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Schön Persson, Sophie

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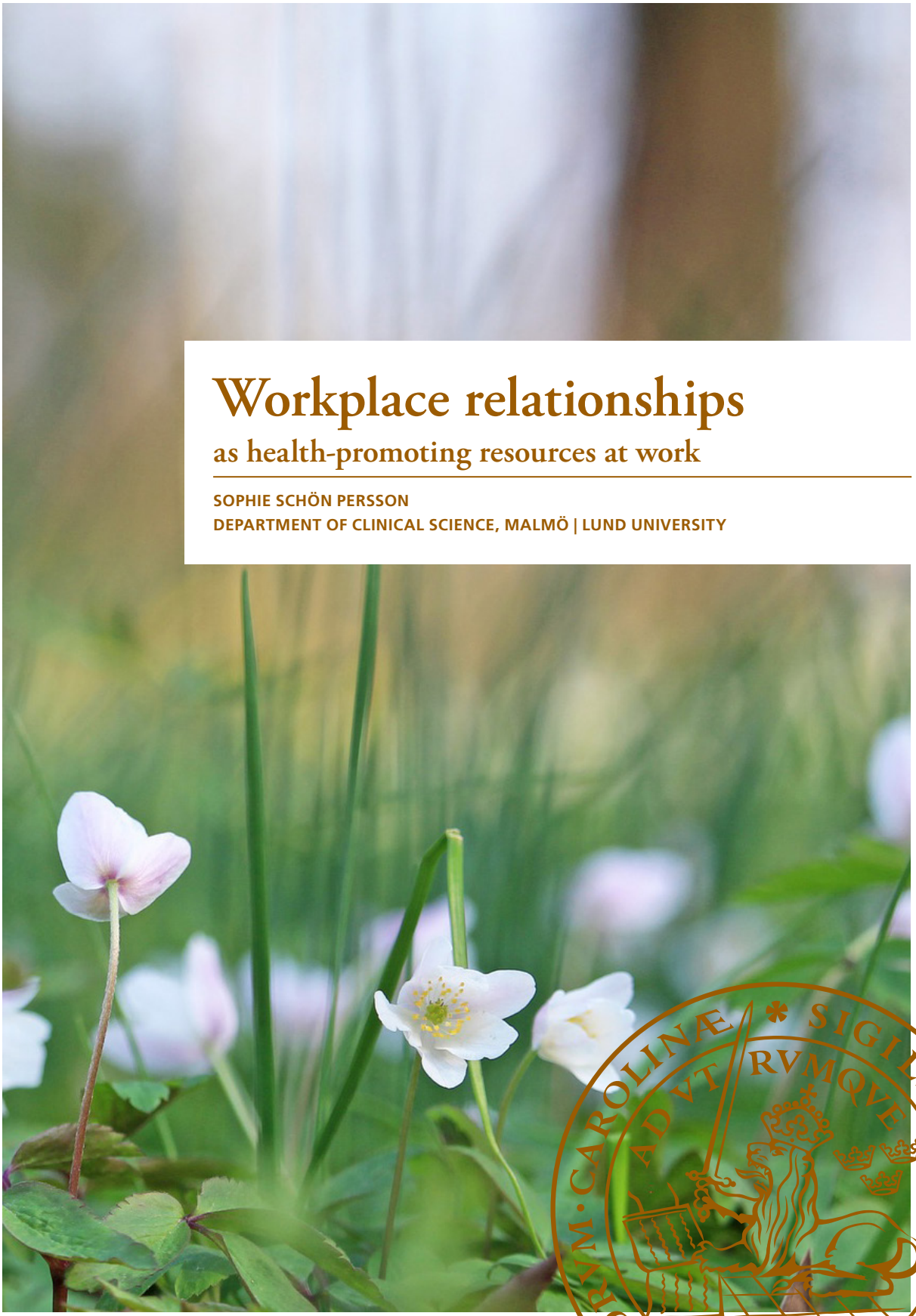

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SOPHIE SCHÖN PERSSON
DEPARTMENT OF CLINICAL SCIENCE, MALMÖ | LUND UNIVERSITY

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Sophie Schön Persson

LUND
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Abstract

The purpose of this thesis was to explore workplace relations as resources for health and well-being from a salutogenic perspective. The studies have been carried out within a municipal healthcare organization between 2012 and 2016 together with healthcare employees. Both qualitative and quantitative methods have been used in the thesis process. Methods that have been used for data generation have been two individual interviews using thematic respectively hermeneutic analysis, questionnaire analyzed with multiple linear regression and multistage focus group interviews analyzed by using deductive content analysis.

The results indicate that relationships with care recipients, colleagues and managers were important to the employees' health and contributed to the well-being of the employees. The opportunity and time to be able to be personal in the relationship with the recipient were important prerequisites for the relationship to arise and be maintained. Belongingness with colleagues was an important prerequisite for the employees' health and well-being, where the relationship with the manager could be a means of promoting belongingness among colleagues. The result also showed that the relationship between employees and managers can be a resource for performing a good job. Different expectations of each other in the relationship, an increased awareness of each other's perceptions and role expectations are prerequisites for creating promoting relationships between the employees and the managers. The thesis also suggests that formal and informal meetings can be a resource for improvement work at the workplace. Multistage focus groups turned out to be an opportunity to explore and understand workplace relationships as a resource, using the Flourishing theory, in health promotion efforts and improvement work.

The number of elderly people is increasing in the population and elderly care has already a strained workload, why it is urgent to pay more attention to the salutogenic aspects for employees in elderly care. By promoting workplace relationships, the health and well-being of health care employees can be promoted, as well as contribute to thriving workplaces.

Key words

Workplace health promotion, workplace relationships, health care employees, salutogenesis

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Sophie Schön Persson

LUND
UNIVERSITY

Faculty of Medicine
Department of Clinical Science, Malmö

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I Schön Persson, S., Nilsson Lindström, P., Pettersson, P., Nilsson, M. & Blomqvist, K. (2018). Resources for work-related well-being: a qualitative study about healthcare employees' experiences of relationships at work. *Journal of Clinical Nursing. 27*, 4302–4310. doi: 10.1111/jocn.14543

II Schön Persson, S., Nilsson Lindström, P., Pettersson, P., Andersson, I. & Blomqvist, K. (2018). Relationships between healthcare employees and managers as a resource for well-being at work. *Society, Health and Vulnerability. 9,* 1–9. doi: 10.1080/20021518.2018.1547035

III Schön Persson, S., Nilsson Lindström, P., Pettersson, P. & Andersson, I. (2018). Workplace relationships impact self-rated health: A survey among Swedish municipal health care employees. *Work. 60*, 85–94. doi:10.3233/WORK-182721

IV Schön Persson, S., Blomqvist, K. & Nilsson Lindström, P. Positive Workplace Relationships based on the Flourishing Theory. (Submitted).

Abbreviations

EUHPID	European Community Health Promotion Indicator Development
GRR	Generalized Resistance Resources
SER	Specific Enhancing Resources
SHIS	Salutogenic Health Indicator Scale
SOC	Sense of Coherence
WEMS	Work Experience Measurement Scale

Summary of the four papers – At a glance

Paper I explores experiences of work-related relationships among healthcare employees from a salutogenic perspective. The employees' experiences of the relationships with care recipients and colleagues were in focus. Moreover, when the relationships enhance well-being, prerequisites for such relationships to occur were explored. Twenty-three individual interviews were performed within municipal healthcare in Scania in the south of Sweden.

The interviews were thematically analysed and two themes were identified as resources for promoting relationships between employees and care recipients or colleagues: Being personal – a close interpersonal relationship to a care recipient; and Colleague belongingness – a sense of togetherness within the working group. Being personal reflected the process of attachment that resulted in a closer interpersonal relationship. Prerequisites for a close interpersonal relationship with care recipients were: being personal without being too private, quality time together, providing long-term care and providing additional care. Colleague belongingness was interpreted as enhancing well-being because it satisfied a human need to be confirmed, to belong and be respected. Prerequisites for colleague belongingness were: trust, mutual responsibility and cooperation. The study provides an empirical base to raise awareness of relationships as resources for well-being at work. The findings give a valuable contribution to how, when and prerequisites for relationships to care recipients and colleagues to be enhancing in workplace health promotion with care recipients and colleagues. Relationships in healthcare are vital resources that must be considered in workplace health promotion to create sustainable workplaces and well-being at work.

Paper II explores the relationship and its possible contribution to well-being between employees and managers in municipal healthcare. To gain a better understanding of the relationship twenty-seven individual interviews were conducted with healthcare employees (n=23) and managers (n=4). In order to reach a deeper understanding and explore similarities and differences in employee and manager experiences, a comparison and tentative analysis inspired by hermeneutics was used.

The findings revealed similarities as well as considerable differences between employees and managers in their experiences. The relationship between the employees and the managers are both a resource for doing a good job and a means for achieving belongingness at work. Two themes emerged from the interpretation of the text: Health-promoting relationships characterized by asymmetry and by a manager that stands outside the group; and Health-promoting relationships characterized by mutuality and symmetry and by a manager that is part of the group. The study highlights well-working aspects of the relationship required for enhancing relationships between employees and managers. The findings indicate that that raised awareness and role expectations through dialogues may be a way to develop workplace health promotion.

Paper III explores the association between health and relationships among elderly care employees using a salutogenic perspective. A web-based survey was performed in 2015 in a Swedish municipality. The questionnaire was sent to 997 employees in special housing, home care and disabled support and services, of whom 689 completed the survey. The survey was a continuation of the two first qualitative studies (Paper I and Paper II) of health-promoting workplace relationships. In the questionnaire established and validated salutogenic oriented questions on work-enhancing experiences was used, as well as newly developed issues based on the results in Studies I and II. To measure the participants' experiences of general work-related experiences, we used the Work Experience Measurement Scale (WEMS).

In the analysis a multivariable linear regression model showed four significant predictors of health: general work experiences, colleague belongingness and positive relationships with managers and care recipients. In another model, colleague belongingness was significantly related to satisfaction with care recipients, work experiences, length of employment as well as general work experiences and relationships with managers. The results of the study significantly show that, besides the importance of positive general work experiences, specifically positive work-related relationships also seem to be an essential area for employee health promotion. The results show that the relationships associate with each other, and thus it seems important to take different relationships into account in workplace health promotion. The results indicated that colleague belongingness may be deepened by development of a positive work climate, including satisfactory work experiences, positive manager relationships and a stable workforce.

Paper IV explores what is required for workplace relationships in a municipal health care context to flourish, by using the Flourishing Theory, and secondly to explore the caring staff's suggestions for improvement work. The study tests the hypothesis that the Flourishing Theory is usable in workplace health promotion. Four multistage focus groups (n=26) were conducted with special housing healthcare employees in municipal age care settings in Sweden.

