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Individual Agency and Responsibility in Shaping Health and Well-Being: A Qualitative Interview Study Examining Health-Related Proactivity at Work Through Personal Experiences

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Abstract (English)

In this qualitative study, it was examined how office employees enact and experience health-related proactivity at work – defined as self-initiated, future-focused, and change-oriented behavior aimed at maintaining and improving health and well-being. Using reflexive thematic analysis according to Braun and Clarke, interview data from $N = 13$ participants were analyzed. Six themes were identified, framing health-related proactivity as a courageous, conscious, and agentic act, grounded in the assumption of responsibility, self-determination, and adaptive regulation. Health-related proactive behavior at work was classified into existing conceptualizations of health behavior and proactivity in terms of enhancing work performance (i.e., motivational and goal-regulatory model proposed by Parker et al.) to contextualize the results. The data revealed that the construct is present in real-world work settings, exhibiting both daily and interindividual variability. Health-related proactivity at work was characterized as a dynamic process involving planning, action, setbacks (e.g., convenience), and challenges (e.g., social norms, organizational barriers). Findings indicate that proactive employees strive to maintain and improve physical, mental, and social well-being by developing personalized strategies, practicing, and adjusting behavior to work demands and personal resources. Such behavior can be both preventive and intervening, motivated by the value of health for one's life, or the desire to stay healthy for better performance and focus while working. Importantly, responsibility for health at work should be understood as co-constructed between the individual and the organization, highlighting that employees act proactively but also require supportive organizational environments. By linking theory with employees' applied experiences, this study deepens the understanding of individual-driven health behavior in the occupational context. It emphasizes an approach of health-related proactivity as a crucial component of workplace health promotion.

Keywords: health-related proactivity at work, health promotion, well-being in occupational context, self-determination, health behavior motivation

Abstract (German)

In dieser qualitativen Studie wurde untersucht, wie Büroangestellte gesundheitsbezogene Proaktivität am Arbeitsplatz ausüben und erleben – definiert als selbstinitiiertes, zukunfts- und veränderungsorientiertes Verhalten, das darauf abzielt, Gesundheit und Wohlbefinden aufrechtzuerhalten und zu verbessern. Mittels reflexiver thematischer Analyse nach Braun und Clarke wurden Interviewdaten von $N = 13$ Teilnehmenden analysiert. Die Analyse ergab sechs Themen, die gesundheitsbezogene Proaktivität als Überwindung erfordernde und bewusste Handlungen darstellen – basierend auf Verantwortungsübernahme, Selbstbestimmung und adaptiver Selbstregulation. Gesundheitsbezogene Proaktivität am Arbeitsplatz wird in bestehende Konzeptualisierungen von Gesundheitsverhalten und leistungsfokussierter Proaktivität am Arbeitsplatz (u. a. motivationsbezogenes und zielregulatorisches Modell nach Parker et al.) verankert, um die Ergebnisse einzuordnen. Die Daten zeigen, dass das Konstrukt in realen Arbeitsbedingungen existiert, jedoch mit intra- und interindividuellen Unterschieden. Gesundheitsbezogene Proaktivität wurde als dynamischer Prozess beschrieben, der Planung, Handlungen, Rückschläge (z. B. Bequemlichkeit) und Herausforderungen (z. B. soziale Normen, organisationale Barrieren) umfasst. Die Ergebnisse deuten darauf hin, dass proaktive Mitarbeitende danach streben, körperliches, mentales und soziales Wohlbefinden zu erhalten und zu steigern, indem sie individuelle Strategien entwickeln, üben und an Arbeitsanforderungen sowie an eigene Ressourcen anpassen. Gesundheitsbezogenes proaktives Verhalten wird sowohl präventiv als auch intervenierend eingesetzt. Es wird durch die persönliche Bedeutung von Gesundheit oder den Wunsch motiviert, durch Gesundheit leistungsfähig und konzentriert bei der Arbeit zu bleiben. Zentral ist dabei, dass Gesundheit am Arbeitsplatz gemeinsam von der einzelnen Person und der Organisation getragen werden sollte. Um proaktiv handeln zu können, benötigen Mitarbeitende unterstützende organisationale Strukturen. Durch die Verknüpfung theoretischer Konzepte mit individuellen Perspektiven von Büroangestellten und realen Arbeitserfahrungen trägt diese Studie zum Verständnis von selbst-initiiertem Gesundheitsverhalten im beruflichen Kontext bei. Sie betont einen Ansatz, in dem gesundheitsbezogenes proaktives Verhalten als wesentlicher Bestandteil von Gesundheitsförderung am Arbeitsplatz verstanden und als solcher unterstützt werden sollte.

Schlagwörter: Gesundheitsbezogene Proaktivität am Arbeitsplatz, Gesundheitsförderung, Wohlbefinden im beruflichen Kontext, Selbstbestimmung, Motivation für Gesundheitsverhalten

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Individual Agency and Responsibility in Shaping Health and Well-Being: A Qualitative Interview Study Examining Health-Related Proactivity at Work Through Personal Experiences

Introduction

Considering that individuals spend a significant part of their lives at work, the workplace represents an essential environment for promoting and maintaining one's health and well-being in everyday settings (World Health Organization, 2010). As such, occupational health has gained increasing relevance in organizational research and practice, particularly due to a growing recognition of the workplace as a relevant context for fostering long-term well-being, vitality, and sustainable employee engagement (Kelloway & Day, 2005; Nielsen et al., 2017). Current approaches of workplace health enhancement emphasize the dynamic connection between organizational provisions (e.g., organizational offerings, supportive leadership) and the individual's active role in managing, improving, and maintaining health and well-being (Nielsen et al., 2017; Shain & Kramer, 2004; Sonnentag et al., 2023).

In office-based jobs, the nature of work itself has increasingly emerged as a facet affecting physical as well as mental health and well-being of employees. Risks and problems in office workplaces may stem from factors such as skill underutilization or mismatch, understaffing, unsocial or inflexible working hours, ambiguous job roles, unsafe or poor physical working conditions, and organizational cultures that permit negative outcomes (Kelloway & Day, 2005; World Health Organization, 2022a). Prolonged sedentary behavior, poor workstation ergonomics, and extended screen time have been linked to musculoskeletal disorders, such as neck, shoulder, and lower back pain, as well as eye strain and fatigue (Arman, 2020; Boschman et al., 2017; Bull et al., 2020; Santos et al., 2025). While organizational structures and leadership are crucial in providing the necessary conditions and resources, employees themselves are not passive recipients of these measures. Sustainable healthcare in the workplace requires organizations and employees to take mutual commitment for actively creating a healthy working environment (Shain & Kramer, 2004). This shared accountability means that proactive behavior and individual involvement of employees are important conditions to ensure health and well-being (Sonnentag et al., 2023). Over the past decades, there has been a conceptual shift from viewing office employees as passive respondents of workplace conditions to recognizing their agency in shaping their own health and well-being (Sonnentag et al., 2023; Treier, 2023). This shift towards a more engaged perspective on employees is reflected by broader developments in occupational health

research, which emphasize not only structural conditions but also individual behavior as a critical determinant of well-being (Sonnentag et al., 2023). Employees are increasingly encouraged to not only react to stressors but to take initiative in creating work environment in a way that fosters both performance and health (Kelloway & Day, 2005; Parker et al., 2006). Against this background, employees' health becomes a dynamic outcome driven by interactions between organizational provisions and individual actions. This shift necessitates a better understanding of how employees contribute to their own health and/or that of colleagues – not just reactively by coping with stress or recovering from strain, but proactively, by initiating health-supportive behavior.

Proactivity at work refers to employees' self-initiated, anticipatory actions to bring about positive changes in their work environment (Grant & Ashford, 2008; Parker et al., 2010). Despite the growing interest, existing measures and models of proactive behavior have primarily focused on performance-related main outcomes, such as innovation, efficiency, and driving change for organizational benefit (Frese et al., 1997; LePine & Van Dyne, 1998; Morrison & Phelps, 1999; Parker & Collins, 2010; Scott & Bruce, 1994). However, little is known about proactive behavior that directly and explicitly targets health-related outcomes in the workplace. In this context, *health-related proactivity at work* – defined as voluntary, self-initiated, future-focused, and change-oriented behavior performed with the goal of maintaining or improving physical and/or mental health and well-being at work, whether at an individual, team, or organizational level (Landskron et al., 2023) – was introduced as a particularly relevant construct.

This study introduces and conceptualizes the novel construct of health-related proactive behavior at work as a distinct dimension of proactivity in the occupational context. Since falsification, hence a quantitative approach, requires theoretically elaborated knowledge, a qualitative procedure is essential in the development of the new construct. The present study examines whether and how the proposed construct of health-related proactivity at work manifests in practice, thereby assessing its empirical relevance and grounding it in real-world working conditions. Moreover, the study provides a valuable perspective by exploring this through office employees' personal experiences conducting semi-structured interviews, enabling in-depth qualitative insights about initiation, motivation, particular goals, expectations, and potential barriers or reasons for refraining from individual action on work-related health improvement. Therefore, this study aims to contribute to the theoretical refinement and empirical grounding of health-related proactive behavior at work. To achieve

this, it incorporates the subjective, individual dimension into the construct development process, thereby offering potential input for (occupational) health promotion.

Theoretical Background

A Conceptual Overview of Health and Well-Being

The World Health Organization (WHO; World Health Organization, 2020, p. 1) defines health as "a state of complete physical, mental and social well-being", a definition that entered into force in 1948 and underscores the positive and comprehensive nature of health, extending beyond the mere absence of illness. This perspective shifts the focus from purely preventing diseases to actively promoting well-being across multiple domains of life.

Despite the broad acceptance of the WHO's holistic definition, it has also received criticism for being overly idealistic and impractical in clinical and research settings. The notion of complete well-being might be an unrealistic standard, as many individuals live meaningful despite chronic illnesses or partial restrictions – this critique has led to alternative definitions emphasizing adaptability and self-management skills facing challenges rather than an idealized state (Huber et al., 2011). This evolving perspective seeks to better capture the dynamic and context-dependent manners, acknowledging that health status can vary and that living well with illness is a justified and important aspect of health. Contemporary theoretical models further reject a binary view of health versus illness, instead conceptualizing these states as fluid parts of a dynamic continuum (Sturmberg, 2021). Building on this, Aaron Antonovsky presented the *model of salutogenesis* as a foundation for health promotion, assuming that health is not a fixed state but a continuous movement along a spectrum from dis-ease to ease (Antonovsky, 1987; Antonovsky, 1996; Johansson et al., 2024; Mittelmark & Bull, 2013). Thus, within this continuum framework, individuals are not simply healthy or ill but exist at varying points along a range from optimal well-being to severe illness. Unlike a traditional pathogenic model, which focuses on the identification and elimination of risk factors and the treatment of disease, the model of salutogenesis takes a resource-oriented, positive approach by asking what keeps people fundamentally healthy (Antonovsky, 1996; Mittelmark et al., 2022; Mittelmark & Bull, 2013). Central to this orientation is the idea that remaining passive due to constant internal and external stress factors results in a decline in health, as human beings are constantly confronted with those stressors creating tension states, though not necessarily leading to stress reactions (Antonovsky, 1987; Antonovsky, 1996). This active engagement includes deliberate interpretation of stressors, intentional utilization of social and personal resources, and purposeful decision-making. Through such active orientation, individuals enact salutogenic processes that affect the position on the health

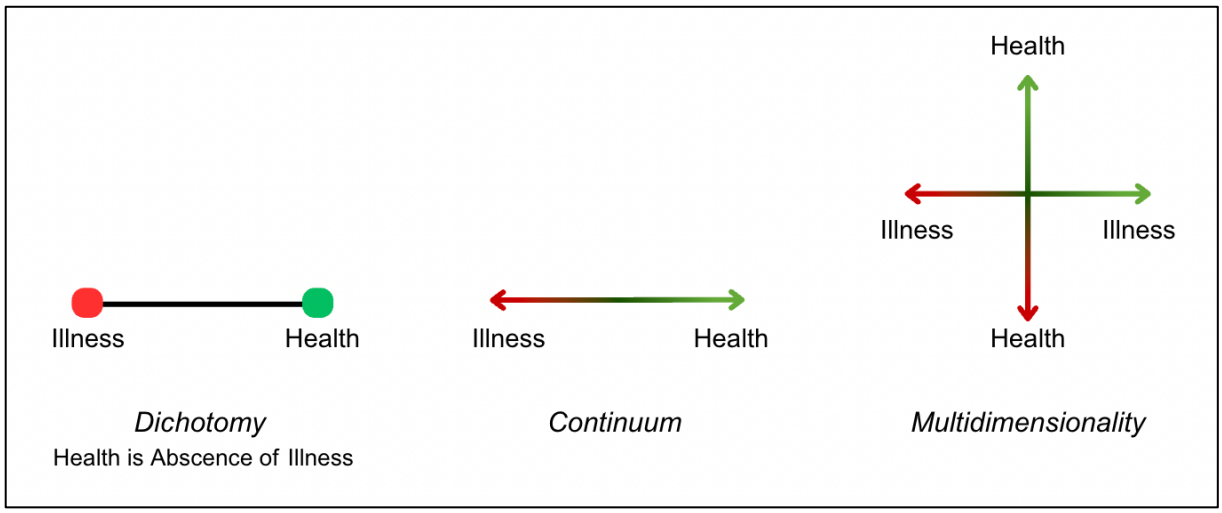
continuum and contribute to resilience. The determinant of health in this model is not the absence of stress but how individuals deal with these tension states, which is characterized by one's sense of coherence, the core construct of the model of salutogenesis (Antonovsky, 1996; Mittelmark et al., 2022). Sense of coherence is defined as a global orientation of feeling confident that one's internal and external environments are cohesive and predictable and that adequate resources are available to cope with demands, which represent meaningful challenges deserving active engagement (Antonovsky, 1987). A strong sense of coherence enables individuals to interpret stressors not as overwhelming threats but as manageable challenges. Accordingly, individuals with a high sense of coherence are more likely to maintain or improve the position on the health continuum (Antonovsky, 1996). Sense of coherence consists of three interrelated components: comprehensibility, manageability, and meaningfulness (Antonovsky, 1987; Antonovsky, 1996; Mittelmark et al., 2022) – comprehensibility refers to the cognitive perception and understanding of challenges; manageability reflects the extent to which individuals perceive to have the resources to cope with demands of life; meaningfulness represents the emotional and motivational dimension, whether one experiences life as emotionally coherent and perceives challenges as significant and worth investing in as well as coping with those challenges. Another central element of the model of salutogenesis is the availability of generalized resistance resources – factors such as social aspects of a collective or situation, education, and cultural stability, which help individuals prevent or reduce the negative impact of stressors (Antonovsky, 1987; Antonovsky, 1996). Generalized resistance resources facilitate effective coping by strengthening sense of coherence over time (Antonovsky, 1987; Antonovsky, 1996; Mittelmark et al., 2022).

Alongside the continuum model, alternative approaches propose that health and illness may exist on separate but related dimensions rather than as two poles of a linear continuum (for details on the dimensions and connections of health and illness see figure 1). Keyes' (2002) *two-continua model of mental health* exemplifies this view by distinguishing between the presence of mental illness and mental health. According to this model (Keyes, 2002), an individual can simultaneously experience a clinical diagnosis and high levels of mental health (i.e., flourishing), or experience low mental health (i.e., languishing). This unidimensional dual-factor model broadens the scope of health research by demonstrating that symptom reduction alone does not guarantee well-being and that fostering positive functioning is an independent and essential goal (Greenspoon & Saklofske, 2001; Keyes, 2002). Such nuanced

conceptualizations support integrated health interventions that address both risk factors and resilience-building simultaneously.

Figure 1

Dimensions and Connections Between Health and Illness



Well-being itself is a complex and multidimensional construct, often divided into hedonic and eudaimonic perspectives in psychological research (Tov, 2018). Hedonic well-being, also termed as subjective well-being, relates to the experience of pleasure and the absence of negative emotions, encompassing aspects such as life satisfaction, positive affect, and happiness (Diener et al., 1999; Ryan & Deci, 2001). In contrast, eudaimonic well-being emphasizes personal growth, meaning in life, and self-realization (Delle Fave et al., 2011).

Beyond the individual, health and well-being are deeply embedded within social contexts. The concept of social well-being highlights the importance of integration, contribution, social coherence, actualization, and acceptance, all of which significantly influence overall health outcomes (Keyes, 1998; World Health Organization, 2020). Empirical research has established strong links between social determinants, such as age, socioeconomic status, education, employment, social networks, and health and well-being, illustrating the structural interconnectedness of these factors across multiple levels (Keyes, 1998; Marmot & Allen, 2014).

A comprehensive framework that integrates these diverse influences is the *bio-psycho-social model of health* (Engel, 1977). This model resonates with the salutogenetic perspective by challenging traditional biomedical paradigm that equates health solely with the absence of pathology by positing that biological, psychological, and social factors interact dynamically to determine an individual's health status. According to this view, health is not a fixed state but a

dynamic process that is continuously created throughout life, requiring individual's active engagement in sustaining and promoting well-being (Antonovsky, 1996). It acknowledges that physical health cannot be fully understood without incorporating mental and social dimensions, thereby reflecting the WHO's (2020) holistic conceptualization. Psychological resources such as optimism and perceived control can mitigate the effects of physical illness (Hong et al., 2021; Rasmussen et al., 2009), while supportive social relationships have been linked to reduced morbidity and mortality (Holt-Lunstad et al., 2010). Conversely, adverse psychosocial conditions, including stress and loneliness, could have detrimental effects on health (Smith et al., 2020). In line with the model of salutogenesis, both conceptual frameworks advocate for a paradigmatic shift from reactive, pathology-oriented models towards proactive, resource-based strategies that enhance individual agency and more accurately reflect the multifaceted nature of human health.

Health Behavior – Models and Theories

Health is inherently linked to behavior (Glanz et al., 2015), emphasizing the active and dynamic nature of health. Thereby, health behavior encompasses the range of actions individuals undertake that affect the health status, including behavior that promotes well-being as well as those that increase risk for illness (Carmody, 2001; Glanz et al., 2015). Understanding health behavior is essential for designing effective interventions aimed at preventing disease and enhancing health outcomes. Theoretical models of health behavior provide valuable frameworks for identifying determinants of health-related actions and developing tailored interventions. These models underscore the multifactorial nature of behavior and the importance of psychological, social, and environmental factors in contributing to health and well-being.

Central to many health behavior models is the concept of *self-efficacy*, defined by Bandura (1977) as an individual's belief in capacity to execute behavior necessary to produce specific performance attainments. Self-efficacy is considered a critical determinant for the adoption, initiation, and maintenance of health behavior (Schwarzer & Hamilton, 2020; Schwarzer & Luszczynska, 2008; Zhang et al., 2019). High self-efficacy enables individuals to feel confident in overcoming barriers and persisting in health-related activities even in challenging circumstances (Warner & Schwarzer, 2020). Evidence across numerous health domains indicates that self-efficacy significantly predicts positive health outcomes, for instance, physical activity and dietary changes (Schwarzer, 2008). Individuals with higher levels of self-efficacy are more likely to set ambitious goals, invest greater effort, and exhibit stronger perceived competence (Warner & Schwarzer, 2020). Importantly, self-efficacy can be

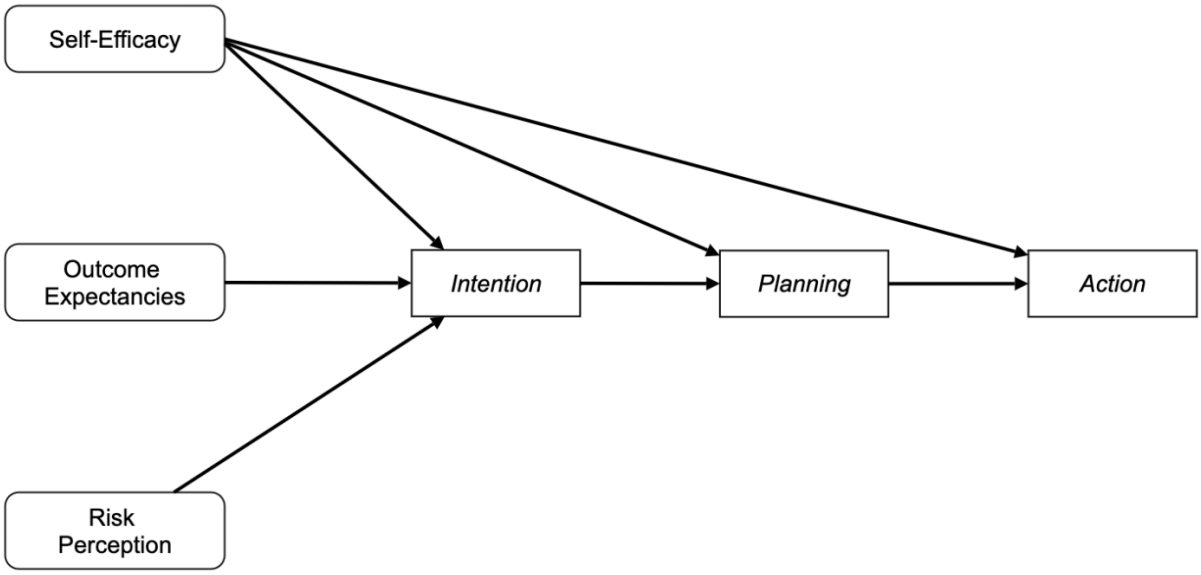
strengthened through mastery experiences (Schwarzer & Warner, 2013). These mechanisms are crucial for fostering sustainable health behavior and preventing relapses. With the ability to influence the establishment, persistence, and effort invested in health-related behavior, self-efficacy is a pivotal determinant in models such as the *health action process approach*. Emerging perspectives also point to the relevance of deeper motivational dynamics, such as the extent to which individuals feel that actions satisfy needs for autonomy, competence, and relatedness (i.e., reflecting *self-determination*) as important drivers of health-related engagement.

The Health Action Process Approach. The health action process approach (HAPA) is a widely used theoretical model for understanding, predicting, and initiating health behavior (see figure 2). Initially developed to explain how individuals change behavior, it has also been examined in relation to the adoption and maintenance of health behavior over time (Schwarzer, 2008; Schwarzer & Hamilton, 2020; Schwarzer & Luszczynska, 2008). The model proposes two main phases in behavior: the motivational phase, which involves forming an intention, as well as the volitional phase, which focuses on planning, executing, and maintaining the behavior (Schwarzer, 2008). Self-efficacy is a crucial factor throughout HAPA (Schwarzer, 2008; Schwarzer & Hamilton, 2020), as it impacts not only the initiation (action self-efficacy), but also an individual's ability to persist in behavior (maintenance self-efficacy) and self-regulate after challenges (recovery self-efficacy). Risk perception (i.e., an individual's awareness of the personal relevance and severity of a health threat), action self-efficacy (i.e., one's ability to perform the behavior), and outcome expectancies have an influence on the intention, while outcome expectancies refer to an individual’s beliefs about the likely positive or negative consequences of performing health behavior (Schwarzer, 2008; Schwarzer & Hamilton, 2020). These expectations can be physical (e.g., improved fitness), social (e.g., gaining approval), or emotional (e.g., feeling more in control), and are central for motivation for intention (Schwarzer, 2008). Once the intention is formed, volitional processes become essential. These include action planning and maintenance self-efficacy, which are both critical for turning intention into sustained behavior (Schwarzer, 2008; Schwarzer & Hamilton, 2020; Schwarzer & Luszczynska, 2008). Importantly, HAPA explicitly addresses the intention-behavior gap and emphasizes the dynamic nature of behavior maintenance (Schwarzer, 2008). Therefore, what distinguishes HAPA from other health behavior models is its explicit temporal structure, which separates pre-intentional (i.e., motivational) from post-intentional (i.e., volitional) processes that assign the individual into the role of preintender, intender, and actor during the process (Schwarzer, 2008). For instance, maintenance self-

efficacy helps individuals to overcome obstacles, while recovery self-efficacy supports behavioral resumption after setbacks (Schwarzer & Hamilton, 2020). Additionally, HAPA incorporates feedback loops, emphasizing that behavior change is not linear but cyclical, with repeated opportunities for engagement and adjustment based on previous experiences (Schwarzer & Hamilton, 2020).

Figure 2

Simplified Overview of the Health Action Process Approach According to Schwarzer (2008)

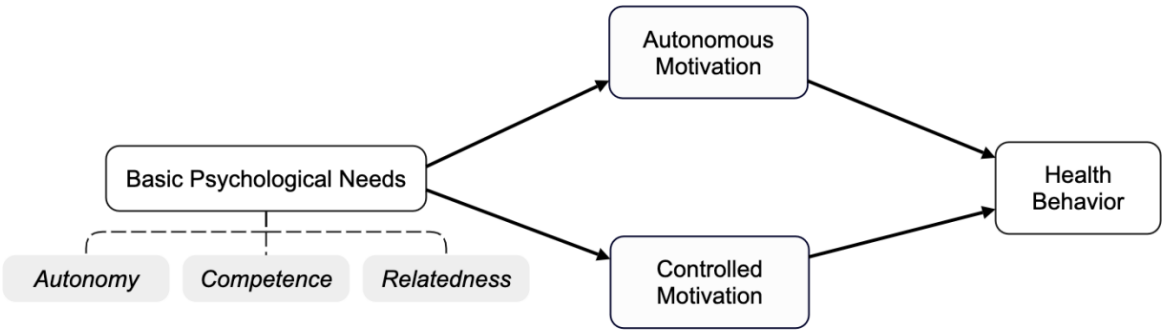


Self-Determination Theory. Self-Determination Theory (SDT) is a broad framework for understanding human motivation and subsequently applicable to health behavior (see figure 3; Deci & Ryan, 2012; Ng et al., 2012; Patrick & Williams, 2012). At its core, SDT differentiates between autonomous and controlled forms of motivation. Autonomous motivation refers to behavior that is associated with a feeling of voluntariness and personal support, as opposed to controlled motivation, which is driven by external pressures or internal obligations (Ryan & Deci, 2017). According to SDT, health behavior based on autonomous motivation is more likely to be sustained over time (Ng et al., 2012; Teixeira et al., 2012). The theory identifies three basic psychological needs – *autonomy, competence,* and *relatedness* – which must be fulfilled to foster intrinsic motivation, support the internalization of extrinsic motivation, and promote (social) development and functioning as well as vitality, health, and well-being (Deci & Ryan, 2000; Ryan & Deci, 2000). Autonomy is described as the experience of volition and freedom, competence involves the feeling of being effective and capable, and relatedness reflects the need to feel connected to and cared for by others (Deci &

Ryan, 2000; Ng et al., 2012). Therefore, individuals are more likely to conduct behavior to promote health if the needs are satisfied. Empirical research supports SDT's applicability in health domains, such as smoking, physical activity, and medication adherence (Ng et al., 2012; Patrick & Williams, 2012; Teixeira et al., 2012). The process of motivational internalization is essential for the maintenance of health behavior over long term (Ng et al., 2012). Moreover, SDT conceptualizes individuals as proactive organisms who seek opportunities for self-regulation, mastery, and feelings of connection (Ryan & Deci, 2000). By actively engaging with the environment in ways that support the basic psychological needs, autonomy, competence, and relatedness, individuals obtain a central role in shaping and maintaining their own their health and well-being.

Figure 3

Adapted and Simplified Model of Linking Self-Determination Theory and Health Behavior According to Ng et al. (2012)



Occupational Health Promotion

According to WHO (World Health Organization, 2010, p. 6), "a healthy workplace is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers and the sustainability of the workplace." The definition establishes that accountability for health and well-being in the workplace is shared between organizational structures and individual employees, highlighting interactive dynamics essential for effective health promotion. Further, the conceptualization involves not only addressing the physical and psychosocial work environment but also supporting individual health resources and engaging with the wider community.

A growing body of research underlines the close connection between occupational health promotion and organizational outcomes such as productivity and efficiency, job satisfaction, and employee engagement (Basińska-Zych & Springer, 2021; Schaufeli, 2017; Shain & Kramer, 2004). Poor working conditions, stress, and insufficient workplace support

are linked to higher rates of burnout, absenteeism, and even physical illnesses such as cardiovascular disease and musculoskeletal disorders of office employees (Arman, 2020; Boschman et al., 2017; Kivimäki & Kawachi, 2015; Schaufeli, 2017). In contrast, in organizations where health and well-being are actively enhanced, for instance, through ergonomic modifications, flexible working arrangements, comprehensive health programs, and a positive climate, employees report better performance outcomes (Grawitch et al., 2006, Grawitch et al., 2007; Santos et al., 2025; Voordt & Jensen, 2023). In office employment, sedentary interventions play a critical role in this context by adapting the workspace to reduce the risk of musculoskeletal disorders and other work-related physical complaints (e.g., poor posture, pain, muscle tension) (Santos et al., 2025). Adjustments such as optimized seating, screen height, and regular break schedules help mitigate physical strain inherent to prolonged desk work. Beyond the physical setup, promoting work-life balance and preventing occupational stress is equally essential for supporting well-being (Grawitch et al., 2006; Grawitch et al., 2007; Noblet & LaMontagne, 2006).

