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RESEARCH ON A CENTRALIZED EARLY INTERVENTION OCCUPATIONAL HEALTH MODEL: A CASE STUDY

Master's Thesis 2020

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ABSTRACT

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Title:	Research on a centralized early intervention occupational health model: a case study
Faculty:	School of Business and Management
Master's Program:	Strategy, Innovation and Sustainability
Year:	2020
Master's Thesis:	Lappeenranta-Lahti University of Technology LUT 86 pages, 15 figures, 4 appendices
Examiners:	Laura Albareda, Terhi Tuominen
Keywords:	Occupational health care, wellbeing at work, early intervention occupational health, work ability, organizational culture

This research aims to study occupational health care and its impacts on employees work ability and wellbeing, considering the organizational culture and work community as well. The primary purpose of this study is to research what kind of impacts novel centralized early intervention occupational health model of the case company has on employees' wellbeing and work ability. The research aims to find out what are the advantages, disadvantages, and improvement areas of the novel occupational model. Impacts of change in occupational health approach on organizational culture and work community are part of research as well. Private Finnish employment agency commissioned this study.

This study applied the exploratory single case method. The study participants consisted of four different groups; employees, supervisors, employee representatives, and occupational health coordinator. Employees, safety representatives, and supervisors work in different departments of the case

company. Participants were chosen with non-probability sampling with a stratified sample. The data was collected by an anonymous qualitative semi-structured interview method. In total, fourteen interviews with an approximately one-hour face-to-face meeting that consisted of twenty to twenty-five questions. Conversations were recorded and transcribed. Interview analysis codification is processes using Gioia et al. (2012) methodology.

The main advantages of the novel occupational health model were efficient reporting and data management, early intervention health, transparent and open communication, satisfaction towards coordinators work, and better wellbeing support compared to the previous approach. Instead, disadvantages are inoperativeness in the night and weekend shifts, challenges to apply reduced workload and system challenges. The novel model has caused challenges to organizational culture, reasons for sick-leaves, doctoral appointments, the balance between job resources and demands.

To conclude, the main development areas of early intervention occupational health model are system development what comes to night and weekends shift because employees should be treated equally. Reduced workload possibilities and practices should be improved, and organizational transparency enhanced. The coordinator should visit worksites and have stronger co-operation with supervisors to support better employee wellbeing and work ability.

TIIVISTELMÄ

Tekijä:	Alina Järvinen
Otsikko:	Työhyvinvoinnissa käytetyn keskitetyn varhaisen välittämisen mallin tapaustutkimus
Tiedekunta:	School of Business and Management
Maisteriohjelma:	Strategy, Innovation and Sustainability
Vuosi:	2020
Pro Gradu -tutkielma:	Lappeenrannan-Lahden Teknillinen Yliopisto LUT 86 sivua, 15 kuviota, 4 liite
Tarkastajat:	Laura Albareda, Terhi Tuominen
Avainsanat:	Työterveys, työhyvinvointi, varhaisen välittämisen malli, työkyky, organisaatiokulttuuri

Tutkimuksen tavoitteena on tutkia työterveyden vaikutuksia työntekijöiden hyvinvointiin ja työkykyyn ottaen huomioon myös organisaatiokulttuurin ja työyhteisön. Tutkimuksen päätavoite on selvittää miten keskitetty varhaisen tuen malli vaikuttaa työntekijöiden hyvinvointiin ja työkykyyn. Tutkimuksen tavoite on selvittää mitkä ovat uuden työhyvinvointimallin etuja, haasteita ja kehityskohtia. Työterveyden muutoksen vaikutukset organisaatiokulttuuriin ja työyhteisöön ovat osa tutkimusta. Tämä tutkimus on tehty toimeksiantona yksityiselle suomalaiselle henkilöstöyritykselle.

Tutkimus on toteutettu selittävällä tapaustutkimusmetodilla. Tutkimukseen osallistui henkilöitä neljästä eri kohderyhmästä; työntekijät, esimiehet, työsuojeluvaltuutetut ja työterveyskoordinaattori. Tutkimukseen valitut henkilöt työskentelevät yrityksen eri osastoilla. Tutkimuksessa on käytetty harkinnanvaraista otantaa osana ositettua otosta. Data kerättiin anonyymillä puolistrukturoidulla haastattelumenetelmällä. Yhteensä 14 henkilöä osallistui noin tunnin mittaiseen kasvokkain toteutettuun

haastatteluun, joka sisälsi 20-25 kysymystä. Haastattelut nauhoitettiin ja litteroitiin. Data-analyysi toteutettiin systemaattisella Gioia ym. (2012) tutkimusmenetelmällä.

Uuden työhyvinvointimallin etuja ovat tehokas raportointi ja datahallinta, varhainen välittäminen, selkeä ja avoin kommunikaatio, tyytyväisyys koordinaattorin toimintaa koskien sekä parempi työhyvinvoinnin tuki verrattuna edelliseen menettelytapaan. Sen sijaan haittaa on aiheuttanut mallin toimimattomuus yö- ja viikonloppuvuoroissa, kevennetyn työn toteuttaminen sekä järjestelmähaasteet. Malli on aiheuttanut haasteita organisaatiokulttuurissa, sairaslomien syissä, lääkäriaikojen varaamisessa sekä työn vaativuuden ja voimavarojen tasapainottamisessa.

Keskitetyn varhaisen välittämisen mallin tärkeimpiä kehityskohteita ovat järjestelmän kehitys yö- ja viikonloppuvuoroa koskien, sillä kaikkia työntekijöitä tulee kohdella tasa-arvoisesti. Kevennetyn työn mahdollisuuksia ja käytäntöjä tulee parantaa ja yrityksen läpinäkyvyyttä lisätä. Koordinaattorin tulisi vierailla työkohteissa ja lisätä yhteistyötä esimiesten suuntaan, jotta työntekijöiden hyvinvointia ja työkykyä voidaan palvella parhaalla mahdollisella tavalla.

Acknowledgments

This research is a Master Thesis to conclude my study program in Lappeenranta-Lahti University of Technology of Master's in Science of Economics and Business Administration. Master program concentrates on Strategy, Innovation and Sustainability within the faculty of Business and Management.

I want to acknowledge my professors and all the interviewees that have facilitated my research and provided interesting opinions. Additionally, a special thank you to my family and friends who have encouraged me through this project.

Alina Järvinen
Helsinki, 2020

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1 Introduction

Occupational health care has become a competitive factor for companies. Occupational health supports a healthy workplace atmosphere and safe working conditions. Occupational health care is a service offered and funded by the employer to support employees’ work ability (Mills 2005). Work-life has been under continuous change; employment durations have decreased; the aging population will remain to early retirements, and the younger generation is looking for work that balances their work and leisure time. To meet those challenges, companies have started to invest in the wellbeing and work ability of the employees. (Kess & Seppänen 2011)

The importance of employers' awareness of maintaining, promoting, and identifying employee well-being at work continues to grow in fast-changing labor markets (Ilmarinen 2009). Organizations' competitive advantage and efficiency lie in the human capital, which is affected by successful occupational health care that reduces the cost of sick leave and diminish production problems (Iljuskin 2011, 6). Otala and Ahonen (2005,72) examine that investing in wellbeing at work is strongly linked to better organizational performance.

In this research, I study what kind of impacts a centralized early intervention occupational health model of a case company has on employees’ wellbeing and work ability. Additionally, the impacts of change in occupational health to work community and organization culture are studied. The purpose is to analyze the impacts of changing from a decentralized occupation model to a centralized occupation model. In decentralized model, no named person would be responsible for sick leaves and wellbeing at work. The decentralized model was distributed to several shift supervisors and site managers, which made tracking, reporting, and communication difficulties. Novel model is centralized to occupational health coordinator, who is responsible for all aspects of sick leaves and employee well-being. In centralized model, everyone in the case company always contacts this

coordinator, which makes tracking and reporting through organization more efficient.

The case company has been investing in occupational health and created a novel centralized early intervention model with the target to support better employee wellbeing and work ability. The centralized model is part of the coordinator and supervisors work. The introduction of novel model in the workplace is not always easy, and some challenges may appear. The purpose of this research is to analyze how a centralized early intervention model has served employees wellbeing and work ability and how it has affected to work community and organizational culture.

Research in occupational health care is key to effective and efficient development. Through this occupational health care research, wellbeing at work and work ability are researched and developed. This research guides the company to the right development direction and facilitated decision making what comes to occupational health care services. Examining the advantages, disadvantages, and development points of the occupational health care model contributes to wellbeing at work and employees work ability.

Former research concerning intervention health programs or strategies has mainly concentrated on the negative factors of occupational wellbeing. Carrol et al. (2010) and Vargas-Prada et al. (2016) have earlier researched early intervention model connection with sick leave absences. Carrol et al. (2010) concluded that the early intervention model was effectively decreasing the number of sickness absences. Still, Vargas-Prada et al. (2016) meta-research showed that there was no-influence on sick-leaves when the company was using early intervention model.

Those researchers have concentrated on how early intervention in occupational health affects sickness absences, what kind of things are unpleasant to employee’s health and how overall Finnish workers feel about their workplace wellbeing.

However, there is a research gap in the field how centralized early intervention practices of occupational health impacts on employee wellbeing and work community. The main goal of this thesis is to understand this gap. Additionally, there is no former research where four levels; employees, supervisors, safety representatives and occupational health coordinator perceptions are combined and compared to each other.

1.1 Research purpose and objectives

The scientific approach of this master thesis is to understand the impacts of novel centralized early intervention occupational health model adopted by a private employment company have on the work community and wellbeing of employees. A centralized early intervention occupation health model refers to operational practices that deal with employees' wellbeing and health issues with minimizing the risk of problems in wellbeing and work ability already at the early stage. (Juvonen-Posti & Jalava 2008, 45-46)

The main objective of studying a centralized early intervention health case is to understand better the *drivers, barriers, and development* of the new occupational model that refers to employee wellbeing and work ability. Centralized means that occupational health practices are handled from one point of contact. In this case, occupational health is centralized to occupational health coordinator. Early means that occupational health practices are planned to prevent possible employee health and wellbeing risks already at an early stage.

The main advantages of a centralized model are; better reported employees' health data, employees are treated equally, and everyone has the same norms and rules of operation. Instead, in a decentralized model, each department is responsible for their employees' wellbeing and work ability, and therefore employees within the company may have unequal treatment or uncertain ways of operating when occupational health care is needed. However, the advantage of decentralized model

is that calling times of occupational health care are not limited as they are in a centralized model.

In prior occupational health researches, less attention was given to the positive factors that enhance the wellbeing of employees (Otala & Ahonen 2005, 15). In 2009, the Finnish occupational health center (2010, 18-110) researched Finnish job and health, were findings showed that 86% of Finns were satisfied with their current occupational health care and wellbeing at work. Still, some people involved in the study felt that there was an overload of responsibilities and their resources did suffice demands of work.

The other objective of this research based on employees' perspectives is to find out does the centralized occupational health care model and new occupational strategy support better employees work ability and overall wellbeing at work. On the other hand, research is expected to show what are the challenges of a centralized occupational health model from employee's opinions. Improvement ideas and areas are part of the study, as well. Furthermore, the objectives of site supervisor research are to find out how they evaluate the efficiency of the centralized occupational health model and how it has affected organizational culture, working tasks and their responsibility areas. Additionally, the opinions of safety representatives and occupational health coordinator are taken into consideration.

The purpose of the study is to produce value and a better understanding of how the case company could better support their employee's wellbeing and work ability with the efficiency of their occupational health care. Similarly, other companies may be operating with the same kind of occupational health change and therefore, this study is beneficial for them too. The author of the study has been involved in the development process of the novel occupational health care model.

RESEARCH METHOD

This project is based on a concrete empirical setting: a case study that examines the impacts of a centralized occupational health model applied by private employment company to increase their employee wellbeing and work ability. With increasing employees' wellbeing and work ability company aims to improve employees work satisfaction and productivity as well. This case is essential to study to create new knowledge on the area of occupational health models and methods to support employees' wellbeing and work ability. The results of this case study give a detailed examination of this single case phenomenon but may be useful when investigating the broader occupational health cases as well. (Abercrombie et al. 1984, 34)

The objective of this novel occupational health model is to serve employees wellbeing and work ability more efficiently than before. The case company identifies the leading solutions from previous occupation health strategies. The main characteristics of the novel occupational health model are: 1) Better coordination and identify of work wellbeing and work ability risks 2) creation of one point of contact in sick-leave cases 3) handling and reporting the occupational health data more efficiently 4) getting more accessible and faster the professional help in health cases when needed. This novel model is named as a "centralized occupational health model," where an occupational health coordinator is responsible for employees' wellbeing, sick leaves and work ability.

This centralized model was created with a motive to handle and follow better the health data, make it easier for employee to contact in health issues and getting easier the help needed. Moreover, this study examines the development of occupational health practices and processes promoted by a private employment company that has employees in different departments with the objective to serve all from one point of contact. The case study describes the centralized occupational health model, strategy and operational change behind it. The main research questions of this master thesis are:

- ***What are the impacts of a centralized occupational health approach on employee wellbeing and work ability in the current context "of servitization" in the case company?***
- *What are the main impacts of the change in occupational health of the case company to work community and organizational culture?*
- *What are the advantages and disadvantages of centralized early intervention occupational health in the case company?*
- *Are the results more efficient than the previous occupational health approach in the case company?*
- *How centralized early intervention occupational health of case company could be improved?*

Research method is an exploratory single case study that helps to understand certain phenomena by describing the case in depth. Semi-structured interview method is adopted to maximize the information flow and understand better human behavior. A stratified sample was used to choose research participants and data-was analyzed using interview analysis codification Gioia et al. (2012) methodology.

Results of the research are expected to represent what are the efficient impacts of occupational health model, does it support employees' wellbeing and how it is perceived from the point of employees, site supervisors, safety representatives and health coordinator. The main objective is to find out what are the advantages and disadvantages of centralized occupational health and how the novel model could be improved. Moreover, results are expected to show the novel occupational health approach more efficient than the previous one.

1.2 Exclusions, limitations and definitions

The main limitation of this master thesis bases on the fact that it is a one case company analysis. The viewpoint only summarizes the observed company employees, but it can still give an overview of what kind of impacts changing occupational health strategy in this direction might have. To remind, findings of qualitative case studies should be generalized to theory, instead of being statistically generalizable (Yin, 2009). Development of occupational health services and practices are essential because it reduces sick leaves, increases work wellbeing and ability (Allebeck & Mastekaasa 2004, Kuoppala, 2008). Therefore, this research should give an overview of what kind of impacts developing occupational health practices centralized to only one point of contact have on the work community and wellbeing of employees.

This master thesis observes how a centralized occupational health model supports the wellbeing of employees and how employees, supervisors, safety representatives and occupational health coordinator experience its efficiency in improving occupational health practices. The economic approach is not part of the research because of the strict time limit and narrowed scope. Moreover, the impacts of centralized model on profitability and financial income are not part of his research. This study does not research the employees' motivation or engagement factors.

MAIN CONCEPTS

The main concepts of this master thesis are work wellbeing and ability, occupational health care, early intervention occupational health and organizational culture.

Wellbeing at work = A condition of comprehensive employee physical, mental and social well-being at work. Employees feeling about the quality and safety of the physical environment, climate of work community, engagement and motivational factors and their health. (Dodge et al., 2012)

Work ability = Employees functional and mental ability to perform and sustain their requirements of the job. Work ability is influenced by the environment, working conditions, socio-cultural – and personal factors. (Tengland, 2010)

Occupational health care = Maintenance of employees physical, social and mental health by preventing illnesses and injuries, providing support and encouraging to safe working practices. The main objective is getting healthy and safe working environment. (Smith & Takahashi, 2016)

Early intervention occupational health = Identifying and providing effective early support to employees who have a risk of getting sick or disabled. Preventing possible problems to develop at an early stage with minimizing risk factors. Providing efficient and supporting health care and supervisor support. (Waddel & Burton, 2000)

Organizational culture = Organizational culture is a series of understandings, values and beliefs shared by members of group. They are relevant and unique to a particular group and shared with the new members as well. (Louis, 1980)

2 Theoretical framework

In this research, I focus on three main concepts from the literature: 1) Wellbeing at work, 2) work ability, 3) occupational health care. As a result, I study early intervention occupational health. Yet in this section, I study the five main theories and concepts; wellbeing at work, work ability, occupational health care, early intervention occupational health and organizational culture.

