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Managers' experiences of the Workplace Dialogue: a digital support for detecting and acting on work-related ill-health

Anna Sondell and Linda Widar
Department of Community Medicine and Rehabilitation, Physiotherapy, Umeå University, Umeå, Sweden
Kjerstin Stigmar
Department of Health Sciences, Lund University, Lund, Sweden
Fredrik Norström
Department of Epidemiology and Global Health, Umeå University, Umeå, Sweden, and
Anncristine Fjellman-Wiklund and Therese Eskilsson
Department of Community Medicine and Rehabilitation, Physiotherapy, Umeå University, Umeå, Sweden

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Abstract

Purpose – The Workplace Dialogue is a digitalized method directed at managers. The purpose of this study was to explore managers' experiences of using the digital Workplace Dialogue in cases of employee ill-health.

Design/methodology/approach – The Workplace Dialogue provides an easy and accessible method for managers, including text, short films, client examples and concrete guides that provides support in how managers can act in the event of ill-health, for example, by creating dialogue and adjustments at work. A total of five public and private organizations participated in a cohort study, implementing and using the Workplace Dialogue for one year. We interviewed 22 managers to explore their experiences of using the Workplace Dialogue. The interviews were analyzed using Qualitative Content Analysis.

Findings – The experiences of using the Workplace Dialogue are presented in one overall theme: Supports and strengthens managers' leadership and ability to handle and act on work-related health, and four sub-themes: Requires organizational legitimacy, Facilitates management of work-related health, Strengthens manager–employee collaboration and Contributes to leadership development. The Workplace Dialogue was described as a method that contributed to better work-related health by emphasizing the early identification of problems. Manager–employee collaboration was improved, and responsibilities were made clearer. Using the method enabled personal development among managers. Some prerequisites were pointed out, such as a need for time and support from the organization.

Originality/value – The Workplace Dialogue can support managers in addressing and acting on cases of employee ill-health.

Keywords Leadership, Qualitative research, Occupational health, Workplace intervention, Work rehabilitation

Paper type Research paper

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Background

Work participation is important for people's health in general (van der Noordt *et al*., 2014; Waddell and Burton, 2006), also when applying potential risks at work. There is strong evidence that employment is beneficial for mental health, and overall, employees in the European Union report good health (European Union, 2019). Despite this, work-related ill-health is common. At European Union (EU) level, musculoskeletal disorders are identified as the most common type of work-related health problem, with mental ill-health being the second most common (European Union, 2021). Work-related problems cause suffering for the individual and may also impact work ability with decreased work productivity, increased presenteeism and later also sick leave (European Union, 2019; OECD, 2021).

Sick leave due to stress-related illness is increasing in Organisation for Economic Co-operation and Development (OECD) countries (OECD, 2021) and the most common reason for being on sick leave in Sweden, among both men and women, is common mental disorders (CMD) (The Swedish Social Insurance Agency, 2024). Sweden has had periods of high sick leave prevalence in the past but has experienced a more stable situation in recent years and has become more like comparable countries in Europe (The Swedish Social Insurance Agency, 2023). From an employer's perspective, a healthy work force is vital. The prevention of both sick leave and presenteeism is therefore important. In a recent systematic review, the authors found that work productivity losses contributed to substantial costs for the employers, and employees with pain and depression had the most work hours lost (Rojanasarot *et al*., 2023). This emphasizes the importance of identifying risk factors at work as well as employees at risk, to be able to prevent work absence and inhibit work productivity losses (OECD, 2021).

Employers' and managers' active engagement in workplaces' occupational health and safety is recurringly highlighted as essential for fostering healthy and productive organizations (European Agency for Safety and Health at work, 2019). Above all, managers and their leadership are proven to be detrimental (Avolio *et al*., 2009). Managers are responsible for overseeing and securing the daily work practice and providing employees with sufficient instrumental and relational resources (e.g. instructions, equipment, feedback, support) to handle demands at work (Bakker and Demerouti, 2007; Inceoglu *et al*., 2018). The managers must also be able to address different important domains that may impact on employees' work ability. These actions are important for preventing ill-health at work as well as to strengthening employees' conditions for health and well-being (Bakker and Demerouti, 2007; OECD, 2021).

To be able to meet the range of demands for maintaining a healthy workplace, managers are in need of sufficient organizational resources, such as established structures and routines (Inceoglu *et al*., 2018). However, earlier findings suggest that such resources are not always in place, which may impact negatively on managers' ability to fulfill their work environmental responsibilities. For instance, managers often lack knowledge and strategies for how to act to prevent and support employees with mental health problems (Janssens *et al*., 2021; Porter *et al*., 2019) and how to manage the return to work (RTW) process (Ladegaard *et al*., 2019). Hence, managers may be more comfortable with performing workplace adjustments and support employees with physical symptoms than with mental health (Janssens *et al*., 2021). Based on the needs and obligations of managers, it is important to find feasible methods that can support managers in contact with employees on sick leave or at risk for developing sick leave.

