The result from this systematic review shows somewhat the same at other dissertations and reports. The users of an EoP programme have a positive increase in their activity level whilst on the programme. Their activity level decreases the further from the time they participated in the programme. They also raises the same questions as others, about the ones who do not participate in the programme but could benefit from doing so, or the ones that are never referred by their doctor.

Green prescription in New Zealand, exercise on prescription (EoP) and exercise referral scheme (ERS) in the UK have the same aims and target group as the Scandinavian programmes with variations in the organisation of the programmes. In these countries there has been done much more high quality research on the subject with peer reviewed articles, RCTs and systematic reviews (Morgan et al., 2016; Pavey et al., 2012). The focus in the research is mainly on patients or users experiences and their adherence to the programme and to physical activity after the programme and if the physical activity is helping deal with the reason they were referred in the first place (Kolt et al., 2009; Lee, Griffin, & Simmons, 2009; Murphy et al., 2012; Patel, 2013). The research shows that, as in Scandinavia, a physical activity program for patients in risk groups is considered a cost-effective and efficient way of promoting physical activity and working in a preventive way. The research raises some of the same issues as in Scandinavia. In the UK 66% of the patients referred to a programme participated and adherence throughout the programme was 49% (Pavey et al., 2012). This shows that a large group that could according to their GP benefit from a form of EoP

programme does not participate. This is the same issue that Sørensen et al. (2006) raises. As in Scandinavia there is little research on supervisors providing guidance in an EoP programme.

The organisation of an EoP programme in the different countries is similar in length with a general length of 12 to 20 weeks and some programmes have up to 10 months follow-up (Kallings, 2010; Sørensen et al., 2008; Willemann, 2004). The contact with a supervisor for follow-up differs greatly, some of the EoP programmes have follow-up via a phone call every month while some have exercise groups that meet once or twice a week giving supervisors a chance to give support in a totally different way (Kallings, 2010; Lee et al., 2009; Murphy et al., 2012).

As the review shows there is little known about supervisors working at FLS or similar concepts. Little is known about whom they are regarding education and experience and how they work. With this gap in knowledge this thesis will use an inductive research approach in an attempt to create more knowledge about supervisors' work at FLS.

# Theory

## Self-Determination Theory and motivation

Self-Determination theory (SDT) is important in two ways in this thesis. It is the motivational theory the supervisors are recommended to use (Norwegian Directorate of Health, 2013a) for promoting motivation among users at the FLS. The guide for FLS (Norwegian Directorate of Health, 2013a) says that the supervisors should promote intrinsic motivation through competence, relatedness and autonomy. The theory is much used in relation to physical activity and sports motivation (Hagger & Chatzisarantis, 2007; Ryan & Aarts, 2012). But it is also used to look at work motivation (Gagné & Deci, 2005; Ryan & Aarts, 2012). It is presented by Grant and Shin (2012) as a theory combining both internal processes and external causes in regard to work motivation. Other theories will be included in the discussion.

SDT is a theory trying to explain human motivation and personality. It consists of four mini-theories that all relate to a specific phenomenon.

*Cognitive evaluation theory* is formulated to describe the link between social contexts and the different type of motivation.

*Organismic integration theory* is formulated to explain the dynamics and development of extrinsic motivation. It looks at how individuals integrate values and regulations from their surrounding group and cultures.

*Causality orientations theory* is formulated to describe how individuals seek social environments that can support autonomy of are amotivating.

*Basic needs theory* is formulated to explain the relationship between psychological health and well-being and motivation and goal. Situations promoting the three basic needs against those that thwart them are likely to increase health and well-being (Deci & Ryan, 2002).

The mini-theories all integrate with each other and are based on the same assumptions and approaches, and together they form the overall SDT framework. The mini-theories all share and are based on the idea of *basic psychological needs*; competence, relatedness and autonomy. These needs are, according to the theory, necessary for the growth and wellbeing of people's physical development, function, cognitive structures and people's personality. The

theories are based on these needs and they are presented as universal to all humans regardless of culture or location (Deci & Ryan, 2002).

*Competence* is presented as the need to express one's capacity. In the need to express capacity people seek out challenges optimal for their capacity. People's capacity is not a skill or capability but rather their individual sense of confidence (Deci & Ryan, 2002).

*Relatedness* is presented as the feeling of belonging and feeling connected with others, both individuals and one's community. The feeling of being accepted and to be integral with others is an important part of relatedness. The need for a relation to others is not concerned with a special outcome like achieving a special status or gaining advantages but merely the sense of belonging and safety to a group (Deci & Ryan, 2002).

*Autonomy* refers to the feeling of being the one deciding over your behaviour. It refers to the feeling of doing an action out of your own interest. The feeling can be achieved with outside influence as long as the person feels like it is in accordance with their beliefs or they have initiated it (Deci & Ryan, 2002).

As shown in the figure below the span of motivation reaches from *amotivation*, to *intrinsically motivated*, where intrinsic motivation involves doing an activity for the sake of the activity itself. The person experiences the activity as interesting and enjoyable and does not need a reward to do the activity (Deci & Ryan, 2012). On the other hand an amotivated activity is a not motivated activity where the person has neither energy nor intention towards getting the activity done. In between the two types are the various extrinsic motivations. They differ in what type of regulation controls the motivation.

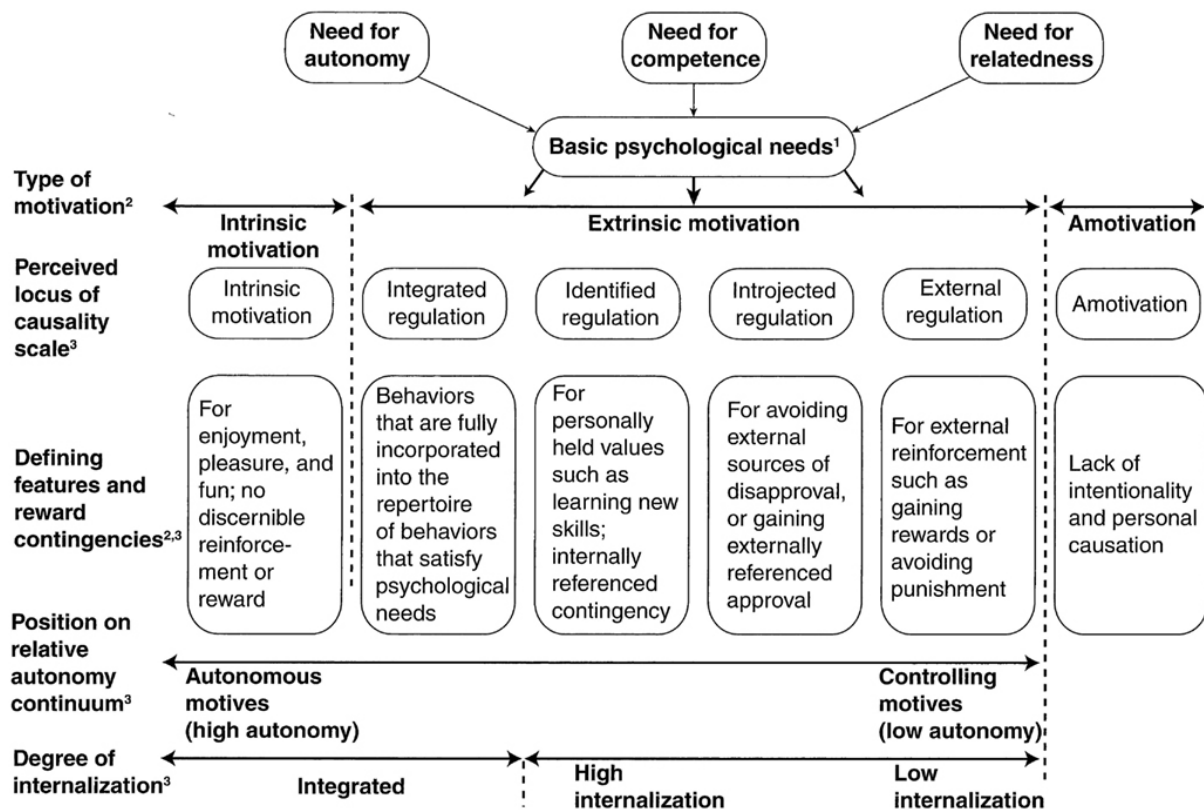


Fig 1 Schematic representation of self-determination theory

(Hagger & Chatzisarantis, 2007)

An experience of competence, and autonomy is necessary for an activity to be *intrinsically motivated*. If the activity takes place in a context where the need for relatedness is also supported the possible for an intrinsically motivated action is even more likely (Deci & Ryan, 2012). Even though the psychological needs are considered universal, individuals are not motivated by the same things. Factors like age, gender and culture can affect which needs are satisfied. This also means that one behaviour can promote motivation in one group and have the opposite effect on another (Deci & Ryan, 2002).

For an activity or behaviour to be something you continue to do, you need some sort of motivation to keep doing it. Deci and Flaste (1995) explain that *self-motivation*, motivation in the intrinsic part of the motivational scale is the one that causes lasting change, healthy behaviour and creativity. For persons working with behaviour change such as the supervisors at FLS the aim is to create a permanent change in users, towards a more healthy behaviour, even after the relatively short period they spend with the supervisor. The question is not how they can motivate changes in the users but how they can create conditions for the users to

motivate themselves. If succeeding in creating conditions where the users find themselves intrinsically motivated for the change they are most likely to continue even after the prescription period at the FLS (Deci & Flaste, 1995).

Further theory will be included in the discussion

## **The research process**

In social research there is not always a “recipe” to follow to the letter. However, as Bryman (2012) points out, the understanding of social research will give the researcher the opportunity to go fourth and make thoughtful choices through the whole process, ensuring that correct procedures are followed and get a greater appreciation for research. Knowledge of research methods gives also the opportunity to be more critical towards others research and one’s own. Bryman (2012) stresses that when inexperienced people try to do research the most common pitfalls are failing to match research question and research methods, and engaging in practices that are ethically dubious. This could be avoided with some understanding of research methods. Even if a master’s thesis is a step up from a bachelor thesis, a master student is still relatively inexperienced when it comes to research. The process of writing a master’s thesis and conducting the research must be seen as a learning process towards a greater understanding of research, which includes a large degree of critical reflection on the research carried out. In this thesis the question raised is; how can we understand the supervisors importance to the promotion of physical activity as given in Norwegian frisklivssentral? In trying to answer this question a qualitative research approach has been used.

## **A qualitative approach**

Qualitative research is described by Bryman (2012) as:

a research strategy that usually emphasizes words rather than quantification in the collection and analysis of data. As a research strategy it is broadly intuitivist, constructionist, and interpretivist, but qualitative researchers does not always subscribe to all three of these features (p.380).

Thagaard (2009) describes one of the characteristics of qualitative research, as “what we seek is an understanding of social phenomenon, either by a close relation to the informants through interview or observation, or by analysis of text and visual expression” (p.17 own translation). The social phenomenon examined in this project is how we can understand the work done by employees at Norwegian frisklivssentral. In trying to understand their perspective, they have been interviewed about their work.