Over time, the role of the individual in workplace health promotion has transformed fundamentally from passive adherence to direct participation, increasingly recognized as essential to health and well-being. Treier (2023) describes the subsequent historical overview of occupational health promotion. In the 19th century, workers' health concerns were addressed primarily through collective action led by labor unions, advocating for regulatory protections such as insurance systems and improved workplace safety. By the mid-20th century, occurring with WHO's multidimensional definition, health was understood as the outcome of complex interactions between work environments, living conditions, and individual behavior. Early efforts focused mainly on physical health protection, such as reducing workplace accidents. From the late 20th century onward, the individual's active role as well as the value of mental health, shifting towards a culture of mindfulness and care, became increasingly embedded in health promotion. A significant paradigm shift emerged with the Ottawa Charter for Health Promotion (World Health Organization, 1986), which explicitly emphasized individual empowerment and active participation in health-related decision-making, control, and improvement (World Health Organization & Burton, 2010). The Ottawa Charter introduced a framework in which health promotion was no longer viewed solely as a top-down responsibility of institutions but as a process that enables individuals to gain control over determinants. Crucially, the Ottawa Charter also served as a foundational impetus for the development of workplace health management, since it expanded the scope of health promotion to include the workplace as an explicit setting (World Health Organization

& Burton, 2010). As an intersectoral approach, it has profoundly influenced contemporary approaches to occupational health promotion in demonstrating the importance of individuals taking an active role in influencing health and the affecting factors as well as the sense of feeling good as a fundamental foundation for living a wealthy life (Gould et al., 2012; Mcqueen & De Salazar, 2011; Treier, 2023). Treier (2023) explains further, since 2010, responsibility for health is more often being transferred to the employees themselves, however, carrying the risk of unevenly distributed health resources.

From an organizational perspective, employers are tasked with creating environments that facilitate health behavior and mitigate health risks, particularly relevant in office settings characterized by prolonged sedentary behavior, psychosocial stressors, and ergonomic challenges. Organizations' commitment to health promotion has been shown to enhance the engagement of employees and foster a culture conducive to sustained health improvements (Nielsen et al., 2017). Equally important is the active role of the individual within occupational health promotion. Individuals are not passive recipients but can take agency while health outcomes also depend on employees' behavior, choices, and engagement with available health resources (Sonnentag et al., 2023). Moreover, self-efficacy, health literacy, and perceived behavioral control influence adherence to health initiatives and self-care practices (Tsai et al., 2015).

Proactivity in the Context of Work

Conceptualizing Proactivity as a Construct: An Outline of History Behind the Term

In recent decades, proactivity in the workplace has received significant attention in organizational research (Cho et al., 2020; Crant, 2000; Grant & Ashford, 2008; Potočnik & Anderson, 2016). In this context, proactive behavior is defined as a self-initiated process involving anticipation, planning, and implementation aimed at bringing about change (Grant & Ashford, 2008; Parker et al., 2010). Parker and Bindl (2011) offer an influential framework, emphasizing that proactive behavior is fundamentally motivated, conscious, and goal directed. However, despite the growing body of literature, there is still no unified theoretical concept for proactivity. The field remains conceptually diverse, with varying definitions, taxonomies of behavior, and theoretical approaches (Ahmed et al., 2024; Crant, 2000; Potočnik & Anderson, 2016). One major differentiation lies in whether proactivity is viewed as a dispositional trait, such as *proactive personality* (Bateman & Crant, 1993), or as a set of context-dependent behavior, such as *taking charge*, *voice*, or other subdimensions (see section Subdimensions of Proactivity). Early conceptualizations focused on proactive personality as a stable, cross-situational characteristic to effect change in one's environment. Over time,

however, scholars began to emphasize shared motivational processes underlying different proactive behavior – such as the anticipation of future demands, goal-directedness, and persistence (Fay & Frese, 2001; Grant & Ashford, 2008; Parker et al., 2010). Further, recent studies have also linked leadership (e.g., Schmitt et al., 2016; Vogt et al., 2021; Wang & Yang, 2021; Xu et al., 2021; Yin et al., 2017) as well as career behavior and proactivity (e.g., (Peng et al., 2021; Strauss et al., 2012; Urquijo et al., 2019) in the workplace.

Building on this foundation, proactivity at work could be defined as a multidimensional phenomenon that can manifest across different behavioral domains and organizational levels. In literature, a common distinction is made between in-role and extra-role proactive behavior (Grant & Ashford, 2008). In-role proactive behavior refers to self-initiated improvements within the scope of one's formal job responsibilities; in contrast, extra-role proactive behavior goes beyond formally prescribed duties and includes activities like suggesting strategic changes, initiating organizational improvements, or supporting the development of team processes (Parker & Collins, 2010). Moreover, proactivity can occur on multiple levels within organizations (i.e., individual, team, organization). The level refers to the impact of the behavior and at times who is involved, even though the behavior always originates directly from the employee. For instance, on an individual level, employees engage in feedback seeking. On a team level, proactivity can involve coordinating, initiating innovation within the group, or enhancing collective performance. On the organizational level, proactive behavior is reflected in initiatives that shape organizational culture, drive strategic change, or improve long-term adaptability (Griffin et al., 2007).

Subdimensions of Proactivity. Cangiano and Parker (2015, p. 230) describe proactivity as a "way of behaving, rather than a particular set of behaviors". Historically, there have been a variety of different proactive phenomena and behavior that have been defined and observed as separate constructs. Parker et al. (2010) offered a comprehensive model that attempts to combine different concepts of proactivity in a general definition. In this understanding, proactive behavior potentially encompasses different types of behavior as long as they are self-initiated, future-oriented, and change-oriented. In this context, the majority of established scales for measuring proactive behavior (e.g., Frese et al., 1997; LePine & Van Dyne, 1998; Morrison & Phelps, 1999; Parker & Collins, 2010; Scott & Bruce, 1994) particularly focus on improving performance and efficiency in the workplace. One example of such constructs is *taking charge*, which describes self-directed and future-oriented behavior with the intention of bringing about change in work performance in challenging existing norms, for instance (Fuller et al., 2015; McAllister et al., 2007; Morrison & Phelps, 1999).

Empirical evidence indicates that taking-charge behavior is positively associated with performance appraisals, job satisfaction, and affective organizational commitment (Kim et al., 2015). Furthermore, it contributes to the emergence of leadership potential and the development of social networks within the workplace (Fuller & Marler, 2009). Another example is *voice*, which strongly focuses on proactive behavior with the intention of expressing constructive ideas and opinions rather than just criticism. Since voice often includes innovative suggestions or proposals for improvement, it shares similarities with related concepts such as creativity and innovation (LePine & Van Dyne, 1998; Potočnik & Anderson, 2016). Nonetheless, voice specifically pertains to behavior characterized by keeping informed and speaking up about ideas, whereas creativity refers more broadly to the generation of ideas, and innovation encompasses the entire process from idea generation through to implementation (Potočnik & Anderson, 2016). Representing another kind of proactive behavior, *problem prevention* refers to behavior aimed at preventing the recurrence of barriers and problems in the work environment (Parker & Collins, 2010). *Proactive work behavior* comprises two distinct dimensions: proactive idea implementation and proactive problem solving (Cho et al., 2020). Proactive idea implementation involves the initiation, advocacy, and actualization of one's ideas. In contrast, proactive problem solving characterizes autonomous, future-oriented actions aimed at altering and improving existing conditions by challenging the status quo rather than merely adapting to current circumstances (Cho et al., 2020; Griffin et al., 2007; Parker et al., 2006). Further, *personal initiative* plays a crucial role in enhancing organizational productivity. This dimension encompasses a range of proactive behavior that extends beyond the formal requirements of one's job description (Frese et al., 1997). To be classified as personal initiative, such behavior must align with the organization's overarching goals and exhibit persistence despite encountering obstacles (Cho et al., 2020; Potočnik & Anderson, 2016).

Job Crafting. Within the broader framework of proactivity, *job crafting* can be considered another important facet in determining tasks, performance, and efficiency. Tims and Bakker (2010, p. 1) define job crafting as "a specific form of proactive behaviour in which the employee initiates changes in the level of job demands and job resources." It involves employees actively modifying and shaping job tasks, relationships, and perceptions to better align personal needs and abilities with the demands of work (Tims & Bakker, 2010; Wrzesniewski & Dutton, 2001). In contrast to more general proactive behavior, which often focuses on addressing external demands or overcoming organizational challenges as well improving performance, job crafting aims to improve the individual's job fit as the main

objective (Devotto & Wechsler, 2019; Slemp, 2016). It can improve organizational structures and working relationships, enhancing employee engagement and ability to cope (Peng, 2018). Originally, this concept included three primary forms, namely task crafting (i.e., adjusting assignments), relational crafting (i.e., changing social interactions), and cognitive crafting (i.e., modifying cognitive boundaries and meaning of the job), to shape interactions and connections with colleagues (Tims & Bakker, 2010; Wrzesniewski & Dutton, 2001). More recent work integrates approach-oriented job crafting (e.g., seeking resources, demanding work requirements) and avoidance-oriented job crafting (e.g., reducing strain), each of which may be behavioral or cognitive (Petrou & Xanthopoulou, 2021; Zhang & Parker, 2019). Although job crafting is not primarily aimed at improving health and well-being, it can have indirect positive or negative impacts. It has been associated with increased work engagement, higher job satisfaction, reduced burnout, and greater overall well-being (Yasin Ghadi, 2024; Lichtenthaler & Fischbach, 2019; Slemp et al., 2015; Shi et al., 2022). However, certain forms of job crafting may also entail unintended negative outcomes, depending on the specific behaviors employed (Harju et al., 2021; Lichtenthaler & Fischbach, 2019).

Connection and Distinction to Organizational Citizenship Behavior.

Organizational citizenship behavior (OCB) refers to discretionary, non-mandated actions by employees that support the (social) functioning and productivity within the organization, such as helping colleagues voluntarily and taking actions that exceed the requirements of the job (Organ, 1997; Sharma et al., 2024). Research emphasizes that OCB comprises multiple dimensions, such as altruism, sportsmanship, organizational compliance, self-development, and civic virtue (Podsakoff et al., 2000). These facets reflect different ways employees contribute beyond formal roles, ranging from interpersonal support to organizational loyalty (Podsakoff et al., 2000). OCB encourages cooperation and strengthens the organizational climate. While OCB and proactive behavior share conceptual overlaps, both are distinct constructs (Cangiano & Parker, 2015). Importantly, not all OCBs are proactive, and not all proactive acts are necessarily beneficial – proactive behavior, especially when excessive or misaligned with organizational goals, can create unintended interference in extreme circumstances (Belschak & Den Hartog, 2010; Wrzesniewski & Dutton, 2001). Moreover, proactivity, with its emphasis on change, often entails questioning the status quo, which can pose a risk to one's image (Cangiano & Parker, 2015). OCB, on the other hand, is generally perceived as constructive, as it directly includes social cohesion and organizational performance and effectiveness, especially through aggregated effects (Choi, 2009; Organ, 1997; Sharma et al., 2024). As opposed to job crafting, which focuses on changing tasks and

relationships to promote meaning and identity, OCB is oriented towards helping others and the organization (Wrzesniewski & Dutton, 2001). Therefore, while OCB and proactivity can show similarities, particularly in behavior like taking charge and personal initiative, for instance, both are differing constructs with varying motivational and functional characteristics.

Motivational Model of Proactivity at Work

Proactivity is based on motivation – conscious and goal-directed – driven by internal states that support intentional and future-oriented action (Parker et al., 2010). Individual motivational drivers are decisive for proactivity and vary depending on prevailing conditions. In comparison to more passive forms of action, proactive behavior entails unique motivational challenges (Curcuruto et al., 2017) as it includes riskiness, resources, effort, and time (Bolino et al., 2010; Cangiano & Parker, 2015). An explanatory framework for proactivity in the workplace outlines three key motivational components underlying this behavior: can do, reason to, and energized to (see table 1; Parker et al., 2010).

The *can do* component refers to a person's confidence in own abilities, control appraisals, self-efficacy, and perceived costs (Bandura, 2001; Bindl et al., 2012; Fay & Frese, 2001; Parker et al., 2010). Employees who believe to have the necessary skills and resources to affect change are more willing to take proactive measures. Further, proactive employees experience an internalized obligation to initiate and contribute to change within their workplace (Morrison & Phelps, 1999). As proactive behavior is potentially risky, employees need a belief to deal with potential consequences (Curcuruto et al., 2017; Morrison & Phelps, 1999; Parker et al., 2006). Moreover, higher levels of role breadth self-efficacy – defined as "the extent to which people feel confident that they are able to carry out a broader and more proactive role" (Parker, 1998, p. 835) – indicate significant results in improving proactive behavior at work (Ohly & Fritz, 2007; Parker et al., 2006; Wu & Parker, 2017).

The *reason to* component focuses on individual reasons or motives for acting proactively. They can be both intrinsic (e.g., interest, personal values) as well as extrinsic (e.g., recognition) and represent a form of willingness beyond mere capability (Parker et al., 2010). Importantly, employees are more likely to take initiative when actions are aligned with personally meaningful goals or reflect a strong sense of purpose (Cangiano & Parker, 2015; Grant & Ashford, 2008). Based on the self-determination theory (Deci & Ryan, 2000; Ryan & Deci, 2000), the satisfaction of basic psychological needs (i.e., autonomy, competence, and relatedness) is an important factor of proactive motivation (Cangiano & Parker, 2015). Proactivity enhances employees' needs for competence and autonomy (Parker et al., 2010).

Furthermore, recent research suggests that autonomous motivation is positively linked to proactive behavior (Pingel & Fay, 2024). Parker et al. (2010) proposed three key types of internalized motivation relevant to proactivity, namely intrinsic, identified, and integrated motivation. Intrinsic motivation refers to engaging in behavior out of genuine interest or enjoyment. Proactive employees may, for instance, take initiative because activity appears stimulating or aligned with their curiosity or creativity (Ryan & Deci, 2000). Identified motivation occurs when individuals value the importance or outcome of an activity, even if the task itself is not inherently enjoyable. In the work context, this might mean speaking up or improving processes because one sees the broader purpose or benefit for the team or organization. Integrated motivation represents the most autonomous form of extrinsic motivation, where proactive behavior is fully assimilated into a person's identity (Parker et al., 2010).

The *energized to* component describes the affective and energetic state that fuels proactive behavior. It reflects levels of vitality, enthusiasm, positive affect, and engagement that support the initiation and persistence of action (Cangiano & Parker, 2015; Parker et al., 2010). The energetic pathway of motivation is also described as 'hot' affect-related and could influence the can do and reason to pathways indirectly (Bindl et al., 2012; Cangiano et al., 2016; Parker et al., 2010). Feeling energized to act proactively is identified as the primary mechanism of goal generation and striving for goals (Parker et al., 2010).

Table 1

Proactive Motivational States

Can do ('How')	Reason to ('Why')	Energized to
Self-efficacy	Intrinsic motivation	Activated positive affect
Control appraisals	Integrated motivation	
Low perceived costs	Identified motivation	

Goal-Regulatory Model of Proactivity at Work

Requiring the individual to initiate change without external encouragement, proactivity involves a higher level of self-regulation and goal clarity and can be described as a goal-driven process (Parker et al., 2010). Motivational states – can do, reason to, energized to – determine goal generation and striving (see figure 4; Parker et al., 2010). The goal-regulatory perspective provides a comprehensive framework for understanding proactivity at

work, emphasizing the processes of envisioning, planning, enacting, and reflecting (Grant & Ashford, 2008; Parker et al., 2010).

Proactivity in the workplace is conceptualized as goal-directed behavior involving two key phases: proactive goal generation and proactive goal striving (Bindl et al., 2012; Cangiano & Parker, 2015; Parker et al., 2010). *Proactive goal generation* encompasses anticipating future states that are desired and the development of strategies to reach those (i.e., envisioning and planning). Further, employees act in *proactive goal striving* that refers to the enactment and ongoing reflection upon these self-generated goals (Bindl et al., 2012; Parker et al., 2010). This phase involves the implementation of planned proactive behavior in the workplace and continuous evaluation to adjust strategies and actions as necessary to achieve desired outcomes.

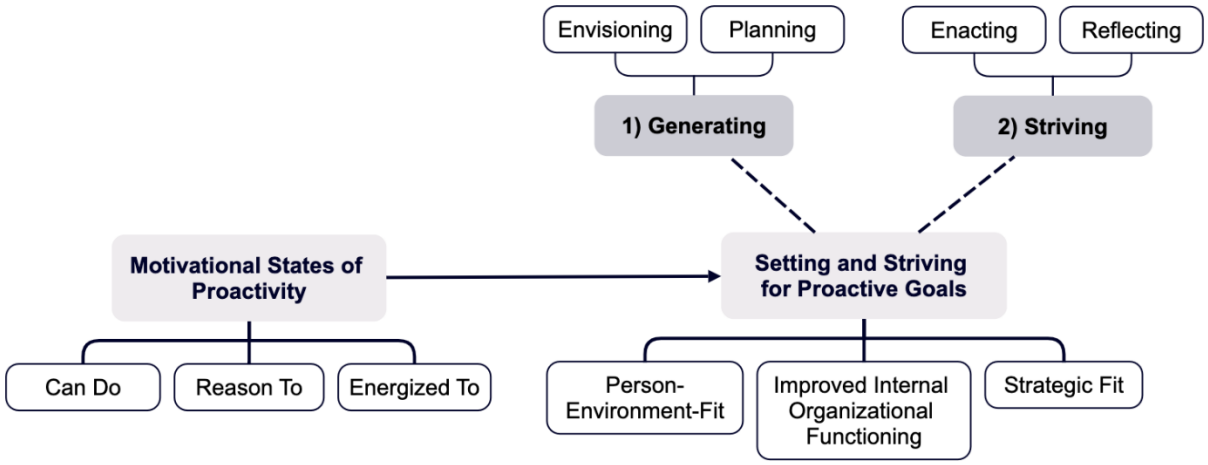
Depending on the future the employee aims to create, different categories of goals may be pursued (Parker & Collins, 2010). One objective of proactive behavior in the occupational context is to improve person-environment-fit – the alignment between an individual's values and skills, and the demands or characteristics of the work environment (Parker et al., 2010; Parker & Collins, 2010). By proactively seeking feedback, observing behavior that is rewarded and adapting one's own performance accordingly, or planning own career paths, the individuals enhance this fit to foster higher engagement and performance (Cangiano & Parker, 2015; Parker et al., 2010; Parker & Collins, 2010). In addition, some kind of proactive behavior in the workplace aims to improve internal organizational functioning, also termed proactive work behavior. This may include improving processes and procedures, communicating own views about work issues and searching for the causes of undesirable developments, or suggesting innovations that benefit efficiency (Parker & Collins, 2010). Proactive behavior at work can also be strategic in nature, aimed at improving strategic fit – the alignment between an organization's capabilities and its external environment through taking control and bringing about change (Parker et al., 2010; Parker & Collins, 2010). Employees may anticipate external trends or organizational needs and act to position the team or organization as well as actively scan the work environment for potential challenges in the future (Parker & Collins, 2010). Proactive goal generation depends on whether the location, oneself, others, or the situation is to be changed (Parker et al., 2010).

Recent evidence suggests that adaptive self-regulatory strategies are critical for maintaining effort and managing setbacks during proactive goal pursuit. These strategies work by highlighting the discrepancy between the current and the desired future state (Strauss et al., 2012). Moreover, a positive affect and feeling energized during goal regulation have been

shown to increase the likelihood of sustained effort and goal attainment (Bindl et al., 2012; Cangiano et al., 2016). This emphasizes the interdependence of motivation and goal regulation as integral components of proactivity, defined as a dynamic process that empowers individuals to actively shape working environments and increase performance.

Figure 4

Proactive Goal Processes



Proactivity at Work within the Occupational Health Context

As work highly influences health and well-being, it is also necessary to examine the possible impacts of proactive behavior. Research has started to explore the links between proactive behavior and employee health and well-being to understand the positive and negative consequences of proactivity (Bohlmann et al., 2021). To date, most studies have focused on the impact of proactivity at work on health as a secondary outcome, mainly aiming to increase performance, innovation, and organizational commitment (Strauss & Parker, 2014). In contrast, research explicitly addressing proactive behavior with the primary goal of supporting health and well-being at work remains limited.

Secondary Impact of Proactivity at Work on Health and Well-Being. Proactivity and health are interconnected constructs that mutually influence one another (Ji et al., 2021). Evidence suggests that proactive behavior can have beneficial effects on well-being, such as mitigating psychological stress and supporting mental health in the workplace (Ji et al., 2021; Weigelt et al., 2019). However, alongside these predominantly positive outcomes, negative consequences of proactivity have also been documented (Bohlmann et al., 2021; Cangiano et al., 2019; Cangiano & Parker, 2015). For instance, employees may feel empowered and experience increased self-esteem, however, depending on the reaction or outcome of the

action, it may also lead to role overload or frustration. Specifically, proactivity at work can serve as a source of both energy and strain (Cangiano & Parker, 2015). Drawing on self-determination theory and the conservation of resources theory (i.e., people seek to maintain, defend, and enhance resources), it is proposed that proactive behavior may simultaneously activate two distinct pathways: an energizing, motivation process that fosters vitality and a strain-inducing process (Cangiano & Parker, 2015; Ji et al., 2021). These dual pathways can produce either positive or negative impacts on an individual's health and well-being in the workplace (Cangiano et al., 2019).

Primary Impact of Proactivity on Health and Well-Being. However, to promote health and well-being in the workplace, it is crucial to consider proactivity specifically aimed at improving health as a primary effect of proactivity in the work environment, which exceeds the secondary effects already mentioned. A few constructs have been defined that relate to health and well-being as one of the key outcomes of proactive behavior (i.e., proactive coping, Schwarzer and Taubert, 2002; proactive vitality management, Op den Kamp et al., 2018; proactive burnout prevention, Otto et al., 2020; health-related proactivity at work, Landskron et al., 2023).

Proactive Coping. Coping is recognized as a fundamental aspect of mental health (World Health Organization, 2022b) and can be described as a response aimed at alleviating distress caused by threats, harm, or loss (Carver & Connor-Smith, 2010). However, in practical terms, coping is not always reactive; it can also be anticipatory, targeting future challenges to minimize their potential negative effects (Aspinwall & Taylor, 1997). This forward-looking form of coping is referred to as *proactive coping* as "an effort to build up general resources that facilitate promotion towards challenging goals and personal growth" (Schwarzer & Taubert, 2002, p. 9). Although the construct was not originally focused on work-related issues (Sohl & Moyer, 2009), recent research has indicated this, particularly in coping with technostress caused by IT devices (Tarafdar et al., 2020).

Proactive Vitality Management. Another construct that appears to examine proactive behavior in relation to health is *proactive vitality management* (PVM), which is described as "individual goal-oriented behavior aimed at managing physical and mental energy to promote optimal functioning at work" (Op Den Kamp et al., 2018, p. 495). Although PVM is intended to have a positive impact on mental health, the construct itself focuses primarily on promoting functioning at work rather than on promoting well-being and health in the work environment. It has been proposed that employees who actively manage physical and mental energy – demonstrating strong PVM skills – perform more effectively at work (Op Den Kamp et al.,

2018) and exhibit greater levels of work engagement (Bakker et al., 2020). In turn, higher work engagement has been associated with reduced symptoms of depression (Hakanen & Schaufeli, 2012), leading researchers to investigate whether work engagement serves as a mediator between PVM and mental health. Empirical findings support this, showing that PVM is positively linked to work engagement, which in turn is positively related to better mental health outcomes (Ye et al., 2021).

Proactive Burnout Prevention. Another approach is the prevention of diseases, particularly the proactive prevention of burnout in the workplace. In a first attempt to operationalize this construct, Otto et al. (2020) investigated how proactive behavior can prevent burnout and introduced the *Burnout Prevention Scale* with three categories: workplace, home, and personal. It represents one of the first efforts in the proactive behavior literature to explicitly focus on actions aimed primarily at promoting and maintaining health in the workplace. Proactive burnout prevention is based on a deficit-oriented perspective (i.e., health as the absence of disturbing and stressful symptoms) and aims to prevent mental strain. However, the WHO's comprehensive definition of health (2020) goes beyond the mere absence of disease and emphasizes a state of complete physical, mental, and social well-being.

Health-Related Proactivity at Work. The newly introduced *health-related proactivity at work* construct (Landskron et al., 2023) is broadly defined as self-initiated, future-focused, and change-oriented behavior, regarding maintaining or increasing one's own health and well-being at work, that of the team, and the general well-being within the organization. This has created a conceptual approach that both integrates health in the sense of the WHO definition (2020) and aligns it with the working environment. The construct can be further divided into individual and social behavior, with the former referring to strategies that are performed independently (Landskron et al., 2023). In contrast, social health-related proactivity at work is performed through social interactions in the workplace, proceeding from the individual, involving others (Landskron et al., 2023). In an initial approach, it was determined that health-related proactivity at work, both individual and social, could include behavior such as proactively finding solutions to ongoing health problems within the organization to help oneself and colleagues and trying to fix these problems, or learning new skills to improve one's own health and well-being. As opposed to the other described constructs that establish a direct link between proactivity and health, health-related proactivity at work is the first concept to refer to the WHO's (2020) holistic concept of health and focuses on the direct promotion and maintenance of health through employee behavior. It includes various types of

health improvement (i.e. physical health, mental health and well-being, social well-being) and is based on a positive concept of health that is not solely defined by the absence of symptoms and diagnoses. Health-related proactivity at work combines existing concepts and closes theoretical gaps in the connection between health, work, and proactive action. In this study, the novel construct will be investigated in detail, focusing on the underlying factors and how employees experience health-related proactivity in the workplace.

Research Questions

To gain a deeper understanding of the novel construct of health-related proactivity at work, in this study an exploratory approach was pursued. Based on the existing definition, research is conducted whether and in which manner the construct exists empirically and how (not) engaging proactively for health and well-being in the workplace is experienced. Within this context, the following research questions were examined through individual perspectives and personal experiences of the employee participants, whereby the first research question forms the foundation for the following:

(1) To what extent do office employees engage in health-related proactive behavior at work?
(2) What drives office employees to engage in health-related proactive behavior at work?
(3) What are the experiences of office employees regarding health-related proactive behavior at work?

Methods

A qualitative research design was implemented, conducting semi-structured interviews with office employees. To explore health-related proactivity at work, the qualitative approach emphasizes context-specific insights rather than generalized statements or assumptions. Instead of relying on standardized data collection and analysis, it involves a collaborative and reflective process in which researchers and participants jointly construct knowledge (Carter & Little, 2007). This allows for a nuanced understanding of the phenomenon and ensures that the construct is defined and described in direct relation to the participants' lived experiences. In doing so, the qualitative approach enables an explicit and situated conceptualization of health-related proactivity at work.

Participants

Participants had to meet the following inclusion criteria: (1) office worker, (2) working at least 20 hours per week, (3) at least 18 years old, (4) currently employed (excluding self-employment). The participants were recruited via the snowball method and by directly contacting organizations.

In this study, the final sample consisted of 13 office employees, including three participants identifying as men (23.1%) and ten as women (76.9%). Participants' ages ranged from 24 to 58 years, with a mean age of 31 years (*SD* = 12). Two participants held leadership positions. Weekly working hours varied between 20 and 40 hours (*M* = 31.73, *SD* = 6.58). The length of time in their current employment ranged from 0.25 years (3 months) to 23 years (*M* = 4.44, *SD* = 5.89). Two participants worked without a team, while the remaining participants worked in teams of 6 to 12 people (*M* = 9, *SD* = 2). The organizations represented in the sample varied in size, ranging from medium-sized companies with 160 employees to multinational corporations with up to 650,000 employees. Three participants did not work from home at all, while the others reported working remotely up to four days within a regular five-day workweek or one day within a four-day workweek.

Data Collection and Measures

To capture the subjective perceptions, feelings, and thoughts of the participants' (Patton, 2002), semi-structured interviews were conducted. The interview guide was particularly developed aiming to provide the questions as open as possible to minimize the influence of social desirability on participants' responses. This open approach was designed to encourage participants to share their thoughts and experiences freely and foster an environment in which participants felt comfortable. The interview guide consisted of a series of open-ended questions tailored to explore the topics related to the research questions. These interview questions were designed to invite participants to reflect on their personal experiences and perceptions without forcing them to give a specific answer. Follow-up questions were also prepared to examine specific topics in more depth. Before the interviews were conducted, the interview guide was piloted and modified on two interviewees.

Prior to the interviews, participants completed a sociodemographic questionnaire (see appendix A). As an interviewer, it enabled to prepare for the conversation and to gain initial insights into the work situation, which are relevant for capturing the construct of health-related proactivity (i.e., age, gender, current profession, working from home or in the office etc.).

The interview guide (see appendix B) can be separated into three parts and subsequent follow-up questions. At the beginning, the participants were asked to describe their respective work situation, their daily work routine, and both difficulties and resources on a typical workday. This provided an accessible introduction into the topic and an opportunity for first insights into their health behavior without specifically asking about it. If not indicated within the description, questions about other aspects that might be relevant for health-related

proactive behavior at work were asked. Further, in section II, participants described their own perspectives on health in the occupational context that are relevant for health-related proactivity at work. This led to section III, the transition to health-related proactive behavior, directly asking about proactive strategies that participants were using. The participants were also asked what importance they attributed to health and health behavior in the workplace.