A method that has been shown to give managers support in meeting employees in the event of work-related ill-health (Eskilsson *et al*., 2021) is a dialogue-based workplace intervention supported by health care (Strömback *et al*., 2020). The dialogue-based workplace intervention was developed at the beginning of the 2000s (Karlson *et al*., 2010) when sick leave for mental illness and burnout increased drastically in Europe and Sweden (OECD, 2015b). The cause was considered to be work-related and a consequence of a long-term mismatch (Karlson *et al*., 2010) between the employee's abilities and the balance between individual demands, control and support at work (Karasek and Theorell, 1990).

The dialogue-based workplace intervention is a 3-step interview model, where a health care provider coordinates individual interviews with the employee and the manager including

questions about perceived causes of the employee's sick-leave and suggestions on how to facilitate RTW. The core of the intervention is a convergence dialogue meeting, where the health care provider facilitates a dialogue between the employee and the manager with the pursuit of congruent perspectives and goals that result in a concrete written action plan for RTW (Karlson *et al*., 2010). The dialogue-based workplace intervention has been shown to prevent sick leave in the case of early neck and back problems (Sennehed *et al*., 2018), reduce sickness absence days (Finnes *et al*., 2017), improve RTW (Karlson *et al*., 2010, 2014) and give the employees restored confidence (Strömback *et al*., 2020) in cases of stress-induced exhaustion disorder. In addition, previous research demonstrated that managers' involvement in the dialogue-based workplace interventions enhances their capacity to navigate the often complex and multifaceted RTW process. The managers learned to balance demands, control and support both for the employee and themselves (Eskilsson *et al*., 2021).

Based on previous research, we wanted to take it a step further and create an accessible workplace intervention where managers act on their own, without support from healthcare, in case of employees' work-related ill-health. Early identification and supporting employees to stay at work is more effective than provide support in the RTW process (OECD, 2015a). Therefore, our research group developed the Workplace Dialogue, a digital tool aimed to support managers when acting in the event of employees' work-related ill-health. The Workplace Dialogue was developed with participatory design involving researchers in occupational health, experts in healthcare (e.g. psychologist, ergonomist and rehabilitation coordinator), representatives from human resources in municipal organizations, and a non-profit organization owned and in collaboration with trade unions. The method has been used by organizations and occupational health professionals, but there is still a lack of knowledge about whether the Workplace Dialogue is a helpful method for managers when dealing with work-related ill-health. The aim of this study was therefore to explore managers' experiences of using the digital Workplace Dialogue in cases of employee ill-health.

Methods

Study design

This study is part of the larger one-year prospective cohort study, *The Swedish Workplace Dialogue*, a workplace intervention which aims to explore whether and how the Workplace Dialogue is a useful digital tool for managers in both large and small, public and private organizations, when acting in the event of employees' work-related ill-health. In the present study, which is the first study regarding the Workplace Dialogue, we used a qualitative design with semi-structured interviews (Dahlgren L *et al*., 2019) and focus group discussions (FGDs) (Morgan D.L., 1997) applying Qualitative Content Analysis with an inductive approach (Graneheim *et al*., 2017; Graneheim and Lundman, 2004; Lindgren *et al*., 2020). This analyses-method involves the stepwise, systematic analysis of communication and a process of interpretation that focuses on similarities and differences emerging from the material. The Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist was used to support planning and reporting of the study (Tong *et al*., 2007).

Setting and procedure

In Sweden, the employer is responsible for the work environment and have, by law, an obligation to systematically, and on a regular basis, identify risks and remedy such risks (The Swedish Work Environment Authority, 2020a, b). In this study, the study population was sampled from five large organizations, which had a total of 382 managers between them. A total of 223 managers from these, selected by the organizations themselves, were invited to participate in the one-year workplace intervention. Eighty-five managers and eight human resource (HR) professionals agreed to participate. Both public and private organizations in densely populated or rural areas were included, and the participants included managers at both small and large public

