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LONG-TERM SICKNESS ABSENCE - WORKING PROCEDURES AND COLLABORATION OF HUMAN RESOURCES AND OCCUPATIONAL HEALTH CARE

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Keywords: long-term sickness absence, return to work, action research, work ability coordinator, occupational health care.

The purpose of the Thesis was to develop and structure working procedures and collaboration of a social and health care district's (SHCD) human resources department (HR) and an occupational health care corporation (OHC) related to long-term sickness absence (LTSA) and return to work (RTW) processes. At baseline the stakeholders' wish for the Thesis collaboration was to strengthen and structure their collaboration related to LTSA and RTW processes. In addition, there was stakeholders disclosed need to have a concrete tool, e.g. checklist, to be developed to support their evaluation of employees within LTSA and RTW processes. Furthermore, there were expectations to clarify and update implementation of the processes of LTSA and RTW. The stakeholders participating the Thesis collaboration were a work ability coordinator (WAC) of the HR of the SHCD and an occupational health nurse (OHN) of the OHC.

The Thesis process was implemented as an action research using qualitative approach. Implementation of the research occurred in accordance with plan, action, observation and reflection phases of an action research cycle. The reflection phases actualized as three separate collaboration meetings in dialog with the stakeholders. The pragmatic philosophy of science served as the philosophical framework of the action research. It supported to solve challenges emerging from practice and to conduct critical evaluation and thinking of processes and actions occurred during the action research.

A literature review was conducted to support the theoretical viewpoint of the action research. The action research engrossed to the topics of management and policies of LTSA and RTW, and the most common causes of LTSA, musculoskeletal problems, mental health issues and psychosocial causes.

As an outcome the action research for its part improved the collaboration of the stakeholders and served as a good starting point for further strengthening of the collaboration related to LTSA and RTW processes. Additionally, as an outcome actualized design of the checklists for WAC and team of OHNs to structure evaluation of employees' in LTSA and RTW processes. Furthermore, process descriptions of collaboration of the stakeholder organisations and employee's process progression related to LTSA and RTW were produced to clarify and update processes of LTSA and RTW.

In the future, a research from viewpoint of employees within LTSA or RTW processes, or ones in a risk, or research related to aims of improving wellbeing as prevention and reduction of LTSA in practice would be interesting and important to implement.

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1 INTRODUCTION

In Finland employers are obligated to arrange occupational health care (OHC) services for employees. Additionally, employee, employer and OHC are required to collaborate for prevention of work-related sickness and injuries. Also, they need jointly support working ability of employee and operability of working community. (Occupational Health Care Act 1383/2001.) In Finland employers' OHC costs are compensated by the Social Insurance Institution KELA by reimbursements (Health Insurance Act 1224/2004, edited 20.1.2012).

Underlaying and managing sickness absence are one dimension of employers' management of working ability. Well-timed return to work (RTW) after long-term sickness absence (LTSA) requires consideration of employee's health status and occupational performance among demands of work and possibilities of modification. Policies concerning sickness absence and RTW needs to be agreed between employer, advocate of employees, occupational safety and health department and OHC. Support of working community, specifically manager, is fundamental factor of RTW. Good quality collaboration between employer and OHC creates conditions for employees successful RTW. (Finnish Institute of Occupational Health [Työterveyslaitos] n.d.)

Collaboration related to LTSA and RTW occurs in joint negotiations among employee, employer and OHC. Organizing a joint negotiation may be suggested by nearby manager, employee or advocate of OHC. Mean of joint negotiation is to support employee's working ability and RTW. This may actualize by adapting the work more suitable for one's occupational performance, also noticing needs and possibilities of working community. (Finnish Institute of Occupational Health [Työterveyslaitos] n.d.)

Demou, Smith, Bhaskar, Mackay, Brown, Hunt, Vargas-Prada & Macdonald (2018, 2) stated that healthcare sector is one of the sectors of employment that has highest work-related sickness rates. Sickness absence burdens public resources, employers' and employees' due to productivity loss and increased workload of present employees. Studies present that healthcare employees have high exposure to work-related risk factors that lead to sickness absence. In addition, healthcare employees' absence has noted

to cause increasing risk to work quality of patient care, progressive stress for present employees and expenses related to substitute workers for employers. (Demou et.al. 2018; Gorman, Yu & Alamgir 2010). Furthermore, in Western Countries sickness benefit claims are high and even medical technology and advanced measures of health have been developed and life expectancy raised, they seem to have no notable decreasing influence for these expenses. (Morgell, Backlund, Arrelöv & Strender, 2011).

Vlasveld, van der Feltz-Cornelis, Bültmann, Beekman, van Mechelen, Hoedeman & Anema (2012) stated that LTSA contributes up to 75 % of all absence expenses and accounts for over a third of work loss days. In addition, van Amelsvoorth, Jansen & Kant (2017) suggested that LTSA is noted to compose major part of the expenses of sickness absence caused for employers and society. They also noted that LTSA has recognized to associate with adverse impact to mental-health and wellbeing of participant ones. RTW may become more difficult for employee because of burden of health issues and reduced contacts to working community during LTSA. Often RTW forms as growing obstacle when LTSA is in question. (van Amelsvoorth et.al. 2017.)

One major concern is that there is noticed to exist an increasing risk for permanent disablement related to LTSA (Duodecim 2019; van Amelsvoorth et.al. 2017). Mänty, Lallukka, Lahti, Pietiläinen, Laaksonen, Lahelma & Rahkonen (2017) stated that sickness absence is a risk factor for severe future health issues, disability retirement and even premature death. Likewise, Vlasveld et.al. (2012) stated that LTSA is associated with reduced contingency of RTW. Like van Amelsvoorth et.al. (2017) brought up, in means of reducing costs and enhancing employees' health and wellbeing, there definitely seems to be a necessity to take occupational health policies and prevention strongly in consideration.

The Thesis process was implemented in collaboration with a Social and Health Care District's (SHCD) Human Recourses department (HR) and an Occupational Health Care corporation (OHC). At baseline the stakeholders recognized increasing challenge of LTSA. They perceived needs to develop and structure their working procedures, to strengthen and structure collaboration and clarify and update processes related to LTSA and RTW. The actual working life connected need for the Thesis implementation created the basis for the necessity of the work. In addition, like Nyman (2019, 4)

brought up, promotion of occupational performance and working ability are topical issues societally. Since RTW as diverse process requires multidisciplinary collaboration and assessment of working ability, implementation of assessments and processes of RTW should be competent. (Nyman 2019, 4). From international perspective the necessity of the Thesis implemented relates to aging of European workforce, longer working lives and growing retirement age, which mean increment in sickness absence of working population and growing importance of appropriate RTW policies. (EU-OSHA 2020).

The Thesis process was particularly focusing into the essential themes of LTSA and RTW. Topicality of the LTSA and RTW can be stated to be evidently appropriate both scientifically and in societal perspective, as existing major concern and manageable circumstances in present and future working life. Furthermore, increment of perspective of rehabilitation seems essential for comprehensive assessments and supportive actions in processes of LTSA and RTW. Additionally, as personally being occupational therapist (OT), it is easy to agree thoughts of Nyman (2019) about importance of professionality of OT's to be profitable to exploit increasingly in occupational rehabilitation and in supporting RTW (Nyman 2019, 4, 6-7).

2 LITERATURE REVIEW

The literature review engrossed topics of management and policies of LTSA and RTW and the most common causes of LTSA. The literature review was conducted by using SAMK Finna library online, and by direct use of EBSCOhost Research Platform and PubMed (NCBI) database to research scientific articles. Also, SpringerLink was used for article research. Furthermore, research about topic was conducted in the Internet by using Google Scholar. The Internet search was implemented both in English and in Finnish search terms. Among the research articles and publications, also literature related to the Thesis topic was reflected and referred. Adequate articles, publications and literature about the topic that were published preferably no longer than 10 years ago were included. Articles included also needed to be available in full text form.

2.1 Management and policies of long-term sickness absence and return to work

The Thesis engrosses to the topics of LTSA and RTW. LTSA is a general indicator for sickness and health issues, and it has been associated to a higher risk of unrealized RTW (Aagestad, Tyssen, Johannessen, Gravseth, Tynes & Sterud 2014). LTSA considers to be sickness absence that goes over 30 days or one month (Parnila & Skurnik-Järvinen 2015, 5). Employer is responsible to inform OHC about employee's sickness absence within a month absence at the latest for assessment of employee's working ability and RTW possibilities. (Occupational Health Care Act 1383/2001, edited 20.1.2012). Finnish legislation requires employer, employee and OHC to cooperate concerning assessment of employee's working ability in cases of LTSA. Management and prevention of sickness absence are statutory duties of employer. (Parnila & Skurnik-Järvinen 2015, 3, 5,6.)

In Finnish policy of sickness absence employee is permitted for absence from work, when there is reliable inquest for accounting work disability. Employer is justified to be noted about sickness absence, and employee is obligated to inform employer about absence as soon as possible after awareness of the need of it. Usually this notification is requirement for payment of wage during absence. Labor agreements and employer's policies dictate the procedure of recitation of sickness absence. (Kess & Laurila 2016, 132-133; Parnila & Skurnik-Järvinen 2015, 6, 10.)

LTSA is based on diagnosed sickness or disability of employee. When sickness occurs, assessment of working ability is conducted assimilated to work demands of employee's current job. When LTSA comes in question, there need to actualize assessment and recommendations for RTW alongside with rehabilitative actions and modification planning of the work. OHC has professionality for assessment of needs for modification of work and individual RTW procedures suitable for employees, but the actual settlements concerning modifications actualize in the working context. RTW plan should be committed in early stage of LTSA and in planning it is important to notice also employer's realities to provide work and actualize adjustments. (Duodecim 2019.)

Early interventions as RTW programs are seen to increase working ability of employees (Olsson, Erlandsson & Håkansson 2019). OHC collaborates with and supports employee and employer related to LTSA process. Partial sickness benefit along partial working, temporary work arrangements and substitute work in other position are supportive means of RTW. (Finnish Institute of Occupational Health [Työterveyslaitos] n.d.) Additionally, vocational rehabilitation as work trial, job training and re-education may become aspects to consider. Furthermore, re-placement into other tasks and/or working unit sometimes turn out relevant. (Keva 2019.)

Early intervention includes supportive actions that take place to improve employee's working ability and wellbeing at work. Monitoring LTSA is a managerial duty and it assists perceiving needs of early intervention before severe sickness or disability build up. For monitoring LTSA it is essential to define in advance managers' and OHC's tasks and processes. The aim of early intervention is to notice employees' symptoms, sickness and risks for disability and to activate care, rehabilitation and improvement and/or modification of working circumstances in working context. (The Centre for Occupational Safety [Työturvallisuuskeskus] 2015, 2-3.)

Early intervention bases into a confidential discussion between nearby manager and employee. The discussion is recommendable to document for both parties for follow-up monitoring of the situation. Employee is entitled to ask work safety councilor, or other support person, to participate the discussion. (The Centre for Occupational Safety [Työturvallisuuskeskus] 2015, 6.)

Main challenge for RTW is often employee's perceived lack of support from manager and employer. One reason is that always nearby managers are not genuinely even aware of their managerial duties related to LTSA and RTW. Nearby managers supposed role as employee's supporter in working ability matters might be indefinite for oneself. Also, employers perceive that there are growingly limited possibilities to support employee's RTW because of structures of organisation. In public sector organisational changes and continuous demand of expense savings have complicated replacement of employees and individualizing or modifying work tasks. Supportive aspects for RTW are noted to be organizing care and rehabilitation in early stage enough.

Also, communication between employee and employer during LTSA and collaboration related to employee's situation is important. (Saari 2012, 50-52.)

Current supportive policy for RTW in Finland is described as 30-60-90 regulation, in which employer monitors employee's occupational performance and OHC employee's state of health. Within 30 days absence employee contacts OHC at the latest for assessment need of working ability. Additionally, employer informs OHC about employee's sickness absence when 30 days absence fulfill at the latest. At this stage OHC conducts assessment about employee's working ability and physician writes out a certificate A for sickness absence. (Keva 2019.)

