

How management groups' reason when deciding to use a model focusing on systematic work environment management

Experiences from Swedish municipalities

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Abstract

Purpose – The purpose of this paper is to explore and describe the perspective of the management group regarding how they reasoned when deciding to engage in a model focussing on systematic work environment management, and what motives that influenced their decision.

Design/methodology/approach – This qualitative study with semi-structured interviews includes 18 representatives from the management groups in 18 Swedish municipalities. Data were analysed with a constant comparative method.

Findings – The participants described two aspects that were of importance when making the decision; establishing commitment before making the decision and establishing strategies to legitimise the decision. Furthermore, they expressed motives that were linked both to their individual expectations and wishes and to policies and facts in their organisations. The participants experienced the model as a valuable tool in their organisations to increase employee participation and to provide structured support to their first-line managers.

Practical implications – The managers' motives were linked to individual expectations and external directives. These were often intertwined and influenced their decisions. When implementing this type of model, it is important to discuss decisions in a larger group to avoid building an organisational initiative on one person's expectations. Furthermore, it is important to support the management's work to establish commitment for the model in the municipal organisation.

Originality/value – This study adds to knowledge of the complexity of deciding and implementing models to support systematic work environment management in organisations.

Keywords Employee participation, Leadership, Work environment

Paper type Research paper



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Background

Work-related illnesses and accidents are major concerns worldwide as they result in significant consequences for both employees (European Agency for Safety and Health at Work, 2013) and employers (ILO, 2012). In 1989, the Directive 89/391/EEC-OSH “Framework Directive” was launched in order to introduce measures to encourage improvements in the safety and health of workers. This directive states that employers are required to assess risks to the safety and health of workers and to implement measures that aim to reduce the identified risks (European Agency for Safety and Health at Work, 2002). National legislation regulating employee health and safety at work varies across countries. In Sweden, the Swedish Work Environment Authority has established extensive legal requirements for systematic work environment management (Swedish Work Environment Authority, 2001) and the organisational and social work environment (Swedish Work Environment Authority, 2015). Both these provisions aim to promote good work environment and prevent risks of ill health. The Swedish Work Environment Authority (2001, p. 1) is more comprehensive and covers all aspects of the work environment. It addresses employers’ obligations to investigate, carry out, and follow-up on activities in such a way that ill health and accidents at work are prevented and a satisfactory work environment is achieved. The latter (Swedish Work Environment Authority, 2015, p. 4) is more specific and addresses the organisational and social conditions in the work environment. Although these provisions, including guidelines, are available, many organisations in Sweden do not properly perform their systematic work environment management (Frick, 2014). This lack of compliance might be because the provisions are often experienced as time-consuming and somewhat abstract (Svartengren *et al.*, 2013) and that policy documents within the organisations provide little practical guidance (Larsson *et al.*, 2016).

Although previous research has found that provisions and policies are important incentives influencing what actions are taken to ensure employee health and safety (Martinsson *et al.*, 2016; Miller and Haslam, 2009; Van Dongen *et al.*, 2013), it is evident that these motives are not enough. Interestingly, it has also been indicated that clear reasons and motives are sometimes lacking when deciding upon whether to engage or not in interventions focussing on work environment and health at the workplace. In addition, a management group sometimes makes decisions without understanding their implications. The decisions could be influenced by chance, if a salesman made a sales call or they happened to have the financial resources (Martinsson *et al.*, 2016). Decisions made on such grounds seldom facilitate employee participation and sustainability (Nielsen *et al.*, 2010). However, when the motives are made explicit, they seem to be related to the characteristics of the intervention itself with requirements of an intervention that is easy to understand and adopt (Martinsson *et al.*, 2016).

Previous research thus emphasise the importance of a manageable intervention in order to create sustainable efforts focussing on work environment management. However, the process of deciding whether to use an intervention or not might also influence the forthcoming efforts. One study has, for example, showed that only making the decision on a higher management level without any further commitment could rather hamper, than facilitate the implementation process of an organisational intervention (van der Zijpp *et al.*, 2016). A scoping review highlighted a whole-system approach for sustainability and the importance of involving various stakeholders and managers at different organisational levels as well as collaborating in order to promote implementation (Eriksson *et al.*, 2017). However, even though collaboration and power-sharing is called for, it is also known that higher managements/governments find it difficult to change their way of working; thus they easily continue to act through the traditional bureaucratic authority of command and control (Keast and Brown, 2007). This way of acting is more linked to coordination, referring to the formal links of an organisation in order to reach common objectives (Keast and Mandell, 2014). There is thus a difference in the meaning of the concepts of coordination and collaboration, in which collaboration requires more than working towards shared goals, namely, establishing a sense of trust and mutual dependence between

the actors. According to Mayer *et al.* (1995), trust is not necessary for cooperation. This is important to consider while studying how representatives from management groups reason when deciding to use a support model for the systematic work environment management or not, as employee participation has already been found to be important for the implementation of an organisational intervention (Davenport *et al.*, 2016; Nielsen *et al.*, 2010).

An organisational intervention is defined as planned, behavioural, theory-based actions to change the way work is organised, designed and managed in order to improve the health and well-being of the participants (Nielsen and Abildgaard, 2013). The Stamina model is influenced by the Model of Integrated Group Development (Wheelan, 2012; Wheelan and Hochberger, 1996). It has a participatory systematic approach that provides feedback in the systematic work environment management to first-line managers and their employees, with an emphasis on organisational and social work environment efforts. Key features in the model are structured and recurrent feedback, and employee participation which have been found to be important elements in organisational interventions (Nielsen and Abildgaard, 2013). This model is evaluated in a two-year project, investigating its effects on proxy outcomes that are relevant for health and productivity. Another aim is to explore how the model is experienced by various actors such as managers on various levels and employees, and to identify promoting factors for implementation (Svartengren and Hellman, 2018).