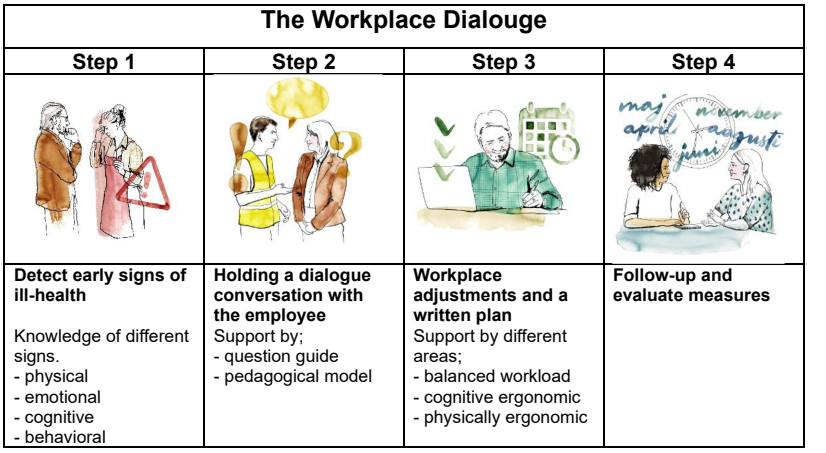
organizations, two industrial companies and one IT company. The organizations were recruited through the research group's previous contacts, in combination with a snowball sampling strategy (Dahlgren L *et al*., 2019) to reach new contacts in the geographical area. The intention was to include a variety of businesses and types of work-related ill-health (both physical and stress-related ill-health). There was an interest in all organizations in introducing the Workplace Dialogue and they themselves decided on the implementation. The Workplace Dialogue was implemented by HR departments in each organization, in groups of 10–15 managers, including dialogue and exchange of experiences between the managers (ranging from one to three hours). All participants received written information about the project and gave written informed consent to participate. Participation was voluntary, and participants could cancel their participation without justification. Ethical approval was confirmed by the Ethical Review Board in Stockholm, Sweden (Dnr, 2021–02565).

The Workplace Dialogue

The Workplace Dialogue is a digital tool aimed at providing support for managers in their systematic work environment efforts to manage work-related ill-health (Arbetsplatsdialogen, 2022). The tool can be used as a whole or as a complement to other existing tools in the workplace. It provides concrete support in the form of text, films, client examples and discussion materials with a 4 stepwise approach: *Step 1. Detect early signs of ill-health*, *Step 2. Holding dialogue conversation with employee*, *Step 3. Workplace adjustment and written plan*, and *Step 4. Follow-up and evaluate measures* (Figure 1).

Step 1. Detect early signs of ill-health; The Workplace Dialogue provides managers and employees with knowledge of early signs to pay attention to, for example, physical (discomfort, fatigue, pain, difficulty sleeping), emotional (anxiety, irritation, depression), cognitive (impaired concentration and memory) or behavioral signs (rarely taking breaks, working overtime, dragging, withdrawing socially).

Step 2. Holding dialogue conversation with employee; If an employee does not feel well or shows signs of ill-health, it is important that the manager acts immediately by holding a dialogue conversation where the purpose is to explore the employee's situation to provide support based on the individual's needs. The Workplace Dialogue includes questions in a



Source(s): Illustration courtesy of Prevent and figure created by authors (2024)

Figure 1. The Workplace Dialogue, a stepwise approach and support for managers for detecting and acting on work-related ill-health

question guide that supports the manager in asking questions about the work tasks and the work environment, but also questions outside of work *(*see supplementary material). By talking about factors both at and outside work, it becomes easier for the manager to get an overall picture of the employee's situation. However, the employee decides if and to what extent he or she wants to talk about what happens outside of work. A *pedagogical model* can be used to support the dialogue meeting and highlight areas of importance for the identified ill-health (work tasks, work environment, outside work) (Figure 2). The model also emphasizes that both employees and managers need to be active in the work to promote health.

Step 3. Workplace adjustment and written plan; After the dialogue meeting, the manager may have an overall picture of the situation and whether work needs to be adjusted. If work adjustments are needed, the Workplace Dialogue can provide support based on three different areas/guides: *a reasonable and balanced workload*, *a stable cognitive work environment*, and/or *a physically ergonomic work environment. A reasonable and balanced workload* means, among other things, that there is a need for balance between demands and resources, clear work content and opportunity for recovery. Adjustments in this area can mean providing resources that correspond to the requirements of the work, for example reducing workload, providing support in prioritizing or changing working methods. It is also important to pay attention to the *cognitive ergonomic* aspects of the work environment, i.e. how memory, concentration and focus are affected by work. If an employee has impaired cognitive functioning, it may require greater effort to cope with the ordinary work tasks and work environment. This effort can lead to further deterioration of cognitive ability and cause a negative spiral. A good cognitive ergonomic work environment is characterized by an appropriate flow of information, sufficient time for tasks, the possibility to vary the tasks and the possibility to take breaks. A clear structure for what is to be done and in what order also provides relief. If the employee performs work tasks containing physically demanding work positions, manual handling, repetitive work or sedentary work, it can lead to work related musculoskeletal disorders. *It is important to provide workplace adjustments that inhibit such types of work and also enable recovery at work* in order to achieve a stable *physically ergonomic* work environment. The Workplace Dialogue also provides support for documentation of adjustments and planned actions in a written plan. The written plan makes it clear that both manager and employee are given responsibility for the measures.