The Flourishing Theory was used as a theoretical framework to identify the employees' suggestions and expressions for improvement in work. The findings showed that the formal and the informal meeting were the two main development areas containing positively perceived relationships contributing to a health-promoting workplace. The study presents an opportunity to explore and understand how to use the Flourishing Theory as a starting point for suggestions and expressions for improvement work. The study contributes to workplace health promotion with a salutogenic focus on how to explore workplace relationships as resources and how the relationships with the assistance of the Flourishing Theory and multistage focus groups could contribute as a resource to workplace health promotion.

Preface

Public media as well as the scientific discourse show a picture of a strained work situation for healthcare employees, with negative psychosocial work environment and relational conflicts at work often mentioned as an important aspect. As an increasing proportion of the population becomes older, the need to employ healthcare personnel is increasing and efforts to retain healthy competent employees in elderly care are needed. Despite the negative image of the psychosocial work environment and despite the strain, there are employees who remain and enjoy their work. Since I myself worked extra as a care assistant, this positive image fits my own image of the work situation. There is a need to address deficiencies in the employee's work environment but also to focus on what makes the employees feel well and remain in their workplace. In public health science, and especially in health promotion, the salutogenic perspective is invoked. The salutogenic perspective means focusing on resources for health and well-being as a complement to focusing on risk factors for ill health. With this as a foundation, this thesis adopts a salutogenic perspective by focusing on workplace relationships as resources for health and well-being, among healthcare employees in a municipal healthcare context.

During my doctoral education in public health, I have gained a deeper insight into the salutogenic approach and what it is that creates health. I have also gained a deeper insight into the importance of starting from the perceptions of those concerned to reach out with a message or achieve a sustainable change, that is, changes that have the potential to be maintained. With this background, I was happy to have the opportunity to engage in the present research. Assumptions that have guided me throughout the process of this thesis are that relationships in the workplace affect both the organization and the individuals, that individuals in the organization have deep knowledge about the context being studied and that by involving them in the research process they will be empowered and have the opportunity to influence changes. It is my hope that my research will contribute to improving the views of relationships as resources at work and that this knowledge may lead to strategies for interventions in health promotion work.

Introduction

This thesis focuses on relationships in the workplace and how relationships can promote the health and well-being of healthcare employees. The healthcare sector in Sweden has undergone major changes and the psychosocial environment and the workload in healthcare work is often described as extensive with an increasing number of employees taking both long-term sick leave and disability pension (Social Security Report, 2018). The healthcare profession is largely comprised of many different relationships, which often are presented as stress factors that adversely affect today's working conditions in the healthcare sector. Relational problems and insufficient management together with other risk problems such as time pressure and demands of efficiency improvements can lead to adverse health and well-being (Han, Trinkoff & Gurses, 2015; Bornemark, 2018; Social Security Report, 2018). In addition, there is great problem in the healthcare sector of recruiting and retaining competent employees in the care of the elderly. As the proportion of older people also is expected to increase when the population becomes older, something has to be done about the situation (Social Security Report, 2018).

Research shows that there is a need to address deficiencies in the employees' work environment and how the relationships have a negative impact on the work situation (Heinen, van Achterberg, Schwendimann, Zander, Matthews, Kózka et al., 2013; Clausen, Tufte, Borg, 2014). This research has contributed a great deal of knowledge about the pathogenic perspective of preventing ill health, but this knowledge is less relevant when it comes to ways to increase motivation and meaningfulness at work (Aronsson, Gustafsson & Hakanen, 2009). There is also a need to focus on what makes the employees feel well and stay in their workplace (Bauer, Davies & Pelikan, 2006). There is also other research which shows that healthcare workers experience the relationships as positive (Orrung Wallin, Jakobsson & Edberg, 2012) but knowledge of how these relationships function as resources and can be maintained, requires more focus. Therefore relationships in the workplace need to be further explored from a salutogenic perspective. When using a salutogenic perspective, health-promoting resources are in focus (Antonovsky, 1987a). Both a salutogenic and a pathogenic perspective are important in health research, but they focus on different health aspects. Since the pathogenic risk perspective has gained a larger place in research, the focus on the salutogenic resource perspective was considered suitable for this thesis.

From a workplace health promotion perspective, research with focus on employees' promotion of health needs to be addressed (European Network for Workplace Health Promotion [ENWHP], 1997). Individuals who have a job spend a large part of life in the workplace, and therefore the workplace is a valuable setting for health promotion (WHO, 1991; Chu, Bruecker, Harris, Stitzel, Gan, Gu & Dwyer, 2000). The national objective of Swedish public health policy is to create the conditions for good and equal health, where workplaces, working conditions and the working environment are important domains in the health promotion work (Socialdepartementet, 2017). Rydstedt, Head, Stansfeld and Woodley-Jones (2012) have found an association between workplace relationships and self-rated health. It is not fully understood, however, how social relationships affect health and there is still a need to use a salutogenic perspective to improve the understanding of how workplace relationships occur and what is required for the relationships to function as a resource for employees (Härenstam, 2010a; Rydstedt et al., 2012).

One way to explore well-being and what is required for positive relationships to occur is to start from the experiences of the individuals' situation in the specific context (Stoecker, 1999). To let the individuals be involved in the research process is an approach in workplace health promotion and preferred as significant both for increasing awareness and empowering participants to achieve sustainable changes (WHO, 1986; Eriksson & Lindström, 2008). Therefore, to achieve health-promoting workplaces a participatory approach to positive relationships at work can be used (Poland, Krupa & McCall, 2009). In addition, using participatory approaches with the salutogenic perspective are called for, to increase knowledge and practice about strategies for creating workplaces that enhance the employees' health (ENWHP, 1997; Torp, Eklund & Thorpenberg 2011). This thesis was carried out as a participatory approach with a salutogenic perspective in order to provide increased knowledge about relationships as resources in the workplace and practice features that enhance employees' health.

Background

Health in a salutogenic direction

A main distinction between different health approaches is often drawn, depending on whether they have a pathogenic or a salutogenic perspective (Medin & Alexandersson, 2000). A perspective in health research frequently used is the pathogenic perspective with a focus on identifying risk factors for ill-health prevention, the causes or development of a disease (Antonovsky, 1987b; Medin & Alexandersson, 2000). In the salutogenic perspective, health and ill health are considered as two end points on a continuum. The pathogenic and the salutogenic perspectives of health development are both significant from a public health point of view, but the approaches are different (Antonovsky, 1987b; Bauer, et al., 2006).

This thesis focuses on experiences where subjective health is expressed in terms of self-rated health and well-being. Health is therefore interpreted as a positive concept viewed from the individual's perspective. Health is seen as a resource in people's everyday lives. A central part of health is to be empowered, which contributes to a person's ability to achieve his or her realistic and vital goals. The definition of health by Bringsén (2010) is used *'… a positive, subjective experience of oneself as a whole. Health can be measured by using individuals' feelings/experiences of physical, mental and social well-being as indicators, and health serves as a resource for the individual when dealing with the various strains of everyday life or pursuing individual goals. Health can be promoted through the individuals' positive experiences as well as emotions, and illness is important because it may restrict an individual's ability to act.'* (p. 14).

Health is described in many ways according to different perspectives and there is no clear definition of the concept of health (Green, Cross, Woodall & Tones, 2019). One of the most commonly used definitions of health is the definition by the World Health Organization (WHO): 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO, 1948). The Ottawa Charter for Health Promotion in 1986 expanded the WHO health definition to more than a certain state, to include health as a resource in daily life and as a positive concept emphasizing social and personal resources (WHO, 1986). The Ottawa Charter has been guiding and inspiring for health promotion work. Eight subsequent international congresses have further clarified the relevance of key strategies and examined healthy

public policy making [1988] (WHO, n.d.), encouraged the creation of supportive environments and highlighted the importance of the interaction with one's environment and supportive environments for the health development work (WHO, 1991). The conferences have highlighted what is needed to meet the future challenge and address determinants of health [1997; 2000] and have clarified actions areas [2005] (WHO, n.d.). Further have the conferences called for action to close the implementation gap between evidence and its concrete application in health development [2009], established guidelines for concrete measures and highlighted the need for peoples' ability to control their own health, for sustainable development [2013; 2016] (WHO, n.d.).

Well-being

The concept of well-being is just as complex as the concept of health (Seedhouse, 1995). People express how they feel in terms of well-being just as often as in terms of health depending on their own experiences and perspectives. Since this thesis focuses on the healthcare staff experiences of relationships at work, this is usually placed in relation to both health and well-being. In this thesis well-being is interpreted as one of the possible positive subjective experiences of health (Kahneman, Diener & Schwartz, 1999; Antonovsky, 1987b). Inspired by Seedhouse (1995) well-being is seen as a two-part construction with a cognitive part and one spontaneous experience part, interpreted in this thesis as our ability to cope with life's adversities and make the most of life's opportunities and to flourish and feel good both individually and collectively.

The philosopher Gadamer (2003) believes that a person's well-being appears in the individual's behaviour. Gadamer, Weinsheimer and Marshall (2004) describe how well-being is more of a condition expressed by an individual's behaviour by being engaged with his fellow human beings and friends and being diligently and fruitfully engaged in everyday tasks. Diener et al. (1998) and Carlisle and Hanlon (2007) have another description of well-being as consisting of subjective happiness, which is assessed by three components: the presence of a positive mood, the absence of a negative mood, and life satisfaction.

The concept of empowerment is central to well-being as well as to the definition of health (Green et al., 2019). To achieve positive health empowerment can be seen as a means and can also be seen as a key component of positive health (Wallerstein, 2006). Empowerment is considered to have an indirect effect on health by influencing possession of power and control (Laverack, 2006). The sense of control could be seen as a vital part of positive health and as a state in its own right for individuals but also communities (Green et al., 2019). Empowerment is central to individuals' health and well-being and is also a core value in health promotion (WHO, 1986).

Health Promotion and Workplace Health Promotion

Health promotion is committed to improving the health of the population within public health (Bauer et al., 2006). The WHO Ottawa Charter from 1986 has been used as a framework for health promotion, and it urges that health promotion is the process of enabling people to increase control over and to improve their health (WHO, 1986; Bauer et al., 2006). The salutogenic perspective shares several elements as equally important within health promotion and the Ottawa Charter, as for instance seeing participation and equality as prerequisites for creating health (Eriksson & Lindström, 2008). Health promotion activities are based on the contexts that people live in, to create equal conditions and to emphasize empowerment processes to improve health and well-being (WHO, 1986; Winroth & Rydqvist, 2002; Korp, 2016). Empowerment as one of the core values in health promotion can be seen as a means of attaining health promotion goals through learning and thereby achieving increased autonomy and increased awareness (Naidoo & Wills, 2000; Askheim & Starrin, 2007).