Within 60 days absence employee is required to deliver a sickness allowance application to Social Insurance Institution (KELA), since the benefit is required to be applied within two months. For that at this stage occurs assessment of residual working ability of employee and rehabilitation needs, and physician writes out a certificate B for sickness absence. Also, preliminary plan for RTW is recommended to produce in joint negotiation at this stage. (Keva 2019.)

Within 90 days absence OHC physician writes out a certificate B about employee's residual working ability and possibilities for RTW. Also, employee is required to deliver the documents to KELA for payments of sickness benefits over 90 days absence. Moreover, a copy of the documents should be delivered to pension insurer Keva at this stage. Within 90 days absence also joint negotiation should be organized for assessment of employee's working opportunities. (Keva 2019.)

2.2 The most common causes of long-term sickness absence

As the basis of the Thesis process there was a need to understand the main reasons behind LTSA. Research explicate that the most common causes of LTSA are musculoskeletal diseases and mental health issues. Janssens, Clays, De Clercq, Casini, De Bacquer, Kittel & Braeckman (2014) stated that mental health issues and musculoskeletal disorders are two of the major causes of LTSA in Western countries. Also, Demou

et.al. (2018) presented, musculoskeletal diseases are causing even up to 27 % and mental health issues 6 % of all sickness absence and based to that are leading problematics behind sickness absence. In the study was also brought up that average duration for musculoskeletal disease absence was 43,5 days and 53,9 days for mental health issue absence. Employees with absence related to depression had the longest, average 54 days absence. Additionally, in study of Morgell et.al. (2011) mental and behavioural disorders 34,4 % and musculoskeletal diseases 32,8 % were dominating causes of LTSA and could be nominated as most common causes of LTSA. Also, Halonen, Mänty, Pietiläinen, Kujanpää, Kanerva, Lahti, Lahelma, Rahkonen & Lallukka (2019) presented that among physical exposures at work mental disorders increase risk on disabilities related to work.

Musculoskeletal disorders challenge also working community and whole society among individual person suffering from disease. In 2016 1,4 % of Finnish working population received disability pension as consequence of musculoskeletal disorders. Economic expenses caused by musculoskeletal disorders are already significant, concerning social security benefits, health care costs and losses of productivity. Additionally, in the future these expenses seem to be continuously increasing because of aging of work force. (Kärkkäinen 2019, 1-3.)

Since mental health issues are already at least five of ten leading causes of disability, they really are growing concern globally and the most burdensome disability contributor worldwide. Mental health issues relate to all, regardless wealth, nationality, age, gender or social stratum and are continuously increasing challenge. Mental health issues have wide impact to individuals suffering from them and to working organisations through productivity losses. (World Health Organization 2000, 1.)

Referred to aforesaid, it consequently seemed distinct requirement to deepen understanding in the themes of musculoskeletal problems and mental health issue as causes of LTSA. Furthermore, psychosocial reasons related to LTSA raised as one important topic to research. Roelen, van Hoffen, Waage, Schaufeli, Twisk, Bjorvatn, Moen & Pallesen (2017) brought up important aspect that psychosocial issues associate with mental health problems. As psychosocial occupational stress is growing concern at

working life (Eurofound and EU-OSHA 2014, 70), it turned out to be also one significant topic to discourse. Subsequently the themes of musculoskeletal problems, mental health issues and psychosocial causes as most common causes of LTSA are introduced more in the following paragraphs.

2.2.1 Musculoskeletal problems

Musculoskeletal problems include wide range of different disorders, but common characteristic to all of them are prolonged pain and physical disability. Low back disorders, upper extremity disorders and knee and hip osteoarthritis are classified as musculoskeletal disorders. (Kärkkäinen 2019, 1-2-3.) Also, musculoskeletal problems can be long-term joint and spine disorders (Seuri & Suominen 2010, 285-287).

Most common musculoskeletal disorders causing sickness absence are back illnesses (Demou et.al. 2018; Seuri & Suominen 2010, 289, 291). Back pain is very common health problem, since almost everyone suffers from back pain in some stage of life. Job strain e.g. continuous lifting, awkward working positions and vibration are connected to the prevalence of having back problems. Also, life habits have influence, since smoking and obesity are connected to back pain issues. (Seuri & Suominen 2010, 289, 291.) Back pain is defined chronic if it persists for longer than 12 weeks/three months (Kärkkäinen 2019, 3; Seuri & Suominen 2010, 289, 291). Employees with activity limiting back pain problems tend to have recurrent sickness absence. Therefore, increase of the risk for repeated periods of LTSA and substantial productivity loss related to that is circumstance to consider. (Demou et.al. 2018.)

Also, common musculoskeletal issues are neck problems. Neck pain caused by work activities with neck flexion, neck rotation, high job demands, low skill discretion and low job security have been noticed to associate with sickness absence. (Ariëns, Bongers, Hoogendoorn, van der Wal & van Mechelen 2002; Demou et.al. 2018.)

Musculoskeletal problems usually demand nursing and rehabilitation and they might threaten working ability of employee for long period. Sometimes work affects sickness to occur and lead into LTSA, and sometimes cause of sickness relates to exercise and

activities at leisure. Usually younger employees have musculoskeletal issues related to burden at work and leisure. Elderly employees more often have spine disease and degenerative detritions in joints. In heavy work the impact of degenerative detritions in joints is major than in lighter work. In management of sickness absence related to musculoskeletal problems collaboration of employer and OHC is important. (Seuri & Suominen 2010, 285-287.)

2.2.2 Mental health issues

Roelen et.al. (2017) stated that mental health problems are the most important contributors of employees' sickness. Already in 2000 World Health Organization (2000) estimated that 15-30 % of employees will experience mental health problems during working life. OECD (2015) presented that 30 % to 40 % of all sickness absence and working disability of member countries was related to mental health problems (Roelen et.al. 2017). Mental health issues affect even one-fifth of the working population. Furthermore, it has been reported that every second person internationally will suffer some level of mental health problems in some stage of their lifetime. (OECD 2015, 9.)

Detriment caused by mental health issues in working life have continuously increased during last decade. Every year 1,5 % of Finns become ill with some mental health disorder, and every fifth of Finnish population suffer from mental health disorder. Mental health disorders are the most common reasons for disability retirement, and every year thousands of Finns end up to premature retirement. (Kess & Laurila 2016, 142-143.)

Expenditure of mental health illnesses is economic point of view is significant. People having mental health issues suffer economically because of lower employment. Also, employer organisations have productivity losses because of sickness absence. Furthermore, elevated social and health care expenses rise the economic burden. (OECD 2015, 9.)

Mental health problems related to LTSA have been increasing consistently. Specially absence related to depression have been increased. Common mental health problems

are psychotic illnesses, depression, anxiety and reaction in difficult stress and adjustment disorder. Concerning absence practice it should be a priority to see every person with mental health illness as an individual and with unique situation. In mental health illnesses it is important to support working ability of employees by early identification of sickness. Also, correct medication and providing supportive therapies uphold employees' working ability. Often need of supportive means continue for several years. Many employees with mental health issues seem to benefit from regular, stable work, with peak prevention. From perspective of employer and OHC it is important to communicate and have contact to employee at time of recovery and absence. In addition, collaboration of special health care and OHC is significant. A well-timed RTW can support recovery from mental health problems. After RTW support of working ability bases on monitoring executed by OHC. At work it is crucial to modify work to be as regular as possible and minimize mental burden. (Seuri & Suominen 2010, 269-275.)

In their study Demou et.al. (2018) brought up that depression is a leading cause of mental health issues causing sickness absence (Health and Safety Statistics 2014). Dimension of depressive indications and comorbidity of other symptoms, such and anxiety, along with social and emotional support and education affect procession of depression. Longer sickness absence associates with anxiety episodes, older age and lower education level. It has been estimated that only 10 % of people with experienced depression and anxiety are under employment. Also, Roelen et.al. (2017) presented that since LTSA related to mental health problems disconnects employees from working life, there is increasing risk of disablement and unemployment.

2.2.3 Psychosocial causes

Already in 2012 occupational stress caused by psychosocial factors was among the most common causes of work-related sickness and it affected over 40 million individuals in the European Union. (Zoni & Lucchini 2012.) Psychosocial risk factors relate to contents of the work and organisational and social aspects of working community. When misaligned and inadequately managed they cause harmful strain and occupational stress. Long-term exposure to psychosocial risk factors leads in adverse health

effects and occupational stress, which may cause sickness absence. (Work Safety Governance [Työsuojeluhallinto] 2017, 2-3.)

The psychosocial risks consist of management and social or physical working context and work contemplation, which may cause harm in psychological or physical ways. Psychosocial risks can lead into emotional, cognitive, behavioural or physiological reactions that cause stress. (Zoni & Lucchini 2012.)

Psychosocial reasons, such as perceived quality of management, amount of social support, operability of working community, perceived authority, independency of work and perceived justice within working community, are adverse psychosocial issues increasing sickness absence. (Seuri & Suominen 2010, 50.)

In addition, psychosocial risk factors include demands, such as improper workload and working environments. Also, lack of control over the work is considered as psychosocial risk factor. Furthermore, poor support within working community, prohibitive relationships and unacceptable behaviour are risk factors for psychosocial problems. Additionally, organisational changes might cause psychosocial burden, if not managed well. (Zoni & Lucchini 2012.)

Harassment at working community is one risk factor causing increased risk of mental health problems related to LTSA (Roelen et.al. 2017). Sometimes employees might end up to LTSA because of disagreements and mental violence at work. Unsolved disagreements might complicate RTW. Mental violence is defined as long-lasting harassment, discrimination and unfair treatment, and harassed person feels defenseless. Mental violence can be continuous pressuring, speechlessness, underestimation, accusations, criticism, jeering or judging one's looks or character. Furthermore, doubting one's state of mental health or other insulting speech is mental violence. (Seuri & Suominen 2010, 296-298.)

Sometimes working community or managers might asset demands too high for employee. Also, they might take away tasks or equipment. The flow of information can also be blocked. Trying to pressure employee to leave the working place and sexual harassment are also construed to be mental violence. When OHC finds out employees

experienced psychosocial problems at work, which relate to atmosphere or mental violence at working community, they should inform the managers in working unit. Notable is that this only can be done with permission of employee in question. OHC needs to advice the employee about importance of discussing the problems at work for problem solving. If working community has well-functioning absence management system, which employees trust in, it might be easier to bring up the problems. (Seuri & Suominen 2010, 296-298.)

Inappropriate treatment and harassment are psychosocial risk factors, which effect negatively in employee's health and operability of working community. Based on work safety legislation in Finland, employer is obligated to intervene harassment and violence occurred at working community. Work Safety Act 738/2002 legislates about harassment. If there appears harassment or other inappropriate behaviour at work that is directed to employee and causes harm or hazard for one's health and safety, employer is obligated to undertake all actions possible to eliminate grievance. (Kess & Laurila 2016, 150-151; Work Safety Act 738/2002.)

Psychosocial aspects of work are associated with mental health problems. Imbalance between of effort put into work and rewards received increase the risk of work-related stress and health issues. In addition, emotional exhaustion and burnout are related to work strain. (Roelen et.al. 2017.) Additionally, Janssens et.al. (2014) stated that psychosocial risk factors at work are related to LTSA concerning mental health problems and musculoskeletal disorders. Particularly bullying is identified as a risk factor causing higher risk of LTSA due to mental health and musculoskeletal issues. (Janssens et.al. 2014.)

Employer is obligated to take actions needed to ensure the safety and health of employees at work. Harmful work strain and occupational stress is required to be prevented, which sets a requirement for employer to be aware of the psychosocial risk factors at work. Active identification and evaluation of hazards at work are the key tools for employer to meet the requirement. Furthermore, employer may co-operate with OHC to assess psychosocial risk factors at working community and to make conclusions about health-related determinants. (Work Safety Governance [Työsuojeluhallinto] 2017, 3-4.)