Procedure

A total of 13 interviews were conducted from April through September 2024. The interview guide was developed particularly for this study, according to the principle of collecting, examining, sorting, and subsuming, as described by Helfferich (2009). Ethical considerations were carefully addressed throughout the research process. Informed consent was obtained from all participants prior to data. Confidentiality was maintained by anonymizing the data of all participants. After the signature of the informed consent document, participants were asked to fill in a short survey to collect demographic information. Since the survey asked whether the participants also work from home, it was possible to refer to this work setting in the interviews. Interviews were conducted either online via Zoom (n = 10; Zoom Video Communications, Inc., 2024) or face-to-face (n = 3), depending on the location and preference of the interviewee. The duration of the interviews ranged from 38 to 110 minutes, with an average length of 67 minutes. The interviews were audio recorded to ensure that participants' responses were captured accurately and subsequently transcribed in German, the original language. Additionally, notes were taken by the interviewer during the interview.

Guest et al. (2006, p. 70) suggest that data saturation can be reached comparatively quickly in studies aiming "to understand common perceptions and experiences among a group of relatively homogeneous individuals". Following this perspective, the sample can be considered relatively homogeneous, as all participants were office employees, sharing comparable work contexts (e.g., office-based, cognitively demanding tasks). At the same time, some heterogeneity (e.g., role or position differences, duration of employment) was present, which may enrich the findings by highlighting variation within this group. According to Guest et al.'s (2006) findings, conducting approximately 12 interviews is often sufficient to identify main themes and patterns. Similar results were found in this study. Responses after the 13 interviews showed clear similarities and overlaps, noticeable in the frequencies of the codes (see table C1 in appendix C).

Data analysis

Quantitative, sociodemographic data was analyzed descriptively using IBM SPSS Statistics, Version 29 (IBM Corp., 2022). Qualitative interview data was analyzed using Reflexive Thematic Analysis (Braun & Clarke, 2006) for generating themes within the data related to the research questions.

Data Transcription

Interviews were transcribed verbatim using the AI transcription software TRINT (Trint Ltd., 2024) to ensure accurate documentation and representation of the participants' responses. Applied transcription conventions, extended and slightly modified rules based on Green and Thorogood's (2018) recommendation for qualitative methods in health research, are provided in the appendix (see table D1 in appendix D). The transcripts were subsequently reviewed and checked for correctness and accuracy. This review process was carried out by the interviewer to ensure the precision of the transcribed material. Personal information, such as names, cities, and workplaces, was anonymized and rendered unrecognizable. In the transcripts, the interviewer was marked as such, while the participants were numbered as interviewees. After the analysis, all audio recordings were deleted to guarantee anonymity of the participants.

Reflexive Thematic Analysis

The interview data was analyzed with reflexive Thematic Analysis (TA; Braun & Clarke, 2022) to explore the construct of health-related proactivity at work. This method enables the researcher to identify, analyze, and interpret patterns of meaning within the data, facilitating a rich and detailed understanding of participants' experiences and perspectives (Braun & Clarke, 2022). Key features of a large data amount can be characterized by the active indication of *themes* as the final outcome of the analysis – "patterns of shared meaning underpinned or united by a core concept" (Braun & Clarke, 2006; Braun & Clarke, 2019, p. 593). This analytic approach supports flexibility in handling complex qualitative data and is particularly suited for research aiming to understand personal experiences and social processes (Braun & Clarke, 2006; Braun & Clarke, 2019).

Reflexive TA is characterized by its emphasis on the active role of the researcher in the analytic process and recognizes that theme development is subjective and interpretative, requiring continuous reflection on the part of the researcher (Braun & Clarke, 2006; Braun & Clarke, 2022). Researcher subjectivity can be understood as the primary tool of reflexive TA, rather than a source of bias that should be controlled, since truly objective or unbiased analysis is not considered feasible within this framework (Braun & Clarke, 2022). Reflexive

TA is based on a (post-)positivism approach, meaning knowledge is not gained by measuring actions, expressions, and reactions through objective observations but on an interpretative spectrum. The method is referred to a Big Q framework within the qualitative paradigm, i.e., it is grounded in a qualitative epistemology, whereby research questions, design, and analysis are shaped by qualitative logic, rather than simply using qualitative techniques within a predominantly quantitative approach (Braun & Clarke, 2019; Braun & Clarke, 2023; Kidder & Fine, 1987). Therefore, knowledge depends on the context, situation, conversation, and is not exhaustive (Kidder & Fine, 1987).

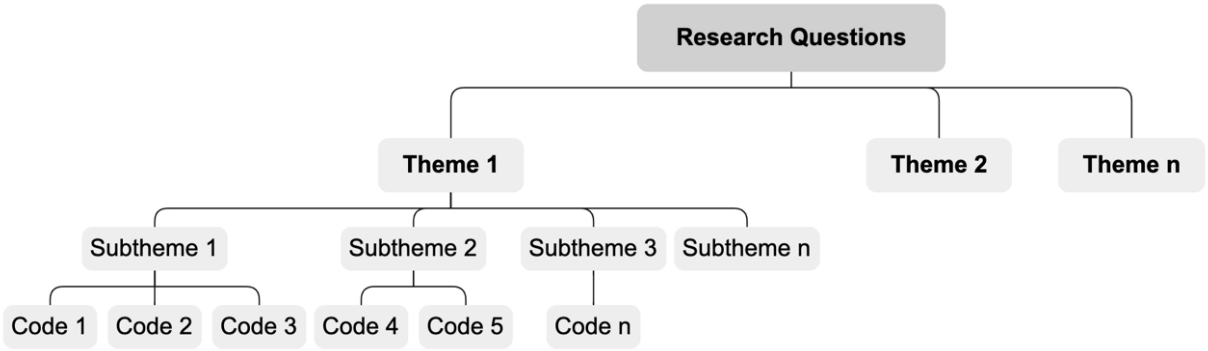
Implementation of Reflexive TA. In the present study, the analysis was conducted using a combination of inductive and deductive approaches of TA (Braun & Clarke, 2022). Deductive coding was guided by the theoretical understanding of health-related proactivity at work to further define the construct (e.g., individual and social behavior of health-related proactivity, in-role-/extra-role behavior), whereas inductive coding enabled the determination of unexpected patterns and themes directly from the data. This combination ensured that both theory-driven elements and participants' unique perspectives were adequately captured. The focus of meaning centered on both semantic (i.e., meaning at explicit and manifest level) and latent (i.e., meaning at underlying and implicit level) structures (Braun & Clarke, 2019; Braun & Clarke, 2022). Further, a relativistic and experimental approach was utilized (Braun & Clarke, 2019; Braun & Clarke, 2022).

Based on the interview transcripts, relevant statements of the participants regarding the research questions were initially summarized into codes. To facilitate orientation within the dataset, these codes were grouped under overarching topics, which only served as an overview and were not directly included in the analysis. For instance, topics such as intentions, motivation and expectations were generated (see table C1 in appendix C for the division of the codes into topics). However, the primary objective of TA is to define themes according to the data contained in the interviews. Themes represent recurring patterns that are unified by an underlying idea, meaning, or concept (Braun & Clarke, 2022). In contrast to codes and topics, themes are broader developed and not only capturing a particular meaning. Themes extend beyond simply summarizing aspects as a topic and instead capture what is significant about the data in relation to the research question. The themes are the results of the researcher’s active role in interpreting and making sense of the data, rather than being pre-existing elements waiting to be discovered or emerged (Braun & Clarke, 2022). Therefore, the initial codes were subsequently rearranged to address the research questions. In this process, codes as the smallest analytical unit are progressively condensed and clustered into broader

(sub-)themes for answering the research questions (see figure 5). Code frequencies are not relevant in this approach, as each statement is included equally in the process (Braun & Clarke, 2006). Although not strictly mandatory for reflexive TA, creating themes was conducted collaboratively by discussing the final codes with other researchers practiced in TA. Inter-rater reliability was not required since the intention is to expand the subjective viewpoints rather than reaching consensus (Braun & Clarke, 2006; Braun & Clarke, 2019; Braun & Clarke, 2022).

Figure 5

Procedure of the Thematic Analysis



The iterative analytic process is typically organized into six successive phases (Braun & Clarke, 2006; Braun & Clarke, 2022):

Phase 1: Familiarization with the Data. All transcripts were read and selected audio recordings were revisited to ensure deep familiarity with the material and to develop an initial understanding of the participants' perspectives. During this phase, notes were taken to critically examine potential assumptions and expectations. These notes served in the reflexive process. Initial summaries of the statements relating to the research questions for each interview have been prepared. This step helped to structure the large amount of data and provided an overview of each participants' contributions in relation to the central construct of the study. These summaries were not used as a substitute for coding but provided orientation for the subsequent analytical steps.

Phase 2: Coding. To capture specific and detailed meanings of health-related proactivity at work, the data were systematically and open (i.e., no pre-set codes) coded, using both an inductive and deductive as well as a semantic and latent approach. Coding was conducted manually to allow for close interaction with the material. The complete data set was coded using the software MAXQDA 2024 (VERBI Software, 2024). During this phase,

the coding process remained iterative and flexible, allowing codes to be refined, added, or adjusted as new insights developed. All codes (1564 codes in total) were carefully documented, and memos were written to reflect on coding decisions and interpretations throughout the process (see table C1 in appendix C for all codes and memos). To capture all the data, the interviews were each coded twice – in the second round, uncoded data was added to the coding tree, both through new codes and through refinements to those already created. To maintain an overview, the codes were temporarily divided and summarized into topics.

Phase 3: Generating Themes. The codes were organized into initial (sub-)theme clusters by exploring patterns and connections within and across the data, aiming to provide a meaningful response to the research questions. To break up the structure of the topics, all codes were printed out and reorganized manually and individually, without taking into account the structure of the previous topics. Naming and description of themes, subthemes, and codes was conducted in English, even though the interviews were transcribed in German.

Phase 4: Reviewing Themes. The initial themes were reviewed in relation to the coded extracts and the entire dataset to ensure internal coherence and distinctiveness. Some preliminary themes were merged and refined. The themes were iteratively revised to ensure credibility of the representation of the participants' experiences. Particular attention was given to whether the themes provided a comprehensive yet nuanced representation of the dataset. Therefore, themes were checked within the complete data set and against each other.

Phase 5: Defining and Naming Themes. The final themes and subthemes were clearly defined and labeled to accurately capture their core meaning. Themes were named internally consistent, clustered logically in content (i.e., telling a meaning-based story about the construct and summarizing topics), and distinctive. For each theme, a detailed analysis was carried out by examining what makes it relevant and how it connects to the research questions. Care was taken to avoid excessive overlap between themes. To ensure comprehensive understanding of the experiences and perspectives, facilitating an inclusive dialog, the coding process was discussed in a group with two other trained researchers in conducting TA. Inconsistencies in coding and individual perspectives were addressed to confirm a balanced and nuanced analysis and reflexivity within the process. This collaborative coding approach not only increased the credibility of the results, but also encouraged a deeper engagement with the data, enabling a more diverse range of insights to be gained.

Phase 6: Reporting. The results are systematically reported (see results part), supported by vivid, representative quotations from the data. Throughout the reporting, attention was paid to the interpretative nature of the analysis, and the influence of the

researcher's role was considered and reflected upon. For the reporting, excerpts and quotes from the participants were translated from German. The reporting of the results was oriented to the Standards for Reporting Qualitative Research (SRQR; O'Brien et al., 2014) guidelines.

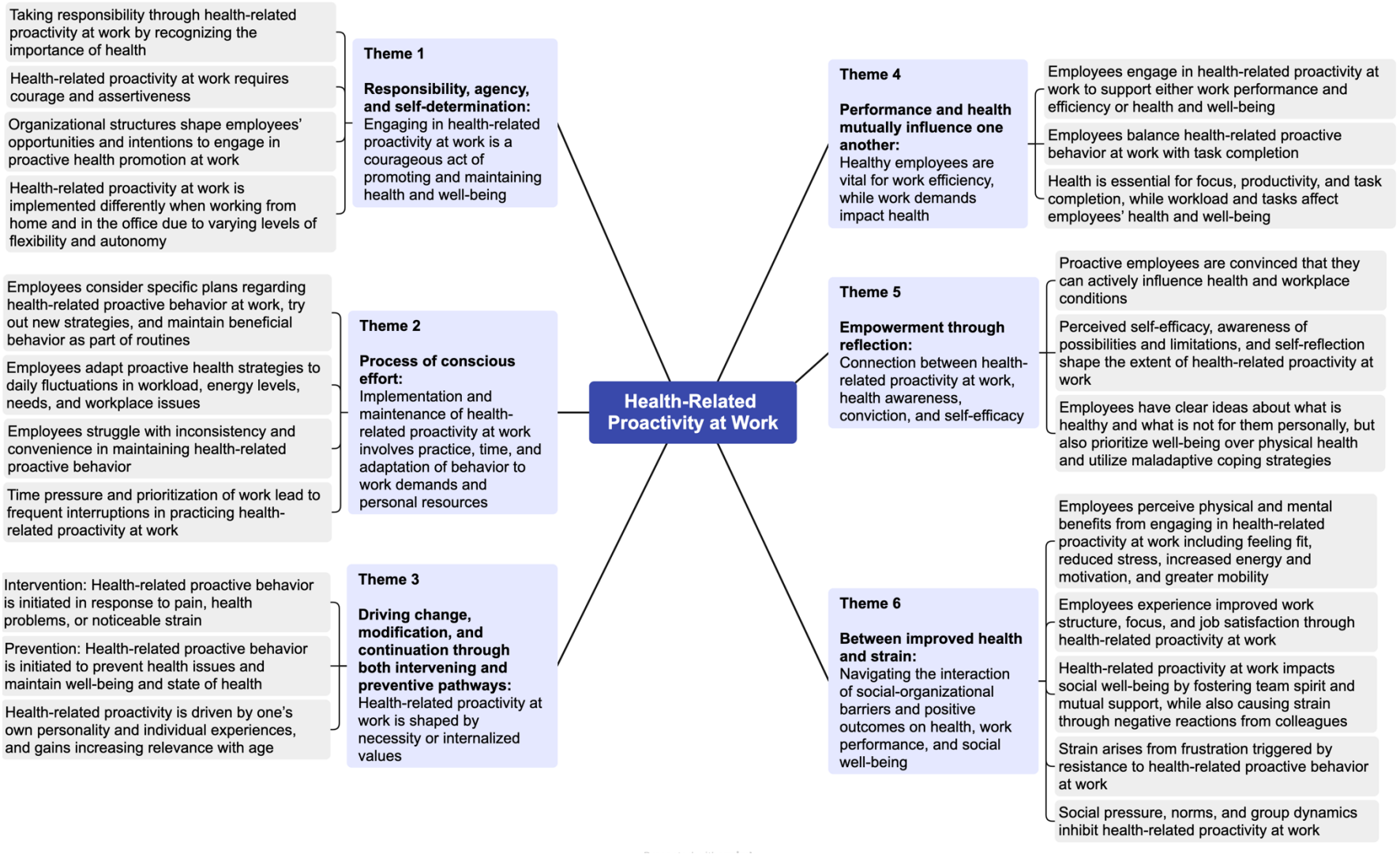
Reflection on Position. Throughout the process, emphasis was clearly laid on considering and noting one's own situation, thoughts, or biases. These reflective elements were understood as contextual background information during the analysis process but were not systematically coded or analyzed. Most of the interviews were conducted online, which presented both benefits and disadvantages. Online interviews allowed for greater flexibility in scheduling and enabled participation regardless of location. However, establishing personal rapport and interpreting non-verbal cues was more difficult in the virtual setting. As participants were recruited using snowball sampling method, some of them were already familiar to the interviewer, while others were previously unknown. It was particularly challenging to recruit participants with no prior connection between the interviewer and the interviewees. Nevertheless, the author aspired to create a trusting and comfortable interview atmosphere for all participants and consciously aimed to adopt a neutral and non-judgmental attitude throughout the interviews. The study's topic itself supported open conversations, even when there was some familiarity between the interviewer and the participant, as it focused on personal attitudes and behavior that primarily affect the individual. Still, it was challenging to guide the discussion towards the central construct of the study while minimizing the risk of socially desirable responses. The author tried to ask open-ended and non-leading questions, to encourage honest reflections, and to accept all answers equally without evaluating them. Overall, after the interviews, it seemed that participants were able to express themselves in an open and authentic manner and were also willing to state directly when they did not engage in health-related activities at work or when health and well-being were not a personal priority (in the occupational context).

Results

Six themes with associated subthemes (see figure 6) were derived from the data to address the research questions, which include (1) *responsibility, agency, and self-determination*, (2) *development and stabilization of behavior as a process*, (3) *necessity and values*, (4) *health awareness and self-efficacy*, (5) *connection between health and performance*, and (6) *experiences, benefits, and barriers* (for a representation of all themes, subthemes and codes see table E1 in appendix E).

Figure 6

Themes and Subthemes of the Thematic Analysis



Theme 1 – Responsibility, Agency, and Self-Determination: Engaging in Health-Related Proactivity at Work is a Courageous Act of Promoting and Maintaining Health and Well-Being

The proactive engagement reflected a deliberate and active approach for dealing with (health-related) challenges in the workplace. This willingness to take responsibility for one's health was linked to a conscious prioritization of health-related concerns. Participants emphasized the fundamental significance of health and its emotional and physical implications. For instance, deliberately taking breaks was described as an essential part of self-care and promotion of health as relevant in general. The need to actively compensate for typical working conditions was further emphasized. This engagement was not only an expression of self-maintenance but also a form of proactive self-assertion within the organizational context. The right to put one's health first was explicitly claimed.

Proactivity was described as an act of self-determination, motivated by the desire to exert control. Participants expressed a preference for taking matters into own hands rather than waiting for institutional support, "That I can do anything, that I am, well, self-determined. If I want something, then I also must do something for it" (speaker 7).
The participants articulated a desire to retain agency over their own health and to take initiative rather than waiting for institutional support. Believing that outcomes require effort and initiative was expressed. At the same time, it was emphasized that taking responsibility for one's health can and should begin on an individual level, "If everyone just starts doing something for themselves, even in small ways, to take care of themselves" (speaker 6). Simultaneously, a perceived lack of accountability on the part of the organization was noted.

Taking Responsibility Through Health-Related Proactivity at Work by Recognizing the Importance of Health

Participants described the intention of actively and consciously choosing to take responsibility for health and well-being at work. As a participant reflected, "But these three years of the pandemic have also made me (…) more aware of how much it depends on me. […] Yes, and I have taken on the responsibility" (speaker 7). This sense of responsibility in terms of health behavior was further associated with a feeling of freedom and independence, highlighting how assuming control over one's health was linked to personal autonomy, as a part of self-determination, and maturity:

> Once you take on responsibility, you don't even want to give it up anymore, because it's a very, very good feeling. That's what it actually means to be an adult, and not just owning the years. Yes, but that also gives you a sense of freedom and independence.

> (..) And that's so intertwined, so, for me […] it's normal. It's a kind of care, like brushing your teeth, like reading a book, or something else (speaker 7).

This normalizing of health-related behavior at work as part of daily self-care reflected how health and well-being became prioritized intrinsically rather than perceived as an external obligation. Participants emphasized that maintaining health and well-being at work might be crucial for overall life success. As an interviewee stated, "Yes, but I believe that health is one of the most important aspects for us and work really plays a big role in that. Especially for mental health. And that shouldn't be underestimated" (speaker 13). Thus, health behavior was a consciously chosen action that participants recognized as investments in their future well-being. Taking responsibility for health was also about aligning one's physical and mental condition with general life goals. A participant described how health issues prompted reflection, "Because of this blood pressure issue, it really became a kind of, I need to pay attention to what my body can handle in order to do what I've planned mentally. I think that's the real motivator" (speaker 5). Another participant expressed the decision to focus on health without excessive worrying, "It was that I decided it's important to pay attention to my health and to worry less about whether it's okay or not" (speaker 8). This illustrated how health-related proactivity at work included involvement, which participants integrated into their workday routines. As an interviewee explained, "That they also take a step back from time to time or just pause and reflect on how they're doing or what they can do. And really just plan short breaks and not get too caught up in a kind of downward spiral" (speaker 12). The participants understood health as a fundamental priority that enabled them to succeed in life, not only as a duty but as doing something that is good for oneself, which in turn supports long-term goals.

Health-Related Proactivity at Work Requires Courage and Assertiveness

Interviewees did not always find it easy to act in a manner that supports their well-being. Participants described the barrier involved in speaking up or taking initiative for one's own health. An interviewee reflected, "The effort, I mean, it really does take effort, because usually in the back of your mind you think, oh, I hope this doesn't come across badly, because who knows what kind of consequences it might have" (speaker 8). This concern about potential negative consequences indicated that proactive behavior related to health was not yet perceived as universally accepted or risk-free in the workplace context. To overcome such internal and social barriers, trust appeared to be an essential precondition, particularly regarding mental health issues. As a participant emphasized:

> That depends on what kind of relationship you have with your colleagues. I think you need a lot more trust for that. The basis of trust is really, really important. When it comes to physical complaints, people are probably quicker and more open to talk about them. But if you're on the verge of burnout or experiencing depression, then you're not as quick to talk about it. You only speak openly if you have the trust to do so. Not in general. Outwardly, you wouldn't admit it so easily, because it might be seen as a weakness. That's my impression. Back pain, on the other hand, is more of a common condition, so people feel sympathy. But with mental health problems, it still has a more negative connotation, and unfortunately, it's still often seen that way (speaker 1).

This statement illustrated the perceived stigma surrounding mental health in comparison to physical health and highlighted how crucial a trusting environment was for enabling open dialogue and health-related proactive behavior at work. However, organizational culture and workplace dynamics not always provided the space for such trust to grow:

> But we don’t really have a basic culture of openly talking about these kinds of things […]. I’m not sure if it’s because the trust basis is missing, or if we just have too little contact with each other, especially since we’re so rarely in the office. And when we are in the office, it’s either the big topic meetings or everyone disappears into one-on-one appointments again, so we don’t really have the chance to exchange about these things (speaker 2).

This reflected a structural barrier to interpersonal exchange, which further inhibited health-related proactive behavior at work.

Assertiveness was another personal quality that seemed to be relevant for health-related proactivity at work. A participant expressed self-doubt regarding the ability to assert needs, “But maybe it’s also because of me, that I don’t have enough assertiveness to just say, I’m leaving now, that’s my right, and I insist on it” (speaker 5). Another interviewee stated, “Yeah, you really have to be strong in yourself to actually want that” (speaker 6), underscoring that inner strength and determination were requirements for maintaining and improving health in certain workplace settings.

Even when courage and assertiveness were present, employees only confided in close and trusted colleagues when personal health problems arose, especially if these cannot be solved alone, “If I notice that it’s not working, then of course I confide in the people I have had the most contact within the team and the environment” (speaker 2). This statement showed again the role of trust and how trust became a link for the translation of individual

struggles into shared understanding and support, “Yes, and employees simply have to be made aware of that, that they’re allowed to do this, that it’s okay, because I also had that hesitation during the first few months” (speaker 8).

Organizational Structures Shape Employees’ Opportunities and Intentions to Engage in Proactive Health Promotion at Work

The interviewees stated the decisive role of organizations in shaping whether and how employees engage in health-related proactive behavior at work. Therefore, the organization had to provide a framework for action. Due to possibilities, the participants described two different forms of strategies in this context – either engaging in proactive health behavior to deal with perceived uncertainties within the organization or utilizing offers provided by the organization. Interviewees noted that the extent and nature of possibilities for health-related behavior largely depended on the employer:

> It always depends on the employer. So, I’ve been with [organization] for five years now. I’ve also been at three other companies before, and things have changed a bit over time. I think this has moved even more into focus. But every company approaches it differently. […] and this one is a very good employer when it comes to this topic (speaker 11).

This explanation emphasized that the organizational framework, including working time models and flexibility, directly influenced employees’ capacity to enact health-promoting behavior.

The commitment of organizational leadership seemed to be critical. An interviewee noted, “I think it really must come from the top. And it must be lived everywhere, that you’re allowed to take the time to step away, take a short break, stand up briefly, and also participate in movement activities” (speaker 12). When supervisors modeled and endorsed health-promoting practices, employees felt more legitimized and motivated to engage in those actions.

The general conditions of the organizational context itself also influenced employees' health behavior in different manners. For instance, a participant described trying to become familiar with health-related regulations of the organization and to find ways to compensate for adverse working conditions. The lack of provision of appropriate equipment such as ergonomic headsets initiated a participant to “read through the regulations on the topic” (speaker 2) and “presumably exploited some loophole” (speaker 2) to implement health-related behavior on an organizational level. Such conditions indicated that formal structures not always provided sufficient support, leading employees to find informal strategies to

maintain their well-being. Moreover, physical and infrastructural conditions played a significant role, highlighting how inadequate organizational resources hindered healthy working conditions and thus negatively impact employees' health behavior. An interviewee described further health-related proactivity at work on an organizational level:

> Last year, for example, I was the one who initiated having the heating bled, because our radiator wasn't heating at all, and such an old building isn't particularly well insulated. And then it still took another three months before someone actually came. And venting a radiator isn't exactly a big task. We're not allowed to do it ourselves either, due to occupational safety regulations, but then they must make a special trip out for it (speaker 6).

On the other hand, offers from the organization, such as seminars on health topics or height-adjustable desks, contributed to health-related proactivity at work. Such measures were helpful to find strategies for maintaining and improving health and well-being. Nevertheless, the behavior remained proactive, as these offerings must be used actively – simply offering them was not enough.

Another important aspect was the perceived responsibility for health promotion within the organization. Participants reported that there was no clear ownership or accountability, and that the organization tended to delegate the task to the individual without providing sufficient support. This was mirrored by the statement, "For me it is crazy that this even happened or that it actually took quite some time until it was changed. […], so that the employees are basically left completely on their own" (speaker 4) and another explained:

> So, it's like, you keep trying to bring it up somewhere, of course, and you keep mentioning it here and there, but it's kind of a [organization] sickness. I think you've probably heard a lot about it already, that no one really feels responsible, no one really wants to act. Somehow, nothing moves forward when you try to say something (speaker 6).

The lack of responsibility led to dissatisfaction among employees when their concerns were not addressed by management or health services, as described in this statement. Conversely, fostering exchange and support among colleagues partially compensated for structural deficits:

> We told ourselves that at least in those areas we work, meaning we exchange ideas and try to develop the approach for ourselves […] that has proven to be very effective, and fortunately since then we have had fewer issues (speaker 3).

Peer support and mutual assistance were noted as informal mechanisms to overcome organizational shortcomings. Finally, there was a mentioned call for continuous improvement and reform in workplace health culture, especially from younger employees who emphasized mental health alongside physical well-being:

> I have the feeling […] that things are changing, that more demands are coming, and I hope that this will be established in the future and not on a 40-plus hour workweek. […] So, I somehow believe that work really needs […] a small reform (speaker 4).

This indicated a generational shift in expectations toward organizational responsibility for health promotion. Therefore, without structural support, employees felt isolated and forced to find individual solutions, which was not sustainable. Organizations that actively embedded health promotion in policies, leadership behavior, and resource allocation enabled employees to engage more effectively in proactive health behavior.

Health-Related Proactivity at Work Is Implemented Differently When Working from Home and in the Office Due to Varying Levels of Flexibility and Autonomy

The amount of time spent weekly in the office influences individuals' proactive health behavior, since the environments differ substantially. A participant commented on the atmosphere in the team and asking for help, "Back then, I was only working from home and didn't know half of them personally. Of course, you tend to reach out more to those you have met in person before" (speaker 8), highlighting how working from home changes not only social interaction but also the health-related routines people adopt. Participants described distinct health behavior depending on their work location. For instance, the office setting constrained opportunities for health-promoting activities. This lack of time and opportunity in the office contrasted with the greater flexibility at home, where it was reported:

> I'm somewhat more limited in the office when it comes to health. But I try to make the best use of the day, and as I said, I simply find it more comfortable at home. I prefer working from home (speaker 1).

The physical environment played a critical role, as having suitable facilities at home enabled more health-related actions:

> Yes, but we have that pretty well under control. I think it's definitely more difficult for others. It really depends on the physical space and what options you have. At home, we also have a height-adjustable workstation and a room I can close off and use as an office. Not everyone has that, though (speaker 11).

Conversely, others noted the lack of ergonomic equipment at home, stating, "I have a lot more back pain there than in the office because I don't have those height-adjustable desks" (speaker

12) and “I don’t have such good things at home as [organization] provides me” (speaker 2). Thus, while home offers flexibility, it lacked some structural advantages of the office.

The experience of working from home was sometimes associated with feeling more comfortable and in control of one’s health:

> So, because that is still very clear to me and I can just much more quickly do something on the side for myself, you know? For example, during lunch break, just quickly go to the salt cave. I have done that a lot now, something that wouldn’t have been possible out of [city] […]. Here, I’m there in ten minutes, and then it’s just a quick thing (speaker 6).

