

Part 2

Embedding health within companies

Chapter 5

A value case methodology to enable a transition towards generative health management: A case study from the Netherlands

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Abstract

Purpose - Health is a main resource for human functioning. Embedding generative health management within organisations, therefore, is useful for health and productivity reasons. Generative health management requires a change in the thinking and actions of all stakeholders, and should be regarded as a system transition that may be supported by a value case. In this study, a value case methodology is described and piloted. The aim was to investigate the efficacy of the value case methodology for generative health management within organisations.

Design/methodology/approach - This paper takes the form of a case study, in which the interactive value case methodology is piloted within a research foundation in the Netherlands.

Findings - The different perspectives from the internal stakeholders on generative health management were made explicit, and revealed a strong relation between organisational development and health. The interactive value case methodology has initiated a process in which stakeholders jointly defined the full value of generative health management. During that process, some stakeholders developed an active personal commitment towards the transition.

Research limitations/ implications - The research was only carried out in one case. The value case methodology is potentially also useful for other transitions (long-term complex developments or system innovations). The case study provided a broad view on the relevance of health for all stakeholders within this single case, and contributed to ownership of the transition.

Practical and social implications - A value case presents stakeholders' multi-perspective visions and preferences with regard to health and organisational development. The participative approach opens up ways to an active commitment of relevant stakeholders who are willing to support transitions.

Originality/ value - The methodology to assess the full value of complex transitions is still of an explorative nature. The value case methodology may offer innovative ways to support transitions in individuals, organisations and society as a whole.

Keywords - Generative health management, Organisational transition, Value case methodology, Workforce health, Employees, Health care, the Netherlands.

Paper type – Case study

Introduction

Today, health is seen as an important resource for effective functioning of individuals, organisations, and society as a whole (Hoeymans *et al*, 2012; Edington and Schultz, 2008). Internalization of the value “health” on individual, organisational and societal level is, therefore, an important factor for the (potential) functioning and development of individuals, organisations and societies. However, current health care systems, and current thinking and acting around health, often impede this process of internalization. A transition, by which old paradigms will be replaced, seems necessary to make the full value of health available to people, organisations and society.

This article explores a value case methodology which can enable a transition towards the internalization of health within organisations. To be in line with the usual terminology within companies, we use the term “generative health management” to indicate the internalization of the value of health in companies, as a natural aspect of all organisational strategies, systems, and behaviours. To introduce the topic and its backgrounds, we first describe some relevant changes in de world of work and health. Then the concept of the value case is introduced, including its potential added-value in the light of complex innovations. A value case aims to collaboratively define the full value of a transition, and to support meaningful futures for the system. Following the methodological section, the findings with respect to the application of the value case approach in one organisation in the Netherlands are presented and discussed.

Developments in the conceptualisation of health in the organisational setting

Until recently, health issues in organisations were predominantly associated with (physical) health issues, complaints, diseases, and sickness absence. Stimulated by labour legislation, the main focus was on protecting employees from occupational diseases and health complaints, and reducing costs due to absenteeism of employees. When it comes to workers’ health, traditionally, there was a risk-based management perspective, focused on solving physical complaints, return to work, and prevention of unsafe and unhealthy working conditions (Bauer and Hamming, 2012). These risks are mostly regulated, which often implies a focus on compliance. This may also hinder a focus on an integrated responsibility towards health and work. Prevention of ill-health remains relevant but for organisations in turbulent

environments and an economy wherein knowledge and innovation are essential, health issues become strongly associated with mental functioning, creativity and presenteeism (Zwetsloot and Van Scheppingen, 2007; Leka *et al*, 2010; Leka and Jain, 2012). For such organisations, it is of growing importance to have a healthy creative and productive workforce, to make sure that managers and employees can cope with the on-going challenges evoked by the turbulent organisational contexts. In this way, a healthy workforce has become a clear business asset. At the same time there is a societal trend of increasing ill-health, due to “welfare” diseases, such as obesity, diabetes and depression. Consequently, ill-health is affecting the workforce, implying a threat for the optimal functioning of organisations; in addition, life-style issues come also to the forefront, which is a clear example of a behavioural, i.e. non-medical perspective on health.

Within organisations, the versatility of health and the complex interactions with work are now more and more recognized (Ylikowsky, 2009). The World Health Organisation (WHO), for example, has redefined its global occupational health policy as a policy for workers’ health (WHO 2007, i.e. including non-occupational causes of ill-health), and by adopting a broadly defined “healthy workplace” programme (WHO, 2010). In the Netherlands, the concept of Integrated Health Management was developed (Zwetsloot and Pot, 2004), while in the US NIOSH started in 2005 with their programme “steps to a healthier workforce”, which has recently led NIOSH to introduce the concept of Total Worker Health (NIOSH, 2012).

