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Health impact of enterprise restructuring: Innovative approaches in organisations

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Monitoring **I**nnovative **R**estructuring in **E**urope

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To achieve the above mentioned goals, each of the participating countries (Belgium, France, Germany, Sweden, United Kingdom) will set up national expert networks which met and connected more closely during the course of the project. Each country conducted case studies which document present national „good practice“in terms of innovative restructuring.

The IPG (Institute for Psychology of Work, Unemployment and Health) is responsible for investigating the health impact of enterprise restructuring for the MIRE project. This document aims to introduce innovative approaches to better manage the impact of restructuring on health. We put special emphasis on describing the development of new initiatives to help our readers understand the steps each organisation went through to conceive of these ideas and their implementation.

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Executive Summary

The current report includes an analysis of health promotion initiatives in relation to restructuring which were part of several case studies produced within the MIRE project. The examples of the following five initiatives show how health can become a central issue prior or during restructuring which needs to be addressed by the concerned organisation, consultant or other institutional bodies responsible for managing, supporting, or financing the restructuring. Health initiatives, such as the examples included in this report, allow a company, consultant or other institutional body to directly confront the issue of unemployment and health prior - but also during - the restructuring. Example of initiatives outlined here include: rehabilitation initiatives to improve the reintegration chances of sick employees; group workshops to increase health awareness so as to reduce stress and (restructuring related) ill-health following dismissal; social support and counselling in redeployment situations; staff health monitoring and internal health initiatives to reduce stress and increase health awareness following restructuring; as well as new anticipatory methods, such as accessible health and stress tools for employees to monitor health while giving the company better means to monitor stress during normal operations, but also reorganisations.

Important prerequisites to increase the acceptance of restructuring and health promotion amongst social actors relate to the following: organisations have to accept restructuring as normal aspects of a company development. That approach would then enable organisations to deal with restructuring in a proactive way, considering it as part of a continuous, long-term process and moving away from considering restructuring an unforeseen “accident” or “crisis” – which implies crisis management rather than conscientious, socially responsible acting on behalf of the social actors. Furthermore, restructuring and health promotion need to be integrated into the organisational development of a company: requiring organisations to address potential production and employee issues into their strategic business plans to allow more flexibility in times of change. Incorporating employee concerns into the organisational development, particularly focusing on sustainability of expertise and production efficiency by addressing stress and employability, increase the organisation’s as well as employees’ options in cases of restructuring.

These prerequisites simultaneously mirror the frequent obstacles resulting from attitudinal views held by social actors, traditional separation of areas of responsibilities, and sectoral characteristics. The scarcity of health promotion initiatives employed prior, during, or after restructuring exemplifies the lack of more innovative health approaches beyond health and safety training, and more general Employee Assistance Programmes. Health is often not considered a primary concern at work by the individual employee nor the actual organisation despite the research stating the link between the characteristics of the work environment, individual and group health awareness, social support, and effects of insecure employment and uncertainty on performance and efficiency. Instead, the current stance of organisations risks medicalising and individualising the issue of health, a specific concern that has been mentioned by unions and works councils. Restructuring may trigger already existing health problems or may lead to chronification of previous health problems. Organisational instability and change also have an effect on employee trust, and perception of justice.

Employers assume that employees will be able to manage the process of occupational transition themselves. Health promotion at the worksite before downsizing or dismissal creates positive sustainability which enables employees and organisations to better cope with change by developing new employment perspectives. Despite the potential benefits, most Occupational Health Services (OHS) do not include preventive health promotion initiatives.

Whereas the lack of specific knowledge regarding the effects of restructuring on the dismissed and the surviving employees are explanatory factors, the lack of interest on the side of many social actors – public and private – is certainly also to blame for the current situation.

