

How can occupational health services in Sweden contribute to work ability?

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Abstract

Occupational health service in Sweden is often described as an important and strategic resource to reduce work-related diseases, improve work ability and successfully assess improvement of the workplace. However, not much research has been done on how OHS contribute to reduced absence due to work-related illness or improvement of the work ability of employees. In our study, the ambition has been to describe how OHS can contribute and give effects in client companies. Fifteen companies considered to be good examples were selected in cooperation with the social partners. Semi-structured interviews were carried out with representatives of the company and OHS. The results show that efficient collaboration depend strongly on the relationship between the OHS and the company, and were highly correlated with a continuously dialogue and contact. Good occupational safety and health management at company level was a key factor for effective use of OHS. The strategic collaborations also often led to that OHSs contribution was gradually shifted from a reactive or medical focus to a more proactive approach. Several of the interviewed OHSs also held this strategy to work more with prevention, and focusing on “treating the organization”, not the individual, leaving the executive measures to the company.

Keyword: Occupational health services, relationship, dialogue, occupational safety and health management, strategic collaborations.

1. Description

Occupational health services (OHS) are often referred to as an important resource for companies in their ambition to create a good work environment. According to the Swedish legislation on occupational health and safety OHS should be *an expert and particularly work to prevent and eliminate hazards in the workplace*. OHS shall also have *the skills to identify and describe the relationships between work environment, organization, productivity and health*.

Today OHS in Sweden act on a free market and must offer their services to companies. However, there are a great variety of need of OHS between different industry and branch depending for example on workplace conditions. Consequently the service of OHS should be provided in accordance with the company requirements.

According to Swedish law, OHSs commissions are to focus on prevention, before injuries happen to somebody. In the process of rehabilitation the OHS

practitioner should play an important and supportive* role and find solutions to get employees back in work. To avoid injuries and absenteeism OHS also can contribute with their knowledge and practical attainments of connections between working conditions and health. OHS in Sweden are multidisciplinary but with no requirements for the professional skills of the personnel.

In Sweden the employers cover the costs of OHS. Therefore investments in OHS are more determined by economic state of the company than risks in the work environment. Preventive services from OHS are paid immediately although the benefits will be received “in the future” because it is supposed to lead to lower absenteeism and injuries.

There is a lack of research in this field, especially on how and in what way OHSs efforts contribute to

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actually reduce absenteeism and improve work ability of employees.

State of the art

During recent decades several governmental reports have discussed the role, work models and organization of OHS in Sweden [1]. In the report *Action plan for improved health in working life* [2] OHSs describes as a strategic resource to reduce work-related accidents and diseases, improve work ability and successfully assess the need for improvement of the workplace and working environment.

The collaboration between OHS and their customer has been studied in Norway [3]. The results indicate that OHS regard their activities and efforts in the company more than the customer do. In fact, the customer assesses their own competence higher than OHS do.

A report from The Swedish Agency for Public Management [4] establish that it is not “possible to assess the scientific basis of OHS is profitable for either the community or the customers or whether it contributes to reducing ill health”

However, many methods to evaluate OHSs or OHS activities exist, all depending on the object of evaluation. But depending on the great variety of activities and efforts in customers’ company, circumstances in the company, evaluation are difficult. Most studies are more descriptive than evaluative [5].

This study identifies successful interactions of companies and OHS in Sweden. The purpose was to describe how OHS contribute to reduced absence due to work-related illness or improvement of the work ability of employees and to identify the key factors to this relationship.

2. Method

We examined the relationship between OHS and customers, by using qualitative research design to identify successful interactions between Swedish companies and OHS and identify the key factors. The case study included semi-structured interviews and information in form of written material.

Study population

The studied companies were selected in cooperation with the social partners (employer organizations and unions) who were assumed to have significant information on the selected case.

Companies were selected to represent different organizational types of OHS units. The cases were selected to reflect companies that had succeeded to improve work environment, reduced absence due to work-related illness or improvement of the work

ability of employees. Criteria for the selection of the companies were comprehensive contact and involvement of OHS in their work of improvement. Collaboration exclusively for rehabilitation was excluded.

Conditions in small enterprises are in many considerations different according to health and safety management and their contact with OHS [6]. In this respect, small enterprises with less than 50 employees were excluded from the study.