In this constellation organisations increasingly regard health as an aspect of their corporate social responsibility’ (CSR) (EC, 2002, 2011; Corbett, 2004; Frick and Zwetsloot, 2007). Frontrunner companies experience their CSR increasingly as a natural given, which means that they feel a growing responsibility for all impacts of the business operations, and for the communication with their stakeholders. An important CSR principle is that of inclusiveness. It is thereby acknowledged that companies sometimes “externalise” problems, i.e. they may cause problems (e.g. health problems and the associated costs for society) while they are not, or not fully, accountable for solving those problems. Today, such “shifting of responsibility” to society is no longer regarded as acceptable. Instead, it is increasingly seen as unethical organisational behaviour (Zwetsloot and Mari-Ripa, 2012). Especially in regions with an ageing population (and workforce), a high prevalence of welfare diseases and sky-rocketing

costs of health care, organisations are more and more expected to be serious in supporting the health of their working population.

Another relevant development is the recently started discourse on the redefinition of health (in relation to the WHO-definition of health, 1948), and to regard health as the ability to cope with changing circumstances in life and work (Hubert *et al*, 2011). Defined this way, the value of health becomes relevant, not only for the functioning of people but also for the functioning of organisations and societies. On an aggregated level, we can then also use the concepts of “healthy organisations”, and “healthy societies”. As a global management firm, McKinsey, for example, defined “organisational health” (Peters and Waterman, 2004), and regards it as the ultimate competitive advantage (Keller and Price, 2011). Indeed, a broader perspective on the organisational benefits of a healthy workforce, both in financial and non-financial terms, come more and more to the forefront (Johanson *et al*, 2007). Health is increasingly associated with strategic and often intangible business benefits (Johanson *et al*, 2007; Zwetsloot and Van Scheppingen, 2007; Zwetsloot *et al* 2010). This organisation oriented approach to health, increases the need for alternatives for the traditional only financial oriented business cases (Aldana 2001; Parvinen *et al*, 2010).

In sum, the way health is relevant for organisations is rapidly changing. There is a growing awareness about the implications of health, which transcend the classical factors like the costs of absence, health care and health insurance. The relevance of opportunity costs (e.g. missed productivity) is growing. The development of generative health management is widely espoused, but it goes well beyond the health and business traditions, and will require a system change (transition) at the level of organisations.

The value-case versus the business-case

The consequences of the transition mentioned above requires the involvement and active or passive support of a range of internal and external stakeholders; it also transcends financial benefits (Verbeek *et al*, 2009). Generative health management requires a change in thinking and acting of all relevant stakeholders. It is therefore questionable whether the logic that is needed to embed generative health management within organisations can be adequately supported by a traditional financial oriented business case, as the costs and benefits vary for the different stakeholders that need to be involved.

Once an organisation is seriously considering such a transition, it becomes necessary to investigate what long term visions and potential futures of the organisation and its people do make sense [1], and to communicate them. In comparison with business cases, values cases are more likely to give substance to the complexity of innovations. This philosophy of the “value case” is built on five main aspects: a multi stakeholder approach, a broad value concept, a short and long-term perspective, holistic thinking, and the recognition of complexity (Table 1). These five aspects will be shortly described now.

A multi-stakeholder approach

In general, the interests of stakeholders are not fully aligned because per definition their “environments” are not identical. Also, for complex innovations (transitions) it is not sufficient that a few decision-makers adopt the innovation and decide to fund it. Many (semi-autonomous but also interdependent) stakeholders will decide individually; it is important that they adopt the innovation and its consequences too. In literature this is roughly referred to as “collective action” (Hardin, 1982; Knoke 1988). Collective action can only be achieved when value is created for each agent or potential losses of values are compensated. By expanding the scope of value beyond the financial, we are more likely to identify drivers and barriers and find ways to compensate, i.e. the “degrees of freedom” to achieve the innovation’s goal can increase dramatically. This enables a broader informed decision-making process, may help shaping the innovation, and decreases the likelihood of unexpected impacts (including resistance to change). In such a participative process the transition is not a given, but is jointly and iteratively shaped in a co-creation process. This requires the ability of the organisation to constantly adapt to the (changing) stakeholders’ context.

A broad value concept

A value case addresses the economic, social and ecological values (Sandel, 2012). An innovation can have multiple impacts, while synergies can be relevant as well. When for instance, a higher degree of interrelatedness within an organisation and its employees is reached, the value thereof is not only the monetary equivalent of the productivity increase (more effective functioning), but comprises also the value of the social capital that is developed. This demonstrates that even if an innovation is neutral or negative in profit terms, there still may be ground to undertake it. By expanding the value concept from the economic

dimension to include social and ecological values, the number of values increases, their nature changes, making and a more profound decision-making process possible.

Short and long term perspective

Some effects, especially in a transition, take long and require the socio-economic context to adapt (e.g. processes, as well as attitudes, behaviours, and stakeholder interactions). In order to take a well-founded go/no go decision, a longer horizon is required. When only a short return period (one, three or five years) on an investment is required, that will often lead to negative decisions with respect to otherwise valuable long-term innovations.