The following recommendations and steps are required in terms of policy, organisational approaches, and social actor involvement to improve the dissatisfactory status quo in European organisations:

- Modifying current practices in organisations represents one first step towards integrating more health initiatives in the full process of restructuring. This will require multi-stakeholder approaches such as public and private bodies (i.e. public employment service, OHS, professional associations) in the wider environment, and the responsible parties for health and safety, HRM, and organisational development within the company. However, employees must also be able to voice their concerns, thus becoming empowered participants in the social dialogue regarding health at work. Accessibility of health benefits and initiatives need to be increased during working hours, just as SMEs need to have better access to expertise and opportunities to participate. A further step relates to official definition of health at work which needs to encompass not just health and safety, workplace accident management, or occupational disease diagnostics. A number of new pioneers as well as existing actors could also play a crucial support role for managers responsible for managing the restructuring, provide training to vulnerable employees (i.e. those with previous health problems), and give access to information about health promotion to small and medium sized organisations. These actors – particularly the much needed pioneers (examples are given in the report) - should be supported on a national as well as European level. Fostering local initiatives in association with local commerce associations and others is another step forward towards modifying organisational practices.

- Certification and standardisation of currently available health-related training programmes are another step beyond simply modifying organisational practice and encouraging existing and new actors to implement, support and promote health initiatives. Health promotion tools need to be modified in order to be more compatible with the requirements of the changing organisational environment, thus exceeding the traditional risk approach. In addition, certificates of excellence could further smooth the introduction of health initiatives and increase health awareness in organisations. The participation of works councils and unions in the social dialogue is a positive step forward in terms of the employee trust, health and sense of justice in uncertain times: their commitment to the agreed goals of the restructuring process leads to smoother transitions.

- Legislation is closely tied to standardisation and certification. For example, the currently existing and very limited criteria regarding the involvement of company physicians at work need to be revised to go well beyond annual visits to inspect hazardous working areas. Company physicians should – in addition to the health and safety representatives – get involved into risk assessments and health initiatives. Another proactive step forward would be new legislation that required all healthcare providers (national services as well as company health insurance funds) to provide annual statistics to enable companies as well as national bodies to monitor health more closely. In addition, changing current health regulation to include a clause that requires these actors to introduce, fund, and monitor preventive health concepts as part of their services would furthermore redefine and redistribute the responsibility for prevention and health promotion beyond the traditional clinical approach limited to physical ill-health at work.

- In order for the above recommendations to be put in place, new research efforts (i.e. EU DG Research, FP 7) must be focused on assessing the health impact of restructuring, the importance of employability, and the introduction of new policy recommendations beyond those outlined above. Health must become a central aspect of employment as well as corporate and social responsibility. In addition, health should be put on the agenda of European bodies and association such as European Works Councils and EU-funded company initiatives so as to furthermore encourage a more positive public discourse and a more specific focus on improving HRM practices (in terms of reducing negative stressors, maintaining or broadening support systems, and taking on the concerns of the survivors-of-layoffs).

In conclusion, health promotion at work needs to be recognized as being of imperative competitive value to organisations to avoid the vicious cycle of restructuring which leads to counterproductive loss of productivity (as demonstrated by the SSER research from the ILO and many experts involved in MIRE). Overcoming barriers to organisational change, including health into the concept of CSR, and the de–individualization of health at work, as well as social convoy of employees in occupational transitions are important factors to avoid the potential long-term hysteresis effects on individuals that may result from a longer-term exclusion from the labour market.

The following report and innovative case studies illustrate how organisations, different new and established actors, can play an important role of making health an issue of central importance to organisational functioning in the process of restructuring companies.

1. Innovation, Health and Restructuring

Restructuring today generally aims to improve organisational performance, often by downsizing their workforce in connection with structural changes. However, organisational efficacy is often one of the aspects which are negatively affected before, during and after such a process - to the point that downsizing decreases efficiency instead of increasing it. Measures typically used to assess the effectiveness of downsizing from a corporate perspective are clearly inadequate as a means to understand and manage the impact of this process on all stakeholders such as employees and the local community (Shaw & Barrett-Power, 1997). Such measures usually related to economic performance indicators, as profitability, productivity, investment returns, consumer satisfaction, etc. But fallout effects for those employees being dismissed and affected by the restructuring process produce a new cost factor to be considered in society and at work. Restructuring acquires a new dimension beyond the obvious financial and political connotations – the consequences and implications of restructuring for the health of those being directly or indirectly being affected by this process.