In summary, although Sweden has extensive national legislation that focusses on work environment, many businesses do not fulfil their legal obligations. Several motives influence the decision to engage in work environment interventions, some related to the characteristics of the suggested intervention. However, previous research have also shown that the manner in which a decision is made influences the forthcoming implementation of the intervention/model. More scientific knowledge needs to be developed on why and how employers make decisions regarding efforts supporting work environment and health to better understand how to support employers in their mandatory work environment management. To this end, this study explores and describes the perspective of the management group regarding how they reasoned when deciding to engage in the Stamina model as well as what motives influenced their decision.

Specific research questions in the study are:

RQ1. How do representatives from the management group reason when deciding to use the Stamina model?

RQ2. What motives contribute to the decision to use the Stamina model?

Methods

This exploratory study is part of a larger project that included 18 municipalities from several regional areas in Sweden. The municipalities had been invited to participate in the research project. Thus, after receiving information about the study design and a description of the Stamina model, they decided whether or not to participate. The project is focussed on the introduction and use of the model to identify factors that promote implementation as well as to investigate effects on work groups. It is based on both quantitative and qualitative data, and extensive material have been collected. The qualitative data provide in-depth information about one work group in each municipality from various perspectives. The quantitative data were gathered from questionnaires that focus on the employees' current work situation (Josephson and Vingard, 2007), perceived productivity (Aboagye *et al.*, 2016; Lohela-Karlsson *et al.*, 2013; Lohela-Karlsson *et al.*, 2015), sleep (Westerlund *et al.*, 2014) and relational justice (Elovainio *et al.*, 2002; Stoetzer *et al.*, 2014). The larger project is described in depth elsewhere (Svartengren and Hellman, 2018). This paper focusses on qualitative interviews with representatives from the management group. The project was approved by the Regional Ethics Committee in Uppsala, Sweden (Dnr. 2017/093).

Study context

The Stamina model. The Stamina model is a support model that provides structure and recurrent feedback for first-line managers and their employees in a systematic work environment management. The model sessions are delivered three times a year (Figure 1). The first session (workshop) consists of four areas: reflections on the shared basic values, aims and goals of the work group; reflections on the work group's current work situation; reflections on how the work group wants their work situation to be; and reflections on what actions can be taken to create the desired work situation. In the last step, a work group prioritises one activity it wants to focus on and creates an action plan based on a manual. The second and third sessions (follow-ups) include a review of previous action plans and the creation of new ones. All three sessions are preceded by a web-based questionnaire that measures the Human Resource Index (Josephson and Vingard, 2007). The sessions are held by a trained facilitator or by the first-line manager with support from the facilitator.

The organisation of Swedish municipalities. This project is conducted in the context of Swedish municipalities. Sweden is divided into 290 municipalities, ranging in size from 900,000 inhabitants to 3,000 inhabitants (Montin, 2007). A municipality is defined as "a primarily urban political unit having corporate status and usually powers of self-government" (Merriam-Webster, 2019). The local government is delegated power by the national government. Every four years, local governments are determined via general elections.

The municipalities' responsibilities include, e.g. infrastructure, leisure and culture, preschools and childcare, education, elderly care, individual and family care, labour market measures, communication, energy, water and waste disposal (Montin, 2007). The municipal organisation consists of political boards and committees, a municipal administration, a management group, offices, departments and companies.

The municipal administration is led by a municipal director and is organised into various departments corresponding to the municipal responsibilities. Each department is led by an official, the head of a department, and the department is controlled by a political board consisting of elected politicians. The municipal director together with the department heads and managers from the support structure form the management group of the municipal administration. The management group coordinates between functions and develops

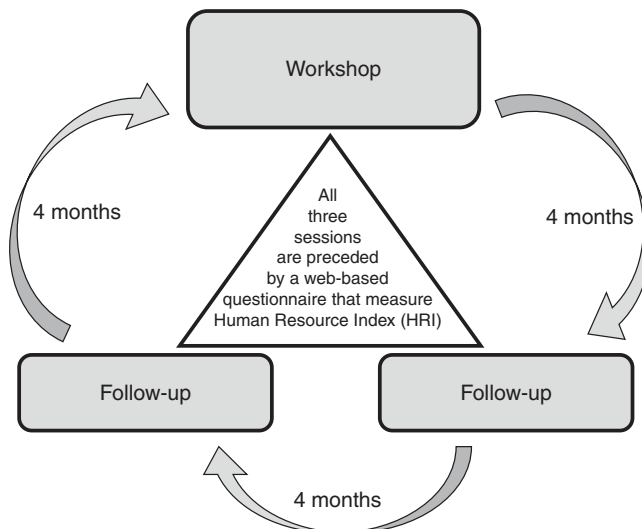


Figure 1.
The yearly cycle of
the Stamina model

long-range strategies for the municipal administration. The management levels of the municipal administration are shown in Figure 2. In this generic model of the municipal administration, there are four managerial levels, ranging from municipal director, department heads, head of units and head of smaller subunits. It is important to notice that the municipalities have considerable leeway when they decide how to organise the municipal administration. This means that some municipalities may have considerably more management levels; smaller municipalities sometimes only have one or two management levels.

This project is conducted in 18 Swedish municipalities (Table I). Each municipality decided upon the extent to which they wanted to participate in this project, as they decided how many employees (100–1,500) participated in the intervention.