Holistic thinking

Value cases should include the value that the complex development that is considered will imply for the system as a whole, as well as for the range of stakeholders involved. Causes and effects in innovations in complex dynamic environments cannot always be denoted linearly. In fact in such situations, causes and effects are often mutually interacting. A value case should be based on holistic and lateral thinking, which includes complex interactions, systemic assessments, synthesis of individual issues, and taking synergistic effects into account. That goes beyond a purely analytical approach that focuses on each separated part individually.

Recognizing complexity

Since all involved stakeholders matter in a transition, it is “developed and designed” stepwise together. Therefore, the ultimate outcome is not fixed, but is likely to be adapted overtime. This implies that uncertainties, complexities and ambiguities are inherent in such complex processes. Unexpected events and interactions are likely to occur, and can be valuable and significant.

The five main characteristics of the value case methodology, compared with the business case approach, are summarized in Table I.

A value case can be used on the micro level, on the meso level, and on the macro level. In this paper we describe the value case from a meso level the perspective of individuals within an organisation.

The research questions

In this study, the focus was on the efficacy of the value case methodology to support the transition to generative health management. In order to investigate this, the value case methodology is used in one organisation. The principal research question was:

RQ1. What is the efficacy of a value case methodology for the transition towards generative health management within organisations?

A secondary research question was:

RQ2. What is, in the case studied, the full value of a transition towards generative health?

Table I. Five main characteristics of the business case and value case approach compared

No	Main characteristics	Business case	Value Case
1	A multiple stakeholder approach	<p>The budget-holder is the decision-maker.</p> <p>The main concern is the Profit and Loss statement.</p>	<p>The stakeholders/decision-makers is interdependent. The transition requires decentralized decision-making.</p> <p>The value case cannot be carried out by external experts only, but requires the involvement of key stakeholders. This implies a participative process. Leading to better informed judgment, and greater commitment of the key stakeholders.</p> <p>Potential win/ lose situations can be mediated by stakeholder involvement and dialogues, and may be transformed into win/win situations.</p> <p>The specific position, role in the organisation and concerns of the stakeholders are made transparent; including interactions, emotions and experiences.</p> <p>The process relates different positions and unlocks powers to change that can be made in collaboration, but not by individuals alone.</p>
2	A broad value concept	<p>Mainly concerned with financial returns (return on investment).</p> <p>Strategic fit of the innovation is usually checked.</p> <p>Deploys, e.g. Cost Based Accounting, as a straitjacket for expressing the benefits of innovations.</p>	<p>The stakeholder's valuation of effects is analysed (holistic approach). New motivations for undertaking the innovation are expressed; this creates co-ownership.</p> <p>Aspects to improve the innovation are revealed, and reduce the risk of undesirable side effects.</p> <p>The full value is assessed.</p>
3	A short and long-term perspective	<p>Usually shorter return periods demanded.</p>	<p>Complex changes, transitions, and programs with longer term effects are evaluable</p>
4	Holistic thinking	<p>Linear thinking focuses on linear cause-effects that are taken into account. Other effects are neglected.</p>	<p>Holistic thinking includes complex and weakly coupled interactions and interdependencies.</p>
5	Recognizing Complexity	<p>The innovation is a given; the context in which it is implemented is stable or neglected.</p> <p>Uncertain events and interdependencies between actors are in-evaluable and may cause unexpected impacts.</p> <p>Resistance of some stakeholders with vested interests can easily block the transition.</p>	<p>The innovation and its implementation are shaped with the stakeholders (co-creating process).</p> <p>Uncertainties and interdependencies are accepted, and managed instead of denied.</p> <p>Uncertainties can be mitigated with additional measures, while interdependencies can be used positively in the innovation. The costs of missed opportunities are avoided.</p>

Method

The value case methodology

Building on earlier work of Zwetsloot and Van Scheppingen (2007), Van Weelden (2011), Bomhoff *et al.* (2012), a value case methodology of 8 steps is defined. The general steps and how they are used in the case study are explained in Table II.

Appropriate to the complexity that it refers to, a value case is characterized by participation and iteration. This means that all relevant stakeholders are involved in all stages of the value case process. Interview and dialogue are important methods. In order to respond to the dynamic, complex and evolving context, the steps are applied iteratively.

The interviews (step 3) were documented and these descriptions were verified by the interviewees. To analyze the interviews, a qualitative data matrix was made, which included the following topics: the valuation of health, the main (individual and organisational) health issues, the requirements towards the transition, the assumed effects and their (individual and organisational) values, and personal commitments towards the transition. The findings were incorporated into a PowerPoint presentation, which formed the input for the strategic dialogue (step 4). The strategic dialogue was mainly used for a further dialogue on the findings from the interviews, to interpret the findings and create a common understanding on future implications for the development of generative health management. The results of the interviews and the strategic dialogue provide the most concrete information and are described in the findings.

After the value case was applied, the research team interpreted the findings once again, and formulated answers to the two research questions. The answer to the *RQ2* (the value for the organisation involved in the case study) was then presented to the key stakeholders involved in the process. They recognized and confirmed those findings.