Malterud (2011) mentions the flexibility as one of the features of the qualitative approach. This flexibility gives, according to Malterud (2011), the researcher a chance to learn from his or her experiences during the research. The researcher can focus and specify the research question during the project. In this thesis the research question has been specified during the process from the first idea, through the transcribing process and further during the writing and analysing process, trying to make sure the question asked, is the one that has been answered. The choice of a qualitative research approach is based on the initial research idea of wanting to interview employees in frisklivssentral to see how their work is done and why they do as they do. The qualitative approach is the most appropriate to this research idea. Also with this being a master thesis the focus is on learning and being able to adjust during the process is important for the learning outcome.

The relationship between theory and research in this dissertation has a primary inductive approach. As Bryman (2012) points out, an inductive approach does not exclude elements of a deductive approach. With the inductive approach seeking to generate theory from observations or findings the interview guide is somewhat based on literature and previous research thus giving it an element of deduction without testing a hypothesis.

## **Design**

Research design is the framework for the collection and analysis of data within a research project (Bryman, 2012). Each design has its positives and negatives and must be chosen in order to best answer the research question.

The research design for this project has elements similar to a case study. According to Mehmetoglu (2004) there is disagreement regarding a final definition to describe case study design. But a description of the design is according to Mehmetoglu (2004) this:

An examination of a limited system or a case (or more cases) over time through detailed and numerous data collection. This system is a phenomenon limited in regards to time and space, for example a programme, event, a person, a process, an institution or a social group. A case is selected on the basis of a research interest, a hypothesis or an issue (p. 41, own translation)

A case study design has according to Merriam (Mehmetoglu, 2004) four main characteristics; particularistic, descriptive, inductive and heuristic. In this thesis the particularistic is physical activity in FLS as a phenomenon. The descriptive characteristic is in this thesis the description of FLS as a phenomenon and physical activity at the FLS in particular. In case study design heuristic means that the study expands the readers understanding of the phenomenon by shedding new light on it. The aim with this thesis is to shed new light on supervisors' work at the FLS and give a broader picture of the work done at FLS than what is known. A case study uses an inductive approach to generate new theories based on analysing data. The main goal for this thesis is to analyse data and create a theory or new perspective on the work done at FLS.

## **Sampling**

In this dissertation a generic purposive sampling approach has been used. A generic purposive sampling is according to Bryman (2012) a sampling approach that has the goal to sample participants in a strategic way in order to answer the research question properly. This sampling approach requires clear inclusion and exclusion criteria often based on the research question. The priori approach of purposive sampling sets the criteria for selecting participants ahead of the research in contrast to the contingent approach where the criteria evolve during the research (Bryman, 2012). In this dissertation this sampling method is chosen as the research question seeks to illuminate what influences the delivery of physical activity in Norwegian FLS from the employees' point of view, as they are the one delivering the service. The criteria to be an informant in this dissertation were to work with physical activity in a FLS, and working in a FLS being their main employment. As many FLS are operated by few employees, some not even filling a 100% position, working with physical activity may be just one of the tasks the informants has. Many employees in FLS also have an administrative responsibility or insight in the administrative part of running a FLS and the challenges surrounding this, not just the physical activity "classes". This was the idea when recruiting employees with FLS as their main employment as they would hopefully have insight in many aspects of the FLS.

To recruit informants a total of 18 FLS were contacted. The number of 18 FLS was due to practical reasons as this is the number of FLS within a two hour driving range from the researcher's work place and two hours from the researcher's hometown. This gave a spread of

approximate 15000km<sup>2</sup>, included both densely populated areas and more thinly populated areas. All FLS were contacted by e-mail in the time period 5th of May to 27th of May 2014. When contacted the research idea was presented and it was asked if someone who worked with physical activity at the frisklivssentral would like to contribute to this through an interview. From the 18 FLS contacted, seven employees with different roles at the frisklivssentral agreed to participate to the research. This sample size gave the opportunity to conduct the interviews in a short period of time: 2 weeks. Prior to the two weeks all of the informants had as a coincidence attended the same physical activity seminar organized by the Norwegian directorate of health. This meant that they could all say something about what they felt about the quality of the directorate's services towards FLS and physical activity. In the FLS the informants employment differed in both how they were organized within the municipality, how many employees, what the main focus they had, how the employees were organized, their locality and other factors. This gave a wide picture of the challenges FLS employees meet in their work with giving a physical activity scheme. About sample size Bryman (2012) says that rather than relying on others impression about what an appropriate size is, one should rather rely on oneself if you can justify why your sample is appropriate. The sample size was set by the number of FLS employees who wanted to contribute to the project. But during the interviews it came through that they all represented different type of FLS in the way that they were employed, how many colleagues they had, which section of the municipality they were organized under and who long they had been operative as a FLS. Thus, they represented a diversity of organisational models for FLS.

### **Data collection method: semi-structured interviews**

In this dissertation a qualitative semi structural interviews were used to generate data from the informants. Kvale, Brinkmann, Anderssen, and Rygge (2009) describe the qualitative research interview as a professional continuation of the day-to-day conversation. It is described as basically an exchange of viewpoint between two persons. The semi-structured interview is emphasised by Kvale et al. (2009) as a flexible method. In this research the semi-structured interview was chosen because of its flexibility. The semi-structured interview uses an interview guide as a tool to steer the interview. The topics in the interview are predetermined but the order can shift during the interview. The themes in the interview guide were covered by open-ended questions, as Kvale et al. (2009) suggests. This with the intention to get the

informants genuine answers and thoughts about the theme, rather than a constructed answer to please the interviewer. The topics were predetermined, but were open to allow new impulses during the interview if the informant presented something new or interesting.

To make the interview guide some main themes were constructed based on the research question and literature. Main themes were personal information about the informants, information about their workplace, their physical activity scheme at FLS, and their work conditions. After deciding on main themes more detailed questions were developed (appendix nr. 8).

An example of the use of the advantages of this interview form is how the theme of the Norwegian directorate of health made it in to the interview guide. During the first interview the informant talked about the physical activity seminar she had attended organized by the Norwegian directorate of health. This was a theme not mentioned in the original interview guide, but was added on to it after the interview to see what other informants thought about the directorate and their work. It later turned out that most of the informants had attended the same course and talked about how the directorate had a big influence on their work.

To get rich and detailed responses during each interview the informants were given time to reflect and elaborate before the next question was raised. Follow-up questions was also raised to pick up on interesting topics or to get clarification. Kvale et al. (2009) call interviewing a form of craft because of the complexity and the skills it takes to make a good interview. The interviewer needs to make a connection with the informant and make them comfortable. And they need to be an active listener to read the informant and pick-up on details that might be significant for understanding the research question. To avoid predetermined questions Kvale et al. (2009) suggests that the interviewer is deliberately naïve and tries to get the informant to elaborate in order to pick up on interesting subjects. This was used during the interviews especially when the informants talked about technical or professional terms or research. Instead of rushing through the subject and brushing it aside as something the interviewer knew well, the naïve approach was used to get the informants to elaborate. As an example of this, one of the informants said they used an salutogenetic approach. By being naïve she would elaborate what she meant by that, showing her view on the term.

During the interviews the interview guide (see appendix nr 8) was used as a checklist to ensure that all of the topics were covered. Notes were recorded during the interview to remember interesting topics for further elaboration. To pick up interesting things the

informants said during the interview new questions was raised like “you mentioned you are a teacher, how do you think this effects your interaction with the users different from someone without an educational background?”

Thagaard (2009) emphasises that in order to get a good relationship between the interviewer and the informant it is important to show an interest in the informant early on in the interview. Thagaard (2009) suggest starting off with basic questions such as age, education, and background. This method was used in the interview-guide for this dissertation. More investigative questions were placed later after some trust had built up between informant and interviewer. The interview was ended with asking the informants whether they wanted to add something or if there was something they thought was missing from the interview. This is according to Thagaard (2009) a way of lightening up the atmosphere after what might have been an emotional experience, and a ways of creating a natural end to the interview. To show an interest in the informant before the interview started and to get the conversation to flow, questions about their facilities and location and other ‘small talk’ was asked as the interviewer was shown to the right location for the interview. The same was done after the interview was ended to keep a friendly tone and end on a good note.

For the informant’s convenience and for the informants to feel more comfortable most of the interviews were conducted at their work place. Most of the informants suggested doing the interview at their workplace themselves. All of the informants provided at private quiet room for the interview to take place. The one interview that was conducted at the researcher’s work place took place in a quiet group room away from the researcher’s office. None of the interviewees seemed to be affected by where the interview took place. Even if there were difficult or sensitive questions they were not very personal. Nor were they asked about their closest colleagues or leader. Questions about these topics might have been better to have on more neutral grounds. One of the benefits of having it at their work place was that they could show things during the interview. Some found a copy of their schedule at the frisklivssentral to easily show what they meant by what they said. Others found some pamphlets from the directorate (the Norwegian directorate of health) to show what *they* gave out to the frisklivssentrals.

To ensure that all of the informants knew what they were participating in they got an information-form telling them about what they were contributing to and how they could

withdraw if they wanted to at any time (appendix nr. 1). This information form was approved by the Norwegian Social Science Data Services, NSD (appendix nr 2). As Bryman (2012) suggests, all of the interviews were recorded with a good-quality recorder, to easily be able to transcribe it later. All of the informants consented to the use of a recorder. The interviews was filed at a private password protected computer after they were deleted from the recorder.

## **Transcribing**

According to Kvale et al. (2009) transcribing is a form of transforming; the recorded conversation is transformed to written text and being available to analyse. It is a process more than just writing down the words that are spoken. The transcribing in itself is an interpretation of the interview. The amount of details that is transcribed can vary according to which purpose the text has. To analyse a conversation all details and pauses must be a part of the text. In this project the interviewing and transcribing was done by the researcher. After the interview, transcribing the interview yourself can be demanding but also very rewarding for the end result. When researchers do both interview and transcribing they can remember thoughts from the interview situations, body language and emotional reactions. The researcher also learns a lot about his or her interview style (Kvale et al., 2009). When the transcribing is done by one person the advantage is that the same procedure has been used. If the transcribing is done by several persons a written detailed procedure needs to be made to ensure the same quality of the data emerges from the interviews (Kvale et al., 2009).

In this project the aim of the interview was to get the informants to talk about their work, how they deliver their work and why they do what they do. Most of the informants answered straight forwardly to the questions without many pauses or hesitation, which made the transcribing quite straight forward. On the questions about collaboration and support from the municipality many of the informants were more hesitant and this came through in the transcription. Most of the informants were local to where they worked and therefore speak a dialect similar to Norwegian written “bokmål”, and therefore “bokmål” was used in the transcription with some local expressions. One informant had a strong dialect and one informant was from another Scandinavian country. For these two a more colloquial tone was

used to capture their language because their language was so far from both “bokmål” and “nynorsk”. When quoting informants all quotations have been translated by the researcher.