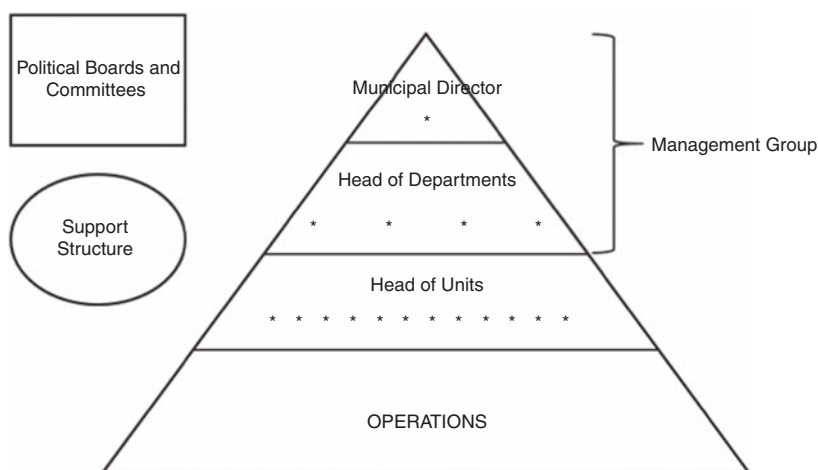


Figure 2. A generic model of the organisation of a Swedish municipality

	Participants (n = 18) Mean (range)
<i>Information about the participants</i>	
Gender (female/male)	13/5
Age	52 (40–63)
Years working in the municipality	12 (1–41)
<i>Information about municipalities</i>	
Number of citizens in the municipality	101,000 (9,000–330,000)
Number of employees in the municipality	6,500 (1,000–25,000)
<i>Location of the municipality</i>	
Northern Sweden	7
Middle Sweden	3
Southern Sweden	8
<i>Classification of the municipality^a</i>	
Large cities and municipalities near large cities	9
Medium-sized towns and municipalities near medium-sized towns	6
Smaller town/urban areas and rural municipalities	3
Note: ^a The Swedish Association of Local Authorities and Regions uses this classification of municipalities based on size and on urban and rural areas	

Table I. Information about participants and municipalities

Participants

The study population in this present study consisted of representatives from management groups in various municipalities in Sweden. The participants were included by using a purposive criterion sampling strategy (Palinkas *et al.*, 2015), in collaboration with the project managers in the municipalities. In this sampling strategy, participants who met certain criteria were approached to achieve variation. The inclusion criteria for the participants were being a member in a management group and having been involved in the decision-making process regarding the use of the Stamina model. The project manager in each municipality received written and verbal information about the aim and procedure of the study, which they communicated to eligible participants (i.e. the representatives from the management group). The main goal was to include one participant from each municipality, and all participants that were asked to participate accepted the invitation. When eligible participants accepted to participate, a time and place for the interview was set. At the time of the interviews, the researcher once again verbally informed the eligible participants about the aim of the study and their right to withdraw their participation at any time without stating any reason for doing so. All participants gave their written informed consent. A total of 18 participants (13 women and 5 men) were included in this study, representing the 18 municipalities in Sweden that are included in the larger project. This wide inclusion criteria enabled an inclusion of participants from various managerial levels, depending on size of the municipalities as well as on how the municipalities handled the Stamina project. In this study, nine participants represented a management group at a central level in the municipality and nine represented departments. Ten of the participants worked as HR managers on various levels. The other participants had the role of being head of the municipality ($n = 1$), head of a department ($n = 5$) or head of a unit ($n = 2$). For further information about the participants, see Table I.

Data collection

After the municipalities conducted the first Stamina model workshop within the organisations, three researchers interviewed the participants at one occasion in a private office space at the participants' workplaces ($n = 12$) or using Skype for business ($n = 6$). All interviews were digitally recorded and lasted 20–62 min. These semi-structured interviews (Kvale, 2008) were based on an interview guide that included three themes addressing the aim of the study. These themes focussed on: the decision-making process, including motives for participating in the intervention; the actions for informing and establishing awareness of the Stamina model in the organisations; and the expectations. All these themes were addressed using open-ended questions such as "Please, tell me about your initial thoughts regarding the model", "Tell me about the decision-making process", and "Please, describe your expectations when it comes to the model's influence on the organisation". These broad questions were followed up with probing questions to gather in-depth information regarding the participants' experiences and reflections. All interviews were transcribed verbatim, resulting in approximately 200 pages of written text.

Analysis

The material was analysed using a constant comparative method (Charmaz, 2014) and stored and organised in the qualitative software NVivo 11 (QSR International Pty Ltd). The analysis process started by thoroughly reading all the transcripts several times to grasp the material. In the initial phase of the analysis, all transcribed interviews were coded line-by-line (Charmaz, 2014). The codes were kept close to the wordings in the transcripts. As a second step, the codes were compared to each other (in each interview

separately) to sort the initial codes into broader segments, resulting in tentative categories. Alongside the process of merging codes into tentative categories, memos were continuously written that explored the categories and documented the reflections made by the researchers. In the third step, which included the process of focussed coding, the tentative categories and memos from each interview were compared and compiled. New memos were written. To increase credibility of the findings, the procedures and the tentative results of the analysis were discussed with the other co-authors who asked questions to ensure that the analysis was grounded in data. In this step, new categories emerged, and these were further divided into sub-categories. During the whole analysis, the researchers went back and forth between the material produced and the interview transcripts to ensure that the findings were grounded in data and not extensively influenced by the researchers' pre-understandings. Furthermore, the preliminary findings were presented to an expert panel. These experts were the coordinators in the municipalities and had extensive knowledge about the municipalities and the model. They recognised the findings and could relate it to their own context, which are aspects of this study that strengthen its credibility (Shenton, 2004).

Findings

The findings describe how representatives from the management groups reasoned when they decided to use the Stamina model and what motives contributed to this decision. The participants described two important aspects related to their decisions and the implementation of the Stamina model: establishing commitment before making the decision and establishing strategies to legitimise the decision. The participants also highlighted several reasons for using the model: characteristics of the model, hope to decrease the rate of sick leaves, strive to fulfil legal requirements and interest in being part of the research. An overview of categories and sub-categories is shown as follows.