Table II. General description of the value case methodology, and application of these steps within the organisation

Step	General description	Application in the case study
1. Define the system and make a first draft sketch of the system before and after the transition (the “ist” and the “soll” situation).	Map some specific features of the system (the “ist” situation). Make a first virtual sketch on of why, how and what (in that order) of the system after the transition has taken place. Addressing the “why” first gives meaning to the transition. Relevant documents and communications should be studied.	Company documents, as well as (scientific) knowledge of health were used, resulting in a first assessment of the alignment and interactions between the strategic company aims, the health issues of the workforce and existing health management.
2. Define the key stakeholders	<p>Select key stakeholders, and select individual agents to be engaged in the value case. The primary actor and its environment constitute a complex network; we prefer to denote it as a (complex) holarchy (Baken <i>et al</i>, 2010; Madureira <i>et al</i>, 2011)¹. Most relationships between the actors are multi-fold, and comprise measurable, semi-measurable, ambiguous and immeasurable indicators, and these relationships go across different hierarchical and horizontal units.</p> <p>For any complex network, it is obvious that three scenarios are possible:</p> <p>a) the network evolves negatively and collapses,</p> <p>b) the network doesn’t evolve and becomes stagnant,</p> <p>c) The network evolves positively and flourishes.</p> <p>By using a multi-stakeholder approach, the value case approach is intended to support a flourishing network relevant for the development of generative health management. Relevant stakeholders for a health management in organisations are:</p> <ul style="list-style-type: none"> • Employees: representatives of a variety of internal departments and hierarchical levels. • Health insurances: company group health insurance, individual insurance policies, and depending on the jurisdiction national social security systems. • Health care providers: OHS services and preferred health care suppliers. • Relevant authorities (e.g. ministries) 	<p>The following internal stakeholders were involved in the case study:</p> <ol style="list-style-type: none"> 1. An innovation manager, member of the governing board 2. Director of research, member of the governing board 3. A business line manager, responsible for knowledge innovation on healthy living 4. A proposition manager, responsible for one knowledge developmental line 5. A research manager, responsible for a team of 35 researchers/ consultants 6. A representative of financial control, responsible to deliver financial key figures of projects, knowledge lines and steering information for the board 7. Director of the human resource department, responsible for corporate HR policy and communication 8. An employee/researcher, who also was a member of the Central Works Council 9. A representative of the human resource staff, responsible for the implementation of the internal health and vitality policy.

¹ For the sake of simplicity, we chose to use the words holarchy and networks as synonyms.

Table II. General description of the value case methodology, and application of these steps within the organisation

Step	General description	Application in the case study
3. Prepare and carry out semi-structured interviews.	<p>Prepare a tailor-made interview protocol to be used in semi-structured interviews. The protocol enables the preparation by the interviewers, and structuring of the responses.</p> <p>Make a tailored invitation for the interviewees.</p> <p>Ensure that the summary of the responses is fed back and make sure all the interviewees approve those summaries.</p>	<p>The interview-protocol addressed: the individual valuation of health, the main (individual and organisational) health issues in the organisation, the alignment between the current company issues, current health policy and relevant health issues. Address the organisational value of a transition towards generative health management, and collect suggestions for activities to support that transition. The interviews (around one hour, on the interviewees' site, in order to create an open and trustful setting.) took a place in the course of a few months and were held by three of the authors. The documented findings were reported and confirmed by the interviewees.</p>
4. Make an intermediate analysis and adjust the first draft sketch of the transition	<p>Create insights about the various perspectives of the stakeholders. Make a first draft of the transition process, and what is needed to make it happen. Define guiding principles for the intervention "package" and/ or supporting initiatives.</p>	<p>The various perspectives were reported and analysed. Based on that the contours of the transition were visualized in a power-point slide. A potential package to support the transition was described in a few power-point slides as well.</p>
5. Dialogue strategically with key stakeholders. Develop a common understanding of relevant values.	<p>Give meaning to and define "common ground" for the value of the intended transition. Dialogue about the "why" of the transition. Develop an initial proposal package to support the transition. Once defined, the value case becomes a means for communication to solidify the internal and external commitment of the key stakeholders, who are essential for the transition.</p>	<p>A dialogue of 1,5 hour with two board members (i.e. the innovation manager and the expertise cluster manager) was facilitated. Power-point slides were used to guide the dialogue.</p>
6. Define the value case and the essentials of the transition process.	<p>Reuse the explored perspectives to assess effects, costs and benefits of the activities. Create transparency on the effects of the transition, for the system as a whole and for the individual stakeholders. Plan activities and interventions to support the transition.</p>	<p>A draft assessment of the (qualitative) value of generative health management within the organisation, its presumed effects, and costs and benefits for all stakeholders was made involving the strategic decision-makers. These key stakeholders developed a shared vision on generative health management which was regarded as a cultural and developmental aspect of the organisation as a whole.</p> <p>For the moment, it was decided to focus on new ways of working. No additional financial reservations were regarded as vital. In the planning, the current health related practices and organisational platforms will be used to get health more on the (personal) agenda of all stakeholders involved.</p>