3 OBJECTIVE OF THE THESIS

The objective of the Thesis was to develop and structure working procedures and collaboration of human resources (HR) of a social and health care district (SHCD) and occupational health care (OHC) related to LTSA and RTW processes. Stakeholders participating the Thesis collaboration were a work ability coordinator (WAC) of the HR of the SHCD and an occupational health nurse (OHN) of the OHC. At baseline the participant stakeholders' wish for the Thesis collaboration was to strengthen and structure collaboration between the stakeholders related to LTSA and RTW processes.

Also, the stakeholders wished some concrete tool, e.g. checklist, to be developed to support evaluation of employees within LTSA and RTW processes. Purpose of employee evaluation was to gather information about employees' situations related to LTSA and RTW in order to make adequate follow-up plans.

Furthermore, there were stakeholders' expectations to clarify and update implementation of the processes to handle current challenges and demands of LTSA and RTW. The participant professionals' expertise, alongside with the research of theory and knowledge about common policies of RTW and LTSA processes, were basis for the developmental work of the Thesis. The aim was deployment of better policies and divisions of work in manner of processes of LTSA and RTW.

4 MATERIALS AND METHODS

The Thesis process was implemented as an action research using qualitative approach. An action research approaches in researcher's and client collaborator's perception of problems, and based to problem defined, in the development of matters identified. In an action research the researcher and participant members of organisation are solving problems and doing developmental work in collaboration. An action research aims to improve specific practices in collaboration with individuals in specific situations and their context (Research Methodology 2019.) For contribution of the action research

implemented, the literature review was conducted related to the themes of the Thesis topic.

The pragmatic philosophy of science was used as the philosophical framework of the action research. In pragmatism habits of action are grounds for research. When practise does not realize as expected, there will arise a doubt about the way things are done. The doubt leads to research aiming to solve the problems emerging from practise. In pragmatic framework the theory and knowledge are related to the everyday life, in this action research into working life context. Pragmatic thinking is understanding about continuous possibility to grow knowledge, skills and experience. Also, it requires to critically reflect what knowledge and objects are already acquired. Critical evaluation of thinking and actions occurred are the basis for effective research and learning. (Pihlström 2014.)

The action research implemented based into dialog and collaboration with the stakeholders. Plan, action, observation and reflection phases of action research cycle (Research Methodology 2019) followed each other in the process progression as described in Figure 1. The reflection phases actualized in all together three collaboration meetings with the participant professionals during the action research. These meetings could be called as workshops which leaded into revised plans. Between the collaboration meetings e-mail group conversations served as means of communication.

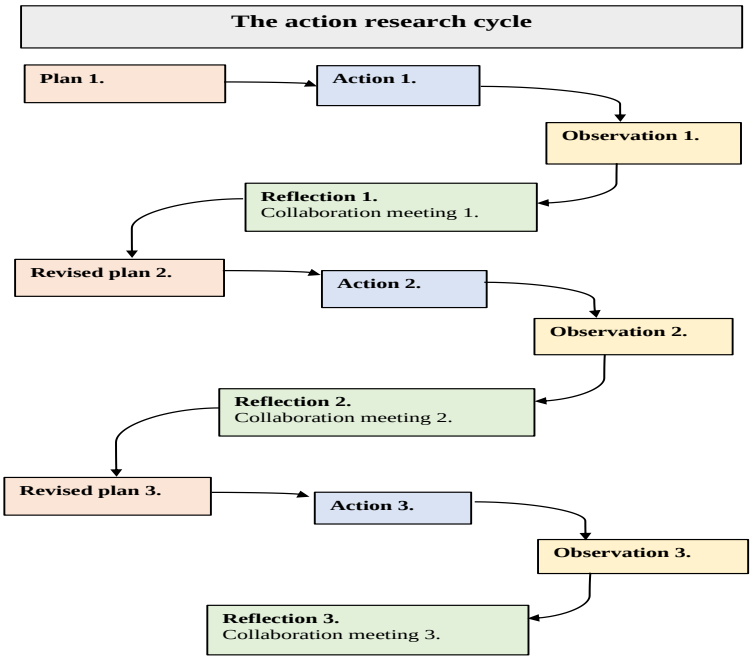

Figure 1. Plan, action, observation and reflection phases of the action research cycle (Research Methodology 2019).

The action research was implemented during year 2019. Preliminary planning of the action research actualized in January and February. At this point the objective of the action research was discussed with the stakeholders. Collaboration with the OHC was also agreed and the participant OHN was pointed for the research collaboration by service manager of the OHC. Also, preliminary agreement about implementation of the action research was agreed with the SHCD.

In March 2019 the research permit was applied and obtained from the SHCD, and the Thesis plan complited and approved. In the end of March, after the Thesis plan completion, the interviews were conducted. Transcription of the interviews was conducted during spring and early summer, and the data analysis during summer 2019. The literature review was mainly conducted during summer 2019 and was further supplemented in later stage. The collaboration meetings actualized in August, October and November and the meetings lasted approximately scheduled three hours at a time.

At baseline there was purpose to answer to deliberation about what are the current working procedures and tasks of the WAC and occupational health nurses (OHNs), and what kind of collaboration the stakeholders currently do have related to LTSA and RTW processes. This information was required for the basis of the developmental work of the action research. To accomplish this, there was executed a research about work and tasks of the WAC of the HR of the SHCD and OHNs of the OHC. At baseline there was a need to find answers to the following questions:

1. How do the WAC and the OHNs currently implement employee evaluation during LTSA and RTW processes?
2. What information do the WAC and OHNs collect in evaluation?
3. How do the WAC and OHNs currently monitor employees within LTSA and RTW process?
4. In which ways do the WAC and OHNs currently guide and support the employees within processes of LTSA or RTW?
5. What are the current ways of the collaboration between the HR and the OHC?
6. What opinions and experiences the WAC and the OHNs do have related to collaboration?

Aforesaid themes and deliberations were examined by data collected by individual interviews of the stakeholder WAC and OHN. The interviews were conducted with the stakeholders in the data collection stage. The interview frame (in Finnish) of more specific interview questions are attached in Appendix 1.

4.1 Data collection

The data was collected via individual interviews of the participant WAC and OHN. The interview of the WAC lasted for three hours and interview of the OHN for two and half hours. The interviews were actualized by using semi-structured, open ended questions and were recorded for following transcription. Responses and advancement of the interviews guided to ask more deepen questions and more specific open-ended questions were formed and asked during the interviews.

The stakeholder WAC was the only professional representing her profession at the HR related to LTSA and RTW processes. The stakeholder OHN had a significant role in bringing up information on behalf of all OHNs working at the stakeholder OHC, and, had discussed with her colleagues before conduction of the individual interview, and during the implementation of the action research. The WAC had been working in her current position at the HR of the SHCD for over four years and the OHN for her current employer for approximately eight years. The data was collected by semi-structured interviews because of need to gather focused, qualitative textual data. Open-ended questions allowed respondents to answer in open text format such that they could answer based on their complete knowledge, feeling, and understanding (Bhat Adi n.d.).

One complicating issue in the implementation of the action research was that the stakeholder OHN became replaced with another person after interview conduction, since the participant one at baseline changed employer and was disengaged from the process. However, this did not affect the process of the action research significantly, since the contents of the information collected by the interview was reviewed and its correctness was checked with the new stakeholder OHN.

4.2 Data analysis and main findings

The data analysis actualized as a qualitative content analysis. The content analysis was implemented as an inductive thematic analysis, since the priority of the analysis was the data collected and the content arising from it. The analysis based into transcribed material of the interviews. The transcribed material consisted of 38 pages, written in Times New Roman font size 11 and line spacing 1. In the transcription researcher's questions were written into own lines and interviewees' answers and comments into next lines word by word as expressed.

At the first phase of the analysis actualized reduction of the transcribed data. In the reduction the irrelevant content was eliminated and the data condensation and division in categories of customer initiation, work tasks, information collection, tools and methods and collaboration were conducted. These categories were further divided in information related to WAC's and OHC's work. (Erlingsson & Brysiewicz 2017; Tuomi & Sarajärvi 2018, 12-127, 140-145.)

In the second phase of the data analysis realized clustering of the data. The data was thematized in classes of similarities and differences of viewpoints of work and tasks of WAC and OHN, and information related to current collaboration and change requests for collaboration. Further on, at the third phase of the analysis the data was conceptualized. At this point the data was segregated by listing the viewpoints of pros and cons of the collaboration and information collected by WAC and OHN in employee evaluation. (Erlingsson & Brysiewicz 2017, 94,97; Tuomi Jouni & Sarajärvi A. 2018, 122-127.) The phases of the data analysis and main findings are described in Figure 2.

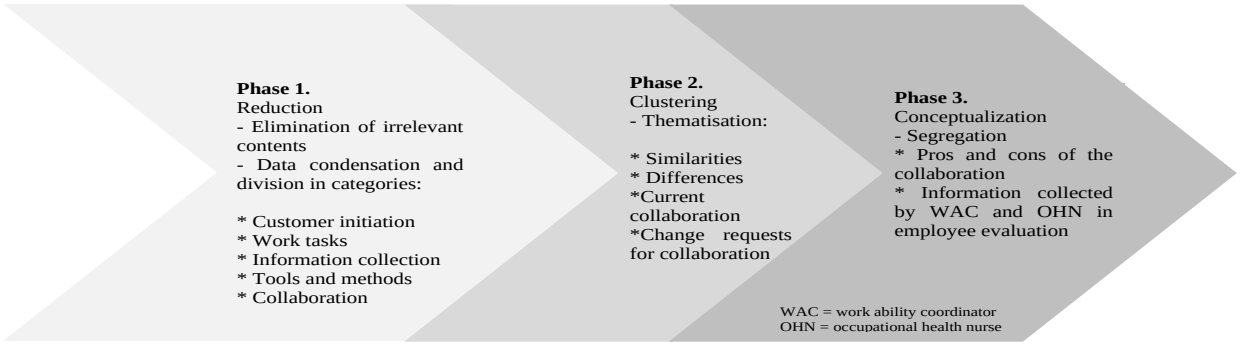

Figure 2. The phases of the data analysis (Erlingsson & Brysiewicz; Tuomi & Sarajärvi) and main findings.

In summary, the transcribed data was analysed through qualitative content analysis to identify major themes, contents and perspectives of WAC and OHN work, current collaboration and perceived developmental needs of collaboration related to LTSA and RTW processes. The data analysis identified themes of topic and made assertions relevant by detailed analysis as required (CIRT n.d.) and aimed to find answers to themes and deliberations set at baseline of the action research. The main findings of the data analysis are presented in the following paragraphs focusing in themes of similarities and differences of work and tasks of the WAC and OHN, pros and cons related to collaboration, and information collected by the WAC and OHN in employee evaluation.

4.2.1 The main similarities of the work and tasks of the work ability coordinator and the occupational health nurse

The main similarity of both participants, the HR and the OHC, was that their main priority was to support employees' working ability and pursuing to keep them activated to work. Also, both parties shared common worry about contemporary increasing challenge of LTSA. Furthermore, they shared viewpoint of LTSA to be considered sickness absence over 30 days and most common causes of LTSA to be mental health issues and musculoskeletal problems. Both professionals told that their evaluation of employees based in discussions and perceptions made based to that.

In addition, there was similarity concerning actual tools, which were not used, except BDI-21 used by OHNs for mapping depression symptoms. Both participants brought up their participation in joint negotiations for follow-up planning in processes of LTSA and RTW. In these meetings participate the employee, employee's nearby manager, the WAC and an OHN and/or a physician from OHC. Confidentiality and professional secrecy issues were also brought up by both participants. Those affect in exchange of information between the stakeholders to some extent. Similarities are listed in Table 1.

THE MAIN SIMILARITIES OF THE WORK AND TASKS OF THE WAC AND OHN
• Main priority is to support employees' working ability and pursuing to keep them activated to work. • Shared worry about contemporary increasing challenge of LTSA. • Shared viewpoint of LTSA to be considered sickness absence over 30 days. • Understanding of most common causes of LTSA to be mental health issues and musculoskeletal problems. • Lack of actual tools, stakeholders' evaluation of employees bases mainly in discussions with employee and perceptions made based to that. • Stakeholders participate in joint negotiations for follow-up planning in processes of LTSA and RTW. • Confidentiality and professional secrecy issues affect in exchange of information between stakeholders to some extent.