Source(s): Figure courtesy of Prevent (2024)

Figure 2. The pedagogical model used as a complement in dialogue meetings

Step 4. Follow-up and evaluate measures; The last step in the process of using the Workplace Dialogue is about follow-up and, if necessary, updating the measures. The goal is to promote the employee's health to prevent sick leave or to facilitate RTW if the employee is on sick leave.

Participants

In this present study, we invited all 85 managers participating in the workplace intervention, from the five public and private organizations, to participate in interviews at 6 and 12 months after the start of using the Workplace Dialogue. Inclusion criteria for participation were being a manager and having experience of using the Workplace Dialogue at least once with one of their employees at 6 months, and on several occasions at 12 months. The HR professionals in the companies and organizations assisted with contacting potential managers by e-mail and personal contacts. In total, 22 managers agreed to participate. The manager group consisted of 9 women and 13 men, with a median age of 46 (ranging from 27 to 61) years. They had a median of 8 (ranging from 1 to 30) years of experience as a manager, with a median of 22 subordinates (ranging from 3 to 68). Half of the group worked in the public sector and half in the private sector, more than half had post-secondary education (55%) and most (82%) were first-line managers.

Data collection

As a point of departure, we invited participants to FGDs; however, for participants who were unable to attend an FGD, we invited to pair interviews or individual interviews to ensure that as many voices as possible could be included (Lambert and Loiselle, 2008). Each FGD and interview started with an introduction to the study, the expectations of the participants (i.e. to describe, reflect and discuss their experiences of using the Workplace Dialogue) as well as a reminder of the ethical principles, e.g. confidentiality. A thematic interview guide was developed to support all interviews (FGDs, pair and individual interviews) (Dahlgren L *et al.*, 2019). It was developed by the authors and its final version was discussed until consensus was reached. The interview guide included open-ended questions about experiences of the Workplace Dialogue, how and when it was used, as well as the advantages and disadvantages of the method. Each interview started with the question: *"Please, tell us about your experiences of using the Workplace Dialogue?"* Other examples of questions were: *Please, tell us how you experienced the introduction of the Workplace Dialogue?", "Please, tell me how you have used the Workplace Dialogue in your organization?", "Please, describe a situation where you have used the Workplace Dialogue?"* Supplementary questions were asked, allowing further exploration of issues that were raised during the FGDs and interviews.

A total of 16 interviews were completed, 11 interviews at 6 months and five interviews at 12 months after start (Table 1). The 6-month interviews consisted of 5 individual interviews, 4 interviews in pairs and 2 FGDs (including 3 respectively 5 managers), with 21 managers in total participating. At 12 months, we did two individual interviews and three interviews in pairs

Table 1. Interviews in the study

	6 months	12 months	Total
Interviews	11	5	16
Focus group discussion*	2		2
Pair interview	5	3	8
Individual interview	4	2	6

Note(s): *3 respectively, 5 managers
Source(s): Table created by authors

(eight managers in total). Seven managers were interviewed at both 6 and 12 months. All interviews were held in the managers' workplaces, except for three (two individual and one repeated interview in a pair), which were held digitally due to practical reasons. The first author (AS) did all individual interviews and three of the pair interviews. In the FGDs and most of the pair interviews, the AS served as moderator, leading the discussion together with an observer (AFW) who raised follow-up questions and summarized topics, which were then discussed at the end of each interview. The interviewers aimed to create an atmosphere of confidence to encourage the manager(s) to speak freely in response to questions, and follow-up questions were asked when necessary. All interviews were audio-recorded, lasted 27–72 min, and were transcribed verbatim in Swedish by a professional transcriber not involved in the study.

Data analysis

Data from all interviews were analyzed with an inductive approach using Qualitative Content Analysis according to Graneheim and Lundman (Graneheim *et al*., 2017; Graneheim and Lundman, 2004; Lindgren *et al*., 2020). The interpretive process was performed in several steps and the analytical process involved a back-and-forth movement between the whole and parts of the texts and back and forth between the data sets from the different interview methods to discover data convergence, divergence and complementarity (Lambert and Loiselle, 2008). In the first step, all interview transcripts were read carefully by authors to obtain a sense of the whole. Next, the content was divided into meaning units consisting of constellations of words and statements with the same meaning. Meaning units were then condensed and labeled with codes. The initial analysis step was kept relatively close to the participants' own accounts and the manifest content. Codes similar in content were grouped into sub-sub-themes and sub-themes. Finally, a main theme was formulated that captured the latent meaning throughout the interviews (Table 1). We used MAXQDA 2020 software (VERBI Software) to facilitate data management during the analysis process.