Wellbeing at work includes parts of psychological wellbeing at work, balance between job resources and demand, work ability and organizational wellbeing culture. The work ability part consists of theory related to work ability overall, work ability discussion and reduced workload. The early intervention model of occupational health is part of the context and explains how an employee's wellbeing is supported already from an early stage. The early intervention model includes theoretical parts of sick-leaves, the role of site-supervisors, work- ability discussion and reduced workload. Additionally, there is part of efficient occupational health that describes how strategically sustainable occupational health is build, the importance of corporate communication and how present occupational health may be develop. The theoretical part of occupational health care describes sick leaves, occupational health development, sustainable occupational health and the importance of corporate communication. Organizational culture is integrated into wellbeing at work but will be partly discussed in other chapters as well. Lastly, early intervention occupational health is explained.

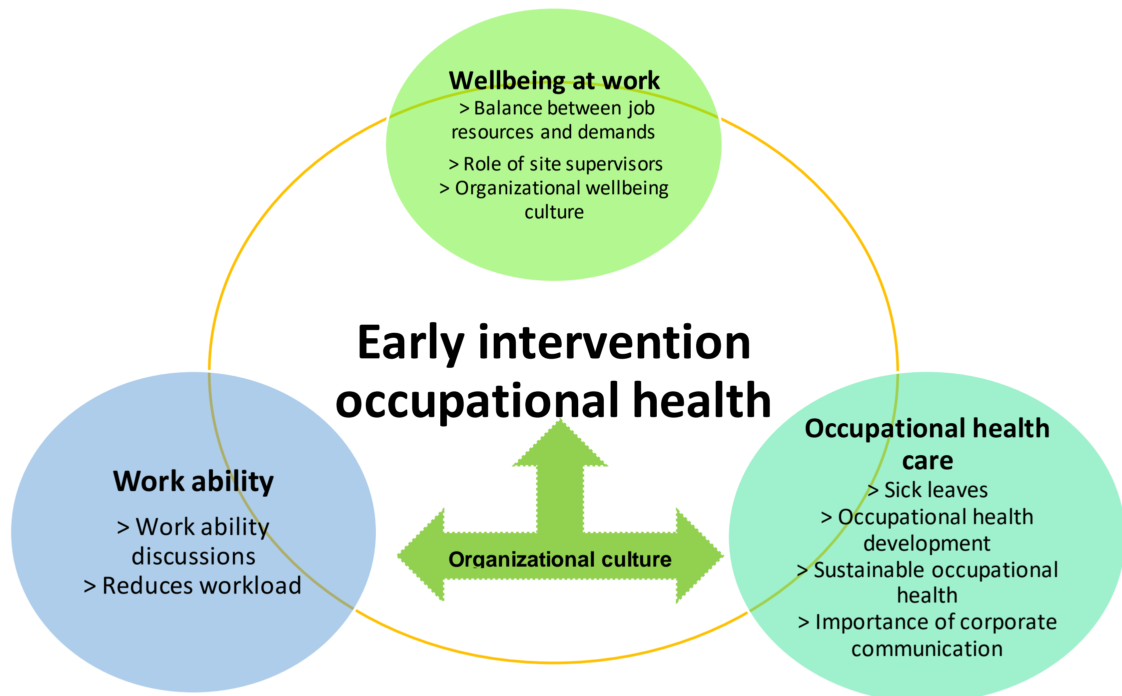

Figure 1. Main concepts of the theoretical framework

2.1 Wellbeing at work

The field of research on occupational health care and wellbeing at work is mainly focusing on the analysis of occupational health in a way that each employee can be involved to feel satisfaction and happiness towards own work duties with sufficient resources (Otala & Ahonen 2005, 19). Wellbeing at work consists of strategical and coherent leadership, competence development, active interaction and communication, employees physical and intellectual health (Manka & Hakala 2011, Otala & Ahonen 2005, 19). Wellbeing is mainly studied based on employee state of mind and feeling towards work and its responsibilities. On the other hand, it can be as well the state of mind of the entire work community. (Manka & Hakala 2011)

Previous studies have researched the topic mainly from negative factors and impacts of occupational health. The first researches regarding the topic were concentrating on work-related stress theories. The most knows models were Karasek´s the demand-control model, where the focus of work wellbeing was shifted instead of being in balance to more active direction. According to Karasek (1979),

the demands of the work create either positive or negative pressure that gives the individual learning opportunities or, at worst, passivates and decreases wellbeing (Bakker et al., 2010). In that case focus of the work transfers from the balanced to the more active, where work pressure causes the positive and negative feeling that may increase the learning possibilities or may passivate and create illness. Later, social support was included to the model because it presented to have a huge impact on the overall workplace wellbeing. (Lange et al., 2003)

Job involvement and pressure of time have a linear relationship with each other. Furthermore, when an employee experiences the time pressure, they become more engaged with their working tasks, but still, it does not mean that they perform with excellent results. Additionally, the study found out that little tension promotes job involvement, but in a situation where it increases too high, job involvement decreases. The similar quadratic curve is demonstrating when some stress motivates people to work harder and increase job satisfaction, the intolerable stress decreases satisfaction towards the job (Addae & Wang, 2006). Recognition at work is an important wellbeing factor to employees and colleagues as well (Li et al., 2016). Recognition of employees' job performance is increasing the job wellbeing of the entire team. The study represented that if employee has much interaction with their team members, the meaning of individual recognition was even higher to wellbeing and job satisfaction at the workplace.

Zheng et al. (2015) researched employee wellbeing and found out that it is influenced through three different factors 1) wellbeing at life, 2) wellbeing at work and 3) psychological wellbeing. General life wellbeing consists of satisfaction towards the current position and reaching the dreams and objectives of own life. Wellbeing at the workplace includes appreciation towards current responsibilities, supervisory work, rewarding practices and the feeling of general wellbeing. Psychological wellbeing consists of interpersonal fit, feeling competent and appreciated, experiencing positive emotions and having a desire for involvement. (Ryff & Keys, 1995)

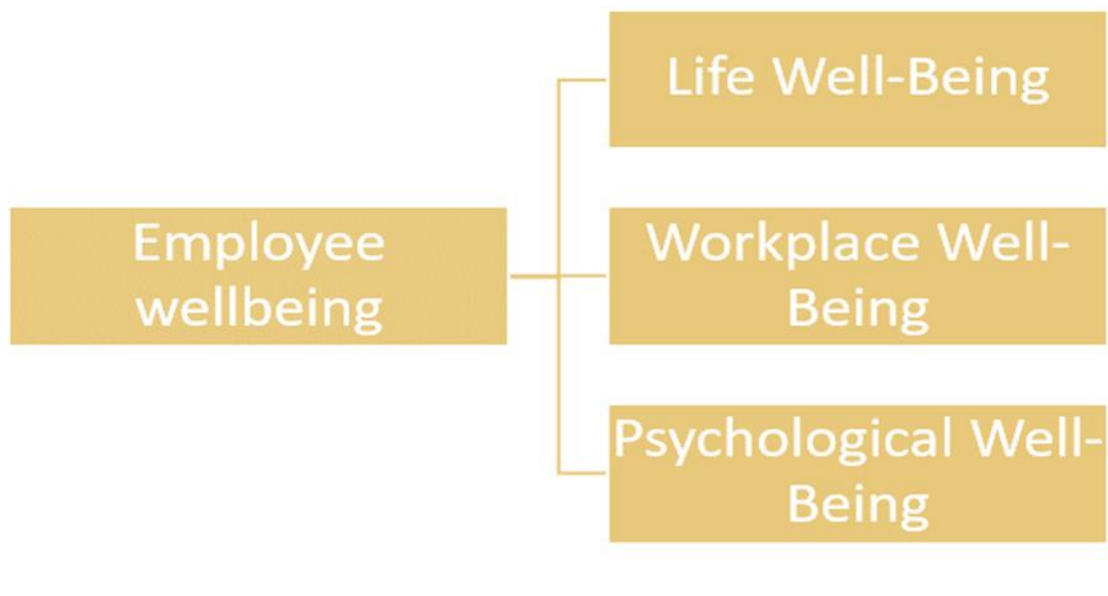

Figure 2. Employee wellbeing model (Zheng et al., 2015)

2.1.1 Balance between job resources and demands

The most important objectives of occupational health are to improve work ability and increasing wellbeing at work. Paauwen and Richardsonin (1997), as well as Bakkerin and Demeroutin (2007), state that characteristics of the work and occupational health have straight, effects on employees' wellbeing and profitability of the organization. Communication plays an essential role in occupational health when employees' capabilities combine job demands.

Work requirements and resources model characterize job responsibilities to requirements and resources. Job requirements are physical; e.g., voice, physiological, e.g., strict time limits or organizational; e.g., uncertainty at work that demands from the employee physical and physiological pressure. Resources are physical, e.g., good physical working conditions, physiological, e.g., possibility affect own work, social, e.g., support from co-workers and organization, e.g., duration of employment. Resources of work encourage to reach employees' objectives, decrease the work requirement factors, and support employees' development. (Demerouti et al., 2001, Bakker & Demerouti 2007)

Schaufeli and Bakker (2004) wellbeing at work consists of two different roads: job demands and resources. Job demand road builds an energetic way, where demand factors may decrease wellbeing at work and may lead to burnout. Job resources create a motivational way that increases employees' wellbeing at work and engage in the organization. The energetic and motivational ways are connected to each other. Work resources may decrease the influence too big work demands to some point. Wellbeing at work achieved best when job demands, and resources are in balance. The most harmful situations are when low job resources, combined with high job demands. (Demerouti et al., 2001)

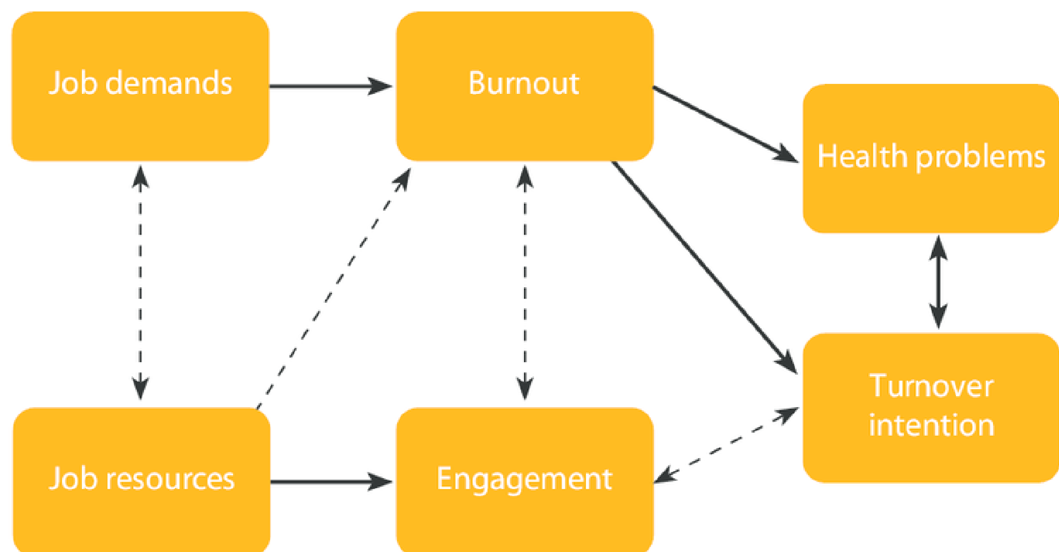

Figure 3. Job demand and resource model (Schaufeli & Bakker, 2014)

Kinnunen and Feldt (2005,18-20) examine that demanding jobs, where the responsibilities are high, are exposing an employee to stress-related sicknesses. Active job, where job responsibilities, as well as the possibility to influence own work, are high is the best possible platform for employee development and job satisfaction. Bakker et al. (2003) concrete that employees who experience stress and burnout have long sick leaves. Employees who have a lot of continuous sick

leaves are usually unsatisfied and do not feel engaged in their workplace. In conclusion, job resources and demands should be in balance to support employee wellbeing at work at the highest stage.

2.1.2 Supervisor role

Supervisors have an important role because they follow employees' well-being and work ability daily. Supervisors perform daily discussions and regular development discussions with the employees. In case the supervisor notices some problems in employee's wellbeing, they can ask help or consultation from the human resource department, occupational health clinic, or safety representatives. At the organizational level, management is following overall well-being and takes responsibility from occupational health care operations. Employee wellbeing is important when planning a long-term sustainable, and responsible business operations. (Sundvik 2006, 40-42)

Moreover, supervisors' main responsibilities are to follow the productivity and wellbeing of employees in their department (Aaltonen et al., 2004, 35). A successful and effective organizational culture is based on trust, mutual respect, and transparency. Furthermore, those are relatable to the supervisor role as well. Employees should trust the supervisor's willingness to improve their wellbeing, work ability and organizational culture. Discussion between employee and supervisor should be open, transparent and respective. In cases where supervisors lack employees trust, conflicts in the workplace may arise. (Juuti & Vuorela, 2002, 145-148)

Moreover, employees' and supervisors' relationships should not be based on hierarchy, instead of in contractual division of work duties. Trust is based on effective co-operation, where all employees should be treated equally. Each employee has the right to be heard and understood, where the supervisor's role is to listen carefully to develop the wellbeing at work. The supervisor is the key person at the workplace who determines the equality of working tasks, follows employees

work ability, and measures the development areas (Nummelin, 2008, 58-59). The objective of occupational health management is to ensure employees wellbeing and safety at work. Supervisor has an important role in setting the objectives to work, with considering employees needs and abilities. Supervisor responsibility is to consider the factors that may be threats for employees work ability and wellbeing. Particularly, in the cases where the employee is returning to work from long sick leave. Best results of wellbeing in the work community are receivable when every employee and supervisor takes care of own and colleagues' wellbeing and remark the possible threats. (Caven-Suominen 2005,20-25)

Supervisors should have all the needed resources to control employees' wellbeing and work ability. Such as useful tools and methods to identify, discuss disability, and solve health challenges with employees. The organization itself should have a common operational model to deal with disability and absence issues. Training regarding disability issues and sick leaves should be organized for people in a supervisor position. Management of organization and occupational health service providers should support supervisors. (Seuri & Suominen, 2009,115-116)

2.1.3 Organizational wellbeing culture

The longitudinal study by Van Dierendonck et al. (2004) represents that employees who had supportive organizational wellbeing culture with positive leadership style are the most wellbeing. Employees and structure of organization create the organizational culture, but organizational culture itself impact to employees and structures as well (Manka, 2010, 141). Adopted organizational culture can be modified, but in a situation where employees have established the organizational culture, it is almost impossible to change (Mauno & Ruokolainen 2008, 142-143). Change in organizational culture demands always overlooks the old ways of doing before studying the new practices. On the other hand, change resistance may decrease employees wellbeing. (Manka 2010, 141-142)

Proactive practices of the organization are needed to expand the wellbeing of employees and decrease the sick leaves (Anderson, 2004). Efficient organizational wellbeing culture enhances the success objectives of the organization as well. Organizational wellbeing culture should be an important strategical part when reaching the organizational targets. (Nummelin 2007, 124)

Organizational wellbeing culture created on the socially developed phenomenon, hence open communication and procedures that support wellbeing should be the norms in organization (Martocchio 1994). Employees feel well when organizational culture respects employees' personal needs and take into consideration their feelings. Organizational wellbeing culture creates intentions, from where employees interpret their valuation and status in the work community. (Anderson, 2004)

Bureaucratic and regulation-based wellbeing culture, as well as supervisors and suspectable employer behavior towards employees' sick leaves, decrease employees' wellbeing (Mauno & Ruokolainen 2008, 162). Martocchio (1994) argue that wellbeing is mainly assessed from individual level, but it should not be separated from organizational culture. Problems in individual work ability always disturb the entire work community. Employees adopt the organizational sick leave culture from the community and workplace communication. By Nicholson and John (1985) wellbeing culture of an organization varies on how the consequences of sick leaves are experienced. They divided the organizational culture into four different sectors based on supervisory trust and sense of community.

