

health and future

A RESEARCH PROJECT ON LONG-TERM HEALTHY COMPANIES

SUB STUDY 2

Clear strategies and involved employees in healthy companies

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Authors' foreword

We would like to thank our contacts and interviewees at the 38 companies for their great interest and extremely friendly reception, for generously providing us with written material, taking the time for interviews and for showing us around their premises.

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Foreword

Health and Future is a research project on private companies with long-term healthy employees. Despite sick leave being a problem in Sweden these days, there are many workplaces with unusually healthy employees. The aim of this project is to study potential factors at an organisational level that may explain why employees at certain companies are in particularly good health.

There are many known individual risk factors regarding work-related illness. A lot less is known about the organisational conditions that may be related to the health of the employees.

The project consists of four sub studies. The first one is a register study, where data from different registers have been combined in order to establish whether companies with healthy employees differ from other companies. The second sub study is a qualitative study. Interviews were carried out with managers and employee representatives at a number of companies with low levels of long-term sickness absence and companies with a more 'average' level of sick leave.

In the third sub study, questionnaires were sent out to managing directors and human resource managers at a large number of companies. The questionnaires were based on results from sub study 2. The fourth sub study investigated whether rehabilitation routines contributed to companies having healthy employees.

Research for the Health and Future project was carried out by Stockholm County Council's Centre for Public Health, the Karolinska Institutet and Uppsala University. In order to find suitable companies for the study, we were given access to the records of insurance company AFA Insurance and occupational pension insurance company Alecta.

AFA Insurance and Alecta provide Swedish employees with insurance against illness, shortage of work, or work-related injuries, as stipulated by union collective agreements. Approximately 4.6 million people are covered by these registers.

The project received a total of 12.75 million SEK (Swedish krona) in financial support from AFA Insurance, Alecta, Carl Bennet AB, Axel Johnson AB and AB Volvo. A reference group, with representatives from Svenskt Näringsliv (Confederation of Swedish Enterprise), Företagarna (Federation of Private Enterprises), LO (The Swedish Trade Union Confederation), IF Metall (Swedish Industrial and Metal Workers Union), TCO (The Swedish Confederation for Professional Employees), Unionen (The Union), SACO (The Swedish Confederation of Professional Associations) and PTK (The Council for Negotiation and Co-operation) also support the project.

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Summary

The purpose of this sub study is to identify the characteristics of companies with low sick leave figures, also known as health factors. The results are based upon approximately 200 interviews at 38 companies. We present the aspects, strategies and methods that are common in companies with low long-term sick leave figures, compared to companies with average long-term sick leave figures. One or more of these aspects occurring separately does not seem sufficient for reducing sick leave figures. In companies with low levels of sick leave, work is to a higher degree integrated and a continual.

It is important to point out that the similarities between companies are greater than the differences, and that there are other important factors regarding long-term sick leave even if we could not find such differences in this study.

Leadership

- Clearer and more comprehensive leadership philosophy, where both social and profession-specific skills are emphasized.
- Better developed organisational support to the leaders.
- Higher degree of internal recruitment for managerial positions. “Knowing the company” is considered an important merit, as is sharing the management’s and owners’ values.

Skills supply

- More explicit long-term perspective in terms of recruitment.
- Comprehensible career paths.
- Greater efforts to help employees fit in at the department, and to accept and follow the company’s values and visions.
- Training is seen as both competence enhancement and personal development to a greater extent.

Communication

- The managers are more aware of what is going on within the organization. They emphasize direct contact to a greater extent, and acknowledge that informal routes of communication are significant for developing this knowledge.
- It is more acceptable for employees to criticize the management or to point out flaws within the organisation.
- The management delegates and clarifies its responsibilities to a greater extent, and has well developed strategies to enhance feedback.
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Involvement and influence

- The management expects their employees to be involved to a greater extent.
- Routines are more often implemented, in order to continually improve the operation through problem solving in the work groups.
- It is more common for values and visions to be firmly established in the company’s traditions.
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Health and sick leave

- Greater awareness of both long-term and short-term sick leave.
- Greater awareness of the relation between work and sick leave.
- A wider range of strategies and policies, and clear distribution of responsibilities, in measures on health and sick leave.

1. Background and purpose

The correlation between work and health at an individual level has been thoroughly studied, and a lot is known about the causes of various work-related health problems.

This research area has existed for several decades and has mainly been studied through questionnaires and surveys, which has provided knowledge at an individual level (although aggregated at group level). Individuals have either been observed, or they have answered questions regarding their work situation. An evaluation is then carried out to establish whether they are exposed to various working conditions. One of the first factors to be studied was the relationship between physical work environments and afflictions such as cardiovascular illnesses and lung cancer. In these studies, risk factors for various professional groups were identified.

Known examples of physically harmful work environment factors are asbestos, solvents, heavy lifting and static repetitive movements. Gradually, the research has focused more on psychosocial working conditions and poor health. The best known and most studied model is that of Karasek's & Theorell (1990), which discusses how demands, along with control, have an impact on both health and performance. High demands, i.e. psychological workloads, in combination with little opportunity for influence or control over the work situation, have been associated with health risks and cardiovascular illnesses, high blood pressure and psychological ill health, such as sleep disorder and depression.

Studies have shown that negative effects of imbalance between demand and control can be reduced through support from management and co-workers. The most important aspect seems to be a concrete instrumental support system, meaning that the individual receives the necessary support for carrying out their duties in an acceptable manner (Waldenström et al., 2008). Other psychosocial factors and their impact on health have also been studied – see the summaries by Järholm (1996) and Gustafsson & Lundberg (2004).

The influence of the organisation

Despite clear indications from studies at an individual level, it is only in recent years that the research into work and health has broadened the perspective and become interested in the organisational influence (Härenstam et al., 2006). Furthermore, there are also indications from adjacent research areas, such as human resource management (HRM), where there were ideas at an early stage on how to organise a healthy workplace (Mayo, 1933). This research tradition has mainly studied efficiency, although there have been exceptions (West et al., 2006). For these reasons, theories regarding the significance of the organisation in relation to working conditions and health are scarce (Szücs et al., 2003).

Inadequate knowledge about the organisation and how it affects the health of employees might result in disregarded health risks or limited possibilities for intervention (MacDonald et al., 2008). We have not been able to find any study at organisational level with a salutary, i.e. health-promoting, perspective. All in all, it means that this study is highly relevant to the field of work and health research.

In this study, sick leave is considered an indicator of ill health. This notion might be criticised, as other factors such as working conditions can affect sick leave (Johansson, 2007). However, ill health is the most important cause of sick leave. After having studied the connection between health and sick leave, Marmot et al. (1995) concluded that sick leave can be used as an indicator of ill health. In this study, the terms “healthy companies” and “companies with low levels of sick leave” are used interchangeably.

Qualitative studies

Compared to quantitative studies, qualitative studies generate knowledge of descriptive character and are well suited for studying complex relations. Studies are usually exploratory and may bring about new ideas and hypotheses. Qualitative methods are most common within the social sciences; sociology, ethnology, social anthropology and psychology, and usually consist of various forms of interviews or observations.

An important issue regarding interview studies is the possibility for generalization. However, given the vast amount that has been written on this complex issue, it is not feasible to discuss this further in this report (Denzin & Lincoln, 2005).

The purpose of this study is to identify and analyse organisational factors that promote health, or at least reduce sick leave, at private companies. We have studied how these factors are expressed at a strategic level – by managers and other key personnel – as it is at this level that decisions are made that affect the work situation of the employees. Since the subject is a fairly new area of research, the study is based on interviews.

2. Method

Selection

The basis for the selection in this qualitative sub study consisted of coordinated registers from AFA Insurance and Alecta, registering sick leave for periods of more than 90 days in 2004. The coordination was limited to private companies with more than 74 employees. Information regarding the number of employees and long-term sick leave for the period 2002–2004 was also taken into consideration.

Companies were excluded from the selection if the number of employees had changed drastically during this period. The companies were split into four sections (quartiles) based on the proportion of new cases of long-term sick leave during a one-year period. Companies with low levels of sick leave (quartile 1) were matched with companies with an average level of sick leave (quartiles 2 and 3) with regard to number of employees, industry and geographic location. In a couple of exceptional cases, we chose to match companies with clear differences in sick leave, despite the fact that both companies belonged to the same group.

During the selection process, we compared the selected companies' line of business with the distribution in the registers. 77 companies were contacted. 22 of these declined to participate and 17 companies did not respond, despite several reminders. The reason for nonparticipation was often lack of time. In some cases it was due to major cutbacks, foreign relocation or reorganization. Many of the participating companies liked the project's rationale of studying good health in companies as opposed to studying poor health.

The final selection for the interview study included a total of 38 companies; 20 with a low level of sick leave and 18 with an average level. 16 companies represented various areas of the manufacturing industry, two companies were in real estate, five of the companies were in the consultancy and temporary staffing business, six of them were wholesale and retail businesses, three in the transportation and communication business, two in health care and medical, two in construction and two companies were in the hotel and restaurant industry.