Table 1. The main similarities of the work and tasks of the WAC and OHN.

WAC = work ability coordinator
OHN = occupational health nurse
LTSA = long-term sickness absence
RTW = return to work

4.2.2 The main differences of the work and tasks of the work ability coordinator and the occupational health nurse

Main differences of the stakeholders' work and tasks were related to information collection they conducted concerning employee's situation. The WAC's priority was to inquest employee's professionality, knowledge and skills, education and work experience and possible needs of training and education. Also, the WAC was investigating employee's current job and tasks, current working unit and arrangements already conducted at work for suitability of work for employee.

So, the WAC concentrated to collect information about employee's readiness and skills related to work. Also, the WAC needed to inquire available positions inside working organisation to find applicable placement for relocation when needed. So, the WAC's interest was to emphasize employee's occupational performance and employer's possibilities to provide suitable work.

The OHN had priority to inquest employee's state of health and overall situation, and provide and organize needed examinations, care and rehabilitation for employee. The OHN emphasized to investigate employees current state of health and problems related to health and work. Also, the OHN made clarification about working context and employee's abilities and disabilities related to coping at work. Furthermore, the OHN examined actions already conducted related to employee's care, rehabilitation, examinations and medication. In evaluation the OHN emphasized employee's opportunities

to work for basis of physician's assessment of working ability, based to employee's state of health. To summarize, the WAC's interest outlined employee's readiness and skills related to possibilities to work, and employer's possibilities to provide suitable work. The OHN for her part had interest in state of health and care and one's opportunities to work based on those facts.

Also, there were some differences related to working arrangements of participants. When the WAC gives employee guidance about RTW process per se, the OHN gives guidance related to health issues and services available in health care. There is no monitoring including in the WAC's work per se, customership activates again after closure, when needed. The OHN monitors employee's situation during LTSA and RTW processes. The OHN convenes the joint negotiations, which is not the WAC's liability. When the OHN is primarily employee's support in LTSA and RTW processes, the WAC in addition supports, guided and assists employer. The WAC has a strong role as a support for employer organisation's nearby managers in LTSA and RTW processes, and, also is advocate of the employer's view. The main differences of viewpoints of the work and tasks of the WAC and OHN were classified as described in Table 2.

THE MAIN DIFFERENCES OF THE WORK AND TASKS OF THE WAC AND OHN

WAC/HR

- Employer's responsibility is to enable employee's RTW in the best possible way.

  WAC takes in account:

  - Employee's current knowledge and skills
  - Education and work experience
  - Needs of training and education
  - Current job description/tasks
  - Current working unit
  - Working arrangements already conducted

- WAC collects information about employee's readiness and skills related to work, and when needed, also available positions inside organisation, to find applicable placement for relocation.
- Emphasis is in employee's occupational performance, and in employer's possibilities to provide suitable work.
- WAC gives employee guidance about LTSA and RTW processes per se.
- There is no monitoring included in WAC work related to LTSA or RTW per se. When needed, customership activates again after closure.
- WAC does not convene the meetings for follow-up planning.
- WAC is in addition to support and guidance of employees also supporting, guiding and assisting the employer. WAC has a strong role as support of supervisors and managers in LTSA and RTW processes. She is an advocate of the employer's view.

OHN/OHC

- Occupational Health Care has a commission to collect information about employee's state of health and overall situation, and to provide needed examinations, care and rehabilitation.

  OHN examines:

  - Employee's current state of health
  - What are problems related to health and work
  - Clarification of working context
  - Employee's working ability/disabilities and coping at work
  - Actions already conducted (care, rehabilitation, examinations, medication etc.)

- OHN collects information emphasising employee's state of health and opportunities based to it. This information is basis for Phycisian's assessment of working ability.
- OHN gives employee guidance about health issues and services available related to health care per se.
- OHN monitors employee's situation during LTSA and in RTW processes.
- OHN convenes the meetings for follow-up planning.
- OHN is primarily employee's support

Table 2. The main differences of the work and tasks of the WAC and OHN.

WAC = work ability coordinator
OHN = occupational health nurse
LTSA = long-term sickness absence
RTW = return to work

4.2.3 The main pros and cons related to the collaboration

Mainly the collaboration of the HR and the OHC was perceived operational and communicative by both participants. The stakeholders explicated that related to collaboration of the HR and the OHC the priority is to support employee's RTW as soon as possible, and with right timing concerning employee's individual occupational performance. For this both parties should conduct the collection of information needed in early stage enough which seemed to need improvement. Also, the flow of information between participants was considered to need to be enhanced. In addition, somewhat different habitudes of the OHC professionals in customer processes had been confusing the WAC in some cases. In turn, the OHC seemed not to receive invariably information about nearby manager's and employee's early intervention discussions related to early support policy of LTSA and RTW.

Furthermore, sometimes follow-up plans made in joint negotiations have leaded to compromise, which might have caused tension between the stakeholders. The participants pointed out the importance of joint negotiations related to LTSA and RTW. The means of collaboration in joint negotiations was defined to support employees RTW and arrange suitable work considering one's potential and restrictions. The main pros and cons related to the collaboration are described in Table 3.

THE MAIN PROS AND CONS RELATED TO THE COLLABORATION	
PROS	**CONS**
Mainly collaboration is perceived well operational and communicative.	Information collection about employees' LTSA and RTW needs to occur in earlier stage of LTSA.
Participants have same priority to support employees' RTW with right timing and concerning employee's individual occupational performance.	Flow of information between stakeholders needs enhancement.
Both participants underwrite the importance of joint negotiations in matter of LTSA and RTW.	Somewhat different habitudes of OHC professionals in customer processes confuse WAC in some cases.
Collaboration in joint negotiations is perceived to support employees RTW.	OHC does not receive invariably information about discussions of nearby managers and employees related to early support policy concerning LTSA and RTW.
	Sometimes atmosphere in joint negotiations becomes tensioned, because of spontaneous compromise need related to follow-up plans. No collaboration enough for follow-up planning before joint negotiation.

Table 3. The main pros and cons related to the collaboration.

RTW = return to work
LTSA = long-term sickness absence
OHC = occupational health care
WAC = work ability coordinator

There were also multiple more specific issues that were considered in need of development and improvement in collaboration between the stakeholders, and, also internally in both organisations. Those more specific details will not be reported outside and will be developed within participant organisations further on. For these matters the action research served as transaction.

4.2.4 The information collected by the work ability coordinator and occupational health nurses in employee evaluation

The information that the stakeholders collected when evaluating employees in process of LTSA and RTW was also reviewed and examined more closely. At baseline the WAC considered factors related to employee's occupational performance and possibilities to work as professional. Employee's age, basic state of health, language proficiency, knowledge of use of technology and IT skills and possibility to drive a car as basic skills were the WAC's fundamental interest related to work. Also, the WAC obviously clarified education and working experience of employee and was interested about employee's willingness to change work and tasks. In addition, the WAC was identifying what kind of work and in what circumstances the employee has ability to participate. E.g. working time, physical demands and use of devices were important aspects to examine.

Furthermore, the WAC was mapping organisational aspects, pros and cons related to employee's current working unit and if needed, pros and cons of premeditated future working unit. Also, needs for modifications and attitudes within work unit were important matters to examine. In the end, the realities and possibilities of employer to provide suitable work was also crucial aspect of the examination of the WAC. All this information the WAC attend to collect aims to best possible outcomes to support participation and exploit the potential of employee by finding suitable work.

At baseline the OHN was interested about employee's ability for RTW. Health status, sicknesses, medication and balance in care were the essential things to examine. Also, the OHN was inquiring restrictions of employee, the examined and noticed ones as well as ones based into employee's own experience. Physical, psychological, social

and process skill restrictions of employee were objects of interest of the OHN. Furthermore, the OHN brought up importance of issues infecting employee's overall situation, as life situation, family affairs and life habits. Details concerning information collected by the WAC and OHN in employee evaluation are described in Table 4.

INFORMATION COLLECTED BY WAC AND OHN IN EMPLOYEE EVALUATION

WAC
Occupational performance and possibilities to work as professional related to RTW

Individual aspects and basic skills:
- Age
- Basic state of health
- Language proficiency
- Knowledge of use of technology and IT skills
- Possibility to drive a car
- Education
- Working experience
- Employee's willingness to change work and tasks

Division of work and circumstances:
- Working time
- Physical demands of work
- Devices

Organisational aspects:
- Pros and cons of current working unit
- Pros and cons of premeditated future working unit
- Needs for modifications
- Attitudes within work unit
- Realities and possibilities of employer to provide suitable work

OHN
Employee's ability for RTW

Health:
- Health status
- Sicknesses
- Medication
- Balance in care

Restrictions:
- Physical restrictions
- Psychological restrictions
- Social/Psychosocial restrictions
- Restrictions in process skills (attentiveness, concentration, performance capacity)

Else:
- Issues infecting one's overall situation (life situation, family affairs and life habits)

Table 4. Information collected by WAC and OHN in employee evaluation.

WAC = work ability coordinator
OHN = occupational health nurse
RTW = return to work

4.3 Developmental aspects

The developmental aspects of the action research were implemented in dialogue and collaboration with the stakeholders. After the data analysis stage, the dialogue with the stakeholders actualised in three separate collaboration meetings. In these meetings the results of the content analysis were first gone through. Furthermore, in the meetings actualized discussion about collaboration and developmental needs related to employee evaluation and implementation of LTSA and RTW processes.

In the collaboration meetings appeared very open and constructive discussion about the points of views the HR and the OHC had about evaluating employees' situations and about how the collection of information was perceived to be shared between the

participants. Also, discussion about current stage and developmental needs of collaboration was very open and courageous. At times the dialogue in collaboration meetings became intense and tensioned, but this was also driving force for development of understanding and structuring matters in question.

During the action research understanding about procedures of LTSA and RTW to adhere, and, also about each participant's work and needs deepened for the stakeholders. At baseline there was need to strengthen and structure collaboration between the stakeholders related to LTSA and RTW processes. On its part the dialog through the collaboration meetings responded to this need and there actualized a good starting point for strengthening and structuring of collaboration. Also, there was need to clarify and update implementation of LTSA and RTW processes. To respond to these needs there were process descriptions reviewed, updated and produced concerning the stakeholder organisations collaboration and employee's process progression related to LTSA and RTW processes.

For making adequate follow-up plans in LTSA and RTW processes, needs the evaluation actualize as effectively as possible and help to make right conclusions about employees' situations and needs. For the background of this were designed the checklists for the WAC and OHNs' to structure their information collection. Designing of the checklists as tools for the WAC and OHNs' to support their evaluation work and follow-up planning in joint negotiations responded to their request of desired concrete tool for structuring and dividing their work.

5 OUTCOMES

During the action research collaboration of the stakeholders began to strengthen and structure in progression of the process as wished at baseline. Also, the action research provided information and clarification for future confirmation of collaboration of the stakeholders. The stakeholders took responsibility to continue strengthening their collaboration continuously, and, also to promote the internal issues of the stakeholder

organisations', that came visible through discussion in the implementation of the action research.

As developmental outcome, there actualized design of concrete tools in form of checklists for the WAC and OHNs to structure their employee evaluation work within LTSA and RTW processes as wished. Furthermore, clarification and updating the processes of LTSA and RTW was realized by producing process descriptions of collaboration of the stakeholder organisations and employee's process progression related to LTSA and RTW processes. The progression of the action research implemented has been described in Figure 3.