The participant reflected on the comfort of home in terms of well-being, “Yes, I can get dressed. That’s still a thing for me. Just sitting there in sweatpants and cozy socks. That makes a big difference for me compared to freezing in the office” (speaker 6). The ability to personalize the environment was also highlighted, “I have my scented candles and maybe some nice music, if work allows me to listen to music at the moment, something I can’t do there” (speaker 10). Home was described as a space where one feels good and where health could be better supported. However, a participant pointed out the downside of working from home without clear boundaries, saying, “I didn’t really have that separation between work and life. I mean, if the table was theoretically big enough, then there was a separation. But I personally didn’t like always working and eating at the same time” (speaker 7). Such possibilities for recovery breaks and self-care were limited in the office, where participants felt obliged to “function, even when you’re not feeling so well” (speaker 1). The office environment was associated with more stress and fewer opportunities to compensate for it. Besides that, working from home presented the temptation to work longer hours, potentially compromising health, “On the other hand, of course, you always must check, okay, have you still pushed yourself too much to work? Even though maybe you should have been sick instead” (speaker 6). This highlighted that although home working offered flexibility, self-discipline was necessary to maintain health-related boundaries. Overall, the participants stated that health-related proactivity at work is influenced by the work environment. Working from home tended to offer autonomy, comfort, and opportunities to engage in health-promoting behavior, while the office environment created constraints and stressors that limited opportunities. The ability to implement health-related behavior was depending on physical space, time flexibility, and agency.

Theme 2 – Process of Conscious Effort: Implementation and Maintenance of Health-Related Proactivity at Work Involves Practice, Time, and Adaptation of Behavior to Work Demands and Personal Resources

Health-related proactivity at work was understood as a dynamic and ongoing process that required conscious effort, individual adaptation, and development of strategies. Participants described this as a process of practice and learning over time. Health was framed as a meaningful domain of action, regardless of how supportive or inhibiting the surrounding conditions might be. Conscious awareness was described as a key element of the process. This kind of awareness helped individuals to develop routines such as drinking water regularly or reflecting on their well-being. However, establishing and maintaining these routines was described as effortful and not always successful. Participants emphasized that establishing routines could be difficult, especially in demanding work environments. The need to develop personal strategies was described as essential in this context. While participants reported having found effective strategies, others were still in the process of identifying what works for them. The importance of routines was mentioned, but it was also noted that such routines were partly not naturally embedded in aspects of the workday. This lack of naturally occurring health-supportive habits illustrated how much health-related proactivity depends on deliberate actions. Early phases of a new role were described as too demanding for consistent self-care practices, which only became more feasible with time and familiarity. The effort required to maintain such proactive behavior at work was also acknowledged. Participants pointed to barriers such as limited resources or competing demands. Despite these challenges, there was also evidence of resilience and determination. Altogether, the findings suggested that health-related proactivity at work was not only a static trait but an adaptive process that unfolded over time. It demanded effort, self-awareness, and the ability to adjust to both personal and professional circumstances.

Employees Consider Specific Plans Regarding Health-Related Proactive Behavior at Work, Try Out New Strategies, and Maintain Beneficial Behavior as Part of Routines

The importance of concrete planning for the successful implementation and sustained practice of health-oriented behavior in the workplace was highlighted in the interviews, pointing out that setting up and applying health-related proactivity at work constituted a process. As a participant explained, “So it requires more time again, planning, coordination” (speaker 10), demonstrating the logistical efforts needed to maintain health-behavioral routines. In this context, participants’ health-related proactive behavior at work appeared as a dynamic process involving experimentation and routine. Participants expressed proactive and

health-related actions, emphasizing establishing this behavior as regular habits rather than sporadic efforts, especially concerning behavior on an individual and team level rather than changing and addressing organizational issues. Participants who had already integrated such routines into their work lives found it easier to continue doing something for health. Strategies that became part of daily operations, supported by rituals, were particularly effective, “So, we actually do that daily” (speaker 11), while another participant stated, “So, I really try to do that. Kind of with little rituals” (speaker 6), underscoring the role of habitual actions. These statements underscored the significance of regularity and ritual in maintaining health-oriented proactive behavior at work. Yet, despite these positive developments, participants emphasized that effort and consistency remained essential. As an employee noted, “And you just have to do it regularly” (speaker 13), reinforcing the idea that consistent engagement over time is relevant. Certain actions such as taking regular walks, meal prepping, or incorporating short breaks were perceived as manageable once they became part of a daily routine. A participant stated, “Humans are creatures of habit” (speaker 3), pointing to the tendency to thrive within familiar structures.

Nonetheless, developing and maintaining such routines required not only time but also a sense of intentionality. Participants reported the importance of actively thinking about how to incorporate health-promoting activities into working schedules. A participant expressed a first step of awareness, “Maybe I should start thinking about how to make it a bit healthier soon, so that I’m not just drinking coffee there” (speaker 1), demonstrating early-stage awareness and intention. Others had translated reflections into specific considerations for action, “Exercise has been on my list for a long time. But I think it’s good that it’s finally at the top” (speaker 5).

The process of embedding this behavior involved trial and error. Participants experimented with new strategies and adjusted routines based on what felt sustainable or feasible in daily practice. A person described the experience pragmatically, “Then we said recently ‘Yeah, I’ll just order it and try it. If it doesn’t work, I’ll send it back’” (speaker 10), showing a willingness to explore solutions. Time management in terms of finding time for health-promoting behavior in a busy work schedule was mentioned as a challenge. To overcome such challenges, participants acknowledged the need for deliberate time allocation to health strategies, “Maybe also with time in between, so I say, okay, I work for an hour, then I have two more meetings, and then I consciously have another half hour” (speaker 13), illustrating the value of planning breaks and health-related activities within the daily working schedule. Importantly, participants also recognized that over time, behavior implementation

became easier. Interviewees reflected on progress, noting how employees had become more comfortable with routines and learned to manage involvement both individually and in group settings. A participant explained this learning process and described how certain behavior became more automatic and manageable:

> By now I can do that better. (…) With certain topics, depending on how big they are, I now ask how many hours it would take and things like that. With smaller topics I say Okay, I can do that, I'll take it on. But if it's something bigger, I also say I can't manage that. (…) So, I've learned a bit how to deal with it. Not entirely, but I've made progress (speaker 3).

The statement acknowledges the growth achieved through repeated efforts. Successfully implemented health behavior was interpreted not only as persistence but also as rationality:

> And I'm always a very pragmatic person, right? I try to logically understand everything somehow. And if something makes logical sense to me, then I don't develop any overly negative or positive emotions about it, because from my perspective, those would be inappropriate. If it's logically and rationally comprehensible, then it's simply a condition that you must face (speaker 2).

This logical framing seemed to reduce emotional resistance and fostered the long-term maintenance of beneficial health strategies in the process of planning, trying out, and maintaining health-related proactivity at work.

Employees Adapt Proactive Health Strategies to Daily Fluctuations in Workload, Energy Levels, Needs, and Workplace Issues

The findings suggested that employees adopt health-related proactive behavior at work in response to day-specific factors, both through related inner values and external circumstances of work. Interpersonally, participants reported adjusting strategies based on fluctuating physical and mental energy levels, perceived current needs, and subjective capabilities. This adaptive process appeared to be both intentional and reflective, shaped by personal experience and evolving awareness of individual health and work demands.

One criterion was the critical role of perceived resources, both internal (e.g., energy, time) and external (e.g., support, equipment), in shaping the ability to engage in health-promoting behavior. For instance, a participant reflected, "I think it's because I convince myself that I don't have enough resources" (speaker 4), illustrating how the subjective sense of limited resources inhibited action, even when intentions might be present. Despite constraints, participants demonstrated an orientation towards improving and refining

strategies over time, “But I'm still working on further improving my approach” (speaker 3). A participant explained further:

> And I definitely want to change quite a bit about this whole water bottle thing. Like making it clearer for me how much I’ve actually drunk, for example. Or eating more salad. So, I’m already doing that a bit more. And then, well, I say, I’m not going to eat with them, I brought a salad, I brought something else (speaker 5).

Such reports indicated that employees not only adapted health behavior situationally, but also developed strategies, motivated by a growing understanding of what is effective personally and respective, sufficient resources and variations per day:

> So, maybe the workdays are similar, but it’s still always a new day with new resources, a new activity level, maybe new feelings, and you can still make those small adjustments that are possible. That shouldn’t be underestimated, even if the tasks are rather similar (speaker 4).

These adjustments could be subtle but deliberate, reflecting a sensitive adjustment to physical stimuli and the working environment. Adapting health-related proactive behavior at work also resulted in a more frequent and better application.

Importantly, the data also showed that employees differentiate health-related proactive behavior at work based on environmental and situational daily variations in occupational progress throughout the workday (e.g., workload, organizational support). Participants described how workplace structures and conditions directly influenced the ability to act on health intentions, especially valuing organizational offerings and measures that support health behavior in the workplace. Other participants spoke of adapting behavior specifically to work in making compromises or strategy shifts due to workplaces, such as avoiding intense physical activity during the day, “That’s why walking is also a suitable option, especially during working hours. I mean, I don’t want to be sweating excessively when I come back to the office, so jogging is not really an option either” (speaker 2).

Participants described how conducted health behavior has changed over the years. For example, the transition from reactive or absent strategies to conscious health practices was prompted by personal health incidents or broader shifts in perspective and led to more health-related proactive behavior than in the past. A participant recalled, “I used to just sit without moving at all. That’s why I’ve now realized that it’s actually important for me to get myself moving” (speaker 1). This shift highlighted a learning path in which earlier neglect of health was replaced by strategic, experience-based action. Moreover, the perception that health behavior must be individualized and flexible was shared between participants. An interviewee

emphasized, “Because we’re all so different, and accordingly, everyone needs something different for themselves” (speaker 6), pointing to the inadequacy of standardized approaches in improving and sustaining health and well-being at work, emphasizing health promotion through behavior which can be personally adapted. The findings illustrated that health-related proactive behavior at work is neither static nor uniformly applied. Rather, it was shaped by a continuous process of adaptation influenced by internal states, contextual limitations, workplace affordances, and accumulated experience.

Employees Struggle with Inconsistency and Convenience in Maintaining Health-Related Proactive Behavior

The interviews revealed that maintaining health-related proactive behavior at work posed a challenge for individuals, particularly due to a gap between intention and sustained execution. Even though health-related intentions were present, interviewees described difficulties in upholding the behavior over time, especially once the motivation or structured environment diminished. An individual, for instance, reflected:

> So, when I was at the health retreat, I thought, okay, I’ll actually do something. (..) I was feeling positive about it. […] Unfortunately, it didn’t last long. And now I’ve fallen back into old patterns, thinking, okay, at least after work. So, I’ve made it a goal to go for a walk. Unfortunately, that didn’t last long either. But I do intend to keep at it (speaker 3).

The example described was not due to lacking awareness, but with challenges in maintaining the behavioral change despite clear personal motivation. Yet, this realization coexisted with the experience of being overwhelmed by work and private everyday obligations. Even with concrete plans, such as taking regular walks or preparing healthy meals, these efforts were overlaid by more immediate or habitual tasks. An internal barrier was the challenge of overcoming laziness, participants explained, particularly after work and the conflict between intention and internal resistance, “It probably wouldn’t even be that hard. I’m most likely just standing in my own way” (speaker 5). Even when strategies were known and technically simple, the strategies were not always applied:

> There are a few exercises you pick up pretty quickly, they’re actually super easy. You do them a couple of times and then totally forget about them, right? I even set calendar reminders for myself. That didn’t work, which is really a shame. And it’s the same with those back and neck issues (speaker 13).

Being forgetful about implementing specific health behavior strategies seemed to be not a sign of carelessness, but rather a by-product of challenging everyday routines that required

careful cognitive effort, “You have to actively remind yourself” (speaker 4). Participants expressed further dissatisfaction with their current health behavior at work. An interviewee stated, “So, first of all, I’m not satisfied with my health behavior because I really should eat more disciplined and ride my bike more regularly” (speaker 9). Another acknowledged, “I think I need to be a bit more consistent” (speaker 4). These statements further suggested not a lack of knowledge or values, but a struggle to translate intentions into consistent daily action.

A pervasive factor in this struggle was convenience and the comfort of established less effortful routines. Participants noted, convenience also emerged in subtle daily decisions:

> Because most people are simply comfortable. It’s easy to sit down, stare at the screen, then eventually go eat, then sit again, then back to the workstation, and then take the elevator, escalator, and walk to the car as comfortably as possible (speaker 1).

The interviewee stated further, “I think it’s the internal mindset and comfort itself that prevents us from talking about it more or thinking about it more” (speaker 1). Mentioned in the interviews, health behavior is partly dependent on one’s well-being. An interviewee described this cyclical pattern:

> And when you’re feeling good, the natural step would actually be saying, okay, I’ll keep doing this to maintain the status quo. But no, you fall back into old patterns and stop doing anything until the problems come back again. That’s how I see it here, too. You only act when you’re feeling bad. When you’re feeling good, well, people are just lazy dogs (speaker 11).

The statement emphasized a sometimes-fragile basis for health-promoting behavior, competing priorities and personal discipline. Thus, the participants explained that health-related proactivity at work was not merely a question of knowledge or motivation, it was shaped by (daily) decisions, internal negotiations, and the appeal of convenience.

Time Pressure and Prioritization of Work Lead to Frequent Interruptions in Practicing Health-Related Proactivity at Work

Participants indicated that time pressure and the prioritization of work tasks were more likely to hinder the ability to sustain health-related proactive behavior during the workday. Rather than a lack of awareness or intention, it was the structural and temporal constraints of daily work routines that led to neglect of health. An interviewee explained the difficulty of implementing even small health actions, “I personally just don’t have the time during my working hours” (speaker 13), underlining a general sense of impossibility when it came to integrating health behavior into existing timeframes. The interviews also highlighted how time was not only limited but closely tied to professional obligations and perceived

performance demands. An interviewee described how workload and personal responsibilities compound each other, “I have so many to dos […] that put pressure on me at work, so it’s mainly about being efficient and fast” (speaker 10). Although the reports mentioned health-promoting intentions, these were counteracted by the need to maintain the workflow. A person openly reflected on a period of personal ambition, stating, “I sacrificed my health. But I was ambitious” (speaker 8).

The temporal demands of certain strategies themselves could also act as a challenge while implementing health behavior, since developing and maintaining routines was associated with effort, “That took me quite a bit of time” (speaker 2), referring to the time it took to resolve a health-related ergonomic issue at work. Another participant spoke of the time it took to build the trust and social grounding necessary to express individual health-related boundaries at work, such as taking breaks alone rather than socializing, “You dare to say things that you wouldn’t have said at the beginning, like, for example, no, I’m not joining you. I want to be left alone” (speaker 8). These findings showed that health-related proactive behavior at work require a certain degree of social and organizational embeddedness, which take time to develop.

The dominance of work priorities became even more explicit in statements such as, “I think I don’t take my health seriously enough there […] I really have to be quite seriously ill before I don’t go to work” (speaker 9). Another participant framed it as a conscious decision within the working hours, “Massage or physio. It just doesn’t fit into my daily schedule, and it would cut into my family time. So, yeah, I decided for myself that I don’t want that” (speaker 13). This highlighted the tension between competing priorities, where health initiatives were rejected in favor of maintaining a work-life balance or other priorities such as performance.

Theme 3 – Driving Change, Modification, and Continuation Through Both Intervening and Preventive Pathways: Health-Related Proactivity at Work Is Shaped by Necessity or Internalized Values

Health-related proactivity at work was described as driven by two distinct yet interconnected motivational reasons: necessity and internalized values. On the one hand, some participants described acting primarily when a situation became unavoidable or critical, indicating an intervening form of proactivity, highlighting how behavior in terms of health was initiated only after a major health issue emerged. These perspectives suggested that, for some individuals, health-related actions at work were triggered by acute needs rather than by long-term, preventive intentions. At the same time, other reports pointed to more preventive

approaches, where individuals engaged in health-supportive behavior not because of immediate pressure, but due to personal convictions or internalized values about well-being.

This dual nature of health-related proactivity at work reflected a broader process of change, modification, and maintenance. When necessity becomes the main driver, the behavior emerges as a response to a critical threshold. In contrast, when guided by preventive thinking or values, proactivity becomes embedded in routines and identity, potentially leading to more sustainable practices over time. The findings highlighted that both pathways, whether driven by urgent need or by forward-thinking values, are relevant aspects in examining how individuals took responsibility for health at work.

The interviews indicated that personality traits, experiences, age-related awareness, and life contexts interacted complexly to influence health-related proactivity at work. While some individuals were intrinsically motivated and acted early, for others, critical life events or aging became necessary accelerators for change. Importantly, health behavior appeared to be situated within a broader psychosocial framework that integrated not just knowledge and intention, but also emotional capacity, role identities, and life phases

Intervention: Health-Related Proactive Behavior Is Initiated in Response to Pain, Health Problems, or Noticeable Strain

Participants described health-related proactive behavior in relation to occurring health issues. It was driven by pain, illness, or noticeable physical or mental strain. Interviewees explicitly stated on one hand that they began to concern themselves with health once their body signaled dysfunction, “I think that most people, including myself, only really start thinking about their health when the first physical issues show up. And that’s when it starts to feel important to pay more attention to it, even in working life” (speaker 1). This responsive pattern extended to both physical and mental health. Another interviewee described physical signals that led to behavioral change. Pain and diseases became a motivator. For instance, a participant remarked, “I only do it when I really feel the pain. I should be doing it daily, so the pain doesn’t even come up in the first place” (speaker 8). Participants described chronic health conditions, such as back pain or dermatological issues, that functioned as ongoing triggers for health behavior, “I’ve had back problems for a really long time and I also do a lot […] especially when my back is really bad” (speaker 2). Another explained how an acute outbreak of neurodermatitis led to increased health awareness, “When I’m constantly at that high stress level, it definitely affects my skin” (speaker 3). The onset of pain and acute health problems was also described as a facilitator for engaging with others or seeking external

support. A participant recounted, “After a few days, the pain definitely got so bad that I, um, confided in my supervisor and also my team in some way” (speaker 2).

This relationship between strain and action was not limited to individual coping but also to what extent an exchange with colleagues was conducted:

> Well, I think it only really becomes a topic of conversation when someone actually has a health problem and talks about it. Then others might respond, listen, or offer specific suggestions. But most people don’t really think about it or talk about it otherwise (speaker 1).

An interviewee described the phenomenon more globally, stating, “As soon as we can’t perceive it directly, we ignore it or put it off, until some kind of ache or pain shows up” (speaker 4). In this view, health issues became the threshold for visibility and, by extension, action. Participants also described delayed realization or misalignment between physical needs and actual behavior, for instance, “Yeah, because I just drank way too little. […] And then when you realize at lunchtime that was only your first glass” (speaker 13). Therefore, the experience of illness or discomfort prompted more forward-looking intentions. An interviewee, reflecting on chronic back pain, stated, “That’s why my goal would be to find a way […] that helps me to get through the next ten years mostly without complaints again” (speaker 2). Here, the experience of pain itself led to a future-oriented motivation for long-term health maintenance. Another participant highlighted the role of physical complaints as a facilitator, saying, “It’s really important to me […] that I’m not completely wiped out in the evening […] the headaches, the blood pressure stuff. Because physically, I feel really bad then” (speaker 5). These statements reflected a pattern of health-related proactive behavior at work that was not rooted in sustained prevention but rather emerged related to acute physical or mental signals.

Prevention: Health-Related Proactive Behavior Is Initiated to Prevent Health Issues and Maintain Well-Being and State of Health

In contrast to health behavior due to health issues, participants emphasized also engaging in proactive strategies to prevent illness or injury and maintain long-term well-being, even without any complaints. Health-related proactivity at work, in this context, was driven by the anticipation of future issues and a desire to stabilize or improve the current health status. A person stated, “I feel like I’m working preventively” (speaker 4), while another reported, “Found good ways […] to combine that with my health prophylaxis” (speaker 1). These statements reflected an intention to avoid deterioration, for instance, “Yeah, sometimes it can be too late. […] So, we have to do something for ourselves or make

time for ourselves. Unfortunately, the body then says stop! And (…) you (…) say, okay, now I have to do something" (speaker 3).

Maintaining health and preventing health problems, particularly in relation to musculoskeletal issues, was further described in the interviews. For example, participants described the specific aims, "I want to stay fit" (speaker 1). Another stated, "Well, I think the most important thing is, of course, you want to stay healthy, right? And I actually don't want to end up with a herniated disc or those back pains or neck issues someday" (speaker 13). This illustrated a form of anticipatory self-regulation, where individuals acted to avoid future suffering. Long-term goals also played a central role in health-related decisions. An individual articulated the desire to maintain physical stability over time:

> Yes, I'd just really like to stay healthy for a long time […] I'm already a lot less healthy than I was at 25. And if it keeps going like this… Yeah, I'd really like to be healthy in the long run. (…) It motivates me to still be healthy in 20 years and not have tons of disc problems and difficulties. The spine is really a big issue, I think, for people who sit a lot (speaker 12).

In this context, participants pointed out that sedentary office work posed challenges that should be counteracted with specific strategies. For instance, a participant emphasized, "Well, at the workplace, you have to find a balance, because screen work obviously isn't exactly health-promoting, especially when it comes to your eyes, right?" (speaker 1). These structural conditions were described as problematic, requiring intentional compensatory behavior to maintain health over time:

> My job kind of requires it. I basically earn my money by sitting around. I can compensate for that in some ways by moving a bit or standing up, and I actually do that all the time here. I also have a height-adjustable desk at home. And yeah, I try all sorts of different ways to do some exercises in between, change my sitting position, and so on (speaker 2).

Others described health-related proactive behavior at work as part of an ongoing attempt to conserve the current state of health, "From a certain age, you try to maintain the status quo. Yeah, it doesn't get any better" (speaker 11). Preventive health behavior also extended into lifestyle choices such as nutrition and hydration:

> I'm not that old yet for it to be really bad now, but in five to ten years, I could have serious problems. That's why it's a big motivation for me to eat healthy and not consume 100 kilograms of sugar or sugary drinks (speaker 5).

The statement illustrated a conscious effort to avoid known health risks, “But overall, I do try to eat healthy because in the evening I get feedback from my body that it wasn’t great. Then I try to take that into account the next day” (speaker 5).

Moreover, participants described safety-oriented behavior as a form of preventive action, particularly regarding the avoidance of accidents. An employee noted, “Most people carry their laptop bag, and many let the strap hang down, even on stairs and escalators, so I’ve actually spoken to several people about being careful because that can be quite dangerous” (speaker 1). This demonstrated how health-related proactive behavior at work included environmental and colleagues-oriented awareness. Participants who framed health actions as preventive described to be driven by long-term thinking, a desire to preserve functionality, and a proactive attitude towards avoiding both acute and chronic health issues. Health-related proactive behavior at work demonstrated a kind of foresight and a reflective attitude on how current behavior impacted future health outcomes.

Health-Related Proactivity Is Driven by One's Own Personality and Individual Experiences, and Gains Increasing Relevance with Age

The employees described how health-related proactivity at work was shaped by individual personality traits, life experiences, and evolving awareness across the lifespan. For instance, interviewees described themselves as structured or conscientious individuals in general, “That’s just who I am, so to speak” (speaker 10). Others emphasized their sensitivity or high levels of self-awareness, “I am also very, very highly sensitive […] and since I’ve known that I also understand what it does to me” (speaker 6). These personality-based tendencies influenced not only how participants perceived health but also how they engaged with it. Personal values and experiences also triggered awareness and responsibility for others.

A discussed topic was the increasing relevance of health occurring with age. Participants admitted that they became more health-conscious over time, after experiencing health issues or recognizing their physical decline. For instance, a participant reflected, “I used to think it would somehow be okay anyway” (speaker 5), while another stated:

> I have to say, when I was younger, it was a bit more, how should I say, abstract, or, I don’t know, I could never have imagined having headaches so bad that I’d have to stay home, basically lock myself away, and darken everything. At around 20, I have to be honest, it has really changed, this health awareness and understanding of it (speaker 13).

This shift towards health-related proactive behavior was linked to personal experiences with illness or pain, “When you’ve really been sick, you know what it all means” (speaker 13). Others spoke of small but accumulating physical limitations, such as increasing discomfort or growing back pain, “The older I get, the more unsteady I feel on stairs” (speaker 1). An interviewee stated, “Before, I didn’t have a strategy at all. None whatsoever. You kind of grow into it” (speaker 7). The participant described further the relevance of health-related proactivity, which they observed to be absent among younger colleagues:

> They are not even aware of it. So, yeah. These are young people. So, I have the feeling, they don’t think so much about health. They only notice, so they become aware of it when it starts. (…) When it knocks at the door, and something is not right. Until then they have the feeling […] one has a lot of energy. One is very young, one, one has everything, one has everything in abundance. And because one is not aware of it and also. Yes, so what is shown to one as a lifestyle or whatever, how shall I say? (..) That leads to not really thinking about what is good for oneself. (…) And on the other hand, as a young person one comes very late, I think, I don’t want to offend you, but to actually dealing with oneself, one first wants (…) to belong somewhere and to be like the others of the same age. And this about oneself, to be interested in how one really is. That comes much later and that usually also comes, when it has boom happened. (...) That one then also questions the beliefs one has. Are these my beliefs or are these (..) beliefs that have come to me in a different way? (..) And that also has to do with health. Yes, that is also a big part even of health. (..) Yes, and as a young person one is busy with so many other things (speaker 7).

Additionally, the fusion of work and private life complicated or influenced health behavior as part of personal experiences:

> I think it’s also important that sometimes you can say, okay, privately things just aren’t going well right now, you can’t completely control your life, and you can’t just go to work and switch off all the other factors in your life. And I think there has to be a balance there, but of course also a professional level, because you should seek help elsewhere if it gets too much. But simply that you can talk about it, and that it’s on the table, and then you can see what to do with it (speaker 4).

Another one explained the importance of doing something for health at work with its connection to private life:

> Because you spend so much time here. And I think if you’re overworked and overwhelmed here and kind of going into burnout, or, yeah, then, well, you take all of

> that home with you. (..) So, I'd say if you're not healthy at work, then it's really hard to make up for what you can't do at work in everyday life. Yeah, and that's also, well, you have to be happy here, too, because you spend so much time here. So, if I'm unhappy for ¾ of the day that I spend here, and only happy in that ¼ of my free time, then that's not nice (speaker 12).

Participants emphasized how professional stressors and emotional strain affected their private lives, sometimes hindering healthy routines, "I did take it home with me […] it really weighed on me" (speaker 9).

Life circumstances beyond the workplace also played a role in implementing health-related proactivity at work. Participants reported that caregiving accountabilities, stressful home environments, or emotional exhaustion prevented them from practicing health-promoting behavior in the workplace, "Then you're just too exhausted to do anything for yourself anymore" (speaker 9). The interplay between personal and professional life influenced how much attention individuals considered for their own health, both mentally and physically:

> Unfortunately, I define myself a lot through my work. It's really important to me. So, even in my private life, I'd say I define myself quite a bit by it, and that's why I carry it with me. So, in that sense, if I'm unhappy there, I think I take it home with me, it's really a big deal (speaker 5).

Despite these barriers, participants described how personal environments supported health through structure, social roles, or recovery experiences. A participant described how returning to work after parental leave gave the participant a helpful framework to reestablish healthy habits, "This structure that work […] motivates me to think healthier in my private life again" (speaker 10).

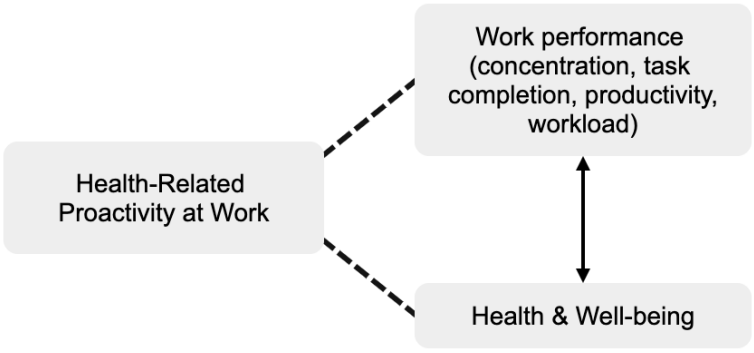
Theme 4 – Performance and Health Mutually Influence One Another: Healthy Employees Are Vital for Work Efficiency, while Work Demands Impact Health

The findings indicated a dynamic and reciprocal relationship between health and performance in the workplace (see figure 7 for visual demonstration). Health was described as a foundational condition for sustained work efficiency, with participants viewing their own well-being as essential for staying productive and capable of action. When individuals were healthy, they were better prepared to cope with the physical and mental demands of their jobs, maintain focus, and respond flexibly to challenges, as described in the interviews. At the same time, the demands of work impacted on individual's health. High workload, time pressure, and structural constraints were described as barriers to maintain health-related routines. When

employees were immersed in their tasks, individuals deprioritized basic self-care activities, which in turn affects their ability to perform. This created a feedback loop in which poor health reduced performance, and performance pressure contributed to the neglect of health. The data suggested that health and performance were closely intertwined rather than separate concerns. Therefore, employees explained that supporting well-being was not only beneficial from a health perspective but also crucial for maintaining functionality, productivity, and resilience at work.

