

Successful collaboration between occupational health service providers and client companies: Key factors

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Abstract.

BACKGROUND: Occupational health services (OHS) are often described as an important resource to reduce work-related diseases and improve the workplace.

OBJECTIVE: This paper identifies key factors for successful collaboration between Swedish OHS providers and their client companies.

METHODS: Interviews were carried out with representatives of 15 companies and their OHS providers. The interviews were transcribed and their content analyzed.

RESULTS: The results revealed that successful collaboration was highly correlated with six factors. First, the collaboration depends on both parties; “it takes two to tango”. Second, the company and the OHS provider have a joint commitment to a long-term collaboration. Third, the collaboration is built on frequent contact at different organizational levels. Fourth, the company has a well-structured work environment for occupational health and safety management. Fifth, the OHS provider uses a consultative approach in its prevention and promotion activities. Finally, OHS providers seek to treat the company, not the individual.

CONCLUSIONS: Our research indicates that a successful collaboration requires both occupational health and safety management (OHSM) within the company and the assistance of a competent OHS provider. A change toward more promotion and prevention services benefits the company, since the occupational health services are better tailored to the company’s needs.

Keywords: Work environment, work-related illness prevention, dialogue, trust and confidence

1. Introduction

Occupational health services (OHS) are intended to be a supporting resource for companies in the prevention and elimination of hazards at work, and are endorsed by both the World Health Organization (WHO) and the International Labour Office (ILO) [1]. In Sweden, the employer has a responsibility for managing

the work environment. The Swedish Work Environment Act requires that employers cooperate with employees and safety representatives about the work environment [2]. According to Swedish regulations, an employer is required to consult experts if the employer’s own competence does not suffice. If necessary, the employer should arrange for OHS provision, with an emphasis on prevention. OHS providers should be an “independent resource and have [the] skills to identify and describe connections between [the] work environment, organization, production and health” [3].

During past two decades, the role of OHS providers has been an object of considerable discussion and nu-

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merous governmental reports regarding their purpose and future development [4,5]. Concerns about the impact and effectiveness of OHS providers have led to increased interest in evaluating their performance and quality [6]. Questions on how OHS providers meet new demands [7], whether the use of OHS providers is the best way of achieving the desired results and if they are fitting the purpose have been raised [8]. A report from the Swedish Agency for Public Management has established that due to lack of research, it is not possible on a scientific basis to assess if OHS providers are profitable in terms of efficiency or economy, either for society or for their client companies [9].

According to regulations, OHS providers should supply multidisciplinary services oriented to preventing work-related diseases, promoting a healthy and safe work environment, and sustaining and improving the work ability of employees [3]. Therefore, OHS providers should have competence in behavioral science, preventive medicine, ergonomics, rehabilitation and technical safety in order to offer comprehensive services covering the psychological, medical, technical and social aspects of work and the work environment. During the past two decades, the market orientation of OHS has stimulated the development of economic appraisal of OHS services and activities, quality standards and requirements for more research on evidence-based action. However, the efficacy of investment in services from OHS providers is often hard to prove [10].

Today, the objectives of OHS providers are multifaceted, ranging from activities directed at individual workers' health, give advice to employers and to carry out oriented activities relating to the work environment and work organization, and the content and quality of services vary between OHS units [11]. In addition, the methods and activities vary depending on the branch and the size of the company and the content of the services provided [12]. Two of the most common services of OHS providers in Sweden are health examinations and medical treatment [13]. Except for statutory examinations to prevent susceptible individuals being exposed to certain agents or to prevent their exposure from exceeding a certain level, these kinds of services are mainly reactive.

In health examinations, the focus is on the individual employee, but the health outcome can be hard and difficult to measure and is often beyond the control of the OHS provider [13]. Activities of the OHS provider should not be unrelated actions, but rather as integral parts of an ongoing process to improve the work-

place [11]. Doubt has been raised about the efficacy of OHS providers and their ability to prevent ill health at the workplace [14]. Indicators are that client companies express expectations of greater results and benefits from their investments in OHS [13]. In one study, client companies mainly criticized the communication or the quality of the services from OHS providers [15]. Furthermore, OHS providers do not meet the needs of employees, and their competencies need to be enlarged [8]. The content of OHS activities has to be adjusted to changes in working life and to work-related ill health. In fact, OHS providers must contribute to solutions to work-related problems and achieve results in preventive work at the workplace [16].