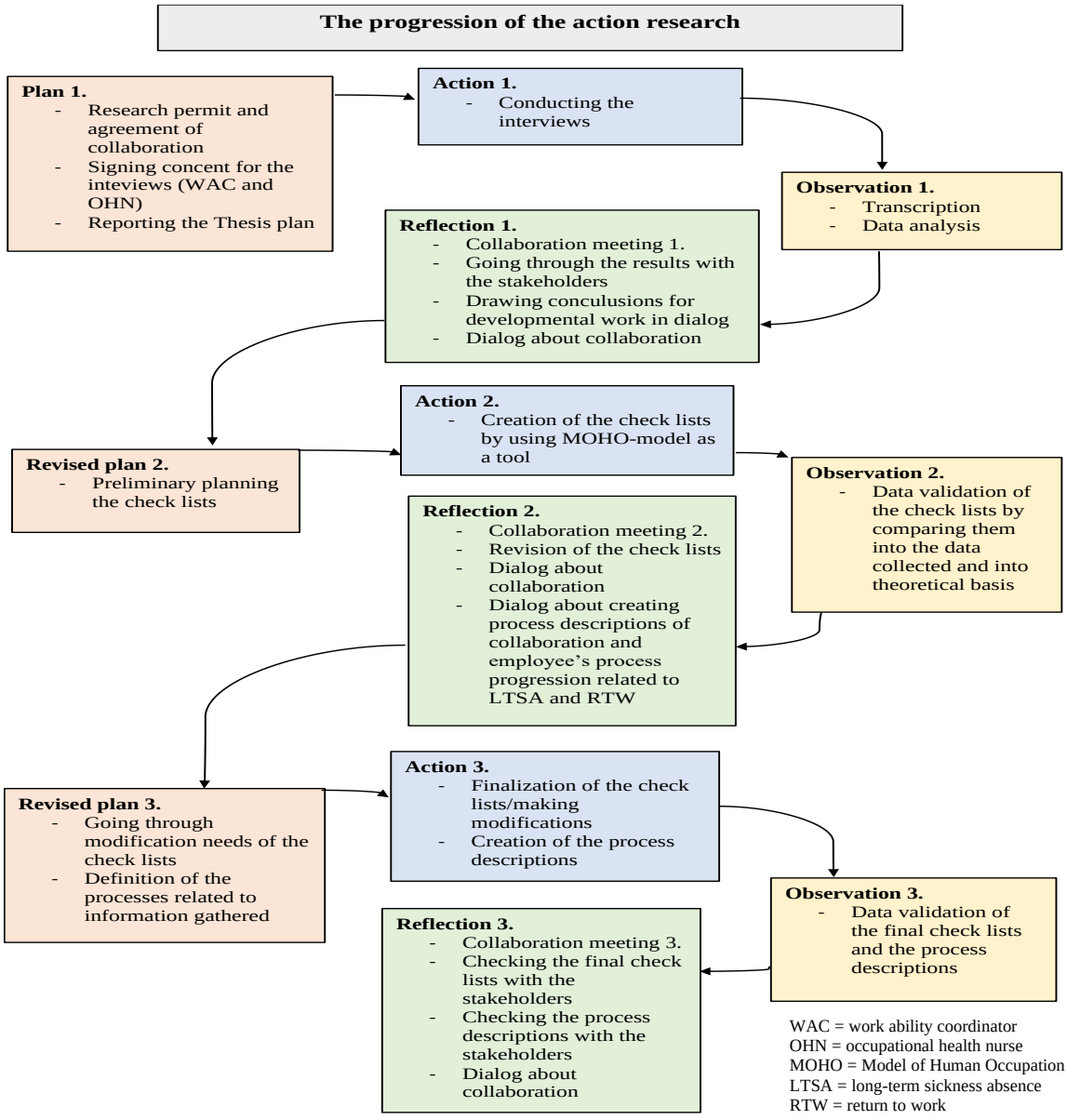

Figure 3. The progression of the action research implemented (retelling Research Methodology 2019).

5.1 Strengthened and structured collaboration

At baseline of the action research there were expectations to strengthen and structure collaboration of the HR and the OHC related to LTSA and RTW processes. So, strengthening and structuring collaboration were matters considered and reflected as the process went ahead.

The open discussion about developmental needs of the collaboration during the collaboration meetings were experienced very good and important by the stakeholders. The structuring of the collaboration related to LTSA and RTW realized via these discussions. Both stakeholders recognized the themes of collaboration in need of improvement that came up from the interview material and were interested in promoting the issues arisen. Also, there were identified several internal issues in need of development influencing the collaboration of the HR and the OHC in both stakeholder organisations. The participant stakeholders were willing to take responsibility for advancing these internal developmental needs and ideas related to those at the stakeholder organisations, at their own internal working contexts.

One important internal theme of the SHCD arisen during the action research collaboration was need of strengthening and clearing nearby managers' responsibilities related to LTSA and RTW in the SHCD organisation. The responsibilities of nearby managers in LTSA and RTW processes turned out to need clarification in working context. The participant WAC took responsibility to work this issue forward in the SHCD organisation. Drawing attention into the nearby managers responsibilities in processes of LTSA and RTW will for its part structure the collaboration of the stakeholders.

In practice the stakeholders are accountable for facilitation of the discussed grievance and possibilities to improve the collaboration further on. Bringing the themes of collaboration into discussion from an objective point of view of an external researcher appeared conducive and structuring. Even if the action research did not have particularly lengthy timespan, it conducted improvement for collaboration and served as a good starting point for further strengthening of collaboration between the stakeholders.

In practice the collaboration of the stakeholders related to LTSA and RTW takes place in joint negotiations. In these meetings participate the employee, nearby manager/service manager, the WAC from HR and an OHN and/or a physician from OHC. The mean is to agree about follow-up plans related to employee's LTSA and RTW. This requires essential information about employee's situation and working ability. For negotiation the WAC reports employee's ability to work and possibilities for RTW. An OHN, or physician, on one's part reports employee's state of health and restrictions related to work and RTW. For reporting they may utilize the checklists designed in the action research.

One important aspect was discussion about an open and agreed way to combine the information collected by the WAC and OHN in practice, when planning follow-up steps for employees' processes. This was concerned important for basis to make relevant and long-term solutions about employees' RTW, and if needed re-placement within working organisation. It was obvious that issues of confidentiality and professional secrecy were point of interest relating to the information combination. In Finland, related to Privacy Act at Work 2004/759, employer is entitled to process information related to employees' health issues, if the information is provided by employee self, or with employee's written consent. Furthermore, when employee specifically desires oneself working ability and health condition affecting it to be examined and evaluated, rises employer's entitlement to process health information. (Privacy Act at Work 2004/759.) In practice the combination of the relevant information related to employee's LTSA and RTW actualizes in the joint negotiations and with employee's permission. The employee is also present in the situations where the information concerning oneself is being processed.

5.2 Design of concrete tools in form of checklists

At baseline of the action research there was stakeholders disclosed need to have some concrete new tool, e.g. checklist, developed to support their evaluation work of employees within LTSA and RTW processes. As an outcome, there were checklists designed for both, the WAC and OHNs separately, based to the data collected and in

dialog with the stakeholders. Design of the checklists for both stakeholders with different contents appeared important, since their point of views should be quite different when evaluating employees' situations related to working ability and RTW.

The checklist design started with scrutinizing the information the WAC and OHNs collect, and should collect, when evaluating employees in processes of LTSA and RTW. Design of the checklists started by using Model of Human Occupation (MOHO) as a tool to structure conception. MOHO-model helped further to divide the information into a form of checklist contents. MOHO-model helped to categorize the data into the listings from viewpoint of both participant professionals for the basis of design of the checklists. MOHO-model used as a tool in design work of the checklists has been described in Figure 4.

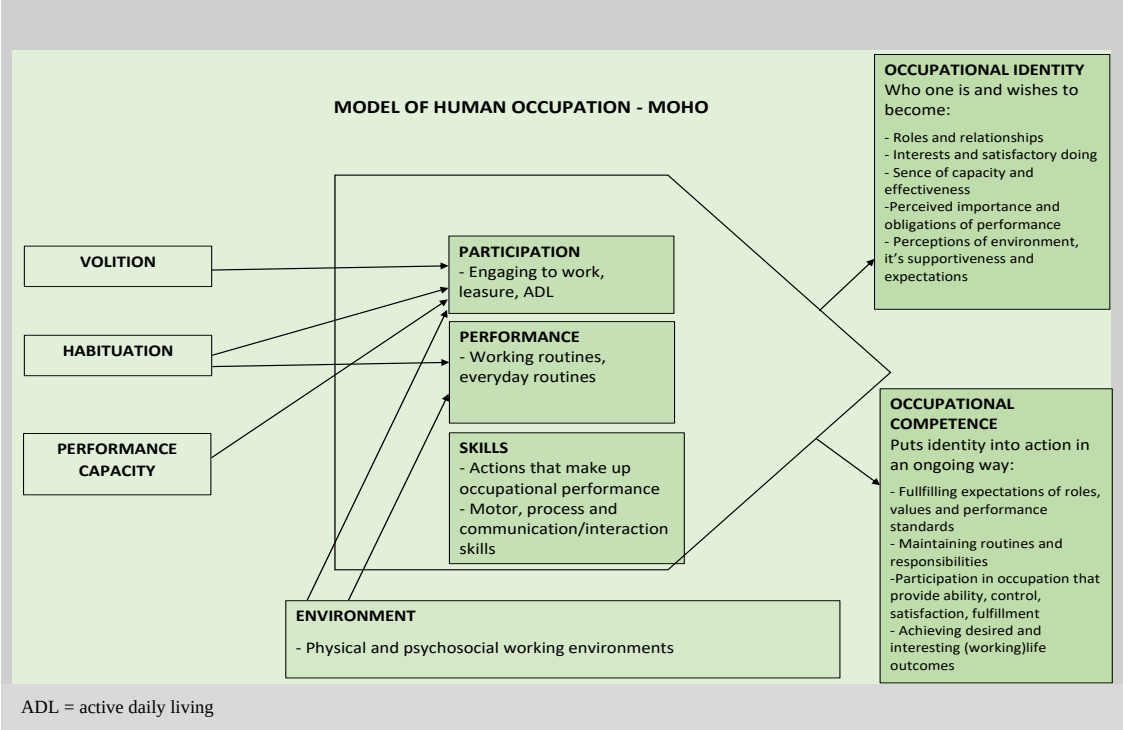

Figure 4. Model of Human Occupation -MOHO (Kielhofner 2008).

MOHO model consists of divisions of volition, habituation and performance capacity, which all lead into participation as engagement to work, leisure and ADL. Volition involves thoughts and feelings that are important to one (values) and, also one's interests. Habituation is person's readiness to exhibit behavior based to habits and routines. Performance capacity means ability to act and reply to provided things using one's

physical and mental capabilities. Volition and habituation also lead into performance in working routines and everyday routines. Environmental aspects, as physical and psychosocial working environments, influence into one's participation and performance. One's skills, as motor, process and communication/interaction skills, make up occupational performance. Skills together with ability of participation and performance, influenced by volition, habituation, performance capacity and environment, modify occupational identity and occupational competence. Occupational competence puts identity into action and leads at best into desired and interesting working life outcomes. (Kielhofner 2008, 34, 52, 68, 88, 101-108, 148.)

Design of the checklists was activated structuring the information via MOHO model. The analysed interview material gave good direction and content for this. In the checklist designed for the WAC employee's age, state of health, language proficiency, knowledge of use of technology and IT and possibility to drive a car were classified as skills of employee. Also, education and working experience of employee were classified as skills. The WAC's interest related to what employee has used to do to work and about employee's willingness to change work and tasks were considered as habituation and volition. The WAC was interested to know what kind of work and in what circumstances the employee has ability to do. E.g. working time, physical demands of work, devices etc. were categorized as performance capacity.

Pros and cons of current working unit, or pros and cons of future working unit when in question, as well as needs for work or working context modification and attitudes within working unit were classified as environment. Environment also included the realities and possibilities of employer to provide suitable work for employee. All the information the WAC collects targets to possibilities to support participation and exploit the potential of employee by finding suitable work. In the end, all the supportive means and decisions made should advance employee's occupational identity and occupational competence.