1. Weak communality, high management trust. The behavior of individuals does not depend on the community. Instead, the employee is behaving with regulations of the organization and has a high trust in organizational norms.

2. Strong communality, high management trust. Individual behaves according to organizational regulation and distributes the word to the community.

<u>3. Weak communality, low management trust</u>. Fragmentary organizational culture decreases the wellbeing objectives of the organization and individual. Employees depend on each other and do not trust the management of the organization.

<u>4. Strong communality and low administration trust</u>. The community does not trust the management of the organization, lack of not following objectives, and behaves under the norms of the community. (Martocchio 1994)

2.2 Work ability

The concept of work ability is hard to explain since it is utilized in several diverse disciplines. The medical definition of working ability focuses on the interpretation of health and the balance between stress and work-life requirements. The latest scholars determine working ability in a more multidimensional way that is influenced by community factors, leadership, work management and organization (Kauppinen et al., 2010,121). By Sundvik (2006,42), the working ability is created from resources and their comparability with the responsibilities of work.

Work ability house found by Juhani Ilmarinen (Finnish Institute of Occupational Health, 2018) defines four different stages of work ability. On the base floor of the house is the physical, social and mental health. On the second floor is expertise; education, professional skills and lifelong learning. On the third floor are values, attitudes and motivation that have a significant impact on working ability. On the highest floor are the leadership of work community that has a tangible impact on work in general. The ideal stage is when all floors of the house support each other and working ability house stands steadily. On the fourth floor of the house considers too heavy, it impacts the lower floors negatively as well. Employer is responsible for the fourth floor, but the employer itself has the most significant responsibility of their wellbeing. The work ability house is surrounded by family, relatives, friends and the structures and regulations of society. (Ahlstrom, 2014)

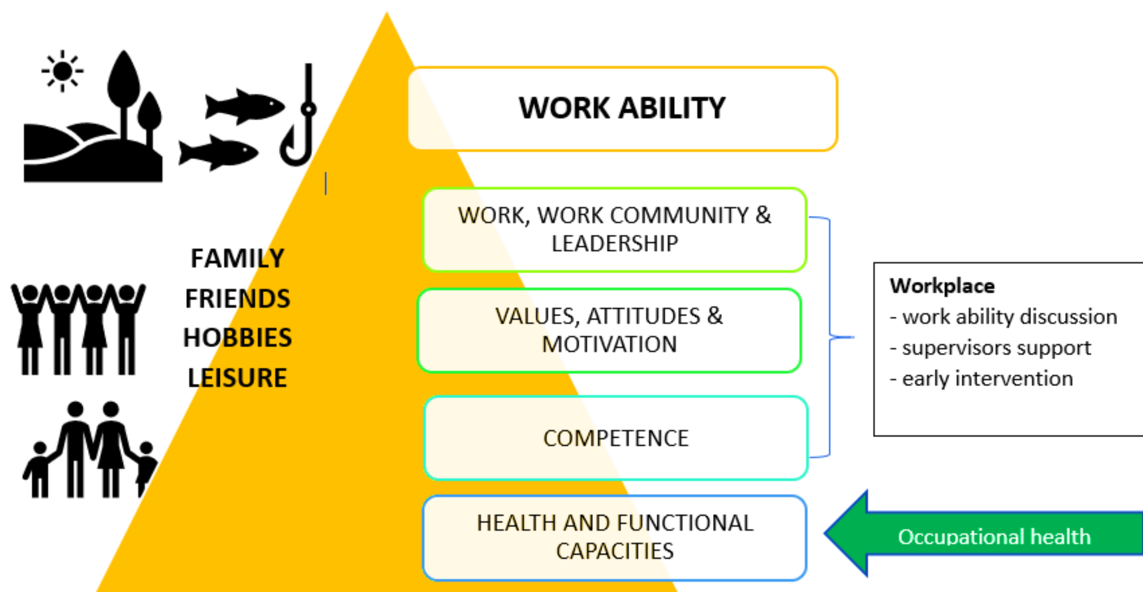

Figure 4. Work ability house (Finnish Institute of Occupational Health, 2018)

Tuomi (1995) declares that supervisors and occupational health responsible have an important position to influence employees' overall wellbeing. They should be constructing the fourth floor of the model with employees' capabilities. Previous studies on the topic have revealed that developing wellbeing issues at the workplace has a significant impact on supporting employees working ability in the long run. Supportive organizations similar to the occupational health clinic and labor security belong to the fourth floor as well. (Gould et al., 2000, 15)

Disability management focuses on managing employees long term disabilities and absences. The objective of disability management is to assist employees in returning to work as soon as possible to remain to perform daily tasks effectively. Disability management helps to prevent prospective risks of diminishing the work abilities of the employee. Disability management focuses on individual working abilities but can be applied to the community when planning occupational health strategies and practices. (Anderson, 2004)

2.2.1 Work ability discussions

Supervisor or person responsible for work ability and wellbeing issues should recognize and predict concerns that may damage employees' wellbeing. Early identification of possible work ability problem facilitates to solve concerns faster and minimize risks. In situations where employee's behavior changes, concentration disappears, or quality of work decreases, supervisors or health care professionals should step into the situation. As well if employee experience of being bullied or disturbed support is important. (Sundvik 2006,43-48.)

From the supervisor or health representative side, work ability issues should be discussed pleasantly but still determining. Tackling the problems and discussing at early stage supports to prevent the work ability problems becoming worst and gaining expenses for the employer. The discussion should be supportive, considerate, and encourage to change the situation to better. In successful health and wellbeing strategy, employees of the organization understand that discussion related to work ability issues is organization's way to support and care for their employees' wellbeing. (Caven-Suominen 2005, 19-23)

Dialogical, open, and interactive discussion is the greatest way to find solutions and care for the employees work ability. Dialogical interaction is appreciating both parties and helps to create new information. For instance, the discussion related to the early intervention model should not be the supervisor's monologue, but instead, both parties should be participating in an equal way to solve the problem. Recommendable is that organization has structures and processes on how to go through work ability discussion to ensure that concerns are handled equally with everyone. (Manka et al., 2010, 33-36)

2.2.2 Reduced workload

Every single company should have a reduced workload strategy or model that is used when employee is not fully recovering from performing all working duties but is still able to do some of them. The reduced workload can be requested from the

employee or health-care professional. However, the supervisor is responsible for providing reduced work. Providing reduced work involves strong and functional communication flow between supervisor, employee and the health care provider to plan the practical arrangement at work sites. Employees working ability should be evaluated when forecasting reduced working tasks. (Ryynänen et al., 2013, 325)

Additionally, employee's know-how and health situations should be observed. Working conditions should enable to execute reduced working tasks. Working tasks, tools and facilities should be planned in a way that they sustain reduced work plans. The supervisor's active communication and encouragement assist the employee to get motivated about reduced working tasks and perform as expected. (Ryynänen et al., 2013, 325-326)

Reduced workload is applied for instance, when stand-up chef work is shifted in a way that chef can perform at least part of duties in a sitting position. Adjusted working tasks should provide for employees a secure work environment that helps to recover from the injury instead of cutting work ability. In brief, a reduced workload model should respond to employee's remaining work ability. Usually, reduced work is something else that employee accomplishes typically at workplace. (Ryynänen et al., 2013, 321-323)

To prevent misunderstanding, agreement on reduced workload between all parties should be done. Furthermore, potential confusion can be that employers attempt to maximize work efficiency and therefore keep ill employees at work. On the other hand, from the employee aspect, potential misunderstanding can be that employees attempt to avoid some working tasks or want to have easier working responsibilities. In the best probable condition, planning reduced work begins already before the sick leave has started. (Markkula et al., 2009, 7-9)

By Van Duijin et al. (2004, 36-37), barrier to propose reduced workload is unconsciousness regarding possible reduced working duties. Additional obstacles are negative attitude to reduced working tasks, difficulties in modifying working tasks, lack-of knowledge in potential reduced working jobs and worry of prolongation of sick leave when returning to work too soon. Furthermore, research was done by Krause et al. (1998, 132) and Van Duijin et al. (2004,32) examine that reduced workload has a diminished number of sick days with 50% and return to work have succeeded twice better when reduced workload model has been used.

2.3 Occupational health care

Occupational health care is a facility offered by the employer with the objective of supporting employees' work ability. Occupational health care enhances wellbeing at work and promotes safe work conditions. The intention of occupational health care is to encourage employees physical, mental and social wellbeing at work and support the management of sickness absence. Occupational health services consist of employee wellbeing, ergonomics, reduced workload, work-ability discussion, occupational medicine, therapy and more. (Rantanen, 2005)

2.3.1 Sick leaves

Sick leave is a condition of health, where illness has reduced an employee's ability to work and perform his duties at the job. Work absence is needed in situations where the work environment might delay recovery, or other employees have risk of getting an infection. In some situations, it may be even healthier to get back to work for faster rehabilitation, but some unpleasant tasks should be removed. Additionally, in all disability cases, utilization of flexibilities, given support, good atmosphere at work or possibility to modify the work is essential. (STM 2007, 16.)

Occasionally sick leaves might be attributed to conflict with a supervisor or occupational health representative, lack of job control, or unfair leadership. Statistically short absences lasting from one to three days are mostly caused by

respiratory infections, minor injuries, migraines and transient conditions. Instead, extended absences are mostly caused by musculoskeletal disorders or mental health problems. Early retirement compensation increases the financial costs of organization, thus managing sick leaves can prevent early retirements and decrease the expenses. (STM 2007, 11, Seuri & Suominen 2009,283)

Sick leaves should be tackled by supervisors or occupational health specialists when they have exceeded over specified quantity. For instance, in cases where employee has three short sick leaves in three months or if employee has one extended absence for 30 days. Supervisor could recognize other factors in employee behavior that are not in favor of wellbeing. Discussion between employee and supervisor or occupational health specialist should always take place if they observe something that is not supporting employees working ability and wellbeing. (Caven-Suominen 2004,28.)

In situations where the employee is returning to work from extended sick leave, return planning should be done. Employers, occupational health specialist and supervisors should establish a flexible returning process, with monitoring the work and keeping the dialogue open. There should be possibility to modify the working hours, responsibilities and assignments if it improves employee working ability. Additionally, it is advantageous to monitor that work ergonomics, safety and excellent orientation practices are functioning in the most feasible way. (Kivistö 2005, 23-24, 50-51)

2.3.2 Occupational health development

The development of occupational health is necessary for the demand to improve the competitiveness and profitability of the firm. The development of occupational health practices and strategies should concentrate on both individual and community development of working ability, the content of work, occupational health services and work environment. Best practice to occupational health development is to research, measure, plan and control organizational culture, leadership and

occupational health practices. (Anderson, 2004, Briner,1996, Nummelin 2008, 135-146)

Nevertheless, most of the sick leaves are natural and do not require special control. Still, managerial actions can decrease the number of sick days. Developing working methods and objectives as well as creating an equal and comfortable work environment, has consequences on the number of sick days, as well as improving employees complete work ability. Particularly, employer should pay attention on enhancing employees feeling of possibility to control and influence personal working methods and responsibilities. Further, improving employees working ability and reducing sick days has positive impacts on employees' overall wellbeing. (Bakker et al., 2003, Briner 1996, Iljuskin 2011)

Behind each sick absence is an individual reason. Consequently, individual needs should be considered. Older adults may have bigger health risks and longer sick-leaves, and that's why the company should plan for the specific objectives that are in balance with their work ability. Organizations must take benefit of planning their occupational health practices and services based on the employees' age to prevent early working life disruption and breakdown. In distinction, objectives at work for young people may increase more rapidly, because their working ability is still powerful and developing. (Koopmans et al.,2008)

Strategically appropriately planned occupational health services, practices and programs reduce sick absences as shown in the studies. Developing work environment, ergonomics and overall wellbeing at works help to increase work satisfaction and ability. Several companies have established bonus systems where they reward employees for zero absences in a year. This may sound like a successful and profitable idea, but the firm should note that it can encourage employees to come to work sick, which on the other hand, raises the risk for others to become ill. The profitability of work should not be more crucial compared to the

health and wellbeing of the employee. (Allebeck & Mastekaasa 2004, Kuoppala 2008, Virolainen 2012, 80-81)

There are negative incentives, positive incentives and different work techniques to handle sick absences and develop occupational health. Techniques that may consider as a negative are different penalties of a large number of sick days, maintaining the record of absences strongly, distributing warnings and investing the reason for each sick leave with supervisor. Positive incentives are attending rewards, free hours of work, or acknowledgment. Work technique that reduces the number of sick days may change the nature of work in a way that it enhances employees' ability to attend. (Briner,1996)

Particularly occupational health practices are important when an employee is returning from prolonged sick leave. Nummelin (2008) indicated that work ability enriches in the highest direction when work return is supported and planned from an early stage. The most effective method to increase the profitability of occupational health is to speed-up the return to work process and reduce the number of sick days. That generates for organization long-term sustainable savings and profitability (Taylor, 2011). Instead, an insecure work environment, weakly arranged work ergonomics and extremely heavy working duties may prolong the work return. The best practices to stay away from potential risks are to maintain close contact with the person who is returning to work from lengthier sick leave already at an early stage and make sure that all work and safety practices that may support employee return are well arranged. (Sampere et al., 2012)

2.3.3 Strategically sustainable occupational health

Human capital is an essential competitive advantage for the company. Competitive advantage means that a company has a beneficial advantage compared to its competitors on the market. Kahn et al. (210, 227-228) emphasize that even through sick leaves are common in companies, their impact on value creation, enhancing employees working ability and wellbeing are critical aspects of competitive

advantage. A well-planned occupational health strategy is an important factor in the request to create sustainable growth of the firm. Long-term plan for occupational health enhances organizational renewal, change management and profitability. (Barney, 1991)

Kahn et al. (2010, 229-230) endorse that in request to gain competitive advantage company should continuously research and develop occupational health practices. Achieving competitive advantage requires for company strategic planning and future screening. Occupational health care should connect to corporate strategy because behind a sustainable and successful business is productive resource management. Consequently, organizational health care processes should always be under evaluation and development. In order to get everything out of competitive advantage, knowledge and data related to occupational health practices should be continuously accumulated. (Caicedo et al., 2010, 440-442, Simons, 1990, 131-133)

Moreover, Hui (2008, 456-459) examine that corporate responsibility requires businesses to follow employees' well-being and collect accurate data about occupational health practices. According to sustainability thinking and corporate responsibility, the company should pay attention to social concerns to ensure the stability of the business. Investors returns should not be a primary concern before employees' wellbeing and sustainable occupational health practices. Employees work ability and health issues are the components of human capital that have a solid impact on company performance. (Virtanen, 2007)

According to Finnish Occupational health center (2010) connection between occupational health care and sustainable organizational profitability is obvious. In long-run occupational health, procedures have a significant impact on sustainable company profitability. The latest studies have shown that well-planned occupational health strategy and processes have a considerable influence on the human capital of organization. Therefore, the company should be continuously investing in developing sustainable occupational health. In practice, the profitability of the firm

will improve, when the number of sick leaves, work accidents and invalidity pension decrease. (Otala- Ahonen 2005,20)

Virolainen (2012,120-125) explain that the consequences of improving occupational health services are hard to measure, although they have an indirect positive impact on work ability. Company should follow the profitability of occupational health strategy and practices continuously to maximize the benefits of development progress and enhance work productivity. Finally, when company is investing in occupational health, the know-how of the work community will increase, which once again improves work ability and innovativeness of the employees in the long run. (Otala &Ahonen 2003, 45-49)

2.3.4 Importance of corporate communication

Verma & Dewe (2008) address that frequently businesses have problems with a lack of occupational health communication that slows done actions. Critical is that companies produce relevant and continuous information on occupational health concerns. Haslam and Miller´s (2008, 165-168) study confirms that everyone from 18 respondents highlighted that lack-of communication in occupational health issues between different departments slows done occupational health development. Reporting of occupational health issues facilitates management to increase the work ability and productivity. Investing to present occupational health issues and absences is not enough. Therefore, the company should predict the future and prevent things that may create challenges. (Kehusmaa 2011, 120-128)

Effective communication is essential to recognize mental health problems and minimize the risk of work ability. Sadly, the fact is that in the last ten years the mental health and stress issues for sick leave has increased up to 30%. Mental health issues, together with musculoskeletal sicknesses, contribute 58% of sick days paid by Kela. The most important factor is that those are matters that corporations can influence successful leadership, supporting communication and excellent occupational health care practices. (Hanhela et al., 2010, 126-130)

2.4 Early intervention occupational health

Early intervention occupational health identifies and provides effective early support to employees with preventing possible health problems to develop and minimize the risk elements (Waddel & Burton, 2000). Stages of early intervention model are; notice the working ability problems at primary step, occupational health care specialist responding to the situation with early discussion, finding solution to the circumstance, converting concrete action steps, following the development goals. Furthermore, following the general wellbeing of employee and making sure that employee is capable to follow responsibilities and is happy at work. (Juvonen-Posti & Jalava 2008, 46)

Cave-Suominen (2005, 4) and Hirvonen et al. (2004) claim that early intervention model support companies in preventing sick leaves and loss in a working capacity. The properly planned early intervention model facilitates to support employees' wellbeing, guide them to correct rehabilitation and maintain wellbeing already at early stage. Simultaneously, intervention operations facilitate to prevent other employees from facing similar kinds of difficulties. The model aims to increase employees' wellbeing for the present moment and the future. The effectively operated early intervention model reduces sick absences, expenses of healthcare, loss of work capacity and, in the long run helps to avoid early retirements. In the long-run early intervention model should influence labor performance and profitability progressively.