Figure 7

Connecting Work Performance and Health and Well-Being as Dual Goals of Health-Related Proactivity at Work



Employees Engage in Health-Related Proactivity at Work to Support Either Work Performance and Efficiency or Health and Well-Being

Employees implemented health-related proactive behavior at work not solely because of personal relevance for one's life, but also because they emphasized health as essential for maintaining work performance and efficiency. Health was seen as means to an end, specifically the ability to cope with high work demands and to stay focused and concentrated under time pressure, "And precisely the performance and efficiency. Because I think I can only achieve those by being healthy" (speaker 10). Health behavior has become instrumental in ensuring one can remain productive and reliable, especially in environments characterized by time constraints and complex task demands. Employees emphasized that without a certain state of health, professional performance would suffer as a result. This perspective framed health-related proactivity at work not as optional wellness activities, but as necessary conditions for meeting expectations. Health-related proactive behavior at work was therefore not only valued but experienced as a responsibility tied to task completion and job role fulfillment. In this sense, well-being measures were not primarily for relaxation and self-care,

but for maintaining capacity. Proactive behavior in this context included integrating movement into daily routines, maintaining posture, and managing diet, all with the aim of staying healthy to support performance. The prioritization of efficiency led to strategic decisions about when and how health-related proactive behavior was implemented. Actions that directly supported focus or resilience under pressure were integrated into the workday. For instance, standing while working was adopted because it enhanced mental acuity during stressful times at work, “I have to make the most of the time, so to speak, but right now I can’t afford to work slowly for half an hour. And standing simply helps me with my focus” (speaker 10).

Another important reason for engaging in health-related behavior at work was the need for structure and psychological stability in high-pressure situations. Employees described using routines, such as structured time blocks or small walks, to stay focused and avoid a feeling of burning out, “I think it’s exactly because I realized that I need something that gives me structure (…). It takes away a bit of the easiness from the whole work process” (speaker 4). The role of self-awareness and personal growth was also emphasized in this context. The participant described further the understanding of the connection between health and performance:

> I was still really caught up in this performance mindset. I studied [subject], worked at a law firm, then studied [subject] again, and I was like, okay, I have to perform, I have to sacrifice myself, whatever I had internalized. And then that broke down when I realized, okay, this isn’t good for me (speaker 4).

Others developed strategies to prevent themselves from becoming overwhelmed by multitasking or constant interruptions, “I try, ideally, to go outside first, somewhere in the woods or so, to really take a deep breath, because I also notice that my pulse quickly rises and that totally unsettles me” (speaker 6). The connection between health behavior and self-regulation has remained central. Employees described their efforts to stay calm and act with control, even under pressure, “I try to do that too when things get stressful or when I feel uncertain (…), to help regulate myself” (speaker 1). This self-control was not only vital for mental well-being but also supported work accuracy and prioritization, especially when confronted with competing tasks and tight deadlines, “What I always do then, for example after the appointment, is really fully focus on what has priority now and what doesn’t” (speaker 10).

The interviews showed that health-related proactive behavior at work was directly connected with employees' efforts to manage professional challenges. Whether motivation

stemmed from a desire to remain productive under pressure, to avoid mistakes, or to keep up work, health is perceived as both a foundation and a tool. As an employee summarized:

> So, for me, if I really break it down roughly, health at work is a means to an end, to be able to perform, work efficiently, and be productive. Well, I think we all know that feeling, when you eat something heavy for lunch, you get that afternoon slump. And for me, it's also about those little things in everyday life that you can change to boost productivity. That's what I do. And that's what makes it healthy, so to speak. For me, at work, the focus isn't really on wanting to be healthy, but rather on wanting to make the best possible use of my time (speaker 10).

Health, in this view, was a necessary precondition for the successful execution of one's professional role.

Employees Balance Health-Related Proactive Behavior at Work with Task Completion

Employees described themselves navigating a complex balancing act between implementing and maintaining health-related proactive behavior at work and ensuring task completion. While there was an agreement that integrating health behavior into the workday could support long-term well-being and even enhance productivity, the daily demands and scheduling of professional tasks represented challenges, "You can't just put one thing above everything else. From my point of view, it all needs to be in harmony. So, both physical activity and health, as well as work. That also has to get done" (speaker 3). Participants expressed the need for a balance yet acknowledged how difficult it could be to maintain that balance. The intention to engage in physical activity during office hours was partly disrupted by meetings or externally fixed appointments. Despite a willingness to act in a health-related manner, time constraints prevented individuals from putting such intentions into practice.

Nevertheless, employees described finding creative ways to embed proactive health behavior into their work routines. For instance, adapting strategies to match the rhythm of the workday such as choosing to walk instead of taking the elevator, or turning routine meetings into walking discussions, "Going up one or two flights of stairs on foot really isn't that big of a deal […], or going for a walk during a meeting" (speaker 13). These strategies demonstrated that certain forms of health behavior were compatible with professional obligations if they were flexible and required minimal investment. For instance, "I take the stairs upstairs because I want to get as much movement as possible" (speaker 1).

Key to successful integration lied in how employees proactively structured their schedules. Those employees with flexible working conditions or control over schedules reserved specific time blocks for health-promoting activities, "I really see it as a luxury when

you can say, hey, okay, between 1 and 3 p.m., I've just blocked off some work time for myself […], then I can go for a run or go swimming" (speaker 2). Others used breaks to take care of their own well-being, even if only briefly, "What has really helped me a lot is that meetings now only last 45 minutes, because then I actually have 15 minutes where I can do something else" (speaker 13).

Still, this balance remained fragile, as mentioned in the interviews. Breaks were interrupted by colleagues with urgent tasks, "Then my colleague comes in and needs this or that approval" (speaker 13). Tasks influenced the extent to which health-related intentions were realized. Employees also admitted they used breaks not for recovery, but for catching up on work. Some strategies required extending the workday. When time was allocated to health behavior, this could mean finishing work later, "If I worked longer, then I just worked longer" (speaker 10). For others, the flexibility to shift work across hours or integrate appointments like doctor visits or sports activities into the day helped them to protect their health without neglecting other working responsibilities, "What's important is that I meet my required number of hours. I want that too, to have a clear conscience (…), so I can also claim the right to prioritize my health to some extent" (speaker 1).

The workplace culture and the ability to self-manage one's time seemed to be crucial in enabling this balancing act. In some cases, health-related proactive behavior at work was supported through group activities during breaks, like cycling or jogging with colleagues, "There were actually groups who, during lunch breaks, would go cycling together or go jogging together" (speaker 2). Others felt the need to adapt their own, more individual strategies, "That is so individual, and everyone has to somehow find a good balance for themselves" (speaker 13). While finding the right balance between work obligations and health behavior remained a highly individual process, participants viewed this balance as critical to both personal well-being and long-term professional performance:

> So, definitely this balancing act. And work, yes, it's a necessity to finance your life, but it should definitely also be something enriching. Because otherwise, well, then it would kind of feel like, I don't know, a form of, let's say, coercion. Nobody is literally forced, but still, yeah. Especially people who are unhappy. They'll end up working less effectively, and it will impact their physical and mental health more. And that's when the vicious cycle really begins. Or completes itself (speaker 4).

Health Is Essential for Focus, Productivity, and Task Completion, while Workload and Tasks Affect Employees' Health and Well-Being

Not only health behavior and specifically health-related proactivity at work were described as linked to performance. Employees experienced also a direct connection between health and ability to concentrate, stay productive, and complete tasks efficiently, which, in turn, influenced health-related proactivity at work. Maintaining good health was both perceived as a goal and as a prerequisite for managing the cognitive and emotional demands of work. When well-being was compromised while working, whether through fatigue, distraction, or stress, the ability to focus, structure tasks, and feel satisfied with one's performance can be diminished. Mental clarity and focus were described as linked to physical and emotional well-being. Disruptions in the work environment, such as excessive noise or overstimulation, made it more difficult to focus. A participant described the challenge of working in an open-plan office, "At peak times, you could listen to 30 people talking while still having to focus on your own work. That would be impossible for me" (speaker 2). In response, the participant proactively sought out strategies, such as organizing and utilizing noise-canceling headsets, to create the conditions necessary for focused work. The ability to concentrate was not only about avoiding distractions but also about being in line with personal energy levels and own rhythms. When employees were forced to work against their internal patterns, efficiency suffered. Establishing short, focused time blocks had become a helpful strategy for the participants to maintain focus and avoid fatigue, "I imagine setting a timer (…) and saying, okay, in this time period I'll do everything I can (…) and then I always take about five minutes breaks" (speaker 4). This deliberate structuring of time supports both mental endurance and task completion. Furthermore, employees expressed how being healthy enabled to complete work to their satisfaction. Health promoted a sense of mental order and overview, which in turn fostered confidence in meeting deadlines and prioritizing correctly, "This way, I keep an overview and can say, okay, this will be done on time" (speaker 3). The ability to stay focused and calm even during times of high demand helped avoiding mistakes and ensured that important tasks were not overlooked. Setting up own methods that enabled employees to keep track of tasks also created a sense of safety and reduced work-related stress. Lists and time management routines helped to stay aligned with what needed to be done and when, "Because then I can be sure, okay, I'm really taking care of the most important things now, but the rest can still maybe wait for three days" (speaker 10). This structured approach contributed not only to productivity but also to psychological stability throughout the workday.

Therefore, health was not pursued for its own sake but because it was the foundation for doing good work. A healthy body and mind provided the capacity to manage tasks, maintain focus, and feel satisfied with the outcome, “That way, I can complete them to my satisfaction and on time” (speaker 3). In this sense, health was essential not just for personal well-being but for professional functionality, performance, and focus.

On the other hand, workload and task demand had an impact on employees’ health and well-being, prompting them to reconfigure their work routines. Employees reported that they had to change how they manage their time, tasks, and energy to protect their physical and mental health:

> Even though I'm not really that type of person. I leave things unfinished now. I never would have done that in the past, leaving two tasks undone. Do I still get them done on time? Yes, but not immediately. They can wait. I never would have accepted that for myself back then. I would have sat there until everything was finished. And that (...) I could say that I’ve completely changed the way I work (speaker 3).

However, making such adjustments were challenging. Employees struggled with the idea of taking on fewer tasks, even when it became necessary to prevent overload. This difficulty was intensified by motivation and interest in the work itself.

Work-related stress also had an impact on lifestyle habits, including nutrition. Employees under pressure described unhealthy eating patterns, such as turning to sugary foods as a form of emotional regulation. To mitigate the negative effects of stress, participants stated to employ a variety of personal strategies aimed at calming the body and mind. Techniques like deep breathing, background music, and structured breaks were used to reduce stress levels and foster mental clarity, “But I try to calm down and reduce stress by centering myself. Breathing techniques usually work quite well for that, staying calm and focusing on my breath” (speaker 1). These strategies were not only helpful for mental calmness but also for maintaining productivity under pressure. Relaxation helped to prevent cognitive overload and enabled employees to work more efficiently and with greater focus, “Yes, I feel more relaxed, and actually, I’d even say more focused, because I’m not having all those side thoughts anymore. It helps me concentrate and work through topics more efficiently” (speaker 3).

Despite these efforts, participants also reported physical symptoms due to prolonged stress exposure, “Yeah. How do you deal with that? At some point, your body will tell you” (speaker 3). Employees also sought ways to release physical tension through movement or specific tools such as massage cushions or heated pads, “Especially when I’m feeling tense, I

really use something like a heat pillow or one of those massage cushions (…) so I can get a bit of a back massage" (speaker 1). Physical exercise was used both to manage stress and to build resilience, as a respondent recounted about a colleague, "Somehow so that it strengthens her muscles" (speaker 4). Emotional and cognitive burdens were addressed by social interaction and reflection. Speaking to colleagues or writing down one's thoughts was seen as a relief, "When I have a lot on my mind, then I text someone" and "I have found that everything you write down is also liberating" (speaker 7). Another explained:

> We're a very socially connected team. So that somehow gives you a lot. And even if you have, I don't know, a difficult phase privately, you can talk about it. That's okay. Or consideration is given if (...) like if maybe you can do less (speaker 4).

The need for resilience was mentioned, as it was essential for coping with fluctuating demands and staying healthy in the long term. Employees expressed a desire to be more resilient and to sustain energy throughout the day, "That I really still have energy every day and, in the evening, and also I'm not completely wiped out physically" (speaker 5).

Distance or variation in the workday was perceived as regenerative. Changes in setting or taking breaks from mentally demanding tasks provided clarity and supported better decision-making, "There was briefly this feeling of needing some distance from what I was currently doing, to kind of refresh my brain" (speaker 10). This illustrated how workload and task management influenced not only performance but the holistic health and psychological balance of employees.

Theme 5 – Empowerment Through Reflection: Connection Between Health-Related Proactivity at Work, Health Awareness, Conviction, and Self-Efficacy

The data revealed that health-related proactivity at work was closely tied to processes of reflection, growing awareness, and the development of personal conviction and self-efficacy. Participants described becoming more attentive to their own needs and recognizing their individual role in shaping health outcomes. This reflective process appeared to be a starting point for behavior change, as individuals began to question existing habits and consider alternative ways of managing their well-being in the workplace. Increased awareness of one's health and the realization of personal influences over it contributed to a sense of empowerment. This was particularly evident in the way participants articulated their desire to take preventive action and assume responsibility for their own functioning.

The theme highlights how empowerment in the context of health-related proactivity at work emerged through reflection and learning. As individuals became more aware of their health behavior and believed in their capacity to effect change, they described to be more

likely to engage in sustained, proactive strategies. This process not only supported better perceived health outcomes but also strengthened personal agency and the alignment of daily actions with internal values and long-term goals.

Proactive Employees Are Convinced That They Can Actively Influence Health and Workplace Conditions

Employees who described implementing health-related proactivity at work demonstrated a conviction that they could actively influence health and the conditions of their workplace. This belief was supported by ongoing self-reflection and attentiveness to their own physical and mental state. They observed how their body reacted to different work environments and used this awareness to make informed changes. A participant, for instance, described how the participant approached a new office chair with patience and observation because of chronic back pain:

> And then I had that thing with the chairs. Okay, I realized I can't really sit on it properly. Well, I always like to give things a bit of time and thought, okay, even if I'm sitting on a new type of chair or something today, I'll first try to give my back time to get used to it, because sometimes that works. At first, the chair is naturally completely different in shape. Then maybe two or three vertebrae shift a bit, and after a few days they realize, okay, maybe we can just as well settle into this new position as we did in the old one. So, yeah. That's exactly how I handled it (speaker 2).

This self-awareness translated into concrete expectations towards the work environment and a readiness to voice these needs:

> This, well, I have an awareness, I expect things from myself, and I also have certain expectations. Like, expectations one might have toward the work environment or the work itself. And I think that all these experiences, well, you take them with you, and it's important to have your own standards. Because you're allowed to have those standards. Otherwise, it ends up affecting you and your work later on. And it's also important to go through certain experiences, otherwise, it's hard to really have a sense or picture of what things are like. So, in the end, I'm definitely grateful for every experience. But yeah, of course it's never pleasant when you're right in the middle of it and thinking, what is even happening right now (speaker 4).

The participant emphasized how important it is to regularly observe oneself:

> So, one thing that's always good is to observe yourself a little bit. Like, first of all, how long have you been sitting? Umm, what's your posture like? Are you drinking enough? It really sounds like very basic stuff, but you just forget about it when you're

> deeply focused and get caught up in your routine. Are you drinking enough water? How much coffee do you drink? Does it balance out well? Are you moving regularly? Or do you cook for yourself, or do you always buy something? (speaker 4).

Such reflections showed that proactive employees did not passively accept unsuitable conditions but considered it as both a right and a necessity to demand better ones for their health and well-being.

The proactive participants described themselves as capable of shaping their reality, including how their job affected their health. An interviewee explained, “That’s why I always […] have to act. And I make sure that I always remain capable of acting. So, always, it’s always about staying in motion” (speaker 7).

This inner conviction not only motivated action but also seemed to foster a sense of resilience and self-efficacy. Employees described how they recognized when something was not working for them and felt confident in their ability to implement change, “But it’s also up to me. I can change it” (speaker 13). Whether the changes were structural, behavioral, or mindset-related, proactive employees perceived themselves as capable of initiating them. This mindset was supported by continuous reflection, openness to learning from past experiences, and a clear belief in one’s ability to influence health-related outcomes. As an employee concluded, “But I do think it's already a good start that I'm reflecting on these things and trying to keep an eye on them. That helps me to actually make changes, too” (speaker 5). This attitude underlined the essential link between self-awareness, perceived control, and the motivation to actively shape both health behavior and working conditions.

Perceived Self-Efficacy, Awareness of Possibilities and Limitations, and Self-Reflection Shape the Extent of Health-Related Proactivity at Work

Health-related proactivity at work was influenced not only by employees’ general motivation or values, but also by their perceived self-efficacy and awareness of both possibilities and limitations in their specific work environment. A starting point for proactive behavior could be an increase in awareness, either through personal reflection, experience, or external triggers:

> At some point, I realized that a lot of it is connected to doing things that aren’t actually good for you or that you don’t enjoy, and that’s when it slowly started. I began to pay more attention and be more mindful about those things (speaker 6).

This recognition, realizing that certain behavior or routines may be harmful, served as a crucial turning point towards more mindful health practices. Participants reported developing this kind of awareness very early in life, grounded in a general principle of avoiding self-harm

rather than pursuing health for its own sake. An interviewee noted, “I’ve always been interested in that, even as a teenager, I didn’t smoke because I knew it was harmful to my health” (speaker 7). These early decisions illustrated how a growing health consciousness shaped long-term behavior and attitudes, including those enacted at work.

> However, even with increased awareness and responsibility, employees’ ability to act proactively was influenced by their perception of what is actually possible within their work environment. While some strived to do as much as possible under given constraints, they remained aware of the limits.

Indeed, some participants felt they had already reached the limit of what was feasible within the workplace. This perceived ceiling directly influenced the scope of their health-related behavior at work, “And yes, there’s really not much more you can do in that regard” (speaker 9). This sense of limitation, whether due to structural conditions, organizational culture, or the nature of the work, hindered further action, even when the intention or awareness was present.

Sometimes, the limitation was not just about actions taken, but also about a lack of ideas for what else could be done. This illustrated that awareness alone was not sufficient for proactivity, knowing which concrete steps were available and perceiving them as realistic and effective was equally essential. Therefore, health-related proactivity at work was intertwined with employees’ perceived control and knowledge of actionable options. While employees did what they could within their perceived boundaries, “I always paid as much attention as possible” (speaker 7), the proactive engagement was shaped by both an internal sense of responsibility and an external awareness of workplace constraints.

Thinking about health-related behavior and engaging in self-reflection contributed to a heightened awareness of both one's current state and the possibilities for positive change. Participants described how the mere act of discussing or thinking about health triggered realizations about their own habits and behavior:

> But for me, it's more of a conversation that gets you thinking. And yes, when you just list and say facts, and you know that it is how it is [laughs], but when you say it out loud, it just becomes more real (speaker 8).

This suggested that verbalizing behavior and reflecting on one’s own situation helped making problems or opportunities more tangible and actionable. Self-reflection highlighted issues where action was needed but had not yet occurred, because the implications had not previously been fully recognized. The awareness of long-term consequences acted as a motivating force, nudging the individual towards change. Despite recognizing the importance of change, some participants admitted that they had not yet followed through with concrete

actions. This could be paired with a certain humor or resignation, as seen in, “Ah, I don’t know either [laughs]. I can try it tomorrow and think of you [laughs]” (speaker 9). This kind of response indicated an awareness of the gap between intention and behavior, yet it also pointed to a potential readiness to act, once the right conditions or motivations were in place. Others noted that even when they had maintained some healthy routines in the past, such behavior had become more difficult to sustain due to exhaustion or a lack of time for themselves, “And I moved as well, but not really, I didn’t take the time for myself. I used to go swimming or something like that, but that was simply because I was too exhausted” (speaker 9). Recognizing this dynamic was essential for fostering self-efficacy. It implied that healthier behavior was not only possible but was previously part of the routine. Importantly, participants identified manageable steps they could take if only they were more aware of their value or feasibility:

> Health is actually something we take for granted so quickly, thankfully, right? But if people were aware, or if they knew which little screws to turn so that later on, they might be able to get out better, then hopefully, or unfortunately, they would do much more of it (speaker 13).

This illustrated a barrier, the lack of detailed awareness about *how* to act, even when the *why* is already understood. In some cases, the potential for action was acknowledged but deemed unrealistic within current routines, yet this did not exclude openness to experimenting, “Blocking one and a half hours for work [laughs]. […] But I would just try it once, that’s a good point. Maybe it will work” (speaker 13). Self-efficacy and awareness were present through reflection, even if immediate behavior change was temporary.

Participants described that the awareness raised through such reflection was not only about physical health but also about communication and boundary-setting, especially in difficult interpersonal situations:

> Honestly, I’ve never really done that, going up to people and confronting them about it. Usually, I just swallow it and get annoyed inside. But yeah, I probably should manage to do that someday, to actually go and address it (speaker 12).

Therefore, acknowledging the need to act differently, even when not yet done, was a sign of increasing willingness to change. The data suggested that self-reflection and conversations about health behavior, can meaningfully influence awareness of one’s own needs and options, thereby fostering a sense of self-efficacy and provide an incentive to encourage health-related proactivity at work. Once the potential for action became visible, individuals began to see

themselves as more capable of taking responsibility for their health, both within and beyond the workplace.

Employees Have Clear Ideas About What Is Healthy and What Is Not for Them Personally, but also Prioritize Well-Being Over Physical Health and Utilize Maladaptive Coping Strategies

Employees demonstrated a differentiated understanding of what was healthy and what was not for themselves. Through the interviews, participants articulated personal standards and health-related judgments that are based on experience, information, and reflection, "It is very important to me, when it is quite clear what I believe, what is clearly not good for me" (speaker 7). This clarity translated into conscious health decisions, as a participant reported:

> I decided not to drink cola when our chemistry professor told us that it contains phosphoric acid and that you can clean car rims with it. Not out of some health craze. No, I didn't have that. But somehow, I never wanted to intentionally harm myself. That was the initial reason (speaker 5).

Such understanding was linked to the recognition of causal connections between behavior and physical outcomes. A participant elaborated on the learning process, "What is becoming increasingly clear […] is that my headaches […] are also related to high blood pressure. […] That then motivates me, especially when I know what I need to do to improve it" (speaker 5). The motivation to change originated from this awareness of cause and effect.

However, employees prioritized perceived subjective well-being over strictly correct or evidence-based behavior, as mentioned in the interviews. Rather than adopting common healthy practices, they sought comfort, familiarity, or small pleasures, sometimes at the expense of physical health. For example, a person reflected on the seating behavior, "I preferred to set the chair a bit higher so that my feet don't touch the floor […] I have trained myself wrongly like that since childhood […]. That is again about well-being, comfort" (speaker 1). This illustrated how individuals prioritized comfort over ergonomic standards, knowing well that their choice may be physically suboptimal. Another interviewee stated:

> Because I know that I could live better, offer my body more quality. But I don't do it. That is what I mean by health. I know I could exercise. And I know my diet is not right. And I know the values could look a little better, but I use it, um, I think I am more focused on my mental health. That I don't perceive stress as something negative but more as a kick in life (speaker 8).

Similarly, social rituals and relaxation, such as coffee breaks, were valued more for psychological benefit than for their physical healthiness, "What is rather bad for physical

health are these coffee breaks. […] But they are important for mental health" (speaker 5). While the physical effects (e.g., dehydration) were acknowledged, these effects were accepted in exchange for emotional balance. Another interviewee explained:

> What is actually the most important thing for employees is that they always take a moment to step away or just step back and consider how they are doing or what they can do. And just really schedule short breaks and not get too caught up in the spiral (speaker 12).

At the same time, maladaptive coping strategies were mentioned. Smoking was explicitly noted as a stress response, "I also go outside sometimes and smoke one. Yeah. (...) It's not the healthiest way, I know [laughs]" (speaker 11). Despite full awareness of the health risks, individuals continued to engage in such behavior for personal well-being. This type of coping, while knowingly harmful, persisted as a habitual or convenient response.

Theme 6 – Between Improved Health and Strain: Navigating the Interaction of Social-Organizational Barriers and Positive Outcomes on Health, Work Performance, and Social Well-Being

This theme highlights the complex connection between organizational conditions, social dynamics and norms, as well as the outcomes of health-related proactivity at work. While participants described positive effects of their health-related efforts, such as improved physical well-being, better focus, and a greater sense of agency, these were also accompanied by structural or social challenges that limited or complicated the consistent practice of such behavior. Even when individuals were motivated and aware of what was beneficial for their health, environmental constraints sometimes overruled these intentions. The social context at work also contributed as participants had to deal with expectations from colleagues or supervisors, anticipated judgment, or struggled with the need to justify time spent on health-related proactive behavior at work. Despite these obstacles, health-related proactivity at work was also rewarded. Participants described to experience an increased sense of control, improved coping strategies, and moments of well-being that positively influenced their performance and interactions with others. However, the effort required to sustain these practices within a demanding or unsupportive environment led to tension or ambivalence. Interviewees shared that while taking meaningful steps toward improved health and functioning, the long-term success and sustainability of these efforts depended also on the broader organizational and social context in which they are embedded.

Employees Perceive Physical and Mental Benefits from Engaging in Health-Related Proactivity at Work Including Feeling Fit, Reduced Stress, Increased Energy and Motivation, and Improved Mobility

Employees perceived health-related proactive behavior at work as beneficial for both their physical and mental well-being. This behavior was not only seen as preventive but also as immediately helpful in managing everyday work demands. Participants described personal strategies, self-initiated and integrated into their routines, as effective and meaningful for maintaining or improving health, “For me, this has proven to be helpful. My strategy is to think about how I can cope better, and so far, it has worked well” (speaker 3), highlighting the perceived success of individualized approaches in the workplace to health.

Interviewees reported noticeable improvements in physical symptoms and a general increase in vitality. For example, chronic issues such as migraines or back pain had diminished, which participants attributed to adjustments in behavior, posture, or breaks during the workday. A participant noted, “So many of the health issues have actually already improved a lot, and also eased” (speaker 6). Similarly, another emphasized the preventive effect of physical activity at work, “That I don’t have back pain, or as little back pain as possible. I believe if I did nothing at all, then I would definitely have [...] severe back problems by now” (speaker 1). Participants also reported a better balance between sitting and standing or between effort and recovery, which contributed to perceived reductions in stress. This balance was not only experienced physically but also emotionally, supporting a sense of being in control, “I have now found the perfect balance because I don’t accept more responsibility” (speaker 8), reflecting this psychological dimension of stress regulation through self-determined and conscious boundaries. Physiological outcomes such as maintained cardiovascular health or increased mobility were mentioned:

> I recently had a session with the occupational psychologist, this HRV measurement, and she said that I have a very low resting pulse of 57 or so […] So, yeah. That was great, because I did it last year as well and it really improved since then (speaker 12).

Health-related proactive behavior at work was not framed as a chore but rather as enjoyable and meaningful. Interviewees expressed pride in their accomplishments and a desire to maintain these routines into the future, “So, I’m proud of myself that I can still […] go upstairs” (speaker 1). Such reflections suggested that maintaining physical and mental health at work was tied to deeper values of fulfillment, meaning, and joy in one’s job. Work, in this view, was not merely a place of duty but can be a positive and enriching part of life, “So I notice, when I enjoy work, when I enjoy projects, I automatically feel better, yes” (speaker

13). Health-related proactive behavior at work, therefore, was not limited to isolated actions but is embedded in a broader perspective of what good and sustainable work should be, supporting resilience, fostering well-being, and enabling employees to continue performing and enjoying their jobs over time.

Employees Experience Improved Work Structure, Focus, and Job Satisfaction Through Health-Related Proactivity at Work

Participants reported that engaging in health-related proactivity at work positively influenced not only their well-being but also their work structure, focus, and job satisfaction. The interviewees stated, for instance, “More focus, more performance, and more motivation” (speaker 10). Through intentional strategies, such as taking breaks, regulating stress, or consciously organizing workflows, employees experienced improved efficiency and clarity in their daily tasks. The interviewees described an enhanced ability to structure their workday. Early prioritization of tasks, particularly those that may otherwise cause pressure later, contributed to a more relaxed and productive working atmosphere, “Now I manage better because I start with the tasks where I thought, oh, here comes the boss, those had priority zero” (speaker 3). This time management was described as better preparation and fewer scheduling issues. A structured and organized approach was also perceived to reduce cognitive load, freeing up mental capacity for deeper focus. Even in routine administrative tasks, proactive strategies, like short reset or even intentional caffeine use, served as resources to refocus, “I also use caffeine as a tool […] so that it helps me to start the task again with fresh eyes, so to speak” (speaker 5).

Furthermore, the participants emphasized that their ability to concentrate has improved through such routines, especially when combined with tailored work environments. For example, ergonomic preferences between home and office settings influenced task focus, “I can concentrate better here while sitting than when I’m sitting in the office […] probably standing in the office the most. When it comes to tasks where I really have to work with focus” (speaker 10). These self-optimized working conditions supported both performance and well-being.

Moreover, personal values such as diligence and conscientiousness were described as intertwined with structured working styles. Employees took pride in being reliable and thorough, “I am a conscientious person and want to complete all tasks properly” (speaker 3). Therefore, health-related proactivity at work was experienced not only as beneficial for physical and mental well-being, but also as a facilitator of improved structure, focus, and satisfaction. These benefits extended beyond individual performance to team coordination and

broader organizational functioning, creating work environments where pressure was reduced, and quality, clarity, and engagement were enhanced.