Therefore some OHS professionals are now framing their services in a new vocabulary of economic evaluation of the business value of their services. However, the profitability of an investment into employees' health and human capital is often hard to prove [15], even if the economic value needs to be demonstrated [17]. The difficulty in evaluating the value of OHS is mainly due to the fact that the effects depend on many factors [15]. The emerging problems of working life put demands on OHS providers to develop new approaches to be competitive and meet the changing needs of their clients. To cope with changes in working life, OHS providers need to develop and introduce new methods and tools [16].

Clearly, it is important to develop and improve OHS services, but in order to fulfill the expectations for high-quality OHS that contribute to solving workplace problems, it is necessary to have multidisciplinary OHS teams [18]. Another implication is the need to meet future challenges through collaboration with other experts and specialists [16].

Approximately 65% of the working population in Sweden has access to OHS [19]. Organizations manage health and safety issues at work in different ways. In fact, many companies/employers do not always have sufficient knowledge and respond only to emergencies or high rates of sick leave. Their expectations regarding support from OHS providers often entail minimal services for the lowest possible price [18,20]. Some companies strive to manage OHS in a more systematic way by integrating outcomes from OHS into the overall management structure, aiming at strengthening the organization's overall performance [21,22].

The assessment of customer's satisfaction is a complex concept and can be done in many different ways [11]. The services in occupational health are performed by different professions and are directed to-

Table 1
Topics of interview guide with companies

<ul style="list-style-type: none"> - The history of the relationship between the company and the OHS provider. - The company's organization and relationship to the OHS provider. - Facts about and opinions on the collaboration. - The occupational health and safety management and how the need for support from an OHS provider was identified. - The company's opinions on promotion and prevention work. - The process of purchasing OHS. - Decision processes about collaboration with the OHS provider. - The organization of the collaboration with the OHS provider regarding concrete preventive work, including activities to promote work ability. - The results of the OHS provider's work and contribution to the company.

ward different levels in the client companies and with different counterparts. Any evaluation needs to consider all these variables, as well as the context of the client companies. Some studies have been carried out, but more research is needed to evaluate the performance, quality and effectiveness of OHS providers and their services [23].

The aim of this study was to identify key factors for OHS providers' successful collaboration with client companies, leading to preventive and proactive work and resulting in reduced absence due to work-related illness and in sustained or improved work ability.

2. Materials and methods

2.1. Study design

We used a qualitative research method to identify key factors for successful collaboration between companies and OHS providers. Hence, we chose to study companies that have succeeded in increasing their preventive work in order to improve the work environment. Qualitative data are useful in exploratory studies, for understanding the attitudes of participants and providing in-depth information [24], as well as increasing the comprehension of processes.

The project was conducted in consultation with a reference group consisting of the social partners, a researcher and a representative of the Swedish Association of Occupational Health and Safety. From suggestions from the reference group and articles in the media, 31 companies were identified that appeared to have improved their work environment and where an OHS provider had contributed to the process.

The criteria for selecting companies were that they had succeeded in improving the work environment, with the assistance of preventive services from an OHS provider, reducing absence due to work-related illness or improving the work ability of employees. In addition,

cooperation between the company and the OHS provider should have been in place for some time, usually at least a few years. Companies that had collaborated with OHS providers mainly for rehabilitation were excluded.

Telephone interviews using a thematic interview guide (see Table 1) were conducted with the 31 companies, in order to be able to evaluate if the companies fulfilled two inclusion criteria:

- Reduction of work-related absence
- Preventive occupational health and safety management [OHSM], resulting in an improved work environment.

Since OHSM includes many areas from physical to psychosocial, companies were selected that reported good results in some, but not all, areas. Hence, the selected companies are not "perfect" examples of collaboration with OHS providers, but have established successful collaboration in at least some areas and with continuing development of the preventive work as well as the collaboration.