After all of the interviews were conducted the recordings were transferred to a password-protected computer and the recordings were deleted from the recording device. The interviews were coded with numbers and the coding was written down separately.

All of the informants were transcribed by the interviewer. The transcribing was done after all the interviews were conducted. Some of the informants used local names and talked about surrounding municipalities or colleagues at other FLS. This was rewritten during the transcribing to anonymize the informant, without losing the value of the information the interview gave.

## **Analysing**

### **Grounded Theory**

The strategy for analysing the data has been inspired by grounded theory and Charmaz in particular. Grounded theory is described by Charmaz (2000, p 509) as: “Essentially, grounded theory methods consist of systematic inductive guidelines for collecting and analysing data to build middle range theoretical frameworks that explains the collected data” Further Charmaz (2000) specifies that grounded theory is strategies for analysing, not collecting data. The method has its history from Glaser and Strauss who in 1967 developed the method or strategy. As the method has developed several approaches to the method has emerged, and they have their differences. Charmaz (2000) promotes a more constructivist view on grounded theory than the positivistic view of Glaser and Strauss. She argues that:

The power of grounded theory lies in its tools for understanding empirical worlds. We can reclaim these tools from their positivist underpinnings to form a revised, more open-ended practice of grounded theory that stresses its emergent, constructivist elements. We can use grounded theory methods as flexible, heuristic strategies rather than as formulaic procedures  
(Charmaz, 2000, p. 510).

Regardless of the researcher’s view, whether it is positivist or constructivist, the principle of grounded theory is the same. The method gives the researcher a set of clear guidelines to build a framework that explains relationships among concepts.

## **Grounded theory used as analysing method**

The use of grounded theory in this thesis started with the coding of data after it had been transcribed. Coding is meant to give a new perspective on the empirical material and it may lead us in new directions. The coding is not meant to put the data into preconceived codes but rather let the material and the researcher's interpretations shape new codes (Charmaz, 2000). To do this the original research question was set-aside during the coding process in an attempt to see where the data and the coding lead to, and not try to make codes that would answer the research question.

## **Open coding**

The open coding process was started with line-by-line coding. This form of coding is supposed to help stay close to the material and look beyond initial expectations of what the data might say (Charmaz, 2000). When doing line-by-line coding Charmaz (2006) emphasizes the importance of using codes that are simple and fit the data. The codes should emerge from the data, the data is not supposed to be fitted into preconceived codes. The line-by-line coding was done by reading printed transcripts of the interviews and recording notes in the margins. This approach was used to get an impression of the data and move quickly through the data as Charmaz (2006) stresses as important. With all the printed transcripts accessible at the same time it was easy to compare the transcripts with each other. This is a method called constant comparative. It is used to compare the people with each other, compare incident with incident, compare concept with concept and comparing people with themselves through the interview (Charmaz, 2000). The constant comparing was used throughout the whole analysing process. The line-by-line coding gives an opportunity to look at each line separate from the whole. After doing and transcribing the interview it is easy to have an impression of what the informants said and meant during the interview. The line-by-line coding gave an opportunity to look beyond this preconception and explore new ideas about the content of the interview (Charmaz, 2006).

Line-by-line coding creates a vast amount of concepts and notes. To decrease the number of concepts the transcripts were coded paragraph-by-paragraph. The paragraph-by-paragraph coding was done with the same strategy as the line-by-line coding. Keeping the codes simple



and precise, to stay close to the data. Doing a paragraph-by-paragraph coding compared to line-by-line coding gives you a broader perspective and gives you an opportunity to see incidents in their context (Charmaz, 2006).

The notes made while doing paragraph-by-paragraph coding were used to avoid losing the closeness to the data. This process was carried out using the computer (see appendix 3-7). This made it easy to search for concepts in other transcripts and compare during the coding. During the coding similar concepts got more accurate and it was useful to easily be able to go back and change names of some concepts used in other transcripts.

### **Selective coding**

After paragraph-by-paragraph coding a selective coding process started. Selective or focused coding uses the most frequent codes to sort the data. The goal of focused coding is to eventually create categories from the concept created through the open coding (Charmaz, 2000). The focused coding was done in two steps. First the concepts from the open coding were compared and the concepts with the most importance and most revealing for the data are made into categories. Compared to the codes from line-by-line and paragraph-by-paragraph coding, the focused coding results in more direct and conceptual concepts (Charmaz, 2000). This process still ended up with up to 100 codes per interview. To help narrow it down, and get an overview of the codes, all of the codes were gathered in an excel sheet arranged interview by interview. All the matching codes got marked off to easily see tendencies. Codes with different spelling or tense were changed to gather matching codes. Similar codes were looked at to see if they could be combined. During this process the data were “consulted” throughout the process to not overlook nuances or to delete important codes. After the codes were narrowed down, codes concerning the same issue were gathered to see if it could eventually be a concept. The process ended up in five concepts.

### **Memo writing**

Memo writing comprises informal analytic notes written during the process. According to Charmaz (2006) memo writing is important in grounded theory as it helps you to analyse your data and codes early in the process. It keeps you involved in the analysis and lets you keep

ideas as they emerge. It can give you a place to make comparisons in the data and to discover new ideas. Charmaz (2006) calls memo writing “the pivotal intermediate step between data collection and writing drafts of papers” (p. 72). Memo writing is a personal and informal method, do what best fits you. It is supposed to capture your spontaneous thoughts about the data.

Throughout the whole analysis process memo writing was used. Every idea and thought that needed follow-up was written down. Some of the ideas were followed-up by looking at literature and exploring the idea of it as a potential concept. Other memos were followed-up by revising the data and comparing. New observations were made after writing down ideas and thoughts through the analysing process. All of the notes were written down by hand and often accompanied by drawings to try to look at the bigger picture. When the first ideas of what the concepts could be drawings of different models were carried out and the power point like tool, prezi was used to structure the thought process. All of the memos helped emerging ideas to be explored. It helped to bridge the different steps in the analysing process. When exploring ideas as they came along many theories and concepts were also rejected. This helped focus the analysis and focus the thoughts and ideas as they emerged. Through memo writing the pre-understanding of the researcher also came clearer as described below.

### **Researcher pre-understanding**

According to Malterud (2011) the question in modern research is not *if* the researcher is affecting the research process but *how*. The idea of the neutral researcher within social research is out-dated. The researcher’s position, interests, motives and personal experiences all influence the research. Deciding on a research project and going through with it all on your own as a master’s thesis is definitive affected by personal interests. To handle this with as much openness towards both readers and contributors the researcher must investigate his or her own prior understanding.

To investigate my own pre-understanding I looked at why I have got an interest in writing about FLS and their physical activity scheme. My education is a bachelor in physical education (PE) and one extra year programme in food, nutrition and health promoting work. These two subjects add up to a big portion of the activity at a FLS. What has always been interesting with teaching for me is how to communicate to your pupils, students or at FLS your users and how can you have an impact on them. The knowledge you hold only gets you

so far in teaching, you need to be able to make a connection and have a strategy that gets your audience to learn something.

What I have learnt through analysing the data and doing this research is that I compare the supervisors at FLS with a teacher. Not necessarily intentionally, I have tried to look beyond it. Malterud (2011) writes that interpretation is an important part of the qualitative research process. The patterns the researcher finds depends on what patterns we have the ability to read and recognise. Someone else reading my material would perhaps come up with different categories, and connect it with other theories. During the analysis process I tried to look beyond the familiarity of pedagogy and PE didactics and let the data speak for itself, but ended still up with categories inspired by the most basic didactical relations model from 1978 (Bjørndal & Lieberg, 1978). This is not what I thought I would end up with starting this process. I initially thought I would look at how the supervisors at FLS use the guidelines to shape their physical activity scheme.

Acknowledging my pre-understanding makes it easier to work with it instead of trying to deny it. That does not mean that supervisors and teachers will be compared, but the same principles used in PE teaching can be used when working as a supervisor at a FLS. It is not unlikely that someone with my educational background would look in the same direction. Both PE and the physical activity part of the FLS have some similarities. They have the same goal of motivation and making physical activity a positive part of pupils or users everyday life (Hedmark University of applied sciences, 2009; Ministry of Education and Research, 2006; Norwegian Directorate of Health, 2013b). The PE education also qualifies to other educational and communication work with youth and adults outside of the school setting, so a PE teacher could possibly even work at a FLS (Hedmark University of applied sciences, 2009).

### **Research trustworthiness**

Social research is difficult to replicate and to re-test in contrast to much quantitative research. The social setting and circumstances is never the same and cannot be “frozen” in time. To judge or evaluate social research Bryman (2012) presents the concept of trustworthiness an alternative to reliability and validity used to evaluate quantitative research. In social research the results depends on the process the researcher takes is through. How credible the result are

in the end is determined by accept from others and the social setting that has been investigated (Bryman, 2012). In this thesis the informants has not been able to comment on the result so whether or not the researcher has a credible perception of their world is hard to say. The result has been discussed with colleagues and fellow students who all find the results not sensational, but rather credible. To give others an opportunity to judge whether the results are credible the research process and the setting the research has been done has been thoroughly described. This is to ensure transferability.

## **Core categories**

In this chapter the core categories will be presented using the informants own words. The results will be further discussed in the next chapter.

After analysing the data five categories emerged: supervisor prerequisites, users' prerequisites, structural framework, approach and strategy and the category named aim. All of the categories are presented and examples of how each category emerged are presented in the appendixes. After analysing the data the categories that emerged shows that all five categories were important for answering the research question and understanding the supervisors role in the activity scheme provided.

## **Description of the informants**

The informants all worked with physical activity at the FLS. They had different backgrounds and experienced their everyday work differently. Three out of seven informants worked alone for the most part. They had people doing minor jobs or running groups, but did not have any day-to-day colleagues at the FLS. Even if the FLS was located at a bigger facility, they were the only one running and working at the FLS. Three of the informants have two or three colleagues and one worked in a bigger FLS with four colleagues.

Informant number one: "Line" 25-30 years old. She had a master in Public Health Nutrition and a one-year course in sports. She worked with five or six others, depending on the current budget

Informant number two: "Tine" was 40-45 years old. She was a physiotherapist. She ran a FLS and a commercial gym with a 50/50 divide between the FLS and the gym.

Informant number three: "Ole" was 40-45 years old. He had a bachelors in physical activity and health and he had ECTS credits in nutrition and was a sports masseur. He worked 50% at the FLS and 50% with other tasks in the municipality.

Informant number four: "Else" was 25-30 years old. She was a physiotherapist and had ECTS credits in basic fitness and nutrition and exercise. She worked a small percentage at the FLS and worked in the municipality.

Else and Ole worked at the same FLS.

Informant number five: “Trude” is 50-55 years old. She was a physiotherapist. She had one colleague who also worked 100% at the FLS. Together they ran the FLS.

Informant number six: “Karin” is 30-35 years old. She was a public health consultant with a bachelors in physical activity and health and she had a coaching education. She works in a 60% position at the FLS and had the only permanent position there.