In the checklist designed for OHNs were considered her interests about employee's sicknesses, medication and balance in care, which were classified as performance capacity. Restrictions of employee were also examined, noticed ones as well as ones based into employee's own experience. Physical, psychological, social/psychosocial

and process restrictions were related to performance. Furthermore, the participant OHN brought up importance of issues infecting employee's situation, as life situation and family affairs, which were classified as environment. The structured information for the basis of design of the checklists via MOHO model is described in Figure 5.

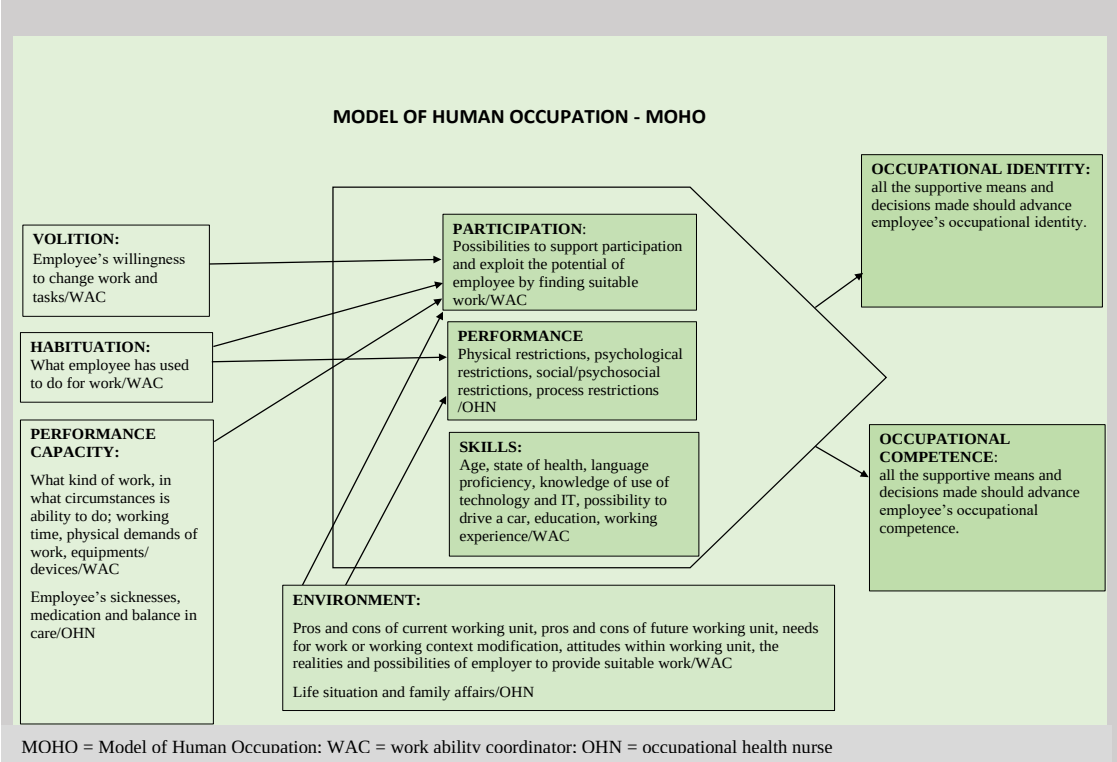

Figure 5. The structured information for the basis of design of the checklists via MOHO model (re-telling Kielhofner 2008).

The checklist designed for the WAC was created to take account the need to create overall picture about employee's working ability, one's possibilities to work and one's performance capacity. Also, contextual issues, physical as well as psychosocial, needs were addressed to be mapped, because employee's participation needs to be supported by suitable work and working environment for RTW. Furthermore, employer possibilities to provide suitable work was one significant factor to examine.

The checklist designed for OHNs was created for building overall picture about employee's state of health and restrictions and based to those one's ability for performance. In addition, need of defining issues in life situation and family affairs which might associate with LTSA were also taken in consideration in the checklist.

Mean of producing the checklists was to advance the stakeholders to collect information and evaluate employees' strengths and restrictions for follow-up planning. In the collaboration meeting the stakeholders showed satisfaction about the listings presented for them. The checklists concretely classify the points of view of the WAC and OHNs and themes they need to examine. The listings make visible the relevant and meaningful information that both participants should be investigating and collecting. Also, both parties are now more distinctly aware what information they collect for common interest.

5.3 Clarified and updated processes of long-term sickness absence and return to work

One significant developmental purpose of the action research was to clarify and update the processes of LTSA and RTW between the HR and the OHC. This actualized by producing updated process descriptions of collaboration of the stakeholder organisations and of employee's process progression related to the LTSA and RTW processes.

The process description of collaboration of the HR of the SHCD and the OHC describes detailed touchpoints of collaboration between the stakeholders and responsibilities of them. Additionally, when describing the part of the HR/WAC work in collaboration description, there was also need for including the managerial level actions at the working units into it. This was something important that needed developed and disclosing. Also, a list of issues to agree in joint negotiations related to LTSA and RTW processes, and a list of different means of RTW, were included to the process description as reminders and clarifying information.

In the employee's process progression description were described desired phases of LTSA and RTW processes based to 30-60-90 regulation (Keva 2019) for further execution of collaboration. This process description presents responsibilities of employee, nearby manager, OHC and WAC and liaison of them. Also, the scheduling and progression of organizing the joint negotiations are described, as well as different possibilities to continue the processes of LTSA and RTW. Production of both process descriptions based into dialog with the stakeholders in the collaboration meetings and

the literature review of management and policies of LTSA and RTW. Also, the information gathered by the individual interviews of the stakeholders provided somewhat information for the description of the processes.

The process description about process progression of employee related to LTSA and RTW, with excluded identifying information and translated into English, is presented in Figure 6 in Appendix 2. Process description about the collaboration of the SHCD and the OHC is not presented in the Thesis report with respect to confidentiality.

6 CONCLUSIONS

The action research implemented discourses topical themes of LTSA and RTW and outcomes of the literature review provides adequate information about management and policies of LTSA and RTW and the most common causes of LTSA. In developmental viewpoint the action research was implemented for strengthening and structuring collaboration of the SHCD as an employer organisation and the OHC related to LTSA and RTW processes. Overall, to some extent of strengthening and structuring of collaboration of the stakeholders was also achieved during the action research through dialog in collaboration meetings. But naturally, collaboration will continue strengthening onwards in further collaboration of the stakeholders when exploiting the outcomes of the action research in LTSA and RTW processes in practice.

One objective of the action research was to develop a concrete tool for the stakeholders' evaluation work related to LTSA and RTW processes. To meet this need there were checklists designed separately for the WAC and OHNs to structure their evaluation work. On one hand, use of the checklists may produce consistently wider general views of employees' situations for follow-up planning. On the other hand, use of the checklists may help specify and define the most consequential restrictions and challenges of employees influencing working ability. Also, use of the checklist may disclose some notable strengths and skills of employees that might otherwise stay imperceptible. The designed checklists are not published as appendices of the Thesis report

with respect to the fact that those were created specifically for the participant stakeholders' use.

Clarifying and updating the processes of LTSA and RTW actualized by producing updated process descriptions about collaboration of the HR of the SHCD and the OHC (not published) and about employee's process progression related to LTSA and RTW (Appendix 2). This occurred in collaboration with the stakeholders and an activating impact for early intervention policy of the stakeholder organisations was achieved at the same time. Also, noticing touchpoints of managerial responsibilities of employer organisation in LTSA and RTW processes was ensured by describing them up into updated process descriptions to support further work.

The action research implemented did underwrite the importance and advanced communication to be fulfilled in practice between employees and the stakeholder employer organisation and OHC. Furthermore, the action research activated supportive policy based to 30-60-90 regulation related to RTW (Keva 2019) to be followed and actualized consistently in practice in collaboration of the stakeholder organisations further on. This means that the action research advanced monitoring of employees' situations and active communication between employee, employer and the OHC during LTSA. Even if the stakeholders previously had knowledge on some level about policies that should be followed, in practice the processes had been varied, because the procedures had not been openly discussed, agreed and documented before. Ultimately, the action research did clarify, update and structure the processes of LTSA and RTW for the stakeholders as expected. In addition, the outcomes of the action research provide better qualification for managing LTSA and RTW processes internally and in collaboration between the stakeholders.

Furthermore, the action research did underlie the basis for the suitable and desired ways of proceeding processes of LTSA and RTW in collaboration between the stakeholders. With reference to the material collected and dialog with the stakeholders during the action research, RTW probabilities should be evaluated in dynamic dialog of employee, WAC, employer organisation and OHN/OHC. Employee should be in the center of the dialog, in which it is crucial to notice employee's individual state of health, disabilities or restrictions and skills and readiness for work.

For the dialog to occur the WAC/HR has responsibility to map employee's working ability by evaluating skills, knowledge and working experience. Also, the WAC/HR enables employee's RTW by considering one's situation and employer's possibilities to organise suitable work. Organisation's perspective in the dialog is to recognize realities related working time employee can fulfill, open vacancies and what overall is possible and reasonable to provide. Also, employer needs to consider physical facilities and attitudes in working community that might affect RTW. In practice the WAC represents employer organisation in RTW processes and views organisations point of views and realities to provide work in cooperation with nearby managers.

OHNs/OHC has responsibility to examine employee's state of health, observing diagnosis, medication and balance in care. Also, the OHNs/OHC evaluates employee's working ability, concerning occupational restrictions. Furthermore, the OHC provides care, medication and rehabilitation employee needs. Desired dynamics of the contents of the process between employee, WAC, employer organisation and OHN/OHC in process of LTSA and RTW has been described in Figure 7.

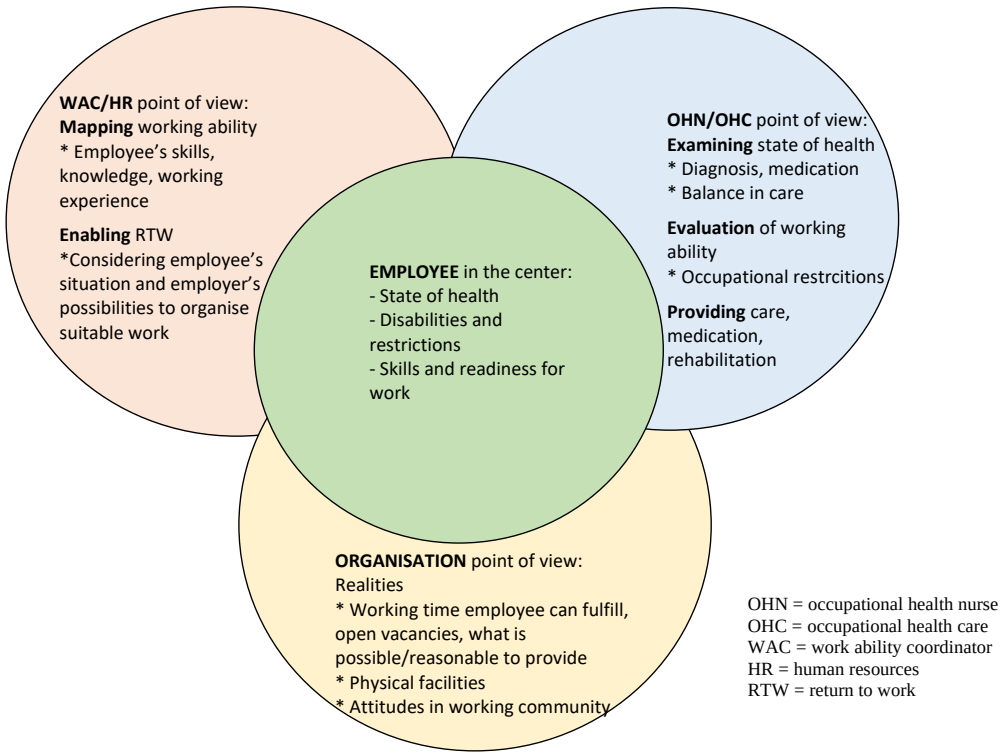

Figure 7. Desired dynamics of the contents of the process between employee, WAC, employer organisation and OHN/OHC in process of LTSA and RTW.