In the past, occupational health has been investigated primarily in relation to obvious physical risks to the individual's health, focusing on ergonomic and physical needs at work. An example is the legislation in place in Germany, which favours a co-operative conflict solution mechanism to balance broad societal and industrial consensus. Health and safety at work is regulated by the national labour law as well as the social security law. However, the focus of these accident prevention regulations is the prevention of industrial accidents and industrial diseases (Beerman, Kuhn & Kompier, 1999). This reflects the emphasis of common policy on preventing physical ill health, but these policies are not sufficient to address those human elements of stress which relate to mental stress and emotional distress in a changing organisation.

Each workplace will present its own set of stressors. These may be simply due to the working environment (i.e. delays due to lacking materials, subsequent disruptions and time pressure; physical stressors such as noise, heat, dirt and dust), the working time (i.e. shift work, flexitime, part-time), the particular characteristics of the job and its subsequent potential for stress due to the workload (Hacker & Richter, 1980). This is further compounded by the potential lack of control and greater role ambiguity (Mohr & Udrich, 1996). Frequent restructurings increasingly force organisations to acknowledge new causes for stress: uncertainty, employability, an increasingly individualised assumption of responsibility on part of the employee in maintaining and getting new work. Taking this in account, all these stressors are more likely to be reproduced in new combinations and to impact negatively on the workforce where the job descriptions, working groups and entire departments change or disappear in the wake of a restructuring. It has become apparent that the consequences of an organisational restructuring are often twofold for the workforce: for one, there are those who are being dismissed. Secondly, there are those remaining in a changed working environment (survivor-of-layoffs). Both groups experience different stressors as the result of the restructuring, with an emphasis on personal well-being and behaviour. The following section looks first at the effect of unemployment following dismissal.

Redundancy: Psychological and physical health aspects of unemployment

Unemployment has different repercussions for the individual, both on a more personal as well as social level. The individual's behaviour may change for the worse with an increasing tendency to smoke, to consume alcohol, to having unhealthy sleep patterns and a lack of physical exercise. All these risk factors affect the long-term health of the individual. This is reflected in research on indicators of ill-health related to heart and circulatory systems such as blood pressure, the immune system, catecholamin and cholestorin levels amongst the unemployed (Bormann, 1992). The health insurance costs in general are rising widely in the EU mainly due to psychosomatic illnesses, which are often associated with unemployment and insecure employment (Glaser, 2000; see also Kieselbach, Winefield, Boyd & Anderson, 2006).

The social aspects of unemployment are often related to the above change in behaviour. Social exclusion is the result of the person withdrawing from others and engaging in fewer activities. The withdrawal is based on the belief that the unemployed person is no longer a part of society as such, particularly where society defines its members according to their employment status. A culture of "blaming the victim" frequently prevails, which forces the blame on the dismissed employee rather than looking at his or her dismissal in the context of economic and political developments. This new reality, the dependence on state and welfare is often experienced as a shameful existence. This experience again leads to feelings of lower self esteem, self-efficacy, and a feeling of reduced autonomy (Kieselbach, 2000). As a result, the jobless either voluntarily withdraw as described above, or they develop new forms of relationships with those on the fringes of society (Kronauer, 2002). They experience social isolation, loneliness, disorganised sleep and meal times. Increased visits to GPs and medical care services are another telltale sign of problems experienced by the jobless individuals (Turtle & Ridley, 1984). Observed health concerns include mental problems (manifest physical symptoms, depression, dissatisfaction with present situation, anxiety, hopelessness, helplessness, low self-esteem, feeling resigned to fate as well as experiencing apathy). By association, unemployment also affects family relationships (spouses, children) and the personal network (friends) (Kieselbach, 1988; Kieselbach, Lödige-Röhrs & Lünser, 1998).