Kauppi (2004,9) and Caven-Suominen (2005,15) explain that the purpose of intervention model is to tackle the challenges and threats that are influencing work ability in the early stage as achievable. Prolonged sicknesses and problems are usually getting harder to maintain, which raises financial expenses. Therefore, the focus of occupational health should be on preventive activities. Järvinen (2008) reminds us that this kind of challenging circumstance cannot be resolved without help in the work community. Therefore, strong co-operation between occupational

health department and supervisors is urgent. Employees and supervisors should be aware of co-operation collaborators that support in work ability settings. The entire work community should understand how the early intervention model and occupational health care system operates. Prior studies and practices have demonstrated that the model established to consider employees and supervisors opinions has been strategically highly effective. Furthermore, in that direction, everyone in organization has the opportunity to describe their view and provide feedback. (Valtionkonttori 2007, 13.).

Notkola (2002) has investigated comparable practices that are utilized in early intervention model. Companies who have implemented an early intervention model to their occupational health strategy have been the most sustainably successful. Furthermore, those companies were concerned about employees' wellbeing and they were trying to discover actions to enhance employees working ability. Pleasant work environment, encouraging leadership and reducing the pressure are important elements of early intervention.

In reversal, early intervention model might harm organizational culture in situations where the management approach is extremely controlled. If employee feels that supervisor or person who is accountable for occupational health is managing too strongly, their absences motivation for work may decrease. As it worst, if early intervention model is utilized, the costs of occupational health improperly may increase. Therefore, everybody responsible for occupational health must be filling up their obligations. (Mönkkönen & Roos 2009,232)

2.5 Research framework: Integrated model of occupational health care impacts on work ability and wellbeing

The integrated model composes the theoretical part together and demonstrates the basis for the empirical setting. Research is centered on a novel centralized early intervention occupational health model of the case company that is expected to improve employees' wellbeing and work ability. Consequently, early intervention occupational health should enhance wellbeing at work. (Notkola, 2002)

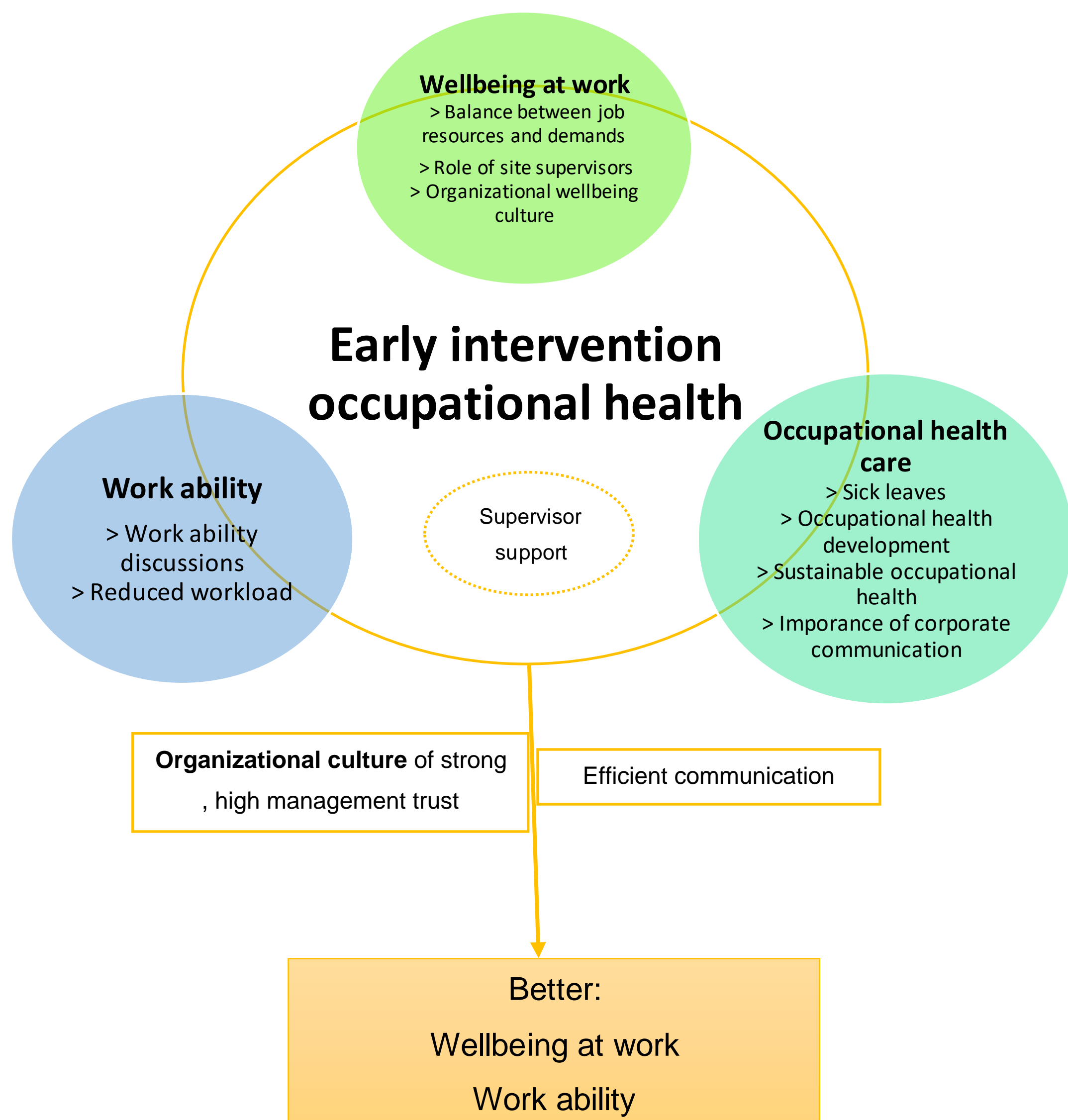

Figure 5. The integrated model of occupational health care impacts on work ability and wellbeing at work

Wellbeing at work is examined by balance between job resources and demands, supervisor support and organizational wellbeing culture. A theoretical framework to occupational health care is defined via sick leaves, corporate communication, occupational health development and sustainable procedures. Furthermore, work ability is studied through the implementation of reduced workload and work ability conversations. The ideal condition is when all those are successfully applied and create early intervention occupational health that reduces potential health risks at early stage, supports wellbeing at all phases and boosts the work ability. (Cave-Suominen, 2005,4, Hirvonen et al. 2004)

The research analyzes the impacts of a novel health approach to work community and organizational culture. In early intervention occupational health active co-operation and communication between departments, occupational health providers, employees and supervisors in critical (Järvinen, 2008). Therefore, organizational culture and supervisor roles are elements of the theoretical framework.

The advantages and disadvantaged of novel centralized early intervention occupational health model are examined based on work ability, wellbeing at work, occupational health care and organizational culture. Improvement initiatives to occupational health development will be established to create sustainable occupational health. The early intervention approach will be combined with prior model to learn which supports more efficiently employees' wellbeing and work ability.

3 Research method

This chapter describes the research method. This research is an exploratory single case study that consists of an in-depth and detailed analysis. The key objective to study is the novel centralized occupational health model of the case company efficient and how it can be developed to support better wellbeing at work and working ability. The objective of the research is to observe the change from decentralizing occupational model to centralize occupational model, where employees' sickness absence and wellbeing responsibility have transferred from the multiple supervisors to one coordinator. Centralize occupational model provides employees' coordinator phone service where they can get support to wellbeing and work ability matters.

3.1 Case study methodology

An exploratory single case study is applied when there is no single set of conclusions. The objective of the method is to improve the understanding of certain phenomena, with a defined scope. This case study does not create an extensive overview. Instead, it can guide future studies in precise direction what comes to case selection, for example. In this study, case company is the unit of analysis, even though individuals interviewed to gather the data. A single unit of analysis chosen because the organizational phenomenon is studied. The objective is to examine how company perceives the transformation in the occupational health approach. Therefore, the data from several individuals represent one single unit of analysis. (Yin, 2014)

In this study, phenomenon is impacts of novel occupational health model and the scope is employee wellbeing and work ability. This study expects to introduce different aspects and results in conclusion. Because it researched four different target groups; employees, supervisors, safety representatives and occupational health coordinator. Case study is analyzing the phenomenon in context by describing in depth the case. In the next chapter, the case is comprehensively

described. In case study context and boundaries between phenomena are not clear. Additionally, case study relies on multiple sources of evidence. (Yin, 2009)

To develop the case study, I adopt semi-structured interview method. It has in advance planned structure, but the order of the questions can be random during the discussion. Moreover, assistant questions can be added to get the applicant emphasis deeper on the questions. Still, all questions of the interview should be discussed. Furthermore, modification and changes to questions formulation can be done during the interview process. The benefits of this interview methods are increasing the information flow and considering diverse characteristics of interviewees. In conclusion, this research method is desired to collect information from where and when it is requested for. (Hirsjärvi 2009,184-185, Teijlingen 2014, 17-21)

3.2 Case description

This certain case was selected at the demand of the case company. At the time, when the novel occupational health model was announced, my job responsibilities changed to be part of occupational health. My responsibilities involve monitoring and reporting the transformation in the occupational health approach. The results of this study are applied to further research and development of occupational health in the case company.

The early intervention centralized occupational health model was taken into practice 1. January. 2019. The new occupational health model was created to reduce the costs of occupational health and to increase employees' wellbeing and work ability. This novel model aims for an early intervention model where employer sign to support employees already at the early step of conceivable sickness. The main goals were to develop occupational health care with improving wellbeing at work and work ability to increase sustainable profitability and productivity. There have been challenges in occupational health care before the centralized early intervention

model was introduced, and the expenses of occupational health were endlessly increasing. The novel occupational health model is the outcome of the change in occupational health strategy, where the objective is to serve employees from one point of contact. The company aimed to resolve the problem with investing to novel occupational health model that better supports wellbeing at work.

In the previous years, company´s occupational health services were coordinated from each department separately. Supervisor was responsible for employees’ sick absences and work ability. In centralized model occupational health coordinator is responsible for each employee's wellbeing and work ability. The coordinator can assign employees to the nurses or doctors that are specially allocated to employees of this company. Reservations for a doctor and nurse appointments are centralized to the coordinator. The occupational health coordinator serves employees through the phone line from 8 am until 10 am and from 1 pm until 3 pm. The coordinator may appoint one to three days of sick leave, one day at a time in cases where specialized health care professional is not required.

The company co-work with an occupational health care clinic that employees can use if employment has taken a minimum of one month. Contact with occupational health care provider gives for employees’ various services additionally to require by law. Occupational healthcare services are available only on working days from Monday to Friday with the permission approved by the coordinator. If the services of health care clinic are used without permission; e.g., on weekends employee is obligated to pay. Furthermore, employees are able to use Call the Nurse Service, where nurses can assign sick-leave or make an appointment to the doctors.

Figure 6. Occupational healthcare model of the case company (Occupational health team of the case company, 2019)

Furthermore, the reduced workload is applied if an employee is not able to perform physical duties. A doctor can sign for employee reduced work for a certain period. Reduced workload should be done according to the contractual and labor union agreement. Occupational health coordinators and doctors will evaluate the employee's capability for reduced workload. Afterward, the occupational health coordinator will discuss with supervisors what kind of duties they can give employees to follow doctors' orders. The reduced workload is primarily provided for employees in case of injury in hand, leg, or back. It frequently persists from one to fourteen days.

A medical certificate of sick leave should be delivered to the supervisor as soon as possible at the latest when an employee gets back to work. The payment for the

period of sick leave is paid after the medical certificate is delivered to the supervisor. In case employee gets sick during the weekend when having a working shift, the supervisor can appoint for the employee sick-leave for one day or commend employee to visit public health center. Furthermore, if employee gets sick during the working day, supervisor can give for employee permission to rest home. In night shift cases, when an occupational health care phone is not on the service, the supervisor can appoint for employee permission to have sick leave for one night at a time.

However, if an employee's child becomes sick, the employee should inform the supervisor and deliver child sick leave documentation to get compensation. Employees that are having their practical training in a company are not permitted to use occupational health care services. Instead, they can negotiate about the sick leaves with their supervisor. In situations where employee gets sick during the paid holidays, occupational health services are still available to use in first aid cases. (Occupational health team of the case company, 2019)

3.3 Statistical background data to the case

This data is provided by the case company to demonstrate how the change in occupational health model concerned employees' wellbeing and sick leaves. Data is reporting the numbers and reasons for sick leaves, not the financial impacts. First, the figure down determines how the introduction of the novel occupational health model changed the average of sick days compared to the working days in three different departments of the company. The novel occupational model was applied from 1 January 2019. Therefore, figures determine the change between 2018 and 2019. As the figure downward demonstrates, two departments of the company have increased in their percentual number of sick days compared to total working after novel model was introduced. Instead, the third department has nearly no difference in this statistic. Nevertheless, on average, the novel model of occupational health has increased the number of sick days compared to total working days in business.

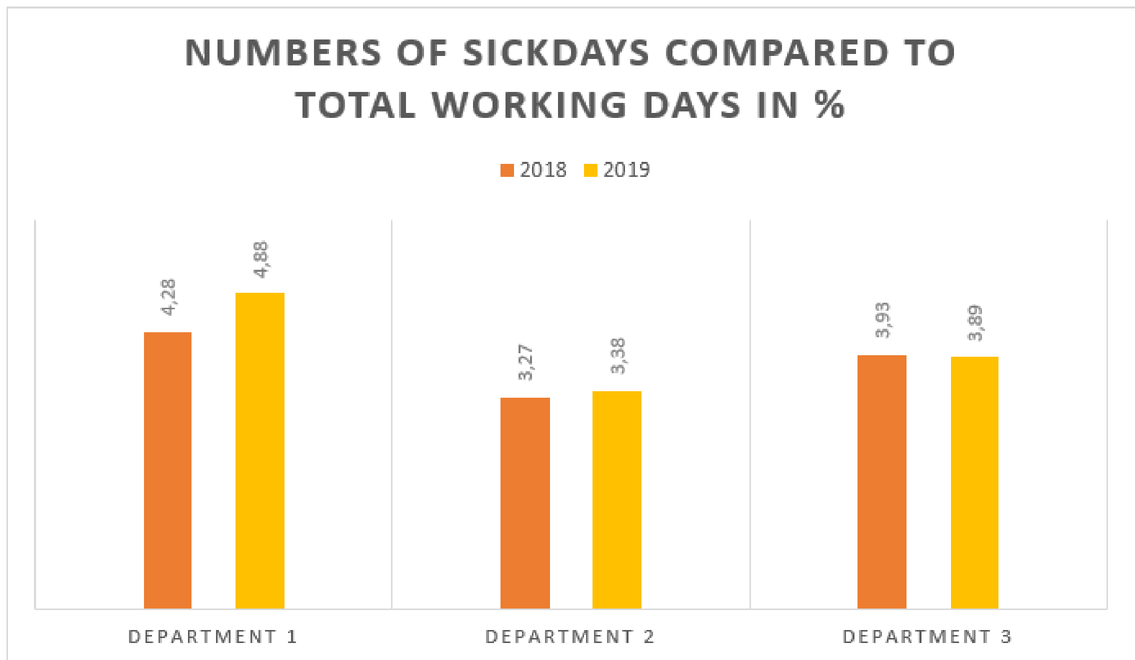

Figure 7. Sick days compared to working days (Case company statistics, 2019)

These two statistics below investigate the disability period compared to the diagnosis ratio. The first figure (8) illustrates the year 2018 and the second figure year 2019. Figures indicate that one to three and four to ten sick days have decreased since the novel model was presented. Diagnosis of short one to three days sick leaves has not changed among the years 2018 and 2019. Diseases of the musculoskeletal system and connective tissues have a bit decreased. The same extends to infections. The most significant difference in long disability periods is a considerable increase in mental disorders.