Health-Related Proactivity at Work Impacts Social Well-Being by Fostering Team Spirit and Mutual Support, while Also Causing Strain Through Negative Reactions from Colleagues

Health-related proactivity at work had a complex social impact. It might enhance social well-being by encouraging team spirit, social integration, and communication but could simultaneously cause interpersonal strain due to mixed reactions from colleagues. Understanding these dynamics was described as critical for cultivating a healthy, supportive workplace culture where health-conscious behavior is recognized and valued. Overall, these statements pointed towards the systemic dynamics that determine health-related proactivity at work:

> When we have connections (..) that is also our security for our health in every respect. Because I see work as one facet. I always feel it is like a puzzle. You get tasks, and it is not the tasks themselves that are hard. It is what people make of it, how one reacts, how one pressures you here and there, what is around it that makes it really, really hard. And that is what I often hear from others, that the stress factor is not the task itself but really the will, the pressure, the demands. (…) And then, if you aren't seen as a person, then you might break as a person or become ill in some way. If we perceived each other as people and really (..) accepted each other like that (…). Maybe then we would treat each other more considerately. And that would be the most important thing (speaker 7).

Health-related proactivity in the workplace shaped social well-being by fostering a positive team atmosphere and mutual support. As an interviewee described, "I try to maintain a good climate, and I always think I would be happy if I was seen and acknowledged, so I simply do it" (speaker 1). This awareness encouraged effective communication, which was vital for managing interpersonal conflicts and promoting collective problem-solving. An interviewee described self-organized meetings for exchange, "We have a weekly meeting where everyone can share what's on their mind. It helps to be in exchange rather than ruminating alone" (speaker 3).

Finding supportive colleagues who respect personal boundaries was essential for sustaining health behavior, "It is important to find people who support you, who respect your boundaries and understand your needs" (speaker 7). When support existed, it fostered deeper team cohesion and social well-being:

> For me, it also contributes to my health that I am a very social person. So, it is always good when I can work very focused but at the same time be connected or present during opening hours. I like those conversations or when [colleagues] come, there is an exchange, and I like being part of meetings. That makes sure I'm not isolated (speaker 4).

Employees experienced understanding and appreciation from their teams. A participant reflected, "On the team level, it was always understandable when someone has health issues and does something about it to get through the day" (speaker 2).

Positive feedback was given, "I often get thanks in return, so I think people appreciate it" (speaker 3). Admiration for healthy behavior also existed, "Some colleagues say, I admire how you set boundaries and protect yourself" (speaker 6). However, reactions from colleagues could vary widely. Negative comments or unclear responses were not uncommon, sometimes causing strain. A participant recalled, "When I asked for an ergonomic chair, it triggered negative emotions that I wanted to avoid, especially at the beginning" (speaker 2). Negative reactions were sometimes linked to fear or discomfort, "Colleagues are afraid because they know I won't forget and will ask again, which some find annoying, though others appreciate my reliability" (speaker 3).

Strain Arises from Frustration Triggered by Resistance to Health-Related Proactive Behavior at Work

Employees who proactively addressed their health within the workplace encountered frustration and resistance from organizational structures, which in turn led to psychological strain and inefficient work behavior. The general conditions within organizations could restrict such health-related behavior, as employees describe how their attempts to engage openly with health concerns encountered negative reactions, "It is actually legally required. But just because it is legally required does not mean that it is welcomed by the company that it is used" (speaker 8). Resistance could be particularly strong among colleagues in higher positions, "My supervisor basically played my health concerns down and said he wouldn't take care of it" (speaker 2). Changes related to health routines, such as taking breaks or moving, could irritate others, "My colleagues were initially irritated by my habit of taking the stairs instead of the elevator, but they have gotten used to it" (speaker 13). Coworkers reacted with indifference, "Actually, not everyone cares" (speaker 5), while others showed only hesitant interest, "Someone looked at me strangely when I pointed out something and just said yeah, that's true, but didn't say thanks. It was a strange feeling" (speaker 1). A participant in particular shared negative experiences with the supervisor due to health behavior, which the

participant engages in because of chronic pain. These experiences have had a negative impact on health and well-being, as described. The interviewee reported that during the annual performance evaluations, efforts related to communication or collaboration in the context of health were unexpectedly and negatively assessed by the supervisor:

> Once a year, a performance evaluation is conducted, and in the following employee discussion, I was actually confronted with a negative assessment at some point, where it concerned communication or something like that, collaboration was actually negatively mentioned in the performance evaluation the following year by my then supervisor (speaker 2).

This lack of understanding extended beyond individual supervisors to the wider organizational context, with employees who were unaware that their efforts could later be used against them.

Moreover, the organizational health support systems were perceived as ineffective or even counterproductive. Preventive measures, such as health checks, while formally offered, did not seem to provide meaningful support, leaving employees feeling disregarded, “They offer preventive care, yes, for example, with health checks and so on. But what actually happens? Nothing. Then it just goes into the personnel file as not fit for duty, if in doubt” (speaker 6). This lack of tangible support contributed to a sense of demotivation and emotional burden, “During that time, I would say it really got me down […] both the issue of organizational culture and health” (speaker 2). The participant reported being explicitly requested by higher management to cease pursuing health issues or facing complaints from occupational health services about their behavior. Consequently, the participant avoided involving the supervisor in health-related matters, fearing negative consequences, because involving them might led to unwanted developments. Such avoidance reflected the underlying mistrust and the lack of support, which is reinforced by negative feedback and poor performance evaluations.

The discrepancy between employees’ genuine health concerns and the organization’s unwillingness to facilitate supportive measures resulted not only in inefficiencies but also in significant psychological strain, as employees felt misunderstood and isolated:

> It really occupied me and restricted me. But I would also say that the overall incomprehension and irritation at receiving such reactions, where I basically hurt no one but am the one with a problem and simply want solutions, that really affected me (speaker 2).

The organizational rules appeared to be adjusted only if too many employees insisted on health behavior, suggesting systemic resistance to change. Therefore, it was little expectation among employees that organizational shortcomings in health support would improve, which further entrenched frustration and strain.

Social Pressure, Norms, and Group Dynamics Inhibit Health-Related Proactivity at Work

Health-related proactivity at work was constrained by social pressures, norms, and group dynamics that discouraged individuals from standing out or drawing attention to themselves, as described in the interviews. The fear of attracting negative attention, hesitation to stand out or take on leadership roles, concern about negative consequences, and the desire to fit into the group led employees to suppress proactive health-related behavior at work. Occupational position and the stage of employment influenced this further, with supervisors describing fewer constraints than new or lower-ranked employees. Employees avoided health-related actions because they did not want to appear different or provoke negative reactions from colleagues. Similarly, the desire to blend in was emphasized, “Because the person behind me noticed, too, and I don’t like to stand out. That’s why I also take the elevator with others to avoid drawing attention” (speaker 1). Group dynamics influenced health-related proactivity at work. Moreover, employees hesitated to implement health-related changes or advocate for adjustments because they did not want to assume a teaching or leadership role towards their colleagues. An interviewee noted, “It’s not in my nature to say, I want everything to be different because of me” (speaker 5). This adaptive tendency was described as a preference to go along with the flow rather than following one's own path. The balance between addressing risky behavior and maintaining social harmony was described as difficult to navigate. Employees struggled with whether to point out colleagues’ unhealthy behavior or remained silent, “I feel a bit stupid when I speak up, but if I don’t, and something happens, I wouldn’t feel comfortable either” (speaker 1).

Being observed by others further inhibited health-related proactive behavior in the workplace. For instance, performing physical exercises or using aids openly was avoided, “I can’t sit in the office and use a massage device. Everyone would think I’m crazy and the noise would disturb others” (speaker 1). The desire to belong to the team outweighed personal health priorities, “I am a team person, and it is hard for me to say no during shared cooking or eating, because I want a place in the group” (speaker 5). This again reflected how group cohesion took precedence over individual health-related proactive behavior in the workplace.

Fear of negative consequences also limited health-related proactivity at work. Rumors about workplace monitoring and potential repercussions for health-related absences created

anxiety. Consequently, employees avoided addressing health concerns openly to prevent jeopardizing their job security. Others reported worries about the consequences of taking care of health, particularly when it involved taking time off, for instance, “And I was really scared. Oh no, I know I’m going to be out for two weeks. Oh no” (speaker 8). Challenges related to illness and attendance were also noted:

> Also, the whole reputation, like it is still like this, that you can’t call in sick that often and then there I am again, so you really consider if you can call in sick at all. Not just say I don’t feel well, whether mentally or physically, I call in sick now, but you really think beforehand, can I even do that? That is still a big difficulty, even for me, where I still have to work on not putting so much value on it but just say I am sick, so I am sick now (speaker 6).

Occupational position influenced the extent of health-related proactivity at work, as stated in the interviews. Supervisor reported less strain and greater freedom, “As a manager, the only thing that stresses me is when employees don’t work properly” (speaker 8). Conversely, new employees tended to adapt more strictly to group norms, especially at the start of their tenure, to avoid causing a stir, “At the beginning, you have to adapt. You sit with the team, get to know them, and only later feel comfortable saying things you wouldn’t say on the first day” (speaker 8). Early in their roles, employees suppressed health needs to avoid negative reactions, “I needed a long time to find a suitable chair because I couldn’t go around on my first day or week and create negative emotions” (speaker 2). An interviewee in a leadership position acknowledged the privilege associated with the position:

> That’s what I try to pass on to people and really live myself, right? I have to say, of course my position helps me a bit, because people do say, okay, if a department head does it, then I can do it too. Yes. (…) But really, it should be normal. It shouldn’t matter who it is (speaker 13).

Defining the Construct Health-Related Proactivity at Work

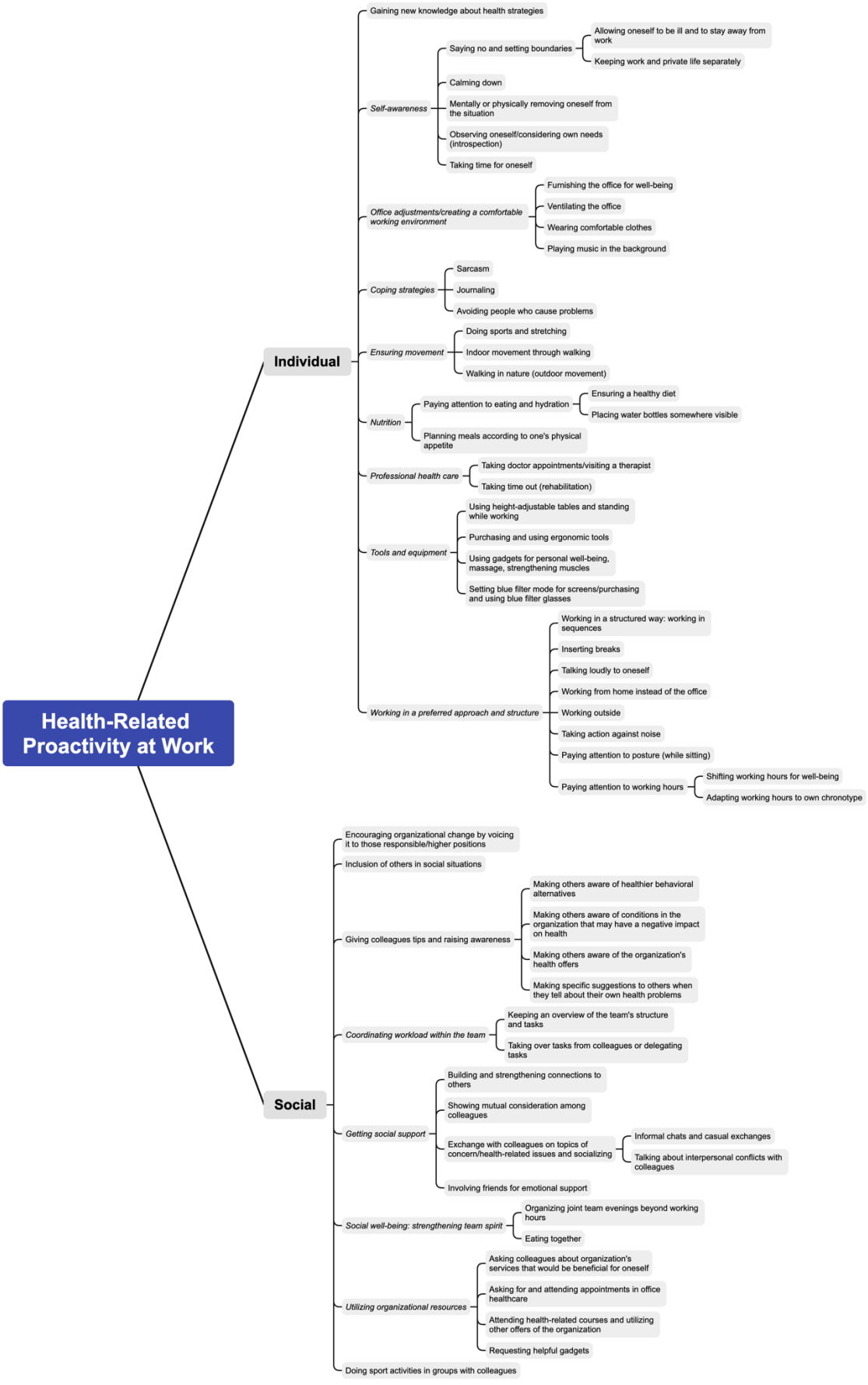
Based on the developed themes, the construct of health-related proactivity at work can be more clearly described. Health-related proactivity at work refers to voluntary, self-initiated, future-focused, and change-oriented behavior, aimed at maintaining or improving one's own health and well-being, and/or that of the team and colleagues. It is a type of health behavior that is practiced during working hours – in the office or while working from home. In this context, health is viewed as a positive state of physical, mental, and social well-being, regardless of illness or diagnosis. Considering the interview data, the construct can be further understood as an anticipatory process that involves consciously reflecting on personal needs

and resources, identifying and adapting suitable strategies, and developing sustainable routines that support health and well-being in the workplace. Health-related proactivity at work is generally characterized by regular, ongoing behavior rather than isolated actions, although proactive interventions may also occur in response to specific health issues. Health-related proactivity in the workplace can therefore take both a preventive and an intervening form. Moreover, the data highlighted that employees not only recognize the importance of health at work but also the value and necessity of being able to take active steps to maintain and strengthen it. The overarching goal of health-related proactivity at work is to do something beneficial for health, either (i) to enhance or maintain health and well-being within the work context or out of a general appreciation for the importance of health in life, or (ii) to ensure one's own capacity to perform effectively at work by staying healthy. Importantly, this proactive health behavior was described as extending beyond formal job responsibilities. Even in leadership positions, it can be considered as extra-role behavior that goes beyond the core tasks.

To obtain a more explicit understanding of the construct, enacted health-related proactive behavior at work mentioned by the participants was coded in addition to the themes. Described behavior from the interviewees was deductively coded into individual and social dimensions in accordance with the conceptual definitions proposed by Landskron et al. (2023) – behavior implemented independently, such as taking breaks, adjusting the physical workspace, or setting personal boundaries, and within interpersonal structures, such as giving colleagues tips, encouraging organizational change, or taking care of well-being of others. Figure 8 illustrates specific behavioral patterns that characterize health-related proactivity at work, based on the interview data.

Figure 8

Individual and Social Health-Related Proactive Behavior Mentioned in the Interviews

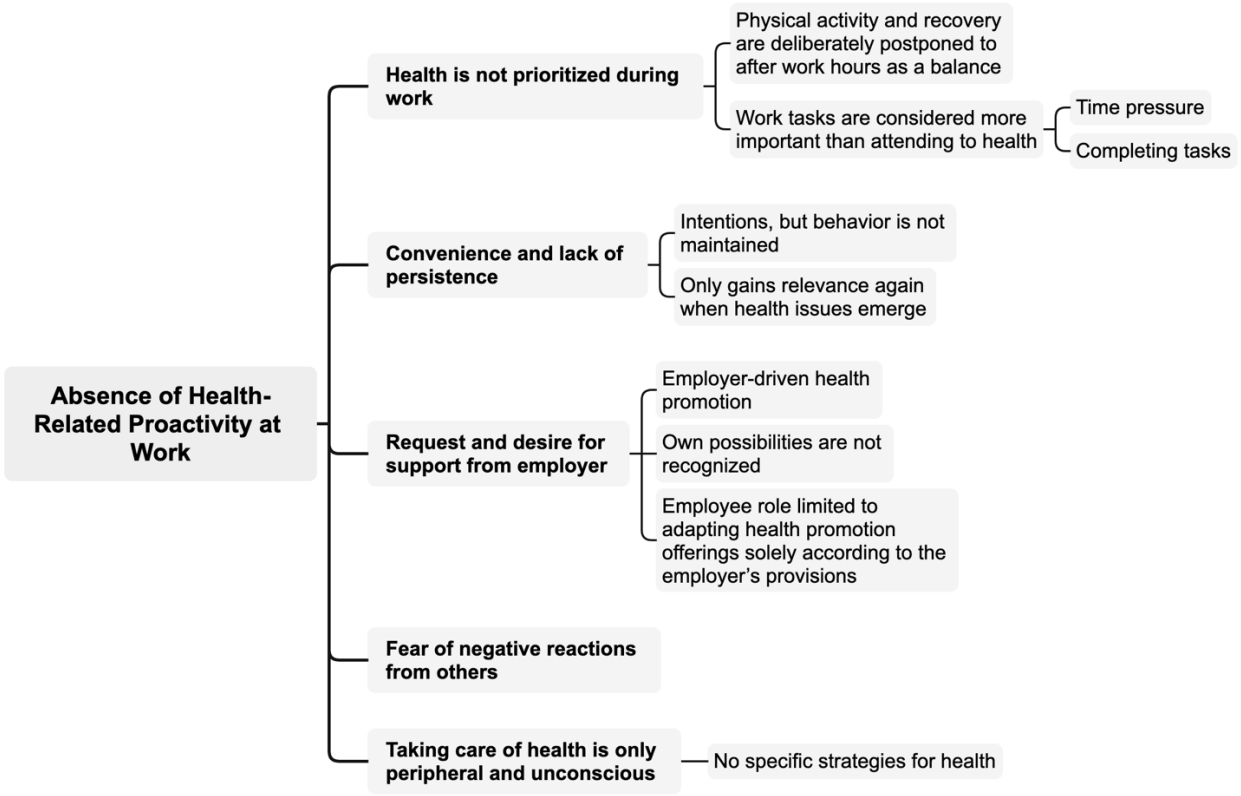


This dual expression underscores the dynamic interplay between personal agency and social embeddedness. At the same time, health-related proactivity at work often requires courage, particularly in situations involving social pressure, prevailing norms, or group dynamics, but also when addressing organizational barriers or cultural resistance. Taking initiative for one's health may mean deviating from established practices or implementing strategies that are not yet widely accepted. Such behavior is not without challenges. While it can have significant positive effects on physical, mental, and social well-being, it may also be accompanied by strain, triggered, for instance, by reactions from others, systemic barriers, or personal frustration if efforts are not supported or successful. Given the close link between health and performance, health-related proactivity at work can also impact work performance, typically in a positive way as described in the interviews. Health-related proactive behavior can encompass behavior at the individual level, team level, or organizational level, depending on the desired context of change.

Although data indicated that office employees engage proactively in terms of health and well-being in everyday working conditions, it is not consistently exhibited by all employees. Moreover, findings hinted towards day-specific fluctuations, especially in strategies and actions on the individual and team level. The data showed reasons why employees do not engage in health-related proactive behavior at work (see figure 9). Participants made clear that health at work should be a priority to show health-related proactive behavior in the workplace. The interviewees described that human beings are basically getting lazy and only realize the role of health (behavior) when health issues already exist, which need to be addressed at this point. In addition, it became apparent that employees, to some extent, considered the organization’s role and the employer’s responsibility for health promotion to be self-evident. During the interviews, non-proactive participants expressed a desire for certain forms of support and described themselves in a more passive role. Social aspects also became evident, such as the fear of reactions, comments and negative feedback. Departing from the previous definition of the construct, it was described how employees contribute to health and well-being at work in an unconscious manner, a pattern that remained unchanged even when the topic was explicitly addressed. According to the statements, they perform no self-initiated activities for health and, therefore, did not engage in health-related proactivity at work.

Figure 9

Reasons for the Absence of Health-Related Proactivity at Work



Pathway Model for Health-Related Proactivity at Work as a Process

The data revealed employees' intentions, motivation, and experienced outcomes related to the implementation of health-related proactivity at work. Based on these findings, a preliminary pathway model can be proposed to visualize the process (see figure 10). Concerning health and well-being, the model differentiates between a strengthening and a reduction pathway.

As outlined in the previous definition, the main objective of health-related proactive behavior at work is to increase and maintain health and well-being on an individual, team, and organizational level. Within this framework, a distinction can be made between preventive behavior – aimed at avoiding health risks – and intervening behavior – applied in terms of specific challenges or symptoms. Participants in the interviews described two primary goals underlying their behavior: the desire to do something beneficial either for themselves or for their colleagues, and the use of health to support focus, productivity, and work performance. Given the reciprocal relationship between health and work, some employees viewed maintaining their health as a basic requirement for fulfilling their professional duties. This

dual perspective of the intentions – health as both a personal value and a functional necessity – appears to shape employees' motivation.

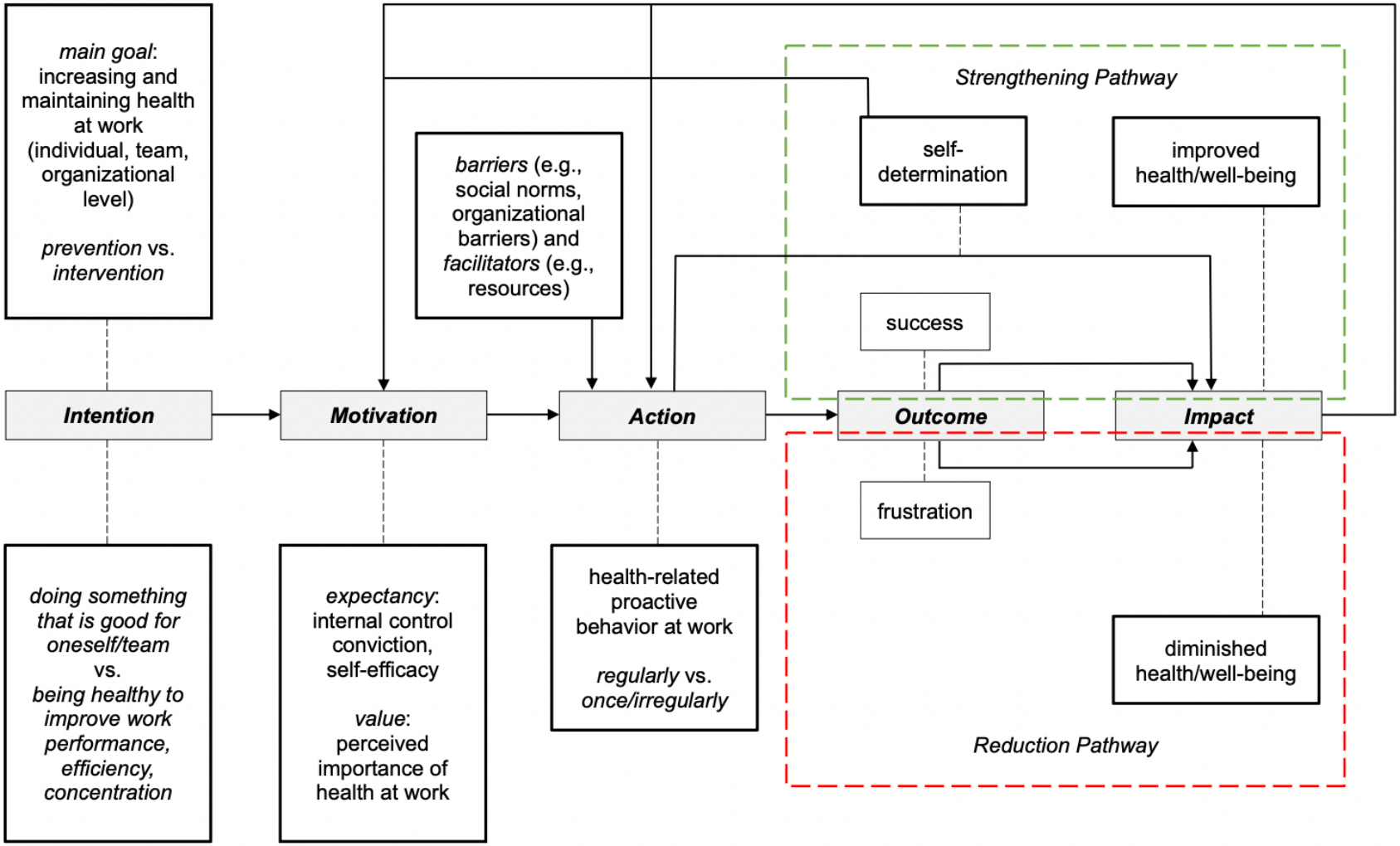
From a motivational perspective, it is essential to consider whether individuals' expectations are met and whether they possess a sense of internal control conviction (i.e., believing to control health through actions in the workplace) as well as self-efficacy (i.e., believing in one's ability to take the specific action). Value also affects the extent of relevance of doing something for health, the perceived importance of health at work that influences the execution. Thus, motivation can be considered an interplay between expectation and value. Whether this motivation leads to actual behavior depends on the availability of facilitating conditions, such as supportive organizational structures, and on personal or contextual barriers. If motivation is present, proactive health behavior at work is more likely to be enacted.

The outcomes of such behavior may include direct positive effects on health and well-being, but even taking the action itself may lead to positive feelings, such as a greater sense of self-determination or emotional relief, which enhance health and well-being. Perceived self-determination, in turn, may influence the motivation of doing such health-related actions again. However, the data also revealed that the success of proactive efforts is not guaranteed. Participants reported experiences of frustration when their attempts were ineffective or not supported, which in some cases led to a decline in well-being. Therefore, in both cases, the impact on health and well-being may influence motivation of renewed actions. In the model, outcome refers to the experience of the behavior, whereas impact denotes the direct effect on health and well-being.

The pathway model accounts for both positive and negative progressions, depending on the nature of the experience and the degree of support or hindrance encountered during the process. This highlights the complexity of health-related proactivity at work, not only as a behavioral strategy but also as an emotionally and socially embedded process that can have varying impacts on employees' well-being.

Figure 10

Pathway Model of Implementing Health-Related Proactivity at Work



Discussion

In the present study, the extent of health-related proactivity at work and related experiences, motivation, goals, and individual challenges were examined through personal perspectives of office employees. Within the data, six main themes with associated subthemes were identified:

(1) Responsibility, agency, and self-determination: Engaging in health-related proactivity at work is a courageous act of promoting and maintaining health and well-being,

(2) Process of conscious effort: Implementation and maintenance of health-related proactivity at work involves practice, time, and adaptation of behavior to work demands and personal resources,

(3) Driving change, modification, and continuation through both intervening and preventive pathways: Health-related proactivity at work is shaped by necessity or internalized values,

(4) Performance and health mutually influence one another: Healthy employees are vital for work efficiency, while work demands impact health,

(5) Empowerment through reflection: Connection between health-related proactivity at work, health awareness, conviction, and self-efficacy,

(6) Between improved health and strain: Navigating the interaction of social-organizational barriers and positive outcomes on health, work performance, and social well-being.

The findings demonstrate that health-related proactivity at work is not only a behavioral act, but an expression of agency and assumption of responsibility, self-determination, and adaptive self-regulation as well as self-efficacy embedded within organizational structures and social contexts. As described by participants, it is a courageous and conscious act with day-specific fluctuations. Importantly, health-related proactive behavior at work reflects a holistic view of health that aligns with the biopsychosocial model (Engel, 1977), recognizing that health is not confined to physical well-being alone but includes mental and social dimensions. The behavior described in the data, such as fostering social connection, maintaining emotional stability, and protecting physical functioning, illustrate how employees proactively address all facets of health. For instance, physical health was enhanced through movement, nutrition, and ergonomic adaptations; mental health through stress-reducing behavior and reflective practices; and social well-being through team spirit, support, and belonging. In this way, employees demonstrated an integrated

understanding of health, not only as the absence of illness but as the presence of balance across multiple domains.

Various types of health-related proactive behavior were mentioned in the interviews, both on an individual level and on a social level, thus involving others. The strategies mentioned are supported by several studies in the occupational research context in terms of health and well-being. For instance, physical activity and paying attention to ergonomics throughout the working day is positive linked to health and well-being (Mahmud et al., 2015; Puig-Ribera et al., 2015). Furthermore, office design should create an environment that enables employees to deal with challenges in ways that are comprehensible, manageable, and meaningful (Forooraghi et al., 2021). Relaxation and breath techniques are considered to have a positive impact on health (Alexopoulos et al., 2014).

The findings describe both preventive and intervening pathways of health-related proactivity at work. Whereas some employees described proactive behavior aimed at maintaining and improving health and well-being, others acted in response to emerging health concerns. Like how proactivity is defined in terms of performance, proactive behavior in the workplace can also be applied to address problems, such as health issues in this context (Parker et al., 2010). Rather than reducing proactivity, this behavior complements self-initiated, change-oriented, and future-focused actions by introducing an additional dimension. Further, this nature aligns with Antonovsky's (1987; 1996) model of salutogenesis. Participants' reflection on health behavior showed elements of comprehensibility (i.e., awareness of challenges), manageability (i.e., perceived resources), and meaningfulness (i.e., aligning behavior with personal values). These cognitive and motivational components seem to guide how employees adapt and sustain health-related proactive behavior in the workplace. This holistic perspective underlines that health is a major issue beyond the occupational setting that requires conscious responsibility and proactivity to foster well-being and achievement.