Another central theme in health promotion is the settings approach, which can be described as contexts such as workplaces and schools where people engage in daily activities. Health is affected and created where people are active, and through the setting it becomes possible to apply a promotion strategy in a limited and thus manageable context where people with common conditions are together (WHO 1991). The Ottawa Charter presents five key action areas, one of which is to create supporting environments for health (WHO, 1986). Further conferences after the Ottawa Charter have contributed to the development of the health promotion movement. The Third International Conference on Health Promotion, Sundsvall (WHO, 1991), stressed the importance of sustainable development and supportive environments of health settings that enable people to expand their ability, control and self-confidence. The assumption is that health is created and lived by people within the settings of their everyday life (WHO, 1998). Considering that most people spend much of their time in the workplace, the workplace is one of the most important settings for the promotion of health (WHO, 2017). Workplace health promotion (WHP) emanates from the concept of health promotion with an adherent salutogenic perspective. Workplace health promotion aims for healthy employees in healthy organizations (ENWHP, 1997). To achieve this, the European Network of Workplace Health Promotion (ENWHP) suggests focusing on participation by employee involvement in health promotion interventions (ENWHP, 2005). Both Levi (2009) and Shain and Kramer (2004) state that in order to increase the possibility of sustainable changes, the individual's experience of the specific work situation should be the starting point for the intervention. Although this was already mentioned in the early 2000s, WHP interventions using a holistic and supportive environment are still limited (Torp, et al., 2011).

Increased control, active participation and empowerment over the working environment increase employee understanding and play an important role for the employees' health and well-being (Sverke, 2009; Sparks, 2010). The work environment includes a wide range of organizational and social determinants for health, with leadership, communication, participation and social relationships as some of the main factors (Frick, 2004; Kouppala, et al., 2008; Bronkhorst, et al., 2014).

Workplace relationships as a resource for health and well-being at work

Social relationships are one of the most important sources of well-being (Dutton & Regins, 2007; Umberson & Montez, 2010; Arnold & Boggs, 2016; Johnson, Robertson & Cooper, 2018). Diener (2011) found, in a review of cross-national studies of the sources of well-being, that social relationships were the only factor that consistently predicted subjective well-being in every country studied. Likewise, and almost without exception, theories of psychological well-being include positive relationships as a core element of mental health and well-being, and most theories view positive relationships as a determinant of well-being (Keyes, 1998). On the other hand, relationships are one of the main factors that create stress and ill health and this negative perspective is the most commonly studied (Dagget, Molla & Belachew, 2016; Sarafis, Rousaki, Tsounis, Malliarou, Lahan, Bamidis & Papastavrou, 2016). Loneliness, isolation and bullying lead to ill health, while good relationships provide security, affirmation and trust and support, which are intimately associated with life expectancy and feeling well (Marmot & Wilkinson, 2006). Medically, relationships are a determinant that affect how we can handle stress, how we can physiologically resist infections and cardiovascular problems and have been shown to affect health to a greater extent than diet and exercise (Uchino, 2006; Holt-Lunstad, Smith & Layton, 2010). As one of the most important sources of well-being, relationships need to be highlighted from several different perspectives and studies from a salutogenic perspective are called for (ENWHP, 1997; Noblet & LaMontagne, 2006; Härenstam, 2010b).

Relationships at work have been shown to have an impact on both organizational sustainability and the individuals in the organization. At the organizational level workplace relationships have an impact on the entire system (Öquist, 2018). Further, there is a mutual dependency between a system's different parts, in order for the whole to work (Öquist, 2003; Winroth & Rydqvist, 2008; Svedberg, 2016). Winroth and Rydqvist (2008) describe how health interacts and depends both on conditions within the individual and on the interaction of relationships in the organization. They argue that different levels at the workplace such as organizational, group and individual level

can be seen as different systems that have an influence on each other. At the individual and group level positive workplace relationships affect the way we feel at the end of the day, and are important for social acceptance and for creating trust (Bringsén, Andersson, Ejlertsson & Troein, 2012; Arnold et al., 2016). Studies suggest that belongingness with colleagues is an important factor whereby employees perceive that they are valued, respected and accepted by others in their organization (Sias, 2009; Dickson-Swift, Fox, Marshall, Welch & Willis, 2014;). With the help of colleague relationships, there is a greater possibility of achieving common goals in the work when support structures exist in the organization and trust is created between employees (Dellve, Skagert & Vilhelmsson, 2007). In order to develop an identity and meaning at work, we need social support. Social support has long received attention in the field of health promotion, and together with reasonable demands, and that the individual has a sense of control over the situation, these are important factors for occupational health (Johnson & Hall, 1988; Karasek & Theorell, 1990). Workplace relationships are close to the concept of social support, but they differ in some aspects. While social support is mainly related to the extent to which one feels support from managers and colleagues in work-related tasks, workplace relationships incorporate the general quality of the workplace climate beyond and independently of work-related support (Sias, 2009; Adkins, Quick & Moe, 2000; Rydstedt et al., 2012). In line with this last description, the definition of workplace relationships in this thesis is the experienced positive and promoting workplace relationships independently of work-related support.

Healthcare employees

Most of the research in the field of healthcare employees' health identifies risk factors such as time pressure, sense of inadequacy and relational problems (Hertting, Nilsson & Theorell, 2005; Josefsson, 2012; Dagget, Molla & Belachew, 2016; Sarafis et al., 2016). Previous studies have often had quantitative starting points for exploring experiences of relationships as risk factors, and have measured factors such as lack of support in the workplace, insufficient leadership and relationship problems and how these various factors contribute to perceived ill-health (Kouvonen, Oksanen, Vahtera, Stafford, Wilkinson, Schneider et al., 2008; Waldenström, 2010). Furthermore, studies on relationships at work often focus on conflicts that lead to depression and turnover (Heinen, et al., 2013; Clausen, et al., 2014).

Research on the strengthening and health-promoting aspects is not as frequent as ill-health oriented research within the healthcare field. However, a number of resources have been identified as important for well-being among employees and for positive experiences and motivation in work. These include good relationships with care recipients (Orrung Wallin, Jakobsson & Edberg, 2012), feeling belongingness with colleagues (Brunetto, Xerri, Shriberg, Farr-Wharton, Shacklock, Newman & Dienger,

2013; Mohamed, Newton & McKenna, 2014) and an enhancing leadership (Nilsson, Andersson, Ejlertsson, Troein, 2012; Westerberg & Tafvelin, 2014). Nevertheless, within the field of workplace health promotion there is a lack of qualitative scientific evidence concerning workplace relationships from the salutogenic perspective among healthcare employees (Lindberg & Vingård, 2014).

To conclude, studies have shown that factors at work such as the relationships, collaboration and a positive environment are important to feel meaning and to achieving sustainable work groups (Dellve, Lagerström & Hagberg, 2003). There remains a need to improve the understanding of how positive work relationships can act as a resource contributing to employee well-being (Carmeli, Brueller & Dutton, 2009; Rydstedt et al., 2012; Zhang, Punnett & Gore, 2014). This thesis focuses on relationships as health resources among healthcare employees, and takes workplace relationships that work well and make employees feel good as a starting point for improvement work.

Aim

The overall aim was to explore, from a salutogenic perspective, workplace relationships as resources for health and well-being, among healthcare employees in a municipal healthcare context.

Objectives

- To explore healthcare employees' experiences of workplace relationships to care recipients from a salutogenic perspective (Paper I)
- To explore healthcare employees' experiences of workplace relationships to colleagues from a salutogenic perspective (Paper I)
- To explore experiences of workplace relationships between employees and managers from a salutogenic perspective (Paper II)
- To explore the association between salutogenic workplace relationships and self-rated health among employees in municipal healthcare (Paper III)
- To explore what is required for workplace relationships in a municipal healthcare context to flourish and to describe the caring staff's suggestions for improvement work (Paper IV)

Conceptual Framework

Three theoretical frameworks have been of particular importance for this thesis. From the outset the salutogenic perspective and the participatory approach were used as frameworks, throughout the research process. In study IV the Flourishing Theory, related to positive psychology, was used in a deductive analysis to explore and increase the understanding of workplace relationships.

The salutogenic perspective

Antonovsky (1987b) questioned the prevailing pathogenesis paradigm and contributed the health perspective with salutogenesis. He considered the origin of health and how different resources support a development towards health (Antonovsky, 1987b; Eriksson & Lindström, 2008; Jenny, Bauer, Vinje, Vogt & Torp, 2017). Antonovsky viewed health as a movement in a continuum on an axis between two end points of total ill health (dis-ease) and total health (ease), and argued that people are all constantly moving in this continuum (Lindström & Eriksson 2005; Mittelmark & Bauer, 2017). Salutogenesis can be regarded as an umbrella concept that includes various theories and concepts with salutogenic elements (Lindström & Eriksson, 2010; Eriksson 2015). The Sense of Coherence (SOC) and the generalized resistance resources (GRRs) are core concepts within the salutogenic model of health that explain the movement towards the health pole of the continuum of ease and disease (Antonovsky, 1996). Antonovsky found that people have different resources that explain how an individual successfully manages and remains healthy despite being exposed to different stressors in life. He used the term named generalized resistance resources (GRRs) for these resources. The GRRs refer to resources such as personality traits, social networks and material wealth (Antonovsky, 1987b). GRRs comprise the characteristics of a person, a group, or a community that facilitate the individual's abilities to cope with stressors and contribute to the development of the individual's sense of coherence (SOC) (Idan, Eriksson & Al-Yagon, 2016). SOC is about people's ability to assess and understand the situation they are in and their accessibility to three components called comprehensibility, manageability and meaningfulness (Lindström & Eriksson, 2005). Individuals' experiences of comprehensibility, manageability and meaningfulness affect the coping of psychosocial stressors in life (Antonovsky, 1987b; Porter, 2009; Chan, 2014).

Antonovsky expressed systems theory thinking and he saw the individual in interaction with the environment and context. He stressed that the sense of coherence concept can be applied at different system levels, from an individual level to a societal level (Eriksson, 2016). In a workplace context, comprehensibility refers to the ways in which individuals perceive their work situations as structured and understandable. Manageability is about having the resources to cope with demands that arise in daily work, while meaningfulness is related to individual motivation and to what extent the individuals are prepared to invest energy in their work (Jenny et al., 2017).

In public health science, and especially in health promotion, the salutogenic perspective is invoked since a majority of research in the field uses the pathogenic perspective (Bauer et al., 2006). Both perspectives are needed in order to address different aspects of public health. In order to raise the promoting aspects of public health and health promotion, this thesis adopts a salutogenic perspective.

The participatory approach

The research process in this thesis uses a participatory approach with the intention to contribute to development and change for the people involved. A participatory approach has the intention to enable participants to extend their understanding of issues and to empower them to use their new knowledge (Stoecker, 1999; Reason & Bradbury, 2008). A participatory approach is an element of the settings approach in workplace health promotion interventions and is important for action to take place. It aims to accomplish a change already during the on-going research process (Stoecker, 1999). Thus, participatory projects may have the dual purpose of enabling people to extend their understanding of the changing processes and bringing about changes in praxis (Stoecker, 1994; Rönnerman, 2004; Stringer & Genat, 2004).