The number of employees at the 38 studied companies in 2004 varied between 100 and 2,900, with an average of approximately 550 employees (45% women and 55% men). In total, 204 people were interviewed: 76 women (37%) and 128 men (63%) of the following positions:

Managing director	23
Head of production	33
HR-manager	27
Finance director	6
First line manager	37
Safety officers and union representatives	36
Co-worker	33
Other (other positions or more than one person)	9
In total	204

The AFA Insurance and Alecta registers showed a relatively large difference between companies with low and average levels of sick leave. There were also significant differences between companies in different industries within both these groups, in terms sick leave. For example, companies in the manufacturing industry with a large number of union employees had a higher level of sick leave than companies in the consultancy industry, which mainly

The average long-term sick leave, in other words the proportion of new cases lasting 90 days or more in 2004, at the 38 companies was 1.2% in the 'healthy' companies and 4.3% in the 'average' companies.

Industry	Long-term sick leave 2004 (%)	
	Low level of sick leave	Average level of sick leave
Manufacturing	2.4	2.9
Manufacturing	2.1	3.0
Manufacturing	2.0	8.1
Manufacturing	1.2	2.5
Manufacturing	4.7	6.1
Manufacturing	0.5	5.9
Manufacturing	1.7	6.1
Manufacturing	1.4	2.5
Construction	1.5	3.5
Trade	1.0	4.2
Trade	2.3	5.9
Trade	0.3	4.5
Restaurants	0.4	5.6
Transportation	0.0	3.5
Transportation	1.3	*
Consultancy, hiring	0.0	1.7
Consultancy, hiring	0.6	1.5
Consultancy, hiring	1.3	*
Property management, custodial	0.0	6.0
Health care, social services	0.0	4.1
<i>Mean Value</i>	<i>1.2</i>	<i>4.3</i>

Table 1: Long-term sick leave, meaning the proportion of new cases that last 90 days or longer in 2004, at the 38 companies from the AFA Insurance and Alecta registers. In two of the cases we were not able to match companies due to *late cancellation. Interviews at the companies marked in bold were included in the in-depth analysis.

Data collection

The data collection was mainly carried out through interviews between autumn 2005 and summer 2006. The interview groups consisted of ten people, whereof five were researchers and five were employees or consultants from AFA Insurance and Alecta.

The research group included psychologists, behavioural scientists and sociologists with broad experience of research on the connection between work and health. The insurance consultants were experienced in corporate finance, organisational development and Human Resources (HR). These different skills were of great help to our discussions about which factors correlate with companies having employees with low levels of sick leave. Various applicable theories were examined, as were the results of previous empirical research at an individual level.

The participants in the interview groups were asked to describe their own expectations. A written account on how the characteristics of quantitative research compare to those of qualitative research was prepared. Furthermore, basic interview methodology was discussed and practice interviews were carried out.

Experiences and conclusions from the following research projects were used as a starting point for both content and methodology in this sub study: 'Modern working and living conditions for women and men' (MOA), 'Sickness absence and concurrent low back and neck-shoulder pain' (MUSIC-Norrtälje) and 'Mental health, work and relations' (PART), which were carried out at the Stockholm centre for public health and Karolinska institutet.

Four of the participants in the research group have been involved in one or more of these projects (Härenstam et al., 1999; Hällström et al., 2004; Waldenström et al., 2002). A fifth participant has experience of qualitative methods through evaluating development projects in various industries.

The interview group had weekly meetings where they initially discussed interview techniques and the methodological efforts of the project. Eventually, the meetings were used for debriefing and discussions, based on the companies visited that week.

One of our goals with the study was to gain knowledge of, and describe, the structures of companies that actually promote good working health, as opposed to just conveying the personal experiences and emotions that these structures generate. In the research projects mentioned above, we developed special interview techniques that capture a more descriptive perspective. The main feature of this method is that the interviewer asks the interviewee to be specific and to provide examples for the subject discussed. The interview group recognised several advantages with this method, especially since the majority of interviewees were in managerial positions. It could therefore be in their interest to base their answers on policy documentations, which wouldn't necessarily be an accurate representation of their situation. We then created an interview template based on these starting points. In the autumn of 2005, test interviews were carried out at a number of companies, studying how the interview template worked in practice. The group listened to excerpts of the test interviews and discussed possible improvements, in regard to content and interview method. As a result of these discussions, the interview template was revised. We received access to annual reports and policy documentation on work environment, recruitment and staff development before the interview visit. An economist summarised and commented on the information provided by each company. Several of the selected companies, both with low levels and with average levels of sick leave, were very profitable.

The selected companies received written information regarding the project's purpose, methods and desired interviewees; managers at different levels, personnel managers, employees and union representatives or safety officers. The companies were assured anonymity. The companies decided which individuals would participate in the interviews. The number of interviewees varied between three and nine per company. In most cases, five or six people took part. The interviewees were informed that their participation was voluntary, that they could leave the interview at any time and that the material would be treated confidentially.

The interviews were carried out on company premises. They were held by two people; in most cases by one person from the research group and one from Alecta or AFA Insurance, and in some cases by two researchers. One person led the interview while the other one had a more observatory role, in order to ensure that all subjects were covered. Each interview was recorded. On average, the interviews lasted for 1–1½ hour. The interviews were supplemented with walks around the company premises. That way, we could make observations and verify certain statements.

During the analysis work we arranged four seminars with participating companies, in order to receive feedback and discuss the work. All interviews were printed out and include 4,000–5,000 pages of text (20–25 pages per interview). The pure size of this qualitative study is probably unique. In this report, we mainly present results from interviews with people in leading positions.

Interview contents

The interview covered areas with established connections to health through previous research. However, the interview also included factors that the interview group considered important, based on their own experience. The interviews were carried out in a semi-structured form, based on the following predetermined areas:

- Organisation and management strategies
- Work environment and its requirements
- Health situation and use of corporate health care
- Psychosocial work environment
- Reasons and incentives for change

During the interview, we also asked an open question about which factors the interviewee personally believed to be important for good working health. A more detailed interview guide can be found in the appendix.

Analysis

Our main approach was to analyse the contents of the text. The analysis work was to some extent carried out alongside the data collection at the project group's weekly meetings, and started in the beginning of autumn 2006. The five members of the research group participated in the analysis work. The interviews were coded (categorized) with the NVivo V.7 software, using the interview template's subject areas as starting point.

The analysis work was carried out both separately and in groups, as well as in various joint discussions. Initially, all five members coded the same interviews in order to compare categorizations and discuss concept definitions. Once the group reached a satisfactory degree of consensus, the number of coded companies was increased. The analysis work can be described as a process of gradually structuring the material based on various aspects or issues that were discussed and defined. Specific areas would gradually stand out as significant for separating healthy companies from average ones.

The extensive material necessitated a rather extensive data reduction. We selected companies for further analysis based on line of business, long-term sick leave in the original selection, and the long-term sick leave's stability of a number of years (see table 1). We also chose to concentrate our analyses on two people in managerial positions at each company, in many cases MDs and HR Managers, and in some cases a Production Manager. In cases where these interviews didn't provide sufficient information, we would also read supplementary interviews with other people from the same company. We have also discussed and compared the interviews and experiences with those at other companies.

The final analysis was carried out within the following areas: attitudes related to the specific line of business, attitudes towards the employees, possibilities or restrictions to take action, communication and knowledge, and long-term strategies. These areas are interconnected with each other in many aspects. For example, companies emphasise the long-term strategy and the business as they would to the team building when recruiting managers. We believe that it is easier to understand the study if we present the results and the discussions under headings that are recognised organisational terms: leadership, skills supply, communication and knowledge, involvement and influence, and health and sick leave.

3. Results

In this results report, we have focused on the factors believe characterises companies with low levels of sick leave, as the purpose of the study was to identify health factors.

Our results show clear tendencies, factors and methods that are more common at companies with low levels of sick leave than at companies with average levels. In this summary of the results we have chosen to include a relatively large number of quotes, in order to illustrate how the companies work in practice. All quotes are anonymous, company names and people's identities are made anonymous and the wording has in some cases been changed to make the quote easier to understand. We have mainly chosen not to indicate from which specific industry the quote originates. However, in certain cases the type of industry is implied due to the nature of the described business. Even so, individual companies cannot be identified.

Leadership

There are many definitions of 'Leadership', but they generally relate to the process through which a person in an organisation influences others within that organization to reach set goals. Leadership is a relationship between leaders and the led, and can be a source of trust, respect and confidence in the leader if carried out correctly. (Bruzelius & Skärvad, 2000). We have studied how the top management administrators believe that formally appointed leaders and managers at different levels should conduct their work. Furthermore, we have studied what type of organisational support is available to the leaders.

Recruitment

Nearly all of the leaders at companies with low levels of sick leave have either been at the same company for a long period of time, had several responsibilities and positions or have extensive knowledge and experience of the industry. We have observed that internal recruitment for leader positions is the applied strategy in these companies. "Knowing the company" is considered an important merit, as is sharing the management's and owners' values.