The participating company in the study was large private company. More than half of the companies (nine) had between 1000 – 9000 employees. Four of the companies had 300 – 700 employees, and two companies were middle sized with 140-250 employees.

Data collection

Data collection started by contacting the companies and screening interviews were initially made by telephone with the human resource managers or similar functions in 31 companies. Totally 16 companies were chosen for in-depth case studies. One company was not able to participate due to evaluation of their committed OHS.

A convenient time and place for the interviews was agreed with the respondents willing to participate. Semi-structured interviews were carried out with manager of personnel and human resources, trade union representatives, first-line managers in the companies.

Interviews were also conducted with representatives of OHS from the perspective of the OHS professionals; e.g. manager, responsible for customer relations, nurse or physician. All contact with the companies and OHSs; telephone, visit and interviews, were made by two researchers.

The interviews lasted 1-1, 5 h. and were recorded at twelve companies with the participants consent, and at three companies notes were taking during the interviews.

The interviews based on different themes focused on the collaboration, occupational health and management, working conditions, attitudes, organization and requirements in the company.

Analysis

Data analysis followed with typing the transcripts and analyzing the written material. The text transcriptions were analyzed and grouped according to the themes of the interviews.

3. Results

In the project a number of key factors of collaborations were identified between the participating companies and OHSs.

The OHSs in the study were eight external units, five OHSs were in-house and two OHSs were managed in different models by shared ownership. New solutions and atypical forms of networking were identified in two of the external OHS units. Personnel in the in-house OHS often work as a multidisciplinary team, including several specialists. They worked generally integrated in the production and ensure the implementation on workplace level.

The results indicate that successful interaction between company and OHS not depend of the management in the OHS unit. Consequently, the solutions to work successfully were identified in all type of units.

Characteristic for the participating companies are a good and effective occupational health and safety management (OHSM). Most of the companies in the study had undertaken re-structuring of their internal processes for OHSM, which then became starting point for re-negotiation of relation to and use of OHS. The processes require well-developed and well-coordinated system at the workplace and OHSM at company level was one of the key factors for effective use of OHS.

The results indicate that the companies, when developing their own OHSM, identify the need for more consultative qualities from the OHS, such as having an interactive discussion or getting advice from a competent partner that is applicable to the own organization and contributes to the core business of the company.

Another key factor is the necessity for the company and OHS to develop a good relation. The opportunities for OHS to contribute and improve work ability and reduce absenteeism depend strongly on the function of the relation between the OHS and the company. Several of the companies in the project have developed their relation with OHS, and established a more complex relation with frequent contact. In addition, the purchasing process in several of the companies was changed and specified to match the real needs.

An efficient collaboration was highly dependent on a continuous dialogue and contact between the company and OHS, where the personnel of OHS needed to be flexible and adjust to the company needs. If necessary they involved external network and other experts. In the companies, it was important to feel confidence and trust for OHSs personnel and their activity.

Accordingly, the organization structure must also provide and act on OHSs information. For example, education and support to line management was part of this development.

Hence, within the companies, the relations and contacts with OHS were no longer exclusively done by the HR department, but also by line managers' employees, groups with participants from every department, including safety representatives.

In the project OHS personnel used consultative work methods for a more strategic collaboration. The strategic collaborations also often led to that OHSs contribution was gradually shifted from a reactive or medical focus to a more proactive approach. Several of the interviewed OHSs also held this strategy to work more with prevention as strategic partners, and focusing on "treating the organization", not the individual, leaving the executive measures to the company.

OHSs personnel today, like nurses and physicians, having skills in primary medical care, examinations, ergonomics and rehabilitation. Therefore, OHS needs to transform to meet the demands of more strategic qualities, such as skills in economic, consultative work methods, work organization and profitability.

4. Conclusion

The results show that OHSs must acknowledge customers' needs and expectations and cannot operate in one single "best practice" which fits all.

Preventive activities are supposed to lead to reduced absence due to work-related illness or improvement of the work ability of employees. Companies in the project demanded businesslike methods and cost-effective guidance to evaluate OHS efforts. OHS must be able to respond to the needs and expectations from client companies.

A continuous dialogue based on trust and confidence between the company and OHS, including continual discussions, facilitates adjustments of OHS activities and efforts to local needs. This was held as a key factor to decrease the ill-health and to enhance the work ability, and as more important than different OHS professionals competences, as long as the later fulfilled the requirements.

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