Summary

A figurative sociological study of adults’ possibilities and limitations for changing training routines during and after Exercise on Prescription and Team Play on Prescription at Nørrebro Prevention Center

“Excellent– at the end of the course you will be able to continue this independently”

The effect of Exercise on Prescription is sparse both when considering; the change in personal training routines during the training course, as well as the long-term effect on the participant. Despite this, Exercise on Prescription was implemented in large parts of Great Britain in the beginning of the 1990s followed by Denmark in 2002 and is today a worldwide phenomenon. The research into Exercise on Prescription has been limited to a biomedical and psychological approach. A sociological approach has been missing, particularly when analysing how the concept is received considering the participants’ everyday life. Moreover, there is a lack of knowledge of how these courses are organised and only few studies have followed the long-term impact on participants. The dissertation has analysed and answered the following two research questions:

1. How are Exercise on Prescription (fitness training) and Team Sports on Prescription (Team Sports activities) implemented and organised at Prevention Centre Nørrebro?

2. What enables and inhibit the participants at Prevention Centre Nørrebro to change training routines during the exercise programs and in their everyday lives?

The theoretical framework of the dissertation is Norbert Elias’ figurational sociology and the civilising process. Elias’ understanding of stigmatization dynamics that can lead to established and outsider groups, as well as the balance between "I", "We" and "They" identities, where the individual can never be perceived alone and decoupled from the outside world, but must always be considered as interwoven in a network of interdependent relationships is also used (Elias 1978). Furthermore, Elias and Dunning’s understanding of Spare-time spectrum and Quest for Excitement has been used in the analysis (Elias and Dunning (1986 (2008)). To supplement Elias’ theory concepts Nick Crossley’s understanding of motives for starting training and continuing these in the changed training routines (Crossley 2006, 2008) has also been used to a lesser extent in the analysis. The research project was a collaboration between the Municipality of Copenhagen, Prevention Centre Nørrebro, The Centre for Team Sport and Health and the Department of Nutrition, Exercise and Sports at The University of Copenhagen. The research project ran from August 2014
to July 2016 at Prevention Center Nørrebro. The Ph.d. project was a part of a larger multidisciplinary collaboration with both physiological and sociological researchers affiliated. Exercise on Prescription ran from September 2014 to July 2015 at Prevention Centre Nørrebro and the period August 2015 to June 2016 saw the implementation of the intervention Team Sport on Prescription (Team Sports activities). I was a part of a multidisciplinary working group responsible for the research design and development of the team sport definition, providing the framework for how to organise the Team Sports activities. The participants in the research projects were referred from their doctor due to type 2 diabetes, obesity (BMI above 35), chronic obstructive lung disease (COLD) or a precursor to chronic diseases, such as hypertension. The participants would have been referred regardless of the research project.

The thesis uses a process sociological approach, and is built up of three analytical levels; a macro, meso and micro level inspired by Baur and Ernst (2011) and Nielsen and Thing (2017). The levels are combined in the “sociogenesis”, and in a final discussion, the findings are compared to previous research.

The empirical foundation is based on observations of five selected training teams during the year ‘Exercise on Prescription’ ran and of five (of the same type of training) teams during the year ‘Team Play on prescription’ ran.

In addition, focus group interviews with 18 informants from Exercise on Prescription at the end of the programme as well as a further nine months after the programme ended. At that time the number of informants had decreased to 12. Likewise, focus group interviews with 19 selected informants from Team Sports on Prescription at the end of the programme as well as a further nine months after the programme ended. At that time the number of informants had decreased to 16. Furthermore, a document analysis of the following has been prepared; analyses of national, regional and municipality documents, internal documents from Prevention Centre Nørrebro as well as documents produced in connection with the implementation of Team Sports on Prescription, for example minutes from working group meetings.

The macro level is considered in this thesis as the state and has been reconstructed via a document analysis of Danish documents from 2002 to 2014. The rules in the social structure are elucidated and analysed nationally through legislation including the Health Act’s section 119, health policies and the National Board of Health’s reports and recommendations.

Prevention Centre Nørrebro is considered analytically as the meso level and the figuration that was the focal point of the study. The Capital Region of Denmark and the City of Copenhagen are regarded as part of the meso level, which is why the program for Diabetes and COPD at regional level has been analyzed. Also, the City of Copenhagen’s health policies, course descriptions for the COPD, Diabetes and XL teams, excerpts
from the Prevention Centers' website, professional guides and evaluations conducted for the City of Copenhagen have been analyzed as part of the meso level. Prevention Centre Nørrebro has been analysed through pictures, local internal writing as well as observations and informal conversations with the instructors and the project manager, who remained the same throughout the research period. The change in Team Sports on Prescription is illustrated with minutes, internal emails, field notes and a Team Sports catalogue.

