How managers of small-scale enterprises can create a health promoting corporate culture

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Abstract

Purpose – Small-scale enterprises (SSEs) are important for sustainable development in Europe and account for a significant proportion of private enterprises and their large contribution to employment. The purpose of this paper is to explore workplace health management (WHM) from the perspective of managers in SSEs in Norway and Sweden.

Design/methodology/approach – In-depth interviews with 18 managers in SSEs were conducted and a stepwise qualitative analysis was used.

Findings – The findings are presented as two main patterns: inter-organisational dynamics and participative leadership. Managers discussed opportunities for WHM to foster solidarity and flexibility in the workplace, the potential of employees for self-governance and a cultural environment at the workplace characterized by safety, trust, care, loyalty and humour. The managers employed a process-oriented communicator style, were all-rounders, and demonstrated dedicated and distinct management. Managers in SSEs were lone problem solvers and experienced high and conflicting work demands and work-family conflicts.

Research limitations/implications – The findings should be interpreted with caution concerning representation of SSEs generally. The enterprises were recruited from an intervention project focussing on WHM and might, therefore, have a positive attitude.
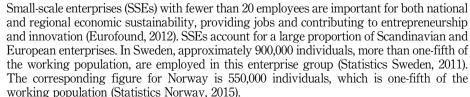
Practical implications – The managers obtain recommended information about what to do and how to address WHM in SSEs.

Originality/value – This study adds important knowledge regarding the preconditions for creating health promoting workplaces in SSEs, an area for which limited research exists. The findings provide insights and knowledge about managers' possibilities and obstacles in WHM. The findings could be transferrable to management in similar contexts if managers develop more awareness and knowledge.

Keywords Small-scale enterprises, Workplace health management, Managers, Sweden, Norway, Qualitative explorative method design

Paper type Research paper

Introduction

Small-scale enterprises (SSEs) with fewer than 20 employees are important for both national and regional economic sustainability, providing jobs and contributing to entrepreneurship and innovation (Eurofound, 2012). SSEs account for a large proportion of Scandinavian and European enterprises. In Sweden, approximately 900,000 individuals, more than one-fifth of the working population, are employed in this enterprise group (Statistics Sweden, 2011). The corresponding figure for Norway is 550,000 individuals, which is one-fifth of the working population (Statistics Norway, 2015).

The increasing importance of SSEs in today's working life has led to an expansion of research on small businesses in recent decades (Curran and Blackburn, 2001;

Abrahamsson, 2006). However, areas related to stress, management and work organization have been neglected and are therefore important topics for future research (Lindström *et al.*, 2000; Curran and Blackburn, 2001; Abrahamsson, 2006). Health-related issues and workplace health management (WHM) are rarely addressed in small business research (Breucker, 2001; Moser and Karlqvist, 2004; Griffin *et al.*, 2005). According to Jiménez *et al.* (2016), WHM consists of a set of leadership behaviour that continuously interacts with the working environment to design an environment that enhances employee health. WHM is also defined as the conscious control and integration of all corporate processes with the aim of maintaining and promoting staff health and well-being (Plath *et al.*, 2008). There exists an extensive body of research concerning employee health and working conditions, but few studies have focussed on the circumstances faced by managers and employees in SSEs (Stephan and Roesler, 2010; Grant and Ferris, 2012; Nordenmark *et al.*, 2012).

SSEs often have limited personnel resources, economic resources and competence for creating health promoting workplaces and working with occupational health and safety issues (Frick *et al.*, 2000; Hasle and Limborg, 2006; Torp and Moen, 2006; Vinberg *et al.*, 2017). Therefore, it is interesting to study premises for WHM in SSEs from a management perspective. The Nordic countries have a strong tradition of democratization in working life and well-developed cooperation between employers and employees. However, limited knowledge exists about WHM in SSEs (Breucker, 2001; Moser and Karlqvist, 2004; Meggeneder, 2007), and this study contributes important knowledge concerning this topic.

Aim and research questions
The overall research aim of the study is to explore WHM from the perspective of managers in SSEs.

Two main research questions are addressed:

RQ1. What do managers believe, based on their experience, are prerequisites to WHM?

RQ2. What do managers identify as possibilities and obstacles for WHM?

WHM
The European Network for Workplace Health Promotion (2007) has defined workplace health promotion as the efforts of employers, employees and society to improve the health and well-being of people at work. According to European Network for Workplace Health Promotion (ENWHP, 2001), workplace health and well-being is a prerequisite for increasing innovation in SSEs. This prerequisite could be achieved by integrating health into daily managerial practices by involving all employees in decision-making processes, ensuring a good working atmosphere, recognizing and rewarding good performance, and monitoring improvements–particularly those related to work organization. WHM has received increased attention in the Nordic countries in recent years (Gjerstad and Lysberg, 2012). Managers are able to influence the interaction of individual and organizational aspects; important areas of influence include health awareness, workload, control, reward, community, fairness and values (Jiménez *et al.*, 2016; Larsson and Vinberg, 2010). Research shows that managers using broader intervention strategies exert greater influence on outcomes related to employee health than managers that use more one-dimensional strategies (Grawitch *et al.*, 2006; Vinberg, 2006; Dellve *et al.*, 2007). According to a review concerning job stress interventions (LaMontagne *et al.*, 2007), individual-focussed interventions tend to not have favourable effects at the organizational level in contrast to organizational-focussed interventions, which have favourable impacts at both individual and organizational levels.