Table II. General description of the value case methodology, and application of these steps within the organisation

Step	General description	Application in the case study
7. Implementation	Spreading and expanding the value case, the shared meaning of the transition within the system. Recruitment and engagement of ambassadors (at least some people that are in a position to influence decisions makers). Implementation of supporting activities and interventions.	The strategic stakeholders agreed to further communicate the value case and support further dialogues on the transition.
8. Evaluation	Evaluate and further develop (adapt) the process and a continuous basis, involving key stakeholders.	The value case for the organisation was evaluated by the research team and the key stakeholders.

The case company and the findings

The case organisation

The case study concerns Europe's second largest contract research organisation. It is a not-for-profit organisation; it is a large employer (around 4,000 employees in the Netherlands), with a knowledge-intensive innovative institute signature. It thus has a largely academic workforce. The organisation has all kinds of (formal and informal) societal involvements and responsibilities to a spectrum of external stakeholders. This company was chosen because the non-medical aspects of health are one of their priority areas of research; they advise many other organisations. When the organisation develops generative health management, they can play an exemplary role within the Netherlands.

The organisation has the ambition to be a world-class institute, combining top scientific knowledge and projects with a high societal impact, while remaining financially healthy (an increasing percentage of their turnover has to be earned on the market; at the time of the research that comprised around 70% of their funding). The employees are strongly challenged to realize this ambition. This context of the organisation is rapidly changing. Governmental partners, for example, cut their spending, implying increasing pressure to get more funding from the international market. Under the influence of the developing network economy and the increasing use of social media, the way knowledge can be developed and implemented is rapidly changing. To be more effective in this context, the organisation has recently reorganized into a matrix organisation, wherein market orientation is combined with expertise-based departments.

Findings of the interviews

The interviews yielded insights into the various stakeholders' perspectives on health. Based thereon a shared vision on the desirable future state of the organisation ("soll") was formulated by the researchers (and shared with the stakeholders). The main issues and perspectives were: the recognized value of health, the main health issues on an individual and organisational level, the requirements for the transition process, the presumed benefits, and commitment towards the transition. These aspects are described below.

The value of health

- Individual health was widely accepted as a main contributing factor for human functioning. One interviewee stated this as follows “In Western society, health is an underestimated value. We should be aware of that. If we do not start living healthier as a society, we’ll go down the drain”. However, different definitions of employees’ health were used by the stakeholders. Some stakeholders used a more narrow definition, e.g. physical or mental fitness. Others, especially the top managers, embraced the new definition of health as a capability to cope with different challenges (Hubert *et al*, 2011). In general, the more the definition of health as a capability was embraced, the more health was acknowledged as a relevant organisational aspect, and measures to boost the transition process were suggested accordingly.
- The topic of “organisational health” was not adopted by all stakeholders. Whereas the top managers and the employees fully recognized this topic, it confused other stakeholders such as the HR department. For the HR department the organisation’s role is seen as enabling employees’ individual health only, while the value of the health of the organisation is not regarded as a relevant issue.

Main health issues

- (1) Individual perspective: self-regulation and staying in balance were seen as the main health challenges, and it was recognized that the organisation has a role and responsibility to create a supportive context for that. Some stakeholders mentioned physical exercising to recover from cognitive work as important for achieving better health.
- (2) From an organisational perspective more different notions were relevant.
 - *Innovation versus financial health*. Innovation is associated with risk-taking, freedom to explore and fail, while financial control focuses on risk-averse behaviour. This was experienced as a difficult balance, especially in a setting where government funding is decreasing, the European market for research is increasingly competitive and the economy is in crisis. Furthermore, the organisation has no regular performance indicators to monitor its innovations and societal impact. Financial information is always present and therefore dominant.

One of the interviewees clearly expressed that mastering this balancing act is key to the organisation's survival. Most stakeholders were aware of the consequences of this challenge on the health of the workforce. The HR department, however, saw no link with (individual) health.

- *Complex organisation.* Most interviewees felt some kind of struggle to adjust to the recent (one year old) reorganisation, either because their role changed or because organisational structures in their vicinity were still in development. The interviewees agreed that the organisation is a rather complex matrix organisation in which individuals are confronted with multiple internal objectives and demands.

Requirements for the transition process.