One approach within the participatory paradigm is action research (Stringer & Genat, 2004). One of the intentions in action research is that the participants together with the researcher will be active in the research process and that the research in some way should contribute to some kind of change (Reason & Bradbury, 2008). A change can be a practical change in the organization, but the change can also be about learning and empowerment among the participants (Rönnerman, 2004). This has been an action research project with the intention to increase the participants' empowerment through the interaction and to use the valuable knowledge of participants to make suggestions and some changes aimed at improving practice. One risk factor in action research is that that power relations between the organization, researcher and participants complicate the work and end up in a top-down approach with too much focus on the action part and not enough on the aspect of interaction between the participants and the researcher (Hursh, 2014). With regard to this aspect, the intention through the

project process was to focus on the interaction between the participants and the researcher, to gain increased insight into the salutogenic aspects of relationships at work among the participants. Altrichter et al. (2002) describes how just by highlighting an issue, a process and a development of the participants' thoughts is started, and an increased insight evolves even though no major change is accomplished.

Flourishing

Flourishing is a central concept within the context of positive psychology (Keyes, 2002), included in the umbrella concept of salutogenesis. Positive psychology originates from work psychology and working life research with a long tradition of research on risks and other negative problems in the work environment (Seligman & Csikszentmihalyi, 2000). Seligman and Csikszentmihalyi (2000) describe the aim of positive psychology as focusing on building positive qualities and not only reducing risks and problems. Thus, positive psychology is similar to the salutogenic paradigm, and both are connected to the promotive approach in public health (Joseph & Sagy, 2017). Positive psychology studies factors and processes that positively influence individuals, and assumes that health is a resource for life and opens ways for solutions and in terms of personal growth, thriving and well-being (Keyes, 2002).

Flourishing is a theory to understand what contributes to health promotion and thriving (Keyes, 2002). Keyes (2002) describes how flourishing people feel a sense of personal development and have a sense of self-determination. McCormack and Titchen (2014) described flourishing in terms of when persons engage and develop their physical, mental, social, spiritual and creative minds by engaging in meaningful activities with their relationships with others. According to Seligman (2011), flourishing moves beyond the limits of happiness and offers a more holistic perspective on what it means to feel well. Thriving can be understood as the state created when people are engaged with work or hobbies, develop deep and meaningful relationships and see life as meaningful (Seligman, 2011). Gaffney (2015) argues that flourishing can be developed on the basis of four components. The first component is *challenge*, and a challenge can come from oneself or another person and it may be positive or negative. The second component is *connectivity*, which is about feeling togetherness with oneself, with the environment and/or with other people. The third component, *autonomy*, is about feeling sufficient control and choice concerning important matters. The last component is about *using competencies*, such as intelligence, strengths and experiences from challenges. The theory has its foundation in what circumstances enable persons to meet challenges and are enabled to flourish by seeing upcoming situations with optimism (Gaffney, 2015).

Methods

Design

This thesis consists of four studies presented in four papers (I–IV). The first two studies (I and II) are based on individual interviews and the third on a survey (III). The results from studies I–III worked as a foundation for a multistage focus group study (IV). An overview of the studies is provided in Table 1.

Table 1.
Overview of methods used in the thesis

Paper/ study	Aim	Participants	Data collection	Analysis
I	To explore healthcare employees' experiences of salutogenic interpersonal relationships with care recipients and colleagues	Healthcare employees (n=23) in municipal care of older people	Individual interviews with healthcare employees	Thematic analysis
II	To gain better understanding of positive relationships between employees and managers in municipal healthcare	Healthcare employees (n=23) and managers (n=4) in municipal care of older people	The sample from the first study was expanded with individual interviews with managers in municipal care of older people	Analysis inspired by a hermeneutic approach
III	To explore the association between health and relationships among elderly care employees using a salutogenic perspective	All employees (n=997) in special housing, home care and disabled support and services in one healthcare district within a municipality. n= 689 (69%) completed the questionnaire	A survey, web-based questionnaire	Descriptive statistics, bivariate correlation, factor analysis (PCA), and multivariable linear regression analysis
IV	To explore what is required for workplace relationships in a municipal healthcare context to flourish by using the Flourishing Theory, and to explore the caring staff's suggestions for improvement work	Healthcare employees in municipal special housing age care settings in Sweden (n=26)	Four multistage focus groups where each group met three times were conducted	Qualitative deductive content analysis

Guided by the purpose to explore a less explored area such as work-related relationships from a salutogenic perspective, and to achieve an increased understanding of workplace relationships, the thesis comprised a mixed method with both qualitative and quantitative methods (Creswell, 2014). A mixed method may improve the credibility for action research by the possibility of achieving a more complete picture of the phenomenon being studied. Thus, using different methods makes it possible to both deepen and broaden the knowledge and to enhance the credibility of a study (Teddlie & Tashakkori, 2009; Creswell, 2014). Mixed method research is linked to the research philosophy of pragmatism, with a focus on usefulness in practice. In this thesis, the research process has an explorative and a pragmatic approach in order to explore local knowledge close to the context reality and together with the participants produce knowledge that is of direct practical use (Stringer & Genat, 2004) as well as of use in further research. Therefore, attention to the salutogenic parts of workplace relationships has been central to this thesis, but there has also been an intention to use this knowledge as a means of ensuring the practical usefulness of the results.

As a way to increase engagement and create an interaction in this project, the analyses and results were returned to the participating healthcare professionals and managers during the work process on the data materials (Papers I-III). Participants in collaboration with the researcher were able to account for unnecessary inaccuracies, come up with commentary and recognize themselves in what was described in the research report, which is in line with the action research (Stringer & Genat, 2004). The return of data to the participants was important both for the learning process of the participants and for the validation of the research.

This thesis was designed with a combination of different research methods. Individual interviews were chosen as being useful to explore local knowledge in a relatively unexplored area (Dahlberg, Nyström & Dahlberg, 2007). The individual interviews were useful to understand the participants' experiences in a deeper sense, while the survey was useful to get a quantitative description of the association between work-related relationships and health within the chosen municipality. The multistage focus groups were used because there was an intention to capture the width and depth but also, as Hummelvoll (2008) expresses, to take advantage of the participants' opinions and suggestions.

Based on the project's participant-based approach, the intention was to involving key-persons from the entire organization together with the researchers to anchor the project in the entire organization. A support group was formed at the beginning of the project. The group aimed to provide feedback during the course of the project and consisted of the head manager of the healthcare, area managers, healthcare employees and trade union representatives from the municipality. The principal supervisor, co-supervisor and myself represented the research team from the university. During the course of the project the composition of the group changed due to staff and management changes.

In all, five meetings were held within the support group. Dialogues and meetings continued between the managers and the employees in the municipality units and the researchers at the university throughout the project, and several decisions about the project and data collection were taken. Engagement in the project and dialogues were considered crucial to gain mutual trust in this participatory project.

Study context and participants

All studies were carried out in a municipality in the southern part of Sweden. The population of the entire municipality was about 50,000. The municipality healthcare administration had about one thousand employees. This thesis is based on four data collections.

Study I was performed within one area in the municipality with approximately 2700 inhabitants. The healthcare employees worked in two residential care units for older persons, two residential care facilities for people with certain disabilities and one home care unit, with a total of approximately 95 care recipients. The participants were 23 healthcare employees, 21 of whom were women and two were men. Eighteen were assistant nurses, two registered nurses, two occupational therapists and one physiotherapist. The nurse assistants were on duty around the clock and the nurses worked during daytime on weekdays, or on call, while managers, occupational therapists and physiotherapists worked during the day on weekdays. The participants had between 5 and 36 years' experience in their current profession. A self-selection strategy was used and all the healthcare employees at the involved residential care units who chose to participate were included in the study.

In study II, the interviews with healthcare employees in study I (n= 23) were supplemented with interviews with the managers (n= 4) from the same units. Hence a total of 27 participants were included in study II. Three of the managers were located in the same building as their employees, while one of the managers was located elsewhere.

In study III, a questionnaire was distributed to all the employees in special housing, home care and disabled support and services within the district (n = 997). The participants were nurse assistants, nurses' aides, registered nurses, physiotherapists and occupational therapists. In all, 689 employees (69%) completed the questionnaire. The nursing assistants had two or three years' upper secondary schooling, the nurses' aides had limited in-service education, and registered nurses, occupational therapists and physiotherapists had a three-year university-level preparation.

In study IV altogether four working groups, two dayshift teams and two nightshift teams in the municipal district, participated in the study. All assistant nurses (n=31) in

the four working groups were offered participation in the study. In total 26 nurse assistants took part. Nine of the 26 nurse assistants worked nightshift and were on duty around o'clock and the others worked day- and nightshift.

Data collections and analyses

Individual interviews (Papers I and II)

Studies I and II employed a qualitative approach and open-ended individual interviews were used for collecting the data. Individual interviews as data collection method mean that the researcher, proceeding from the life world of the individual, explores experiences of the studied phenomena (Kvale, 2014). The open-ended interviews (Papers I, II) started with an overall explanation of the purpose of the study. To reach the meaning of the employees' experiences, we wanted the interviewees to tell stories from their everyday working life. The initial request was: 'Please describe a good day or a positive situation at work, in relation to care recipients, colleagues and managers.' As a guide during the interviews a picture was used. The picture illustrated relationships with care recipients, with colleagues and with managers, and the interviewees were free to choose which relationship they wanted to start with (Figure 1). The picture was intended to support the interviewees to talk about the relationships in the order they themselves decided and served as a support for their narratives, without interrupting their thoughts. To deepen the interviews, probing questions were asked, such as 'What were you thinking at that time?' and 'What did you do then?' In the interviews with the managers the same picture was used but the managers were instructed to focus only on their relationships with the employees. The interviews were conducted in a room connected to the workplace. One of the interviews lasted for 25 minutes while the other interviews lasted between 50 and 135 minutes. All the interviews were audio recorded and transcribed.

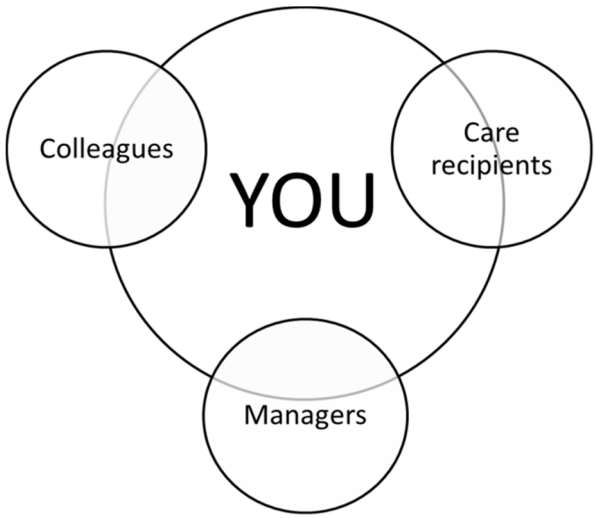

Figure 1.
Picture used as an interview guide to aid the interviewees in talking freely about their experiences and to support their narratives.