How leadership influences subordinate's health has in recent years become an issue among researchers (Nyberg *et al.*, 2005; Kuoppala *et al.*, 2008; Skakon *et al.*, 2010; Zwingmann *et al.*, 2014). A Swedish review found positive influence on subordinate's health when leaders: are considerate of subordinates; initiate structure when it is needed – especially in stressful situations; allow subordinates to control their work environment – increasing the autonomy, involvement and control; inspire their employees to see a higher meaning in their work; provide intellectual stimulation; and are charismatic (Nyberg *et al.*, 2005). Although research is limited concerning relations between leadership behaviours and employee's health, there are studies pointing at these relations. Another overview (Skakon *et al.*, 2010) found some support for leader stress and affective well-being being associated with employee stress and affective well-being. Leader behaviours, the relationship between leaders and their employees and specific leadership styles were all associated with employee stress and affective well-being. In a multilevel analysis in 16 nations (Zwingmann *et al.*, 2014), the results provide strong support for the health promoting effect of transformational leadership. When having a strong transformational leadership (e.g. formulate a vision to followers to focus on higher order intrinsic needs and organizational goals) the climate was related with better perceived health in eight of the studied countries (Zwingmann *et al.*, 2014). Vinberg (2006) identified a connection between a relation-oriented leadership and health outcomes among employees in SSEs. A workplace that performed workplace health promotion programs, with a broader perspective and participation from leaders as well as employees, resulted in significantly better results concerning several psychosocial indicators compared to programs using a more expert/problem-based strategy (Vinberg, 2006).

In spite of these laudable statements, WHM is less developed in small enterprises, and research is limited in both the health and business literature (Moser and Karlqvist, 2004; Griffin *et al.*, 2005). According to Griffin *et al.* (2005), there are several reasons why SSE involvement in health promotion issues is low. SSEs lack the necessary resources and motivation to address health issues, there are few organizational mechanisms for communication, they have few in-house resources for occupational health issues, and the perceived lack of evidence for the benefits of workplace interventions can discourage efforts.

In contrast, Stokols *et al.* (2002) argue that SSEs provide a highly advantageous context for promoting health due to their unique social, organizational and environmental attributes. A "healthy workplace" or "healthy organization" has a good work environment that contributes to employee well-being as well as positive organizational outcomes (Grawitch *et al.*, 2006; Wilson *et al.*, 2004). According to a systematic review of the scientific literature and search for indicators of healthy work environments (Lindberg and Vingård, 2012), the nine most important factors for a healthy workplace that emerged are as follows: in descending order: collaboration/teamwork; both the growth and development of the individual; recognition; employee involvement; positive, accessible and fair leaders; autonomy; empowerment; and appropriate staffing. An organization's corporate culture is characterized by factors such as a genuine belief that people are indispensable to the business. Additionally there is active communication within the entire organization, and the perception of a unique culture and identity exists. Company values should be experienced at all levels of the organization (Kets de Vries, 2001; Alvesson, 2016). Organizational culture consists of meanings, orientations and symbolism shared by leaders and employees (Alvesson, 2016). Health issues can be viewed as cultural phenomena related to how organizations, managers and professionals try to influence employees how to deal with health issues (Alvesson, 2016). All factors can be preconditions for a healthy workplace, although they need to be integrated in a corporate culture in order to create a healthy workplace.

To obtain good business results, it is important to create a sustainable, healthy organizational culture (Karadag, 2015). It can be a challenge to address motivation and

participation in SSEs (Lopez, 2016). Employees who are not participating in development processes and who are unmotivated will influence others and contribute to create a negative organizational environment. Furthermore, unsatisfied employees are less likely to stay in the organization, which results in higher turnover and worse organizational outcomes (Lopez, 2016). According to Lopez (2016), managers in SSEs have a strong influence on areas of organizational culture such as creating open communication and dialogue, and if they do not succeed in these areas, there is a risk for "a collective silence" in the organization, which increases the risk of mistrust among employees and of bad business results. According to Palmgren (2010), it can be difficult for subordinates to question the actions of the SSE manager and organizational practices. Conditions, which subordinates cannot accept can bring along cynicism and withdrawal. It may decrease their motivation and commitment to her/his work and the organization, and affect negatively on the co-workers (Palmgren, 2010).

Prerequisites for management in SSEs

Although regarded as a heterogeneous group, a common characteristic among managers of SSEs is that they are often the owner of the enterprise. In other words, managers perceive a strong personal solidarity with the enterprise, and their goals and the business's goals often correspond (Bridge *et al.*, 1998). They are more likely to be influential, because they are less constrained by organizational systems and structures than leaders in large firms. Based on their ownership power, managers of SSEs have the possibility to create and maintain order, integrate the orientations and interests into a common understanding, goal achievement and productivity (Palmgren, 2010; Zwingmann *et al.*, 2014). The SSE manager often handle all management issues based on personal beliefs and cultural values, rather than stated directives (MacEachen *et al.*, 2010). According to Hasle *et al.* (2010), many of the difficulties related to health and working condition issues can be explained by managers responsible for many business activities, with little time remaining to work with health and working condition measures.

Entrepreneurial and managerial work shows typical patterns. The pace of work is hectic and unrelenting, the content is varied and fragmented, many activities are reactive, interactions involve much oral communication, often with peers and outsiders, decision processes are disorderly and political, and most planning is informal and adaptive (Yukl, 2009). Task delegation, an option for entrepreneurs in larger enterprises, is one means of shifting time demands, but is not possible to the same extent for those working in SSEs.

In general, being a manager in an SSE involves long and irregular working hours, which can increase the risk of stress, role conflicts and illness (Davidsson, 2004; Gunnarsson *et al.*, 2007). Managers of SSEs experience very high levels of pressure on their time and great work demands (Walters, 2001; Davidsson, 2004), long working hours (Gunnarsson *et al.*, 2007), stress, and lack of personnel and financial resources (Bornberger-Dankvardt *et al.*, 2003; Grant and Ferris, 2012). However, entrepreneurship is also associated with flexibility and control (Bornberger-Dankvardt *et al.*, 2003; Davidsson, 2004), which can influence health positively (Nordenmark *et al.*, 2012). Some researchers even posit that, given the high job control and high job demands that characterize being a leader in an SSE, one could argue that this form of employment provides prototypes of "active jobs" (Stephan and Roesler, 2010).