To confirm credibility, triangulation between researchers was used throughout the entire analysis process, meaning that authors with different backgrounds and pre-understandings participated and discussed all steps of the analysis (Dahlgren L *et al*., 2019; Lincoln and Guba, 1985). The research team that performed the analysis consisted of five women – three senior researchers (AFW, TE and KS, all PhDs and associate professors and senior lecturers) and two junior researchers (AS and LW, both PhDs and post-docs) – all with expertise in research and clinical work in rehabilitation, work environment, occupational health and sick leave processes. None of the authors worked in the companies/organizations involved in the implementation nor had any relation to these companies/organizations whatsoever. The first author (AS) coded all the interviews. Parallel coding was initially conducted in three interviews by three members of the research team to ensure consensus regarding codes. The analysis was followed by continuous mutual discussions of the results with the whole research group. The process went back and forth until a result was agreed upon.

Results

The results are presented in one overarching theme: *Supports and strengthens managers' leadership and ability to handle and act on work-related health,* and four sub-themes: *Requires organizational legitimacy, Facilitates management of work-related health, Strengthens manager–employee collaboration* and *Contributes to leadership development*, including two sub-sub-themes each (Table 2).

Supports and strengthens managers' leadership and ability to handle and act on work-related health

The interpretation of the interviews was expressed by the overarching theme *Supports and strengthens managers' leadership and ability to handle and act on work-related health.*

Table 2. Results of the analysis as theme, sub-theme and sub-sub-theme

Sub-sub-theme	Sub-theme	Theme
• *Stresses the importance of organizational support and structure* • *Needs a process of familiarization*	Requires organizational legitimacy	Supports and strengthens managers' leadership and ability to handle and act on work-related health
• *Fills a gap and enables individual adaptation* • *Opens up for early conversations about employee health*	Facilitates management of work-related health	
• *Clarifies responsibilities and secures employees' participation* • *Promotes joint and transparent planning*	Strengthens manager–employee collaboration	
• *Boosts self-confidence and security* • *Puts emphasis on the importance of close leadership*	Contributes to leadership development	

Source(s): Table created by authors

The Workplace Dialogue was discussed as a method that filled a gap and provided guidance into acting regarding employee health by, for example, placing emphasis on early identification of problems. It was easy to customize and using the method strengthened manager–employee collaboration by clarifying responsibility and facilitating joint planning. Furthermore, it enabled personal development among managers. Some prerequisites were pointed out, such as time and a need for support from the work organization.

Requires organizational legitimacy

In the sub-theme *Requires organizational legitimacy*, managers, in general, expressed a positive attitude towards the Workplace Dialogue, but some prerequisites were pointed out. There was a need for structural support from the company or workplace. This included time and support from HR and other supporting functions in the organization.

> We have tried and used this tool and haven't made any corporate decision, so to speak, about whether it's something we should implement. (Interview 14)

Stresses the importance of organizational support and structure. The managers stressed the importance of organizational support and structure, and that the organization must stand behind the work to enable use of the Workplace Dialogue. Clear directives and formal decisions were frequently asked for, but contradictorily, voluntary use was also mentioned. The Workplace Dialogue needed to be well known in the organization. The HR professionals played a significant role in the introduction and served as a support for the managers. In general, organizational stability was an advantage and both internal and external factors could be barriers for implementation and the use of the Workplace Dialogue. There could be competing interests between other routines that were implemented at the same time.

> Well, but then you also need to put it in relation to the fact that there were constantly new workshops. Every week, there was something that had to be done and there were several digital meetings and then we had to go back to work. A lot has happened. So, then there was yet another element. Then the spark maybe went out of some of our colleagues. (Interview 3)

Needs a process of familiarization. Time was much needed and essential to become familiarized with the Workplace Dialogue, and the managers emphasized growing into using the material. It was described as a learning process, and paying attention to preparation before starting a case was highlighted. The learning process also made it possible to make the material more of "your own." It was important to really practice, and starting with an easier case was found to be beneficial. A more experienced manager possibly had an advantage in getting started, and there was sometimes a need for courage to test. As time passed, the managers felt more comfortable and relaxed about using the Workplace Dialogue. Sharing experiences with other managers was found to be beneficial.

> From the beginning, I was rather servile and followed this. Then it's both experience of course, but the material has still helped med to feel more secure and can take out the fluctuations a little. (Interview 13)

Facilitates management of work-related health

The sub-theme *Facilitates management of work-related health* shows that the Workplace Dialogue helped the managers to take care of work-related health problems in a better way. This was not experienced as fully covered in the present organization and therefore filled a gap that the managers had. The method itself was supportive in different ways and facilitated addressing work-related health issues earlier in the rehabilitation process.