Findings based on qualitative interviews:

- (1) Making the decision to participate:
 - establishing commitment before making the decision; and
 - strategies to legitimise the decision.
- (2) Motives for participation:
 - the characteristics of the model;
 - a hope to decrease sick leave rates;
 - a strive to fulfil legal requirements; and
 - an interest in being part of the research.

Making the decision to participate

The participants described a varied mandate in deciding to use the Stamina model. Some stated that they had the mandate to make the decision totally by themselves, while others described that they had to collaborate with others. Regardless of what mandate the participants had, they described that they discussed their potential decision in various contexts before making the final decision. These discussions were described as necessary because acceptance and commitment to the decision within the organisation was required to facilitate implementation of the model.

Establishing commitment before making a decision. The participants described how they used different strategies to establish commitment to the decision in the organisation before

making the final decision. Some participants discussed the Stamina model and the research project with specific people who they felt could give valuable input into the process. For example, one participant turned to the quality manager because she felt that the model could have a strong impact on the development of quality in the work groups. Another participant chose to discuss with the strategic human resource group because of the focus of the model. Often, parallel discussions took place involving both the top managers in the organisation and various departments (e.g. education or care for the elderly). The participants highlighted the importance of involving the departments in the final decision:

We can be a support, but there must be a commitment in the organisation; otherwise, I will not go into it.

The participants described that the long-term involvement and the sustainability as well as the performance increased if the decision was well-known and established in the various departments. One participant found this so important that the departments had to ensure their participation in writing before making the final decision. Others said that they chose to not involve the departments before making the final decision to use the model in the municipality. However, they still emphasised the importance of letting the separate departments choose whether they wanted to use the model. Hence, if the department that was asked to participate in the first run declined, another department was asked if they would participate.

Strategies to legitimise the decision. The participants described various strategies to legitimise the decision and to strengthen implementation. They described that the trade union commitment and participation in the decision-making process was important for several reasons. For example, this commitment showed that the employer and the trade unions took a common approach regarding a relevant area, providing important signals to the employees. Furthermore, the participants felt that having the union representatives' approval could increase the employees' will to participate in the work. When the union representatives were well informed and involved in the decision, they could act as messengers to the employees, which the participants experienced as strengthening both the commitment and the implementation:

If such things are to succeed, you must have the trade unions with you. They must understand why we do it, and they must be involved too, because then it will be the best outcome. So, we do it together.

The participants also noted that the decision did not lie in the hands of the politicians. However, they found it very important to inform the politicians before making the final decision because they wanted to assure the politicians that they worked with the political directives that had been given. For example, the participants described how they thoroughly presented the link between the Stamina model and the political directives. They experienced positive responses that could be communicated to others in the continuous communication within the organisation.

Another strategy to legitimise the decision was to show the management groups' own engagement and involvement in the practical work based on the model. The participants described that they deliberately used their own departments as pilots to give signals that they wanted to engage in the model. Furthermore, they found it valuable to get the practical knowledge that allowed them to answer questions from other departments when they started to use the model:

It's strategic to get a sense of it, because when we go out and launch this tool in the organisation, to have a feeling of how it works.

The participants also said that their involvement in gaining acceptance for the decision in the organisations was important because it showed that the management group wholeheartedly believed in that way of working.

Motives to participate

The characteristics of the model. A structured model that brings clear support to first-line managers. The participants described that the structured way of working with work environment management provides support for the first-line managers. They experienced that the first-line managers often encountered several obstacles in the area of work environment management. These obstacles include their lack of time in an already tight schedule and difficulties reaching a systematic approach with a structured and long-term perspective:

Here, we have a structured method of how to work, which extends over time. Sometimes, it's easy to make an effort and then you make an effort and you do it and then it flows into the sand. You breathe and are so happy that you have done this now. And then, there's another thing that comes up. The thing is to get the systematic structure in order to work with these questions on a regular basis.

One participant said the human resource department had tried to focus on the systematic work environment management without really reaching out to the first-line managers. Through the work with the Stamina model, the participants expected that the first-line managers would get support in finding a systematic approach with clear guidelines and time points for feedback. It was experienced as valuable to have the possibility to follow a yearly cycle with recurrent follow-ups of the systematic work environment management. Furthermore, the participants described that the structured support provided by trained facilitators was appealing.

A participatory model that facilitates employees' participation and engagement. The participants described that the employees' engagement is an important factor to promote work environment in an organisation, and they expressed a belief that the employees know best. They described that the Stamina model was appealing because it gave the employees the opportunity to work on the basis of their contexts and preconditions. Having these opportunities facilitates the possibility to take advantage of the employees' competence. Furthermore, they valued the employees' opportunity to express issues that were important for them, instead of answering questions that were viewed as irrelevant. One participant expressed that by strengthening the employees' participation in this way, it could increase the chances of getting things to actually happen in the organisation:

If I tell my employees that this is something that needs to be done to make your situation as good as possible, then nothing will happen. Here, I can really see the benefits of getting employees engaged and addressing the issues that they think are important.

The participants hoped that their work with the model would lead to increased feelings of being involved and having the possibility to influence the work environment among the employees. Furthermore, they hoped that the employees will increase their understanding of their own role and contribution to the organisation through their discussions about what one is actually doing at work.

A model that highlights the promotive and preventive perspective of the work environment. The participants experienced that their organisation often reacted, with a great focus on getting their employees back to work when sick leave is a fact:

We'll try to ensure that we are not only focusing on returning to work among employees that already are on sick leave; but, we must reverse that trend and focus on early efforts and a structured work environment management.

They experienced that their promotive work environment management needed to improve, and the participants expressed that they believed that the Stamina model could contribute to putting the focus on this change. One participant described that having the opportunity to spend time on practical work, instead of putting too much focus on the assessments themselves was appealing to her. She expressed that this is a constructive way of working as it contributes to a promotive perspective in the organisation.