The results were compiled and discussed with the reference group and a total of 16 companies were selected for the study. The 16 companies were contacted and one company declined to participate due to an ongoing evaluation of its OHS provider. The remaining 15 companies were given both oral and written information about the project and gave their informed consent to participate in the study.

2.2. Data collection

The data collection from the 15 companies was done through visits to the companies and semi-structured interviews, using an interview guide covering different themes (see Table 1), as well as observations of and written documentation from the companies. A convenient time and place for the interviews was agreed with those respondents who were willing to partici-

Table 2
Number of interviewees in the companies and OHS providers

Company	Human relations dept.	First-line managers	Trade union safety representatives	Contacts in OHS provider	Total numbers of interviews
1	× ×	×	×	×	5
2	× ×	×	×	× ×	6
3	× ×	×	×	×	5
4	×	× ×	× ×		5
5	×		×	×	3
6	×	×	×	× ×	5
7	× ×			×	3
8	× ×	×	×	×	5
9	×		×	×	3
10	×	×	×	× ×	5
11	×	×	×	×	4
12	×		×	×	3
13	×			× ×	3
14	× ×	×	×	× ×	6
15	×	×	× ×	×	5
Total	21	11	15	19	66

pate. Interviews were carried out with personnel and human resource managers, safety representatives and other managers in the companies (see Table 2).

Interviews were also carried out with managers of in-house OHS and with client managers in the external OHS provider. In three OHS providers, client managers were interviewed. Also nurses, doctors and rehabilitation coordinators at both in-house OHS and external OHS providers were interviewed. All visits and interviews with the companies and OHS providers were conducted by two researchers.

The benefit of thematic interviews is that comments and new questions can be formulated during the interview. Follow-up questions were asked if needed and the respondent's answers were often reflected upon and further discussed, to provide a deeper understanding. Each interview was carried out in privacy at the workplace or at the OHS provider's premises, and lasted for about 1–1½ hours. At 12 of the companies, all interviews were recorded with the permission of each interviewee. Depending on technical difficulties, notes were taken at the three remaining companies. During the visits and in connection with the interviews, conducted tours in the company were practicable in five of the 15 companies. During each tour, information was obtained about work environment conditions and further information on the company was given. Summaries from the tours were written immediately after the visits.

The interview guide used for the interviews with participating OHS providers covered the same themes as those listed in Table 1, but from the perspective of the OHS provider.

2.3. Data analysis

All tape-recorded interviews were transcribed. The interviews were compiled and summarized as case studies [24] for each company. Case studies enable a holistic view of the phenomenon studied, and can provide many sources. According to Yin, explanatory case studies can be useful to study processes in companies [25]. The cases were analyzed by sorting the data into major themes as described by Miles and Huberman [26], and the set of themes corresponded to the main topics in the interview guide. The two researchers independently assessed the coding of themes and the analyses were compared and discussed to achieve coherence. The researchers also analyzed the different participants in the case studies and compared their roles and functions, as well as the companies' goals and requirements for OHS, and the ways that the relationships between the companies and the OHS providers had developed.

The major themes were organized into narrative summaries that contained detailed descriptions and illustrations from each case study.

3. Results

3.1. About the companies and the OHS providers

The criteria for the selection of companies with proactive use of OHS resulted in mainly large companies in the private sector. Nine of the companies in the project had 1,000–9,000 employees, four companies had 300–700 employees and the remaining companies

were medium-sized, with 140–250 employees. The selected companies represented industries of manufacturing and engineering, metal processing, equipment and machine production, chemical industry, pulp and paper industry financial institutions, health care company, pharmaceutical company mining and processing, call center company, warehouse, amusement park and daily commodity supplier,

Of the 15 companies, eight had engaged external OHS providers, five had in-house OHS and two had OHS with mixed ownership. The interviews in the 15 companies gave a broad and reliable picture of companies with a good relationship with both in-house OHS and external OHS providers.

The 15 companies were in different phases of their collaboration with OHS providers. Seven companies, five with in-house OHS and two with OHS with mixed ownership, had had an established collaboration for a long time. In these companies, a more strategic collaboration was already functioning focusing mainly on prevention and promotion services from OHS.