The interviewees were asked what requirements should be fulfilled to support the transition towards generative health management:

- *Level of abstractness and concreteness, and short versus long term.* Some of the interviewees clearly preferred to focus on concrete and urgent problems, e.g. high absence level, launch concrete initiatives rather than working on an abstract and complex transition. Others acknowledged the link with organisational development, and stated this as a rather diffuse, but necessary organisational process.
- *Shared visions about the transition process emerged from the interviews.* These included: a personalized and well-balanced mix of individual and social activities beyond attempts to influence individual life-styles (physical health by fitness-programs or diets in the canteen). Supporting activities should explicitly address the mutual interaction between individual health and team or organisation. Activities addressing the (social) work-environment were found to be important.
- *Exemplary behaviour.* Some managers explicitly choose to set examples in flexible work/private behaviour, e.g. by attending school/children's activity at daytime and work in the evening, to illustrate that it is allowed and feasible. Exemplary behaviour can be further promoted, especially those relevant for the work-life balance.
- *Practice what you preach.* Most interviewees expressed the value of practicing the organisational behaviour that is externally preached to other organisations. However, some activities are outsourced to health care providers, even though internal

departments have more expertise and experience and feel “passed by”. Practicing what you preach is expected to support external trustworthiness (good for the business development) and increase the employee pride in the work (relevant for mental health).

- *Instrumental and uniform versus personal and tailored.* There were different stakeholders’ views on how the transition should be supported. Some of the superiors created informal and personalized approaches, whereas the HR department preferred to define processes and procedures centrally, to be implemented top-down and being communicated through the intranet.
- *Mutual trust between management and employees.* In some of the interviews, the self-organizing capabilities contrasted with the top-down management style being dominant in the organisation.
- *Visions on societal responsibilities and values.* As (non-medical aspects of) health form a main research area in this organisation, some stakeholders stated that the organisation should support health promotion at a societal level. Unhealthy behaviour and diseases should be tackled in an evidence-based way, and the organisation should develop that kind of knowledge. The interaction between the social responsibility and the internal organisation was recognized. It was stated that the organisation should be “aware of the less educated, less wealthy, less talented and less healthy part of the society”.

Benefits of the transition (end state, “soll”). The stakeholders assessed a variety of (health and business) benefits. For the internal organisation the following benefits were identified:

- Being more in balance on individual, organisational and societal level, including a better work-life balance of employees. Most relevant in this respect was less stress stemming from the split between innovation and financial control.
- More openness towards human needs (e.g. relaxation), and encouraging each other towards health behaviour/ cultural change.
- Improved self-regulation (in work and health) by managers and employees.
- Increase of the (organisational) ability to adapt to changing environmental demands.
- A better use of individual talents and increase of the organisation’s innovative ability. Less ineffective time and more productive efforts.

- Improvement of team functioning (resulting in faster knowledge development, and increase of output (e.g. publications) and financial control). Better collaboration between employees, also across teams.
- Increase of business continuity by more reliable planning, more trust in the professionalism of the workforce, resulting in less undesirable side effects.
- Less absenteeism, reduction of burnout.
- Being an attractive employer, relevant for “the war on talent”.

Personal commitments. Some stakeholders almost immediately identified themselves with the transition and its aims, and started to shape it. These people volunteered as potential ambassadors and may play important roles in facilitating the transition successfully. Others were more reluctant when it came to their own role, but endorsed the transition more passively.

Desired future state: a sketch of the transition. Being asked about the most ideal situation regarding the future health situation in and of the organisation, most interviewees expressed the need for employees and the organisation to enable everyone to take responsibility with respect to their own health, vitality, and employability. Self-regulatory processes are seen as key to that. It was also acknowledged that the organisation has a responsibility and an interest to support these self-regulatory processes. Creating a safe social context at work in which behaviour can be discussed, differences are respected and welcomed, and effort is spent to make sure each is “in his power” was specifically appointed. Creating such a social environment is assumed to contribute to health and optimal functioning simultaneously. With this, the change (i.e. internalization of health) would contribute to a shared desired effect, i.e. an optimal use of innovative ability within the organisation, which was agreed upon by all (internal) stakeholders. The different perspectives identified, however, imply that it will not be easy to accomplish the transition. The shared vision of the future state is as follows:

- *An organisation with a (social) environment by which self-regulation and vitality of the individual employees and of the organisation will be generated.*

With this, the employees will be able to cope more effectively with the tensions between innovation and financial control, and are presumed to make choices for a healthier and more productive (working) life.

Based on the interviews a common outline for the transition towards generative health management within the organisation was made. That sketch is shown in Figure 1.