Informant number seven: “Tone” was 50-55 years old. She was a sports teacher and had a continuing education in project management and public health and health promotion. She worked 100% at the FLS and had the only permanent position there. She cooperated and coordinated work with three other municipalities that all had “her” FLS as their “home” FLS.

### **Core categories**

The categories emerged through analysing the data and as presented in the researchers pre-understanding section they were influenced by a didactic planning tool (Bjørndal & Lieberg, 1978). This does not mean that they are equal to the planning tool. The categories will be presented in a random order, as they are all equally important. Quotations from the informants are presented to show both the variety and similarities between the informants.

### **Supervisor prerequisites**

The informants had different educational backgrounds and they all have different professional experience. Their background and experiences gives them different perspective on the work they do. As an example of this is Ole, with a background of physical activity, health and personal training, who emphasized the importance that *their* physical activity scheme involves both aerobic and anaerobic training:

So, I have the basic knowledge. So I get the principle of strength training and the different types of training and this with endurance training. What it does to our system, both aerobic and anaerobic training. Even if we don't specify, it is important for the user, so that has to be the baseline. In the scheme. That they are getting some of everything. (Ole)

Whereas Line, with a background in public nutrition, explains what they emphasise at their FLS:

Because working out here is not supposed to be about. Well it *is* about building muscles, but that is not what it is about. The main goal is to get your heart rate up, your heart should exercise, you should get a sense of enjoyment, and generally get in a better physical shape. (Line)

How their background affects their focus can be reflected in the way they describe the purpose of their training scheme at their FLS, the difference being one informant emphasizing the physical exercise as the most important while the other describes the enjoyment of being active as the most important thing for the users. They both want the same thing for their users, getting in better physical shape, but have a different idea of what that means. All of the informants have a positive relationship with being active themselves and they are aware that users look up to them and can see them as role models. They are all aware of this, and try to be a positive role model. Line explains how she is conscious about being a role model:

I think it's important to have a balanced relationship with you own fitness and diet when working here. Because your attitude rubs off on the users. You can feel it. They notice how we look, the clothes we wear. If we wear tight fitted clothes they will comment on it. On the skinny ones. They comment on our body shapes. So I think we need to be positive role models for them in all ways (Line)

All of the informants talked about how they try not to be too “perfect” and create an illusion that they are super-humans just because they enjoy being active and look normal.

When the informants talk about the activity they offer at the FLS they all say that it is based on their experience. Some of the informants have worked at other FLS before and have gained experience from that and others from previous work or education. They also mentioned that meeting with supervisors at other FLS gives them ideas and inspiration. Ole explains:

we don't need to reinvent the wheel all of us, right. That is what it is about. Find out what is a success and what does not work. Because, we are all looking at the same group of people right. So it can be quite useful to meet. (Ole)

They all express gratitude toward the directorate of health for hosting gatherings for supervisors. At gatherings they get to meet other supervisors and get inspiration and updates on latest research within the field.

## Structural framework conditions

The category describing structural framework conditions is important because the activity at the FLS is so directly attached to the framework they have to work within. One of the most prominent structural framework conditions the informants have to relate to is the premise they dispose. Some of the informants describe their premises as great for the activity they want to offer. Tone is pleased with the premises she has to her disposal:

But then again, the facilities is great here. You have the outdoors that are great, and we have offices. We have a swimming pool, that we should take advantage of. Maybe get some activity there. It's been requested. And we have a gym hall for indoor activity, so in that way it's great. (Tone)

The other informants seems to also be pleased with the premises they have at their disposal in regard to what activity they can offer. Karin explains her view on using the premises she has: "The path is made as you go. And it is important to adapt it to where you are. For us it has been important to look at what we have. What can we use to make something" (Karin). This view is common for all the informants. They seem to be looking for opportunities for their premises rather than letting it limit them. It's first when asked about what limits them in their work that they might be negative towards what they have at their disposal.

What their facilities does to the offer they can provide is one thing, but what their premises does for the FLS as a whole is another matter. Five of the informants explain that they struggle with showing the public that they are a FLS and not a better known concept like a gym, senior centre or a volunteer centre. Trude explains how "her" FLS is located:

There is an activity centre here and a day centre. For elderly and disabled. And the café here is for them as well. So in the beginning people assumed we were with them. And the volunteer centre is here, and they have group activities as well. So people thought we were a part of the elderly group there (Trude).

Other informants also wished they had more space for the users to gather for a cup of coffee and some small talk before and after activity to get a greater social benefit. The premises also impact on the informants and their workplace environment. Several of the informants say that they could benefit from having more colleagues to cooperate with. Else explains how she and colleague Ole experience their locality:



Because, we are located in three different places. And that does something with the cooperation and communication. It's not easy to ask about something. But, we have had a wish about having one place for the FLS. Then it would be easy for users to stop by as well. But that's not. (Else)

Others explain that they often forget to cooperate with other departments in the municipality because they are not located together. On the other hand one of the informants say that since they are not located with their closest superior they can do pretty much what they want as long as it does not cost any money. When asked what their greatest limitation is all of the informants answer that they wish they had more resources and money to develop and give a better offer. The informants wished they could spend more time with each user. Line puts it like this:

maybe we should have more time with each user. So that we could offer them more individual conversations. To keep more in touch with them and motivate more. More time, but then again that would be more employees, on 100% or 50%. (Line)

This is common for all of the informants. The informants who work alone, Tine, Karin and Tone also add that when working alone there is so much time going to management instead of activities with users.

## **User prerequisites**

The users who find their way to the FLS is different from FLS to FLS. What all of the informants experience is that most users, outside of the psychiatric departments, seek them because of problems with overweight, diabetes, or muscular and joint issues. Most of the users do not work full time or at all.. Many of the informants mention users as a resource in their work. Their users help each other stay motivated and help new users feel welcome. Tone also explains that she views users as a resource as they are great ambassadors for their work and that they help form the activities when they come with wishes.

The informants all enjoy being active themselves and have quite different experiences with being physically active than the users they work with. Several of the informants say that they are almost surprised about how bad their physical shape is. Tine explains how she sees it:

we should try those sumo wrestling suites, so that we could experience what its like to work out like that. Hehe, that was my suggestion to my colleague. Cause we don't know, how it is. We just know in

theory. And for us it's easy to jump down doing the plank and jump up again. But for these it's a strain on the back, hips and knees. That we don't recognize when we do the exercises. (Tine)

Not only are the informants surprised about the physical shape of the users but also their health literacy. Trude explains how her users like this surprise her:

I don't get that people don't see that they walk wrong for example. Because you have to get it, I think. And then I think, would I have known if it was not for my education and background, I don't know. Because there is so much that I take for granted that people are supposed to know, but it is obvious that they don't know. Even if its headlining the news through the year. Even then I think people don't get that health has something to do with both diet and exercise (Trude)

Else, Ole and Karin also share this view. They think it is strange that people do not know how to take care of their own health. They say that they often have to answer questions about different fashion diets and clarify things that have been in the news that can be confusing. The informants all say that even though they are supposed to help users go on to find a more permanent place to work out or do other things after a 3month prescription period many users get attached to the place and wants to stay on. They say that they often require more than the three months to establish new habits and they depend on the support they get from fellow users and the supervisors.

### **Approach and strategy towards users**

The informants all talk about motivating the users at the FLS. They have different strategies and approaches to reach out to and try to motivate users. One of the strategies is to focus on the positive and the progress users make. Line uses the term salutogenesis and calls it that, while others explained how they have this focus.

Tine says:

We'll skip the overweight, we'll skip the weight. What are you doing now, right? Now you have expanded your week from being active two times a week to more, and that is great. Cause, you need to focus on the positive. Don't focus on the diet just yet. Start by getting active (Tine).

This positive focus is common to all of the informants. They try to shift the focus from dropping this and that much weight, to applauding the small changes that the users do.

Another strategy for motivation for change is pre- and post-testing of physical condition. The informants explain how they view testing and how it is difficult to use testing for many reasons. Some users want testing and Karin explains how that wish is met:

Some are super motivated to have something like that. And then my thought is that, that is important. Because we are there to make them motivated to change. And then I think that it is important to have an option of group testing, even if they test themselves in a group. And for some it's not an option at all. But we can also have individual tests sometimes (Karin)

She focuses on what the users want and gets motivated by and tries to accommodate their wishes. While she uses testing different from user to user others try to do the same test on all users. Else explain how their FLS uses testing: "Now we use the six min walking test that works fine. But we need to consider the weather. So that we do it inside as well" (Else) She considers it a motivational boost: "It's a test for the prescription users. That they get before and after their prescription period. It gives them a kind of motivational boost" (Else). Their FLS uses testing on all users pre and post prescription. But also mentions that it can be difficult to use the tests with different weather conditions on pre and post testing. The problem with too low post-test "score" is also brought up. Too little progress on a test can have the opposite effect than what they want. Other issues with testing that is mentioned is that there is little standardization in testing between different FLS, so that they cannot use tests to measure progress from FLS to FLS. Other issues is that users can be in so bad physical shape that they simply cannot complete the test or they have issues that compromises the testing. It can be that their balance is too poor to use a step-box for testing or in extreme cases they simply cannot walk continuously for six minutes. Testing is only one of the strategies the informants talk about regarding motivation and motivating users. Many of the informants talk about how they focus on promoting mastery for the users. Line talks about how they try to find activities for the users when they first come to them:

first and foremost because we let them participate in activities from the start that we think they will master. We let them, we try to see if they are in good enough shape to go to the outdoor workout, because that is something most can do. (Line)

She then explained that they "let them" participate in other more challenging activities later on when they are ready for that. This is their FLS strategy to help users experience mastery and not throw themselves into unattainable goals.

Testing and planning users schedule is events that happened few times through a prescription period in contrast to week-to-week activities users participate in. The informants all focus on making the work-outs a positive and social highlight for users. Tone talks about how she promotes the social aspect of the work-outs towards potential referrers:

It's not just the activity, but absolutely the social part as well. It means something. That is why I think it's supposed to be a good thing to come and be a part of. We need some laughter and having some fun. It's not supposed to be bloody serious! (Tone)

The informants focus on the social for several reasons. Many users have been out of work because of their health or other reasons and the FLS becomes a new social arena. One of the informants also talks about how they cooperate with the psychiatric department in the municipality that refers users for social training. The FLS is seen as a safe place where user can meet persons with the same problems as themselves. In contrast to a regular gym the FLS is often more sheltered. Karin explains how she has used the local outdoors to create a sheltered and safe way for the users to enjoy activity:

We used a simple cabin about 10k from here. Where we always have walks and hikes. And the food was outside by the campfire. So you would get it all. To be in a safe environment that is a bit sheltered. You don't need, no one will see you there. And there is always physical activity present. And the good conversation could find its place there." (Karin)

With users in different physical shape informants have strategies to include all of the users in a workout. Many of the informants described their outdoor work-outs as often influenced by intervals. Tone describes the way she plans outdoor workouts with intervals:

then there are intervals. There can be long intervals, 4x4 or short ones 15x15, that type of work out. They can walk around and count trees for a minute and see how many they end up with. And then the next times you cannot have less than the first interval. And we do that four times. (Tone)

This way of differential in level means that everyone can work out in the same place and not compete with each other if they do not want to. In addition to focusing work-outs that everyone can join in regardless of physical shape. The informants also focused on doing activities that the users easily can do themselves at a later point without fancy equipment needed.