A model with clear connections to quality and development. The participants described that one motive for using the Stamina model was that they experienced a clear connection between work environment management and quality; furthermore, they believed that the model emphasised this aspect as well. For example, they described that the employees' opportunities to discuss how and what they do at work could contribute to a constructive development of the organisation:

The method itself is based on an idea that work teams can develop and get better, which I like and I share that ideological foundation. We can achieve very big improvements in the organisation by making sure that we, in each work unit, discuss what we do and how we act at work.

They also described that the possibility of finding concrete solutions could lower the employees' frustrations, which in turn could increase the quality of their work. Furthermore, the promotive work environment perspective was brought up as a facilitator for the development of organisations.

A hope to decrease sick leave rates. The participants described that the politicians had communicated directives about developing strategies to prevent long-term sick leave among the employees and that a primary focus was on decreasing sick leave rates. From a political perspective, this was described as the single most important motive to support their organisations' work with the model:

The great driving force is to decrease the sick leave rates. It is the main ambition from the politicians.

However, the participants expressed some feelings of uncertainty about how to deal with this issue. They asked themselves how the work with the model could contribute to a decrease in sick leave rates. Even though they could not see a clear connection to sick leave, they felt that it was worth a try.

A strive to fulfil legal requirements. One motive for using the Stamina model was about the request to fulfil the legal requirements concerning the systematic work environment management and the social and organisational work environment. Some participants expressed that they did not have the time to reflect on the new provision regarding the social and organisational work environment that was launched some months before they heard about the Stamina model. To use an established model that someone already had developed was tempting because then the participants did not have to think about these aspects in detail:

We had not even started to think about how we would approach the challenges with the new provision. I thought it sounded very nice to get this served. Someone who presses and pushes and has an established model to use.

Even in those organisations that have had education regarding the new provision, the first-line managers expressed difficulties in knowing how to take on the provision and for some managers it felt overwhelming. The participants described that the use of the Stamina model could create a sense of security because the use ensured that the managers actually did what was required. They expressed similar motives regarding the systematic work environment as they described that the Stamina model focussed on these issues to the degree that is needed to pass inspections.

An interest in being part of the research. The participants stated that one motive to use the model was the clear link to research. The motives varied among the participants, but focussed on contributing to research, consuming research, and the aspect that the research provided credibility for the model.

The participants described that their motives were based on their organisation's policies regarding research. Some expressed that their policy is that they as a large employer should contribute and facilitate research through their participation in research projects.

Others found their policy being about consuming research and always building their work on research. Several participants stated that their initial motive to even receive information about the model was the clear link to research. These participants are often contacted by various salesmen who want to sell their unique product, and they often experience scepticism towards those products. Since this model was linked to research, the participants had a more positive attitude because they felt that the model was placed in a larger context than just a product to sell. They were excited to have the opportunity to be part of the evaluation of the model, together with other organisations:

In my role, you are often contacted by consultants of different types who want to sell different tools, so you are quite sceptical. [...] But then, when it became clear that it was connected to a research project and how the work with the model looked like, one could say that we became more and more interested as we understood more of what this was about.

Furthermore, the participants experienced that they trusted this way of working. One participant described that it felt more established and serious since there was a scientific base. Several participants also expressed that their participation in a research project gave them opportunities to learn new things and to develop new ideas regarding the systematic work environment.

Discussion

This qualitative study explored and described the perspective of management groups in 18 Swedish municipalities regarding how they reasoned when deciding to engage in the Stamina model and what motives influenced their decision. The findings are based on experiences of managers that have decided to use the model. The findings indicate that the participants had various mandates for making the decision; however, all participants found it important to establish commitment in the organisation. Furthermore, the participants put energy into finding strategies to legitimise the decision in their organisations. The participants highlighted several motives, which included the characteristics of the model, decreasing sick leave rates, fulfilling legal requirements and being part of the research.

The findings in this study indicate that the participants emphasised the importance of establishing commitment on as many levels as possible in the municipal organisation. Previous research has identified that establishing commitment when contracting and investing in various organisational interventions, such as health promotive activities, increases the possibilities for successful implementation (Eriksson *et al.*, 2017; Schmidt, 2017; van der Zijpp *et al.*, 2016). Collaboration has also been identified as an enabling factor in an implementation process and is an important ingredient when creating commitment (Eriksson *et al.*, 2017). Collaboration is defined as a joint work towards shared goals that is based on trust and mutual dependence between the actors (Mandell and Keast, 2009). However, the activities described by the participants in this study seemed to be done mainly through coordination rather than collaboration (Keast and Mandell, 2014). The use of coordination and cooperation as strategies to find support for the decision to use the Stamina model is not surprising since coordination between trade unions and public employers has a long tradition in Sweden and is not considered to be an unusual event. The participants established the decision, both through external coordination with other organisations such as the trade unions and through internal coordination within the municipal organisation. Even though coordination is common in the Swedish context, the participants almost used a 360° coordination with superiors, political committees, employees and even trade unions. It is interesting to reflect upon these extensive efforts in establishing commitment when deciding to use a model like the Stamina model. This kind of actions points towards a specific Swedish management style that is often described as a collaborative style, with frequent groundwork within the organisation between managers

and employees (Holmberg and Åkerblom, 2006). As such, this type of groundwork should be seen as a normal procedure when deciding to use a work environment related support model. Regardless of the reason for this type of commitment, it is recognised that such initial commitment is not enough for successful implementation within the organisation (Eriksson *et al.*, 2017; Mellor and Webster, 2013). Key enablers for implementing approaches for workplace health and well-being are found to be collaboration (Eriksson *et al.*, 2017), strong senior leadership support, dedicated resources and intensive communication (Mellor and Webster, 2013) which did not seem to be considered, to a great extent, among the participants in this study. How to facilitate long-term commitment and involvement from the management group needs to be further explored.