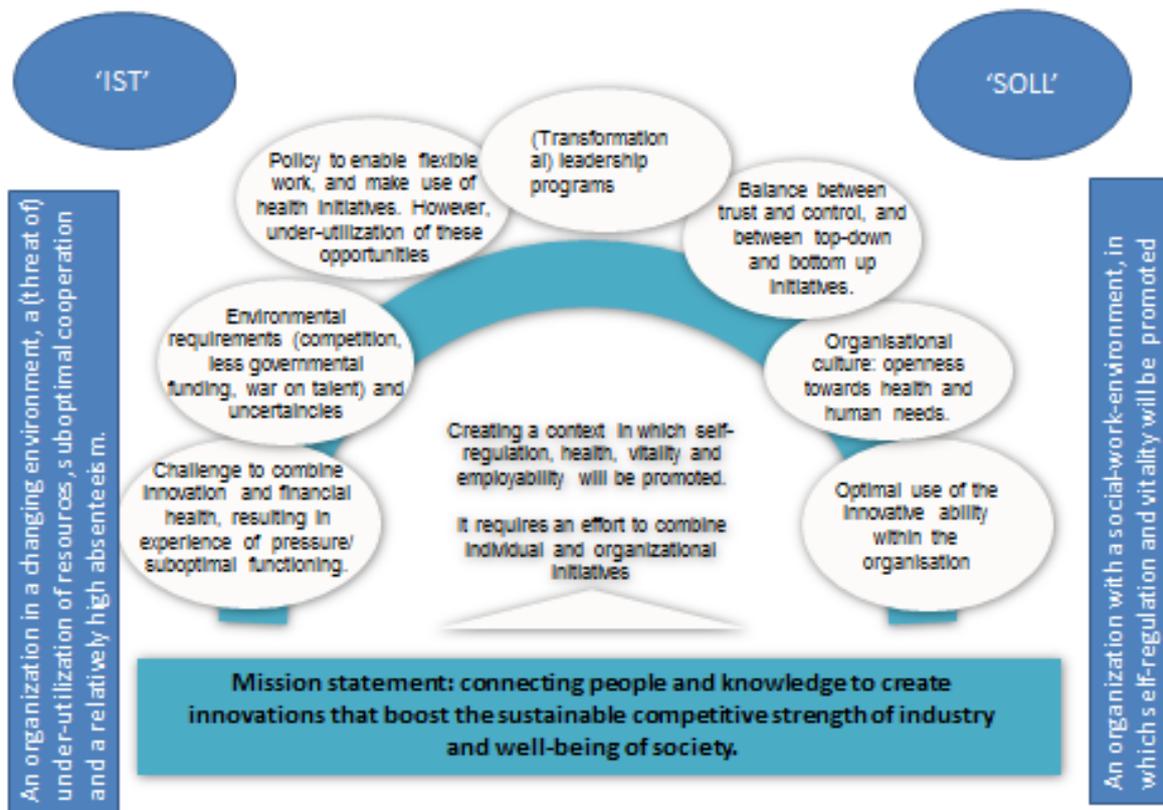


Figure 1 Sketch of the transition based on shared requirements to generative health management within this organisation.

Findings of the strategic dialogue

The findings of the interviews formed the input for the strategic dialogue. That dialogue contributed to a shared vision on the (potential) value of health for this organisation. To address the value of health as experienced and assessed by the respective stakeholders increased the management commitment to generative health management.

In the strategic dialogue it was also indicated that generative health management should be mainly seen as an organisational-cultural aspect of organisational development, rather than a

separate policy or specific interventions. However, given the organisational structure it is challenging to address such a development integrally. The dialogue partners indicated that all stakeholders should jointly work towards a “normative framework”, in which a focus on health and vitality is accustomed. Instruments can provide support for this, but are not always necessary. In order to support the transition, the active or passive support of all relevant stakeholders is required, but a special role is ascribed to the research managers (immediate supervisors).

According to the strategic stakeholders embedding health and vitality in the organisational development should take place on three levels:

- (1) *Strategic level.* Include health in the new strategic mission statement and core values of the organisation. In this organisation, a strategy period comprises four years. The stakeholders suggested to contact the primary responsible person for the new strategy, to involve her in the transition process.
- (2) *Policy level.* There was a shared acknowledgement of the need to connect health and vitality not only with strategic business developments but also with other relevant policies. Health should be closely linked with the primary process of the organisation. The two stakeholders were also planning to convince the HR director of the importance of the transition.
- (3) *Operational level.* Health management should be incorporated in concrete activities and existing programmes. Awareness raising and explicitly communication of the value of health are important. It is not so much to do new things, but to do things differently. Open conversation and dialogue about human values and developmental needs of employees should be addressed and included in several agendas within the organisation. It was also suggested to start small with committed research teams and then approach other teams.

The strategic stakeholders found it relevant to dialogue more broadly on the value of health, as the selection of interviewees in this value-case project included a number of employees that were relatively well-informed on the value of health and generative health management. They also preferred to have the results of more interviews, to increase the representativeness of the findings, before making irreversible steps.

In order to anchor generative health management in the end, it was regarded important to make its value demonstrable. Cost reduction (e.g. less sickness leave) and creating added value (e.g. for individual and organisational growth and development) were both regarded as essential outcomes, while increased cross departmental cooperation was regarded an important indicator. It was suggested to adapt the current monitoring instruments (i.e. the employees' involvement survey) for this reason. Last but not least, both stakeholders expressed a personal commitment towards integrating health in the organisational development. They explicitly positioned themselves as "owners" of that transition.

Evaluation of the value case methodology

By applying the five principle aspects of the value case methodology (multi-stakeholder perspective, broad value perspective, longer horizon, holistic thinking and recognizing complexities), the stakeholders involved indicated that this value case contributed to the shared and supported insight in the broad implications of health for each stakeholder and for the organisational as a whole. In this way, the full value of generative health management was assessed. It is assessed as a potential contribution to a healthy growth and development and optimal functioning of individuals and the organisation, and as being relevant for society as a whole.