The approach and strategies that the informant's use is closely attached to the aims they have set to achieve.

## **Aim**

The informants describe the aims for their work at the FLS both in what they want to achieve with the users that come to them but also aims at a more general level for the FLS as a whole. When asked for what their goal is the informants gave different versions of "getting people in better physical shape". However, when they elaborated a bit different goals appeared. One goal that appeared was to impart knowledge to the users. Many of the informants were surprised about the limited level of knowledge that the users had about physiology and diet. Because of that they incorporated small lessons about this in their workouts. Tone explains how she incorporated it:

And then I try, when we are outside to tell them: We are doing intervals now, what is that doing to your body. And then you talk about it as we go. That's what I usually do. Those themes have been great.  
(Tone)

Else and Ole also talked about how they want to straighten out "facts" that users have from newspapers and magazines that might not be the most nuanced source of health facts.

When informants were asked to elaborate about the goal to increase physical shape they did not have a physical goal for how much progress they wanted users to have but rather a goal about changing the mind-set of the users about their physical shape and health. Karin talks about the change she wants the users to experience:

The goal is, it's quite big and a wide term, but to try to get users to increase their quality of life. It sounds so nice. It's not about getting the not physical active to become active, in an exemplary way. That's not possible, but it's about getting that person to be a bit more active than it used to. (Karin)

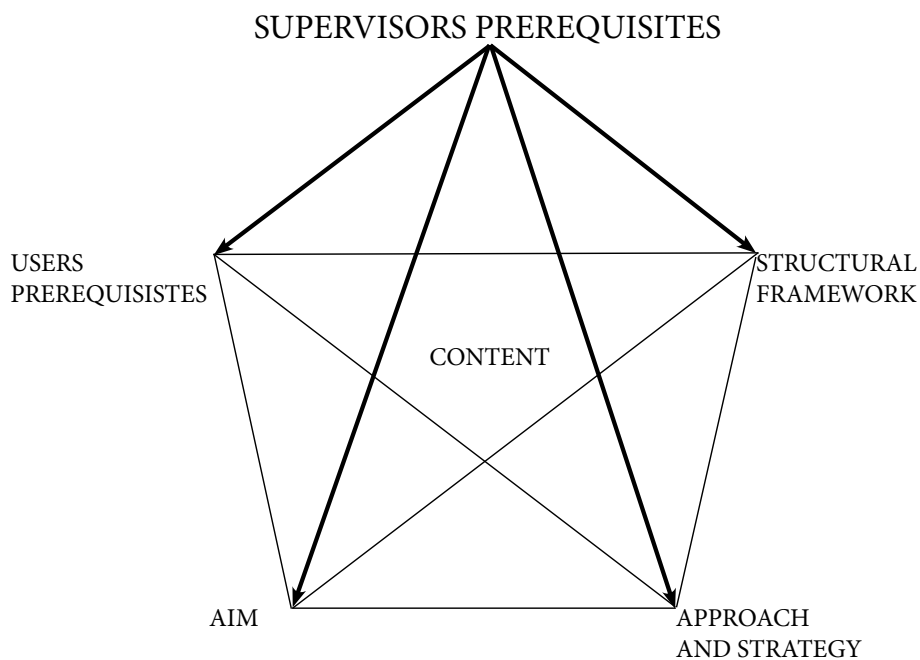
Tone and Tine is part of a test group using a computer-based test that maps out users' lifestyle where they can re-test after three months and see improvements. This focuses more on positive changes than what users are doing wrong.

## Discussion

As described in the introduction the supervisor has been given almost a free rein when it comes to providing physical activity in the FLS compared to other offers they provide. The guidelines for FLS (Norwegian Directorate of Health, 2013a) give a framework for the scheme that is open for local adaptation and interpretation. In addition to this it is suggested to use national (Helsedirektoratet, 2014; Sosial og helsedirektoratet, 2000) and international recommendations for physical activity and to use the activity handbook (Henriksson et al., 2009) provided by the directorate of health. The free rein opens more up for individual interpretations by the supervisors.

To answer the research question concerning how we can understand the supervisor's importance to the promotion of, and motivation for physical activity as given in Norwegian frisklivssentral one must look at the overall aim for having a physical activity offer in FLS. The aim is for the users to increase their physical health and adhere to physical activity. Promotion of physical activity in FLS is not just to give information about benefits of physical activity but to facilitate for users to find enjoyment and motivation to adhere in physical activity.

The model (fig 2) shows the elements that influence the offer given. The categories will be explored more in depth and in relation to each other.



**Fig 2 Model of supervisors relation to core categories**

The supervisors at FLS makes the day-to-day decisions affecting the offer they give. The supervisor’s prerequisites lay the foundation for the decisions they make. Bourdieu’s concept of habitus is a way of understanding how their prerequisites affect the decisions the make. Habitus describes the relationship between the person, the social and the behaviour and preferences of a person (Wilken & Andreassen, 2008) The concept is similar to culture but habitus is the individuals interpretation of their culture. Habitus describes the way a person acts in a situation based on their previous experiences (Wilken & Andreassen, 2008). This means that the supervisor’s previous experiences is important to understand the way they view their users and act towards them. It can also give us an understanding of what they emphasize in regards to content in their physical activity offer. An example of this amongst the supervisors is how one supervisor, educated in physical activity, health and personal training emphasize that users should get both aerobic and anaerobic training every week. While another supervisor, with a physiotherapist education emphasize that as long as users are more active that before it a step in the right direction. The same supervisors also differ when talking about their own activity. One explains that a day without *working out* is not a fun, while the other one say that she enjoys *everyday activity* like taking her bike to the store

instead of taking the car. The way they talk about their own physical activity is reflected in their work. As habitus is a bodily condition that is incorporated in you and the incorporation process is forgotten or suppressed one does not reflect over every experience that has shaped our habitus (Wilken & Andreassen, 2008). The supervisors might not reflect over why they do as they do, and why they think that what they choose to do is the right thing to do. Although they have different background and education all of the supervisors have participated in courses and professional seminars organized by the directorate of health. This is also a part of their habitus and can explain why many of their actions also are the same when it comes to physical activity in FLS.

Their background and education is also in some way linked to the structural framework they must adhere to. Structural framework is the facilities and premises they dispose. On day-to-day basis the supervisors cannot, in most cases, do much about the facilities and premises they dispose other than use them as best they can. How they make use of what they have at their disposal depends on the other categories presented. The supervisor's prerequisites can influence the activities they are motivated to provide. As an example, some of the supervisors say that they have activity at the local swimming pool and that that is something they have experience with from earlier work. Choosing known activities can be related to supervisors' needs to feel competence. Being confident in the situation and seeking challenges that are optimal for their level can promote intrinsic motivation for the supervisor's. According to the basic needs theory people seek to exercise and express one's capacity (Amorose, 2007; Deci & Ryan, 2002). Satisfying one's need for competence can support or enhance a person's well-being according to Conroy, Elliot, and Coatsworth (2007). The supervisors all express that they enjoy and thrive when they talk about physical activity and the offer they provide. On the other hand they express less well-being and motivation when they talk about FLS offers outside of their disciplines.

Supervisor's habitus can also be related to their relation to their users and how they perceive their users' prerequisites. According to Dwyer (2015) teachers teaching the same subject is affected by their habitus in the way they relate to their students, that can be transmissible to the supervisors. Coaches and physical activity teachers are professions similar in some ways to the supervisors. In sports the coach is important for all participation levels, from youth to professionals. The coach's structure to practice, the feedback they give to athletes, their relationship with athletes and the technique they use to motivate all have an impact on the athletes' behaviour and results (Amorose, 2007; Banack, Sabiston, & Bloom, 2011; Gagne,



2003; Mageau & Vallerand, 2003). The same goes for physical education teachers (Filak & Sheldon, 2008; Standage, Gillson, & Treasure, 2007) One can compare supervisors at FLS to these to professions. Coaches, teachers and supervisors all plan activity and execute it. They have to relate to athletes, pupils or users and encourage them to use their potential. These professions all have the ability to make athletes, pupils and users learn and develop their abilities, they can make them enjoy their experiences and promote intrinsic motivation (Amorose, 2007). On the other hand they also have the ability to give athletes, pupils and users low self-esteem and poor performance (Amorose, 2007). Supervisor-user relation can promote self-determined intrinsic motivation or non-self-determined extrinsic motivation. Although the supervisor's knowledge to self-determination theory is unknown, they can still unintentionally promote motivation through competence, autonomy and relatedness. Autonomy support is according to Mageau and Vallerand (2003) and Teixeira Pedro, Carraça Eliana, Markland, Silva Marlene, and Ryan Richard (2012) important for intrinsic and self-determined motivation and adherence to exercise. Mageau and Vallerand (2003) describe coaches' behaviour that is autonomous supportive: (1) give as much choice as possible within certain limits, (2) try to understand and acknowledge others feelings, (3) allow initiative and encourage it, (4) give useful feedback. The way supervisors describe their meeting with the users show that they try to be autonomous supportive, intentional or not. All users have a meeting with a supervisor prior to any activity to map out their aim, wishes, their current condition and situation. The supervisor tries together with the user to make a plan that is feasible. Getting to know the user and collaborating with them to make a plan and a goal to achieve can be perceived as autonomous-supportive by users (Mageau & Vallerand, 2003). Some of the supervisors who don't have these first meeting theme selves explain that it is harder to encourage users because they don't know their goal or their preferences. This can make it harder to promote self-determined intrinsic motivation. According to Gagne (2003) the more athletes perceived autonomous support and involvement from parents and coaches the more autonomous motivated the athletes were. The users can perceive the lack of knowledge from the supervisor as lack of involvement and support. The supervisor's describe their users in different ways ranging from "couch potato" to a resource. Describing someone as a "couch potato" might indicate a lack of understanding the user and that can lead to non-autonomous support where as users perceived as a resource can lead to the opposite. The supervisors who describe users as a resource encourage "experienced" users initiative to help new users in to the group. One FLS also has supported and encouraged a walking group run only by users. Viewing the users as a resource and

giving them a chance to take initiative can be perceived as autonomous supportive (Mageau & Vallerand, 2003).

When asked the supervisors don't give the impression that they try to promote motivation through autonomy, competence and relatedness, but they do have strategies for motivation. They describe that the focus on progress and what the users can do, instead of focusing on their limitations. One of the supervisors refers to this as salutogenesis. This is in line with what the guidelines (Norwegian Directorate of Health, 2013a) recommend as well. The supervisors say that their strategies is to focus on what the users master and try to give them activity customised to their fitness level. To do this all of the supervisors offer some sort of outdoor interval training or walking group combined with light strength training. They are resourceful and use own bodyweight or rocks as weights and tree stumps as step box to show users that they don't need to have expensive equipment to work out. They also try to incorporate some learning and information about the benefits of being more active and what happens to the body when you are active. When giving users the ideas and knowledge like this can give them improved self-esteem. Improving own skills and learning new skills is associated with perceived competence and that again is associated with adherence to physical activity (Eymygdio & Alchieri, 2015).