7 DISCUSSION

Since there seems to be increasing concern of generalization, growing expenses and disbenefits for working communities related to the LTSA (Demou et.al 2018; Kärkkäinen 2019, 1-3; Seuri & Suominen 2010, 50; Van Amelsvoorth et.al. 2017; Vlasveld et.al. 2012; World Health Organization 2000, 1), it is consequential to pay attention in early intervention and supportive actions at working life. A fact of LTSA increasing risk of persistent disablement also underwrites the importance of individual means of RTW and rehabilitative and work-related modificative actions to be taken in consideration (Duodecim 2019).

The Thesis process actualized as an action research in collaboration with two organisation stakeholders, HR of a SHCD and a OHC corporation, in mean to meet their specific developmental needs. At baseline, strengthening and structuring collaboration of the stakeholders and clarification and updating the processes of LTSA and RTW were purposes of the action research. Additionally, the purpose was also to develop actual tool, checklist or similar tool, for evaluation of employee's situation when LTSA and RTW are in question.

As developmental aspects of the action research there were updated process descriptions produced about collaboration of the HR and the OHC and employee's process progression related to LTSA and RTW. These process descriptions will further serve as tools and reminders about importance of LTSA and RTW interventions. Since there had occurred various implementations of the processes of LTSA and RTW previously, the stakeholders perceived the process descriptions to contribute the progression of LTSA and RTW processes in practice with desired manner. Also, the process descriptions produced were experienced activating and structuring collaboration of the stakeholders. Overall, the collaboration meetings of the action research seemed to serve as eye-opening occasions for the stakeholders in question of strengthening their collaboration and clarification and updating the processes of LTSA and RTW.

Also, the checklists were designed for evaluation work of the WAC and OHNs' and will give possibilities for structured information gathering about employee's situation

and for basis of follow-up planning in LTSA and RTW processes. At best well managed information collection and examination of employee's situation will impact one's occupational identity and competence in a significant way. Use of checklists hopefully helps the participants to create a bigger picture about employees' situations based to the information both parties focus collecting. Since the goal is to enable long-lasting solutions in RTW processes, it is appropriate to pay attention in the aspect of evaluation of employee's situation.

In theoretical viewpoint the action research engrossed topics of management and policies of LTSA and RTW. Importance of collaboration and communication between employee, employer and OHC related to LTSA and RTW can be pointed out to be significant (Seuri & Suominen 2010, 269-275, 285-287; Work Safety Governance [Työsuojeluhallinto] 2017, 3-4). Early interventions have been proved to increase employees' working ability (Olsson et.al. 2019) and cooperation of employee, employer and OHC seen important for finding out supportive means of LTSA and RTW (Finnish Institute of Occupational Health [Työterveyslaitos] n.d.). However, support of managers and employer are identified to be main challenge of RTW and usually based to their uncertainty about managerial duties related to LTSA and RTW (Saari 2012, 50-53). Current Finnish supportive policy for RTW is described as 30-60-90 regulation. The regulation guides employer and OHC to monitor employees' occupational performance and state of health in collaboration and explicitly (Keva 2019.) Compliance of the regulation gives a good guideline for managing LTSA and RTW.

The most common causes of LTSA can be stated to be musculoskeletal problems and mental health issues (Demou et.al. 2018; Halonen 2019; Janssens et.al. 2014; Morgell et.al. 2011). The stakeholder professionals also brought up these main causes of LTSA during the action research, based to their experience. In addition to these psychosocial reasons are related to LTSA and can be stated to be significant issue to recognize and pay attention to as cause of LTSA (Eurofound and EU-OSHA 2014, 70; Roelen et.al. 2017; Zoni & Lucchini 2012). Through the action research, literature review conducted, and collaborative dialogue realised, the stakeholders more likely are aware of and aim to pay more attention into psychosocial causes of LTSA. Also, consideration of active prevention of psychosocial causes of LTSA within employer working community as needed would naturally be desired.

In long run, aim of reducing LTSA requires good and quality collaboration between employer organisation and OHC. One strength of the action research implemented was that it on part was strengthening and structuring the collaboration between the stakeholders. The action research actualized in open dialog with participant stakeholders during design of the checklists and producing the process descriptions. On the way discussion increased understanding of both parties, and, also made some grievance visible to work with.

Also, strength of the action research was that the theory and the contents of the data analysis both disclosed the themes of topic adequately. Additionally, practical work met theory. On one hand, the knowledge of the stakeholders related to LTSA and RTW was in touch with the theory, based on their professionality and experience. On the other hand, the theory supported the developmental part of the process, and discussion and dialog between stakeholders. In the action research this information was further structured for more active use in practice. The major need of structuring and describing processes of LTSA and RTW and strengthening collaboration related to those were accomplished during the action research as planned. Furthermore, the action research was a good starting point for further development of internal organisational developmental needs of both parties related to LTSA and RTW.

Even if the action research actualized and purpose of it was accomplished overall as planned, there were some challenges in the implementation of it. First complicating issue was that the participant OHN became replaced with another person after interview conduction, since the participant one at baseline changed employer and was disengaged from the process. After that there started co-operation negotiations within the SHCD, which engaged whole HR personnel of the SHCD quite intensively, the participant WAC included. Furthermore, the participant OHC corporation was merged with another company via acquisition. So, both participant stakeholders had excessive strain with work during the Thesis process.

In addition, the internal developmental issues of both parties, that emerged from the action research collaboration, seemed to prevail in the end of the process for stakeholders. After all, even if there were these challenges mentioned, they showed out to quite minor in perspective of the action research collaboration and did not affect the

process progression of it considerably. In addition, even if the OHC corporation merged with another company, the collaboration with the participant SHCD continues onwards with new corporation structure of the OHC. So, the outcomes of the action research are still adequate to use further in collaboration between these parties. The unfortunate limitation is that experiment of using the designed checklists did not actualize in the end of the action research due to changes in the stakeholder organisations. So, there was no feedback available about functionality of the checklists in reporting stage of the action research. Hence, added value of the use of the checklists remains to be seen subsequently.

What comes to generalization of the outcomes of the action research the literature review pictures management and main policies of LTSA and RTW, which can be used as informant in similar projects. Also, the composition of literature review gives adequate information about the most common causes of LTSA. Additionally, the description of employee's process progression related to LTSA and RTW (Appendix 2) is usable in other LTSA and RTW processes.

Ethical issues were considered in the action research as required. Before actualization of the process, the Thesis plan was jointly compiled and reviewed. Research permit was applied and confirmed with the SHCD. With the OHC corporation the research permit matter was also examined, and the conclusion was from their part that there was no need to compose specific record of permit, but the agreement about collaboration via e-mail and verbal conversations were satisfactory. At baseline, the participant WAC and OHN signed consent to interviews. The consent to interview indicated the confidentiality of handling the information related to stakeholders and their right to suspend participation at any time. Also, the participant stakeholders authorized the use of the information they provided during the collaboration for the purpose of the action research. The template of the consent to interview (in Finnish) is attached to the report as Appendix 3.

As a researcher the action research implemented was an interesting touchpoint into collaboration of the HR of the SHCD and OHC. The implementation of the action research in collaboration with the stakeholders occurred easygoing and naturally. In practice the action research advanced effortlessly and smoothly. One responsibility as

a researcher was to provide theoretical background and to collect data for the developmental work. Also, a role as an objective party was to maintain and promote discussion at the collaboration meetings for progression of the action research in right direction according to the objectives. In addition, there was responsibility for producing the checklists and process descriptions as developmental tasks based to data collected and to dialog with stakeholders during the action research. The realization of these responsibilities seemed to come true satisfyingly.

The ponderous part of the whole research proved to be the reporting stage of the Thesis, which intended to turn out quite a burden. It was surprisingly difficult to write a report about the actualized action research, knowledge and experience based into it, considering pervasive data material. Somewhat partially interrelated and overlapping contents of strengthening and structuring collaboration, and clarifying and updating the procedures, challenged reporting somewhat in logic and distinct way. This is why some contents of strengthened and structured collaboration and clarified and updated processes may be duplicated or disclosed in section of outcomes in the report.

Since the action research concentrated into work-related need of the participant stakeholders, the implementation largely based into their perspectives and needs combined with theory. In the future, it would be interesting to execute a research in which data collection would actualize within employees in LTSA or RTW processes, or ones in a risk. Additionally, research related to employer's and OHC's aims of prevention and reduction of LTSA in practice, e.g. programs, group rehabilitation etc. seems important. Furthermore, contemplation and/or experiment of methods for improving wellbeing at work as preventive means of LTSA would be one aspect interesting and important for further research. As personally being OT, the most interesting would be to find out added value of OT professionality related to processes of LTSA and RTW utilized in an employer organisation.

Also, it would be very important and interesting to examine OT professionality in OHC context as expert of rehabilitation related to LTSA and RTW. Unfortunately, in Finnish Occupational Health Care Act 1383 (2001) OT's are currently not mentioned as professionals or experts to practice their profession in OHC. Since utilization of knowledge of OT's remains entirely as employer's expense, is OT rehabilitation still

largely unused among services OHC provides. Related to this there is a risk factor for employee's disability related to work and LTSA to become prolonged because of lack of relevant and right timed rehabilitation. (Holmberg & Drushinin 2019.)

Health policy program of Akava (2019), a Finnish union of university and polytechnic graduates with 36 member unions, states the importance of utilization of OHC service range wider than at present, related to support of employees' working ability and working performance. OHC services should be developed to provide multidisciplinary expertise of all rehabilitation professionals, including OT expertise (Holmberg & Drushinin 2019). So, hopefully there will actualize a change in legislation in the future, which enables OT's to utilize their expertise in OHC as it seems needed. Meantime there was an interesting opportunity to have a touchpoint into topics of LTSA and RTW, and, also some impact by providing OT expertise and collaboration for stakeholder OHC corporation throughout the action research implemented.

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INTERVIEW QUESTION FRAME / occupational health nurse (OHN)
HAASTATTELURUNKO / työterveyshoitaja

Työskentelet työterveyshoitajana [redacted], joka toteuttaa [redacted] työterveyshuoltoa.

- Kuinka kauan olet toiminut työterveyshoitajana?
- Kuinka kauan olet hoitanut [redacted] työntekijöiden asioita?
- Kuinka monta muuta työterveyshoitajaa hoitaa [redacted]-asiakkaita?
- Aiemmin on sovittu, että tässä haastattelussa keskitytään pitkillä sairauslomilla oleviin [redacted] työntekijöihin sekä pitkän sairauspoissaolon jälkeen työhön palaavien [redacted] työntekijöiden asioihin.

INTERVIEW QUESTION FRAME / work ability coordinator (WAC)
HAASTATTELURUNKO / työkykykoordinaattori

Työskentelet työkykykoordinaattorina [redacted].

- Kuinka kauan olet tehnyt työkykykoordinaattorin tehtävää?
- Työskenteleekö samassa tehtävässä muita työkykykoordinaattoreita? Jos kyllä, niin miten toimitte yhteistyössä?
- Aiemmin on sovittu, että tässä haastattelussa keskitytään pitkillä sairauslomilla oleviin asiakkaisiisi/työntekijöihin sekä pitkän sairauspoissaolon jälkeen työhön palaavien työntekijöiden asioihin.

KYSYMYKSIÄ/QUESTIONS:

  - Kerrotko näistä asiakkaistasi. Keitä he ovat? (esim. työyksikkö, ammatti/koulutustausta, ikä, sukupuoli…)
  - Miten paljon sinulla on näitä asiakkaita (vuositasolla tmv.)?
  - Miten pitkiä asiakkuudet/prosessit yleensä/useimmiten ovat?
  - Kerrotko roolistasi (pääasiallisista työtehtävistäsi) näihin asiakkaisiisi liittyen?
  - Mikä tarkoitus ja tavoite toiminnallasi on työyhteisön tasolla?
  - Mitkä asiat ohjaavat työtäsi (sopimukset, käytännöt, työaika, fasiliteetit...)?