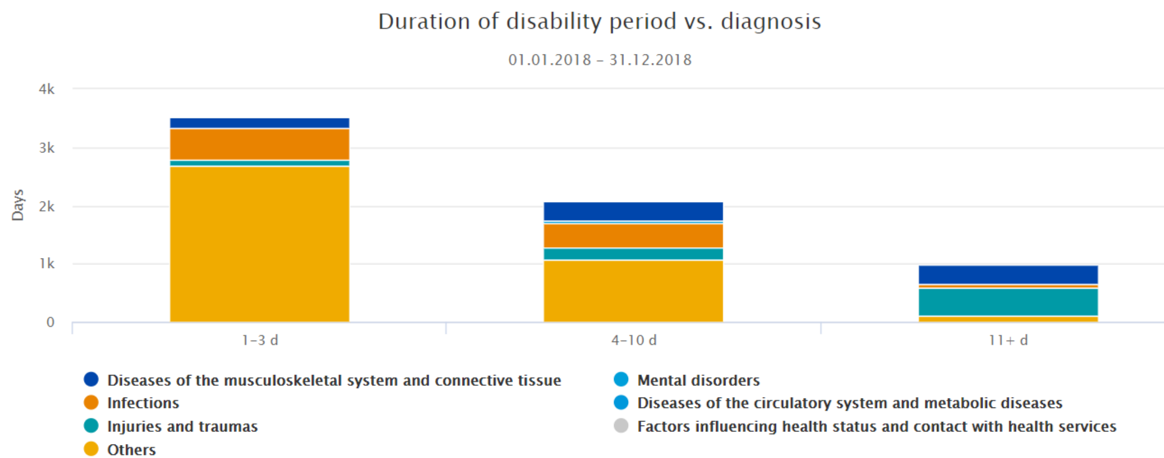

Figure 8. Duration of disability period vs. diagnosis 2018 (Case company statistics, 2019)

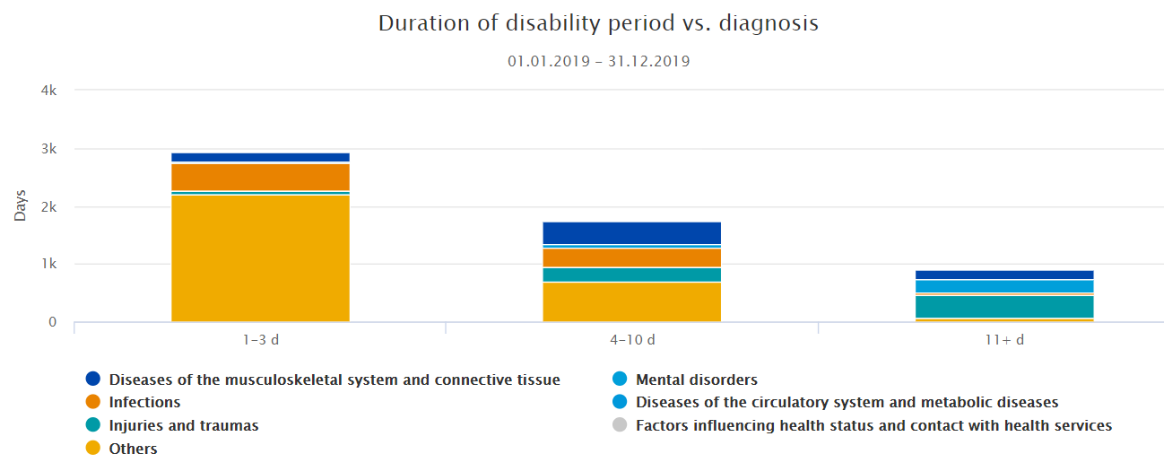

Figure 9. Duration of disability period vs. diagnosis 2019 (Case company statistics, 2019)

3.4 Research implementation

The core objectives of this research are to analyze how work community has experienced the change of occupational health, what are the benefits and challenges of novel model and how occupational health practices could be improved. Research project started with scanning already existing studies and information on this topic. The objective was to achieve the most reliable and comprehensive theoretical framework for this study. Finding research is expected to give further information and reveal the opinions and views of interviewees.

Research is implemented with semi-structured interviews, which are the most efficient method to collect data from a small number of respondents. Furthermore, in the chosen research method scholar influences how the data will be evaluated. Qualitative research method is based on understanding human behavior. In a semi-structured interview method candidate has the possibility to have an open dialogue that digs deeper into their responses (Ghauri & Gronhaug, 86-87). After combining several interview methods, a semi-structured interview was selected. A semi-structured interview was preferred to understand better human behavior and thoughts on how and why somewhat is happening. Additionally, this interview technic provides the possibility to gain a lot of insightful and in-depth information when candidates can discuss openly.

3.5 Data collection and analysis of the data

Polkinghorne (2005, 137-138) explains that in qualitative research, matter of the research is indicated in the gathered database. Collected data is analyzed with the information presented in the theoretical framework. In semi-structures interviews, data is gathered from the conversation between the researcher and the interviewed person. Collected data from qualitative research is based on documentation of the experimental one. Taylor et al. (2016,100-102) include that qualitative interviews dig deeper to find out the beliefs and values of the interviewed person. Therefore, they are so-called in-depth interviews.

The participants of this research were recommended to select by the human resource manager and labor relations manager of the case company. Based on that reason sampling method was non-probability sampling, where the data were not randomly selected; every employee didn’t have a chance to participate. In this study, a stratified sample was utilized. Company managers assist researches in choosing a sample that is most useful to the objective of this research. To gain varied data, different target groups were chosen to be part of the research. (Thomson, 2011)

Each party must represent individual opinions and development ideas on this specific subject. Furthermore, in this case, parties are employees, supervisors, occupational health coordinator and safety representatives. When taking in considerations each party individually, the answers are better combined. Safety representatives support employees' rights and safety because they represent employees voice and right at the workplace. They were told to discuss with employees concerning this matter before taking part in this research to get deeper and broader responses.

Interviews should be questioned in an understandable and simple way and formation of the questions should be planned in a way that they display insight and lead to valuable data (Merriam 2014, 97). Data of this research is collected to observe deeper how employees, supervisors, safety representatives and occupational health coordinator have experienced the efficiency of the centralized occupational health model. Diverse positions of interviewed persons are considered, and the interview questions varied a bit depending on the target group, but the structures are nonetheless similar.

Number	Role	In research	Gender	Length of employment	Department
1.	Supervisor	S1	Male	6	1
2.	Supervisor	S2	Male	5	1
3.	Supervisor	S3	Male	4	2
4.	Supervisor	S4	Male	10	3
5.	Supervisor	S5	Female	5	2
6.	Supervisor	S6	Female	4	3
7.	Employee	E1	Female	2	1
8.	Employee	E2	Female	4	2
9.	Employee	E3	Male	8	3
10.	Employee	E4	Male	5	3
11.	Safety representative	SR1	Female	2	1
12.	Safety representative	SR2	Female	6	2
13.	Safety representative	SR3	Male	6	3
14.	Occupational health co	OHC	Female	2	

Figure 10. Information about interviewees

First, six supervisors (1-6), three safety representatives (1-3), four employees (1-4) and one occupational health coordinator (OHC) were involved in qualitative research. Each interview process started with contacting the potential interviewed via phone call and discussing the aim of the study. Their willingness to participate in research was considered. Every contacted person was willing to participate in this research. During the phone call, the research process and timetable was revealed and meeting for face-to-face interview agreed. After the phone conversation, cover letter and interview structure with the questions were sent participants. The cover letter contained more detailed information about the objective and process of research. It was enclosed to better prepare involved individuals to the topic. All fourteen interviews were conducted face-to-face in October 2019. The duration of each interview was approximately one hour. Interviews were recorded and transcribed. Names of the interviewed person are not revealed the protect the privacy of the interviews. The responses are compared to each other by dividing them under different categories.

Data analysis has been done by applying a codification process Gioia (Gioia et al., 2012). This codification methodology is a systematic approach to new concept development. Gioia et al., (2012) method consider similarities and differences between different categories in research result. They are identified as first-order codes. Then, first-order codes are divided into second-order themes in a way that similar categories are under the same second-order team. Second order teams suggest the concepts that support to describe and explain the research phenomenon “aggregate dimensions.” Gioia methodology facilitates to demonstrate the rigor in research, with graphic representations of key terms and themes to conduct the analyses. (Gioia et al., 2012)

3.6 Validity and reliability

This master thesis is completed under the control of educational supervisors and regulation of university in a valid and reliable manner. The research problem and

questions are certainly explained, as well as the value for the case company. Interviews of this research proceeded with the permission of the employees. The company had an opportunity to influence the structure and questions of the interview before it was carried out. Semi-structured interview questions had a similar structure concerning target groups, and therefore they were easily comparable.

The validity of qualitative research method can be considered to interpretative validity, theoretical validity, descriptive validity, generalizability and evaluative validity. Interpretive validity requires collected data to be based on the interviewee response instead of the authors' estimation. Theoretical validity means that collected data is reliable and based on existing information on the phenomenon. The quality of the collected data and accuracy of transcription is analyzed through descriptive validity. The transferability of the data is evaluated through generalizability. However, valuative validity analyses how precisely the gathered information is evaluated. (Thomson, 2011)

The reliability of the qualitative research method analyzes that the collected data does not change depending on the period research is to proceed. Research can diminish the reliability because of people's values and nature of work change over a certain period. Additionally, the anonymity of research increases the reliability, since interviewees respond to the questions dig deeper and wider. Merriam (2014,97) includes that face-to-face interview gives opportunity to collect more detailed information compared to phone and email interview or questionnaire.

The responses of research are interpretatively validated because they are based on interviewees opinions and described what was heard by the author. Data of research is generalized because it can be utilized in the regular context and used for future research. Academic guidelines for reporting are met. The results of this research are reliable because different parties involved in practices are interviewed to gain broad and persistent results. Interviews of this study are conducted anonymously, which makes responses more reliable. Concerning this research, the

reliability may decrease over time, since the expectations and values for occupational health might change. Similarly, the change in the nature of work can influence the results of research in the future. In case interviewed had difficulties in understanding the question, the author explained it clearer. Furthermore, the interview questions and structure were sent to interviewees in advance. They had the opportunity to contact the author before face-to-face conversation.

Data analysis

This data-analysis consist of the codification process of the interviews in order to reach the three-level codification. This section represents the second order themes and first order concepts under each aggregate dimension. Responses that had exactly similar meanings are condensed into one first order concept without multiplying same answers into figures 11,12 & 13. Thereby avoiding sheer numbers to develop overwhelming (Gioia et al.,2012). First aggregate dimension; drivers of centralized early intervention model are outcome from second order themes efficient databank, early intervention health, successful communication and reporting, satisfaction towards coordinators work and wellbeing is being supported.

Aggregate Dimension: Drivers of centralized early interventional occupational health

Second Order Themes	First Order Consepts
Efficient databank	Employees health history better reported Centralizing employees health history is more efficient Employees health history is better collected to one place Coordinator know-how and expertise in the background
Early interventional health	Coordinator control and notify better individuals health risks The rules and limits of sickleaves are same for each employee Better indentifility of disability cases that require special health care It is good that in centralized model the work ability discussions follow the same form for everyone It its good that supervisors keeps still work ability discussion, because he knows how i perform at work
Succesful communication and reporting	Daily reporting routines Succesful information flow between departments Employees have clear instructions and practises Coordinator is anonym person, therefore communication is more open
Satisfaction towards coordinators work	Communication with coordinators based on equal behaviour, because personal chemistry do not affect Empoyees tell coordinator better about mental health problems Coordinator contacted me from early stage before I got back from longer sick leave and we planned work return together Coordinator does not pressure do go when still recovering, in previous model i felt supervisor pressure Easier to get help is cases when doctor is needed
Wellbeing is being supported	New model has not affect to relatioship with supervisor, it is still close I centralized model supervisor time is available for other workplace wellbeing development Supervisors give feedback and ask about family life and freetime Even though occupational health is not coordinated through own supervisor, he is still encouraging in work ability issues Coordinator and supervisor supported me well when i got back from long sick-leave

Figure 11. First aggregate dimension

The second aggregate dimension is the barriers to early intervention occupational health model. The figure underneath demonstrates second order themes and first order concepts that create this aggregate dimension. Second order themes are inoperative in night and weekend shifts, challenges in systems, challenges in reduces workload, communication challenges, challenges in workplace wellbeing, challenges in occupational health culture and environment and sick-leave challenges.

Aggregate Dimension: Barriers of centralized early interventional occupational health

Second Order Themes	First Order Consepts
Inoperative in night and weekends shifts	New centralized system is not workable for night and weekends New occupational health system does not work on weekend and night shifts Different departments has different ways to operate, that is not fair It is not fair that night shift has to wake up from sleep in order to call Occupational health services to not provide help in weekends
Challenges in system	Separated systems of coordinator and supervisors, information to not connect There is too many systems for health management Phoneline is usually busy and line is long In previous model calling times where not limited Phonelines to not serve night shift
Challenges in reduced workload	Sometimes employees abuse real work with reduced work even its not needed Usually there is no possibility to reduced workload at workpalce Reporting and tracking reduced work load statictics lack
Communication challenges	Lack of information regarding wellbeing practises Coordinaotr lack of informations about employment and probation that would be important Slow communication between different departments Lack of information about company wellbeing benefits and activities
Challenges in workplace wellbeing	Lack of community at workplace Lack of significance of own work Supervisor is not interested about employees wellbeing Uncomfotable working conditions
Challenges in occupational health culture and environment	Occupational health culture of organization feels byrocratic There is no clear stratefy for occupational health and employee wellbeing Coordinator lack of knowledge what kind of risk and pressure work enviroment has Centralized model does not support so good relatioship betweeen job resources and demands If i tell coordinator about stress issues, message to not pass to supervisors, and demand of work dont change Coordinator does not know of work taks and demands
Sick-leave challenges	It feels that supervisors and coordinator no always believe in sickleave reasons Sometimes it feels that is hard to get doctor appointment, because coorninator itself "sickleave" It is challenging to get appointment to special doctor, even its needed In cenralized model it is easier to get unmotivation sickleave

Figure 12. Second aggregate dimension

The third aggregate dimension is organizing the development of a centralized early intervention occupational model. It is founded on second order themes; system development, reduced workload development, improvement in transparency, developing occupational health culture and environment and developing working ability and overall wellbeing. Second order themes are formulated from first order concepts that are demonstrated in figure 13 below.