The supervisors are a key factor in promoting physical activity in FLS. Through their perception of their aim, their facilitations, their view on their users and the way they interact with their users they promote physical activity and adherence to physical activity. Through promoting autonomy towards users they are likely to promote intrinsic motivation in users. The offer they provide is similar but affected by their personal preferences.

## **Limitations of the study**

The study has several limitations. The time it has taken to write this thesis is one of them. Instead of one semester it has taken three years. The interviews might be out-dated or the informants might have changed their practice. Grounded theory has not been used consistently through out the thesis. More in depth follow-up interviews with the informants could have given a more in-depth insight to their work and their view on their work. They have neither been given a chance to read the analysis to comment on whether or not the researchers interpretation of their world is right or not.

## **Relevance**

One of the limitations of the study might be its relevance. The directorate of health released a revised version of guidelines for FLS in October of 2016 and this thesis is based on the guidelines from 2013. In this revised edition have removed the recommendation to promote motivation through autonomy, competence and relatedness. The guidelines now just say that supervisors are to increase motivation.

It is still relevant to understand how the supervisors promote motivation for physical activity intentionally and unintentional.

## **Further research**

To follow up this thesis there are especially to perspectives that could be relevant to look at. Since this thesis is based on interviews and shows the supervisor's view on their work it could be relevant to investigate if their view coincides with their actions and the users experience. Observing the supervisors in their job could reveal what they actually do, compared to their own description.

Investigating users perception of the supervisors could also be relevant. If the actions of the supervisors promote intrinsic motivation and adherence to physical activity is relevant for the development of FLS as a concept.

## Bibliography

- Amorose, A. J. (2007). Coaching effectiveness Exploring the relationship between coaching behaviour and self-determined motivation. In M. Hagger & N. Chatzisarantis (Eds.), *Intrinsic motivation and self-determination in exercise and sports*. Champaign, III: Human Kinetics.
- Banack, H. R., Sabiston, C. M., & Bloom, G. A. (2011). Coach Autonomy Support, Basic Need Satisfaction, and Intrinsic Motivation of Paralympic Athletes. *Research Quarterly for Exercise and Sport*, 82(4), 722-730.
- Bjørndal, B., & Lieberg, S. (1978). *Nye veier i didaktikken?: en innføring i didaktiske emner og begreper*. Oslo: Aschehoug.
- Bryman, A. (2012). *Social research methods*. Oxford: Oxford University Press.
- Båtevik, F. O., Tønnesen, A., Barstad, J., Bergem, R., & Aarflot, U. (2008). *Ein resept å gå for?: evaluering av modellar for fysisk aktivitet, røykeslutt og sunt kosthald : kortversjon* (Vol. nr. 226). [Volda]: Høgskulen.
- Charmaz, K. (2000). Grounded Theory, objectivist and constructivist methods *Handbook of qualitative research* (2nd ed. ed.). Thousand Oaks, Calif: Sage.
- Charmaz, K. (2006). *Constructing grounded theory : a practical guide through qualitative analysis*. London: Sage.
- Conroy, D., Elliot, A., & Coatsworth, J. (2007). Competence motivation in sports and exercise. In Hagger & N. Chatzisarantis (Eds.), *Intrinsic motivation and self-determination in exercise and sport*. Champaign, III.: Human Kinetics.
- Deci, E. L., & Flaste. (1995). *Why we do what we do*. USA: Penguin.
- Deci, E. L., & Ryan, R. M. (1985). *Intrinsic motivation and self-determination in human behavior*. New York: Plenum.
- Deci, E. L., & Ryan, R. M. (2002). *Handbook of self-determination research*. Rochester, N.Y.: University of Rochester Press.
- Deci, E. L., & Ryan, R. M. (2012). Motivation, Personality, and Development within Embedded Social Contexts: An Overview of Self-Determination Theory *The Oxford handbook of human motivation*. Oxford: Oxford University Press.
- Dwyer, R. (2015). Unpacking the habitus : Exploring a music teacher's values, beliefs and practices. *Research Studies in Music Education*, 37(1), 93-106.  
doi:10.1177/1321103X15589260

- Emygdio, R., & Alchieri, J. (2015). Motivation and self-esteem in university students' adherence to physical activity. *Revista de Salud Pública = Journal of Public Health*, 17(5), 677.
- Filak, V. F., & Sheldon, K. M. (2008). Teacher Support, Student Motivation, Student Need Satisfaction, and College Teacher Course Evaluations: Testing a Sequential Path Model. *Educational Psychology*, 28(6), 711-724. doi:10.1080/01443410802337794
- Forve, H. (2016). Helsefremmende arbeid i frisklivssentralen : en kvalitativ studie om fagutøvers forståelse og erfaringer: Norwegian University of Life Sciences, Ås.
- Gagne, M. (2003). Autonomy Support and Need Satisfaction in the Motivation and Well-Being of Gymnasts. *Journal of Applied Sport Psychology*, 15(4), 372-390. doi:10.1080/714044203
- Gagné, M., & Deci, E. L. (2005). Self - determination theory and work motivation. *Journal of Organizational Behavior*, 26(4), 331-362. doi:10.1002/job.322
- Grant, & Shin. (2012). Work Motivation: Directing, Energizing, and Maintaining Effort (and Research) *Oxford handbook of human motivation* (pp. 505-519). Oxford: Oxford University Press.
- Groeng, I. R., & Terragni, L. (2013). Frisklivssentralene - en casestudie med fokus på organisering og praktisering av en frisklivssentral i Akershus.
- Hagger, M., & Chatzisarantis, N. (2007). *Intrinsic motivation and self-determination in exercise and sport*. Champaign, Ill.: Human Kinetics.
- Hedmark University of applied sciences. (2009). *FLK Bachelor - Faglærerutdanning i kroppsøving og idrettsfag*. Elverum Retrieved from <http://hihm.no/studiehaandbok/studiehaandboeker/2009-2010-studiehaandbok/studier/campus-elverum/bachelor/flk-bachelor-faglaererutdanning-i-kroppsoeving-og-idrettsfag>.
- Helsedirektoratet. (2014). *Anbefalinger om kosthold, ernæring og fysisk aktivitet*
- helsenorge. (2014). Frisklivssentral. Retrieved from <https://helsenorge.no/Helsetjenester/Sider/Frisklivssentral.aspx>
- Henriksson, J., Karlsson, J., Larsen, B.-I., & Bahr, R. (2009). *Aktivitetshåndboken: fysisk aktivitet i forebygging og behandling*. [Oslo]: Helsedirektoratet.
- Hurrød, L. (2016). Erfaring med fysisk aktivitet over ett år etter endt frisklivsperiode ; Experience with physical activity over one year after intervention in Healthy Living Centres: Norwegian University of Life Sciences, Ås.

- J. Helgerud, G. E. (2008). *Evaluering av fysisk aktivitet på resept i Nordland og Buskerud fylkeskommune*. Retrieved from
- Kallings, L. V. (2010). *Fysisk aktivitet på resept i Norden -erfarenheter och rekommendationer*. Retrieved from
- Kolt, G., Schofield, G., Kerse, N., Garrett, N., Schluter, P., Ashton, T., & Patel, A. (2009). The Healthy Steps Study: A randomized controlled trial of a pedometer-based Green Prescription for older adults. Trial protocol. *BMC Public Health*, 9, 404. doi:10.1186/1471-2458-9-404
- Kvale, S., Brinkmann, S., Anderssen, T. M., & Rygge, J. f. (2009). *Det kvalitative forskningsintervju*. Oslo: Gyldendal akademisk.
- Lee, A. S. W., Griffin, S. J., & Simmons, R. K. (2009). An evaluation of the effectiveness of 'Active for Life': An exercise referral scheme in West Suffolk. *Public Health*, 123(10), 670-672. doi:10.1016/j.puhe.2009.09.005
- Lindström, B., & Eriksson, M. (2005). Salutogenesis. *Journal of Epidemiology and Community Health*, 59(6), 440-442. doi:10.1136/jech.2005.034777
- Mageau, G. A., & Vallerand, R. J. (2003). The coach-athlete relationship: a motivational model. *Journal of Sports Sciences*, 21(11), 883.
- Malterud, K. (2011). *Kvalitative metoder i medisinsk forskning : en innføring* (3. utg. ed.). Oslo: Universitetsforl.
- Mehmetoglu, M. (2004). *Kvalitativ metode for merkantile fag*. Bergen: Fagbokforl.
- Ministry of Education and Research. (2006). *Læreplanverket for Kunnskapsløftet*. (8248603970). Oslo: Kunnskapsdepartementet ; Utdanningsdirektoratet.
- Ministry of Health. (2003). *Resept for et sunnere Norge: folkehelsepolitikken* (Vol. nr.16 (2002-2003)). Oslo: Departementenes servicesenter, Informasjonsforvaltning.
- Ministry of Health and Care Services. (2011a). *Lov om kommunale helse- og omsorgstjenester m.m.* lovdata.no Retrieved from [https://lovdata.no/dokument/NL/lov/2011-06-24-30#KAPITTEL\\_1](https://lovdata.no/dokument/NL/lov/2011-06-24-30#KAPITTEL_1).
- Ministry of Health and Care Services. (2011b). *Nasjonal helse- og omsorgsplan: 2011-2015* (Vol. nr. 16 (2010-2011)). [Oslo]: [Regjeringen].
- Ministry of Health and Care Services. (2013). *Folkehelsemeldingen: god helse - felles ansvar* (Vol. 34(2012-2013)). Oslo: Departementenes servicesenter, Informasjonsforvaltning.
- Ministry of Health and Care Services. (2015). *Fremtidens primærhelsetjeneste - nærhet og helhet* (Vol. 26(2014-2015)). Oslo: Departementenes sikkerhets- og serviceorganisasjon.