Studies of health and safety interventions in the workplace note that several factors can hinder or facilitate implementation (Whysall *et al.*, 2006). Hindering factors include lack of management commitment, managers' general attitudes towards health, insufficient resources and prioritization of production. Facilitating factors include supportive managers, local control over budget spending for health and good communication. Meggeneder (2007) argues that small enterprises have organizational characteristics that are ideal for introducing and implementing workplace programs for health promotion because the work of employer and employees is less hierarchical in SSEs, information is

generally comprehensive and easily accessible, and there is a good information flow. The fact that SSEs have a flat hierarchy provides good conditions for employers and employees to participate in health promotion programs. Such participation is essential for workplace health promotion (Meggeneder, 2007) and in accordance with a study of micro-firms that Matlay (1999) conducted, showing that the style of management is more informal than in larger enterprises. Therefore, work-related problems seem to a great degree to be solved through informal discussions and through a positive working climate. The above-mentioned facilitating factors have the potential to create a positive corporate culture and a healthy workplace. According to Kelloway and Day (2005), such a workplace can contribute positive results not only at the individual level but also at the organizational and societal levels: it can affect the individual by improving behavioural indicators of health, the organization by increasing performance, and the society by lowering health-related costs.

Method
This study analysed interview data from managers in 18 SSEs in the central regions of Norway and Sweden. The methodology used to study the conditions needed to create WHM was based on a stepwise inductive method (Tjora, 2012; Miller and Crabtree, 1999). This means the analytical categories are not stipulated beforehand (Patton, 2002), but rather through a stepwise process. With this method, researchers do not set out with predefined themes, but rather identify and extract data across the empirical material based on their purposefulness and relevance to answering the research questions. Data generation and concept development are based on close-up analysis of raw data. These patterns and concepts are re-contextualized into categories that echo patterns found in the first step of the analysis. These categories are then linked to adequate theories and re-analysed with the aim of generating and deriving new themes and re-labelling the categories if and when necessary. During this step of the analysis, researchers evaluate the plausibility of the understandings of the analytical categories, critically challenge them and search for alternative patterns that may appear (Marshall and Rossman, 2006; Tjora, 2012). In the analysis section, we will explain in further detail how this was accomplished in this study.

All enterprises investigated took part in a project for WHM aimed at giving managers improved skills and competence in health and work environment issues. Two workplace health intervention models, one Norwegian and one Swedish, were carried out in the participating SSEs. Both models were led by advisory personnel from the occupational health services (OHS), which are private establishments that provide services regarding health, vocational rehabilitation, leader development and work environment issues. Both models primarily focussed on leadership competence with regard to health and psychosocial working conditions, but they also included individual-based components related to rehabilitation, lifestyle and physical activity. This paper does not present data from the intervention study *per se*. Rather, the focus is on what managers identified as their possibilities and obstacles for WHM, based on their experience before taking part in a project for WHM.

Recruitment criteria
To ensure a wider range of SSE manager types in the strategic sample, we recruited managers from different branches of the private sector. We recruited informants from SSEs in Norway and Sweden who agreed to participate in an intervention project on WHM in SSEs. One selection criterion was that the informants should be managers of SSEs with up to 20 employees. Additional criteria were that they should be located in rural areas (comparable geographic regions) and that they should represent different types of services in the private sector. The sampling was qualitative and purposive (Patton, 2002; Bernard, 2000) and was not aimed at serving representative purposes. Table I describes the characteristics of the sample used. The purposive selection was to interview a group of

Country	Norway	Sweden
Managers in total	8	10
Gender		
Men	4	6
Women	4	4
Age		
< 40	3	2
41-50	4	5
51-60	1	2
> 61	0	1
Education		
High school	0	2
Vocational training school	2	2
Upper secondary school	1	1
University	5	5
Civil status		
Married/cohabiting	5	8
Single	3	2
Years in the enterprise		
< 5	3	1
6-10	3	5
> 11	2	4
Branches		
Building and construction/industry	1	3
Service delivery	7	7

Table I.
Characteristics and
experiences of study
participants

leaders in SSEs that internally differed, constituted a heterogeneous sample, and were comparable in the common aspects of being managers, such as having to make decisions with limited information, managing conflicts and conflicting interests, tackling challenging assignments, being economically superior and responsible of staff.

Data collection
We collected data between March and May 2015, with eight managers in Norway and ten managers in Sweden. These data were collected during the initial stage of the intervention project. The data collection method was focussed informant interviews (Denzin, 2001; Tjora, 2012). The interviews lasted from 90-120 minutes and occurred at locations convenient for the participants (Patton, 2002, p. 341). All the managers chose to be interviewed at their own workplaces.

We used an interview guide to collect data. The guide asked for managers' experiences and reflections on management policy, opportunities and obstacles for creating a healthy workplace, and the translation of WHM in their enterprise. Immediately following the interviews, the tape-recorded interviews were transcribed.

Analysis
Our analysis used an inductive strategy, in accordance with the proposed concepts grounded theory (Glaser and Strauss, 1967) and step-deductive induction (Tjora, 2012), in which topics that are identified in the data analysis limit concepts in the further analysis (Charmaz, 2000; Mason, 2002; Malterud, 2003; Corbin and Strauss, 2008). Stepwise analysis

implements a flexible, heuristic strategy (Charmaz, 2000, p. 510) for analysing meaning and interpretation in data material. We used this strategy as we continuously compared the statements and expressed experiences in the data and searched for patterns that answered the research questions (Patton, 2002).

The first step was to conduct a naive reading of the data to identify distinct patterns or displayed commonalities. The next step was to read these distinct patterns or displayed commonalities thoroughly and then search for condensations of core topics and differences in condensation to describe and compare the data. In this analytical step, we analysed distinct patterns that seemed to form main categories and sub-topics of a main category. Two different researchers individually read and analysed data through a creative and interpretative process and then together constructed the main categories and their sub-topics (Charmaz, 2000).