"We have decided to recruit all of our managers, both group managers and higher level managers, from within the company. We consider this important for two reasons. Firstly, the background ensures that you already know the company values and visions. Secondly, it provides an opportunity for a career within the company. All of this has become very clear to us."

This approach towards internal recruitment of leaders at companies with low levels of sick leave also reflects their strategic work on leadership development.

"We have a training policy that states that you should be able to develop your skills within the company. We have trainee positions where we train future manager. Our policy says that you should be able to grow within the company and to build a career with us. If they are capable individuals who want to study, we tell them; 'Keep working for us during your studies. Then when you have your degree, we might have some working opportunities for you'."

The managing director of a manufacturing company with a low level of sick leave expressed it in more general terms:

"We often recruit leaders from within the company. It is the best method, as it signals that you have an opportunity to grow within a company." Many of the companies with average levels of sick leave had recently recruited managers externally. The reason for this was often to improve proficiency or introducing new philosophies.

"Did you intentionally hire people from outside the company?"

We did. Because of our staff situation (...) it's good to get some fresh ideas and influence from people new to the industry. (...) We had a lot of old-fashioned, conventional leaders, and I have therefore tried to introduce some outside-the-box thinking. Many of our current site managers are in their mid thirties – younger talents from universities."

Leadership role

Many of the companies with low levels of sick leave have a clearer and broader leadership philosophy, where both social and professional skills are emphasized. The focus is on leadership rather than on supervision, which traditionally is more about monitoring the work and making decisions for the employees.

The leaders make an effort to see to the 'soft' aspects of management; keeping the employees pleased, creating a positive group dynamic, recognising the individual, conveying values and visions and gathering ideas and propositions. One company with a low level of sick leave had clear stance on how the ideal leader should be:

"At our company we have established the so called leadership role, stating the qualities that we believe are important for leaders to possess. We have highlighted three qualities: motivation, initiative and leadership. As a result of this, we consider those aspects when we hire for management positions. Can they work independently, take initiative and do they have the ability to persuade?"

A company with an average level of sick leave has a different view on the leadership role, one that highlights supervision and micro management. The interviewee does have a great deal of knowledge about the work on 'the floor', but also expresses a lack of trust in the employees:

"... regarding that 'why are you just hanging around?' talk, that's Anna's responsibility. Then add me to the picture, a shadow hanging over the employees. I walk past... if no one tells them what to do they will just stand there. When I walk past, I often tell them 'If you haven't got anything to do, go to Anders and get an assignment. I'm sure there's something for you to do.' I'm down there a lot. I do "management by walking around". I know a lot about everything and I'm always involved. I rarely just sit in my office. And they know that they can't just hang around doing nothing. That's what coffee breaks are for."

Interpersonal skills

The concept of interpersonal skills regards a person's ability to interact with others. It is also about being sensible and about having respect and empathy for other people. In companies with low levels of sick leave, we have noticed a stronger emphasis on interpersonal skills among the leaders. Interpersonal skills, along with professional competence, are considered important parts of the leadership role.

"We mainly hire salespeople, as we believe in internal recruiting. You should be able to grow with your responsibilities, and ultimately become a manager. The sales profession should not just be viewed as a necessity on the path towards a career. We look for humility, warmth, humanity and respect for others. Arrogant people who elbow their way through wouldn't last five minutes here. Respect for the individual is extremely important. Managers should see their employees as individuals."

The leader is important for the teamwork and the working climate at the workplace:

"I talk to a lot of people. I'm basically in talks all day, and most of the people I talk to are my colleagues. The daily dialogue is significant, and if anyone needs me I'm always there. (...) I believe that the psychological work environment at the department is important. As Department Manager, I should always be available and involved in everyone's work. The guys should really feel that I am there for them – as well as for the company of course – to help them do the work they are paid to do... and of course, we can always develop further."

Leadership support

At healthy companies, it is more common to have well developed organisational support for the leaders, such as leadership development programmes that all leaders are encouraged to take part in. Furthermore, support from other leaders and staff functions in the daily work is also more developed:

"... I am rarely left to solve a problem by myself. I always try to have someone to bounce ideas off of, colleagues, subordinates or superiors. 'What if we do this?'"

"Is it lonely at the top?"

"It is to some extent. I don't perceive it as 'lonely', but it depends on the role you have. I believe that in the management group... I think that we have... we can talk openly, and I can approach my superiors... I try to be open, so that they can discuss any issue with me..."

There are active efforts in place to help and develop leaders. The aim is confident leaders:

"... when we examined sick leave, we found that it wasn't caused by physical illness to the same extent as it was related to working conditions such as stress or exhaustion symptoms. We initiated a dialogue with the management group where we discussed issues such as working hours. We have also worked a lot with leadership training, to make them confident in their role and their responsibilities, and to help them with delegating and prioritising."

At companies with low levels of sick leave, leaders are held accountable. However, they also receive help when needed. When the company notices that leaders are having difficulties with living up to expectations, they ensure that all leaders receive better conditions, as illustrated below:

"In my opinion, the leadership is the determining factor when it comes to these types of conflicts. They occur if a leader isn't strong enough, or doesn't see his or her own role clearly enough. This situations call for greater responsibility. Our entire production management at the factory is currently taking a training course in personal development, which includes group discussions as well as private consultations."

The following statement shows how a production manager at another company with a low level of sick leave perceives a similar course in personal development:

"The first part is self-perception and coming to terms with one's self. This is similar in many of the courses. I used to be very negative to them and even though it's only been a couple of years since we last had one, I was positively surprised with the one we attend now. You gain insights about the world, about people and about yourself. You learn how to tackle problems. I believe that it affects you to some extent, and hopefully it makes you a better manager."

We have found many examples of clear and present ownership among companies with low levels of sick leave, either in the form of involvement in the operative leadership or frequent contact with them. One possible explanation is that a clear and present owner can support the managing director (if he or she is not the owner):

"I'm a strong believer in clear ownership. It provides the managing director with a source for good or difficult questions. It can be pretty lonely as managing director, without a superior to bounce ideas off of. If you're left to play the piano all by yourself, you won't hear if it's out of tune."

This example shows how the owner is seen as an important and positive influence on the mood at the workplace:

"This is an old family run company, established in the 1940s. I believe that this fact alone plays an important part. The fact that you have a clear owner, a person within the company who cares about the staff and who doesn't just address them with bland clichés – I consider that to be very important for satisfaction with a workplace."

Skills supply

Skills supply regards the management's efforts to ensure that the staff have the necessary skills to complete tasks relevant to the line of business; both in the short-term, but more importantly in a more long-term perspective. The long-term planning and development consists of recruitment and competence development of employees and leaders.

Recruitment

Most companies promote themselves as attractive employers. Companies with low levels of sick leave tend to have a somewhat more active and long-term strategy than companies with average levels of sick leave. Different examples include visiting schools as early as in lower secondary school, to create interest in technology, or working actively in industry organizations. The aim is for the company to be an attractive employer with interesting job opportunities, which would make it easier to recruit the right people. The following statement had a clear long-term perspective on recruitment:

"We are recruiting for the future, so we have to think ahead. We always have a long-term perspective, meaning that we don't seek to survive next week or next month, but that we find a person who we consider to be skilled. If necessary, we allocate time for internal training and acclimatization. These are the types of aspects we list in our policy. We constantly keep track of how many people are retiring and who needs to be replaced, and we try to maintain continuity in the recruitment."

Of course, companies with low levels of sick leave consider factors such as professional competence, but they also consider the context of the position:

"We work hard to achieve a diverse work force, but we still have a lot of work to do. Since this is a very female-dominated business, we try to employ as many male workers as possible. We have always felt that a diverse group – gender, age and ethnic background – is better. Years of experience have shown that these groups usually achieve better results."

Companies with low levels of sick leave also emphasize the importance of employees accepting and maintaining the company's values and visions. By doing this, they are able to find employees suited for the working groups, and who really want to be at that particular workplace.

”Finding the right personalities is very important for us. We believe that anyone could learn to sell our products, but learning our values and visions... We have a strong company culture and we are fairly value-driven. Our key values are simplicity, customer consideration, reasoning and trust. We want to find people who agree with this model; who keep it simple, put the customer first, take responsibility and are trustworthy.”

Employee development

Companies with low levels of sick leave are characterised by the fact that they see value in personal development training, and do not exclusively base the training on their operation’s immediate needs. This benefits the operation through increased competence and employees being less likely to leave the company, which the following two quotes demonstrate:

We have a lot of individual training plans each year, and the employees at my department really appreciate that they can take any course they want. As long as it doesn’t interfere with their work assignments, they are free to take as many courses as they like.

We initiate staff development meetings and group dialogues, and we have development plans for each employee. The employee is responsible for deciding which courses to attend. The training ranges from leadership programs at the Stockholm School of Economics to local two-day courses. We are fortunate to have the resources to invest in our staff. But I wouldn’t let it get out of hand, the training has to be work-related. I know of some companies that took it too far, sending employees on training courses in Italy to learn ceramics – that’s complete nonsense in my opinion. Of course it has to be work-related. We offer language courses; German, French and English, but training must be of some relevance to the work.