Four of the eight companies with an external OHS provider had been a client for more than 5 years and had developed their collaboration with the OHS provider gradually. For these four companies, the closer relationship had started with a problem-solving assignment – for example, the reduction of overly high sick leave. In these four companies, successful activities to reduce absence levels were initiated with the support of the OHS provider. The relationship then developed step by step toward more preventive services.

3.2. *Changing OHS provider – an opportunity*

Four companies had recently changed OHS provider. The reasons for this varied. One company had faced severe occupational accidents and looked for more qualified support to reduce the risk of further accidents. In another company, employees and the union had increased their demands for support from OHS regarding the working environment. In the remaining two companies, new managers were discontent with their existing OHS provider mainly focusing on medical care, rehabilitation and health controls. Even if these four companies were satisfied with the services delivered by their OHS provider, they wanted to benefit more from the provider. The companies were demanding more prevention and promotion services, and their ambition had accordingly increased.

The results indicate that successful use of OHS does not depend solely on the OHS provider. In the current

study some essential conditions that facilitate effective collaboration were identified in the 15 companies and in their relationship with OHS providers.

3.3. *Six essential conditions*

Six factors of most importance in the best use of OHS competence were identified:

- “It takes two to tango”
- Commitment to a long-term collaboration between the company and the OHS provider
- Frequent contact at different organizational levels
- Organizational readiness and capacity – will, knowledge and structure for occupational health and safety management (OHSM) in the company
- OHS provider applying a consultative approach
- Treating the company – not the individual.

There is wide variety in how the OHS providers practice and services work, how companies collaborate with OHS providers, and what services companies need and procure.

The results indicate that successful collaboration is not related to a certain model of ownership of OHS, e.g., in-house OHS. The six conditions are described and discussed below.

3.3.1. *“It takes two to tango”*

The role of the OHS provider is to support the company, including the employer and the employees. However, the OHS provider needs to get access to the company, something they cannot manage to establish by themselves. The collaboration with OHS providers, as well as the OHSM work, is a continuous process, and a joint commitment to this ongoing process has been essential in the 15 companies.

The 15 companies have in common a willingness to collaborate with OHS providers to achieve a better work environment. The management of the 15 companies had realized that occupational health services were not limited solely to solving acute or apparent problems. In fact, the 15 companies had consented to OHS providers contributing to the company’s internal discussions and documents on the work environment as a basis for collaboration founded on trust and confidence. Even if the OHS provider has the necessary knowledge, skills and experience and can contribute with their professions to the company, it is the company’s decision to purchase and utilize an OHS provider. This illustrates that even if it takes two to tango, it is the companies that need to ask OHS providers for a dance.

3.3.2. *Commitment to a long-term collaboration between the company and the OHS provider*

One important factor in the company and the OHS provider achieving successful collaboration is having the skills to develop a good relationship. Being able to create opportunities for a long-term and close relationship with a client company is different from acting as a service supplier only. Relationships and collaboration develop in stages, and the collaboration between the companies and the OHS providers was described as a process that develops over time. The 15 companies had invested time and considerable resources in their commitment with the OHS providers. The collaboration had progressed through dialogue, discussions and regular tuning. Successively confidence and trust were built up in the collaborative process and the dialogue. One considerable part of the success of the collaboration was the OHS provider's ability to deliver services. The companies shared relevant and significant information, and in turn, the OHS providers understood that they needed to demonstrate commitment and trust as part of the services they deliver. This demonstration gave credibility to the OHS providers and helped to solve issues effectively.

To meet the needs of the company, each OHS provider in our study understood and had adapted to each company and had contributed to improving its working environment, rather than focusing on service sales. One OHS representative reported: "The collaboration is built on very informal contacts. It is very flexible, and the very best is if the contract with the client company allows an initial free consultation with the OHS provider. In that way, the OHS provider gets information and learns about the company."