Aggregate Dimension: Organizing to centralized early interventional occupational health

Second Order Themes	First Order Consepts
System development	Own phone times for nightshift and weekends Calling possibility should be equal to all employees regarding the shift Coordinator and supervisor should use same one centralized system to data as well Possibility to book appointment with the doctors also in the weekends
Reduced workload development	Reduces workload should be possible for all employees who need it Developing strategy and practises to track and report better reduces work load Before starting reduced workload, it should be analyzed in employees work ability will ever recover to "own role".
Transparency improvement	Increase information how the occupational health actions and practises work Tell employees more about wellbeing possibilities in company Inform employee when coordinator can give sick-leave or when doctor appointment is better
Developing occupational health culture and environment	Organize workshift only in one temperature Coordinator should visit the sites and workplaces in order to support better employee wellbeing Coordinator should also be involved on enhancing job satisfaction towards wellbeing Better communication between coordinator, supervisor and employee Employees should trust better occupatinal health culture of organization
Developing work ability and overall wellbeing	Supervisors and health specialist should be more encouraging and supporting Stress issues of employe should be better researched and treated If employee is not fully resources, coordinator should meesage supervisor that could affect demands of work Coordinator and supervisor shoulf be more interested about my wellbeing and resources Coordinator and supervisor should do more co-working and sit down together to enhance wellbeing Work ergonomics should be better taken into account

Figure 13. Third aggregate dimension

The figure below composes the three aggregate dimensions shown in this chapter altogether. It demonstrates the aggregate dimensions that are found in research. The main categories so-called aggregate dimensions are drivers of centralized early intervention occupational health model, barriers of centralized early intervention occupational health model and organizing development to centralized early intervention model. As demonstrated in the figure, the second themes under main categories are connected to each other between different categories.

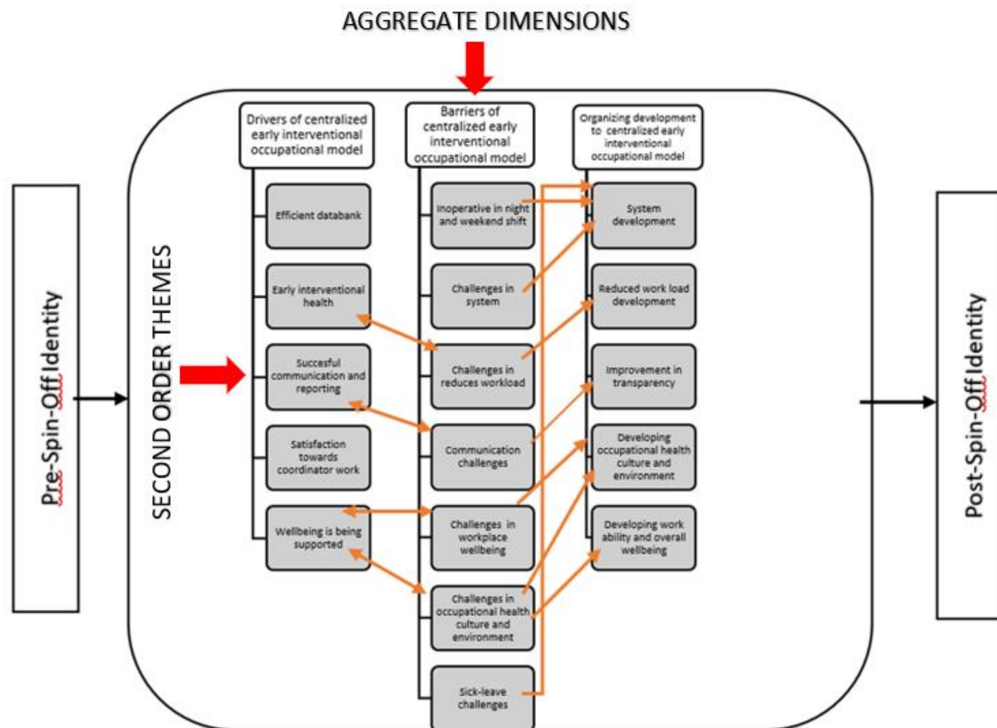

Figure 14. Results of three level codification

Early intervention health has been the driver of novel model, but at the same time, there has been challenges in reduced workload. Finding demonstrated that the development of a reduced workload is needed. Pre-Spin-Off identify determines the major emergent concepts, themes and dimensions of outcomes and Post-Spin-Off show their dynamic transparent relationship with each other. (Gioia et al., 2012)

Communication and reporting have been placed under each category since it has been evaluated as driver, barriers and development point. Even though respondents felt that wellbeing is supported, some felt challenges nonetheless and addressed that as a development point. Most of the barriers are found in development points as well, like; system development, improvement to communication and transparency, sick-leave challengers, and challenges in culture and development.

4 Findings

This part of the thesis demonstrates the findings of fourteen semi-structured interviews of employees, supervisors, safety representatives and occupational health coordinator. This chapter is separated into three parts of aggregate dimensions; 1) drivers of centralized early intervention occupational health, 2) barriers of centralized early intervention occupational health and 3) organizing to centralized early intervention occupational health.

4.1 Drivers of centralized occupational health model

Drivers of occupational health model respond to impacts of occupational health approach that have been advantageous to employee wellbeing, work ability and organizational culture. Findings explain what the drivers of novel early intervention occupational health that has improved employees' wellbeing at work and work ability are. Moreover, this part reflects the findings that have been more efficient compared to the previous approach.

Drivers of centralized early intervention occupational health can be defined with second order themes that are efficient databank, early intervention health, successful communication and reporting, satisfaction towards coordinators work and supported wellbeing. Efficient databank is characterized by first order concepts where respondents felt that the novel occupational health model reports better employees' health history and data is centrally better maintained and distributed. Besides, health coordinator know-how and professionalism support supervisors work when needed.

> *"I think that the best thing in this health model is that data is better reported because coordinator centralized occupational health data to one system. Before, all departments have separated ways how they reported and acted with the employee data." (Supervisor, 3)*

Interviewees felt that the novel model is more efficient since it is early intervention. The coordinator notifies better and quicker the potential health risks of employees. In situations where special doctoral expertise is needed, personnel gets quicker required support. Equal rules and limits concerning the sick leaves for all employees are advantages of novel model. Similarly, the structure of working ability discussion is identical to each employee. From the employees' point of view, the advantage is that supervisors maintain still working ability discussion because they are managing the employees daily working-tasks and they may easily observe the health risks at an early stage.

One driver to novel occupational model is that it facilitates successful communication and reporting. The novel model introduced the daily reporting routines that support supervisors and health coordinator in their job. Respondents felt that the novel model boosts information flow concerning work ability and wellbeing issues. Furthermore, employees have more definite instructions on how to operate in sick leave and work ability situations. Besides that, employees felt easier to communicate their health and wellbeing concerns to the coordinator because of the anonymity.

> *"I feel that it is easier to speak to coordinator about health problems, especially in cases when someone is dealing with mental health problems. In some of the cases the coordinator has asked if she could speak about my case to my supervisor to support better my work ability." (Employee,1)*

> *"Coordinator is such an effective databank; she knows every employee wellbeing issue and encourages us how we can better support employees." (Supervisor, 3)*

Respondents felt that efficient driver of the novel model is coordinator effort and know-how. The coordinator communicates with employees and supervisors equally, which enhance wellbeing. Additionally, since mental health problems are increasing,

employees felt comfortable to talk about mental issues to the coordinator and were able to get help required. Employees felt that the novel model supports better their working ability because the coordinator does not pressure employees to go to work when still recovering. Before this model was introduced, some of the employees felt that the supervisor pressure them to come to the job, even they were still sick. In cases of lengthier sick leaves, respondents thought that the coordinator contacted them at an early stage before returning to work and planned together with the work return process that made employees feel more secure and welcomed.

> *"I must admit that the novel model has enhanced equality between employees. You know, there are always those human chemistries that we are not able to affect. I have especially noticed them between supervisor and employee. Now coordinator is treating more equally all employees and their health issues." (Safety representative, 2)*

Lastly, respondents felt that the driver of the novel model is that wellbeing is better supported. Although the novel model is coordinator centric, employees and supervisors felt that it had not affected their relationship and they are still able to share information regarding their wellbeing and work ability. Supervisors felt that now their time is more available for wellbeing development at the workplace what comes to a safe and welcoming work environment. Employees observe that even though they are communicating sick leaves to coordinator, supervisors are still providing them feedback about their work and question how they are doing with their family life. Employees and safety representatives examine that even occupational health is centralized to the coordinator; supervisors are still encouraging employees in work ability issues. Additionally, respondents felt that co-working between coordinator and supervisors performed well what comes to reduced workload and sick leaves.

> “*New occupational model has no impact on my relationship with my supervisor. We are still discussing wellbeing issues in the same way as before; now, he is asking even how I am doing.*“ (Employee,1)

4.2 Barriers of centralized occupational model

Barriers of occupational health model respond to the impacts that are disadvantageous to employees’ wellbeing, work ability, and organizational culture. Barriers may reflect areas, where novel occupational health model should be improved. Furthermore, barriers may reflect to matters that were better organized or handled in previous occupational health approach. Barriers are parts of work ability, wellbeing at work, and occupational health care that do not endorse the early intervention approach.

Barriers of centralized early intervention model are defined with second order themes that are inoperativeness in the night and weekend shift, system challenges, challenges with planning and implement reduced workload, the challenge is corporate communication and culture, problems regarding sick leaves and overall workplace wellbeing.

The biggest challenge discussed in the interviews was that the novel occupational model is inoperative in night and weekend shifts. Each respondent was addressing the same challenge, that is the barrier of the model. Other challenge is that different departments of the company still have various ways of operating during nights and weekends. Employees who work during the night feel uncomfortable because they need to call coordinator during their sleeping time. In earlier model supervisors were available 24/7, but now the occupational health coordinator responds to the phone only from 8 am to 10 am and 1 pm to 3 pm. All respondents argue that it is risky for the health that occupational health clinic does not serve employees during the weekends. During the weekend, employees must visit the public hospitals, where is a normally lengthy waiting line. Respondents felt that unfair because all employees should have equal doctoral services regardless of the shift they do. Especially in a

society where the future is to operate around the clock. Furthermore, respondents were unsatisfied with paying for public hospitals themselves. That decreased their willingness to get help to their health and wellbeing during the weekends.

> *"I am working on weekends at different departments of the company. I am not able to understand how I should behave in sick leave cases. Sometimes my supervisor requests me to visit a public hospital even I have the only flue, but in other places, the supervisor gives his permission to have sick absence for the day. The system is really strange, and there are no clear rules how I should behave." (Employee, 1)*

> *"If company wants to continue operating their occupational health with this model, there needs to be improvement especially in night and weekend shifts." (Safety representative, 1)*

The novel model has created system challenges. Occupational health coordinator and supervisors think that information concerning employees' wellbeing and occupational health issues do not always reach them most efficiently. Additionally, they felt that there are too many different systems for employees' health management and the data is too distributed. Therefore, it does not support employees' wellbeing and work ability in the greatest possible way. Employees felt that during the calling times, the line is occasionally very overcrowded and the waiting line extended, especially during the morning. Waiting creates employees frustrated, particularly in situations where employees need to visit doctor quickly. Employees feel that, especially in night and weekend cases, the previous model served them better.

Corporate communication challenges appeared to be one of the barriers to novel model. Particularly when the model was introduced respondents felt a lack of information about wellbeing and occupational health practices. Safety representatives believe that in the beginning the information about change in

occupational health could be done more efficiently. By their belief, some employees still don't know what the benefits and activities that companies offer to support employees' wellbeing are. Employees examine that the model is not transparent enough. They would like to know more about structures, policies and strategical background of the model, for example, in which situation working ability discussion is conducted, what kind of doctoral services they are able to use and when they are able to utilize reduces work. Supervisors felt that the coordinator lacks important information concerning probation and employment. Coordinator should have a better understanding of employment issues. Then early intervention support would be even better and occupational health care would operate more effectively. The company has settled the same occupational health procedures to each department, but still, the information flow concerning employees' wellbeing and work ability is not operating most efficiently.

> *"Employees should know after how many sick days they are going to have working ability discussion with their supervisor." (Safety representative, 2)*

> *"Company should better inform employees about their rights and benefits of occupational health care. Sometimes it feels that the company is hiding information from employee and employees lack of knowledge." (Safety representative, 3)*

If employees work ability is decreased company plans to recommend reduced work that would boost employees' recovery to normal conditions. Respondents felt that the most significant barrier to reduced work is that most of the departments cannot offer reduced work tasks. In those situations, an employee stays on sick leave at home. Supervisors and coordinator assert that the company is lacking reporting procedures and a clear strategy for reduced work. They explain that with better occupational health reporting, work ability would be better maintained. Supervisors believed that some employees might work reduced to abuse their real working tasks even they are in full working capability.

"Reduced workload, we would benefit so much about effectively using it, but at the moment, our company doesn't have clear strategy, practices and reporting routines how to proceed it." (Supervisor,1)

Respondents assume that the novel model has caused specific challenges to sick leaves. Employees experience that their supervisor or coordinator does not always believe reasons for sick leaves or need to sick leave has been underestimated. On the other hand, employees feel that novel model makes it easier to get sick leave in cases when they lack motivation. They thought it easier to lie to the coordinator because of anonymity compared to their supervisor. Employees considered at times challenging to get an appointment with the doctor because the coordinator generally gives sick leave without a doctoral visit.

"Sadly, I felt that when this novel model was taken into usage, my supervisor does not trust my reasons for sick leave in the way he trusted before." (Employee, 2)

"Before the supervisor didn't know how to help me when I was sick, and he always recommended me to book an appointment with the doctor. Now the occupational health coordinator has good knowhow about health and work ability issues, and she mainly gives her permission to sick leave instead of booking an appointment to the doctor." (Employee, 3)

Respondent felt that the novel model has caused some problems to their workplace wellbeing when supervisors are not responsible for their working ability. Employees examine that the novel model has diminished the feeling of community at the workplace because they are not communicating health issues straight to supervisors any longer. Additionally, when supervisors are not in the same way aware of employees' wellbeing anymore, employees experience a lack of the significance of

their work. Some of the employees felt that the novel model decreased supervisor interest in employee's overall wellbeing. Particularly, employees felt that supervisors are not in the same way interested to develop employees work ability and wellbeing.

Lastly, respondents conclude that change has caused challenges to the environment and occupational health culture. Respondents revealed that the novel model makes company culture feel bureaucratic. Supervisors and safety representatives claim that the novel model lack of clear strategy of how occupational health should increase employees' wellbeing and what are the goals. The main barrier by respondents was the coordinator lack of knowledge concerning work environments. Coordinator is lacking information about risks and pressure in the work environment and what the job is demanding. Supervisors declare that they are the ones who can balance job demands and resources, but in the novel model, the knowledge of job demands is divided into supervisors and knowledge of resources to the coordinator. Communication challenges do not always pass the information between those two factions in most efficient way. Employees felt comfortable to talk about mental health issues to coordinator, but the message of employees facing mental health issues does not always reach supervisors who would be able to change the demand of work or support employees' wellbeing and work ability in the work environment.

> *"Coordinator is the nicest human on earth, but it does not diminish the facts that do not have any clue what our job is. She knows how to give sick leave, but does she know how she would be able to support our work ability and resources in the most efficient way, probably not." (Employer, 1)*

4.3 Organizing to centralized occupational health

Organizing to centralize occupational health examines how novel occupational health could be improved. Moreover, the findings of this section demonstrated how wellbeing at work, work ability, occupational health care, or organizational culture and communication could be enhanced to better support wellbeing at work and work

ability. Finding of organizing analyze how centralized early intervention occupational health could be improved to tackle more efficiently the health risks at an early stage and support even better wellbeing at work at all stages.

Respondents were questioned how they would develop the novel occupational model to answer better employees' wellbeing and community needs. Replies can be categorized into five more essential topics that are system development, reduced workload development, improvement in transparency, developing occupational health culture and environment and improving employees work ability and overall wellbeing. Those development ideas are strongly related to the barriers that were discussed in the previous section.

First, respondents mention that the system should be improved to get novel model more efficient. The novel model has brought up challenges to night and weekend employees. Therefore, supervisors and employees would like to have one more calling time for night employees and the possibility to call coordinator during the weekends as well. Safety representatives were strongly encouraging the company to extend the calling times because all employees should have equal possibility to get occupational health care. Coordinator and supervisors want to use the same system and data when they are dealing with wellbeing and work ability issues because currently, they are reporting to different systems.