Validity

The method for conducting validity and reliability checks differs between the quantitative and qualitative research regimes, and even differs between various qualitative research traditions (Golafshani, 2003). In this study, we relate reliability and validity as conceptualizations of the trustworthiness and quality of the empirical analysis. To ensure trustworthiness, the first and second authors peer checked their memos of their individual analyses of the raw data. When differences in the interpretations occurred, new analysis regarding the coding and core descriptions was conducted. Then, the researchers negotiated the categorizations and core descriptions of the thick data, leading to verification. If thick data description did not fit the labelling of the category, new analysis, including re-reading the relevant theory to find suitable labelling of categories, was conducted. The researchers discussed and agreed on codes, topics and categories. This process was repeated and modified until saturation was reached and the categories were found to be trustworthy or valid (Mason, 2002; Patton, 2002; Corbin and Strauss, 2008). The theoretical saturation was reached through a pragmatic approach when the data analysis clearly showed two dominant patterns or main categories, and further analysis did not inject new interpretation possibilities (Corbin and Strauss, 2008).

Table II illustrates an example of the stepwise coding process.

Limitations and strength of this study

In the interpretation of our results, note that this study is based on one geographical context in Sweden and Norway. The findings should be interpreted with caution concerning representation of SSEs more generally. In addition, the enterprises were recruited from two occupational health services to participate in an intervention project, which could represent both a limitation and a strength of the study. A limitation could be that the managers interviewed are able to positively identify with WHM as a result of being part of an

Main categories	Sub-topics	Examples of distinct patterns
Inter-organizational dynamics	Solidarity and flexibility	Group achievement
		Group support
		Teamwork and helping each other
		Possibility to influence
Participative leadership	All-rounder	All in one
		Part-time manager
		Many hats during a day
		Prepared for the unexpected

Table II.
Examples of coding

intervention project. However, since we asked for manager' previous experiences, before they participated in the intervention project, the intention was to capture past experiences and preferences, not what they experienced because they were positive to participate in the intervention programme.

A strength could exist because the sample might provide special insights and reflections on what types of dilemmas and priorities these managers face and work within WHM.

However, the purpose of qualitative research is not to extend findings derived from selected samples to people at large but rather to transform and apply the findings to similar situations in similar contexts (Polit and Beck, 2004). Note that a particular interpretation is one of many possible interpretations, but we judge the findings in this study to be transferrable to small-scale managers in similar contexts. The strength of the study is that the managers represented different SSEs and sectors and had different gender and age structures among employees.

Ethics
The Regional Ethical Committee, Department of Medical Research approved the method design of the study (Dnr 2014-28-31M). The informants gave written consent to participate in the study. The informants received information about their option to withdraw from the study without giving any reason. We immediately anonymized identifying data in the transcriptions of the interviews. All data were properly stored according to the Swedish Act on Ethical Review of Research Involving Humans (SFS 2003:460, 2005).

Findings
Below, we describe the managers' experiences in two main patterns with underlying sub-topics. The findings are presented thematically based on interpretation grouped accordingly.

Inter-organizational dynamics
The managers described several underlying inter-organizational dynamics that create prerequisites for WHM. They relate to good working conditions for employees, applied to everyone at the workplace and provided the managers leverage to preserve the whole. Managers found it difficult to balance between different considerations when they sought to find prerequisites for a healthy corporate workplace.

Solidarity and flexibility. The managers described the inner dynamics of the workplace and how their employees show solidarity and flexibility. The managers largely centred their efforts on WHM by creating resilience to address unforeseeable events, which demands a flexible and solidaristic work environment. The managers came from different SSEs and represented diverse branches. Their employees' possibility of freedom depended on the sector or branch of the SSE.

In SSEs, workers often have greater freedom with respect to performing tasks. Managers expect that employees are solidaristic and support one another; however, they also accept that employees have the freedom to take time off and do private tasks during working hours:

[…] there is a lot of freedom, so one has to get the job done as well. And […] we have a very individual bonus system as well. It is sort of expressed in it, if you are, are […] so you will […] that it is really cool to go skiing for a longer period of time […] so, or hunting is just so terribly fun in the fall, etc. […] (IP 4).

The management of a work-staff that was both flexible and solidaristic created dilemmas. Should an employee take advantage of the flexibility to cultivate his or her own interests during work time, friction between co-workers could arise. Managers described having to balance between preserving the whole and giving employees flexibility.

The managers find this dilemma problematic. However, one way managers can ensure both flexibility and solidarity is to encourage employees to be a cohesive group and help one another as well as include managers as part of that group:

> So one feels they have support from the group. We have said from here, call us, and we will come too. Because we often don't see, we only hear, but call us, so we can also show our solidarity in some way, simply through being there (IP 3).

A team feeling among employees creates a good culture for WHM. When employees assume responsibility and help one another resolve tasks, solidaristic teamwork arises:

> I think those who work here, they have a feeling of working together, in a team and helping each other. The feedback I receive is that largely it is the case that they […] if someone is working on something and someone else is free, they come and help (IP 16).

Trustful and joyful working culture. Another inter-organizational dynamic, explained by managers, is the importance of creating a safe and trusting working environment in which employees are stimulated. According to the managers, employees who work in a safe environment and under secure work conditions more easily gain the trust of others and show concern for one another. In some enterprises, a good work environment means reducing risk and creating good routines:

> We regularly focus on health, environment and safety that is with […]. Every time we introduce new tasks, we have routines for what we call a sound job analysis. That is, we meet and talk through what are challenges and where the critical points are, and what measures we should take to try to make it a safe job (IP 16).

In some SSEs, safety and risk were associated with reducing the risk of threats and dangers. There might be customers or employees in other companies who came with threats or showed hostile behaviour. Such experiences created uncertain working conditions. When this issue arose, it was important for the employee and manager to discuss solutions that offered protection for the employee and made work tasks safe again.