In several cases, the OHS provider had discussed the business values and profitability of the provided services with the company. For the OHS provider, it is important to understand the company's economy and business. This understanding helps develop good customer relations and gives weight to the discussions. OHS providers perceived increased interest from companies when credible business-oriented arguments were used. Accordingly, as a spin-off, occupational health services could be adapted to the company's situation, improving productivity and quality. To make this commitment to work, the OHS provider needs to have access to the company and to take part in the company's internal discussions and planning. Several OHS providers in the study wanted to serve as a business partner, not just as a supplier of services.

3.3.3. *Frequent contact at different organizational levels*

Several of the companies and OHS providers in the study indicated that the lack of frequent contact between OHS representatives and managers, employees and the company's safety representatives throughout the entire organization can obstruct effective collaboration. Some companies had limited contact between the HR department and the production management. If OHS providers mainly have contact with the HR department, they will not have access to information on the work environment and the needs of the production organization. Several companies in the study had reorganized their HR department in order to make them work closer to the production process, resulting in increased involvement in and knowledge of the daily operations. In this manner, they obtained an easy and rapid way to adjust OHS activities to the production needs.

However, several companies requested an increased presence of both the HR department and the OHS provider in the organization. As one HR manager said about OHS providers, "the most important thing is, irrespective of the OHS provider, that they try to be close to their clients and to continuously have opportunities to follow up. If they have good knowledge and understanding of the client, it is easier to help and guide."

In this particular company, the in-house OHS staff had the great advantage of being a part of the organization. However, the study indicates that it is possible for an external OHS unit to work in the same way. In the 15 companies, OHS providers have contacts at different organizational levels and with different players: employers, employees and safety representatives. The collaboration is a joint arrangement and had required the involvement of the managers, employees and safety representatives in the realization of occupational health services.

3.3.4. *Organizational readiness and capacity – will, knowledge and structure for OHSM*

The companies in the study had identified their problems in the work environment themselves. OHS providers then became gradually involved in different ways.

The companies had developed or were well on their way toward good and effective OHSM. Some of the companies had integrated their management systems for occupational health and safety, quality and environment. The integration resulted in an effective management system, applying the same methods for reporting

and follow-up of near-accidents and accidents, meetings and communication. Inputs and outcomes from OHS activities were considered to be a natural part of the company's OHSM.

The interviews indicated that companies that had developed prevention-oriented occupational health and safety management often collaborated successfully with OHS providers. Interventions to improve working conditions often affect personnel, production and quality. Effective integrated management systems include the possibility of managing all kinds of near-accidents, including accidents, and make it easier for the company to integrate the inputs and outcomes of OHS activities in the management system. As one OHS representative stated, "clearly, the company wants to have results from OHS rather quickly. And then this delivery cannot be a different question from other questions in its business."

In several of the companies, representatives from the HR department, managers and safety representatives followed up, evaluated, defined success indicators and discussed the services from OHS providers. Through regular follow-up and evaluation of the companies' satisfaction with the OHS provided, problems could be corrected immediately. Detailed follow-up of the services delivered by the OHS providers made it easier for the companies to understand where preventive support from the OHS providers had made a difference. This recurrent adjustment served as a basis for more effective services from the OHS providers.

3.3.5. *OHS provider applying a consultative approach*

The results indicate that OHS providers need to take a more consultative role in the relationship with their client companies, acting as coaches and assisting the companies to become aware of their own needs and issues. Referring to one client company's managers and employees, an OHS representative commented that "everything I do in the company should contribute to their learning. More and more they understand what they don't manage and what kind of needs they have."

Being effective requires OHS providers to be open and responsive to both managers and employees in the company as objective and impartial partners. In our study, OHS providers were willing to collaborate closely with the companies and to visit and contact them at regular intervals. A decisive factor was to what extent the companies and the OHS providers were capable of creating and maintaining contact in order for the OHS providers to meet the companies' needs.