When it comes to competence development at the workplace, companies with low levels of sick leave are more open-minded:

If somebody wants to learn something new, we always have a discussion about it. We say: ”let’s go ahead and take a day or two to try this out, and we’ll see how it goes.” We usually have them learning from other employees, so to speak. If someone knows how to operate a machine, he or she is assigned to sit nearby as the other person learns its operation. They are able to get assistance from mentors – or whatever you call it – at the department. You could say that we have a lot of internal training within our department.

In many of the companies with an average level of sick leave, the employees’ training opportunities are described in more limited terms, subordinated to the organisation’s direct needs:

We have a system in place that is based on the collective agreement with the Metalworkers’ Union, but it totally depends on what the company needs/.../ There are definitely a whole lot of guys down there who can do more advanced jobs than their every day assignments, but it also has to be based on our needs. We can’t have everyone working as a top-level mechanic and no one to perform service. We’ve tried to build our wage system based on that.

Competence development includes programs on working environment, safety and rehabilitation issues. We have found programs like these in companies with both low and average levels of sick leave.

Communication – awareness

In any organisation, whether it is linear in structure or more hierarchical, it is an important task for the top management to make sure that communication functions properly between all sectors. Part of our analysis involved studying how communication functions within the companies. Companies with low levels of sick leave are characterised by a greater knowledge and awareness about the organisation and its complicated procedures. There is an overall awareness that difficulties cannot be avoided, but that they can be solved with a combination of openness, time and persistence.

The openness seen in companies with low levels of sick leave shows how the managers are aware about everything within the organisation. They are thus better able to function in their leadership. Several of these managers emphasise the importance of both formal and informal channels of communication for developing this kind of knowledge.

Openness

Receptiveness towards deviant and differing opinions can result in a positive development for organisations. An overall positive attitude towards problem-solving is typical for companies with low levels of sick leave:

If a problem occurs, then it's everyone's problem – we will sit down and discuss it. We put sincerity ahead of formalities – we say "let us know what's on your mind, and we'll take care of it." We don't need to sit down in a meeting. We sometimes have those as well, but it's mainly about just trying to ... do something. And we do solve every problem. That's part of our job, actually. Handling these kinds of issues is a day-to-day task.

It's also important to have ongoing follow-up on how the solutions function:

Usually, we always do follow-up. Every week we go through our operations and measures. Someone might say that "something has come up", and we will then call for a meeting and discuss it. We want to figure out who's affected and what action we can take. It could be that a filter isn't working as it should. We would take a look at it and say: "let's do something about this."

In comparison, companies with an average level of sick leave often handle a similar problem by filing a report, rather than trying to solve the problem. Openness to discussions on potential problems is reflected in the top management at a company with a low level of sick leave. The following quote demonstrates how providing support to the management ensures that it does not get "lonely at the top":

I am rarely left to solve a problem by myself. I always try to have someone to bounce ideas off of, colleagues, subordinates or superiors. "What if we do this?"/.../ We can speak openly in the management group.

A similar openness can be seen in another company with a low level of sick leave. For instance, when it comes to problems such as conflicts or other social issues, the leader takes responsibility and initiates action:

It is important to be able to work together. We have to show respect for one another and figure out what to do when something isn't working.

What do you do when a problem occurs?

You consult your manager, or you can talk to me or the union. The important thing is that you communicate. Whenever I hear about problems like these, that something has happened, I seek outside help. That way we have a neutral party here to provide support. Exactly what you do in these situations depends on what the issue is.

Companies with an average level of sick leave are also more or less prepared to handle conflicts. At a manufacturing company where conflicts between individuals and groups arise relatively often, the responsibility resides primarily with the internal rehabilitation coordinator. This coordinator regards conflicts as being caused by poor communication among employees. Also, the company lacks documented strategies for how to proceed:

I have it in me. I never know what to expect when I sit there. If I had felt insecure, it would be obvious and they would all see it. I feel that since having completed my training in communication methods, I am fully confident in my work.

Open-mindedness

In companies with low levels of sick leave, the employees seem to be allowed to criticise managers or point out incongruities within the company. We were told of many instances of employees voicing their opinions and being heard. The following examples come from a managing director of a relatively large manufacturing company:

3 or 4 months ago, three girls came to my office and told me that their supervisor was completely useless. "It's time for you to do something about this." In my opinion, it's a healthy sign that they didn't hold back/.../ I listened to what they had to say, and then I gathered the whole group. Of course, you shouldn't bypass the supervisor. It's usually just a matter of minor issues, or that someone didn't listen enough to the staff before introducing a change. However, if you don't face the problem, it might turn into a huge issue.

It also appears that the management can express criticism about the owners. A production manager at another company with a low level of sick leave has the following to say about the company and one of the owners:

I share the company's view. I like their attitude, a very people-friendly attitude. Bertil and I work together a lot and I was initially rather hesitant to speak up about things that he liked but I didn't like. After all, he's one of the owners. However, I quickly realised that he was open to the opinions of others, that he didn't require some kind of prestige.

The manager at another company with a low level of sick leave attests to how disagreement can lead to constructive development:

I often say that the greatest advantage me and my old boss had, was that "we didn't agree with each other too damn much when we started, but we did at the end." It brings about new ideas. If you are forced to agree with each other, you won't be able to reach any new conclusions.

So conflict was allowed?

Yes, absolutely.

The following is a rather drastic example of what might happen when criticism is not tolerated, taken from a company with an average level of sick leave. We would like to emphasise that this approach is not representative of all companies with average levels of sick leave, but the quote shows that it does exist:

What would you do if an employee came and said; "I don't want to take part in this"?

Fine, I'll pull out the resignation papers right away.

He would basically have to leave the company?

Yeah, I'm pretty harsh in that respect. I picked it up in the industry I used to work in. If they don't want to be here... I get irritated when people come here and are defiant just for the hell of it. They don't really want to be here and it would be better if they just quit. Why should you have to work with someone you don't get along with? They might as well just put an end to it. And it's easier for the employee to end it than for me to end it. If I fire him, then there will be a whole lot more paperwork involved.

Channels of communication

In companies with low levels of sick leave, it seems that communication functions well; upwards, downwards, and laterally. The management emphasises the middle managers' responsibility to this end, and often work systematically to delegate and clarify this responsibility. This work is connected to the competence development of managers.

Well functioning communication channels does not necessarily mean that all information gets through, but rather that there are no substantial barriers in the organisation and its communication system. The following example comes from a company with a low level of sick leave, and shows how communication is conveyed and how managers get feedback on the results:

Nothing happens; the local manager simply gets a signal if they're off budget. And the manager is then supposed to discuss it with the staff. "What do we do now? What is the explanation for this and what actions can we take to change it?" We try to use the regional managers to pass along information. There is somewhat of a domino effect. They pass the information along to the managers about a week after they have been here, and then the discussion is continued. The local managers are then supposed to have a staff meeting about a week after that.

How do you follow up on this and make sure that the meetings take place? Are you well aware of the process?

Yes and no. Feedback and follow-up are always the most difficult aspects. We follow certain issues extremely closely as they are the kind of issue that we must make sure has been worked out. But we don't follow up on all issues; we just have to trust that the system works.

A production manager at a company with a low level of sick leave describes how the chain of communication functions in combination with an open attitude towards talking about issues that aren't working:

Things work pretty smooth and I think we are open to suggestions. We believe that it's absolutely OK to make suggestions, it's a good thing. We appreciate opinions and we have somehow been able to build part of our organisation on delegation. We also place a lot of responsibility on our operators, and they are aware of this and appreciate it. They know that they can come and talk to me whenever they want. If they think that something isn't working as it should – come and tell me, it's absolutely OK.

At a manufacturing company with a low level of sick leave, the management has been strengthened by collaboration and communication between departments:

It works much better, because it has given the production managers a way to cooperate, meaning that they can work together. They have realised that we can do things together and that we are much stronger and can get things done more efficiently if we work together.

A single location and similar working hours for all employees facilitates communication, but our material shows that these factors are not a requirement for good communication. Companies that have shift work, or where operations are located at several sites, are presented with a different challenge for making communication work. These situations require a greater awareness of the fact that communication does not happen on its own, but rather that it requires both time and effort. Retailing is one such example:

Yes, we have a natural communications process at the company. If you want to communicate something to the stores, you use a certain line of communication. We also have our intranet, but it's not as effective – the monthly meetings are better. When the regional manager returns, he gets all of the store managers in the region together, maybe 15 of them, and schedules a whole day for discussion.

We have seen examples of other companies with low levels of sick leave that employ frequent telephone contact to tackle substantial physical distances:

For haulage contractors, it's long been a fact that as long as the owner works out in the field, the operation functions extremely well. It is possible to call around the clock regarding any issue; it's always been customary for chauffeurs to do this to all the drivers.

Involvement and influence

Involvement and influence means that employees can express their opinions and that the management actually listens and pays attention to what is said. Thus, the terms Involvement and Influence are related to communication. One necessary prerequisite for involvement is that employees are adequately informed and that changes are approved by everyone affected by them. This strengthens employee engagement, and given that sufficient time and resources are available, this process will lead to increased influence over one's own work.