> I can say that catching early signs of ill health can absolutely change sick leave. I believe that there are employees in my staff who avoided sick leave because I have caught things in time. (Interview 2)

Fills a gap and enables individual adaptation. The method was considered educational, flexible and possible to adapt to different situations. The graphics design was also found to be pleasant. Somehow a knowledge gap was filled, even though the method did not cover all needs and managers pointed out that it worked better in an earlier stage of sick leave. The method gave good structure and provided a framework of support when working with employee health, like *"putting up the gutter rails in bowling."* The importance of proper preparation before dialogue-based conversation with the employee was emphasized by the managers, thus enabling security for both parties. The question guide and the pedagogical model helped them to stay on track in conversations. The method was particularly supportive for inexperienced managers and could be used broadly.

> What I have to say that I felt like I jumped at immediately is that this is not something square-shaped that we have to keep to, but rather that you could use the tidbits that you felt that you needed in a specific situation. (Interview 4)

Opens up for early conversations about employees' health. The managers described that the method was supportive in identifying early signs of ill-health among employees, as well as taking into account the employees' entire life situations. This enabled the managers to talk about more sensitive matters and facilitated conversations about leisure time, private life and self-care in a more structured way than before. The method could stand as a template, could provide routine and uniformity in handling employee health and was described to enhance employee–manager dialogue, providing a greater understanding of employee health from a more holistic view. By using the method, the manager showed that they cared for the employees, which could strengthen the relationship and could lead to *"a ripple effect"*. The structured work with early signs of ill-health had led to fewer spells of short-term absence. However, the managers pointed out that using the method did not always influence employee absence.

> Just finding this, that is, valuing proactivity, is probably what I maybe took with me more, trying to keep that in mind. Instead of coming in too late. (Interview 4)

Strengthens manager–employee collaboration

The sub-theme *Strengthens manager–employee collaboration* shows how the Workplace Dialogue was used to promote smother dialogue and collaboration. The collaboration also included being aware of who is responsible for what. This may also improve engagement.

> So at least my feeling is that this becomes a clarification where both parties' involvement is much greater than it was when I didn't use it. (Interview 2)

Clarifies responsibilities and secures employees' participation. The managers emphasized the employees' participation and own responsibility in the process. The divided responsibility between the manager and the employee was made clearer in the event of ill-health. Previously, a lot of focus had been on the workplace. Now the attention was on changing the situation and therefore considered the employee's entire situation, including private life, lifestyle and self-care habits. The importance of a clear purpose in dialogue meetings was supported by giving out the questions in advance, which led to deeper and more qualitative conversation.

> I guess it is about understanding what the problem is and maybe having a common goal and then starting to discuss how to help each other to reach it (Interview 2)

It was further emphasized by the managers that it was important that the employee understood the rehabilitation process, as awareness of routines provides security and promotes participation from the employee. The use of the Workplace Dialogue method in the rehabilitation process can contribute to being an eye-opener going forward, facilitating self-insight and reflection in the employee. Lastly, the managers pointed out that adjustments may have to be made both at work and in private life for the employee's rehabilitation to be successful.

> It became, as for me, an incredibly good tool to, in a very gentle and good way, make it clear for the employee also that this is as much your responsibility as it is my responsibility. (Interview 2)

Promotes joint and transparent planning. In the case of work adjustments, the managers pointed out that it was important to concretely identify elements that need to be adjusted together with the employee. The planned adjustments should also be temporarily planned. Further, it is vital to have a clear action plan including both manager and employee actions with open documentation that both parties can access and control. This promotes security in the process.

> Therefore, it somehow creates the conditions to work together and develop a plan that actually was productive. (Interview 2)

The managers emphasized the importance of including and communicating the planned adjustments to the entire work group, because the work group can be affected, especially when adjustments last for a long time. And sometimes someone else must do the deprioritized work. Therefore, it was important to have a good atmosphere and dialogue in the work group that promotes understanding. However, the managers pointed out that adjustments in, e.g. priority order or new routines could benefit the entire work group. The purpose of work adjustments is to reach the normal state of an employee's work capacity. Depending on the results, when one approaches the normal state, it is sometimes necessary to take a step back again. Regular follow-ups and prioritizing in the action plan were emphasized as success factors.

> But sometimes the adjustments can mean that everyone has to actually think in new ways because it doesn't work to do it this way because this person is not here at this time, so how can we then resolve this in another way. (Interview 16)

Contributes to leadership development

In the sub-theme *Contributes to leadership development*, the managers expressed that using the Workplace Dialogue contributed to developing their leadership in general terms. They felt more secure and had become more aware of striving to be close to the employees.

> I felt empowered by being able to take in what I needed, and I could use it in a way that felt genuine. (Interview 4)

Strengthens self-confidence (and security). The Workplace Dialogue improved the managers' knowledge and comprehension and supported them in work. This contributed to managers' self-confidence, enabling them to become more secure and relaxed in their managerial role. They felt empowered when acting and handling employee ill-health. The method was perceived to strengthen the manager's empathy and understanding of the employee's entire situation. The managers recommended the method to peers and emphasized that it could contribute to future leadership development and therefore should be included in orientations for new managers. They described that the challenging method was rewarded by developing their leadership.