Health management in a corporate workplace relates also to dynamics of the workplace culture. An appropriate workplace culture promotes well-being, loyalty and humour. Such a culture enables the building of a positive work community where employees can have fun:

> A lot of fun in the breakroom and such, you know. So it is quite enjoyable I think. I hope the others feel that way anyway. Yeah, yeah. And I feel I give my colleagues as hard a time as they give me, so it's a bit of give and take. So, it is not that, it is not that no one dares to tease me or anything (IP 4).

The interviewed managers emphasized acceptance and tolerance as important because that emphasis motivated both managers and employees to enjoy the work. The employees become tolerant and well intentioned and need not be afraid of saying something awkward or "dumb". These types of occasions can be laughed off; they spread well-being and can contribute to acceptance. A cheerful workplace is a product of both manager and employee contributions:

> Yeah, we notice that the atmosphere is really good now. We gab, we laugh, and we have fun together. We can also talk seriously together about things. Um […]. It is good […]. I have the impression it is a good place to be (IP 15).

Humour, well-being and trust contributed to psychosocial well-being among employees, according to the managers:

> That we need to try to see one another and be inclusive. Yeah, I don't have any other way of saying it. We can make all kinds of possible things, both directives and we can create routines, we can write down everything you know […]. But that isn't what it's about. It is about taking part and including others, and seeing each other. Being a, a team player and trying to make each

other good. // Promoting health in the workplace is very much about the psychosocial life, the inner life of the workplace. It is, as I said, that you enjoy being at work, so you are much better off, health-wise (IP 18).

Recruitment and complementarity. Creating a team and recruiting employees with complementary qualities were also viewed as important inter-organizational dynamics. A number of managers refer to "their team" and to how important it is to work systematically to promote a good work environment. A manager explains how she works systematically with recruiting to build a whole and complementary team:

[…] it is so much about this […] psychosocial aspect. That is, that you enjoy working, that you feel good at work, and I have therefore built up this team very, that is very systematically. I have really chosen both men and women. The youngest, he is 19 and the oldest is 59. And that […] because with this mix, then there can also be a good work team (IP 10).

Several managers mentioned the importance of awareness in building a good work team. Recruiting the wrong person can easily lead to an increase in costs and negatively influence the work environment. Managers are happy to recruit from their own or their employees' networks but are aware doing so is not always the best for complementarity in the workplace:

Now in the last few years, we have largely gone by whom we know. That people have come and said, I would like to start to work for you. Do you have an opening? Either we are in need of people, or we know we will need someone down the road. It has mainly gone by whom we know […]. So now, there is starting to be a network of people who I might not know so well from before (IP 16).

Some managers expressed that it could be problematic not to have sufficient diversity among employees. For this reason, they thought it was short sighted to recruit only from known networks because the work-team could benefit from a variety of different qualities. Personal qualities and competencies could contribute to further development of the enterprise:

So that we complement each other in many things. So that […] things move forward. Then, one should not think in any way that you are better than someone else because of this, but this is our reality, it is the way it is. And the paperwork shows things are going well for us. So somewhere along the line, I must have made the right choice (IP 3).

Workplace adaption and employees well-being. Managers approach to successful WHM may connect to physical work environment, the employees' opportunities to engage in physical activity, and access to wellness services. Managers stressed the importance of employees taking responsibility for own health and well-being:

[…] I think when it comes to wellness and such, […]. I have been rather […] encouraging and have sort of […] a workplace where there is quite a bit of focus on physical activity, and it is discussed often and maybe even diet and those kinds of things […]. I think that many workers are in the same situation as me, when it comes to piecing together work and free time, so one finds, so there is an opportunity to take time out for working out perhaps (IP 1).

The managers emphasize adapting the workplace physically, particularly in enterprises in which tasks are static and monotonous. Managers left it to the employees to take responsibility for their own ergonomic adaptation and physical activity:

I pay a lot, and maybe that is both good and bad […] with respect, with respect to flexibility and freedom under responsibility, and that one can have static conditions when one stands too much at a keyboard or something similar. But, everyone has the possibility and right to pop out and work out, or take a break or whatever it takes to maintain themselves physically (IP 2).

Adaptation occurs as long as it is within reasonable financial limits. For example, when an employee required a new chair, a manager could purchase an appropriate ergonomic chair for all employees. The managers stressed the importance of doing workplace adaptation.

They also tried to meet requests for physical activity during or outside of work, and occasionally they pay for wellness services for employees. Wellness services could be massages, spa visits, outdoor events and social gatherings. This type of benefit is considered a good investment for WHM to the extent allowed by the budget:

> Now, we have begun […] working a bit more with […] yeah, we have a gym and so, so they can feel good, can work out. And then, we even have a masseuse who comes once a month. I think such things are important, that one has the possibility to take advantage of it when you want. Go to the gym and work out on company time, and even have a massage at work. I also think that's important. And those, those who work here think the same (IP 7).

Participative leadership

This main pattern refers to how the interviewed managers described their leadership. WHM was considered important across the different branches and business types. The managers sometimes found it difficult to create the necessary prerequisites for cultivating WHM. This as it was challenging and requires certain managerial behaviours. Below, we present what managers considered to be obstacles and possibilities for WHM.

Self-governed task management. The managers discussed the dynamics of self-governance in task management among employees. The dynamics of self-governance, which could provide a good prerequisite to WHM, refers to managers' descriptions of a health promoting workplace as one in which independent employees ensure that tasks are performed and that products and services are delivered on time. Enterprises need independent employees who ensure quality:

> […] this isn't a flock of lost sheep you need to lead and give careful instructions. Rather, they know what they are to be working with […] they have training […] most know their advanced tasks. They know how to structure their work, so it has been easy to manage (IP 3).