Since healthcare employees' experiences of workplace relationships so far have been sparingly studied from a salutogenic perspective, we used an inductive approach to interpret the meaning of the texts in Papers I and II, as suggested by Vaismoradi, Turunen and Bondas, 2013. Thematic analysis was used for the data analysis of the employee interviews. The texts were read several of times and coded into the different relationships that the employees were talking about. The analysis identified the meaning of and prerequisites for the relationships to occur. According to Braun & Clarke (2006) thematic analysis is a useful approach when investigating an under-researched area, such as workplace relationships from a salutogenic perspective. Thematic analysis is a method for identifying codes and analysing patterns that generate themes in qualitative data (Clarke & Braun, 2013). In thematic analyses, also the context and interpretations is included in the analysis.

The analysis for paper II was further carried out with a comparative and preliminary interpretation of the texts a the hermeneutic approach (Nyström, Dahlberg & Carlsson, 2003; Gadamer et al., 2004). Hermeneutics can be useful when seeking to understand individuals' experience of their life situation (Ödman, 2007). Ways to express positive, health-promoting relationships in the texts became the analytical structure for the analysis. A description of the employees' and the managers' experiences of the relationships and a comparison was conducted. The extensive interpretation was an attempt to move from understanding part of the text to understand the whole text. Within hermeneutics, instead of talking about the truth, everything is interpreted and the reality can always be seen from different perspectives (Gadamer et al., 2004). To

gain a new understanding, one needs to open up to another horizon, and change one's own. Thus, how we interpret and understand a phenomenon depends on context and pre-understanding (Gadamer et al., 2004).

Pre-understanding

To understand a text, a statement or an act, the interpreter must be aware that experiences can have different meanings, depending on a person's pre-understanding. A pre-understanding is, according to Gadamer et al. (2004), what we have previously experienced, the situations we experience in the present and our expectations of what will come in the future. As Gadamer et al. (2004) describe how our pre-understanding affects our understanding, my supervisors and I tried to raise our awareness of our own pre-understanding already in the assembly and design of the thesis work. I myself have the experience of working in elderly care, and the relationships to the care recipients as well as to colleagues and managers have all always had a great impact on how I have experienced my work situation. During my education in public health science, I have belonged to a department conducting research within health promotion research with mainly a salutogenic focus. Being surrounded by researchers with this focus has inevitably affected my understanding. Because of this, I probably often interpreted health from a salutogenic perspective before considering the pathogenic perspective, which has affected my pre-understanding. However, active reflection makes it possible to report the part of the pre-understanding that connects with the research question. In order to be reflective and open to others' experiences and understandings, the pre-understanding of my supervisors and myself was discussed during the analyses and, as suggested by Gadamer et al., 2004, we strove to be aware of our pre-understandings during the analyses.

Survey (Paper III)

A questionnaire was developed based on the findings from studies I and II, together with relevant literature (Paper III). Before the questionnaire was distributed, a pilot study was conducted at one of the units in the municipality. The participants in the pilot study completed the survey and at the same time they were asked to talk freely and make comments on the issues. The thinking-aloud method provided insight into the participants' interpretation of the wording (Tourangeau, 1984). Together we discussed the questions and some minor adjustments were made for the final questionnaire. In order to raise the interest in participating in the survey, an information letter was e-mailed to the participants and an information video was posted on an intranet one week before the survey was sent out. Finally a web-based questionnaire, followed up by two reminders, was carried out in the autumn of 2015.

The questionnaire took a salutogenic perspective on workplace relationships, psychosocial work environment and self-rated health. The questionnaire contained 60

questions and consisted of four areas: demographic and work characteristics; general work experience; health-promoting workplace relationships; and self-reported health. Established and validated salutogenic-oriented questions on work-enhancing experiences, as well as newly developed questions were used. The Work Experience Measurement Scale (WEMS) (Nilsson et al., 2010) was used to measure the participants' experiences of general work-related experiences. The sub-indices comprised questions about supportive work environment and individual inner experiences including joy, good atmosphere, feedback and meaningfulness. The findings from studies I and II were used for the development of questions regarding health-promoting workplace relationships. The development of questions about health-promoting relationships was also influenced by existing instruments used to measure belongingness (Mohamed, Newton % McKenna, 2014). The questions covered the importance of time together with the care recipients, respect and trust among colleagues and the managers ability to listen to and courage to ask for help from the employees. Self-reported health was measured using the Salutogenic Health Indicator Scale (SHIS) questionnaire (Bringsén, Andersson & Ejlertsson, 2009). SHIS measures twelve aspects of health, including: having energy, feeling calm/relaxed and feeling optimistic. The SHIS questions were used as one single index, while the remaining questions (except age, gender and work characteristics) were aggregated on a statistical basis. Three principal component analyses (PCA, Oblimin rotation) were used to study items from WEMS and for each positive relationship with care recipients, colleagues and managers. Principal component analysis (PCA, Oblimin rotation) was used to study 10 items on positive relationships with managers, which resulted in one distinct component. Thirteen questions on relationships with care recipients were subjected to a PCA, resulting in two components with eight and five questions. The two components were named *Close relationship to care recipients* and *Satisfaction with care recipient work*, respectively. Twenty-one questions on general work experiences (WEMS), as well as questions on relationships with colleagues were subjected to a third PCA resulting in two components. These components were named *General work experiences* and *Colleague belongingness*. From the results of the PCAs, Cronbach's alpha coefficient was considered acceptable (0.83–0.91) for the five indices constructed for the study.

To analyse the data from the survey SPSS ver. 21 was used. In all tests, the significance level was set at 0.05. The relationship between the variables was studied by bivariate correlation, using Pearson's correlation coefficient. Two multivariable linear regression analyses were thereafter conducted to study workplace relationships in relation to self-rated health (SHIS) and to study factors of importance for colleague belongingness. The selection of independent variables to be included in the regression analyses was based on significant correlations between dependent and independent variables. Work characteristics such as work hours and employment time were, despite not being significantly correlated, forced into the models to adjust for these variables. The models

were also adjusted by sex and age. Multicollinearity of the data was excluded (variance inflation factor, VIF <10) and the remaining factors were tested and shown to have a normal distribution.

Multistage focus group interviews (Paper IV)

In study IV, the focus was on how workplace relationships to care recipients, colleagues and managers can be resources for workplace health and what is required for workplace relationships to flourish. To put the results from papers I–III to practical use, it was decided to use multistage focus groups interviews (Hummelvoll, 2008). Multistage focus groups can be a way to empower participants through the dialogues and to create sustainable effects in the workplace. The method recognizes the local context and uses the participants' experience and is a useful method when aiming to understand the multiple realities of everyday life. In multistage focus groups participants meet repeatedly in the same group to explore the phenomenon of interest in depth (Hummelvoll, 2008).

Each group consisted of participants from the same working group. The intention was to make the participants express experiences and share their thoughts, in order to create new ideas and suggestions for how health-promoting relationships can be developed or preserved. Four groups met three times each giving a total of twelve focus group interviews. The focus groups lasted between 70 and 120 minutes and were held in meeting rooms at the workplaces. Each interview began with statements about positively experienced work-related relationships based on findings from papers I–III. I acted as a moderator in all four groups and an observer listened and made notes during the multistage focus group interviews. At the end of each focus group session, we made a summary of the discussions and suggested improvements from what had emerged. The summary was followed by a group discussion of how the employees themselves could proceed to implement their suggestions in reality.

A deductive content analysis emanating from the Flourishing Theory (Gaffney, 2015) was used. In a deductive analysis, the analysis is based on a theory which is used as a framework for the analysis (Elo & Kyngäs, 2008). The interviews were read and discussed a number of times and the texts were sorted into two content areas: experiences of informal meetings as a resource for flourishing and experiences of formal meetings as a resource for flourishing. Different kinds of relationships in the workplace were identified and within each kind of identified relationship, the four key elements of the Flourishing Theory were applied. The Flourishing Theory by Gaffney (2015) has four pre-existing elements: challenges, connectivity, autonomy and competence. The criteria for code classification was our interpretation of Gaffney's (2015) description of the four flourishing elements related to a work situation and workplace relationship, thus challenges referred to challenges in everyday work. Connectivity

referred to concrete actions or suggestions needed for mutual relationships. Autonomy referred to self-determination, when the employee has the space to act by free will in work situations. Competence referred to an experience of feeling needed and being able to use personal and professional skills. The four components served as the categorization matrix as suggested by Elo and Kyngäs (2008). Finally, the staff's suggestions for improvements were identified and highlighted.

Ethical considerations

The participants in papers I, II and IV were all orally informed by the researcher at regular staff meetings at the workplaces a few weeks prior to each study. The information letter was repeated and a consent form was signed at the very beginning of the interview situations. For equal opportunities to participate in the studies, all employees at the participating units in studies I and II were therefore invited to take part in the studies. Therefore, all employees that signed up for participation in studies I and II were included in the interviews. The participants in the survey (Paper III) were informed about the purpose of study by an information letter that was e-mailed to the participants and by an information video that was posted on the municipal intranet. The information described the aim and the focus of the present study and gave an explanation of the voluntary nature of the participation, the ability to withdraw at any time as well as that the results would be handled confidentially. In connection with the distribution of the survey an information sheet was supplied which explained the purpose, assured participants of confidentiality, and stated that the study was voluntary and that it was not possible to trace the respondents. In study IV, the researcher emphasized the importance of not afterwards spreading each other's contributions that was expressed during the focus group interviews. True confidentiality is, however, not possible in group interviewing, when the participants know each other (Wibeck, 2010). Via the field managers, the participants in paper IV, were given the opportunity to participate but also had the opportunity to decline without the field manager knowing about it.

The studies were conducted in agreement with the Swedish Act concerning the Ethical Review of Research Involving Humans, SFS 2003:460. The benefits and risks of the studies were carefully considered in advance. Possible benefits for the staff were that they would feel valuable when their experiences were requested, that they were given the opportunity to reflect on their work situation and on their positive experiences of their work. One risk was that the participant could in some way experience discomfort during the interviews. Since the main purpose of the interviews had a salutogenic perspective, which aims to preserve and create health, the risks of entering sensitive areas are reduced. Still there is a risk that people feel that they have exposed themselves by having answered in a certain direction and can thus experience a fear that this will

appear later in the thesis. An awareness of this risk allowed it to be minimized through information. The studies were performed in accordance with the ethical guidelines of the Helsinki Declaration (World Medical Association, 2013) and advised by the Regional Ethical Review Board in Lund. Papers III and IV were also approved by the Ethical Review Board of Lund, Dnr: 2015/565.