Based on the findings, health-related proactivity at work can be understood as a clear enactment of human agency (Bandura, 2001), which posits that individuals are self-initiated focused actors who exercise control over own functioning and life circumstances. Employees in this study described taking initiative, implementing strategies, and making autonomous decisions to improve health, despite facing organizational or social constraints. These agentic tendencies are also reflected in SDT (Deci & Ryan, 2000; Ryan & Deci, 2000), which emphasizes that autonomous motivation, competence, and relatedness are fundamental drivers of behavior. Participants described acting out of a sense of personal relevance and intrinsic

motivation – especially highlighting the fulfillment of autonomy (i.e., acting out of choice) and competence (i.e., feeling capable of initiating and sustaining health behavior at work). These findings extend SDT to workplace health behavior, suggesting that enabling autonomy-supportive contexts may foster stronger, more sustained proactive engagement. Work-related applications of SDT further stressed the importance of creating environments that facilitate the satisfaction of psychological needs to promote self-driven behavior (Gagné & Deci, 2005). In the context of this study, employees described autonomy in choosing and implementing health strategies, competence through perceived control over outcomes, and relatedness when health behavior was socially supported or encouraged by colleagues. These three needs formed a motivational basis that supported the sustained enactment of health-related proactivity at work and were described as sustainer of the behavior.

Results also indicate that health-related proactivity is a process that develops over time. Employees often switched between phases of planning, action, and readjustment – closely reflecting HAPA as a model for health behavior (Schwarzer, 2008). Motivational phases such as intention formation were evident when employees described setting personal health goals or recognizing the need to act, while volitional phases appeared in behavior maintenance, relapses, and resumption. This temporal aspect was also visible in the interviews describing proactivity as a learning process of trial and error. Participants noted needing practice, time, and resources. In the present study, participants reported that high perceived self-efficacy was more likely to maintain health behavior, particularly when health and related behavior at work were regarded as important, reinforcing HAPA's depiction of self-regulatory skills as critical to behavioral stability (Schwarzer, 2008). This may indicate that belief in one's effectiveness is crucial for sustained health-related proactivity at work.

The goals and values underlying health-related proactivity in this study also reflect the broader motivational frameworks of proactivity. Employees' motivation for proactive health behavior at work can be conceptualized using the model of proactive motivation (Parker et al., 2010). *Reason to* motivation was found in participants stating to value health in general (e.g., because of family background or own personality). *Energized to* motivation involves affective engagement. Some participants expressed feelings of pride, satisfaction, and emotional uplift following successful health-related actions. This multidimensional motivational structure appears to support both the initiation and persistence of health-related proactive behavior at work. Moreover, the results of health-related proactivity in the workplace as a process reflect the broader proactive goal-driven process, which unfolds in distinct phases. Participants described envisioning how they wanted to feel or function at work and in general in terms of

health, setting intentions to act, and creating strategies (e.g., using breaks for movement, adjusting workspaces, or setting boundaries). Participants also engaged in ongoing reflection, evaluating what worked, what needed adaptation, and when to restart after interruptions. This cyclical, self-regulatory pattern mirrors the core structure of proactive goal pursuit (Parker et al., 2010) and demonstrates that health-related proactivity at work is not static but evolves through experiential learning and adaptation. Two goals stood out from the data. Participants engage in health-related proactivity at work to improve or maintain health because it is generally important to them, or because they want to be healthy to perform as well as possible at work. The former further aligns with the happy worker-productive worker thesis (Nielsen et al., 2017), which postulates that well-being and job performance are positively linked. Employees described how taking care of their health improved focus, task management, and productivity. The participants emphasized that only healthy employees can perform well in the workplace, thus establishing a reciprocal link between health and work performance.

This view of responsibility is central to understanding health-related proactivity at work. Participants reported a sense of personal accountability for protecting and enhancing well-being in the workplace, particularly when organizational support was lacking or insufficient and health a high priority. Such responsibility was not experienced as a burden but as a proactive stance. However, findings showed that responsibility is not merely an individual construct but emerges from the interplay between personal agency and organizational support. Therefore, this study underscores the contextual embeddedness of health-related proactivity at work. It requires individual courage, personal initiative, and a supportive environment that is built on trust and open communication. The need to stand up for one’s rights and to insist on rest or recovery highlights the individual burden that employees may carry when organizational systems do not actively support health behavior. The organizational framework influences employees' health-related proactivity by offering or restricting opportunities, modeling behavior through leadership, and either taking responsibility or delegating it. Rather than internal barriers such as role overload (Cangiano & Parker, 2015), which were notably absent in the interviews, participants more frequently described organizational and social constraints. These included unsupportive cultures, limited privacy, rigid schedules, or ambiguous expectations. Improved team spirit, mutual support, and positive feedback were mentioned alongside barriers such as group pressure or lack of understanding, highlighting the importance of social integration in maintaining health practices. Research revealed that workplace gossip reduces proactive behavior (Gao et al., 2024) which could be an example for the social dynamics mentioned in the interviews.

Health-related proactive behavior at work could have both positive and negative impacts on health in terms of frustration and perceived barriers as well as success. This aligns with similar findings for proactivity aiming to enhance performance (Cangiano & Parker, 2015; Röllmann et al., 2021).

This resonates with the assertion that employee health arises from the interaction of personal practices and workplace conditions – a holistic approach combining interventions that are both organizational and individual-directed (Bond, 2004; Shain & Kramer, 2004). Employees contribute health beliefs, habits, and motivation into the workplace, but organizational structures, leadership practices, and psychosocial climate may either enable or hinder the realization of these intentions. As participants noted, even with the intention and ability to act, environmental obstacles could inhibit behavior. Conversely, when organizational structures were supportive, e.g., through health initiatives or leadership, employees described feeling validated and empowered to act. Similar results could be shown as supervisors' behavioral integrity and empowerment as well as workplace friendship positively contributes to fostering proactive behavior among employees (Guohao et al., 2021; Yin et al., 2017). These findings align with Sonnentag et al.'s (2023) recommendation that individuals must be encouraged and enabled to act as active agents of their own health and well-being, which, in turn, underscores the notion of agency in relation to assuming responsibility and taking action for health. Health-related proactivity at work is grounded in employees' willingness to take ownership of their well-being, but this ownership flourishes only in an environment where it is supported, respected, and possible. Responsibility, in this sense, is both a driver and an outcome of health-oriented workplace culture. It reflects personal agency while also highlighting the need for responsive organizational structures. This co-production perspective positions responsibility as shared between individual and organization. Providing health offerings and measures by the organization alone is not sufficient. These must also be actively utilized by employees, which is where proactivity becomes essential. However, at the same time, organizations must ensure that the necessary conditions exist to enable employees to take a proactive approach to health and well-being in the workplace. Health behavior in the occupational context should not be an unilateral transfer of responsibility (Faller, 2021).

Theoretical Implications and Further Research

This qualitative study contributes to the existing body of knowledge on proactivity in the occupational context, particularly by expanding the theoretical framework to include the role of individual initiative and responsibility for health and well-being (i.e., intentions,

motivation, goals, expectations, experiences). The incorporation of health-related proactivity at work into existing models thus presents a novel perspective that broadens the understanding of employee behavior in organizational contexts. It emphasizes that employees' health-related proactive behavior is influenced not only by intrinsic motivation but also by the ability to manage available resources, such as time and energy. This underscores the importance of individual agency in fostering health-promoting behavior in the workplace and provides an opportunity for further investigation into how these factors interact with organizational structures and expectations. This integrated approach provides a deeper understanding of the mechanisms that underlie health-promoting behavior and how these can be influenced by workplace structures, leadership, and organizational (lack of) support. Furthermore, this research conceptualizes health-related proactivity at work as a dynamic process. It highlights the complex interplay between intentions, motivations, barriers, and actual action. Health-related proactivity at work is not a static trait but rather a fluid process that may vary over time, depending on both individual and contextual factors. This dynamic view suggests that interventions aiming to enhance health-related proactivity at work should account for changes in employees' motivation and behavior over time, as well as the fluctuating of the barriers it encounters. In particular, the study draws attention to the importance of employees' perceptions of autonomy and self-efficacy in relation to health behavior at work.

To deepen and validate these insights, future research should aim to complement the qualitative findings with quantitative approaches. A promising direction lies in the empirical testing of the proposed pathway model, which would allow for the examination of the strength and direction of the relationships between individual intention, motivation, contextual factors, action, outcomes, and health-related impacts. Such quantitative validation could significantly contribute to establishing the framework's generalizability. Recognizing the dynamic nature of health-related proactivity also invites methodological approaches that can capture daily fluctuations and situational influences. Daily diary studies offer valuable potential in this regard, as they enable the observation of short-term changes in behavior, intentions, and perceived barriers. This would provide a richer understanding of how health-related proactivity at work unfolds in everyday work life and under varying contextual demands, reinforcing its conceptualization as a process rather than a static trait. Moreover, expanding the scope of research to include a wider range of occupational groups is essential. Comparative studies across professions, and particularly the inclusion of blue-collar workers, could reveal important differences in the manifestation and determinants of health-related proactive behavior at work. Since existing research tends to focus on white-collar contexts,

examining health-related proactivity in physically demanding or structurally different job environments would address the construct's broader applicability. Furthermore, the differences between working in the office and working from home could be examined. The organizational context remains a crucial factor in shaping health-related behavior at work. Further investigations into workplace conditions such as leadership styles, job satisfaction, and personality characteristics could clarify how these elements interact with individual agency in terms of health in the workplace. In addition, it should be examined to what extent the drivers are influenced by external factors, meaning how private life influences health-related proactive behavior at work and how the underlying causes could be addressed, rather than changing work processes. The role of a proactive personality and potential overlaps of health-related proactivity at work with other dimensions of proactivity warrants particular attention in further research. In terms of the impact, future studies should examine the long-term effects of health-related proactivity on well-being and health status as well as considering the general effects on health, given that there could be a path of strengthening and a path of reduction. Finally, the development of an accurate measuring instrument would benefit these research approaches, especially a scale capable of capturing variation over time and inclusion of day-specific behavior. Such a tool could not only improve construct validity but also allow researchers to explore how situational and temporal factors influence the enactment of health-promoting behavior at work. These directions offer a comprehension for advancing the understanding of health-related proactivity in organizational settings and for building interventions that are evidence-based to the realities of modern working life.

Limitations

Limitations should be considered when interpreting the findings of this study. First, the sample is limited to office employees, which restricts the generalizability of the results to other occupational groups such as blue-collar workers. Additionally, some participants were known to the author, which may have introduced potential researcher bias. Although efforts were made to minimize this effect by ensuring confidentiality and promoting an open, non-judgmental environment during the interviews, it is possible that the established relationship between the interviewer and participants influenced the responses. Despite the researchers' attempts to minimize the bias of socially desirable responses by framing questions in a neutral manner and emphasizing the importance of honest, authentic answers, participants may still have been inclined to provide responses that they perceived as socially acceptable or expected.

Practical Implications

The findings of this study suggest several practical implications for enhancing health-related proactivity at work. Employees should be empowered to act for their health at work. Therefore, organizations could play a crucial role by encouraging and supporting employees to engage in health-promoting behavior. By fostering an environment that prioritizes well-being, organizations can motivate employees to be proactive about managing their health, which, in turn, could also improve overall job satisfaction and performance. However, for effective health-related proactivity at work, organizations must also create the necessary structural conditions that make such behavior possible. For instance, providing options like standing desks, break times for physical activity, or access to wellness facilities can enable employees to make health a part of their daily routine. Additionally, reducing job stressors and supporting mental health are crucial in creating an environment where employees feel both motivated and able to engage in health-promoting behavior. Another aspect in promoting health-related proactivity is fostering a culture of initiative within the organization. When companies create an environment that values responsibility for health and well-being, employees are more likely to adopt proactive health behavior. This can be achieved by recognizing and rewarding employees who prioritize their health, leading by example, and ensuring that leadership supports and communicates the importance of health. Ultimately, a strong organizational culture that encourages employees to take charge of their health can make health-related proactivity at work a natural part of the workday, benefiting both the individuals and the organization.

Conclusion

Overall, health-related proactivity at work is a multifaceted construct that reflects both personal goals and contextual drivers, such as environmental affordances. Health-related proactive behavior in the workplace reflects individual agency and assumption of responsibility, is sustained by self-determination, unfolds as a dynamic self-regulatory process, and involves salutogenic thinking. By integrating the construct into the broader framework of proactivity in the workplace and in the proactive goal-driven process with the motivational states, this study offers a more dynamic understanding of health-related proactivity as intentional, goal-oriented, and shaped through adaptation over time as well as a courageous and conscious act. Health-related proactivity is motivated by competence and autonomy, develops and changes across time as a process of adaptation, and targets well-being in its physical, psychological, and social dimensions. Crucially, these efforts depend on organizational willingness to empower employees, both through formal programs and

offerings as well as a supporting work culture. Organizational and individual efforts must converge to enable sustainable, effective employee engagement in health-related proactivity.

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Appendix

Appendix A. Sociodemographic Questionnaire

Dear participant,

to better comprehend and classify your interview statements, I ask you to provide for me some information about yourself and your current work situation.

All information will be treated confidentially and used exclusively for research purposes.

Your age in years: __

Your gender: male, female, diverse

Your current profession: __

How long have you been working at your current job: __

Your weekly working time in hours: __

Do you have a leadership position: yes/no

Are you self-employed: yes/no

How big is your team: __

How big is your organization: __

Do you work (partly) from home: no/yes → **How many days per week?** On __ out of __ days; no

Appendix B. Interview Guide

[Greeting]

[Explanation about the setting: recording, notes during the interviews, transcription; *all opinions and experiences are valuable and important; no right or wrong answers, just personal perspectives and opinions; no judgement, just asking out of interest*]

[Informed Consent]

Provide info: focus on working in the office

SECTION I

1. What does a usual day in the office look like for you? Could you describe it in detail from the moment you arrive at the office until you go home?
   What are your tasks, what happens throughout the day, where do you spend your time, how and with whom, …?
   - Are your office days always the same? How do the days differ?
   - Which rooms/places do you use?
   - How flexible are you in organizing your workday?

1.1 During this workday, what bothers you from a health perspective, for example, at your workplace, with your task, or anything else?
   - Physical strains?
   - Mental strains?

→ How do you cope?

1.2 And what is good for you? / What helps you?

1.3 Additional questions:
   - How do you feel with the working conditions in the office?
   - Does nutrition play a role for you during work or not?
   - What about acute stress situations? How do you deal with stress?
   - How do you feel with screen work?
   - How do you feel about sitting for long periods?

SECTION II

2. What would you say, what role does it play for you to take care of health at work?

SECTION III

3. I would like to talk in more detail about whether and what you do for your health at work on your own initiative.
   [If mentioned: refer to previous behaviors]
   What role does such health behavior play in your workday, whether for physical or mental health?
   Could you think of (additional) examples?
   Or could you tell me about specific situations where you actively did something for your health at work?
   What have you done and why? How did you experience it?
   Or is it not relevant to you at all?
   Maybe you could tell me everything that comes to mind about this and take your time.

3.1 If the person indicates not engaging in health-related proactive behavior:

- What prevents you from doing so?
- What would you need to do so?

3.2 If health-related proactive behavior is reported:

- Could you give more examples?
  - Mental health?
  - Physical health?
- How regularly do you do this?
  - Could you think of examples that only happened once?
- What impact does this have on your workday?
- How can it be integrated into your workday?

Follow-up Questions

a: Aims, Intentions, Expectations, Motivation

- *Regarding specific behavior*:
  - What led you start doing this? Could you explain your thoughts to me?
    - How long have you been doing this?
    - How has it worked out for you?
- What goals do you pursue when it comes to health at work?

- What encourages you to take care of your health at work?
- If you continue doing this, could you describe what you think your health will look like in long term?
- Do you sometimes talk about health in your team? If so, what does those talks look like?
- Do you sometimes notice your colleagues doing something for health at work?
    - How do you think your behavior differs from that of your colleagues?
- How does your work environment react to your behavior?

b: Experiences

- How was it for you when you …? → *Referring to mentioned examples*
- What experiences have you done?
    - Positive experiences?
    - Negative experiences?
- What impacts and effects do you notice?
    - On your personal well-being?
    - On your work life?
- Are there any particular difficulties?
    - Which?
    - How do you deal with them?
- How do you experience doing something for your health in addition to your everyday work tasks?

c: Previous Experiences

- If you think back a few years, was there something you did for your health at work back then?
    - If yes, what was it?
        - How does that behavior differ from today?
        - Why don't you do that anymore?
    - If no, why do you think it was not relevant for you back then?
    - Do you think you had the same understanding of health at work back then, or has it changed?

d: Health

- What impact would you say work has on your general health?

If indicated in the sociodemographic questionnaire:

e: Working from home

- What are your working conditions while working from home?
- How does your health-related behavior differ while working from home from that in the office?

[Conclusion]

Appendix C. All Codes, Memos, and Frequencies

Table C1

List of Codes

Codes	Memo	Frequency
RQ1: Construct	**To what extent do office employees engage in health-related proactive behavior at work?**	**0**
health-related proactivity as a process: finding own strategies/a routine	finding strategies and establishing a routine as a reminder to implement behavior, satisfaction with own strategies, process of maturation gaining experience and knowledge over time, continuously improving and adjusting one's approach based on experience, recognizing areas for growth and actively working to address them	15
health-related proactivity needs practice	i.e., learning by doing; difficult at the beginning	7
health-related proactivity is conscious	strategies/behavior is implemented on purpose; thinking about strategies	10
considering specific plans for proactive health-related behavior	need to consider specific steps to integrate healthier habits into working life; time, planning, coordination; could take time	5
health-related proactive behavior becomes routine: regular behavior instead of one-time behavior	daily behavior, rituals, regularity, strategy/behavior got into a habit	15
development and implementation of certain strategies takes time	development over time; with time one becomes more confident; fight for conditions to improve	5
pursuing a health promotion strategy over several months/long term	e.g., strategies used in other workplaces are continued	3
infrequent utilization when health-related problems are noticed	taking care of health occasionally if health problems/issues occur	1
maintaining proven behavior that is beneficial	if satisfied with strategy, it is maintained	7
trying out new strategies	testing whether new strategies are helpful	2
Adapting Strategies		0
adapting strategies to apply them more frequently/better	continuously improving procedures	2
adapting behavior to respective resources/variations per day	acknowledging that even with similar daily tasks, resources can vary (e.g., energy levels, emotions)	1
adapting strategies because of the workplace/workplace issues	e.g., preferring to walk instead of running to avoid sweating before returning to the office	1
adapting strategies to current needs	individual, personalized needs; changing circumstances in own health or in working conditions	4

advocating for one's own health and that of the colleagues	paying attention to the health of colleagues and own health and well-being; even if looking after own health, it is important to consider the system (the team) and not overload it with own issues, for example	3
In-Role Behavior/Extra-Role Behavior		0
even in a leadership position taking care of health (of colleagues) beyond the job role	extra-role behavior	2
proactive behavior parallel to work activities (not included in job description/role)	taking care of health embedded while working; extra-role behavior	1
in leadership positions or depending on the specific field of work, taking care of the health of colleagues is part of the job	in-role behavior	16
Behavior		**0**
Individual	***Individual health-related proactivity at work refers to health-related proactive behavior at work that can be carried out independently by an individual. This entails activities focused on personal well-being, including acquiring knowledge related to health and implementing strategies aimed at promoting one's own physical and mental health at work.***	***0***
gaining new knowledge about health strategies	online information seeking, research on the intranet	2
Self-Awareness		0
saying no and setting boundaries	focusing on personal needs and priorities, trying not to take things personally, being strong, trying not to please everyone, standing up for oneself, trying not to stress oneself, recognizing and communicating own limits	32
allowing oneself to be ill and to stay away from work	getting well, not feeling guilty	2
keeping work and private life separately	having a separate area when working from home, consciously avoiding bringing work tasks home, actively communicating preferences to maintain work-life separation, trying not to take work home mentally (e.g., on vacation), not answering the phone outside working hours	8
calming down	(conscious) breath techniques, slowing down, reducing stress	11
mentally or physically removing oneself from the situation	finding a balance, creating space, stepping back, switching off mentally, reducing stress	8
observing oneself/considering own needs (introspection)	reflecting/self-reflection, feeling oneself, pause, listening to the body, considering how one feels and what one can be done	7
taking time for oneself	lying down/using a yoga mat, taking a nap on the couch, wanting to be left alone during breaks, mindfulness, being in the moment	10
Office Adjustments/Creating a Comfortable Working Environment		0
furnishing the office for well-being	decorating, hanging pictures on the wall, cozy break corner, candles, plants, looking around for chairs that are suitable and comfortable within and outside of the team/office	12

ventilating the office	keeping windows open while working, oxygen exchange	4
wearing comfortable clothes	dressing more casually at home compared to the office; i.e., avoiding high heels or formal shoes, wearing sweatpants and cozy socks	3
playing music in the background	choosing relaxing or enjoyable music while working, self-care/stress relief, positive work atmosphere	3
Coping Strategies		0
sarcasm	joking	2
journaling	transferring thoughts to paper, getting rid of thoughts, letting go, release, writing a diary	4
avoiding people who cause problems	staying away from people/colleagues	1
Ensuring Movement		0
doing sports and stretching	strengthen muscles; e.g., swimming, jogging, yoga, stretching; implemented a program tailored to own issues	8
indoor movement through walking	taking the stairs instead of the elevator, avoiding sitting for too long/variety, taking tasks to other locations, using equipment at other locations to move around, walking around in the building	20
walking in nature (outdoor movement)	spending time in nature, fresh air, taking a walk	11
Nutrition		0
paying attention to eating and hydration	eating and drinking enough, eating regularly, cooking while lunch break, getting water, taking own food to the office; actively making sure to eat something, even if not hungry	16
ensuring a healthy diet	eating a lot of vegetables and fruits, nuts as snacks, selecting salads, choosing healthier options, avoiding heavy or highly processed dishes, avoiding sugary drinks and food, choose a healthier option when eating in the canteen	17
placing water bottles somewhere visible	to ensure to drink enough water, bottles with an indication of how much is still left to drink	3
planning meals according to one's physical appetite	meal timing flexibility, intuitive approach, eating when feeling hungry, eating smaller portions throughout the day rather than a large one during the lunch break	6
Professional Health Care		0
taking doctor appointments/visiting a therapist	appointments embedded in working hours	7
taking time out (rehabilitation)	requesting rehabilitation, receiving approval; professional time-out	1
Tools and Equipment		0
using height-adjustable tables and standing while working	switching between sitting and standing throughout the workday, working in a standing position, switching the working position	14
purchasing and using ergonomic tools	e.g., office chair, computer mouse	3
using gadgets for personal well-being, massage, strengthening muscles	e.g., balance board, exercise ball, essential oils/aromatherapy, massage roller, grain cushion, using a seat cushion	13

setting blue filter mode for screens/purchasing and using blue filter glasses	relieving eye strain, for working at the computer/in front of the screen	5
Working in a Preferred Approach and Structure		0
working in a structured way: working in sequences	prioritization and sequencing (i.e., addressing most important tasks), writing to do lists, creating and adhering to a schedule, time management, do not panic, planning in advance, daily planning	19
inserting breaks	breaks that provide a change of scenery and physical activity or taking time for oneself, stepping away, recharging, resetting, adhering to the lunch break, actively planning breaks into the working day	11
talking loudly to oneself		1
working from home instead of the office	organizing to work from home instead of the office; flexible options while working from home (also regarding health behavior), so preference for working there instead of in the office	6
working outside	getting fresh air, meetings in different settings; e.g., using the roof top terrace	1
taking action against noise	organize and using a noise-canceling headset, asking colleagues to be more quiet	2
paying attention to posture (while sitting)	actively adjusting posture, upright positioning	3
paying attention to working hours	doing little or no overtime, adhering to working hours and then going home, finishing work on time	8
shifting working hours for well-being	adjusting work schedule to personal preferences; instead, doing other activities that are good for oneself, organizing working hours freely	5
adapting working hours to own chronotype	adapting beginning of work to own chronotype; e.g., starting later and working longer	1
Social	***Social health-related proactivity at work is conceptualized as health-related proactive behavior that is specifically enacted through social interactions at work (e.g., by speaking with a colleague or a supervisor). It encompasses activities aimed at enhancing the overall well-being of the organization, such as implementing strategies that promote the health and welfare of colleagues and encouraging them to address health-related issues in the workplace.***	***0***
encouraging organizational change by voicing it to those responsible/higher positions	taking the initiative to identify and address organizational problems, demonstrating the need for change through personal actions, drawing attention to shortcomings in the organization, asking whether there have been attempts to change, asking higher positions for advice i.e., pressing health-related problems, trying to change organizational guidelines (e.g., enforcing that office gadgets (hardware) can be taken home for working)	11
inclusion of others in social situations	involving colleagues, making sure that no one is left behind	1
giving colleagues tips and raising awareness	taking initiative to assist, encouraging others, recommendations, listening and making suggestions	8

making others aware of healthier behavioral alternatives	noticing colleagues' potentially unhealthy habits e.g., by asking questions	5
making others aware of conditions in the organization that may have a negative impact on health	warnings about potential risks in the workplace to avoid or minimize exposure	1
making others aware of the organization's health offers	sharing information about organizational health offerings	3
making specific suggestions to others when they tell about their own health problems	showing empathy, offering specific solutions	3
Coordinating Workload within the Team		0
keeping an overview of the team's structure and tasks	action help the team to avoid stress, anticipating potential issues and addressing them before becoming problems	2
taking over tasks from colleagues or delegating tasks	providing support, voluntarily taking on tasks, acknowledging personal limitations, deciding with colleagues how to distribute tasks based on individual strengths and capacities	7
Getting Social Support		0
building and strengthening connections to others	social contacts, interpersonal connections, engaging with others, recognizing the significance of emotional closeness and proximity, spending time together with the team	7
showing mutual consideration among colleagues	paying attention to health and well-being of colleagues, showing mutual consideration, being mindful of the resources of others, a give and take	4
exchange with colleagues on topics of concern/health-related issues and socializing	mutual support, conversations with colleagues, social integration, team awareness, reaching out to colleagues when facing challenging working situations, collaborative problem-solving, finding solutions	21
informal chats and casual exchanges	engaging in casual conversations and small talk with colleagues, discussing non-work-related topics during coffee breaks or while passing by, exchanging updates on personal life and interests	8
talking about interpersonal conflicts with colleagues	getting problems off the chest	3
involving friends for emotional support	reaching out to friends when having many thoughts/ruminating; e.g., texting about problems	2
Social Well-Being: Strengthening Team Spirit		0
organizing joint team evenings beyond working hours	organizing events during working hours and meeting up outside of work	2
eating together	taking time during the lunch break to eat together with colleagues	2
Utilizing Organizational Resources		0
asking colleagues about organization's services that would be beneficial for oneself	approaching colleagues, exchanging ideas	4
asking for and attending appointments in office healthcare	visiting office healthcare and occupational psychologist	4

attending health-related courses and utilizing other offers of the organization	voluntary participation in seminars, lectures, and training courses offered by the organization; e.g., eating in the organization's organic bistro, using the offer of massages, health checks	9
requesting helpful gadgets	e.g., elevation for the feet, glasses for working in front of screens	3
doing sport activities in groups with colleagues	informal fitness groups, exercising together, integrating physical activity into the working day e.g., taking a walk, jogging	5
RQ2: Intentions, Expectations, Motivation, Goals	**What drives office employees to engage in health-related proactive behavior at work?**	**0**
Intentions/Reasons		***0***
assume responsibility independently	becoming aware of how much depends on oneself, finding your solutions to problems, actively promoting health and well-being, taking responsibility becomes routine	6
rising awareness as trigger	recognizing connections, awareness leads to more health-related proactivity at work	3
mindfulness	enjoyment, being aware, conscious	1
self-determination	acting actively and independently, autonomy	2
health and well-being as a priority	putting health first, importance and relevance of health/well-being, taking care of oneself	3
health/issues force change in behavior	working as before is no longer possible, listening and paying attention to the body	1
health-related proactive behavior in a relation to a specific health problem	physical trigger that required change/health-related proactivity, diagnosis; preventive or intervening	24
acting against pain	against body pain; e.g., back pain, neck pain	8
starting proactive behavior when health problems arise	physical and mental health, beginning of implementation of health behavior/starting point	7
perception of potential health problems	preventive approach	3
prevention of health issues	combining work with health prophylaxis, acting forward-looking, future-oriented	7
it is necessary for the body	specific strategies because of need of the body	1
breaking out/driving change/acting against pressure	feeling pushed into a corner, wanting to break out, wanting to move forward, staying active in terms of taking action	1
modification	change for the better	3
job is not life-fulfilling, but serves as a means to an end (e.g., money)/instead focusing on private life	realizing that work is not all in life, clear separation from private life	7
handling stress and uncertainty	consciously reducing stress level, avoiding burnout	24
getting distance or variety	a change in everyday working life	3