> *"All employees should have an equal opportunity to the usage of occupational health services and therefore the company should start to plan how they would develop this model for night and weekend employees." (Safety representative, 3)*

> *"At least company should open for the line for night employees, probably from 5 pm to 7 pm because then we are awake" (Employee, 1)*

Each respondent believes that a reduced workload should be developed. First, respondents assume that reducing working tasks should be available in all departments. An employee who needs reduced workload should be able to have it. Supervisors and coordinator agree that the company is lacking the reporting practices of reduced workload, and therefore company should create strategy and methods of how they would report reduced workload. Coordinator and supervisors feel that occupational health clinics should analyze more strongly if employees will ever be fully recovered to the task employee worked before having a sick leave. Additionally, coordinator and safety representatives agree that supervisors should be more aware if employees are not able to succeed with work duties; reduced workload could temporarily help.

> *"It would be great that we would develop with supervisors common reporting ways and operational practices to reduced workload. That would be effectively supporting employees work ability" (Coordinator)*

Especially employees and safety representatives believe that the occupational model of company should be more transparent. Employees need information flow concerning occupational health actions and practices to improve. Employees and safety representatives want to know more about wellbeing benefits in the company. Additionally, they would like to know in what cases the coordinator is able to appoint sick leave or when appointment with the doctor is needed. Safety representatives endorse, that company should better advise employees about employee right, when working ability discussion is conducted and when employee has opportunity to reduced workload.

> *"Even I haven't been sick, but I would like to know in advance how the company supports me if I face working ability challenges and what kind of supportive options the company serves." (Employee, 3)*

Respondents have development suggestions to the barrier of occupational health culture and environments. Since employees' experience, that coordinator does not know well enough their working tasks or environment. They propose coordinator visit the working sites and different departments to understand better what the job contains. Supervisors and coordinator should have stronger co-working to increase employee's wellbeing and work ability. Employees want that work environments would change in a way that supervisors would organize their working shift in one temperature because at the moment, some of the employees are working in cold and warm and that does not support their work ability or wellbeing. All respondents want that communication regarding occupational health issues would be improved between all parties. Supervisors, safety representatives and employees agree that the company should work more on trust issues to ensure trust in the occupational health of the company.

> *"It would be great that the coordinator would visit our working sites and learn more about what our work consists of, what our tasks are and in which environment we work. At the same time, coordinator could have a small presentation about occupational health services and how they support our working ability and wellbeing." (Employee, 2)*

> *We could strongly co-operate with the coordinator to innovate new ways how to improve employees work ability and wellbeing at worksites. (Supervisor, 5)*

Finally, to develop work ability and overall wellbeing of employees' respondents want that supervisors and occupational health coordinator would be more supportive and encouraging. Employees and safety representatives believe that stress and mental challenges should be better handled and managed. Communication should be efficient from coordinator to supervisors when an employee is not fully resourced and needs a reduced workload. However, because the employee is working daily with the supervisor and in health cases employee contact coordinator, both sides should be more involved in employee wellbeing. Now when there are two sides

controlling employees' wellbeing, some of the employees feel that none of them is fully enhancing the wellbeing and work ability of individuals. All respondents think that the coordinator and supervisor should have stronger co-working and regular meetings to enhance wellbeing at the workplace. Furthermore, safety representatives and employees agree that the company should develop work ergonomics.

5 Discussion

This part discusses together the theoretical and practical implications of this master thesis, based on the main findings of this research. First, the results of the research questions are examined. Then, the theoretical implications of the integrated model and the results of the study are connected and presented.

5.1 Results for research questions

This research aims to find out the answers to research questions. Key findings of the integrated model demonstrated that early intervention model applied in occupational health care supported employees work ability and wellbeing in case organizational culture was successful and communication effective. The study was successful since it responded to every five questions. Questions and the answers are presented below:

The impacts of a centralized occupational health approach on employee wellbeing in the current context "of servitization"

Novel centralized early intervention health model has succeeded in supporting more efficiently employees work ability and wellbeing. Respondents felt that the novel model supports work ability already at an early stage, which indicates that health care is early intervention. Even though respondents were communicating health issues with the coordinator, they felt that supervisors were still encouraging them in working ability concerns.

Respondents thought that a centralized occupational health approach identifies better the cases that require specialized health care. The anonymity of occupational health coordinator improves the communication flow and therefore, the physical and mental health risks are identified already at an early point. One of the main modifications to the work community was that employees are responsible for sick leaves to occupational health coordinator. Earlier, they communicated health issues

with their supervisor. Moreover, the coordinator centric model gives the supervisor more time to wellbeing development at the workplace.

The novel model has enabled better reporting and communication concerning employee wellbeing and work ability. The impact of the novel model is that health history is better collected in one place, from where it is more efficiently reported as well. Novel model has facilitated daily reporting routines and better information flow between departments that help supervisors and occupational health coordinator care for employees' wellbeing.

The novel model has explicitly supported the mental wellbeing of employees. Employees felt that it is more comfortable to speak to an anonymous person about their challenges is mental health. Therefore, the effect of the novel model is to tackle mental health problems already at an early stage. Return from sick leave is better supported in novel model because the coordinator has contacted employee beforehand and organized together with the work return process involving the supervisor as well.

Impacts of the change in occupational health to work community and organizational culture

Company should aim to organizational culture of strong commonality and high management trust, where employees behave according to organizational regulation by spreading the positive expressions to the community. As the findings illustrate, some of the respondents have negative opinions towards the change of occupational health model in starting, but recently they have to get used to novel model. Manka 2010 (141-142) examined that it is normal that in beginning change, resistance may create that might impact shortly to employee motivation as well.

To compare (Mauno & Ruokalainen 2008,162) considered that bureaucratic and regulation-based wellbeing culture decrease employee' wellbeing and can increase the number of sick leaves. Some respondents of the case company found the novel occupational model and culture bureaucratic. The explanation could be found in finding as well, employees and safety representatives felt that the company lack of clear strategy for occupational health. Or otherwise, the company has not succeeded in communicating about culture and practices clear enough.

Respondents felt that the novel model had not changed their relationship with the supervisor. They are communicating health concerns to the supervisor as well. A supervisor is still questioning how employees are proceeding in job as well as in personal life. To have an employee in full capability and feeling well, the company should secure that all three pillars, wellbeing at work, wellbeing at life and psychological wellbeing are in balance and supported with solid communication. (Zheng et al., 2015)

Findings demonstrate that a change in occupational health has improved equality between employees. The novel model has enabled clear and consistent rules for occupational health. The rules and limits of sick leaves are the same for each employee and the work ability discussion follows the same structure for everyone. Equality between employees increases the trust and has a positive impact on organizational culture and satisfaction towards their wellbeing at work. (Martocchio 1994, Nummelin, 2008, 58-59)

Advantages and disadvantages of centralized early intervention occupational health

The biggest advantage of the novel occupational model is that it is early intervention. Employees felt that return to work is from extended sick leave is supported from an early stage. They find the easier right to help to mental health problems. As Cave-Suominen (2005,4) and Hirvonen et al. (2004) analyzed, well planned early

intervention model helps to support employees' wellbeing by giving them the right care already at an early stage. Exceptionally great is that mental health issues are now better threatened because prolonged sicknesses and problems get later harder to maintain. (Caven-Suominen 2005,16)

Supervisors and safety representatives thought that the novel model serves better occupational health because now supervisors have more time to develop. Still, some of the employees felt that there was a lack of community in the workplace. Moreover, some employees felt that supervisors' interest in employees' wellbeing has decreased. Lack of supervisor interest may be outcome from the fact that the novel model reduced the communication between employees and supervisors. Therefore, employees may lack supervisor encouragement and support as well.

Moreover, respondents asserted that they lack information concerning their wellbeing benefits. Even though communication was mention as an advantage, it was found in disadvantages as well. Coordinator lack of knowledge about workplaces and working practices. The coordinator does not know the pressure or demands of the job. Therefore, the coordinator is not able to fully support employees' resources and work ability. Some of the respondents felt that the novel model had created disadvantages to workplace wellbeing. Respondents felt that due to the novel model, their wellbeing is currently more supported than before. Disadvantage of a novel model to business was limited calling times that mainly unsatisfied the night and weekend employees. If company is going to proceed with their occupational health practices in the same way as done since so far, they may face the rise in sick leaves. (Bakker et al., 2003, Briner 1996, Iljuskin 2011, Seuri & Suominen, 2009, 283)

The efficiency of the results combined to previous occupational health approach

To conclude, the company has achieved to develop occupational health model that is enhancing wellbeing with being early intervention. Furthermore, the consequences of early intervention health are that some of the employees may feel too controlled that may affect employee wellbeing (Mönkkönen & Roos, 2009,232). Furthermore, enhancements of inequality between employees have been the advantage of this model. Before, different departments had different ways of operating and employees might have worked at a couple of different departments. In the current model, employees have similar equal regulations on how they should act in sick leave situations. The challenge of the novel model is night and weekend shifts. In this situation, the previous occupational health approach served employees better.

Statistical data (figure 7) shows that the novel model has expanded the number of sick days compared to total working hours. That is remarkable because the objective of the novel model is to enhance employee wellbeing and work ability, which entails fewer sick days. Department 1 (figure 7) has significant growth in sick days, which may be the result of challenges in organizational culture because problems in individual work ability alter how sick leaves are experienced in the entire work community. (Martocchio, 1994, Nicholson & John, 1985)

Even though findings demonstrate that the novel model supports better mental health issues, the company has not succeeded in tackling mental disorders efficiently enough. Figures 8 and 9 prove that mental disorders have increased the most in reasons for prolonged sick leaves once the novel model has been launched. Optimistically there has been a decrease in one to three days and four to ten days sick leaves after the novel model has been introduced. To conclude, the company is facing challenges to tackle prolonged sick leaves and specially to support employees' wellbeing what comes to mental health.

Respondents felt that the novel model has been more efficient in supporting work ability compared to the previous occupational health approach. Nearly all

interviewees from employees, supervisors, safety representatives to occupational health coordinator concrete that this model has been a step forward to more supportive and better occupational health. There are still many things to improve before the model can be described as a fully efficient model to support employees' wellbeing and work ability as its best.

Improvements to centralized early intervention occupational health

To fully support employees' wellbeing, firm should facilitate all needed resources such as methods, tools and ways of operating (Seuri & Suomien 2009, 115-116). In this case, connectivity and effective systems have an important role and should be enhanced to support all employees equally, apart from that which shift they perform. Morning-, evening-, night – and weekend employees should have equal connectivity in occupational health cases.

The coordinator should visit the workplaces to understand the possible challenges of wellbeing at work and make sure that work ability is maintained at each department. Balance between job demands and employees' resources should be balanced at every work. Supervisors and coordinator should organize meetings to discuss workplace wellbeing and employees work ability. They should make sure that each employee feels interpersonal fit, thriving at work, feeling competent, desires for involvement at work and perceives recognition regularly. (Dagenais-Desmarais & Savoie, 2012)

All respondents, especially the coordinator and supervisors, agree that the firm should develop a reduced workload in order to better support employees' wellbeing. Ryynänen et al. (2013, 325) assert that it is crucial to have well-planned model of how the reduced workload proceeds. The first company should organize the working conditions that enable reduced workload. Occupational health care coordinator and supervisors should do clear written agreements with the employees about reduced workload not to have misunderstood (Markkula et al., 2009, 7-9). In this case,

company should establish a strategy to reduce workload that describes the methods and places where and how reduced workload is proceeded. Additionally, reporting tools and methods should be measured.

To support equality between employees' companies should provide similar wellbeing and occupational health services to all employees, regardless of the department or shift they work. As Hui (2008, 458-459) references, sustainable and responsible businesses should pay attention to social issues to ensure that all employees are treated equally and in a proper manner. Employees wish for the supervisor and coordinator to be more supportive and encouraging that comes to wellbeing issues. Caven -Suominen (2005,20-25) examines that getting recognition at work is an important wellbeing factor to employees and increases the wellbeing of the entire team as well. Therefore, coordinator as well as supervisor must be recognizing employees' excellent performance, happy attitude and low number of sick days.

Respondents wanted to improve the transparency of occupational health, to know better their benefits, and actions of how the novel model works. As Juuti & Vuorela (2002, 145-148) argue, successful sustainable organization culture is based on trust, mutual respect and transparency. Supervisors and occupational health coordinator are the key persons to enhance transparency with open, transparent and respective discussions with the employee. Consequently, they should be involved in this development process (Juuti & Vuorela 2002, 145-148).

The company should improve occupational health communication. Caicedo et al., (2010, 440-442) and Simons (1990, 131-133) have stated that occupational health care should be strongly linked to organization strategy and progressed under continuous evaluation and development. In this case, if company is working on communication development, it should consider the communicational development of occupational health care as well. Corporate responsibility requires businesses to follow employee wellbeing and collect information about how occupational health

care works (Hui, 2008, 456-459). Hence, developing successful corporate communication should be the objective of building strategically sustainable occupational health.

5.2 Theoretical contributions

This thesis analyzes the concepts of wellbeing at work, work ability and occupational health care with the novel early intervention occupational health model introduced by private employment company. Wellbeing at work is examined through psychological wellbeing at work, balance between job resources and demand, the role of site supervisor and organizational wellbeing culture. Work ability is discussed through reduced workload and work ability discussions. Occupational health care is examined though sick-leaves, occupational health development, strategically sustainable occupational health and the importance of corporate communication. With the result of those three, the early intervention health is studied.

To better understand those concepts and how they are connected, the integrated model of occupational health care impact on work ability and wellbeing at work (figure 5) was created. Figure 15 in this chapter presents figure 5, combined with the results of findings. The findings of interviews are analyzed in this integrated model. Added contributions are market to figure 5 model with a yellow background to better demonstration. The model presented below (figure 15) demonstrates the relationship between the findings and theories. The interviews did not focus entirely on this model, but more specifically, on some part of it.

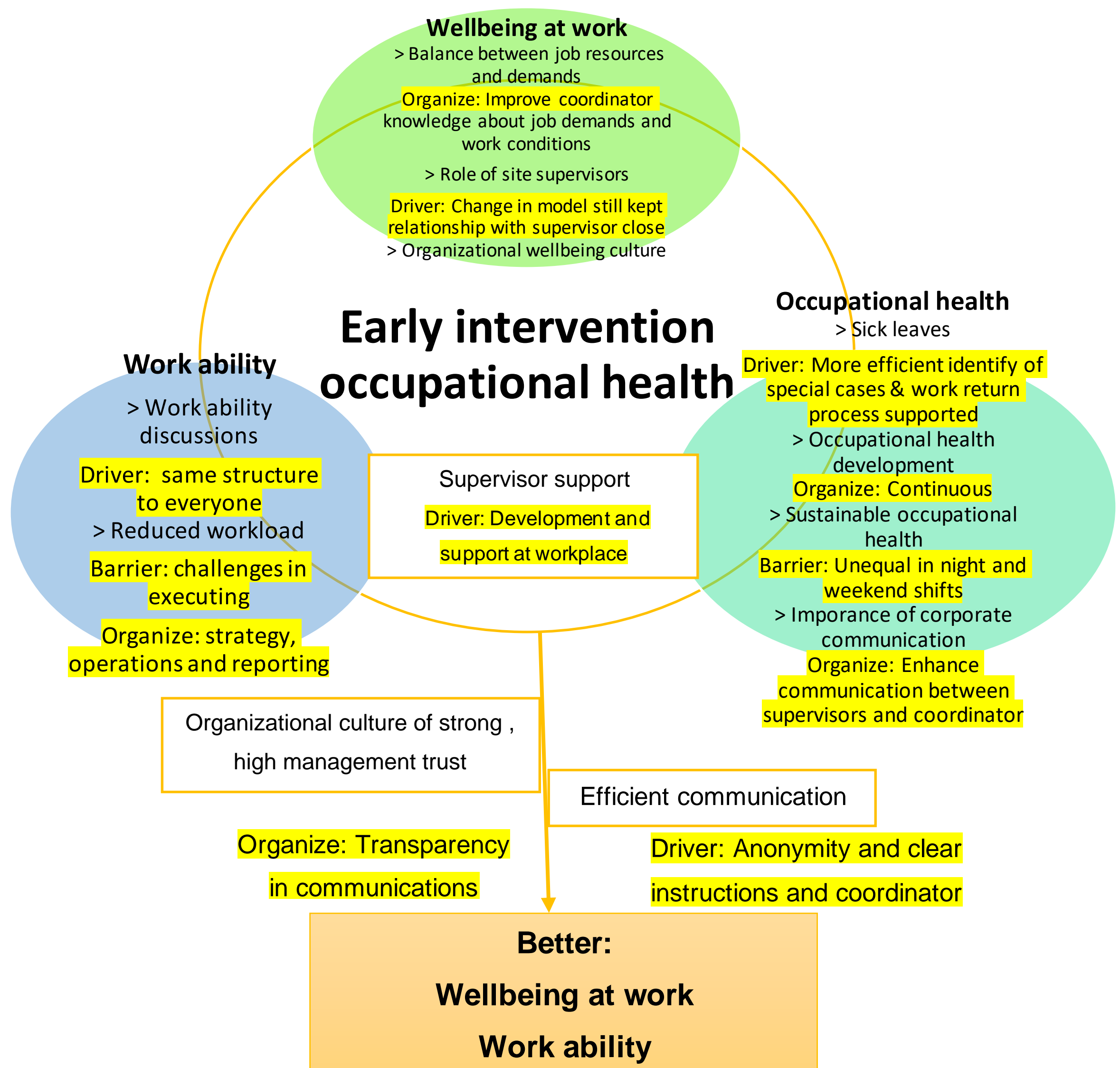

Figure 15. The integrated model of occupational health care impact on work ability and wellbeing at work combined with the results

Occupational health practices must help the health and functional capacities of the employee. Coherent and well-strategized work ability plans and discussions improve the employees work ability and increases equality. To assume it is important that work ability is supported already from an early stage. The supervisor and occupational health coordinator should be involved in enhancing the work ability at different stages.

