Occupational Health Services: a study in the Swedish public sector; municipalities and counties
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1. Introduction
In Sweden, municipalities and counties are among one of the largest employers, with more than a million employees (Swedish Association of Local Authorities and Regions, 2014). Today Sweden is divided into 290 municipalities and 20 county councils which include four regions. They are self-governing local authorities with responsibility for different activities; municipalities are responsible for matters relating to the inhabitants of the municipality and the main task of the county councils and regions is healthcare. In the public sector, the locally elected politicians have the ultimate responsibility for occupational safety and health for their employees. Municipalities and counties have great opportunities to organize their operations and adapt to local and regional conditions.

In Sweden, the employer is responsible for occupational health and safety and the law requires that employers cooperate with employees and safety representatives about the work environment. If necessary, the employer is required to consult and ask for support from external resources as an occupational health services (OHS) provider (Swedish Work Environment Authority, 2015). In municipalities and counties the services can be provided by an in-house OHS unit or be purchased from a private OHS provider.

During recent decades several governmental reports have discussed the role, work models and organization of OHS providers in Sweden (SOU, 2007:91; SOU 2004:113; SOU 2011:79, Westerberg et al, 2004). A report from The Swedish Agency for Public Management establishes that it is not “possible to assess if the scientific basis of OHS is profitable for either the community or the customers or whether it contributes to reducing ill health” (Statskontoret, 2001). Today a program for research of OHS is established. Current researches are in particular studying evidence-based policy-making tools and methods (Karolinska Institutet, 2015).

Key factors for a successfully collaboration between private client company and their OHS provider has been described in research (Schmidt et al, 2013). The results revealed that successful collaboration was highly correlated with six factors; collaborations, joint commitment, frequent contact at different organizational levels, a well-structured work environment for occupational health and safety in the client company and that the OHS provider uses a consultative approach in their preventive and promotive activities. Finally, the OHS providers seek to treat the company, not the individual.

Work in the public sector has been changing in recent decades towards more market-like conditions. The public sector is a political organisation and the procurement differs from the private sector in a number of ways. The most notable is that public procurement is more regulated with political constraints and that the process emphasizes efficiency. It is important that OHS providers can support the public sector with preventive services. Are the key factors for a successful collaboration between OHS providers and the client companies in the private sector relevant for municipalities and counties?

The purpose of this study was to identify conditions and key factors for successful collaboration and use of OHS providers’ services in municipalities and counties, leading to preventive and proactive work.

2. Method
We examined the relationship, by using qualitative research design to identify interactions and use of support and services between Swedish OHS providers and municipalities and counties. The study included semi-structured interviews and written material.

2.1 Study population
The studied municipalities and counties were selected in cooperation with the social partners (employer organizations and unions) who were assumed to have significant information on the selected case. The 11 cases were selected after screening interviews with ca 30 organizations, made by telephone with the human resource managers or similar functions. They were selected to represent different organizational types of OHS providers. 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 were comprehensive contact and involvement of OHS in their OHS management. Collaboration exclusively for rehabilitation was excluded.

2.2 Data collection

A convenient time and place for the interviews was agreed with the respondents willing to participate. In total, 80 semi-structured interviews were carried out with manager of personnel and human resources, trade union representatives, first-line managers in the municipalities and counties. 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 cases and OHSs; telephone, visit and interviews, were made by two researchers. The interviews lasted 1-1.5 h. and were recorded at all interviews with the participants consent. The interviews covered different themes focused on the collaboration, occupational health and management, working conditions, attitudes, experiences and requirements in the municipality or council.

2.3 Analysis

The text transcriptions were analyzed and grouped according to the themes of the interviews. The interviews were analyzed using qualitative methods, including content analysis and discourse analysis.

3. Results

The results indicate that interaction and collaboration between the municipalities and councils and the OHS provider depends on several factors. In this paper we will present only the results regarding contributing and challenging main factors. Seven of the cases were municipalities, of which five had procured an external OHS provider and the remaining two had in-house OHS units. All four counties had their own in-house OHS unit. Their way of organizing OHS varied, some had their own political committee and others were organized directly under the municipal government. The contributing and challenging main factors were;

3.1 Run by politicians

Strategically decision and policy making influenced the possibilities for the OHS providers to support the organization. Many other obligations and requirements resulted in low priority to the collaboration with their OHS provider. The results revealed the distance between the employees and in the legal sense their employer; the elected politicians.

3.2 Limitations in the budget

The politicians decide about the budget for an in-house OHS unit or for procurement of an external OHS provider. In some organizations the budget was located centrally, in others it was decentralized to managers in line. This decision affected the extent of purchased services and limited the possibilities for the OHS provider to support the organization.

3.3 Occupational health and safety management

The employer has a responsibility for managing the work environment. One contributing factor to the level of collaboration with the OHS providers was the extent of systematic and preventive efforts in organizing the occupational health and safety management in municipalities and councils.

3.4 Human Resource department

The human resource (HR) departments had a key role in the OHS providers’ possibilities to collaborate. When the OHS providers business was integrated and dependent of HR with function and structures, HR had a major impact on provided support and services and the interaction could be limited. The analyses show that HR was either a competent partner or obstructed the interaction. As a competent partner the interaction lead to positive outcomes.
3.5 Weaker trade unions

The Swedish Work Environment Act requires that employers, as municipalities and councils cooperate with employees and safety representatives about the work environment [Swedish Work Environment Authority, 2015]. The results indicated that this coordination does not function as well as it is supposed to. The trade unions are weaker, the cooperation doesn’t work and it is difficult to find voluntary employees to function as safety representatives.

4. Discussion

The public sector plays an important role in Sweden understanding of the variation of OHS providers’ performance and services in municipalities and counties is valuable. The results of the analysis of the interviews showed that several challenging factors existed. These factors relate to a complex combination of changes during the last decades.

First the public sector has changed based on neoliberal ideas as new public management. Through privatization and marketization considerable parts of the public sector have become a part of a market. The Swedish public sector and politicians have become part of a market. The public sector is today based on procurement, competition and evaluations (Sandberg, 2013).

Second, many HR departments have been transformed into strategic business partners, working towards different organizational outcomes. This has changed the working environment concept to a broader discussion about developments of work and health for the individual employee. This development has changed the conditions for OHS and work environment can instead be a part of management and leadership in the organization (Sandberg, 2013).

Furthermore, the trade unions are under pressure in Sweden as in almost every country. It has been difficult to recruit members and maintain local union activity. The numbers of safety representatives have decreased and it is hard to participate about health and safety management in the workplace.

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