- Morgan, F., Battersby, A., Weightman, A. L., Searchfield, L., Turley, R., Morgan, H., . . . Ellis, S. (2016). Adherence to exercise referral schemes by participants - what do providers and commissioners need to know? A systematic review of barriers and facilitators. *BMC Public Health*, 16(1), 227. doi:10.1186/s12889-016-2882-7
- Murphy, S. M., Edwards, R. T., Williams, N., Raisanen, L., Moore, G., Linck, P., . . . Moore, L. (2012). An evaluation of the effectiveness and cost effectiveness of the National Exercise Referral Scheme in Wales, UK: a randomised controlled trial of a public health policy initiative. *Journal of Epidemiology and Community Health*, 66(8), 745. doi:10.1136/jech-2011-200689
- Norwegian Directorate of Health. (2011a). *Forebygging, utredning og behandling av overvekt og fedme hos voksne*. HelseDirektoratet Retrieved from <http://helsedirektoratet.no/publikasjoner/nasjonal-faglig-retningslinje-for-forebygging-utredning-og-behandling-av-overvekt-og-fedme-hos-voksne/Publikasjoner/nasjonal-faglig-retningslinje-for-forebygging-utredning-og-behandling-av-overvekt-og-fedme-hos-voksne.pdf>.
- Norwegian Directorate of Health. (2011b). *Veileder for kommunale frisklivssentraler: Etablering og organisering*. Oslo: HelseDirektoratet.
- Norwegian Directorate of Health. (2012a). *Veileder for utvikling av kunnskapsbaserte retningslinjer*. www.helsedirektoratet.no: HelseDirektoratet Retrieved from <http://helsedirektoratet.no/publikasjoner/veileder-for-utvikling-av-kunnskapsbaserte-retningslinjer/Documents/Veileder%20for%20utvikling%20av%20kunnskapsbaserte%20retningslinjer.pdf>.
- Norwegian Directorate of Health. (2012b). *Kosthåndboken: veileder i ernæringsarbeid i helse og omsorgstjenesten*. Oslo.
- Norwegian Directorate of Health. (2013a). *Veileder for kommunale frisklivssentraler - Etablering og organisering*. Oslo: HelseDirektoratet.
- Norwegian Directorate of Health. (2013b). Retrieved from <http://helsenorge.no/Helsetjenester/Sider/Frisklivssentral.aspx>
- Norwegian Directorate of Health. (2016). *Veileder for kommunale frisklivssentraler - Etablering, organisering og tilbud*. Oslo Retrieved from [https://helsedirektoratet.no/Lists/Publikasjoner/Attachments/53/Veileder%20for%20kommunale%20frisklivssentraler\\_IS1896.pdf](https://helsedirektoratet.no/Lists/Publikasjoner/Attachments/53/Veileder%20for%20kommunale%20frisklivssentraler_IS1896.pdf).



- Patel, A. (2013). Perceived Barriers, Benefits, and Motives for Physical Activity: Two Primary-Care Physical Activity Prescription Programs. *Journal of Aging & Physical Activity*, 21(1), 85-100.
- Pavey, T., Taylor, A., Hillsdon, M., Fox, K., Campbell, J., Foster, C., . . . Taylor, R. (2012). Levels and predictors of exercise referral scheme uptake and adherence: a systematic review. *Journal of Epidemiology and Community Health*, 66(8), 737.  
doi:10.1136/jech-2011-200354
- Ryan, R. M., & Aarts, H. (2012). *The Oxford handbook of human motivation*. Oxford: Oxford University Press.
- Selø, B. (2013). Deltakeres opplevelser og erfaringer etter endt reseptperiode ved en frisklivssentral. Elverum: Høgskolen i Hedmark.
- Sosial og helsedirektoratet. (2000). *Fysisk aktivitet og helse: anbefalinger*. Oslo.
- Standage, M., Gillson, F., & Treasure, D. (2007). Self-determination and motivation in physical education. In Hagger & Chatzisarantis (Eds.), *Intrinsic motivation and self-determination in exercise and sports*. Champaign, III: Human Kinetics.
- Sørensen, J. B., Kragstrup, J., Skovgaard, T., & Puggaard, L. (2008). Exercise on prescription: a randomized study on the effect of counseling vs counseling and supervised exercise. *Scandinavian Journal of Medicine & Science in Sports*, 18(3), 288-297. doi:10.1111/j.1600-0838.2008.00811.x
- Sørensen, J. B., Skovgaard, T., & Puggaard, L. (2006). Exercise on prescription in general practice: A systematic review. *Scandinavian Journal of Primary Health Care*, 24, 5.  
doi:10.1080/02813430600700027
- Teixeira Pedro, J., Carraça Eliana, V., Markland, D., Silva Marlene, N., & Ryan Richard, M. (2012). Exercise, physical activity, and self-determination theory: A systematic review. *International Journal of Behavioral Nutrition and Physical Activity*, 9(1), 78.  
doi:10.1186/1479-5868-9-78
- Thagaard, T. (2009). *Systematikk og innlevelse: en innføring i kvalitativ metode*. Bergen: Fagbokforl.
- Ulvik Hauge, H. C., & Povlsen, L. (2014). Faktorer som bidrar til fortsatt fysisk aktivitet etter deltagelse i Frisklivssentral.: En kvalitativ studie *Factors that contribute to continued physical activity following participation at Frisklivssentral (activity by prescription).: A qualitative study*.
- Wilken, L., & Andreassen, V. F. (2008). *Pierre Bourdieu*. Trondheim: Tapir akademisk forl.

Willemann, M. (2004). Motion på recept : en litteraturgennemgang med fokus på effekter og organisering. København: Sundhedsstyrelsen.

# Appendix

## 1. Request for participation in the research project

Forespørsel om deltakelse i forskningsprosjektet

*"Trening i frisklivssentralen"*

Bakgrunn og formål

Bakgrunnen for denne masteroppgaven er å undersøke om hva som ligger til grunn for det arbeidet som gjøres med trening i frisklivssentraler. Oppgaven er en masteroppgave ved Høgskolen i Hedmark

Utvalget er plukket ut strategisk plukket med ønske om å intervjuere ansatte i frisklivssentralen som arbeider med trening i frisklivssentralen .

Hva innebærer deltakelse i studien?

Studien er basert på intervjuer av ansatte på frisklivssentraler. Det vil bli spurt om arbeidet på frisklivssentralen med fokus på trening og fysisk aktivitet. Det vil bli gjort notater og bli tatt opp på lydbånd.

Hva skjer med informasjonen om deg?

Alle personopplysninger vil bli behandlet konfidensielt. Kun student og veileder vil ha tilgang på informasjonen som bli gitt under intervjuer. Navn og arbeidssted vil ikke bli koblet med intervjuet og koblingsnøkkel vil bli lagret separat.

Deltagere vil kunne kjenne igjen egne svar i undersøkelsen, men navn, arbeidssted vil ikke komme frem i oppgaven. Utenforstående vil ikke kunne kjenne igjen deltagere i publikasjonen.

Prosjektet skal etter planen avsluttes 31.oktoer 2014. Etter denne dato vil alt av opptak og transaksjoner slettes. Det vil kun bli publikasjonene som blir gjort tilgjengelig for offentligheten gjennom Høgskolen i Hedmark.

Frivillig deltakelse

Det er frivillig å delta i studien, og du kan når som helst trekke ditt samtykke uten å oppgi noen grunn. Dersom du trekker deg, vil alle opplysninger om deg bli anonymisert.

Dersom du ønsker å delta eller har spørsmål til studien, ta kontakt med Ida Tveiten, [ida\\_s\\_tveiten@hotmail.com](mailto:ida_s_tveiten@hotmail.com), 41608608 eller veileder ved Høgskolen i Hedmark Miranda Thurston, [miranda.thurston@hihm.no](mailto:miranda.thurston@hihm.no) (engelsktalende)

Studien er meldt til Personvernombudet for forskning, Norsk samfunnsvitenskapelig datatjeneste AS.

Samtykke til deltakelse i studien

Jeg har mottatt informasjon om studien, og er villig til å delta

-----  
(Signert av prosjektdeltaker, dato)

## 2. Approval from NSD

### Norsk samfunnsvitenskapelig datatjeneste AS

NORWEGIAN SOCIAL SCIENCE DATA SERVICES



Harald Hårfagres gate 29  
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Vår dato: 12.12.2013

Vår ref: 36560 / 2 / MSI

Deres dato:

Deres ref:

### TILBAKEMELDING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 06.12.2013. Meldingen gjelder prosjektet:

<i>36560</i>	<i>Fysisk aktivitet i friskliuserentralen</i>
<i>Behandlingsansvarlig</i>	<i>Høgskolen i Hedmark, ved institusjonens overste leder</i>
<i>Daglig ansvarlig</i>	<i>Miranda Thurston</i>
<i>Student</i>	<i>Ida Solheim Tveiten</i>

Personvernombudet har vurdert prosjektet og finner at behandlingen av personopplysninger er meldepliktig i henhold til personopplysningsloven § 31. Behandlingen tilfredsstiller kravene i personopplysningsloven.

Personvernombudets vurdering forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, ombudets kommentarer samt personopplysningsloven og helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget skjema, <http://www.nsd.uib.no/personvern/meldeplikt/skjema.html>. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, <http://pvo.nsd.no/prosjekt>.

Personvernombudet vil ved prosjektets avslutning, 01.10.2014, rette en henvendelse angående status for behandlingen av personopplysninger.

Vennlig hilsen

Vigdis Namtvedt Kvalheim

Marte Byrkjeland

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Vedlegg: Prosjektvurdering

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*Dokumentet er elektronisk produsert og godkjent ved NSDs rutiner for elektronisk godkjenning.*

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## Personvernombudet for forskning



### Prosjektvurdering - Kommentar

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Prosjektnr: 36560

Det fremgår av informasjonsskrivet at det vil kunne registreres personidentifiserende opplysninger. Ifølge prosjektmeldingen skal det innhentes skriftlig samtykke basert på muntlig og skriftlig informasjon om prosjektet og behandling av personopplysninger. Skrivet er tilfredsstillende utformet i henhold til personopplysningslovens vilkår.

Innsamlede opplysninger registreres på privat pc. Personvernombudet legger til grunn at veileder og student setter seg inn i og etterfølger Høgskolen i Hedmark sine interne rutiner for datasikkerhet, spesielt med tanke på bruk av privat pc til oppbevaring av personidentifiserende data.

Prosjektet skal avsluttes 01.10.2014 og innsamlede opplysninger skal da anonymiseres og lydopptak slettes. Anonymisering innebærer at direkte personidentifiserende opplysninger som navn/koblingsnøkkel slettes, og at indirekte personidentifiserende opplysninger (sammenstilling av bakgrunnsopplysninger som f.eks. treningssenter, bosted, yrke, alder, kjønn) fjernes eller grovkategoriseres slik at ingen enkeltpersoner kan gjenkjennes i materialet.