physical limits reached due to stress	body reacts to stress, body makes it clear when it gets too much, getting sick	4
relaxation	against muscle tension	3
sorting thoughts/against rumination	to reduce strain and load, relieve	4
strengthen muscles	being fit and strong	2
Performance	not forgetting anything, promoting focus, increasing attention, achieving the best work performance under time pressure, supporting efficiency; being healthy to perform work efficiently, fast, and productively	10
being satisfied with own working	being happy with own work performance	1
completing tasks	making the most of time, working through topics and tasks	2
keeping an overview of tasks	completing tasks on time, being able to complete all tasks	2
provides safety while working	ensuring that tasks are completed, prioritization possible without worrying that one task is more important than another	1
Overcoming Organizational Barriers		0
compensation for harmful working circumstances	taking action against limited possibilities for health maintaining/promotion of the organization; working conditions of specific organization as well as white-collar work in general force health behavior; actively finding solutions to perceived difficulties within the organization, compensation for working conditions is necessary; not feeling heard from upper positions; e.g., stress, screen time, sitting for a long time	18
organizational health initiatives are not sufficient	not enough opportunities are provided, what is offered does not help to improve health problems	2
Social Drivers		0
behavior is encouraged by colleagues	colleagues/supervisor as role models, gadgets received as a gift from colleagues, colleagues give tips and recommendations/exchange with colleagues, empowering colleagues to do something for their health, trying out strategies after colleagues have talked about them, motivating others	12
people outside the workplace have encouraged behavior	private social environment influences behavior at work	1
setting a good example	others can adopt health behavior	3
supporting colleagues	teamwork, strengthening team spirit, knowing colleagues well	1
would also wants to be addressed and have others draw their attention to harmful things	would be happy and grateful	1
Creating a Healthy and Productive Work Setting		0
counterbalance to (sedentary) work	staying fit, against all the sitting, avoiding back problems or feeling tired, working in a standing position/switching working positions	9
having a positive atmosphere in the team	positive climate within the team/between colleagues	1
dealing with interpersonal conflicts	getting rid mentally of conflicts between colleagues or with the supervisor	1
need for change against being tired	creating resources	6

reducing distraction through noise	increasing focus while working	1
working comfortably	office should be a place to feel comfortable, getting in a good mood	4
proactive behavior based on past experience	becoming aware of dangers and problems through experience, experiencing those strategies worked and then implementing those strategies and health behavior more often	2
awareness through experienced illness	before, couldn't imagine what illness or pain really meant	1
awareness through personality and family background	experienced as normal; generally health-conscious, not only at work; awareness through family members	3
drawing attention to the behavior of others out of your personal feelings	feeling insecure or having respect for certain circumstances and therefore telling others to watch out	1
health behavior becomes more relevant with age	as more health problems occur, more experience; health awareness is changing; little consideration until problems occur, health problems tend to come with age	16
through circumstances outside of employment also promoting health at work	changed health behavior due to covid pandemic or specific events (e.g., heart surgery)	2
Reasons for No Health-Related Proactivity		***0***
doing the job is more important than looking after health	focused on work; minimizing the importance of personal well-being e.g., getting higher positions: prioritizing quick career progression over health, ambitious drive to attain higher positions quickly; conscious decision, strong desire for higher status and better financial gains e.g., pressure to perform: stress from having to meet demanding goals and targets	7
convenience as a reason not to behave proactively regarding health	having no desire, being lazy	10
do not want to cause a stir/negative reactions at the beginning of a new job	better after familiarization	1
health not a priority (while working)	not taking health seriously enough; putting other things higher up in the working day, not having time	6
intentions but behavior does not last	overcoming inner laziness is difficult; finding a routine is crucial; falling into old patterns and doing nothing for health when feeling well again	5
no specific strategies	not having specific strategies for dealing with specific health problems	1
rather doing sports (as a balance) after work	as a counterbalance to work, bringing movement into everyday life this way and not while working, using the way to and from work for exercise and sport (e.g., by bike)	15
request for support from employer	support desired from the employer, demanding that organizations promote health of employees instead of taking action themselves	2
taking care of health is only peripheral and unconscious	doing the behavior incidentally	2
time pressure	having too many to dos at work, incorporating health behavior in addition is partially unrealistic	7

white-collar work does not need healthy behavior while working	organizations offer many health services, blue-collar work is associated with physical strain	2
Expectations		***0***
expecting others to care about health		1
to be made aware of health behavior by others if something is not right		1
health problems are avoidable/preventable		2
health support through the workplace	on organizational level	2
getting help with health problems from higher organizational institutions	e.g., from office healthcare	1
higher/specific positions ensure the health of employees	higher positions should care about health of employees (e.g., supervisor)	4
not having to endure negative health conditions	finding solutions to problems	1
reactions from colleagues	responses from colleagues when noticing that someone is doing something for their health	1
positive outcomes of strategies		1
diligent, organized way of working		1
staying healthy in the future by maintaining behavior		2
work is done well if one is healthy		2
efficient work by avoiding health problems as there are no distractions		1
Motivation		***0***
working is a huge part of life	spending a lot of time at work; when overloaded at work and health is at its limit, it is difficult to compensate in everyday life, work has a major influence on health	4
health is an important issue in general, not just at work	also paying attention to a healthy lifestyle outside of work	13
health behavior at work is related to health in general	same health goals at home as at work, work as well as everyday life influence mood, when work is fun, it automatically makes to feel better	5
recognized the importance of doing something for health	taking care of health and getting active	8
doing something that is good for oneself	importance of own health/well-being	8
maintaining meaningfulness and pleasure, fulfillment	making a contribution, not losing the sense/meaning, fulfillment of meaning, well-being as a resilience factor	5
work should be a fun/positive place	work(ing) is enjoyable	10
understanding the connections to health	logically and pragmatically understanding the process, recognizing relations, interest in what is healthy and what is not	6
social integration	holding conversations, feeling involved/included, socializing, exchange	1
Goals		***0***

being fit to achieve success in life	finding a balance between private life and work, wanting to achieve something in life	2
getting work done efficiently	working concentrated, accomplishing tasks purposefully	3
promoting focus	being able to work in peace and tranquility, utilizing attention span purposefully	4
achieving the highest possible performance in time	managing one's energy, maximum performance capacity	1
to be (more) resilient	negative issues do not affect oneself, well-being as a resilience factor	3
having energy and staying active	avoiding health problems, staying healthy	3
maintaining health-related behavior and strategies	maintaining own framing conditions	1
maintaining and improving state of health	staying fit, flexible, and healthy; maintaining social well-being	11
addressing health problems	taking action against health problems, handling and finding new opportunities	5
long-term balanced health	future-focused, looking in advance	5
avoiding injuries and accidents		1
gaining experience	continuing education, gaining experience	1
work should be enriching	not getting influenced negatively	2
changing issues within the organization	modifying deficiencies	1
reducing stress and overwhelming	feeling more relaxed, no rumination, calming down, avoiding problems, getting rid of pressure	8
do not panic under stress	working sequentially	1
release muscle tension		1
finding compensation for potential harmful screen time		1
taking control of the body		1
having as much movement as possible/mobility		6
reducing and maintaining weight		6
RQ3: Experience and Feelings	**What are the experiences of office employees regarding health-related proactive behavior at work?**	**0**
Experiencing the Process		0
reflecting and observing the state of health	over time, while conducting health behavior	1
comprehensible process of health behavior	pragmatic, rational	3
is done with pleasure	changing conditions to the better is perceived as enjoyable	1
being proud	being proud of making changes, small steps, constant behavior	2
neutral and rational feelings while conducting health behavior	value-free	1
health behavior only when necessary	if unavoidable (due to emerging health problems)	2
sufficient resources are necessary	own resources and resources of the other	3
individual strategies are adapted to requirements	working requirements as well as limits of the own body that reacts	3
no active attention for oneself but the body or the people around would draw attention to it	paying attention to health when problems arise	1

	actively looking after health is more important when it comes to colleagues than for oneself	conscious attention to health more among colleagues	4
	own focus more on mental health	perceiving stress as something more positive	1
	well-being instead of physical correctness/health		5
	maladaptive coping strategies against stress		1
finding a balance between health behavior and work		finding ways to maintain a healthy lifestyle alongside work responsibilities, individual; performance and health are connected to each other; behavior aimed to increase performance, efficiency and health, well-being	3
	adapting health behavior to working conditions		1
	health-related proactivity as a necessity to be able to accomplish tasks		1
	embedding proactive behavior in working hours	taking control of work schedule to balance professional and personal responsibilities (for health and well-being), shifting working hours, organizing the working day by oneself	3
	completely changing work strategies to improve health		1
	certain strategies can be easily implemented in working life		1
	working longer because time is spent on health behavior		1
	rescheduling appointments to do something for health	sometimes difficult/not realizable	1
	setting work blockers to do something for health when no other people are involved in tasks		1
	challenging to take on fewer tasks to avoid stress		3
	difficult to take short breaks as colleagues come with work-related matters		1
	tasks influence health strategies	tasks hinder behavior or motivate to do something more contrasting (e.g., getting up and moving after sitting for a long time)	2
	using breaks for healthy behavior or for work		4
	unhealthy diet due to workload/stress at work		1
positive impacts on personal health: individual strategies are perceived as helpful for health			17
	enough variety between standing and sitting	through movement	2
	balancing/perceived reduced stress		6
	feeling fit and healthy		1
	behavior prevents pain		1
	calming down and gathering energy and motivation		6
	feeling fit despite age		2

physical effects in mobility		1
Positive Impacts on Working		0
improved efficiency of the working procedure	more focus	10
improved structure in daily work	against stress	3
no pressure; structured working		1
Role of Time, Planning, and Courage/Strengthening Consistency and Commitment		0
should become more consistent		4
keeping up the strategy did not work		1
actively remember oneself: sometimes forgets to apply behavior but makes an effort		4
not satisfied with own health behavior at work		2
strategies take time/one needs to plan time for strategies	time, planning, coordination	4
difficult to find a strategy	had to learn a strategy, looking for solutions	2
mental strategies against stress are a matter of practice and depending on the situation		1
takes effort	resources are necessary, fighting for it	3
own health behavior at work has changed over the years		3
implemented less proactive health behavior in the past		6
behavior can be implemented better over time	learning process	2
could take several months to find a hearing for behavior		1
takes courage	overcoming, it is important to be strong in what one wants, health over perfectionism	5
a basis of trust is needed for proactive behavior related to (mental) health that colleagues notice	seeing colleagues regularly, suffering severe pain, closeness to colleagues	4
health-related proactive behavior requires assertiveness	insisting on own rights	1
paying attention to health is important for the working community/team	healthy, motivated people are important for work	2
awareness for health strengthens team spirit	working as a team, personal level between colleagues, cohesion, supporting each other	6
effective communication between colleagues is important		5
Social Norms and Group Dynamics Restrict Health-Related Proactivity at Work		0
difficulties in pointing out others' behavior that could affect their health	uncomfortable pointing out others, feeling stupid, awkward feeling, does not find it easy to address others	6

		does not want to attract attention	1
		does not like to stand out, therefore less proactive health-related behavior	8
		does not want to be alone with its opinion and therefore does not implement behavior	2
		does not want to take on a teaching role towards colleagues, therefore less behavior	3
		other people may think that the person wants to impress or wants to demonstrate being in a better position	2
		finding a balance between pointing out behavior to others or not saying anything, even though an accident might happen	2
	difficult to assess the extent to which others want to be made aware of their own health weaknesses		1
	being watched by others limits proactive health behavior	feeling uncomfortable	6
	if colleagues are around, adapting to their behavior	not being proactive or less	9
	wants to be part of the group rather than implementing behavior		5
	if responsible for organizing, only using own offers if no one's space is taken away in doing so	organizational offers that employee organize	1
	at the beginning of the job rather adaptation to others	due to just starting the job, need of familiarization	2
depending on the reason for the behavior, other people are socially involved or the behavior is carried out alone			1
	confide in close colleagues when problems occur if problems cannot be solved alone		1
	exchanging with colleagues is more helpful than ruminating alone		1
being motivated/encouraged by others would promote behavior			2
Influences of the Workplace			0
	fixed workplace promotes healthy behavior	establishing routines, fixed processes	2
	duration of time spent weekly in the office influences behavior	poorer conditions are accepted because only a limited amount of time is spent in the office; more time pressure due to less working hours, therefore less health behavior	2
	due to just starting the job, restrictions in health and work behavior and strain		2
occupational position influences health-related proactive behavior		less behavior at lower positions (social norms, fewer options without attracting attention)	1
	as a supervisor, less strain than regular employees		1

personality influences health-related proactivity	habits, needs, character	12
Fostering (Health) Awareness		0
demanding health		1
clear ideas about what is healthy and what is not		2
conviction of being able to actively influence health		9
thinking about health behavior leads to awareness		8
through experience to awareness for health		13
if potential health behaviors were recognized, more would be done	health often perceived as a matter of course	1
knowing that more could be done to improve health		10
knowing that one could change conditions actively		4
having specific plans/strategies in mind that would be helpful	future-focused	2
Perceived Limits of Effort		0
as much behavior as possible within the workplace		1
would not know what else could be done for health at work		3
Organizational Structures		0
organization must provide a framework for action		5
extent/possibilities depend on the employer	each organization does it differently	1
opportunities offered by the employer promote healthy behavior	using organizational measures/offers is helpful for health-related proactive behavior	64
familiarizing with the rules of the organization to implement health behavior		1
general conditions of the organization restrict behavior		14
offers of the organization are not used because strategies do not appeal		2
organization restricts opportunities for health behavior due to missing measures		2
Lack of Willingness in Health Support		0
disappointed by the lack of willingness to do something for health in the organization	disappointed by reactions, lack of empathy	7
organization hands over task of acting for health to individual		2
would like to get more opportunities/different approach to health from the organization		2

no one feels responsible within organization		1
No Change within Organization		0
no change in conditions due to higher organizational institutions after addressing it		6
no expectation that shortcomings in the organization will change		2
Reactions at the Organizational Level to Health-Related Proactive Behavior		0
paying attention to health is not appreciated by the organization		4
actively approaching the organization but the organization does not refuse		1
not being taken seriously by the office healthcare		2
office health system has complained about behavior		1
rules of the organization are adjusted if too many employees want to implement health behavior		1
requested by higher positions to not pursue the issue any further		2
certain behavior is not desired		1
Impact of the Reactions on Own Behavior		0
more inefficient working behavior due to lack of health support		2
exploiting loopholes to implement health-related proactive behavior		1
incomprehension for other people's reactions to health inquiries		1
reaction of the organization evokes emotions		4
Role of Supervisor		0
support from higher positions		11
supervisor as a role model		1
supervisor advocates for strategies within the organization		1
emerging problems with supervisor	changed job as a consequence	4
no support from supervisor		5
negative feedback from the supervisor		1

	negative work assessment due to health behavior	5
supervisor deliberately not involved in process as no support received	concealing behavior from superiors	3
incomprehension for the reactions of the supervisor		5
different reactions from colleagues		1
colleagues are afraid or appreciate behavior that affects them		3
awareness and support from colleagues for healthy behavior		4
	understanding from colleagues	10
	colleagues react with interest	1
	others think it is a good idea	2
	gratitude from the colleagues	1
	important to find supportive colleagues	1
	getting (mental) support from supervisor	4
	own boundaries are respected	1
	admiring colleagues for specific healthy behavior	1
health behavior triggers negative feelings in others		1
	colleagues in higher positions are annoyed when changes are supposed to be made for health reasons	2
	colleagues do not appreciate behavior that affects them	1
	behavior is irritating for colleagues	2
reactions of others cannot be classified/are unclear		3
others don't care		1
	colleagues do not notice behavior	3
not being taken seriously by colleagues regarding health issues		1
comments from colleagues		6
	negative comments from colleagues have an impact on health	1
	too much when colleague only talks about doing sports	1
behavior of colleagues is noticed		2
observing that younger colleagues tend to use the height-adjustable table		1
executing more health-related proactive behavior than colleagues		2

incomprehension if certain strategies are not implemented by others		1
observing frequent carelessness in others		3
observing that only a few colleagues become active with regard to health		2
others/oneself cannot be forced to change		3
different health behavior when working from home than in the office		2
important to have the facilities to work from home		3
easier/better opportunities to do something for health while working from home	regular strategies while working from home; feeling better at home than in the office (experienced as strain)	28
barely does something for health at work, but at home		1
having to suffer in the office rather than doing something for health	having to function in the office	4
home is where you feel good		2
more stress in the office than working from home and less opportunities to compensate for it		5
fewer possibilities to set up an office at home than at work (leading to more health issues)		6
when working from home tempting to work more instead of paying attention to health		1
working from home more efficiently instead of in the office	rather the opportunity to withdraw from colleagues to work	3
work and private life merge into one another		20
taking issues home mentally	e.g., issues that cannot be clarified at work	11
difficulties to pay attention to own health due to other circumstances in life		2
work hinders the achievement of general health-related goals		1
being able to switch off outside work		2
work provides structure		2
work builds self-confidence		1
work provides a safe environment for well-being		1
dealing with difficulties in health behavior		2
fear of negative consequences restricts behavior		2

not finding a suitable strategy or solution for health problem	sometimes no solution can be found for health problems	3
working day is scheduled so that behavior cannot be implemented		6
different opinions between colleagues on what is healthy and what is not		1
physical and mental health are connected and have an impact		3
awareness of health at the organizational level has become more prominent over time		1
because of current pressure to perform, health at work used to be more important than it is today		2
stressful work situations are experienced as positive		6

Note. Codes with a frequency of 0 were categorized as topics to structure the codes due to the large amount of data. Following the evaluation and creation of themes, these topics were subsequently removed and disregarded.

Appendix D. Transcription

Table D1

Transcript Conventions

Interviewer	Beginning of each new utterance of the interviewer
Speaker 1, 2, X	Beginning of each new utterance of the respective interviewee
wo-	Interrupted by next utterance, word or sentence not completed
(word)	Unclear, not clearly understandable during transcription
CAPITALS	Spoken more loudly, emphasis on the word
(…)	Up to three seconds pause, dots indicate the number of seconds
[4 seconds pause]	Pauses starting at 4 seconds are written out
//	Interrupting and simultaneous talking
[incomprehensible]	Not understandable during transcription
[laughing]	Non-verbal information
[Name]	Sensitive data was made unrecognizable
[ ]	Added by author in reporting
[…]	Omitted by author in reporting

Note. Extended and slightly modified transcription rules based on Green and Thorogood (2018)

Appendix E. Division of the Themes into Subthemes and Codes

Table E1

Themes, Subthemes, and Codes from the Thematic Analysis

Themes	Subthemes	Codes
Theme 1: Responsibility, agency, and self-determination: Engaging in health-related proactivity at work is a courageous act of promoting and maintaining health and well-being	1.1 Taking responsibility through health-related proactivity at work by recognizing the importance of health	Assume responsibility independently Recognized the importance of doing something for health Work is a huge part of life Health and well-being as a priority Health is a huge issue in general, not just at work Health behavior is related to health in general Doing something that is good for oneself Being fit to achieve success in life
	1.2 Health-related proactivity at work requires courage and assertiveness	Takes courage A basis of trust is needed for proactive behavior related to (mental) health that colleagues notice Health-related proactive behavior requires assertiveness Confide in close colleagues when problems occur if problems cannot be solved alone
	1.3 Organizational structures shape employees' opportunities and intentions to engage in proactive health promotion at work	Organization must provide a framework for action Extent/possibilities depend on the employer Opportunities offered by the employer promote healthy behavior Familiarization with the rules of the organization to implement health behavior Changing issues within the organization

		Compensation for harmful working circumstances Organizational health initiatives are not sufficient Organization restricts opportunities for health behavior due to missing measures Offers of the organization are not used because strategies do not appeal Organization hands over task of acting for health to individual No one feels responsible within organization Exploiting loopholes to implement health-related proactive behavior Request for support from employer Health support through the workplace Getting help with health problems from higher organizational institutions Higher/specific positions ensure the health of employees Counterbalance to (sedentary) work Finding compensation for potential harmful screen time Could take several months to find a hearing for behavior Support from higher positions Supervisor as a role model Supervisor advocates for strategies within the organization
	1.4 Health-related proactivity at work is implemented differently when working from home and in the office due to varying levels of flexibility and autonomy	Different health behavior when working from home than in the office Important to have the facilities to work from home

		Easier/better opportunities to do something for health while working from home Barely does something for health at work, but at home Having to suffer in the office rather than doing something for health Home is where you feel good More stress in the office than working from home and less opportunities to compensate for it Fewer possibilities to set up an office at home than at work (leading to more health issues) When working from home tempting to work more instead of paying attention to health Duration of time spent weekly in the office influences behavior Self-determination
Theme 2: **Process of conscious effort:** Implementation and maintenance of health-related proactivity at work involves practice, time, and adaptation of behavior to work demands and personal resources	2.1 Employees consider specific plans regarding health-related proactive behavior at work, try out new strategies, and maintain beneficial behavior as part of routines	Health-related proactivity as a process: finding own strategies/a routine Health-related proactivity needs practice Takes effort Health-related proactivity is conscious Considering specific plans for proactive health-related behavior Health-related proactivity becomes routine: regular behavior instead of one-time behavior Having specific plans in mind that would be helpful Comprehensible process of health behavior

		Maintaining proven behavior that is beneficial Trying out new strategies Maintaining health-related behavior and strategies Strategies take time/one needs to plan time for strategies Difficult to find a strategy Behavior can be implemented better over time
	2.2 Employees adapt proactive health strategies to daily fluctuations in workload, energy levels, needs, and workplace issues	Sufficient resources are necessary Adapting strategies to apply them more frequently/better Adapting behavior to respective resources/variations per day Adapting strategies because of the workplace/workplace issues Adapting strategies to current needs Individual strategies are adapted to requirements Own health behavior has changed over the years Implemented less proactive behavior in the past
	2.3 Employees struggle with inconsistency and convenience in maintaining health-related proactive behavior	Intentions but behavior does not last Should become more consistent Keeping up the strategy did not work Actively remember oneself: sometimes forgets to apply behavior but makes an effort Not satisfied with own health behavior at work Convenience as a reason not to behave proactively regarding health

	2.4 Time pressure and prioritization of work lead to frequent interruptions in practicing health-related proactivity at work	Time pressure Development and implementation of certain strategies takes time Pursuing a health promotion strategy over several months/long term Doing the job is more important than looking after health Health not a priority (while working)
Theme 3: **Driving change, modification, and continuation through both intervening and preventive pathways:** Health-related proactivity at work is shaped by necessity or internalized values	3.1 Intervention: Health-related proactive behavior is initiated in response to pain, health problems, or noticeable strain	Health behavior only when necessary Infrequent utilization when health-related problems are noticed Health/issues force change in behavior Health-related proactive behavior in a relation to a specific health-problem Acting against pain Starting proactive behavior when health problems arise Perception of potential health problems Addressing health problems
	3.2 Prevention: Health-related proactive behavior is initiated to prevent health issues and maintain well-being and state of health	Prevention of health issues Health problems are avoidable/preventable Maintaining and improving state of health Long-term balanced health Avoiding injuries and accidents
	3.3 Health-related proactivity is driven by one's own personality and individual experiences, and gains increasing relevance with age	Personality influences health-related proactive behavior Awareness through personality and family background Drawing attention to the behavior of others out of personal feelings Health behavior becomes more relevant with age

		Through circumstances outside of the employment also promoting health at work Gaining experience Work and private life merge into one another Taking issues home mentally Difficulties to pay attention to own health due to circumstances in life Work hinders the achievement of general health-related goals Being able to switch off outside work Awareness through experienced illness
Theme 4: **Performance and health mutually influence one another:** Healthy employees are vital for work efficiency, while work demands impact health	4.1 Employees engage in health-related proactivity at work to support either work performance and Efficiency or health and well-being	Work is done well if one is healthy Health-related proactivity as a necessity to be able to accomplish tasks Performance Achieving the highest possible performance in time Handling stress and uncertainty Taking control of the body Having as much movement as possible/mobility Reducing and maintaining weight It is necessary for the body
	4.2 Employees balance health-related proactive behavior at work with task completion	Efficient work by avoiding health problems as there are no distractions Finding a balance between health behavior and work Working day is scheduled so that behavior cannot be implemented Adapting health behavior to working conditions

		Embedding proactive behavior in working hours Certain strategies can be easily implemented in working life Working longer because time is spent on health Rescheduling appointments to do something for health Setting work blockers to do something for health when no other people are involved in tasks Difficult to take short breaks as colleagues come with work-related matters Tasks influence health strategies Using breaks for health behavior or for work
	4.3 Health is essential for focus, productivity, and task completion, while workload and tasks affect employees' health and well-being	Getting work done efficiently Promoting focus Being satisfied with own working Completing tasks Keeping an overview of tasks Provides safety while working Completely changing work strategies to improve health Challenging to take on fewer tasks to avoid stress Unhealthy diet due to workload/stress at work Reducing stress and overwhelming Do not panic under stress Physical limits reached due to stress Relaxation Release muscle tension Sorting thoughts/against rumination

		Strengthen muscles To be (more) resilient Having energy and staying active Getting distance or variety
Theme 5: **Empowerment through reflection:** Connection between health-related proactivity at work, health awareness, conviction, and self-efficacy	5.1 Proactive employees are convinced that they can actively influence health and workplace conditions	Reflecting and observing the state of health Demanding health Conviction of being able to actively influence health Knowing that one could change conditions actively
	5.2 Perceived self-efficacy, awareness of possibilities and limitations, and self-reflection shape the extent of health-related proactivity at work	Rising awareness as a trigger As much behavior as possible within the workplace Would not know what else could be done for health at work Mindfulness Thinking about health leads to more awareness If potential health behaviors were recognized, more would be done
	5.3 Employees have clear ideas about what is healthy and what is not for them personally, but also prioritize well-being over physical health and utilize maladaptive coping strategies	Clear ideas about what is healthy and what is not Understanding the connections to health Well-being instead of physical correctness/health Maladaptive coping strategies against stress
Theme 6: **Between improved health and strain:** Navigating the interaction of social-organizational barriers and positive outcomes on health, work performance, and social well-being	6.1 Employees perceive physical and mental benefits from engaging in health-related proactivity at work including feeling fit, reduced stress, increased energy and motivation, and greater mobility	Positive impacts on personal health: individual strategies are perceived as helpful for health Enough variety between standing and sitting Balancing/perceived reduced stress Feeling fit and healthy Behavior prevents pain

		Calming down and gathering energy and motivation Feeling fit despite age Physical effects in mobility Being proud Is done with pleasure Staying healthy in the future by maintaining behavior Maintaining meaningfulness and pleasure, fulfillment Work should be a fun/positive place Work should be enriching
	6.2 Employees experience improved work structure, focus, and job satisfaction through health-related proactivity at work	Improved efficiency of the working procedure Improved structure in daily work No pressure; structured working Diligent, organized way of working
	6.3 Health-related proactivity at work impacts social well-being by fostering team spirit and mutual support, while also causing strain through negative reactions from colleagues	Heaving a positive atmosphere in the team Dealing with interpersonal conflicts Reactions from colleagues Social integration Paying attention to health is important for the working community/team Awareness for health strengthens team spirit Effective communication between colleagues is important Exchanging with colleagues is more helpful than ruminating alone Being motivated/encouraged by others would promote behavior Negative comments from colleagues have an impact on health Different reactions from colleagues

		Colleagues are afraid of appreciate behavior that affects them Awareness and support from colleagues for healthy behavior Understanding from colleagues Colleagues react with interest Others think it is a good idea Gratitude from the colleagues Important to find supportive colleagues Own boundaries are respected Admiring colleagues for healthy behavior Health behavior triggers negative feelings in others Colleagues in higher positions are annoyed when changes are supposed to be made for health reasons Colleagues do not appreciate behavior that affects them Behavior is irritating for colleagues Reactions of others cannot be classified/are unclear Others don't care Not being taken seriously by colleagues regarding health issues Comments from colleagues
	6.4 Strain arises from frustration triggered by resistance to health-related proactive behavior at work	General conditions of the organization restrict behavior Reaction of the organization evokes emotions More inefficient working behavior due to lack of health support Incomprehension for other people's reactions to health inquiries

	Disappointed by the lack of willingness to do something for health in the organization
	Would like to get more opportunities/different approaches to health from organization
	Paying attention to health is not appreciated by the organization
	Actively approaching the organization but the organization does not refuse
	Not being taken seriously by the office healthcare
	Office health system has complained about behavior
	Requested by higher positions to not pursue the issue any further
	Certain behavior is not desired
	No change in conditions due to higher organizational institutions after addressing it
	No expectation that shortcomings in the organization will change
	Rules of the organization are adjusted if too many employees want to implement health behavior
	No support from supervisor
	Negative feedback from the supervisor
	Negative work assessment due to health behavior
	Supervisor deliberately not involved in process as no support received
	Incomprehension for the reactions of the supervisor

	6.5 Social pressure, norms, and group dynamics inhibit health-related proactivity at work	Does not want to attract attention Does not like to stand out, therefore less proactive health-related behavior Does not want to be alone with its opinion and therefore does not implement behavior Does not want to take on teaching role towards colleagues, therefore less behavior Other people may think that the person wants to impress or wants to demonstrate being in a better position Fear of negative consequences restricts behavior Finding balance between pointing out behavior to others or not saying anything, even though an accident might happen Difficult to assess the extent to which others want to be made aware of their own health weaknesses Being watched by others limits proactive health behavior If colleagues are around, adapting to their behavior Wants to be part of the group rather than implementing behavior Occupational position influences health-related proactive behavior As a supervisor, less strain than regular employees At the beginning of the job rather adaption to others Do not want to cause a stir/negative reactions at the beginning of a new job

		Due to just starting the job, restrictions in health and work behavior and strain
		Difficulties in pointing out others' behavior that could affect their health