In general, unemployed adolescents and adults are treated differently in research, the assumption is that unemployment is less serious for the adolescent compared to middle-aged professionals with an established career and professional work identity. However, growing rates of unemployment among adolescents has brought the issue of psychosocial development disruption to the fore, with alienation and increased deviant and anti-social behaviour are assumed to be one of the effects (Kieselbach, 2000). Whereas restructuring is not directly affecting those adolescents out of work, the likelihood of these being recruited into organisations declines with the length of unemployment as their work orientation decreases. The change in behaviour, the health status and the mental problems may again compound the situation further. It is more difficult to reintegrate a person into the job market after prolonged unemployment, particularly if this unemployment itself led to ill health. In general, unemployment tends to have a negative effect on people's health (Murphy & Athanasou, 1999; Paul & Moser, 2001; Kasl & Jones, 2000; Zempel, Bacher & Moser, 2001).

Surviving the restructuring: Psychological and physical health aspects

Restructuring and organisational changes affect not only those who were dismissed, but also those who remain. These employees are not necessarily fortunate ones just because they apparently survived downsizing unscathed in comparison to those who were made redundant. Downsizing in particular is experienced as a difficult and painful process, resulting in increased insecurity and health problems but also heightened stress and reduced motivation among remaining employees. This again can be observed by a lower productivity (Kieselbach, 2006). Other warning signs are increased absence rates, reduced sense of loyalty towards the organisation, risk avoidance, resistance to further change and reduced work commitment. These forms of behaviour often vary according to the stage of the occupational transition a person feels he or she is at, such as the point of preparation, confrontation, adjustment and stabilisation (Nicholson & West, 1988). In addition, survivors of layoffs often find that their job has been deeply modified; survivors report role overload, role ambiguity and role conflict (Tombaugh & White, 1990). Modified jobs may also lead to more musculoskeletal problems, particularly in the case of an increased physical workload. The reduction of skill discretion and lower job security moreover contribute to the individual stress levels (Kivimäki, Vahtera, Ferrie, Hemingway & Pentti, 2001). The downsizing experience involves adverse changes of psychosocial factors and thus a great amount of psychological stress. Thornhill and Saunders (1998) presented the main psychological states and behavioural reactions which are common to survivors. Among the psychological states, negative feelings of anger, anxiety, guilt, and uncertainty have to be mentioned, but these are furthermore accompanied by increased work stress, perception of job insecurity, lack of job satisfaction, and decreased organisational commitment.

The personal and social consequences of stress and the sense of increased job insecurity following a restructuring (including dismissals) may result in feelings of guilt, lack of engagement, and anxiety amongst the remaining workforce. This is often described as “survivor sickness“ (Noer, 1997). The above research indicates that restructuring has a significant role to play in the workplace. The organisational restructuring rationale usually focuses on improving the one’s competitiveness and future prospects. The findings, however, indicate that the individual employee’s ability to cope with this process, as well as the potential knock-on effects such as negatively changed behaviour and increased health issues, form a significant barrier for any organisation intending to restructure successfully. Kieselbach & Beelmann (2004) recommend that company health insurance initiatives should be considered by companies planning to restructure and downsize so as to implement preventive health measures prior to reorganisation event. Transition counselling could be an important area which should be developed in addition to targeted counselling offers that emphasise systematic implementation and evaluation of data so as to detect health risks, particularly indicators for future morbidity amongst survivors.

If survivors’ reactions are to be included into the evaluation of downsizing, a more general notion of it must be adopted, like that proposed by Shaw & Barrett-Power (1997, p. 109): “a constellation of stressor events centring around pressures toward workforce reductions which place demands upon the organisation, work groups, and individual employees, and require a process of coping and adaptation”.