Decreasing sick leave rates is an important politically set target in the municipalities, which was also highlighted as an important motive in the present study. This is a common goal for businesses and organisations, investing in interventions targeting work environment and worker's health (Zwetsloot *et al.*, 2010), which is also on the agenda in Sweden. There are clear indications that systematic work environment work leads to increased health in organisations (Kuoppala *et al.*, 2008). However, sick leave rate is a difficult outcome to use as a valid measure hence it is insensitive, dependent on external factors and might be manipulated in the short term. The aim with the model is not to decrease sick leave in the organisations; rather, it is to improve work environment, productivity and quality (Svartengren and Hellman, 2018). Interestingly, the participants in this study also felt that the link between the Stamina model and decrease in sick leave rates was quite undefined. This is in line with previous research highlighting that senior managers find it difficult to understand how various indicators, such as sick leave rates, are related to the actual work place health or work environment intervention (Larsson *et al.*, 2016). Still, the participants in this study had a politically decided target to decrease sick leave rates. When the opportunity to use the Stamina model emerged, it was seen as a possible way to show positive action regarding the political target to decrease sick leave, even though the participants experienced the link between the Stamina model and decreasing sick leave rates as being quite undefined. This is referred to by Cohen *et al.* (1972) as a garbage can approach to decision-making. Hence, when a solution attracts a problem, instead of first defining a problem and then developing a proper solution to that problem. The garbage can model points towards a view on organisations and their actors as being not completely rational. Goals and targets set by organisations are seldom unambiguous and undisputed; problems, solutions and decisions fluctuate within an organisation, and they are linked primarily by their simultaneous arrival. The main consequence of a garbage can worldview is that an organisation is not always as rational as people in general would like to think (Brunsson, 1985). In this case, the respondents used the solution, the Stamina model, which came up as a way to address ambiguous political goals even though the respondents could not clearly see the link between the problem and solution. This implicit doubt about the effect of the effort might be considered as an obstacle for informing and creating commitment regarding the intervention in other levels within the organisation.

This study also identified other motives than decreasing sick leave rates that influenced the decisions. One motive was related to research, which is in line with findings from previous studies (Martinsson *et al.*, 2016; Van Dongen *et al.*, 2013) that emphasise that interventions need to be research-based to be interesting. Still, Martinsson *et al.* (2016) also found that the participants were pleased when they got a reference from another organisation even though the intervention was not research-based. This finding is in contrast to the present study where the participants clearly stated that they did not rely on recommendations or salespeople. This indicates that the participants experienced the involvement of research in the model as a guarantee for high quality. This, in itself, is paradoxical since it lies in the nature of research that an evaluation is performed due to the

lack of knowledge on the effect of the intervention. However, the participants saw themselves in a larger context and as an opportunity to learn new things. This is also the outspoken goal of the design in the Stamina project, which emphasises the real world context and the reciprocal relationship between research and practice. Such a design might decrease the gap between research and practice and facilitate the use of research in practice (Wandersman *et al.*, 2008).

Both previous research (Martinsson *et al.*, 2016; Miller and Haslam, 2009; Van Dongen *et al.*, 2013) and the present study identified provisions and regulations as important motives. The participants in the present study described it as smooth and easy to use an established model in order to fulfil legal requirements because the participants did not have to think about these aspects in detail. These findings might be interpreted as there being a will to fulfil provisions and regulations. Still, the provision of Swedish Work Environment Authority (2001, p. 1) is often experienced as time consuming and somewhat abstract (Svartengren *et al.*, 2013); thus, it is feasible to use a model that is easy to supply. This reasoning also relates to the garbage can model of decision-making. However, this might be one interpretation of the findings; the characteristics of the model seem to be important as well. An important motive identified in this study was the structure of the model, which could provide usable support to the first-line managers. This is in line with previous research, which has identified that the intervention/model needs to be structured and easy to understand to increase first-line managers and employees' participation (Justesen *et al.*, 2017; Martinsson *et al.*, 2016; Nielsen *et al.*, 2010). It might thus be concluded that some general characteristics seem to be of importance to make it usable and that the development of models that fit into the real world context and the unique organisation's preconditions are needed to promote systematic work environment management.

Methodological considerations

The research group had an independent and external role with no impact on the performance of the model used, which was clearly stated in the information given to the participants to minimise the risk of biased information.

Our study focusses solely on the experience of managers in municipalities that have decided to take part in the Stamina project. There is thus a potential bias as the participants deliberately have made a positive choice to use the model and probably may have a positive stance. This might influence the findings in a positive direction. Equally important would be to collect data from managers in municipalities that decided not to take part in the project. How did they make their decision not to participate? What are the factors that hinder such decisions to become involved in work environment intervention of this type?

To ensure the credibility of the findings, the analysis process went back and forth between codes and interviews in several steps (Shenton, 2004). The analysis has been discussed within the interprofessional research group on several occasions. Having various professions represented in the research group is an advantage for the study, as the risk of one specific perspective dominating the findings is limited.

Conclusion

The participants expressed motives that were linked both to their individual expectations and wishes and to their organisations' policies and context. These were often intertwined, in attempts to decide to use or not to use the Stamina model. The participants experienced the model as a valuable tool in their organisations that increased employee participation and provided structured support to their first-line managers, which was in line with their own wishes of how to incorporate the systematic work environment in their organisations. Their motives were also linked to personal thoughts of health promoting activities and how they wanted that work to be done. In addition to such motives, they also considered the political

directive of making efforts to decrease the sick leave rates and the organisations' obligations to fulfil legal requirements.