The training courses are considered the micro level, and the norms and values that played out in the interactions between the participants and the micro level coaches have been analyzed through observations and focus group interviews. Nine months later, the participants’ perception of the Nørrebro Prevention Center figuration has again been analyzed, as well as the informants’ ability to change the figuration, and how training routines have been made possible or limited in everyday life. The microanalyses have been performed for both Exercise on Prescription and Team Sports on prescription. The dissertation’s findings are based on an interpretive hermeneutically inspired analysis approach. The thesis’s primary findings will be reproduced in the following sections:

Implementation and organisation of Exercise on Prescription
The thesis finds that the Danish Health Authority has been inspired by an American model "The Chronic Care model" which focuses on developing the individuals' self-care and health behaviour. The state wishes to civilise the participants towards an improved health and training behaviour. This civilising process approach of focusing on the individual was implemented at Prevention Centre Nørrebro. The healthcare instructors focused on development of action competencies and to teach the participants to take responsibility for their own training routines. The five homebased exercises: “Legs, stomach, back, push and pull” were a mantra at micro level throughout the Exercise on Prescription course. However, the civilising process failed on a personal level as it did not internalise in the individuals’ everyday lives. Instead fault and shame developed in the participants if they did not manage to incorporate the homebased exercises into a routine. The wish for civilising at the macro level was expressed through involvement and participation in both type of programmes, but this could at times lead to stigmatisation dynamics and development of Established and Outsiders groups.

The prevention centers elimination strategy, that is, the transition from the Prevention Center to other training offers, was also characterized by a focus on the individual’s own responsibility and own choices in relation to signing up for trial lessons and taking training visits in the local training programs on their own initiative. The taster sessions were only used to a very small extent by the informants in the study.
Furthermore, the civilising processes could also have been seen as a value for the instructors, as they used control and tests of the participants’ physiological function, which there was a wish to improve.

Implementation and organisation of Team Sports on Prescription
The dissertation shows that the original research design was intended as a randomised controlled trial where some teams were to do teams sports whereas other teams were to do traditional fitness exercise. Due to custom at Prevention Centre Nørrebro, where the instructors serve as substitutes for each other, the research project turned into a longitudinal project, where the traditional fitness exercise was sustained for a year after which it was reorganised to Team Sports on Prescription. On 3rd of March 2015 a workshop organised by the researcher for the instructors took place at Prevention Centre Nørrebro. So far, a small research group, which I took part in, had developed the following Team Sports definition, which was the frame for the Team Sport activities:

• Physical activity

• Excitement about the result

• Interaction between the team players – all should have an active role

• Moveable apparatus

A team sport lesson should include these elements. The implementation and change of Team Sports at Prevention Centre Nørrebro was challenging and demanding seen from the instructors’ perspective, and this is why a great deal of the instructors showed opposition and the instructors challenged the Team Sport definition as well as the Team Sport project eligibility in the beginning.

According to Norbert Elias one should expect unplanned processes in an implementation process. The actions and reaction of the instructors was an unplanned process. During Team Play on Prescription at the Nørrebro Prevention Center, a Team Play catalog was developed that can be seen as a new and more practice-orientated academic guide within team games than the previous program, course descriptions and academic guides aimed at health professionals (Andersen and Bjørnø 2016).

The team game catalog continued to emphasize the civilization of the individual high, with a focus on changing health behavior through the development of action competencies and participation, but the social aspects and group development that the team games could demand were also highlighted.
The training team was allocated time every 14 days to develop and try out Team Sports activities with each other. The team of the instructors went through a review process and was far more positive towards Team Sports activities at the end of the intervention.

Opportunities and limitations for changing training routines during the course - similarities between Exercise on Prescription and Team Sports on Prescription

Training routines were possible for the participants due to the fixed training schedule with training sessions twice a week at the same place at the same time.

The running uptake of the courses was a constraint for changing training routines and in the long-term contributing to difficulties in developing relationships and networks which could be transferred to everyday lives.

The motives to begin exercise were a wish to lose weight, get body toned and a higher degree of mobility, whereas sociability got a bigger impact at the end of the course, which was applicable for both programmes.

Opportunities and limitations for changing training routines during the course – differences between Exercise on Prescription and Team Sports on Prescription

In Exercise on Prescription the informants perceived it as a duty to themselves to continue the exercise course where as the informants from Team Sports on Prescription perceived the exercise course more as a pleasure and with a higher commitment to both the Team Sports activities and the others team members. This was also a difference in motives for change from Exercise on Prescription to Team Sports on Prescription. Quest for Excitement was more often experienced in Team Sports on Prescription through the Team Sports activities than in Exercise on Prescription.

Opportunities and limitations for changing training routines in everyday life

Opportunities and limitations for changing training routines in everyday life did not show the great differences between Exercise on Prescription and Team Play on prescription. The analysis showed that if a connection had been created from the Nørrebro Prevention Center to another training program, it was of importance for a continued change of training routine after the end of the training course. For example, the Motivation group, which was an offer for people with type 2 diabetes, and The Ball Café, who both had been given training halls at Nørrebro Prevention Center, and made it possible for the informants to continue in a firmly structured offer at roughly the same time and place. A direct transition, a fixed structure, knowledge of the new training site, knowledge of some other participants, and that the training
routines became an internalized part of everyday life, were opportunities for the training routines to be maintained.

The informants from Team Sports on Prescription, who was continuing in The Ball Café found their membership enjoyable and often experienced Quest for Excitement.

At the same time, the thesis showed that it was possible for the retention of new training routines if the informants had a family member, friend or colleague in everyday life who could not only support, but also act as an “exercise buddy”.

Conversely, it was limiting if no direct transition to another offer was created, if the training routines did not become part of everyday routines and if the informants lacked a relation to a person who could act as an “exercise buddy”.