Trends and new concepts in the changing workplace and organisation

As the working environment has changed to more temporary and insecure employment, new concepts have increasingly dominated the discussion. Job insecurity and employability are new terms used to define the work environment and subsequent effects on the employee, as well as an increasing emphasis on marketability of professional skills and abilities to increase long-term job prospects.

The new working environment: Job insecurity

The psychological concept of job insecurity hereby refers to concerns regarding the continuation of the job (Hartley, Jacobson, Klandermans & Van Vuuren, 1991; Sverke & Hellgren, 2002). Job insecurity has a negative impact on employees' health and well-being (for an overview, see e.g.: De Witte, 2000; Nolan, Wichert & Burchell, 2000). Job insecurity is also consistently negatively associated with job satisfaction (e.g. Hellgren, Sverke & Isaksson, 1999; Hartley et al, 1991). Parallel to this, higher burnout scores are reported among job-insecure employees (e.g. Dekker & Schaufeli, 1995). Their general sense of psychological well-being is lower, too. Longitudinal studies confirm that job insecurity has a causal influence on these indicators (e.g. Burchell, 1994). Job insecurity also influences employees' organisational attitudes, thus also affecting the organisation as such. The perception of job insecurity is often linked to reduced organisational commitment (e.g. Brockner, Tyler & Cooper-Schneider, 1992; Rosenblatt, Talmud & Ruvio, 1999), and mistrust with regards to company management (Ashford, Lee & Bobko, 1989).

Insecurity becomes especially an issue, where dismissals were part of the restructuring process and survivors viewed dismissals as unfair or unjustified. Researchers analysed antecedents of job insecurity and implicate radical transformations on an economic level, such as large-scale restructuring processes, downsizing, company closures and privatisations, in the hope of reducing costs and increasing the organisation's efficiency. These interventions are usually accompanied by massive staff dismissals (Kozlowski, Chao, Smith & Heldlund, 1993). These evolutions, and the increase in the number of temporary employees may have resulted in heightened feelings of job insecurity (OECD, 1997).

The finding that job insecurity also affects organisational commitment, can equally be interpreted in various ways. Firstly, it may be indicative of resentment on the part of the employee. Certainty about the future of one's job constitutes one of the components of the psychological contract between employer and employee. When this certainty is affected, the employee may try to restore the unbalance by showing less interest, motivation and commitment (Schalk & Freese, 1993).

The described individual reactions to restructuring suggest that the mental and behavioural effects often form a barrier to successfully reaching the intended structure or level of competitiveness in an organisation. A particular aspect of this process is the loss of qualified employees, the so-called "creaming-off effect" or otherwise known as "brain drain" (Rosenblatt & Sheaffer, 2001). Employees with good employability chances are more likely to leave the organisation voluntarily (Kieselbach, 1997a, 1997b). Rosenblatt & Sheaffer (2001) suggest that organisational-level predictors of brain drain include the curtailment of internal career opportunities as well as an unbalanced workload – classical elements to be found in organisations undergoing restructuring.

This can, as indicated above, lead to organisational efficacy declining rather than improving as intended. However, brain drain and reduced performance is particularly damaging in an organisation which is declining or crisis-afflicted. This is very much in contrast to the intended aim of revitalising an organisation with the help of restructuring and change processes (Noer, 1993).

Kieselbach & Beelmann (2004) noted that many of those in insecure jobs lacked the necessary skills and competence to find different employment on the labour market. This is where organisational counselling and support measures become relevant a stepping stone to enable these individuals a smoother occupational transition. This would require organisations to review their training objectives, which tend to focus on immediate skill deficiencies or product related training. This limited scope should be expanded to include a more systematic and encompassing training scheme to improve the competences of employees beyond the specific situation or workplace. Another strategic change is needed to increase the flexibility of company-based internal training schemes so as to take account of individual employee needs and availability (i.e. enable all employees – including those working part-time, shift work or flexi-time - to participate regardless of their working hours).