The research findings generate some practical implications that might be important to consider when deciding to implement a systematic work environment support model in a municipality:

- the representatives from the management group that are responsible for making the decision need to discuss the matter in a larger group to avoid building an organisational initiative based on one person's expectations;
- in order to promote successful implementation, the decision process needs to include collaborative features with other actors from various organisational levels within the organisation in order to establish long-term commitment regarding the workplace health promotion or work environment organisational intervention; and
- before making the decision, the aim and expected goal of the WHP or work environment organisational intervention need to be clear in order to reduce efforts that attract a predefined problem (such as sick leave) and instead, implement an organisational intervention that is a proper solution to that problem.

This study focus solely on the decision process, however previous research and partly our findings highlight the importance of having the higher management in a municipal organisation continuously involved in the implementation process in order to reduce the gap between decision and implementation in the organisations. Such gap is known to hamper the implementation process of organisational intervention and that needs to be further studied in research.

References

- Aboagye, E., Jensen, I., Bergstrom, G., Hagberg, J., Axen, I. and Lohela-Karlsson, M. (2016), "Validity and test-retest reliability of an at-work production loss instrument", *Occupational Medicine*, Vol. 66 No. 5, pp. 377-382, doi: 10.1093/occmed/kqw021.
- Brunsson, N. (1985), *The Irrational Organization: Irrationality as a Basis for Organizational Action and Change*, Wiley, Chichester.
- Charmaz, K. (2014), *Constructing Grounded Theory*, 2nd ed., Sage Publications, Thousand Oaks, CA.
- Cohen, M., March, J. and Olsen, J. (1972), "A garbage can model of decision making", *Administrative Science Quarterly*, Vol. 17 No. 1, pp. 1-25.
- Davenport, J., Allisey, A., Page, K., LaMontagne, A. and Reavley, N. (2016), "How can organisations help employee thrive? The development of guidelines for promoting positive mental health at work", *International Journal of Workplace Health Management*, Vol. 9 No. 4, pp. 411-427.
- Elovainio, M., Kivimäki, M. and Vahtera, J. (2002), "Organizational justice: evidence of a new psychosocial predictor of health", *American Journal of Public Health*, Vol. 92 No. 1, pp. 105-108.
- Eriksson, E., Orvik, A., Strandmark, M., Nordsteien, A. and Torp, S. (2017), "Management and leadership approaches to health promotion and sustainable workplaces: a scoping review", *Societies*, Vol. 7 No. 14, doi: 10.3390/soc7020014.
- European Agency for Safety and Health at Work (2002), Directive 89/391/EEC – OSH "Framework Directive".
- European Agency for Safety and Health at Work (2013), "Psychosocial risks and stress at work", available at: https://osha.europa.eu/en/topics/stress/index_html (accessed 3 March 2018).
- Frick, K. (2014), "The 50/50 implementation of Sweden's mandatory systematic work environment management", *Policy and Practice in Health and Safety*, Vol. 12, pp. 23-46, doi: 10.1080/14774003.2014.11667802.
- Holmberg, I. and Åkerblom, S. (2006), "Modelling leadership – implicit leadership theories in Sweden", *Scandinavian Journal of Management*, Vol. 22 No. 4, pp. 307-329.

- ILO (2012), *Estimating the Economic Consequences of Occupational Injuries and Illnesses in Developing Countries: Essential Information for Decision-Makers*, ILO, Geneva.
- Josephson, M. and Vingard, E. (2007), "Zest for work? Assessment of enthusiasm and satisfaction with the present work situation and health – a 1.5-year follow-up study", *Work*, Vol. 29 No. 3, pp. 225-231.
- Justesen, B., Eskerod, P., Reffstrup Christensen, J. and Sjøgaard, G. (2017), "Implementing workplace health promotion – role of middle managers", *International Journal of Workplace Health Management*, Vol. 10 No. 2, pp. 164-178.
- Keast, R. and Brown, K. (2007), "Adjusting to new ways of working: experiments with service delivery in the public sector", *Australian Journal of Public Administration*, Vol. 65 No. 4, pp. 41-53.
- Keast, R. and Mandell, M. (2014), "The collaborative push: moving beyond rhetoric and gaining evidence", *Journal of Management & Governance*, Vol. 18 No. 1, pp. 9-28.
- Kuoppala, J., Lamminpää, A. and Husman, P. (2008), "Work health promotion, job well-being, and sickness absences – a systematic review and meta-analysis", *Journal of Occupational and Environmental Medicine*, Vol. 50 No. 1, pp. 1216-1227, doi: 10.1097/JOM.0b013e31818dbf92.
- Kvale, S. (2008), *Doing Interviews*, Sage, Thousand Oaks, CA.
- Larsson, R., Åkerlind, I. and Sandmark, H. (2016), "Managing work place health promotion in municipal organizations: the perspective of senior managers", *Work*, Vol. 53 No. 3, pp. 485-498, doi: 10.3233/WOR-152177.
- Lohela-Karlsson, M., Hagberg, J. and Bergstrom, G. (2015), "Production loss among employees perceiving work environment problems", *International Archives of Occupational Environmental Health*, Vol. 88 No. 6, pp. 769-777, doi: 10.1007/s00420-014-1003-0.
- Lohela-Karlsson, M., Bergstrom, G., Bjorklund, C., Hagberg, J. and Jensen, I. (2013), "Measuring production loss due to health and work environment problems: construct validity and implications", *Journal of Occupational and Environmental Medicine*, Vol. 55 No. 12, pp. 1475-1483, doi: 10.1097/JOM.0000000000000005.
- Mandell, M. and Keast, R. (2009), "A new look at leadership in collaborative networks: process catalysts", in Raffel, J.A., Leisink, P. and Middlebrooks, A.E. (Eds), *Public Sector Leadership. International Challenges and Perspectives*, Edward Elgar, Cheltenham and Northampton, MA.
- Martinsson, C., Lohela-Karlsson, M., Kwak, L., Bergstrom, G. and Hellman, T. (2016), "What incentives influence employers to engage in workplace health interventions?", *BMC Public Health*, Vol. 18 No. 854, pp. 1-12.
- Mayer, R.C., Davis, J.H. and Schoorman, F.C. (1995), "An integrative model of organizational trust", *Academy of Management Review*, Vol. 20 No. 3, pp. 709-734.
- Mellor, N. and Webster, J. (2013), "Enablers and challenges in implementing a comprehensive workplace health and well-being approach", *International Journal of Workplace Health Management*, Vol. 6 No. 2, pp. 129-142, doi: 10.1108/IJWHM-08-2011-0018.
- Merriam-Webster (2019), "Dictionary", available at: www.merriam-webster.com/dictionary/municipality?src=search-dict-hed (accessed 14 March 2019).
- Miller, P. and Haslam, C. (2009), "Why employers spend money on employee health: interviews with occupational health and safety professionals from British Industry", *Safety Science*, Vol. 47 No. 2, pp. 163-169.
- Montin, S. (2007), *Moderna kommuner. Tredje upplagan* (Modern municipalities), 3rd ed., Liber, Malmö.
- Nielsen, K. and Abildgaard, J. (2013), "Organizational interventions: a research-based framework for the evaluation of both process and effects", *Work & Stress*, Vol. 27 No. 3, pp. 278-297, doi: 10.1080/02678373.2013.812358.
- Nielsen, K., Randall, R., Holten, A. and Gonzalez, E. (2010), "Conducting organizational-level occupational health interventions: what works?", *Work & Stress*, Vol. 24 No. 3, pp. 234-259.
- Palinkas, L., Horwitz, S., Green, C., Wisdom, J., Duan, N. and Hoagwood, K. (2015), "Purposeful sampling for qualitative data collection and analysis in mixed method implementation research", *Administration and Policy in Mental Health and Mental Health Services Research*, Vol. 42 No. 5, pp. 533-544, doi: 10.1007/s10488-013-0528-y.