According to the managers, employees who share responsibility can influence both the content of their work and how the work is performed. The managers indicated that this shared responsibility provided a good platform for WHM:

> Well […] that you know you can organize work with a bit of freedom. That one doesn't sit; perhaps as in other types of jobs where you have […] you are to do this in precisely this way. You have no opportunity to influence things yourself. I think it is positive if you have the possibility to influence (IP 1).

Managers express dependency upon responsible and capable employees because such employees reduce the pressure on managers. They depend upon employees who are independent and self-motivating, not employees who need close supervision and instruction. Employees with influence on working conditions enjoy their work and feel free:

> That one doesn't feel controlled […] argh, controlled you know […] that you have a certain amount of freedom to manoeuvre. I think that is important, um, that you know you can organize your work day, your work, with a bit of freedom. That you aren't sitting perhaps as in other jobs, where you have […] you are to do this in precisely this way. You have no opportunity to exert influence (IP 1).

Process-oriented communicator. Regarding successful WHM, managers expressed that they had good experience with being process-oriented in their communication with their employees. This means that they assume a receptive and active attitude towards how employees respond to what is being communicated. In a process-oriented communication, the managers follow up and gives employees feedback along the way.

Managers needed to be aware of their obligations as the head of the enterprise and continuously strive to improve working conditions and create a healthy workplace. According to Norwegian and Swedish legislation, managers are responsible for performing

systematic occupational health and safety reviews (Arbetsmiljölag, 1977, p. 1160; Arbeidsmiljøloven, 2005). Managers are aware of their primary responsibility for planning and performing these reviews. However, it could be difficult to perform them in an organized manner. When managers performed these reviews, they did so in close dialogue with their employees:

> We have just, during the last, right before Christmas, and now after Christmas had reviews. And, […] followed up on these reviews. Then we are getting closer. And then […] and especially with this series we carried out now […]. That we have a follow-up 2 months afterwards. That the employees receive from 5 minutes to a half-hour, according to what they need. But not more than a half-hour. This close follow-up is important. That we can have these short encounters. There is now an opportunity for a good dialogue (IP 11).

The managers describe how important close and trusting communication is. Trust is created when employees do not experience being threatened or controlled. Managers expressed that they had to communicate in a way that makes employees want to engage in developing themselves, want to stay at the workplace, and dare to talk to their manager. Open and direct communication with employees provides fertile ground for process-oriented communication. Managers experience difficulty if employees do not communicate clearly and openly about health problems:

> I think it is a great barrier when people are not honest and speak up. We have seen this several times, that people have gone on sick leave […]. Because I think it is difficult to see […] especially with psychological issues. It is easy to see if someone is limping or has a problem with their foot. If it is a matter of what is on the inside, I can't see that. I am then dependent on people coming and telling me. And when people do not, we have experienced several times now that they stretch themselves too far, and then they need to be on sick leave for a longer period of time. Then I think if only they had spoken up earlier, they might have had a smaller percentage of sick leave or maybe for a shorter period of time also if they had spoken up (IP 11).

It is important for the interviewed managers to have ongoing and informal conversations. They thus are able to prevent uncomfortable surprises and can maintain a low threshold for speaking with their employees. Managers stressed communicating in a way that created trust and intimacy:

> It is relatively informal and direct. And yes […] they come, if there is something. They knock on the door and walk in […]. The threshold is low for communicating. Communication […]. I try to be out in their department often and do a job now and then. If someone is sick one day, I can step in […] to make ends meet (IP 13).

When managers communicate thus with employees, the managers gain insight and knowledge about the employees. Some managers create intimacy through performing the same tasks as their employees and argue that doing so provides them an opportunity to be considered equals. At the same time, managers indicate that there can be challenges related to creating close relationships with employees and in communicating informally:

> I think I want to describe the communication that takes place in our company; it runs according to an informal method […]. We are friends, the whole gang. So, it is a bit like that. In a way, it can be challenging at times if there are particular challenges you wish to raise. Then it is a bit difficult […]. It is harder to use a friend tone than when you are purely the boss (IP 16).

Managers express that they must be more process-oriented and listen to their employees. At the same time, it is important to have an open dialogue, including when talking about negative or problematic issues.

All-rounder. Managers needed to take a broad approach to their work tasks and responsibilities to provide good opportunities for WHM, but such an approach also

involved challenges. The interviewed managers experience a lack of boundaries between resources and claims. Managers quickly become "all-rounders" who must function in any situation, both at the top and at the bottom of an enterprise:

> […] this small company and such […] you become a kind of all in one. You have to be able to do just about anything. Plus, you have to be head of human resources and finance and all that (IP 6).

It is challenging to practice WHM while simultaneously being an "all-rounder". Managers find it challenging to find time for all that is required in the enterprise and live up to their own vision as manager. Management becomes a boundless and all-encompassing existence:

> But, a dilemma in a smaller company is […] or a weakness, it is that you are not a leader full-time. Yes, you are a leader full-time, but you cannot spend one hundred per cent of your time, rather you have to combine it with producing whatever it is you do, or what you do in the company (IP 1).

Participative leadership cultivates a healthy workplace and this can be demanding for the managers because they have too many tasks to perform. The managers rarely have an arena for discussing management and priorities:

> But, we have not put together a binder with policies with hundreds of things that more than likely or hopefully will never happen. Or maybe […] maximum five of them will happen. Uh […] and it feels, we have not prioritized it. And it is maybe a general problem for small companies, that one is not prepared for possible, this type of thing, because if you are five people or ten people. If you are 1,000 people, you can assume there is a certain percentage that are sick every day, a certain percent with a drug or alcohol problem, others with other health problems at any given time (IP 2).