We found that the management at companies with low levels of sick leave expects their employees to participate in company matters. This is connected to the management viewing employees as resources, possessing knowledge and experience that is beneficial to the organisation and to improvement measures. Direct influence was often mentioned as a factor, as were employees taking responsibility and expressing engagement, as illustrated in the following quote:

We have tested our so called M-model at some of our stores, and the results were very positive. Everyone was told to take responsibility and do the things they are good at. We had our own variation, putting all of the store duties up for grabs, including those of the store manager. Then you decide: "I'll take this one and you take that one". That way, everyone takes responsibility and feels involved; with a more coaching type of role for the store manager.

The managing director of the same company told us that they had previously used suggestion boxes to collect suggestions from employees, but that it had not worked especially well. The management has therefore decided to work with a significantly more ambitious model, where involvement is of central importance:

We have a workbook where we required all employees to work with these questions for x number of days. And so for example, they pick two keywords associated with our company's vision and values. Then the group work with a word, such as 'simplicity', and come with suggestions. "How can operations in my store become simpler?" We sought concrete suggestions such as "do you have any suggestions for how the company, or we at corporate, can make your everyday assignments more manageable?" We received a ton of answers and took them into account. We changed a lot of things and provided feedback on the suggestions and our reactions to them.

The following example from a company with a low level of sick leave illustrates a culture of understanding, where employees' requests are heard:

We have learned the importance of listening. If one employee prefers to start at four o'clock in the morning and leave at seven o'clock in the evening, and therefore works three days a week, then you shouldn't schedule him to work between six o'clock in the evening and half past two in the morning. Because if you do that, then that person is going to quit.

We saw an example of participation and initiatives across borders at a company with a low level of sick leave that had previously been bought up by another company. The owner had initially planned to keep them as two separate companies, but the staff wanted otherwise and the owner accepted:

We, the staff, actually got started right away. It was we who got together, we who started working together. We got in contact with each other at the departments. "How do you operate? What's your opinion? What are your prices?" We went on as being separate companies for a year, but we eventually realised that it wasn't working. We were supposed to be competing with each other, but we started to work together. We took care of everything ourselves.

Ongoing improvement process

It is possible to identify several driving forces behind the companies' efforts on staff involvement. One such force is the desire for constant improvement, be it the operation itself or, for example, a safety culture for reducing accidents and incidents. At many companies with low levels of sick leave, there are well integrated routines for continually improving operations. These routines are primarily based on regular discussions in working groups. Providing room for ideas and improvements is also viewed as an important factor for team building and for increasing the sense of influence. One example of this is a teamwork approach to the improvement process. The company emphasises that the results are not the main concern in this process, but that those involved take more responsibility and become more involved:

More teamwork ... what is the best way for us to tackle this assignment. Since everyone is different, you can't have standard solutions. Instead, the group knows how to best solve problems their own way, so that's how we try to work. We have a project called "the teamwork project" where we try to get groups to sit down without any preconditions and think about "how can we improve our work?" They put together a protocol, have meetings and have these routines. Then they are to put it in action – and if they do, they get a bonus/.../ We told the groups that "right now, we are brainstorming", there are no set targets to reach. Instead, the important thing is that they sit down as a group and discuss "what can we improve on?" and "how can we improve working conditions?" with their supervisors. Everything from new office chairs to changing our entire way of working – a blank slate if you will."

Another industry company with a low level of sick leave systematically uses discussion groups to simplify ordering maintenance without an intermediate station. The change has led to improved communication and fewer work-related obstacles. In companies with low levels of sick leave, ideas are encouraged, and it is common to have a reward system for good suggestions. Here we have an example of employees being seen as a resource, and of attention being paid to their suggestions:

We have tons of little things for people who come up with new tips and ideas. There are a lot of organisations where you won't see that. "That's a good idea – here's your reward." It can be anything from dinner with the wife at a restaurant, a pat on the shoulder, a promotion or a larger-than-usual pay check. The main point is that good ideas should be acknowledged.

Values and visions

The organisation utilises its history, its experiences and its knowledge for development and improvements to create continuity. Visions and business ideas are supported by the company's traditions and values. Many companies in all sick leave categories indicate that they are value-driven – that the management represents what characterises the company's way of operating. Although values vary among the companies, they are often expressed in short, comprehensive and positive terms. These values; the goals of the company, its actors or role models, communication channels and location (e.g. a community) make up what is known as 'company culture.'

It is important to have support for the management's or the owner's values, as this strengthens the company's identity and the employees' sense of partnership. When companies merge, it can be especially important to instil the management's values at all levels. We have found that companies with low levels of sick leave work more methodically and put more resources into building support for prevailing values than does companies with an average level of sick leave. Even if the values are obvious, it is still ambitious to actively seek employee engagement as part of the approval process.

One company with a low level of sick leave demonstrated a well-implemented way of planning for the future and realising company visions, whilst gaining support from employees in doing so. The following description makes clear that it is to be viewed as a process that takes time:

We had a massive project last year, where we reviewed our vision, our business idea and our value terms. We are a value-driven company in many respects. The management group and the board of directors took part in the project. They told us whether or not we were on the right track. We based the values on the owner. We interviewed him and made a book about his way of thinking and his values, which we then used to explain the company's values. Along with this, we went through our ambitions and our business model once more, and wrote them down. Our business model had already been evaluated and printed for some time, but some of the core values were reformulated. We put a lot of effort into getting this information out to all levels of the organisation.

So in all honesty, if I were to visit one of your stores in Stockholm, would they know about this project?

Yes, I believe they would, since the project was initiated last fall. The challenge will be to keep the project running until next fall, and the fall after that. In August last year, we invited our workforce of 300 people to our head office for two days, where we went through the project in a number of different ways. We had workshops where people discussed and came with suggestions and ideas. After this, the managing director and the regional sales managers took off on a road show where they met with all the sales reps across the entire country. We have also created a calendar where we have included certain VIP-weeks (vision implementation) where everyone in the organisation would focus on one of these aspects. The staff members come with suggestions and ideas, which are then handed to the project representatives.

Does the management receive these suggestions and ideas?

We do. We had a very ambitious plan for handling employee feed back. It has been going exceptionally well so far, but a new challenge lies before us; to make this project long-lived. We use a scoring system for all our employee surveys, called the ESI (employee satisfaction index). The company that designed the ESI system told us that results between 60 and 70 are good. We scored 77. Since we did this survey as part of the project, questions on the company's vision and business idea, and whether you feel involved and such, are bound to generate a lot of high marks. This year, however, we have a lot to prove.

The following example from the real estate industry shows how support of the company vision, improvement of results, and participation can be combined:

My vision was to improve results and make this into a leading company within the industry. That is what I was assigned by the owner to do. The vision almost becomes a means in itself, and I treat the visions process as such. The staff is incredibly good at this; even people that you didn't think would be able to spell the word 'vision.' We explain in an educational manner; "this is how we want to company to look in ten years – how do you want it to look?" Everyone here is living somewhere, and everyone knows the pros and cons of housing and the housing areas. It's part of your everyday life. It's incredibly easy; all doors are open if you just have the courage to take that step. I know a lot of colleagues who wouldn't dare to "let people free like that". But why not, what do you have to lose? It's not about losing control; it's about raising the bar. That's how it works.

Companies with an average level of sick leave also attempt to create involvement, but often express difficulties or inertia:

We have tried several approaches in terms of efficiency and participation, but I don't think we have been able to pull it off properly. We have been successful now when we formed smaller groups. Regarding our targets, the management sets over arching goals for our operations, and then the factories do their best to achieve these. We then set goals for machines and units, both hard and soft goals. /.../ 'It's hard to engage people', that's what I always say. After all, I want to get paid, and I want things to go well for the company and for the company to invest, because that creates job security. I also have my friends here. Those are the three main aspects. People are more or less active. I've been to a lot of places and it's pretty much the same there.

Decision latitude

Decision latitude may be viewed as a consequence of participation, although it is not necessarily connected. When analysing decision latitude, you examine the workers influence over his or her work in relation to obstacles that may arise in the work process. There are different types of obstacles: assignments and goals may be unclear or conflicting, there may be a lack of both material and human resources, lack of social support or personal circumstances that limits one's own work.

In this study, we considered clarity regarding decision latitude for both management and staff to be more important than the actual extent of it. Narrow decision latitude requires few obstacles; greater decision latitude can overcome more obstacles in the operation. The following company with a low level of sick leave provides a great amount of decision latitude for employees or managers, but is also clear about boundaries:

By that I mean that the individual has a fairly wide road to drive on in terms of values. However, we're clear about where the road ends and where the ditch starts, and we take a clear stance on not staying on track. We see this as good leadership, to inform about what the boundaries for proper conduct are.