- Schmidt, L. (2017), *Samarbete med företagshälsövård. Mekanismer av betydelse för förebyggande arbetsmiljöarbete. (Collaboration with Occupational Health Services. Important Mechanisms to Promotive Work Environment Management)*, KTH Royal Institute of Technology, Stockholm.
- Shenton, A. (2004), "Strategies for ensuring trustworthiness in qualitative research projects", *Education for Information*, Vol. 22 No. 2, pp. 63-75.
- Stoetzer, U., Åborg, C., Johansson, G. and Svartengren, M. (2014), "Organization, relational justice and absenteeism", *Work*, Vol. 47 No. 2, pp. 521-529.
- Svartengren, M. and Hellman, T. (2018), "Study protocol of an effect evaluation and a process evaluation of the intervention structured and time-effective approach through methods for an inclusive and active working life (Stamina model)", *BMC Public Health*, Vol. 10 No. 1070.
- Svartengren, M., Stoetzer, U., Parmasund, M., Eriksson, T., Stöllman, Å. and Vingård, E. (2013), "Hälsa och framtid i kommuner och landsting (Health and future in municipalities and county councils)", Arbets- och miljömedicin rapportserie nr 1/2013, Uppsala.
- Swedish Work Environment Authority (2001), "Systematic work environment management", available at: www.av.se/en/work-environment-work-and-inspections/publications/foreskrifter/systematic-work-environment-management-afs-20011-provisions/ (accessed 20 October 2017).
- Swedish Work Environment Authority (2015), "Organisational and social work environment", available at: www.av.se/en/work-environment-work-and-inspections/publications/foreskrifter/organisatorisk-och-social-arbetsmiljo-afs-20154-foreskrifter/ (accessed 20 October 2017).
- van der Zijpp, J., Niessen, T., Eldh, A., Hawkes, C., McMullan, C., Mockford, C., Wallin, L., McCormack, B., Rycroft-Malone, J. and Seers, K. (2016), "A bridge over turbulent waters: Illustrating the interaction between managerial leaders and facilitators when implementing research evidence", *Worldviews on Evidence-Based Nursing*, Vol. 13 No. 1, pp. 25-31.
- Van Dongen, J.M., Tompa, E., Clune, L., Sarnocinska-Hart, A., Bongers, P.M., van Tulder, M.W., van der Beek, A.J. and van Wier, M.F. (2013), "Bridging the gap between the economic evaluation literature and daily practice in occupational health: a qualitative study among decision-makers in the healthcare sector", *Implementation Science*, Vol. 8 No. 57.
- Wandersman, A., Duffy, J., Flaspohler, P., Noonan, R., Lubell, K., Stillman, L., Blachman, M., Dunville, R. and Saul, J. (2008), "Bridging the gap between prevention research and practice: the interactive systems framework for dissemination and implementation", *American Journal of Community Psychology*, Vol. 41 Nos 3-4, pp. 171-181, doi: 10.1007/s10464-008-9174-z.
- Westerlund, A., Brandt, L., Harlid, R., Akerstedt, T. and Lagerros, Y.T. (2014), "Using the Karolinska Sleep Questionnaire to identify obstructive sleep apnea syndrome in a sleep clinic population", *Clinical Respiratory Journal*, Vol. 8 No. 4, pp. 444-454.
- Wheelan, S. (2012), *Creating Effective Teams: A Guide for Members and Leaders*, 4th ed., Sage publications, Thousand Oaks, CA.
- Wheelan, S. and Hochberger, J. (1996), "Validation studies of the group development questionnaire", *Small Group Research*, Vol. 27 No. 1, pp. 143-170.
- Zwetsloot, G., van Scheppingen, A., Dijkman, A., Heinrich, J. and den Besten, H. (2010), "The organizational benefits of investing in workplace health", *International Journal of Workplace Health Management*, Vol. 7 No. 3, pp. 138-155, doi: 10.1108/IJWHM-10-2012-0026.

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