- Kerrotko miten sinun työhösi liittyvät pitkillä sairauslomilla olevien [redacted] työntekijöiden asiat/prosessit?
  - Mikä tarkoitus ja tavoite toiminnallasi on asiakkaan tilanteeseen liittyen?

- Mitä tietoa saat lähtökohtaisesti pitkillä sairauslomilla olevista työntekijöistä?
- Keneltä nämä tiedot tulevat sinulle?
- Miten tiedot tulevat sinulle (keskustelu/säpo/lomake…)?
- Mitä sinulta odotetaan/sinun oletetaan tekevän pitkillä sairauslomilla oleviin työntekijöihin liittyen?
- Mitä teet käytännössä ja miten?
    - tietojen käsittely
    - suunnittelu
    - toteutus
    - tietojen säilyttäminen
    - tietojen/asiakkaan tilanteen seuraaminen

- Keitä ovat yhteistyötahosi pitkillä sairauslomilla oleviin työntekijöihin liittyen (sisäiset ja ulkoiset)?
    - Mitä yhteistyö pitää sisällään?
    - Mikä on yhteistyön tavoite?
    - Miten kommunikoitte/mitä käytänteitä teillä on yhteistyöhön liittyen (keskustelu/kokous/lomakkeet/säpo…)?

- **Teetkö arviointia pitkillä sairauslomilla olevista työntekijöistä?**
    - **KYLLÄ:**
        - Miten toteutat arvioinnin?
        - Mihin asioihin arviointi liittyy? Mitä arvioit? Mitä tietoa keräät?
        - Käytätkö jotain välineitä/menetelmiä? Jos kyllä, niin mitä?
        - Mitä teet keräämälläsi tiedolla/arvioinnin tuloksilla?
            - tietojen käsittely
            - suunnittelu
            - toteutus
            - tietojen säilyttäminen
            - tietojen/asiakkaan tilanteen seuraaminen
    - **EI:**
        - Kuka arvioinnin tekee tai on tehnyt?
        - Mitä tietoa sinä saat arvioinnista?
        - Saatko kaiken tarvitsemasi tiedon helposti?
        - Jäätkö kaipaamaan jotain olennaisena pitämääsi tietoa?

        - Mitä sinun odotetaan tekevän saamillasi tiedoilla?

        - Mitä teet käytännössä?

            - tietojen käsittely
            - suunnittelu
            - toteutus
            - tietojen säilyttäminen
            - tietojen/asiakkaan tilanteen seuraaminen

- Miten seuraat pitkillä sairauslomilla olevien työntekijöiden tilanteita?

    - s-loman pituus
    - s-loman syyt
    - s-loman jatkaminen (tarve, peruste…)

- Missä asioissa ohjaat pitkillä sairauslomilla olevia työntekijöitä?

    - Miten ohjaustyö tapahtuu (puhelin/säpo/tapaaminen…)?

- **Työntekijän työhön paluu pitkän sairauspoissaolon jälkeen:**

- Missä vaiheessa pitkää sairauspoissaoloa työhön paluun ajatukset tulevat ajankohtaisiksi?

- Kenestä lähtee ajatus työhön paluusta työntekijän pitkittyneen sairauspoissaolon aikana?

    - Jos **sinusta**, niin miten asia lähtee käyntiin ja etenee?

        - Mitä asiota suunnittelet ja mitä teet käytännössä?

    - Jos jostain **muusta ammattilaisesta** käsin, niin kenestä?

        - Miten asia lähtee tällöin käyntiin ja etenee?

        - Miten sinä liityt prosessiin ja mitä teet?

    - Jos **työntekijästä** käsin, niin miten sinulle tulee tieto siitä, että työntekijä suunnittelee tai toivoo työhön paluuta?

        - Miten asia lähtee tällöin käyntiin ja etenee?

        - Miten sinä liityt prosessiin ja mitä teet?

- **Arvioitko työhön paluuseen liittyviä asioita?**

    - **KYLLÄ:**
        - Miten toteutat arvioinnin?

        - Mihin asioihin arviointi liittyy? Mitä arvioit? Mitä tietoa keräät?

        - Käytätkö jotain välineitä/menetelmiä arvioidessasi työhön paluuseen liittyviä asioita? Jos kyllä, niin mitä?

        - Mitä teet arvioinnista saamallasi tiedoilla?

            - tietojen käsittely
            - suunnittelu
            - toteutus
            - tietojen säilyttäminen
            - tietojen/asiakkaan tilanteen seuraaminen

    - **EI:**
        - Kuka arvioinnin on tehnyt?

        - Mitä tietoa sinä saat arvioinnista oman työsi tueksi?

        - Millä tavoin saat tiedot (keskustelu/säpo/lomake)?

        - Saatko kaiken tarvitsemasi tiedon helposti?
        - Jäätkö kaipaamaan jotain olennaisena pitämääsi tietoa?

        - Mitä sinun odotetaan tekevän saamillasi tiedoilla?

        - Mitä teet käytännössä?
            - tietojen käsittely
            - suunnittelu
            - toteutus
            - tietojen säilyttäminen
            - tietojen/asiakkaan tilanteen seuraaminen

- Mitä teet käytännössä työhönpaluuprosessin käynnistyessä ja edetessä?

    - tiedon keruu/tietojen käsittely
    - suunnittelu
    - toteutus
    - tietojen säilyttäminen
    - tietojen/asiakkaan tilanteen seuraaminen

- Ketkä kaikki liittyvät työhön paluun suunnitteluun ja toteutukseen?
    - organisaatiot
    - henkilöt

- Miten seuraat pitkän sairauspoissaolon jälkeen työhön palanneiden työntekijöiden tilanteita?

    - työyksikön ja -tehtävän sopivuus
    - työajan sopivuus
    - työntekijän fyysinen, psyykkinen ja sosiaalinen hyvinvointi, osallisuus ja jaksaminen

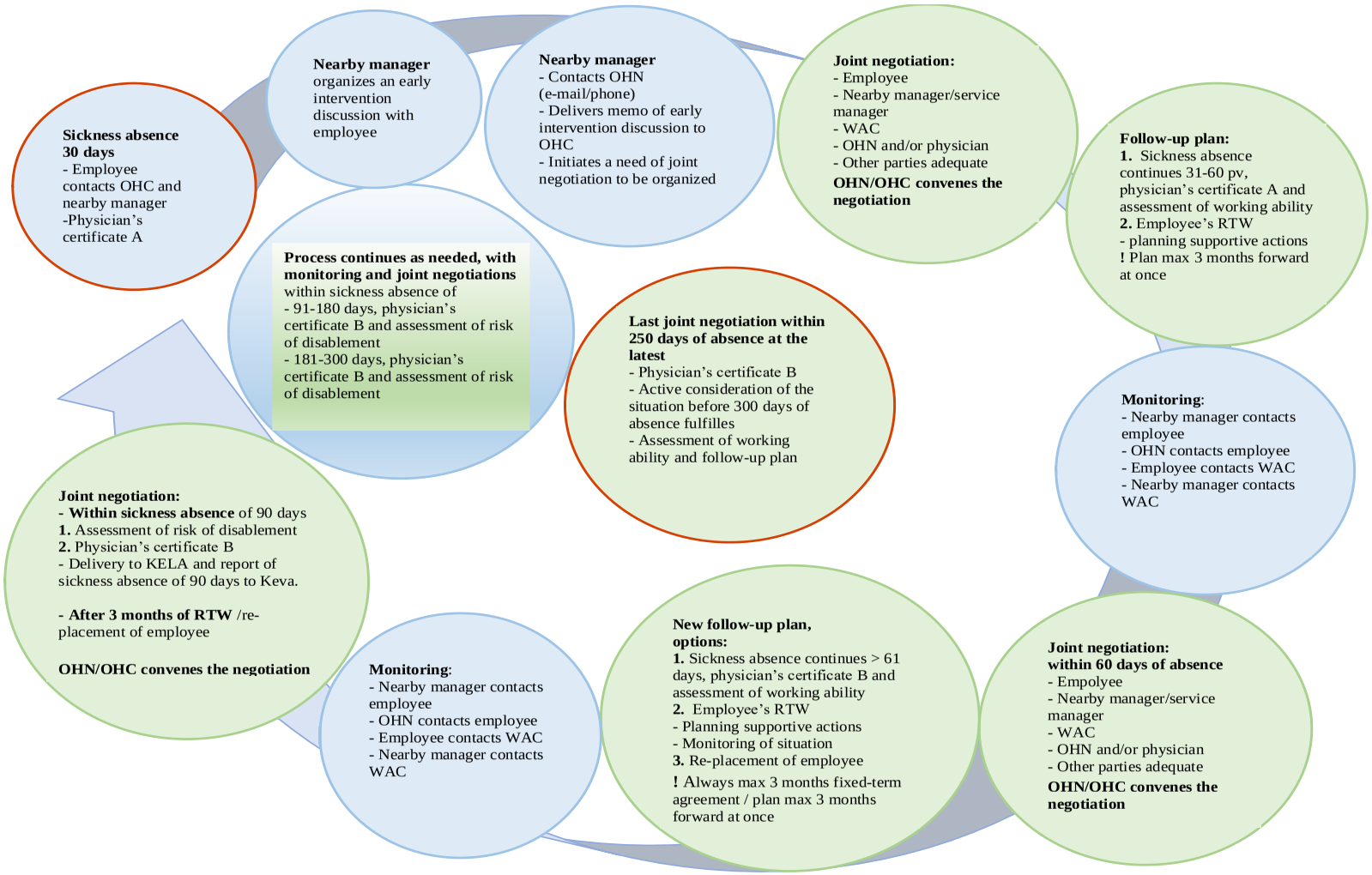
- Missä asioissa ohjaat pitkän sairauspoissaolon jälkeen työhön palaavia/palanneita työntekijöitä?

    - Miten ohjaustyö tapahtuu (puhelin/säpo/tapaaminen…)?

Yhteistyö [redacted] kanssa:

- Kertoisitko [redacted] ja [redacted] nykyisestä yhteistyöstä.
    - Mitä kaikkea yhteistyö koskee?
    - Miten yhteistyö koskettaa sinun työtäsi?
    - Miten yhteistyö mielestäsi sujuu?
    - Mitä muutosta toivoisit yhteistyöhön?

Employee's process progression related to LTSA and RTW



Saikko Sanna, Occupational Therapist
Master degree program, SAMK 2019.

Figure 6. Employee's process progression related to LTSA and RTW.

APPENDIX 3

Opiskelijan lopputyöhön liittyvä yhteistyö

SUOSTUMUS KEHITTÄMISTYÖHÖN JA HAASTATTELUUN OSALLISTUMISESTA

Minä _____

suostun vapaaehtoisesti osallistumaan Satakunnan ammattikorkeakoulussa Master degree -ohjelmassa opiskelevan Sanna Saikon lopputyöhön liittyvään, työtäni ja työyhteisöäni koskevaan kehittämistyöhön ja siihen liittyviin yksilöhaastatteluun/-haastatteluihin ja tarvittaessa ryhmähaastatteluun/-haastatteluihin.

Minulle on selvitetty haastatteluun/haastatteluihin liittyvät olennaiset seikat ja annan luvan kertomani tiedon käyttämiseen tässä tarkoituksessa. Tiedostan, että voin halutessani keskeyttää osallistumiseni haastatteluun/haastatteluihin.

Haastattelussa/haastatteluissa minulta saatuja tietoja käytetään Sanna Saikon lopputyönä toteutuvaan työni ja työyhteisöni kehittämistyöhön, johon myös osallistun yhteistyökumppanina. Haastattelussa/haastatteluissa kerätty aineisto tuhotaan kehittämistyön toteutumisen jälkeen, taikka erikseen sovittaessa säilytetään tarvittava ja sovittava ajanjakso Tutkimuseettisen neuvottelukunnan ohjeita noudattaen.

_____ _____

Aika ja paikka Osallistujan allekirjoitus

Lisätietoja tarvittaessa opiskelija Sanna Saikolta:

Sanna Saikko
[redacted]