> Yes, but greater security for me. I feel more knowledgeable in the area. So that has likely increased my self-confidence in my profession. (Interview 9)

Emphasize the importance of close leadership. The managers described the manager–employee relationship as important when working with employee health. It was considered important to build a trustful relation with employees. Furthermore, being open and responsive, showing consideration, being a role model and managing the trust they were given were highlighted. It was emphasized that it is important be present, to listen to and to build self-confidence in the employee, and that everyday conversations are a good way to start. It was described that it was easier to use and adapt the method to the employee's behavior, needs and situation and achieve consensus in the process if the manager knew the employees well. The managers also highlighted the importance of prioritizing a person who is about to enter sick leave.

> Yes, but it feels great. It means that then you have created a trust also by showing that you care (Interview 6)

Discussion

This study explored managers' experiences of using the Workplace Dialogue in cases of employee ill-health. The interpretation of the interviews was expressed by the overarching theme *Supports and strengthens managers' leadership and ability to handle and act on work-related health.* In relation to this, we will discuss the findings concerning the characteristics of support from the Workplace Dialogue that are most prominent. These are filling a gap in managers' resources by helping them act early and independently; provide them concrete and practical support; facilitating employee collaboration and clarifying responsibilities; strengthening managers in their role. Furthermore, the importance of organizational support for the use of the Workplace Dialogue will be discussed.

Enabled managers to act early and independently

This study described that manager experienced support from the Workplace Dialogue to act independently in cases of work-related ill-health. The original method has previously been tested in healthcare settings, in which a healthcare coordinator led the dialogue-based workplace intervention together with the manager and employee and assisted in the RTW process (Karlson *et al*., 2010). Enabling managers to act early and independently without healthcare support is valuable, where the ambition is that the employee's work-related health can be promoted, thus reducing the risk of sick leave. This is particularly important as sick

leave due to stress-related illness is increasing (OECD, 2021; The Swedish Social Insurance Agency, 2024). The chances of preventing sick leave are good if the managers act in time and the managers' approach to support can influence RTW (OECD, 2015a; Schreuder *et al*., 2013). Thus, investments in preventive measures to reduce ill-health, which will also reduce or inhibit sick leave, could be cost-effective and potentially even a cost-saving measure. Previously, dialogue-based workplace intervention has been shown to be effective and potentially cost-effective for reduction in neck and back pain (Saha *et al*., 2019) and mental disorders (Finnes *et al*., 2017). However, more studies are needed to investigate the cost-effectiveness in organizations using the Workplace Dialogue led by managers.

A proactive concrete and structured support

The managers in our study expressed that the Workplace Dialogue was supportive in identifying early signs of ill-health among employees. Managerial support such as being proactive, connected and involved were factors that have been expressed as promoting retention in employees with common mental health problems in a previous study (van Hees *et al*., 2022). However, signs of ill-health may be difficult to identify by managers. A previous study investigated how managers discovered CMDs among their employees (Bertilsson *et al*., 2021). Only one-fifth of the managers detected CMDs by themselves, and this was most prominent in managers from the private sector and those with less than 30 employees (Bertilsson *et al*., 2021). In our study, the managers said that the Workplace Dialogue opened up for conversations both regarding the work situation and the employee's entire life situation. It became easier to talk about more sensitive issues with the support of the question guide and the pedagogical model, giving the manager a more comprehensive picture of the situation. Using the method and the health-promoting approach in a structured way, informed by the question guide and the pedagogical model, can therefore prove successful. This can contribute to a more multidimensional approach to work-related health that might be beneficial for employees in the long run (Van Horn *et al*., 2004). A review on workplace health-promotion interventions concluded that such interventions can lead to positive change in the health behaviors of employees and emphasized the importance of pro-health activities for both employees and organizations (Basinska-Zych and Springer, 2021). The Workplace Dialogue might therefore add a piece to the puzzle of health-promotion activities for employees in organizations.

Collaboration emphasized rights and responsibilities

The Workplace Dialogue in this study facilitated the collaboration between manager and employee and made employee participation and employee responsibility in the process clearer. Collaboration, including formal and informal contacts, open communication, trustful relationships and mutual responsibilities, has previously been highlighted as important in getting employees with reduced ability to remain at work (Jansen *et al*., 2022). Additionally, to make work adjustments for employees with CMD who have reduced work capacity is important to promote their work capacity (Tengelin *et al*., 2022; van Hees *et al*., 2022). The managers in our study pointed out the importance of identifying elements that need to be adjusted together with the employee, and it has previously been established that it is vital to have a clear action plan that includes both manager and employees (The Swedish Work Environment Authority, 2020a). Further, the managers also pointed out the importance of including the work group in this planning as adjustments sometimes also benefited the whole work group through, e.g. new routines and changes in prioritizing. The managers also emphasized that adjustments had an impact on sick leave, as previously described in studies (Gerich, 2014; Hultin *et al*., 2010). Further, expressed by the manager in our study was that the employee sometimes needs to adjust in their private life as well in the event of ill-health.