Lack of clarity in regard to decision latitude, responsibility and authority is expressed in different ways. At a company with an average level of sick leave, the lack of clarity is expressed as follows:

There is always a reason behind organisational patterns. It's not just to make people feel important; it is of actual importance, especially in matrix organisations like this one. "Who is actually in charge?" There's an awful lot of informal managers and leaders, along with two decision makers. This is obviously never a problem at top-level management, but the further down you

go... It works like a cog wheel, turn this little cog wheel and it messes things up badly down there. It's simply not fair. If I were the managing director, I would structure things clearly.

Health and sick leave

Occupational health services, preventive health care and health accounts are about as common at companies with low levels of sick leave as they are at companies with average levels. The term 'preventive health care' often refers to "access to gym" or "exercise during working hours."

We received an example of further implementation at a company with a low level of sick leave, where cultural activities meant that groups of staff that wouldn't usually come into contact with each other would get a chance to meet.

Companies with low levels of sick leave appear to be more aware of the extent of both long-term and short-term sick leave, how they have changed over time, and why the employees are sick. Efforts on delegating responsibility "along the line", even regarding sick leave and rehabilitation, is also more common among these companies. In the following quote, an HR manager from a company with a low level of sick leave describes how these issues are handled in a structured manner in various parts of the organisation:

Every month I receive the sick leave statistics for individuals from the wage office. It comes as a shapeless mass, which I then put together to see what the situation is like. It is then sent out to the production managers, who receive a current report for the previous month along with a cumulative report for the fiscal year. We also have rehab reports for employees that are on sick leave for 30 days or more, as well as for repeated short-term sick leave occurring six times or more during a 12-month period. I take a look at the new cases and ask what we are they going to do about them? We hold discussions with the help of the company nurse. We set up a doctor's office here a few years. It started as an experiment, and we've used it for several years now. Every other week there is a nurse here, and every other week there's a doctor. If the appointments are not fully booked, the nurse sits down with the production managers and discuss the rehab-cases. The nurse keeps the managers updated on all individuals and the actions that can be taken. Through this channel, you can be placed in one of these three-month programs. The factory now has a new way of working. Every morning, representatives from all departments meet and go through how production is looking, which machines are out of order, where problems have occurred, and how many people are sick.

We got the impression that companies with low levels of sick leave are more tolerant about employees being on sick leave, reflecting a trust in that they actually are sick. There is also a greater awareness of the role of work and organisation in respect to sick leave. An increase in sick leave among certain groups of staff might, for example, be seen as due to an increase in overtime:

I review the sick leave figures and find that the white-collar side has problems such as too much overtime. I would say that: "I'm going to make an exception this year, but I won't do it next year. You'll have to come up with a better way." It has been very common here to work a lot of overtime.

When the responsibility for sick leave issues resides with the supervisor, it generates knowledge about who is sick and what can be done about it. Here is an example from a production manager who is responsible for the sick leave process, and considers the responsibility to be a positive thing:

I know everyone who works for me; I know how they live, I know if they are married, how many children they have, how many children live at home, how many cars... That kind of relation to the employees is much easier than

having a personnel manager drop by when something happens. /.../ We have one employee who feels very unwell every spring. But since I know of it, I can say "OK Calle, is it that time again?", or if he comes and says "I'm home sick today", I say "Not so fast, let's talk about this."

This example from a company in the manufacturing industry with a low level of sick leave shows that a staff manager can nevertheless be helpful, and that it may require some patience to raise supervisors' awareness about active strategies on sick leave:

What about the supervisors, do they stay up-to-date on employees? Do they know how they are doing and why?

It's a lot better than it used to be. I remember when I started here. I asked a production manager; "Have you spoken with Nisse?" "I speak with him every day." "Have you asked him how he is doing?" "How he's doing? No, we don't talk about how he is doing, we talk about work." I think that now we talk more about how people are doing. I think I have made some progress. They feel that they are getting something out of the sick leave reviews. When I started doing these reviews two years ago, the nurse and I would sit alone, with no one else showing up. They completely ignored me. So we went out and brought them to the meetings. We would get one person to come to the first meeting and then two to the second. I started in August 2003 and started with the meetings sometime in spring 2004. Now they don't want to leave the meetings, which I think it's wonderful. I think they have started to talk more about how people feel. I think if someone is at home, they give him or her a call. Also, when they are back, they go up to them and ask; "Are you feeling better now? How was last week?"

We have also noticed that companies with low levels of sick leave often allow some kind of active sick leave – that the person on sick leave is encouraged to have contact with the workplace. The frequency of contact depends on the type of illness.

If someone is always home from work so to speak, we try to stay in touch if not every week then at least every fortnight, depending on their illness. If they can move around and be out of the house, I would ask them to come here for some coffee. However, contact is mostly done by telephone. We also have rehab investigations.

This example from a company with a low level of sick leave shows how improved work adaptation opportunities for employees with an impaired ability to work can affect sick leave:

It's extremely difficult for a welder to have a cold. You would much prefer being at home than putting a big mask. It's incredibly difficult to stand there and weld when you have a cold. However, what if you know that you could go to work, but you wouldn't have to do any welding, that today you can work in assembly instead. I can say; "I'm not really feeling well, can one of you weld instead?" There's so many other things you can do.

Regardless of ambition, not all employees on long-term sick leave can be rehabilitated back to the same job or transferred within the same employer. In companies with low levels of sick leave, we find greater respect for and a greater desire to invest resources into ensuring that these terminations are done in the best possible manner. The following three quotes are examples of these efforts:

For me, this is a matter of course and it's not problematic at all. It takes some time and energy and is at times a very delicate matter. After all, this is human beings we're talking about, people put in a negative position. It might have been several years since they worked here, but for them it still means that they will lose contact with colleagues. It's a part of their life that is being cut off, so you'll have to handle it gently.

She received six months paid leave and we paid for Work-Life Services, which helped her in choosing a path for her future life. She was considered to make a good watchman, because of the irregular hours. We paid for the course and she paid for her living expenses. That was it. She actually had good things to say about us afterwards.

We bring in consultants if considered necessary. We also call around and check if they might be needed at other companies. We tell it like it is, that "he's not happy here". We've formed a network with several other companies in the area. If we are unable to rehabilitate someone in the company, then we bring them into this network.

4. Discussion

This study is unique in many ways. It is one of the first attempts at investigating how factors at the organisational level relate to health at the company, as indicated by a low level of sick leave.

Organisational factors have often been studied using productivity, effectiveness and profitability as outcome variables. There are also studies that show a correlation between organisational factors and the risk for stress or nervous prostration among employees.

We have not been able to find a study that systematically investigates whether organisational factors co-vary with the health of company employees. The scope of the material is also unique. We conducted more than 200 interviews with private companies in all kinds of industries across the whole country. The results presented here are based on interviews with people in high positions.

We have used the proportion of employees on long-term sick leave of more than 90 days to represent employee health. However, low levels of sick leave do not equal good health. Good health is connected to good work ability, which also is affected by the existence or nonexistence of job adaptation opportunities. Furthermore, sick leave is also determined by the level of motivation among employees (Johansson, 2007). A company with a low proportion of employees on sick leave might indicate that the working environment is good and that the employees are getting on well, and that the organisation in that sense is “healthy”.

The results show significant differences on a strategic level between companies with low and average levels of sick leave, respectively. The factors that emerge as significant are related to one another and can be impacted by the management. The factors of importance appear to be clear strategies and routines for the management, skills supply, participation and communication, and the field of health and sick leave.

Results

It is important to point out that our selection consists of companies with low or average levels of sick leave. All of the companies are well established, with more or less developed and functioning strategies for working towards good occupational health among their staff.

Between 2004 and 2006, the average level of sick leave declined from 4.6 percent to 3.9 percent for healthy companies, and from 8.5 percent to 6.6 percent for average companies (annual reports from 2004, 2005 and 2006). In other words, sick leave declined in both groups, but significant differences remain.

Leadership and skills supply

Companies with a low level of sick leave have a more general leadership philosophy and have well developed programs for leadership training, including personal development training and occupational environment projects. These companies want a leader who does not only see to production goals and technical obstacles, but who also sees the individual and makes the group work together, who encourages and inspires, who advocates participation in the decision processes and who has the ability to delegate. They want a leader who supports the employee development and is clear about demands, but also gives feedback, encouragement and support.

This type of leadership makes for a pleasant workplace and has in previous studies been shown to reduce stress (Seltzer et al., 1989; Sosik & Godshalk, 2000; van der Doef et al., 2000) It has also been shown to increase productivity and motivation (Guzzo and Bondy, 1983; Guzzo et al., 1985; Kopelman, 1986; Landy et al., 1982; Patterson et al.) 1997; Sims & Lorenzi, 1992).

Companies with low levels of sick leave support their leaders more directly in everyday work; with feedback, encouragement and supportive norms and values. This has previously been shown to reduce stress and nervous prostration among managers (van der Doef, et al., 2000).

One clear tendency at companies with low levels of sick leave was the explicit policy of in-house recruitment. One consequence of this is that the managers at those companies, whose interviews we analysed in detail, typically had long experience and a great deal of knowledge about the company and the industry. It is safe to assume that this type of conduct makes employees feel that it is possible to grow within the company. Along with the long-term skills supply programs we saw at the healthy companies, this may also result in increased job security. Furthermore, a high level of in-house recruitment also makes it easier to maintain the company's vision and values.