### 3. Example of coding for the category supervisors prerequisites

<p>Tine: "I am a physiotherapist in the bottom, and has worked as that for fifteen years. (...) and I have take a one year course in basic sports"</p>	<p>Sports education Physiotherapist</p>	<p>Own education</p>	<p>Supervisors prerequisites</p>
<p>Line: "I think it's important to have a balanced view towards physical activity and diet when you work here. Because your attitude rub of on the users. You can see that they take after you. They notice how we look, if we wear tight clothing they will comment on it. Especially on the skinny ones. They comment on our body shapes. I think it is important to be a good example in all ways"</p>	<p>Being an example</p>	<p>Perception of being an example</p>	
<p>Line: "I am physical active myself, and has always been so. I grew up in a family where that is something you did. Not fanatic at all, but for enjoyment. An of course the effect of it. It is more running outside, skiing and not so much a gym these days. I have grown tired of that"</p>	<p>Own physical activity Defending own choice Negative towards gyms</p>	<p>Perception of own physical activity</p>	
<p>Tine: "Yes, I do think so. At least for us. They help us meet others, so they are doing a good job. Its not all the things we agree upon, like good diet courses. And what they promote and such. But there is a template you can work from, and then you ad your own things. But I think they work well for us. Just the advertisement they do for FLS. We get a lot of aid"</p>	<p>Don't agree on everything The directorate works for them They are generous</p>	<p>Experience of courses from the directorate of health</p>	
<p>Line: "And you get to meet up with others who work at FLS. You talk about problems and challenges they meet. How they handle it. And you get inspiration. Yes, it is so important. Not just the technical update."</p>	<p>Exchange of experience</p>	<p>Exchange of experience</p>	
<p>Tone: "I am thinking that if we had an other person in full position in we should. I feel like we don't get to attend to the individual. The way things are now. Of course with so man users we have had the last period it is hard to recall all of them. (...) and with four municipalities there is a lot of administrative work as well."</p>	<p>Hard to attend to each individual</p>	<p>Perception of own capacity</p>	
	<p>Much administrative work for one person</p>		

<p>Time: "Then I worked as a physiotherapist in rehabilitation. Have always have lots of groups. Heart and lunge, actually worked quite varied. So I have had a varied background"</p>	<p>Have had group sessions</p>		<p>Previous experience and education</p>	
<p>Time: "I think so. I am very confident that the work I do is good enough, its just having the time to do it"</p>	<p>Confident in own knowledge</p>	<p>Perception of own knowledge</p>		

#### 4. Example of coding for the category structural framework conditions

Trude: "There is a small gym here, but it is very small, and bad air-conditioned. But we have an other place now, and we have a short walk to the pool"	Small space	Experience of premises	Structural framework conditions
Tine: "but because of our localisation it is hard. That is very negative"	Negative towards localisation		
Eise: "We don't have time. I have time enough to do the activity I am put to do, but more than that its not time for. To sit down and, no"	Not enough time	Time	
Line: "We are located under department of nurse and care in the municipality, and that is not right"	Negative towards localisation in the municipalities structure	Experience of organization by employer	
Tine: "I work as a supervisor"	Leads the work	Tasks	
Line: "and main responsibility for nutrition, so that I have courses in nutrition and diet"	Responsibility	Responsibilities	



### 5. Example of coding for the category user prerequisites

<p>Trude: “ there must be something wrong in the way it is communicated. From both media and government. When there is so many doing things that are bad for their health. I think, but many have a lot of knowledge, but they cannot put it in to practice. I think we meet a lot of them. They say “ I know I should eat more vegies, and I know I should use my legs in stead of the car.” There are so many who say they know, but just cant do it. I think it is strange. When you see that you get sick and still can not do anything.”</p>	<p>Users do bad things for their own health</p> <p>Can not put knowledge out in practice</p>	<p>Experience of users health literacy</p>	<p>Users prerequisites</p>
<p>Trude: “ I did a summary, I have statistics of what they are here for. And mostly it is caused by daily habits. There is a lot of overweight. A lot of overweight, muscular and skeleton, mental, diabetes type two. Physical inactivity is something people have been referred on. And then there are some that has been to rehabilitation and needs follow up. We do get some of that. And we see that the rehabilitations centres see us as useful when they send patients home. So that is positive.”</p>	<p>Much caused by daily habits</p> <p>Overweight</p> <p>Mental issues</p> <p>Users from rehabilitation.</p> <p>Positive to give users follow up after rehabilitation</p>	<p>Experience of users</p>	
<p>Tine: “I nearly killed her the first time we met. I usually do a test on a treadmill, just walk for ten minutes on a set climb. I thought that with her that would be totally wrong. So we vent for a ten minutes walk and see how far we get. We walked, we started, we walked on flat ground before w went up a tiny hill. And then I see that the fence behind me is shaking. And she has to hold on to the fence to get up this hill. Its at max five percent incline, nothing. And that was enough for her to turn pale and almost hyperventilate. We did not get up that hill. Its maybe fifty meters.”</p>	<p>Individual testing</p> <p>Surprised by users physical shape</p> <p>Needs to set the bar surprisingly low</p>	<p>Users physical shape</p>	

<p>Line: “the groups become a social place after a while. Specially the walking groups. So people want to come here. It has become important people for them I think. So it turns out to be a group of friends some times. Almost so its hard for us to do our job.”</p>	<p>Users engage social</p>	<p>Experience of users as a resource</p>					
<p>Karin: “ for some its just perfect, some find it to hard. And some find it too easy, right. It is very different. So that is why we need the contact with them. In these health conversations. We usually have one at the start, and one after three months or by the end. And then it is on with another three months for the most of them. So that is where we have that dialogue. And then there is weekly, I meet most of them every week. And then I can tell them to give med feedback.”</p>	<table border="1"> <tr> <td data-bbox="1093 1294 1220 1617"> <p>Two periods for most users</p> </td> <td data-bbox="957 1624 1225 1848"> <p>Experience of users needs</p> </td> </tr> <tr> <td data-bbox="957 1294 1093 1617"> <p>Meet users every week</p> </td> <td data-bbox="957 1848 1225 2065"></td> </tr> </table>	<p>Two periods for most users</p>	<p>Experience of users needs</p>	<p>Meet users every week</p>		<p>Experience of users needs</p>	
<p>Two periods for most users</p>	<p>Experience of users needs</p>						
<p>Meet users every week</p>							

## 6. Example of coding for the category approach and strategy

<p>Line: “We have followed the thing with motivational interview, the way we talk to people. We became more aware of focusing on the healthy person, not to focus on the sick or ill person. Its called salutogenesis. I think t is so important, it says so much about what a FLS is supposed to be. Its not treating persons, it is preventing. And to lift the person”</p>	<p>Salutogenesis in FLS</p>	<p>Salutogenesis</p>	<p>Approach and strategy</p>
<p>Line: “Number one is that we let them participate in activities we think the will master. We let them, we try for example that the ones that is in good enough shape for it to participate in the outdoor work out. Because that is something most can do. We also have something we call friends of FLS, a organisation we helped users to start up. But they run them selves. Where they meet for coffee and a chat, and some go for a walk together. So we try to create a social connection between the users. So that they help each other with the motivation. (...) It is first and foremost to get them out on things they can handle from the beginning. And then let them try out other things after a while.”</p>	<p>Mastery and motivation</p>	<p>Strategy for motivation and mastery</p>	
	<p>Develop the FLS further</p>	<p>Social</p>	
	<p>Outdoor activity</p>	<p>Inspired by play</p>	
<p>Tone: “ a bit inspired by play and games. Everything is in walking tempo. But as users get in better shape some of them runs or jogs a bit. And then half an hour of light strength training with own bodyweight.”</p>	<p>Differentiation in levels</p>	<p>Focus for own work</p>	
	<p>Trude: “I have always been engaged by preventative and what is now called every day activity. Like walking to school as a natural thing. I used to work with a walk-to-school project earlier.”</p>	<p>Preventative view</p>	
<p>Line: We try to focus on the positive. On what they <i>can</i> do. We try to see how little it can do for them. That if they improve on their fitness a bit they might be able to take stairs at work. We try to focus on how little it takes to make big improvements in their lives.</p>		<p>Focus on activity in daily life</p>	<p>Focus on progress</p>
	<p>Small steps forward</p>	<p>Focus on moving forward</p>	

## 7. Example of coding for the category aim

<p>Else: “The focus in on health, at least for my part. Its not important whether you do this or that as long at you are active. It does not matter if you follow that workout schedule or get strong in that way. Maybe not the best way do describe it. But the most important thing for these people is to be active in any way.”</p>	<p>Physical activity Working with activity</p>	<p>Focus for the scheme</p>	
<p>Else: “It is a challenge at group trainings when you are the only supervisor there. Because it is a gap in physical shape. You can not be both in front and back of the group. And you wan to focus on the ones in the back. So maybe the ones in the best shape misses some follow-up. We have the most focus on the ones in the worst shape. By a part of the workouts we can all have at the same spot right. Strength training indoor, that is great. Pool training is great, and nordic walking where we do intervals is also great.”</p>	<p>Challenge with groups Differentiating</p>	<p>Differentiating on level</p>	
<p>Else: “Especially immigrants. That has never worked out before when they start intervals. The pulse rises, you get tired and sweaty. So before each new period of users we have a information meeting. We talk about how this is normal, talk about dressing for workouts, nutrition and drinking. Because there is a lot of people who have said “oh, my halt is beating, am I getting ill?” they are afraid”</p>	<p>Immigrants not used to working out Gets scared by a raised pulse</p>	<p>Presentation of knowledge</p>	<p>Aim</p>
<p>Tone: “That is something I have mentioned when I go out to talk about our scheme. Not just being active, but the social part of it. And that, it matters. And that is what I am thinking, its supposed to be a good thing coming here and being here. In the group. There is supposed to be laughter an to have some fun. Its not dead serious, right. You can see it on them, the ones that have been outside of the work environment for a while, ill or something. It is nice to come to a place that is positive. I think it is so important”</p>	<p>Great social profit Positive place to come to Laughter and fun Positive break from being sick</p>	<p>Social offer</p>	
<p>Line: “It’s a test where we measure users own experience of health. How you cope with things in your daily life. How you see your own health in a way. It might be one of the more important things we have. When people come for twelve weeks, they might want to loose this much weight. Do a total change in their life, and that is something that takes a very long time. Some loose weight and some does not, but you can see that they change their mind-set. They change their focus and their thought about theme selves.”</p>	<p>Own experience as a parameter Make users aware of changes</p>	<p>Experience of own health</p>	

## **8. Intervjuguide masteroppgave Ida Tveiten, Hihm**

Dato for intervju

Intervjunummer

Sted

Kan du fortelle om deg selv?

Utdanning, yrke tidligere?

Hva er ditt forhold til fysisk aktivitet?

Aktivitet på fritiden?

Hvilken rolle har du i frisklivssentralen?

Hvor lenge har du jobbet her?

Hvem bruker tjenestene deres?

Hvem er målgruppen deres?

Hvor mange ansatte?

Kan du fortelle om tilbudet dere har her med tanke på fysisk aktivitet?

Hvor stort er tilbudet? Treninger pr uke

Kan du fortelle hvordan dette tilbudet har blitt formet?

Planlagt?

Hva har dere tatt utgangspunkt i når dette har blitt utformet?

Har dere samarbeidet med noen om utformingen av tilbudet?

Hvem

Hvordan?

Kan du fortelle om målet for tilbudet deres?

Kan du fortelle hvordan du bruker bakgrunnen din i jobben din?

Tidligere jobb

Idrett/fysisk aktivitet

Utdanning

Hvordan preger dette din gjennomføring av treningen i frisklivssentralen?

Hvor mye tid har du på å planlegge treningen?

Bli du begrenset i jobben din? Hva begrenser? Økonomisk, sjef, annet?

Hvordan hadde du lagt det opp om du kunne bestemme?