Results

The overall aim was to explore workplace relationships as a resource for health and well-being among healthcare employees in a municipal healthcare context. Findings from the thesis are presented under the following headings: *Health-promoting relationships to care recipients, Health-promoting relationships to colleagues*, and *Health-promoting relationships to managers.* Under each heading, findings from studies I–IV are described and compared.

Health-promoting relationships to care recipients

Relationships between employees and care recipients were explored in studies I, III and IV. The first part of paper I reports findings from the interviews about relationships between healthcare employees and care recipients. The opening question was 'Please describe a good day or a positive situation at work, in relation to care recipients, colleagues and managers.' The findings showed a need for *close interpersonal relationship to a care recipient,* which was seen as a resource that enhanced well-being. Getting an opportunity for *being personal without being too private* was considered a prerequisite for close interpersonal relationships and was described as talking about care recipients' family issues but also about one's own. When the employees had the opportunity to talk a bit about themselves, they felt that the care recipients became more involved in their own lives. Being allowed to have *quality time together* was a prerequisite for close interpersonal relationships to care recipients and was of significant importance for the development of a deeper relationship that contributed to motivation in work and gave a feeling of warmth. Providing *long-time care* to the same care recipient meant spending a lot of time with the same care recipient and was important for a close interpersonal relationship while providing *additional care*, not only to meet the care recipients' basic needs but being allowed to do a little extra. Thus, study I showed that sharing experiences in life and meeting care recipients' needs seemed to be a vital aspect of providing care but was also seen as important for the employees' well-being (Paper I).

Based on these findings, questions about relationships to care recipients were developed and used in the survey (Paper III). The survey was sent to all healthcare employees in one municipality and the response rate was 69% (n= 689). Correlation were found

between the index 'satisfaction with care recipient work' and subjective health (r=0.18, p<0.01) and between the index 'close relationship with care recipients' and subjective health (r= 0.12, p<0.01). A multivariable linear regression analysis with subjective health as the dependent variable strengthened the findings from the interviews, showing that especially a close relationship to the care recipient was significantly related to subjective health (p=0.004). Closeness to care recipients consisted of an increased mutual understanding of each other's situations and meeting the care recipient's needs was an important resource for health.

In study IV, healthcare professionals from four working groups were gathered in multistage focus groups to discuss positively experienced relationships to care recipients, colleagues and managers and to raise suggestions for how workplace relationships could be developed and/or maintained. Despite the fact that employees rarely spoke about positive relationships with care recipients, their suggestions for improved relationships with colleagues, other occupational groups and managers were a means to strengthen relationships to care recipients. They suggested, for example, introducing meetings on a weekly basis to focus on individual care recipients and that the manager should provide more written information in order to free up time for discussions about the care recipients. An interpretation of findings was that such meetings made the employees themselves flourish at their workplace but were also a prerequisite for providing good care, which was central to their own well-being.

Health-promoting relationships to colleagues

The employees' relationships to colleagues were explored in studies I, III and IV. The second part of paper I reports findings concerning the relationship between colleagues. The findings showed that a sense of togetherness in the working group was central. This sense of togetherness was called *colleague belongingness,* which was seen as a resource that enhanced well-being. *Trust*, *mutual responsibility* and *cooperation* were prerequisites for colleague belongingness to emerge. Daring to express emotions without being worried about being judged by colleagues was important for building trust, and the employees emphasized that trust was built in informal meetings. The informal meeting gave them opportunities to acknowledge each other regarding both work-related issues and personal matters. *Mutual responsibility* was described as important to feel good at work since mutuality relieved employees from thoughts and feelings of carrying all the responsibility to get the work done by themselves. With a mutual responsibility the participants felt like a collective with the colleagues, which brought breathing space into the work. The employees expressed that a close relation to a colleague also gave something extra, at a personal level. Thus, study I showed that closeness to a colleague and colleague belongingness in the workgroup were vital for well-being at work.

Based on these findings, an index with questions about colleague belongingness was developed and used in the survey (III). The index included questions about feelings of trust, pride, support in the working group as well as feeling respected by colleagues, which all turned out to be important resources for employee health. Colleague belongingness had the strongest correlation with self-rated health ($r=0.43$, $p<0.01$), and the results from the survey (III) confirmed findings from study I. A multivariable linear regression analysis with subjective health as the dependent variable strengthened the findings from the interviews, showing that colleague belongingness was significantly related to subjective health ($p=0.007$).

When employees in study IV discussed positively experienced relationships to colleagues, informal and formal meetings were considered important prerequisites for enhancing well-being at work. Meetings with colleagues concerned colleagues in one's own working group, but also meetings with colleagues working on day/night shifts and healthcare professionals representing other occupations, in particular the registered nurse. The employees in the focus groups described how the meetings could contribute to flourishing and suggested how workplace relationships between colleagues could be developed and/or preserved. It was stated that when the colleagues in the group knew each other, it contributed to feeling confident in work situations, as everyone's competence was used better at work. Good interaction between colleagues was experienced as a resource for high quality of care, hence everyone used their competence well. Examples of suggestions were joint breaks in the working group to ventilate important issues, a notebook for information between employees in the working group and the RN, staff meetings without the presence of the manager, better overlap between day and night shifts, and resuming meetings with professionals from other occupations where issues about individual care recipients could be discussed.

Health-promoting relationships to managers

Relationships between employees and managers were explored in studies II, III and IV. Study II focused on relationships between the employees and the manager. Interviews about the employees' views of health-promoting relationships to managers were supplemented by asking managers to tell about a good day or a positive situation at work in relation to employees. In this study the employees' and the managers' perspectives were described, interpreted and compared. The comparison showed that both the employees and the managers highlighted the importance of having a manager who sometimes stands outside the group in order to support the employees in doing a good job (II). While the employees expressed that this required the managers to have the courage to show openness and be permissive, the managers emphasized that it required the ability to give responsibility and let the employees take initiatives to achieve goals in work. However, both employees and managers also highlighted that the manager sometimes felt like and was perceived as 'one of the team'. Both groups

appreciated this but the groups had different thoughts about what was needed for the manager to be part of the group. While the employees viewed that this required that the managers expressed their uncertainty and had the courage to ask for advice, the managers emphasized the opportunities for small talk and receiving positive comments from the group members. An interpretation is that a health-promoting relationship needs to be both asymmetrical when the manager confirms, delegates and decides but also of a more symmetrical and mutual nature when the manager is an equal member of the workgroup (II). A comprehensive interpretation is that the manager has a dual role and that asymmetrical and symmetrical relationships need to be balanced. To achieve this, the employees must allow the manager to step away from the workgroup to conduct formal tasks but also allow the manager's entrance to the group again (II).

Based on these findings, an index with ten questions about positive relationships to managers was developed and used in the survey (III). The index included questions about the importance of the manager having the courage to ask for help, being open to new proposals and listening. Results from the survey (III) confirmed findings from study II. Positive relationships to the manager correlated to self-rated health ($r=0.27$, $p<0.01$). A multivariable linear regression analysis strengthened the findings from the interviews, showing that positive relationships to the manager were significantly related to subjective health ($p=0.016$). The study showed that having an enhanced relationship with the manager, who is open to new proposals and requests for assistance, was an important source of employee health.

When employees in study IV discussed positively experienced relationships to managers, informal meeting with the manager during breaks were mentioned. The employees appreciated when the manager was fair, treated the employees equally, gave clear directives, showed respect for the employees' thoughts and asked them for their opinions. During formal meetings, in particular staff meetings, the employees appreciated a manager that saved time for discussions about how to improve the care given to the recipients. Through such discussions the employees' skills could be better used and their competence could be strengthened. The employees suggested that the manager should cooperate with the caring staff about planning and routines for temporary staff and that the manager should provide more written information to give time for discussions about the care recipients and the daily work.

Discussion

This thesis focuses on health-promoting workplace relationships and suggestions for improvements at work. The results extend previous knowledge of working conditions by adopting a salutogenic participatory perspective. In this section findings, conclusions and methodological considerations will be discussed.

Discussion of the results

Getting the opportunity to develop good relationships with care recipients, colleagues and managers is central for having employees who feel well at work, for maintaining their health and well-being, but also for ensuring the quality of future elderly care. Results from the thesis' qualitative studies showed that a possibility to establish close relationships with care recipients (I), collegial belongingness (I) and good relationships with the manager (II) contributed to the employees' salutogenic experiences at work. The quantitative study (III) confirmed these findings by showing that enhancing relationships with the care recipients, colleagues and the manager all affected the employees' self-rated health. Different kind of relationships and their implications for well-being at work have been investigated in previous research. For example, Nilsson et al. (2012) found that good relationships between employees and care recipients contributed to meaningfulness and motivation in daily work. Research about enhancing relationships in the working group has indicated that respect, open-mindedness and appreciation from colleagues function as significant resources in everyday practice (Baggett et al., 2016; Shakespeare-Finch & Daley, 2016). Previous research investigating the relationship between leadership and employees' well-being indicates an association between leadership and well-being at work (Kuoppala, Lamminpää, Liira & Vainio, 2008; Tourangeau, Cranley, Laschinger & Pachis, 2010). Similar to the present findings, Bakker, Demerouti and Xanthopoulou (2012) and Xanthopoulou, Bakker and Ilies (2012) found that when employees perceive their work as important to others and feel enthusiastic about and proud of their work, this affects employees' experience of well-being. Also Bringsén et al. (2012), Agosti, Andersson, Ejlertsson and Janlöv (2015) and Nilsson, Ejlertsson, Andersson and Blomqvist (2015) found that meaningfulness is an important workplace-related health resource.

Although previous research suggests that relationships with care recipients, colleagues and managers affect the health and well-being of employees, this thesis contributes to research on work-related health by examining all three types of relationships simultaneously (I–IV) and by noting that the relationships are interrelated. For example, experiencing satisfaction with the care recipient and having a positive relationship with the manager were factors that contributed to the colleague's belongingness (III). During the multistage focus groups in study IV, the employees were asked to tell about all three types of relationships. Surprisingly, employees rarely talked about improving relationships with the care recipients, but most of their suggestions were about how improved relationships with colleagues and managers could be a resource for improved care and a way to achieve higher-quality care. The interpretation is therefore that positive relationships with colleagues and managers *and* positive relationships with care recipients are closely linked to each other and that improved relationships to colleagues and mangers affect the relationship to the care recipients. To achieve a health-promoting workplace requires an organization in where it is permissible to show emotions, where employees are involved in decision-making and where the manager allows the employees to act based on professional experience. This is in line with previous studies of managerial relationships which indicate that managers who are perceived as 'good listeners' have been associated with employees' feelings of belonging, inclusion and togetherness (Alvesson & Sveningsson, 2003), which Ko and Donaldson (2011) and Shirey (2011) call the 'glue' that is needed to hold a good working environment together.