Companies with low levels of sick leave also had an explicit long-term perspective on external recruitment. Future needs are taken into consideration during recruitment, and a carefully developed selection process is carried out. Competence, individual characteristics and group dynamics are all taken into account. Group composition, in terms of gender, education, age, personality and values, has also been shown to be of importance for occupational satisfaction, performance and health (Appelberg et al., 1996; Blau & Schwartz, 1984; Fields & Blum, 1997; Konrad et al., 1992).

Recruitment is to a large extent carried out in accordance with the organisation's values. This could have negative consequences on the organisation unless a sufficiently open climate is maintained. A too homogeneous organisation runs the risk of limiting ideas and new ways of thinking (McCauley, 1989).

Not only does the systematic development of employees and managers at healthy organisations improve operations, it also gives employees on various levels the opportunity for increased competence and career-building. Additionally, companies with a low level of sick leave tend to describe training as a chance for personal development, and not to be solely governed by the needs of the operation.

These opportunities increase employees' knowledge and skills, and can also result in increased motivation. They may have a favourable effect on productivity (Neal et al., 2005) and can also increase staff retention. Previous studies show that opportunities for learning and development are important for good employee health (Karasek & Theorell, 1990).

Involvement and influence

The results show that companies with low levels of sick leave more often had explicit strategies for increasing employee involvement, through work group discussions on operational development, improvement of the working environment or company values.

Healthy companies also spend more time and effort on expanding employee duties, in order to increase flexibility. Expanding the duties of employees has in many studies been connected to good employee health (Fried & Ferris, 1987; Frese et al. 1996; Parker et al., 1997).

One study showed that employees preferred line managers who encouraged them to get involved. This participation also developed the employees' occupational skills. This especially worked in work groups, where participation meant influence on the decision-making process and was incorporated in day-to-day work. It was important that roles and responsibilities were clear to everyone involved (Parkes et al., 2007).

An evaluation of industry-wide development projects for preventing work-related stress injuries demonstrated the significance of participation, group learning and systematic work environment projects (Parmsund, 2006). This confirms our findings about systematic and process-focused application of participation at group, unit and departmental level, combined with well defined managerial responsibility and decision latitude.

Participation that involves influence can also be defined as control, as an opportunity to use one's competence to influence the immediate working situation as well as in a wider perspective. Control has been well studied in a number of situations and has been related to work satisfaction, engagement, commitment, performance and motivation, as well as to sick leave, physical symptoms and stress. Involving employees in the decision making could therefore lead to a feeling of increased control and could possibly result in a lower level of sick leave, while at the same time increasing efficiency through increased work satisfaction.

The concept of participation is related to a feeling of cohesion at the work place, also known as Sense of Cohesion, "SOC", with the sub dimensions of comprehensibility, manageability and meaningfulness. SOC has also been related to the notion that employees who experience a strong feeling of cohesion have better health (Antonovsky, 1987; Feldt, 1997; Kivimäki et al., 2000).

The differences we found between companies with low and average levels of sick leave are matters of nuance and tendency, and the same is true for participation. Although many companies with average levels of long-term sick leave work with participation, the companies with low levels of sick leave do so to a greater extent, and in a more structured manner. The importance of a high level of systematised participation is supported by a study that found that a more integrated participation results in greater job satisfaction and commitment (Cox et al., 2006).

Delegation of responsibility, with the stated goal of increasing employee decision latitude, is sometimes referred to as empowerment. Empowerment aims to increase knowledge of the employees' own role in the work process and in the operation as a whole. The term has also been related to increased self-confidence and decreased stress (Leach et al., 2003).

Communication – awareness

The participation of employees in the operation requires good communication and a broad awareness of the company structure. Companies with low levels of sick leave appeared to have a more open climate, which gave employees the opportunity to express their opinions, even if these opinions deviated from those of the management. This meant that problems and incongruities were brought up and could be solved relatively quickly.

Cummings & Cooper (2000) point out that it is important for the management to be aware of potential stress factors within the organisation in order to take action against them. They also emphasise the importance of following up on them. Furthermore, the authors argue that if the management lacks awareness of what needs attention, this in itself can be a stress factor for the staff.

Good communication, in terms of dialogue, requires adequate time for reflection and afterthought. The systematic efforts on increased participation at companies with low levels of sick leave, both in regards to operational development and support of values, resulted in more time being dedicated to communication. More resources were spent on this, and appeared to be connected to learning and development. Wilhelmson & Döös (2005) argues that constructive communication requires that everyone:

... refrain from dominating the conversation and taking the "right of interpretation"; is curious about what it is like to be someone else, and also shares his or her experiences.

This assertion is in line with the statements from companies with low levels of sick leave regarding discussions in work groups, describing how active use of dialogue can develop the organisation and operation.

To the best of our knowledge, there are no previous studies on the direct connection between the type of communication system in the workplace and sick leave. If communication and awareness is seen as being able to make oneself heard, to receive both positive and negative feedback and to have adequate information about company procedures, it is easy to see the connection with more established factors. Awareness, feedback and a chance to express opinions enables employee influence, which can increase the feeling of cohesion and strengthen constructive coping strategies. Feedback can also be regarded as part of the social support in the workplace.

Health and sick leave

The study shows that companies with low levels of sick leave have a greater awareness of the sick leave figures, the proportion of short- and long-term sick leave, changes over time and illness patterns. These companies also have better developed routines for following up with employees on sick leave, maintaining contact and encouraging them to come back to work.

The so-called illness flexibility model (Johansson, 2007) provides incentives for sick leave and sickness presenteeism. Having clear structures and systems for health and sick leave may reflect that the company takes care of its employees. This in itself can be an incentive for the individual to go to work even when feeling a bit under the weather. It can also be an opportunity for the company to detect problems early on and take action against them. A review of studies into returning to work found that job adjustment in regard to the individual's ability, and good contact with the doctor and the employer are the most significant factors for returning to work (France, 2005).

Sub study 4 of this project focused on routines for rehabilitation within the management and among first line managers. The study showed that companies with a good rehabilitation structure – where the corporate management and the staff management are in agreement on the company's rehabilitation policy and how it is used – had a lower level of sick leave than companies without such an agreement. Companies with a low level of sick leave take action against potential illness at an early stage, i.e. they had a more preventive perspective (Vingård et al., 2007).

We were not able to demonstrate any major differences between the two company groups regarding the use of company health care or preventive health care within the primary focus areas of our analysis. This does not necessarily mean that no such differences exist, but to demonstrate them would require a more focused analysis of these factors.

Method discussion

Selection

Qualitative studies primarily generate hypotheses and generally place greater value on achieving variation among the interview subjects than on attaining representativeness. We did not include companies with high levels of sick leave in this study, which could have resulted in greater variances in the material. However, the objective of the study was to find ways for companies to work towards becoming “healthier,” not to compare “healthy” and “sick” companies.

We divided the selected companies into two groups, healthy companies and average companies, depending on their proportion of long-term sick leave in 2004 according to the Alecta and AFA Insurance registers. Even though we omitted companies with high levels of sick leave and only compared healthy and average companies, the proportion of new cases of sick leave lasting 90 days or longer was more than three times lower at healthy companies than at companies with average levels of sick leave.

Although these types of studies do not claim to study representative samples, a comparison with the SCB registers of private companies with more than 60 employees shows that our selection represents companies in the private sector and their various industries in a satisfactory manner. However, companies from the Svealand region are somewhat overrepresented whilst companies from the Norrland region are slightly underrepresented. Details on how the selection appears in the database are described in the report in sub study 1 (Nise et al., 2007).

Companies were asked to take part in the interview study based on what quartile they belonged to in the registers. There is a risk of systematic differences between those who accept and those who decline to participate, e.g. that they are more interested in issues related to work and health. However, grouping companies based on their industry, geographic location and, to the extent possible, the number of employees, reduced the risk of environmental factors or industry-specific factors affecting the results. As mentioned in the section on methods, we were unable to establish contact with approximately half of the companies omitted during the selection process, and we are therefore unable to establish the reasons for them not participating in the study. The other companies that were omitted gave various understandable reasons for not wanting to participate, such as ongoing reorganisation.

Since the interviews at companies with low and average levels of sick leave were carried out during the same period of time, it is unlikely that differences found between the companies can be explained with cyclical fluctuation. However, we cannot exclude

the possibility that the results would have been different during another period of time. In the selection for the in-depth analysis, we studied companies that had stable sick leave figures in the three years prior to the study.

We attempt to describe organisations, structures and strategies based on our interviews with people in strategic positions. The interviewees were selected by the companies themselves, based on our criteria (management representatives, HR, co-workers, union representatives or safety officers). With this comes the possible risk that the chosen interviewees give an excessively positive image of the organisation and the company structure. We used an interview technique where we asked for concrete examples of how strategies and policies were applied in practice, which is an effective way of preventing such biased statements. The fact that we mainly asked for interviews with people in specific positions also reduced the risk of companies choosing particularly positive persons.