Managers consider work tasks not differentiated or specialized to the extent tasks are in large enterprises. Managers must therefore juggle between different roles and competencies:

> But you know, the challenges for managers of small and medium-sized companies is that you will, should and must have many hats to wear. Rather than in a large company, which might have a dedicated human resource manager, a dedicated health and safety manager, a dedicated finance department, etc. But here, you sit with maybe four-five-six different hats that you put on depending on the situation. Will you be the health and safety manager, will you be the human resource manager, or who will you be today? There can be many hats in the course of a day too. So, as managers of small and medium-sized companies, we have a much broader range to cover than what many others have […] (IP 18).

Lonely problem solver. The interviewed managers expressed that they needed to address problems that arose within the enterprise to cultivate a healthy workplace. They also needed to demonstrate their capacity and responsibility towards employees in solving any problems that occurred. Part of WHM therefore involved managers needing to be problem solvers with regard to any need or expectation. Managers had no other option but to demonstrate responsibility and a state of readiness when they encountered problems:

> So […] I think this is a way I show the employees that we have to work on things and do something with them. We cannot […]. It does not help to stand on the outside of a wall and talk about how hopeless things are on the inside. We have to go in and clean up (IP 11).

To address things directly can be critical for managers because they must be on the ball in relation to customers and ensure that they are satisfied, even when the demands for delivery of goods are difficult. Otherwise, a customer might be lost to the competitor. The interviewed managers did not have support from any management group and therefore had limited opportunities to discuss HR issues. This situation led the managers to describe WHM as a lonely and complex job.

To maintain a healthy workplace, the managers indicate that it is important not to sweep problems under the rug. Following this advice provides credibility to the manager

when he or she discusses real everyday issues and immediately comes up with suggestions for resolving them:

> […] we try to sort out […] not to sweep anything under the rug. If someone brings something up, we deal with it and try to solve it. Regardless of what it is. There are a lot of personal experiences of how one was maybe treated at other workplaces […]. It is probably an important principle to demonstrate as a manager […]. To deal with things not like […] "we will deal with that another day", sort of "that was no big deal" […]. That attitude is not like ok (IP 4).

Managers indicate that they must solve employee problems, even when doing so felt burdensome. It is particularly burdensome when employees came to the manager before trying to solve their problems themselves or proposing solutions.

Even if the lonely problem solver job entailed challenges for managers, the problem-solver role also provided managers with opportunities for personal development. They were forced to "jump in" and did not have the time or possibility to become bogged down in the problem:

> How many times have I stood and thought, what am I going to do now? How do I solve this? But, it is just a matter of trying to solve it now in some way (laughter). You have to be creative (IP 6).

The interviewed managers expressed that they needed to "live as they learn", that is, one must go forth as a good example and influence their employees to do their best. To be a role model also demands that the manager does not appear to be stressed or nervous but strives to be someone who remains calm in the face of any storm:

> I do not think you should seem stressed or nervous or such; rather, I want to seem to be calm and having things under control, and have a lot of information. Most often, I dig into things, so I don't look like one big question mark – that does not feel good. Rather you have to be calm, and yes […] there are many things that happen out there […] (IP 7).

Spontaneous management is difficult to handle in SSEs because the workplace very much depends upon the personal commitment of the employees. Thus, the problem-solver role, combined with little time to reflect on concerns or dilemmas, makes managers feel vulnerable:

> And it is obviously vulnerable. If something were to happen to me, not everything would fall apart of course, but a lot is dropped if I cannot be here. No, it is this being vulnerable […] if something should happen to me […]. So there is a concern (IP 9).

Dedicated and distinct management. Managers state that it is important to demonstrate powerful and dedicated management to be successful in developing a healthy workplace.

The enterprise is dependent upon the manager acting decisively and strategically at all times. The managers focus on developing good relations through being clear about their visions for the enterprise when inspiring their employees to achieve set goals and visions:

> […] that one is positively committed as a leader […]. That you are clear, that you maybe have goals to achieve […] so that everyone knows where we are going (IP 1).

It is important that the manager establish the tone of the company. The managers think they should be the most dedicated within the enterprise and have vision, which could influence their total life situation because they are seldom able to walk away from their work before it is completed:

> But, this division between work and free time, it is fluid and runs into each other. So you can say that some days I might take time off completely, while other days I can't. It happens that I say I am going to take vacation, have bought and paid for a trip to the Mediterranean, and have had to cancel it. Like, that is how it is. I have accepted this. I think it is worse for those I live with, than for me (IP 18).

The interviewed managers could decide their working hours, but doing so often conflicted with private demands. The managers express that they do not have time to do everything they want to and must prioritize carefully to manage frictions that arise between work, family and leisure interests. Taking part in their children's school life and extracurricular activities is mentioned as one example of this type of difficulty. Time off is often negotiable, and the managers often find it difficult to prioritize time for recreation or family commitments:

> Now I have begun to turn off the ringer on my telephone when I come home, because then I don't have to see if some mail has come or something, or so […] but then I see it in the morning instead (laughs). Before I didn't do that; rather, I could become annoyed when I was at home […]. I can't have it like this anymore – Argh – no! I have made up my mind (laughs) (IP 7).

Managers find that it is difficult to disconnect when away from work. Things might occur at work that demand attention and immediate action. Such a situation makes it difficult to lower demands on one's accessibility at work. The interviewed mangers express that they are the "company lawyer" and must always represent the enterprise.

It can be difficult to demonstrate distinct management because employees can become insecure and frightened of making mistakes if their managers are not sufficiently clear. The interviewed managers expressed that they had to be distinct and firm, although they might feel insecure on the inside:

> Yes, above all the importance of being clear […]. And I have thought along these lines when I came here […]. That you are clear as a leader and in what you want as well. Clear when you give criticism, clear when you give praise. I think I have actually become that, much better in recent years here (IP 8).