The value case methodology, as deployed in the case study, made it possible to create a shared vision on the value and desired direction of development for generative health management. It also enabled personal commitment of some essential stakeholders, which is vital to move towards the tipping point in the transition. Some important active elements of this value case methodology were indicated by the stakeholders. These were:

- Making the different perspectives on health of the various stakeholders explicit.
- Development of "common vision" on the value of health as a resource for individual and organisational functioning.
- Recognizing a shared responsibility to develop generative health management.
- Identifying ways of working useful to embed generative health management.
- Identifying potential opportunities and barriers to embed generative health management within the organisation.

- The “Socratic” way of interviewing and dialogue (Kessels, 1997; Kessels, 1999) led to a considerable openness and reflection on personal life experiences with health. Some of the interviewees had personal experiences that seriously affected the health of themselves or that of some close relatives. These experiences had a profound influence on the interviewees’ behaviour, e.g. by changing jobs, or taking significant actions to restore their personal work/private balance. The value case approach helped them to realize that such steps are important for the organisation, and stimulated them to put health and vitality on the organisational agendas.

The value case process contributed also to commitment and ownership regarding health. In this case two strategic stakeholders became personally committed and identified themselves as ambassadors willing to support generative health management.

Discussion

In this study a participative value case methodology for embedding generative health management was used, and applied in one organisation. The participative methodology was based on earlier work (Zwetsloot and Van Scheppingen, 2007; Van Weelden, 2011; Bomhoff *et al*, 2012). Participative approaches are more often used to support sustainable change (Van der Zouwen 2011). Unlike general methods, the value case methodology specifically appeals on values and with that the full value of human activity. This enables a profound personal commitment towards the development of generative health management, which reinforces the transitional process.

The case study initiated a reflective process of the stakeholders involved, both individually and collectively. As a result, the stakeholders all endorsed the importance of the transition towards generative health management. The multi-stakeholder participatory value case approach made different perspectives on health explicit and stimulated dialogue on the various implications and notions of health. With this, the value case also contributed to make a first organisational step towards the transition. The value case also revealed some relevant opportunities to make a next step in the desired transition towards generative health management.

This paper presents the potential efficacy of a value case approach to support generative health management. This approach differs from more conventional health-based approaches in which it is tried to change health behaviour of individuals by rational revenues proved by experts.

Some limitations have to be mentioned. The findings are based on one case study only. The workforce of the case organisation comprises mainly highly educated, often intrinsically motivated employees. This is definitely not an average population. Cautiousness towards generalization is therefore required. The main findings of the value case are probably also relevant for comparable organisations. But other type of organisations, in other economic, legal and cultural contexts and different working populations are needed.

Also, this study was limited to the organisation and its internal stakeholders. A transition may require a change in thinking and acting of some key external stakeholders as well (Rotmans *et al*, 2000; Rotmans *et al*, 2003). A transition towards a healthy society, for example will also require a change in health care systems, health instruments, a change of (physical) environmental conditions (e.g. buildings in which the use of stairs is promoted, instead of using escalators), and need to address health inequities.

Conclusions and suggestions for further research

The value case approach contributed to a more explicit dialogue on the full value of health, more awareness and a broader view on the meaning and implications of generative health management for all stakeholders. Also, it contributed to ownership. This is seen as a first but essential step to a transition towards generative health management within the organisation.

Case studies in other organisations seem a next logical step to allow more generalization. Case studies with the value case approach, including the participation of external stakeholders are recommended. Similar studies addressing also the societal (macro) level are important as well.

We also plea for effectiveness studies on organisational transitions towards generative health management. Longitudinal research on the development of transitions towards generative health management is required to investigate their sustainable value over time. Also, effectiveness studies on organisational generative health management transitions to investigate the implications on health are recommended.

The application of the value case methodology to other sectors and complex innovations is another challenge. Indeed, it definitely makes sense to apply value cases for fundamental transitions in and “trans” other (sector) contexts, where the boundaries of the current system have become apparent and oppressive. Evident examples are the finance, energy, construction, transport or education sector. Indeed, then intra- and trans-sector value cases may contribute to the transition towards a meaningful economy and society that truly makes sense.

Note:

[1] This has been worded exceptionally eloquent by Niklas Luhmann: *Erlebens und Handelns birgt, als je aktualisiert werden können. Sie ist kontingent insofern, als diese Möglichkeiten sich in ihr abzeichnen als etwas, das auch anders sein oder anders werden könnte. Das wichtigste menschliche Ordnungsmittel in dieser Welt ist Sinnbildung und Kommunikation, mit der die Menschen sich darüber verständigen, daß sie dasselbe meinen und weiterhin meinen werden....“* from: Niklas Luhmann „Liebe. Eine Übung“

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