The OHS providers in this study had increased their sensitivity to the companies' needs and were invited to discussions about safety and health in the companies. At the same time, the OHS providers had a possibility to increase their knowledge about the companies. In these successful collaborations OHS providers must have an open mind; we identified unprejudiced discussions that had not always resulted in the companies buying services from the OHS providers. This mutual relationship and the assistance of the OHS providers also gave the companies a chance to identify problems and discuss and develop solutions. The OHS providers, on the other hand, had an opportunity to establish and develop a role as a speaking partner and to support the company. The study shows that in several of the 15 companies, the OHS provider had developed from being a service supplier to becoming a collaborator on strategic OHSM. The collaboration involved knowledge transfer, and the OHS provider acquired a role as an expert in several processes, in relation to not only the HR department, but also the production organization.

In the 15 companies, an effective consultative approach from the OHS providers resulted in tango dancing.

3.3.6. *Treating the company – not the individual*

Successful collaboration between the OHS providers and the companies resulted in more promotion and prevention services and decreased the work on rehabilitation, health care and medical services. This observation was made in almost all of the interviews. In some of the companies, the collaboration with the OHS provider began with a focus on absence due to illness and rehabilitation, but then changed toward more preventive services and health promotion. This move from reactive to preventive services required changes in the company. Consequently, the companies became determined to take a more strategic direction in their OHSM, to achieve greater efficiency in the utilization of OHS and increase the return on investment in OHS.

Promotion and prevention services from OHS may include promoting employees' health and work ability, developing methods to evaluate ergonomics in production and addressing issues related to work organization. Decisions about such promotion and prevention activities require involvement from both managers and employees.

Even if some of the 15 companies kept aspects of medical care in their OHS offering, the collaboration had developed from individual questions to organizational questions, and from rehabilitation toward more promotion and prevention services.

4. Discussion

The data in this study describe successful collaboration between client companies and OHS providers, leading to preventive and proactive activities that reduce absence due to work-related illness and that sustain or improve work ability. Successful collaboration in this study was defined as a mutual experience of the 15 companies and their OHS providers, and was not measured or evaluated quantitatively. A collaboration theory can be utilized to describe and assess levels of collaborative integration between parties, through a formative evaluation process. But collaboration is a hard term to grasp, developing through different stages [27]. Similarly, research on the concept of trust has identified interorganizational trust as a key factor contributing to alliance success, and with a positive effect on alliance performance. Trust is also a hard term to grasp; researchers have argued that trust has different effects on alliance performance depending on the behavioral and environmental context [28].

According to Swedish regulations, an important assignment of OHS providers is to prevent work-related accidents and diseases [2]. Studies show that during past two decades, the most predominant services in OHS have been worklife-oriented rehabilitation and health examinations. These services are important, but are insufficient to contribute to the prevention of work-related illness due to the work environment. Instead, in order to work preventively, OHS providers need to increase their promotion and prevention services.

The study shows that successful collaboration between the 15 companies and their OHS providers is largely built on vivid dialogue at different levels in the company. Accordingly, it is important for OHS providers to have the opportunity to discuss and communicate with individuals at different organizational levels in the company. The desires, expectations and requirements of the employers, employees and safety representatives in the client companies need to be expressed and discussed. Through joint discussion, the collaboration develops and the collaborators learn from each other. OHS providers need to be able to adjust their services from the discussions to companies' present needs and to have a flexible approach, focusing on tailor-made promotion and prevention services. A growing mutual trust, continual dialogue and regular calibration of the OHS activities are also key factors in successful collaboration. Companies' trust in their OHS providers is essential, so that they can be confident in discussing their needs and issues.

The responsibility for the work environment and rehabilitation lies with the employer. The results indicate that a qualified OHS provider is not enough; companies need to have knowledge about occupational health and safety. It is not possible that OHS providers alone can solve their client companies' working environment problems. Effective OHSM in companies makes it easier to make use of OHS providers and easier for OHS providers to give good support. Support from OHS providers in production and planning gives companies greater pay-off in terms of improved quality and production levels. For that reason, it is essential to develop and improve OHSM in companies.

5. Conclusions

Our research indicates that a successful collaboration requires both OHSM within the company and the assistance of a competent OHS provider. A change from medical care and reactive services toward more promotion and prevention services benefits the company, since the occupational health services are better tailored to the company's needs. The collaboration is strengthened by regular communication and interaction between the OHS provider and individuals in different positions and levels in the client company.

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