Discussion
The interviewees in this study were managers in diverse branches and enterprises in SSEs. The interviewed managers, across sectors and enterprises, underlined the need to focus and create latitude if they as managers are to succeed in WHM. They addressed WHM as an outcome of both individual and organizational measures. According to the first research question about prerequisites to WHM, managers strive to balance between requests from individual employees and requests from the working staff as a group. Managers must also consider to balance between inter-organization tools to develop good prerequisites for WHM. In this way they could develop a corporate healthy workplace that provides good possibilities for WHM. This finding demonstrates that managers rely on staff who practice a high degree of solidarity and flexibility and on social commitment and engagement. Managers must also focus on the well-being and good health of each employee and maintain a good psychosocial working environment when possible. The workplace must be safe, allowing employees to show care and trust, be loyal and enjoy humour. These premises were important to the interviewed managers for successful WHM. Managers in SSEs should focus on upstream factors (LaMontagne et al., 2007; Gehlert et al., 2008) to promote good health in the workplace. Managers in this study encourage upstream factors for developing a positive working environment to develop healthy working conditions. Thus, the managers strive to use a holistic approach to WHM.

The interviewed managers' strategy is multi-focussed (Dellve et al., 2007), and their efforts largely correspond with terms and perspectives that the research literature points to as important conditions for a healthy workplace (Wilson et al., 2004; Torp et al., 2011).

Managers in this study participated in an intervention focussing on WHM; thus, they might be relatively positive towards health promotion at the outset. Their possibilities for working with WHM also had limitations, however, which is in accordance with other studies (Frick et al., 2000; Stokols et al., 2002; Gunnarsson et al., 2007). Meggeneder (2007) and ENWHP (2001) claim that the specific organizational characteristic of a flat hierarchy in SSEs enables participation and a good flow of information, which in turn contribute to good

possibilities for WHM to be successful. The interviewed managers confirm that these characteristics are important for their possibilities for success in WHM. They closely interact with employees to create trust and maintain a good dialogue. The findings lend support to ENWHP (2001), which argues that managers control working conditions in the workplace and that the family atmosphere and simpler organizational structure can be advantageous for the possibilities for WHM in SSEs.

According to the second research question about possibilities and obstacles for WHM, the interviewed managers' preconditions for WHM are that they must be process-oriented and open to dialogue and communication with employees. However, they experience challenges and complexity when cultivating WHM because they have limited arenas to discuss HR issues and are lonely problem solvers. Nevertheless, the managers in this study give this need priority and consider employee health an important measure of success for the company. They are accessible to their staff and can respond to their needs. This accessibility is reinforced when managers work alongside their employees as co-workers, giving them access to additional information. The interviewed managers focus on communication skills and close contact and use a relational and communicative approach to work with WHM. This approach creates possibilities for a relational focus. Highly relationship-oriented manager behaviour is associated with positive employee health outcomes (Nyberg *et al.*, 2005; Yukl, 2009; Larsson and Vinberg, 2010).

The interviewed managers identify certain challenges for WHM when conversations with employees are aimed at altering employee behaviour because of their closeness to the staff. However, the analysis shows that managers experience an ability to work with these issues through empathy and care for their employees. Moreover, the analysis shows that managers are successful when they use entrepreneurial skills in WHM, e.g., innovative, open-minded and action oriented.

In this study, managers know their staff and their preferences well in addition to being aware of possible frictions in the working environment that can arise. Managers are therefore not discouraged and do not lack the capacity to address health issues or prevent poor health from developing among employees, as Moser and Karlqvist (2004) suggest. In this study, the managers are aware of the possibilities and obstacles in WHM. Although they have few in-house resources or hours to spend on occupational health and safety issues, the interviewed managers stimulate self-steered task management and a flexible and solidaristic work environment, which is in accordance with Stokols *et al.*'s (2002) argument that SSEs provide a highly advantageous context for promoting health.

Conclusions and implications

In conclusion, the findings show how SSE managers approach WHM, their obstacles and possibilities and which preconditions they have for working with these issues in their enterprises. In this study, we conclude that managers in SSEs are able to find solutions to WHM challenges when they identify the challenges that impede the creation of a health promoting corporate culture. Our study reveals that the SSE managers encourage upstream factors and use multi-focussed strategies and relation-oriented behaviours when trying to create a health-promoting culture. This result is not in accordance with earlier research stating that SSEs and their managers have limited resources and competence to create health promoting workplaces and to address occupational health issues. Instead, the study results show that the managers have a mature approach and willingness to create a good working environment. However, the managers indicate challenges and obstacles related to financial limits, work environment and rehabilitation legislations and demands on them to perform many tasks, while being alone in the leader position. These results are partly in accordance with the results of studies examining incentives that influence managers to engage in workplace health interventions in larger enterprises and organizations (Martinsson *et al.*, 2016).

One implication of our study is that it is important to take all incentives into consideration when trying to understand a SSE manager's decision-making processes for WHM and to bridge the gap between incentives suggested by research and those used in practice. The second implication is that there is a need for SSE managers to exchange experiences and discuss workplace health issues with other managers from the same and different sectors. This dialogue could be accomplished by developing local and regional networks dedicated to these issues; such network activities have shown to be long lasting if trust and close relations exist between the network members (Antonsson *et al.*, 2002; Street and Cameron, 2007). The third implication pertains to the importance of developing adapted models and strategies with which occupational health services can support SSEs and their managers, given that currently there is only limited cooperation between SSEs and providers of OHS in Norway and Sweden (Josefsson and Kindenberg, 2004; Moen *et al.*, 2015; Vinberg *et al.*, 2017). OHS consultants should be able to support the managers concerning goals and evaluation of WHM processes and competence for dealing with e.g. work group conflicts, recruitment and communication with co-workers. Of importance is also that the managers get support for improving their own working conditions, work-life balance and that they frequently can discuss and reflect about leader styles with these consultants and other human resource consultants. A final implication is that future research on work life to a higher degree should focus on prerequisites and tools for WHM in SSEs using both quantitative and qualitative approaches.

Acknowledgment

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