We did not have any insight into the reasons as to why we got to meet certain persons during the interview process. In general, we found the interviewees to be interested in talking about how they worked and also about problems and difficulties. The interview as a method involves a personal meeting, and provides the opportunity to ask follow-up questions and to ask for examples to clarify statements from the informants.

The interview

The advantage of using interviews is that there is an opportunity to investigate, deepen and clarify topics that has not previously been studied. We chose to conduct a semi-structured interview, meaning that we based our questions on focus areas that had been proven meaningful by research into the work-health connection on the individual level. From an organisational-theoretical perspective, the interview was designed to investigate if these factors were manifested on a strategic level. In order to reduce to risk of missing aspects that we and others had not thought of, we also posed an open-ended question about what the interviewees themselves considered important for good occupational health.

The research group was experienced in the field of occupational psychology, which was supplemented by the knowledge and experience of business economy and practice consultancy that the employees from AFA Insurance and Alecta provided. We discussed our different types of experiences during the introduction phase and during the data collection phase in regular meetings on methods and content.

During these meetings, we also listened to recorded interviews that had been carried out during the week. We did this in order to ensure satisfactory inter-observer reliability – that we used the same definitions for the various terms and asked our questions in a similar manner. Interviewing in pairs, with one person in a more observational role, helped ensuring that all parts of the interview guide were covered.

Analysis

The conclusions of qualitative studies can sometimes be verified by triangulation, meaning that results are strengthened by comparing them with other sources or perspectives. The collection and analysis of the very comprehensive interview materials is our most important source. We can compare these results with the conclusions in previous research and other data sources, such as documents and policies. One important part of the validation of qualitative studies is that the participating companies, as well as other companies, can confirm that these interpretations are reasonable.

During the four follow-up meetings we had with the participating companies, in which we talked about the analysis process, we found that they recognised many findings in the areas subject to our in-depth analysis. Purely quantitative studies, such as the survey study conducted in sub study 3 of this project, can also confirm (or reject) the results. The analysis from that sub study supported our results and findings.

Analysis in qualitative studies is usually considered complete when saturation is attained in the material, when the material does not appear to provide any new or increased knowledge. We can to a certain extent claim that we have reached such saturation in the areas where we conducted in-depth analysis. However, since it is such a comprehensive material, it could be used to study other factors further.

Conclusion

We found areas on the organisational level where companies with low levels of long-term sick leave seem to differ from companies with an average level. However, we are not able to state whether these areas are directly linked to employee health. What we can do is to describe the differences and, based on previous knowledge, note that there may be a connection.

On the whole, all companies work with the areas in which we found differences between companies with low and average levels of sick leave. We found differences in attitude and in the application of strategies. Although these differences are not great, they appear to be decisive, considering the significant difference in long-term sick leave between the two groups during the years 2004–2006.

The main finding of this study is not the isolated individual factors, but rather their mutual interdependence put in context. We found the characteristics of companies with low levels of sick leave to be continuity and functioning systems for follow-up with regard to leadership, skills supply, involvement and influence, communication and ways of working with health and sick leave. These findings show that efforts and factors function better when they are integrated in an ongoing process.

Although we are unable to make any statements regarding causality, we can see that exercising leadership in a certain manner, ensuring that the staff has necessary competence, and communicating constructively can provide a strong feeling of participation among employees. This participation may in turn have an impact on the management's ability to make proper decisions and see employees as resources. This could lead to lower levels of sick leave and that those on sick leave return to work sooner.

Over the course of this study, focus areas for further analysis have emerged, that could give increased insight in how companies can attain and retain healthy employees. Such focus areas are the working environment, the role of the union and occupational health services. Another interesting option would be to study those companies who managed to reduce their level of sick leave significantly during the period of the study.

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Appendix: Interview guide

Health and Future – Sub study 2 – Focus areas for questions

Staff composition and staff policy

Demographics

- Number of employees, occupational categories and their proportions, age distribution, gender distribution, number of employees with non-Swedish background, approximate distribution of civil status and family situation as well as physical location of the employees.

Employment conditions

- Form, content and working hours of all staff categories.
- Supply of staff and employees – quantity and quality
- Scope and focus of recruiting, in-house training and competence development.
- What level of internal mobility? How is redundancy handled?
- Staff turnover? How and why has the staff situation changed over the past few years?
- What is expected of the staff, both in a short-term and long-term perspective? What are the plans for attaining this?

Management strategies

- What is the management structure? How many managers and employees, who can become a manager and what is the process?
- How has the management structure changed over the past few years?
- What type of competence development do managers and leaders receive in order to improve?
- Is education on work environment integrated in managerial training at all levels?
- How does the company want the management to be structured? What are the plans for attaining this?

Work organisation and work content

- Opportunity to influence decision-making
- Opportunity to make use of occupational knowledge
- Qualitative and quantitative demands (including various types of opposing demands)
- Variation
- Clarity
- Access to capital
- Physical safety
- Supportive management
- Opportunities for social contact
- Valued social position
- Are there any work-related obstacles? If so, what is done to eliminate them?
- How is extra effort rewarded?
- How has the work content changed for various staff categories over the past few years? What are the reasons for this and what are the consequences?
- What or who has an impact on the content of the employees' work?
- In regard to planning, are the consequences for employees' work content taken into account?

Work environment

- Are the physical and psychosocial working conditions studied and are risks for illness and accidents assessed? If so, how?
- Have surveys been conducted, and if so, what were the latest results? Are there any action plans for dealing with potential deficiencies?
- Who participates in the work environment efforts? How does the cooperation between union and management work? How are the efforts followed up? (regardless of how it is performed)
- Are the initiatives on work environment coordinated with other strategic operations?
- How would you like to change the work environment, in a short-term and long-term perspective? What would the procedures be?

Health, sick leave and rehabilitation

- What is the situation like in terms of health and illness? Type of illness, actual retirement age and scope?
- What kind of job adaptation opportunities exist for employees with an impaired ability to work?
- Presence requirements or incentives? For example, how is absence handled in short- and long-term? Absence requirements or absence incentives? Are there any other considerations for employees with an impaired ability to work?
- Does the company help employees on sick-leave in returning to work? How?
- Is there a time limit for how long a person can be on long-term sick leave before measures are taken? What measures? Why? Systemic or personal? Are there any strategies or written documentations?
- How does the company view rehabilitation expenses?
- Do they have an occupational health care contract? What is it? Costs? Experiences?
- Health accounting?
- Opportunities for preventive health care?

Organisational change strategies

- How are changes generally implemented (motives, procedures, planned from the top down or through active employee participation)?
- What are the company's future plans? Upcoming changes? How does the management convey its visions for the future?
- What kind of expectations do the employees and the management have for one another? (How should employees conduct themselves in order to "fit in?")
- How does the management cooperate with employees on different levels to transform the organisations' over arching vision and policy into plans for action and practical action?

Open-ended questions

- What aspects are important for a company in order to have employees with good health?
- Do you think that you have the necessary conditions for implementing a healthy staff policy?
- If not – what should be done in order to change this?
- If you do – what makes this possible?
- Other questions?

Operations

- Should ownership structure and modifications to it be included in the company policy?
- Describe the company's operation: relation to the "outer world?" Who are the company's clients and where are they located? Who are the company's suppliers and where are they located? Internally, locally, regionally, nationally or internationally? To what degree is the company exposed to competition? Position in the marketplace?
- Are there any strategic systems in place for the management and control of operations, such as quality control, ISO certification or other certification?
- Function: Does the company deliver and meet expectations? What can cause operational disturbances? How often does this happen? What are the consequences and how are they handled? Informal management?
- How and why has the operation changed over the past few years?
- What is expected from the operation, both in short-term and long-term? What are the plans for attaining this?

health and future

A RESEARCH PROJECT ON LONG-TERM HEALTHY COMPANIES

Facts about Health and future

Health and Future is a research project on private companies with long-term healthy employees. The project, which started in 2005 and ended in 2008, consists of four substudies.

The first study is a register study. In the second study, we analyse factors that might be connected with good health among employees. We did this by interviewing representatives for the management, the HR department and the employees. In substudy three, questionnaires were sent out to a large number of companies, in order to validate the significance of health factors found in substudy two. In the final study, we investigate whether the rehabilitation process is a key factor in companies with low levels of sick leave.

Research for the Health and future project was carried out by Stockholm County Council's Centre for Public Health, the Karolinska Institutet and Uppsala University. The project received a total of 12.75 million SEK (Swedish krona) in financial support from AFA Insurance, Alecta, Carl Bennet AB, Axel Johnsson AB and AB Volvo. A reference group, with representatives from Svenskt Näringsliv (Confederation of Swedish Enterprise), Företagarna (Federation of Private Enterprises), LO (The Swedish Trade Union Confederation), IF Metall (Swedish Industrial and Metal Workers Union), TCO (The Swedish Confederation for Professional Employees), Unionen (The Union), SACO (The Swedish Confederation of Professional Associations) and PTK (The Council for Negotiation and Co-operation) also support the project.

Learn more at www.folkhalsoguiden.se/halsaochframtid and www.ki.se.