Additionally, the results in this thesis differ from other studies in that the relationship with colleagues was more important to health, compared to the relationship with the manager (III). A reason for this may be that it is often hospital staff and nurses who are the target group in studies and that fewer studies have health and care sector employees as the target group. Also, it has been shown that there is a shortage of leadership in the elderly care sector, which may have an impact on the fact that colleagues are considered more significant for well-being at work (Berntson & Härenstam, 2010). Another reason may be that a focus on how the relationship as a part of the psychosocial work environment contributes to health factors – with preventive and protective outcomes such as sick leave, stress and similar unhealthy factors – is more common in health promotion research (Kouvonen et al., 2008; Heinen et al., 2013; Clausen et al., 2014; Ljungblad, Granström, Dellve, & Åkerlind, 2014).

To rationalize care by reducing time together with care recipients and by minimizing time for formal and informal meetings between employees can be counterproductive as this reduces the employees' possibility to create relationships in the workplace. The results of this thesis show that healthcare employees' well-being could be enhanced by the opportunity to be present, be given an opportunity to provide additional care and have quality time together with the care recipient (I, III). Recent research has described how it is common to experience a limited time with the care recipients in everyday

work (Ericson-Lidman, Norberg, Persson & Strandberg, 2013). However, lacking enough time to deliver elderly care may lead to stress and bad conscience and, in the long run, increase staff turnover. Also, Bornemark (2018) argues that the municipal care system with more control and measurements may result in less time spent with the care recipients and consequently affect the quality of care. Bornemark (2018) further discusses how new public management with its focus on, for example, measurements, has taken control of the work situation while the relationship between the care recipient and the healthcare employees seems to be ascribed less significance in the new public management structure. In this thesis with a salutogenic perspective, aspects such as being allowed to be personal and providing care based on continuity in order to build up a close relationship between employees and care recipients, seems to not only be a resource in terms of providing quality care but also as a resource for the well-being of the employees (I, III). Informal and formal meetings at work are needed in order to reach flourishing and health-promoting relationships (IV). Flourishing workplaces have been studied (Dutton & Ragins, 2007; Nilsson et al., 2012; Colbert, Bono & Purvanova, 2016) and findings show that workplace relationships play a key role in promoting employee flourishing. Research also indicates the importance of building a work structure based on positive relationships, in order to create sustainable workplaces and an organization with thriving individuals (Sias, 2009). According to Levi (2009), workplaces that strive to enhance the employees' health and work performance are better prepared to flourish in well-being. Thus, to achieve a flourishing workplace, the organization and the manager need to understand not only the importance of health prevention but of health promotion work as well. To work with active health promotion, in collaboration with employees, is essential for thriving to arise (Levi, 2009). This thesis gives examples of how informal and formal meetings could act as resources to create health-promoting relationships at work. This should be taken into account in workplace health promotion, considering contemporary society's rationality efforts, according to which meetings often are minimized and supposed to be effective and production-oriented.

This thesis has explored relationships in depth and has tried to highlight what conditions are required and what it is that brings health-promoting relationships, by adopting a salutogenic approach in contrast to many other studies. For example, the results in the comparative study (II) revealed similarities as well as differences between the employees' and the managers' experiences of what contributed to well-being at work. The study shows the importance of raising different expectations among the people concerned in order to achieve a sustainable change. Antonovsky (1987b) describes how clear expectations remove uncertainty so that individuals perceive work situations as understandable. The importance of highlighting well-working aspects of the relationship from both the employees' and the manager's perspective is a contribution to workplace health promotion research that may lead to a better psychosocial work environment and greater well-being among healthcare employees.

It has been argued that promoting work relationships not only enhances health and is associated with better individual and work-related outcomes (Härenstam and Bejerot, 2010; Nilsson et al., 2012; Dutton & Heaphy, 2017) but can also be to the advantage of the business in the form of work benefits (Harter, Schmidt & Keyes, 2002). Berntson and Härenstam (2010) showed in their study that good social relationships in the working group could serve as a protection against stressors and high demands in working life. The working group not only gives confirmation and appreciation, but also seems to be able to act as a protection against excessively high workload. Furthermore, Bakker et al. (2012) and Hakanen, Perhoniemi and Toppinen-Tanner (2008) show that positive contact with colleagues and care recipients as well as support and appreciation from the manager mitigates the negative impact of high demands in work. However, it seems that efforts to promote relationships at work both enhance health and well-being and protect against the factors that cause ill-health. Thus, risk factors and promotion factors both need to be highlighted for a complete picture of what is required to create a health-promoting workplace. The results of this thesis have practical salutogenic implications for how to enhance workplace relationships in health promotion both for the health and well-being of the employees and to promote thriving workplaces.

Methodological considerations

Different approaches regarding data collection and data analyses were used in the thesis. As my research interest concerned experiences of workplace relationships from a salutogenic perspective, a decision was made to start (Papers I, II) with an explorative design based on qualitative methodology. To further explore the association between workplace relationships and self-rated health, a questionnaire based on findings from studies I–II was constructed and used in a survey (Paper III). Based on the findings from the first three studies, it was decided in study IV to use a participatory approach to further explore how workplace relationships could be preserved and/or developed in practice. The methodological considerations of the qualitative design in studies I and II will be discussed in terms of trustworthiness. The quantitative design in study III will be discussed in terms of validity and reliability. Finally, the participant-based approach in study IV will be discussed.

Qualitative studies

Trustworthiness

In this section, the qualitative findings of this thesis will be discussed based on the four key concepts when assessing the trustworthiness of a study, i.e. its credibility, confirmability, dependability and transferability (Lincoln & Guba, 1985).

Credibility

Credibility is about a study's ability to assess the 'truth' of the findings in relation to respondents and context (Lincoln & Guba, 1985). Prolonged engagement in the field of research is one aspect of a study's credibility that requires development of early familiarity with the culture (Shenton, 2004). Before the data collection started, I spent time with the employees from the participating units, being with them during their whole workday. A prolonged engagement period with research participants offered the possibility to build trust and to ascertain the quality and the usefulness of the findings (Lincoln & Guba, 1985). This strategy also gave me the opportunity to clarify that my interest was to share the employees' experiences. Prolonged engagement in the field also became a strategy to help ensure honesty in interviews. Other aspects of credibility are, according to Shenton (2004), that appropriate and well-recognized research methods are used and that iterative questioning is used in data collection dialogues. In this thesis, methods for data collection were individual interviews and multistage focus group interviews. The intention was to allow the employees to talk freely about relationships experienced as positive. Therefore, a picture was used to support their narratives, without interrupting their thoughts. The average interview time was 70 minutes, which can be seen as an expression of the interviewees being willing to share their experiences. Although focus groups are a well-known method for data collection, the multistage focus group interview is a less well-recognized method. However, the method worked well for debriefing sessions and reflections and proved to be what Hummelvoll (2008) describes as a relevant and fruitful method in action research based on a cooperative inquiry perspective (Hummelvoll, 2008). The findings from the first two qualitative studies were confirmed by member checks through discussions with the participants. Although no member checks were performed after study IV, each focus group session was ended with a summary of what had been discussed and the participating employees were asked to confirm whether the summary was correct and if there was anything they wanted to add.

A risk regarding the credibility is that those who took part were dedicated to the research project while uninterested employees chose not to participate. Another limitation is that in one of the four focus groups only two employees were included. However, they took part during all three sessions and contributed substantially with suggestions on how workplace relationships can be preserved or developed. One problem with multistage focus groups is, according to Hummelvoll (2008) that one

cannot expect that all respondents can attend all meetings. That employees attended at least two of the meetings can be considered an interest in the project and willingness to share experiences. A total of four working groups took part in the multistage focus groups, which probably ensured the study's credibility and that a varied image was captured.

Confirmability

Confirmability refers to neutrality, i.e. whether the findings describe the participants' experiences and ideas and not biased by the researchers' motives and perspectives (Lincoln & Guba, 1985). Triangulation is one approach to achieve confirmability in a project. Thus, findings from studies I and II were used to develop the questionnaire in study III in order to investigate the distribution of findings from the qualitative studies. In studies I and II the same interviewer performed all the interviews whilst two more researchers took part in the analyses. The analyses were repeatedly discussed between the researchers involved in each study. There was a discussion of the first impressions of the texts before the initial coding started. The controlled coding, the interpretation of the content and the involvement of all researchers reduced the risk of bias based on the researchers' pre-understanding when alternative interpretations arose. Furthermore, the fact that the researchers were from different disciplines strengthened the confirmability of the findings through triangulation (Elo & Kyngäs, 2008). One criterion for confirmability and a trustworthy result is if the findings involve some kind of surprise among the researchers. In study II we were surprised that, in order to enhance well-being at work, the manager has a dual role as part of the team but also as a manager that stands outside the group.

Dependability

Dependability concerns the stability of the data over time. Although one cannot expect another researcher to arrive at the same result in a qualitative study, dependability can be confirmed if another researcher arrives at a similar result (Guba & Lincoln, 1982). In order to achieve dependability of data it is important to describe the research processes to enable other researchers to repeat the study. Thus it is important to describe the interview guide and to use the same questions throughout the interviews (Graneheim & Lundman, 2004). In the individual interviews the same initial question was used and a picture that illustrated relationships with care recipients, with colleagues and with managers was described in paper I. By asking an initial question together with the interview guide picture, the interviewees were allowed to talk freely about their experiences and the risk of altering the questions was reduced. The picture also made it possible for other researchers to carry out the interview in a similar way. To increase dependability in the analysis of data (I, II and IV), the endeavour was to achieve a clear description of the analysis process.

Transferability

Transferability in this case concerns the accuracy and applicability of the result for other healthcare employees' work situation and context (Lincoln & Guba, 1985). Transferability of a study could be made possible by a careful description of the participants and the context in which the participants were working (Graneheim & Lundman, 2004). All studies in this thesis included a contextual description to allow readers to make comparisons and judge transferability. Findings, however, cannot be transferred to, for example, relationships between relatives and care recipients or staff, something that could be criticized as relatives are an important part of elderly care. However, in this research project we chose to limit the relationships to employees, care recipients and managers at the workplace. An additional limitation could be that professions such as registered nurses and physiotherapists were included in some but not all the studies.

Quantitative study

Internal validity

Internal validity concerns the study's ability to measure what it was intended to measure (Creswell & Poth, 2017). Using previously validated questionnaires and instruments strengthened the internal validity. However, additional questions were developed based on findings in studies I and II together with influences from existing instruments about belongingness. For these additional questions there were no validated instrument available. However, to increase the content and face validity of these questions a pilot study using the thinking-aloud method was performed (Tourangeau, 1984). A group of representatives from various healthcare professions were asked to complete the survey, while at the same time reflecting and making comments on the issues. Thus, the additional questions that were developed based on the findings of studies I and II were not fully tested, which is a limitation.

