

Commentary IV

Work organization interventions in small and medium-sized enterprises in Scandinavia

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The forum article about Work organization interventions by Murphy and Sauter (2004) addresses primarily the way in which these interventions are carried out in the USA (Murphy & Sauter 2004). To complete this picture, this commentary aims to highlight the organizational interventions carried out in Scandinavia, and small and medium-sized companies. Also the roles of occupational health personnel and social partners are described.

Work organization interventions starting with survey feedback and continuing as participatory work organization development supported by occupational safety and health (OHS) personnel or an outside consultant are common practice at workplaces in many Scandinavian countries (Lindström & Kivimäki 1999). The evaluation of interventions is based at least on the comparison of survey results before and after the intervention. Gradually also the intervention process itself has become a more important target of evaluation. In addition to the survey feedback, also the so-called conference method based on democratic dialogue between various occupational groups at the workplace have been a popular way of carrying out work organization interventions (Engelstad & Gustavsen 1993).

Small and medium-sized enterprises (SMEs) and their workers' health and well-being have received special attention in many European countries, because their own knowledge, competence and financial resources of SMEs to carry out interventions are limited. In Finland a comprehensive work organizational intervention was carried out among 320 SMEs from various branches. The main actors were the OHS experts in these interventions, and the intervention program covered the entrepreneurs, the work organization, and the personnel. The monitoring of the health risks and psychosocial factors at work was done by carrying out a

work climate survey, in which all employers and employees from 320 SMEs participated. Each company and each individual got feedback of the results. The interventions carried out covered training in customer services, multiskilling of the personnel, as well as the development of leadership practices and collaboration. The work organization interventions (Lindström et al. 2000) were found to increase the continuous improvement practices at the workplaces. Also improvements in perceived appreciation and in information flow were noted. The effects of the interventions on the health and well-being measures were slight but statistically significant. The relative productivity and profitability of the companies were also related to the interventions and some psychosocial factors at work. In this way the interventions could be said to have promoted organizational health.

In a similar organizational intervention in 20 SMEs, the so-called conference method, and a survey feedback approach were used. The aim was to promote innovative practices at the workplace by implementing teamwork, networking with other SMEs, or implementing the practices to enhance the learning organization. This intervention project was based on previous research on factors promoting an innovative climate and technical innovations in SMEs (Kivimäki et al. 2000). The reported case study in one SME demonstrated that joint activities to upgrade traditional organizational practices by increasing awareness of client needs, improved internal collaboration and increased employee participation during a one-year intervention (Lindström 2002).

The societal, organizational and even work group context, and work culture are important modifiers of the intervention and its large-scale results. The promotion of work ability, including team building and leadership training, showed clearly that the existing organizational culture and earlier

experiences of organizational interventions should be taken into account. The interventions failed if the collective coping strategies for handling stressors are overlooked (Länsisalmi et al. 2000). This means that organizational interventions have to be contextualized to the existing organization.

In the primary work organization interventions in SMEs, the role of the occupational health personnel was a consultative one. Also some individual level secondary approaches have been carried out by the initiative of the OHS personnel. One such intervention was directed at individual workers with severe burnout symptoms. By applying cognitive group therapy techniques, their work-related goals became more realistic and were experienced positively, which might be the reason why the burnout symptoms got milder (Salmela-Aro et al. 2000).

Legislative and policy type work organization interventions are common in Scandinavia. They are a combination of work organization and workplace health promotion inter-

ventions. Often their ideas and first lessons come from individual workplaces; the social partners then realize their value in the promotion of the workers' health and the effectiveness of the company. In this way they have been adopted by several workplaces into general practice through collective agreements between social partners, labour unions and employees' organizations. The maintenance of work ability (MWA), or workplace health promotion, is namely such an example. Gradually, when it proved to be a successful intervention model, it was included in the OHS legislation.

In order to strengthen the research-based evidence obtained from organizational interventions, some general knowledge about organizational interventions is needed, as well as guidelines how to plan, implement and support these interventions, and how to link them from the beginning with research.

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