

# LEADERSHIP IN HUMAN SERVICE ORGANISATIONS: CONCEPTIONS, STRATEGIES AND PRECONDITIONS TO PROMOTE AND MAINTAIN HEALTH AT WORK

Akademisk avhandling

Som för avläggande av medicine doktorsexamen vid Sahlgrenska akademien vid Göteborgs universitet kommer att offentligens försvaras i hörsal Arvid Carlsson, Medicinaregatan 3, Göteborg, onsdagen den 12 maj 2010 kl. 13.00

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This thesis is based on the following papers:

- I. Skagert, K. & Dellve, L.  
**Leaders' conceptions in work place health promotion projects**  
*In review process*
- II. Dellve, L., Skagert, K. & Vilhelmsson, R.  
**Leadership in workplace health promotion projects: 1 and 2 years effects on long term work attendance**  
*European Journal of Public Health, 2007: 17(5), 471–476*
- III. Skagert, K., Dellve, L., Eklöf, M., Pousette, A. & Ahlberg, G.  
**Leaders' strategies for dealing with own and their subordinates' stress in public human service organisations**  
*Applied Ergonomics, 2008: 39, 803–811*
- IV. Skagert, K., Dellve, L. & Ahlberg, G.  
**Maintenance of position and health: a prospective study of female and male managers in a public health care organisation**  
*Submitted*

Göteborg 2010



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## Abstract

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The aim of this thesis was to deepen knowledge of leaders' conceptions, strategies and preconditions to promote and maintain health at work in human service organisations.

**Methods:** The qualitative study I and the prospective study II are both part of a research and development programme (The SAMS study) of workplace health promotion (WHP) projects and the setting was the City of Göteborg. Qualitative interviews with project leaders (n=23) and project applications were analysed in line with grounded theory in study I. Questionnaire and sick-leave register-based data were collected from the employer in study II and analysed on individual (n=2375) and workplace unit (n=34) level. Study III was a qualitative grounded theory study based on interviews with first and second line managers (n=21) in health care organisations and social insurance offices. Study IV was a prospective questionnaire study of managers (n=216) within a cohort of employees working in a large public healthcare organisation. The prevalence of maintaining a managerial post and health were related to work and work-life balance predictors at baseline, using Cox regression.

**Results:** Leaders' strategies for improving employee health were related to their *approaches to economic and human resources*. The employees and budget were viewed as either obstacles or as resources to organisational and health development. *How the workplace health promotion (WHP) projects were targeted* was related to the leaders' (a) views of responsibility for employee health and (b) focus for change. One project could deal with single or multiple factors. Leadership qualities and WHP strategies had a significant impact on increased work attendance in projects that had goals clearly focusing on changeable factors, in multi-focused projects and in units where leaders viewed the organisation or the society (rather than individual workers) as being responsible for employee health. Leaders attempted to handle stress at the workplace by *acting as shock absorbers*, characterised as leading in continuous change whilst maintaining trust. To manage their own stress, leaders tried to *sustain their own integrity*, characterised as either identifying with or distancing themselves from the leadership role. Sixty percent remained as healthcare managers after four years and 52 percent of them had a balanced work attendance. Maintaining as a manager was predicted by moderate/high job control and not having daily contact with patients. Maintained good health was predicted by having energy left for domestic work and feeling invigorated after sleep.

**Conclusion:** Leaders' conceptions of employees as either obstacles to or opportunities for development and their views on responsibility for employee health seem to influence their WHP strategies. Leadership qualities and WHP strategies have an important effect on implementation processes and on health in the workplace. Supportive structures and improved communication about everyday dilemmas seem to be needed in order to improve the basic conditions for practicing leadership in human service organisations and may be as good an investment as the development of individual leaders' competences if the turnover of leaders seems high.

**Keywords:** Workplace health promotion, participation, management, trust, sickness absence, psychosocial factors, exit, sickness presenteeism, turnover

**ISBN: 978-91-628-8076-7**