The study focused primarily on the experiences of work and workplace relationships with regard to self-rated health and included few psychosocial factors. Exploration of a wider range of issues would probably have affected the results. The cross-sectional design makes it impossible to discuss causality. The associations found give a deeper understanding of the phenomena and the inter-relationships of the salutogenic perspective. The healthcare employees' experiences of health-promoting workplace relationships as seen in the qualitative findings (I and II) did in many way verify the results of study III and vice versa, which supports the construct validity. Data was collected by self-report and social desirability could introduce some bias.

External validity

External validity concerns the extent to which the results can be generalized to a wider population and used in other settings (Lincoln & Guba, 1985). The subject of workplace relationships is also useful in other contexts, thus the specific issues surrounding the relationship with care recipients limit the transferability of the study to other contexts. The sample of the study represents a large part of the healthcare employees in the municipality, which strengthened the external validity. There is reason to assume that the participating healthcare employees are working under much the same conditions as many other healthcare employees. However, when comparing subjective well-being data between groups from very different cultural contexts, the importance participants attach to well-being and health in general must be investigated more systematically since cultural contexts strongly influence well-being (Tov & Diener, 2009; Cummins, 2018). Because of the study design (Paper III) and the participants' anonymity, it was not possible to do a dropout analysis of the missing 31% responses (non-response bias), which must be considered as a weakness. The survey was distributed in December-January, a time of the year when much focus is on Christmas preparations and vacations, which may have influenced the response rate.

Reliability

The study's reliability is an assessment of whether the results can be replicated (Lincoln & Guba, 1985). Established instruments with tested reliability were mainly used. For the newly built questions, a test-retest survey could not be done because of anonymity and the mailing technique. Internal consistency was estimated with Cronbach's Alpha. To be accepted as an index, the CA coefficient had to be higher than 0.70. The included sub-indices of work environment and workplace relationships measured varied between 0.83 and 0.91, which would indicate that the variables were not too similar or overlapping.

The participatory approach

The thesis work was conducted with a participatory approach. The intention was that the research process should lead to positive changes for the participating employees. The intention behind the support group was to gather people from the entire organization together with the researchers, and increase the understanding of the purpose of the project. Increased understanding raises the chances of greater involvement and the opportunity to create sustainable improvement work for employees in the entire organization (ENWHP, 1997; Torp et al., 2011). During the course of the project the composition of the support group changed due to staff and management changes. It became apparent that the new members that joined the support group had not been part of the whole process and therefore lacked the overall picture of the project. This meant that the new members were not owners of the project,

which may have affected their engagement and their sense of responsibility for the project's sustainability (Stoecker, 1999). However, the anchoring and participation with the participating employees and managers proved to work well in the project. The employees showed commitment and responsibility for the issues that were discussed during the project and also for implementing the proposals that they came up with in the focus group discussions (IV).

The thesis project was initiated and implemented in the municipal units where the individual interviews and the focus groups were performed. I participated in meetings at the departments and informed about the purpose of the project. I also spent time with the participants and managers before the project started, in order to establish trust and arouse interest in the project among the employees. Through this anchoring work, the ownership of the project was established among the participants and the unit managers (Stoecker, 1999; Reason & Bradbury, 2008). Thus, the participation could possibly have been improved by involving the unit managers and employees more explicitly in the process of designing and implementing the project.

In this project, the participatory approach managed to reach out among the employees, which also has been shown to be crucial in what appears to be an important association with perceived changes in procedures and, therefore, in intervention outcomes (Nielsen & Randall, 2012). However, the participatory approach was limited in the organization, which might have limited the achievement of sustainable changes. This shows the importance of a research project that permeates the entire organization to increase the possibilities of achieving sustainable changes (Torp et al., 2011). Another suggestion is that a clear purpose is required, which is made clear to everyone involved at the beginning of the project. It is important that everyone sees the importance of involving people from different departments in the organization. A practical implication is that the project's work process must be rooted in the organization's existing structures and areas of responsibility between individuals involved are clearly distributed, in order to succeed with a sustainable change (Stringer & Genat, 2004).

Conclusion and implications

The results of this thesis showed that workplace relationships are central for a health-promoting workplace. Workplace relationships with care recipients, colleagues and managers are crucial for self-rated health and well-being among healthcare employees. The results also showed that beyond these relationships, the relationships to other professionals such as registered nurses, physiotherapists and occupational therapists are also important for thriving workplaces. Consequently, the results show that relationships at work should be taken into consideration in health promotion for sustainable workplaces in municipal healthcare. The results also show that using the

Flourishing Theory as a framework to explore workplace relationships as resources may contribute to work health promotion, which in turn affects the quality of healthcare. Regarding the work environment that many people in healthcare face today, there is a need to promote resources in the work of healthcare employees.

This thesis shows that relationships in the workplace have an impact on the health of the employee. Improving relationships in the workplace could enhance well-being at work. Future studies could explore workplace relationships in other contexts, such as together with care recipients, other significant relationships at the workplace and various care contexts. Those could also be combined with interventions to provide further knowledge of how workplace relationships as a resource can be supported among healthcare employees. This thesis contributes increased knowledge about how workplace relationships from a salutogenic perspective can contribute as a resource in workplace health promotion. More longitudinal studies are needed to find out which interaction patterns underlie the experiences of workplace relationships on health and well-being and thus promote relationships at work for thriving organizations.

The results showed that different relationships in the workplace are related to self-rated health. Different relationships at work are interrelated in that, if one relationship is positive then another relationship can improve. In order to verify the results of the relationships associated with self-rated health, the questionnaire needs to be used in other care settings. Research in workplace health promotion needs to explore more about how workplace relationships manifest themselves and how salutogenic aspects can be integrated in everyday working life.

Extended knowledge in this field may contribute to the knowledge of workplace relationships from a salutogenic perspective and improve the possibilities for healthcare employees to use relationships at work as a resource for health.

Populärvetenskaplig sammanfattning

Denna avhandling fokuserar på hälsa och välbefinnande och hur arbetsplatsrelationer kan främjas bland vård- och omsorgspersonal. Avhandlingen har tagit ett salutogent perspektiv som framhåller faktorer som kan stärka det som skapar hälsa. I en tid då antalet äldre ökar i befolkningen och arbetskraften inom äldreomsorgen redan har en ansträngd arbetsbelastning, är det viktigt att ägna mer uppmärksamhet åt främjande faktorer på arbetet. Relationella aspekter som konflikter mellan kollegorna, dåligt samvete över att inte hinna vara tillsammans med vårdtagarna samt hot och våld, är faktorer som riskerar att leda till ohälsa och som ofta lyfts som problem inom vård- och omsorgssektorn. Avhandlingen har istället utforskat arbetsplatsrelationer som fungerar som resurser och som kan bidra till hälsa och välmående bland vård- och omsorgspersonal. En ökad kunskap kring vad salutogena arbetsplatsrelationer innebär för vård- och omsorgspersonalen och vad som krävs för att dessa relationer ska främjas, gör det möjligt att genomföra hälsofrämjande insatser för att stärka dessa resurser.

Avhandlingen bygger på ett deltagarorienterat förhållningssätt, vilket innebär att deltagarna och forskarna tillsammans haft möjligheten att förändra och tycka till under projektets gång. Avhandlingens övergripande syfte var att utforska arbetsplatsrelationer som resurser för hälsa och välmående, ur ett salutogent perspektiv. Metoder som användes i avhandlingen var individuella intervjuer, enkätundersökning och fokusgrupper. Två delarbeten med individuella intervjuer om innebörden av salutogena arbetsplatsrelationer till vårdtagare, kollegor och chefer genomfördes bland vård- och omsorgspersonal. Även vad som krävdes för och när dessa positiva upplevelser uppstod utforskades. För att kunna jämföra medarbetare och chefers upplevelser av relationerna dem emellan, så innefattades det andra delarbetet även av individuella intervjuer med cheferna. Utifrån resultaten från de individuella intervjuerna tillsammans med frågor från etablerade enkätinstrument inriktade på hälsofrämjande frågor, utvecklades en enkät. För att undersöka samband mellan hälsa och arbetsplatsrelationer med ett salutogent perspektiv sändes enkäten ut till samtlig vård- och omsorgspersonal inom den deltagande kommunen. Baserat på fynden från de individuella intervjuerna och enkätundersökningen så beslutades sedan att vård- och omsorgspersonal på ett av vårdboendena deltog i så kallade ”flerstegs-fokusgrupper”. För att bidra till ett främjande för både individerna och organisationen så fokuserades gruppträffarna på dialog och reflektion. Personalens förslag på utveckling av arbetsplatsrelationerna identifierades och genom det förbättringar i det dagliga arbetet.

Avhandlingen visar att det som krävs för att relationerna ska vara hälsofrämjande resurser är att ha möjligheten och tiden att kunna vara personlig med vårdtagaren. Att känna en tillhörighet till kollegorna är en resurs för välbefinnandet, vilket kräver att det finns tillit och en ömsesidig respekt i arbetsgruppen. Samhörighet med kollegor har signifikant betydelse för att uppleva sig nöjd i arbetet med vårdtagarna och i relationen med chefen, men påverkas också av anställningstid och en allmän positiv upplevelse av arbetet.

Resultaten visar även att relationen mellan medarbetare och chef är både en resurs för att göra ett gott arbete men också ett medel för att skapa en samhörighet på arbetet. Även att det finns olika förväntningar på varandra i relationen mellan personalen och cheferna och en ökad medvetenhet om varandras uppfattningar och rollförväntningar är förutsättningar för att skapa främjande relationer. Resultaten visar dessutom att olika arbetsplatsrelationer påverkar varandra. Alltså att uppleva en positiv samhörighet med kollegor har påverkan på relationen både till chefen och till vårdtagare och har starka samband till hälsa.

Resultatet från flerstegs-fokusgrupperna visar att formella och informella möten är två huvudsakliga utvecklingsområden som innefattas av relationer som kan bidra till en hälsofrämjande arbetsplats. Resultatet från fokusgrupperna pekar på en möjlighet att med hjälp av teorin om Flourishing (på svenska blomstrandeteorin) utforska och förstå arbetsplatsrelationer som resurs i hälsofrämjande insatser och förbättringsarbete.

Med ett ökat antal äldre i samhället och en redan ansträngd arbetssituation för personal inom äldrevården är forskning och hälsofrämjande insatser med fokus på salutogena arbetsrelationer angelägna. Resultatet från denna avhandling bidrar till kunskapsutveckling av det hälsofrämjande arbetet utifrån ett salutogent perspektiv gällande relationerna på arbetsplatsen. Resultatet bidrar också till en möjlig tillämpning för att utveckla hälsofrämjande arbetssätt inom äldreomsorgen, och därmed möjlighet att bibehålla en välmående personal.

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