First, the efficient driver of the novel occupational model is that it facilitates occupational health care to be early intervention. Kauppi (2004,9) and Caven-Suominen (2005,16) examined that successful occupational health should be preventive and affect working ability risks already at an early point. Employees feel that the coordinator is efficiently controlling and detecting the potential health risks of the employee. Additionally, compared to the previous model coordinator identifies more effectively the cases that require specialized health care. Cave-Suominen (2005,4) and Hirvonen et al., (2004) research confirms that early intervention health care facilitates companies to prevent unnecessary sick leaves and increase work ability. To conclude, novel occupational model has established more efficient early intervention health care that supports better employee work ability.

Valtionkonttori (2007, 13) references that the entire work community should understand how the early intervention model of occupational health works. Findings reveal that respondents want this model to be more transparent. Barrier was that employees were not sure about their benefits and operational practices. Therefore, it would be essential to organize more effective informative communication to explain how occupational model operates. Furthermore, from the cultural aspect, organizational culture is based on socially developed phenomenon. Communication that supports wellbeing should be effective. Respondents thought that the novel model had enhanced communication and reporting of the company. Proactive, strong operational communication of employees' wellbeing is important when building an efficient organizational culture. Coordinator anonymity, clear instructions and increased information flow were an efficient driver of this model. These are important parts when building organization culture of strong commonality and high management trust. (Martocchio, 1994)

As demonstrated in findings, the novel occupational model supports employees‘ wellbeing. Even though employees are not communicating sick leave issues straight with the supervisor, the structure of the novel model has not disturbed relationship.

That is an important driver because the supervisor is key person to follow the wellbeing of the department (Aaltonen et al., 2004,35). Employees believe that supervisor is interested in their overall wellbeing in personal life as well. Zheng et al. (2015) argue that Employee wellbeing is a combination of life, psychological and workplace wellbeing. Therefore, the coordinator and supervisors should be aware that those are fully supported. The novel model provides supervisors more time for wellbeing development at the workplace. Wellbeing enhancement at the workplace is critical because it increases employees work ability, decrease the number of sick leaves and has a positive influence to work satisfaction. (Bakker et al., 2003, Briner, 1996, Iljuskin 2011)

Employees felt that return from sick leave was successfully supported in the novel occupational model. The occupational health coordinator contacted employees already from early stage before returning to work from lengthier sick leave. Sampere et al. (2012) researched that the best way to stay away from employees ‘potential health problems is to support return to work at an early stage and make sure that return is arranged smoothly. As Kivistö (2005, 23-24) mention supervisor is the key person to support employees’ wellbeing and therefore, should be involved in this process. Ryynänen et al. (325-326) underline that before return working ability should be analyzed together with the coordinator and supervisor. If an employee needs a reduced workload, it needs to be carefully planned and negotiated between supervisors and employees. For future development, case company should create a clear strategy on how to proceed and report reduced workload.

Furthermore, effective systems and connectivity are strongly linked to organizational wellbeing culture. In this case, the night and weekend shifts were found as the most significant challenge and barrier. Bakker et al., (2003) & Briner (1996) cite that developing methods that create equal and comfortable working environment increases employees’ work ability. Therefore, the company should improve its occupational model to serve each employee equally, despite which shift they work.

The main objective of occupational health care is to support employee work ability and overall wellbeing. Respondents want that coordinator and supervisor have stronger organized co-working and communication regarding their wellbeing issues. Li et al. (2016) and Caven-Suominen (2005, 20-25) endorses that the best result of wellbeing in the work community is received when the company is taking care of wellbeing and work ability when working together. Juuti & Vuorela (2002, 145-158) studied that active communication support wellbeing and improved the occupational health facilities. As a result, supervisors and coordinator communication with the employee is crucial.

Respondent believes that work conditions and wellbeing would be better if occupational health coordinator would know better their working tasks and environment. This would be important to organize because efficient occupational health care is early intervention, which means that possible working ability risks are notices already at the early stage. The coordinator could follow better the risks at an early stage if she knew the work environment. Evaluating resources and demands of work are an important part of occupational health because it improves employee wellbeing and decreases health problems, burnout and turnover. (Schaufeli & Bakker, 2014) Job involvement and pressure of time have a linear relationship between each other and should be evaluated in the same way as job resources and demands (Addae & Wang, 2006).

Findings of the study demonstrate that the company does not have an incentive system to support employees work ability or wellbeing. Virolainen (2012, 80-81) considers that the company encourages employees to increase their work ability, but the bonus system should be well planned to avoid negative consequences. By Briner (1996) positive incentives are to reward employees for bicycling or walking to job, decrease in number of sick days, or successful work performance. Incentives could be money, free hours of work, or other recognition.

As a driver novel model has created one structure to work ability discussions in organization. Manka et al (2010, 35) confirm that structure that is the same to everybody enhances the equality between employees and enable better reporting. Is recommendable that the organization has its own forms and processes how to go through a discussion of work ability issues and ensure that these are conducted equally with everyone. Equality between employees has positive impacts on employee wellbeing and work ability as well. Iljuskin (2011) confirms that creating an equal and comfortable work environment has impact on the sick days and employees overall work ability and wellbeing.

Company should continue with organizing research and development to occupational health care. Most of the respondents indicated that the novel model had enhanced wellbeing and work ability of employees, but there are still various issues to develop. Anderson (2004) examined that the development of occupational health is necessary to enhance the competitiveness and profitability of the firm. The development of occupational health practices and strategies should be done on an individual and community level.

5.3 Practical implications

The objective of this thesis is to find what kind of impacts novel early intervention occupational health model had on employee wellbeing and work ability and how it influenced to community and organizational culture. Advantages, disadvantages and improvement areas were researched. A further aim was to find out has novel model been more efficient than the prior occupational health approach. Interviews hold to fourteen individuals gave a wide and deep understanding of how employees, supervisors, safety representatives and occupational health coordinator evaluate the impacts of novel occupational health model. The results of the interviews gave a comprehensive response to all the research questions of this thesis. The novel occupational model has been successful and helped to support wellbeing and work ability at the early stage. A centralized model has been enabled better health data

reporting and management, which again improves the control over potential employees' health risks.

Daily reporting routines supported successful information flow between departments. Even though wellbeing and work ability issues are not coordinated anymore through supervisors and employees feel that their relationship has not changed. Instead, supervisors now have more resources to wellbeing development at the workplace. Novel model created the same sick day limits and form for work ability discussions to all departments that enhanced fairness and equality. Furthermore, employees felt that the novel model improved equality between employees because the coordinator is anonymous and personal chemistries do not affect. Anonymity made it easier to speak about more difficult issues like mental health problems. Additionally, the coordinator centric model helped to get quicker special doctor appointments that decreased pro-longed sick leaves.

However, the novel occupational health model has not supported wellbeing and work ability of night and weekend employees. Previous occupational health approach functioned better. Results of the research indicate that each employee does not know what kind of health services company offers for employees. The novel occupational model has various systems that make it harder to report and communicate employee health data. Reduced workload implementation has not functioned, and there have been challenges in implementing. Coordinator lack of knowledge in job demands and tasks has decreased the ability to support employees' resources fully. The community feels to lack critical information about the facilities of the novel model and wellbeing benefits. Nonetheless, some of the matters are found in both advantages and disadvantages.

To summarize findings on a concrete level, private employment company should continue to develop occupational health care. The development of occupational health is essential to improve the wellbeing and work ability of employees. The occupational health coordinator and supervisor should pay attention to the

improvement of psychological wellbeing, wellbeing at work and wellbeing at life to fully support employee wellbeing. Organizational culture should be built open and transparent, where employees can easily communicate their wellbeing and work ability issues to supervisor and occupational health coordinator. Lastly, the occupational model should serve all employees equally apart from the shift or department they work.

6 Conclusions

This is the final chapter of this thesis. The first chapter concludes the most important findings of this study. In the second chapter, suggestions for future research are presented.

6.1 Summary of findings

Occupational health care and employees' wellbeing are taken seriously in the case company. The company has done significant development to its occupational health model to enhance employees' wellbeing and work ability. Concepts of theoretical framework are wellbeing at work, occupational health care and work ability. As a result, the early intervention occupational health was studied.

Fourteen interviews were done to gain comprehensive data for this research. Employees, occupational health coordinator, safety representatives and supervisors were interviewed. The results demonstrated that views concerning novel occupational model do not change significantly depending on the respondent profile. Each respondent was concerned about occupational health care and had the pleasure to develop wellbeing and work ability of the community. Involving employees, supervisors and safety representatives on occupational health development enhances the organizational culture as well.

The fifth chapter introduces the integrated model based on the literature of the theoretical framework. That model can be used as a guidance tool to understand better how occupational health care is linked to employee wellbeing and work ability. Furthermore, the model demonstrates how connections are formed at a concrete level. The findings of the research are combined to an integrated model (figure 15) that represents the combination of theory and findings to demonstrate how those are linked to each other. Discussion determines the responses to the research question and practical implications. Hopefully, those insights facilitate the case company to develop occupational health care onward.

6.2 Future research

This master thesis is limited to one case company approach and does not evaluate how other companies have succeeded with a centralized early intervention model. Therefore, future research could focus on studying on a wider scale different companies that are applying the centralized early intervention model. Furthermore, future research could focus more strongly on what kind of occupational health services employees would like to have and what kind of proposals they have on improving wellbeing services and practices. Moreover, the efficiency of early intervention model of occupational health needs to be regularly examined and developed to get the most out of it.

However, due to the strict scope and time limit, the financial part was left out. The economic profitability of occupational health was not studied in this thesis; even financial impacts and key figures would have been critically important information. Evaluating financial ratios and economic impacts are left for the case company.

In the last words, doing this master thesis has been fascinating and rewarding. Research work has required to internalize theoretical framework and carry the interviews with passion and discretion. The research was successful because interviewees were open-minded and ready to provide input. Groundwork to development of novel occupational health model is now completed.

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Appendices

Supervisor interview form

Intro

How many years have you been supervisor?
What do you think about efficiency of an early intervention occupational health?
How does centralized occupational health model support employee's wellbeing and work ability?

Benefits, challenges and development areas

What do you think are the benefits of centralized occupational health model?
What do you think are the challenges of centralized occupational model?
How would you develop centralized occupational health model and organizational wellbeing culture to better serve wellbeing of employees? Ideas?
What kind of differences have you experienced in current occupational health model managed by the coordinators compared to the previous model managed by own site supervisor?

Own role

How has the centralized occupational health model affected your role as supervisor? Workload?
How has the centralized occupational health model affected your relationship with employees? Trust? Daily discussion?
What are the most efficient ways of promoting wellbeing at work and reducing sick leave in your opinion?

Own perspective

How employees have experienced the efficiency of centralized model supporting their wellbeing?
How centralized model has affected on the number or duration of sick leaves? Why?
How has the introduction of the centralized model affected the identification of work ability problems at your workplace?
How centralized model has affected to employee's overall wellbeing and work ability?
How usual is abuse of sick leaves? What kind of reasons are behind sick-leave abuse?

Other

What do you think about feasibility of the centralized occupational health during night and weekend shifts?
How reduces workload has been implemented? Has is enhanced recovery from sickness?
How communication and information flow related to centralized occupational health has functioned?
How you predict the future for centralized occupational health model?

Safety representative interview form

Intro

How long have you been safety representative?
What do you think about efficiency of an early intervention occupational health?
How does centralized occupational health model support employee's wellbeing and work ability?

Benefits, challenges and development areas

What do you think are the benefits of centralized occupational health model?
What do you think are the challenges of centralized occupational model?
How would you develop centralized occupational health model and organizational wellbeing culture to better serve wellbeing of employees? Ideas?
What kind of differences have you experienced in current occupational health model managed by the coordinators compared to the previous model managed by own site supervisor?

Own perspective

How employees have experienced the efficiency of centralized model supporting their wellbeing?
How centralized model has affected on the number or duration of sick leaves? Why?
How has the introduction of the centralized model affected the identification of work ability problems?
How centralized model has affected to employee's overall wellbeing and work ability?
How usual is abuse of sick leaves? What kind of reasons are behind sick-leave abuse?

Other

What do you think about feasibility of the centralized occupational health during night and weekend shifts?
How reduces workload has been implemented? Has is enhanced recovery from sickness?
How communication and information flow related to centralized occupational health has functioned?
How you predict the future for centralized occupational health model?

Employee interview form

Intro

Durations of employment:
What do you think about efficiency of an early intervention occupational health?
How does centralized occupational health model support your wellbeing and work ability?

Benefits, challenges and development areas

What do you think are the benefits of centralized occupational health model?
What do you think are the challenges of centralized occupational model?
How would you develop centralized occupational health model and organizational wellbeing culture to better serve wellbeing? Ideas?
What kind of differences have you experienced in current occupational health model managed by the coordinators compared to the previous model managed by own site supervisor?

Own perspective

How centralized occupational health has affected to your relationship with supervisor? Why?
What do you think about communication between occupational health coordinators and your supervisor? Why?
Do you feel that your supervisor is interested about balancing your job resources and demands at work? How? If not, why not?
How has discussion of work ability issues functioned in opinion? Why?
If you could improve one thing at your workplace that would improve your work ability, what it would be?

Other

How does centralized occupational health phone service works?
What do you think about feasibility of centralized model during night and weekend shifts?
How reduces workload has been implemented? Has is enhanced recovery from sickness?
How communication and information flow related to centralized occupational health has functioned?
How you predict the future for centralized occupational health model?

Occupational health coordinator interview form

Intro

How does early intervention occupational health model support employee’s wellbeing and work ability?
How have you experienced the efficiency of centralized occupational health enhancing wellbeing of work community?

Benefits, challenges and development areas

What do you think are the benefits of centralized occupational health model?
What do you think are the challenges of centralized occupational model?
How would you develop centralized occupational health model and organizational wellbeing culture to better serve wellbeing of employees? Ideas?
What kind of feedback have you get from work community about change in occupational health processes?

Own perspective

How employees have experienced the efficiency of centralized model supporting their wellbeing?
How has the introduction of the centralized model affected the identification of work ability problems?
How reduces workload has been implemented? Has is enhanced recovery from sickness?
How usual is abuse of sick leaves? What kind of reasons are behind sick-leave abuse?
How do you think that phone service of centralized occupational health works? Serving times? Night-shifts weekends?

Other

What kind of training you get in order solve work ability problems? Is it enough? If not, what kind would you like to have?
What kind of support you get to deal with employee job resources and wellbeing? Is it enough? If not, what kind would you like to have?
What do you think about efficiency of communication between you and supervisors? Improvement ideas?
How you predict the future for centralized occupational health model?