Strengthened managers in their role

In the present study, the Workplace Dialogue was found to boost the managers' self-confidence and gave them security in their managerial role. This can be interpreted as increased self-efficacy. Self-efficacy is conceptualized in Bandura's social cognitive theory and is the subjective belief in one's ability to succeed in a specific situation or accomplish a task (Schunk and Usher, 2012 Press). This is in accordance with results from a workplace intervention in the Netherlands aimed to strengthen the supportive behavior of supervisors in promoting work participation of employees with common mental health problems. They found that supervisor's self-efficacy increased during the intervention. The supervisor felt confident in promoting stay at work and effectively communicating with employees. That intervention is also a digital tool, but supported by occupational health professionals (van Hees *et al*., 2024). Furthermore, the managers in our study emphasized that close leadership was important for employee health. They also pointed out this as prerequisites for working with the Workplace Dialogue, which is in accordance with a review that emphasized a focus on relations and democratic leadership. Key aspects that were mentioned were being available, listening to employees, showing trust and giving responsibility (The Swedish Work Environment Authority, 2020b). A previous meta-analysis has demonstrated the importance of leadership as an occupational health factor, where leaders who, e.g. showed consideration, gave recognition, provided clear instructions and expectations, encouraged development and established trustful relationships were positively related to mental health among employees (Montano *et al*., 2017).

The importance of organizational support

In our study, the Workplace Dialogue was experienced as supportive for managers. However, a new method can facilitate work with work-related health, but it can also be challenging, and the right conditions for use are needed. Managers are also employees. The managers suggested that the method should be included in organizations' management programs and the need for time and support from the organization and HR. They also pointed out the importance of arenas for collegial discussion when learning to use and working with employee ill health. This is in accordance with earlier studies (Corin and Björk, 2017; Nielsen and Yarker, 2023; van Hees *et al*., 2024). Additionally, to have access to occupational health professional was expressed important before (van Hees *et al*., 2024). Other conditions needed for managers could also be appropriated number of subordinates (Bertilsson *et al*., 2021; Corin and Björk, 2017) and type of organization, where managers in public sector could have more challenging to detect ill health (Bertilsson *et al*., 2021). We also saw same challenges in our study.

Methodological consideration

This is the first study exploring managers' experiences using the recently developed digital Workplace Dialogue in the event of employee ill-health. The managers in this study represent a variety of ages, genders, work sectors, degree of education and managerial experience. Most of the managers were first-line managers, representing all five organizations, both private and public. The managers in this study therefore could be representative of managers at Swedish workplaces in a broad aspect, although our study included only a small sample. We based the analyses on rich interview material with interviews at both the middle and the end of the study. In this study, we used different types of interviews: individual, pair and FGDs. This was for practical reasons, to reach out to as many managers as possible since managers were often busy and short of time. When using different interview methods, which we did in this study, consideration should be given to whether participants are different in relation to the phenomenon, in respective interview method (Lambert and Loiselle, 2008). We consider the participants in our study not being different; in this aspect in the data analysis, we continuously moved back and forth between the data sets to discover data convergence, divergence and complementarity. Our interview guide was discussed and decided upon by the researchers after

a common discussion. The researchers who conducted the interviews were experienced in interview techniques and not involved in the implementation. Triangulation between researchers (Dahlgren L *et al*., 2019; Lincoln and Guba, 1985), with researchers from different disciplines, research fields and experiences, provided a more diverse perspective in the discussion analyses. Even though the interviews were conducted at different times, the aim of this study was not to describe a process or a before–after scenario. We do not consider this to be a shortcoming, however, but rather as something that enriched our material.

Conclusion

The Workplace Dialogue is digitalized and aimed directly at managers to independently act on employees' early signs of ill health. The Workplace Dialogue provides managers with support to ask questions about health and ill health, make workplace adjustments based on the individual's needs and do follow-up actions. Since it is digital, it is also accessible to all organizations and managers and can provide support for collegial exchange and introduction of new managers. In general, the managers in this study found the method easy to use and expressed that it added valuable support for handling employees' work-related health. *Consequently,* the Workplace Dialogue can support managers to meet and act in the event of employee ill-health. This study included the managers' perspectives. Upcoming studies will explore employee and HR perspectives on the Workplace Dialogue.

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Supplementary material

The supplementary material for this article can be found online.

Corresponding author

Anna Sondell can be contacted at: anna.sondell@umu.se