Kieselbach & Beelmann (2004) reviewed insecurity in relation to the SOCOSE (Social Convoy and Sustainable Employability: Innovative Strategies of Outplacement / Replacement Counselling) project. At an individual level, they noticed that the status of the individual (unemployed, in insecure employment, survivors of layoffs) influenced their reactions and coping strategies. The uncertainty regarding their professional future was the source of psychological stress for unemployed people (Payne, Warr & Hartley, 1984). Interventions aiming at enabling employees to cope with uncertainty while still in employment could be useful. The SOCOSE project also focused on how employees reacted to increasingly insecure employment, what coping strategies they developed, and to what extent – if at all – organisations accepted corporate social responsibility (CSR) for their actions. The results revealed that social relationships are influenced by insecure employment, in particular group cohesion is eroded while mutual distrust is increasing between colleagues and their supervisors. The workforce is perceived as more troublesome and employees often moderate their behaviour so as to reduce the risk of loosing their job (i.e. reduced absenteeism, more overtime, increased performance at work). However, the majority of people simply hope to keep their work without engaging in any behaviour to reduce uncertainty. Few people aim to actively reduce job insecurity by looking for possibilities outside the organisation, primarily if they belong to certain vocational sectors such as IT that require continuous professional development to keep up with the evolving technology at work, especially if they had been in insecure employment before. This adjustment to and tolerance of increased employment uncertainty has also been reported by other employees in the building sector, which similarly features increasingly insecure employment conditions.

The SOCOSE projects also asked respondents what they expected from their organisation in the context of increased insecure employment. The primary expectation of the employees was that the organisation aims to avoid dismissals where possible. If this is not possible, organisations are expected to support especially problem groups such as older employees, particularly in offering continuous professional development. This could be done by establishing an internal job office, which could assist especially those employees which are going to be dismissed. Existing organisational network contacts to clients, suppliers and other companies may be a useful resource.

A related expectation mentioned by employees was the need for trade unions to get more engaged in the downsizing process as they have a lot of know how and experience to contribute as well. One other major expectations concerned the need for more and improved communication between employer and employees. Employees felt that if the downsizing process is communicated early and in detail to the workforce, that this would lead to increased transparency of the process and thus to fairness and procedural justice. This in turn would allow for a more objective decision making process and subsequently make it easier for employees to accept the decisions made (distributive justice).

The new working environment: Employability

The attitude of employees toward their career perspectives often poses a decisive barrier to their own process of change and can inadvertently lead to more stress when the organisation restructures, increasing uncertainty. Long-term motivation, personal initiative (Frese & Fay, 2001; Zempel & Frese, 2000) and self-efficacy (Bandura, 1997) are central in the development of personal employability among employees. Zempel & Frese (2000) were able to show that self-initiative and the level of qualification influence one's future employment status and that self-initiative, coping strategies, cognitive skills and available alternatives in the job market make it possible to predict the duration of unemployment. However, the responsibility for health and employability at work should not be solely placed on employees themselves, but should also be considered as part of the organisational and societal responsibility.

According to Kieselbach, Beelmann & Wagner (2002) SOCOSE report, employability is a complex concept. As such, the topic of employability encompasses offers of advanced training made by the earlier firm, on one hand, and on the other the individual strategies which employees generally regard as necessary in maintaining their employability. Interview analyses from interviews with those in insecure jobs as well as those that were successfully reemployed after dismissal from the SOCOSE project revealed that "personal initiative is an essential prerequisite for coping with precarious employment situations. Although all respondents had made a occupational transition with the support of professional consultants, it nevertheless emerged that one's own personal involvement was just as decisive for successful occupational transition" (Kieselbach, Beelmann & Wagner, 2002, p. 28). This was demonstrated by the different strategies some people took up as soon as restructuring plans were announced. Some professionals relied on their vocational qualification and subsequent employability. As such builders felt more insecure than IT specialists about loosing their jobs. Others again choose to ride out the storm, preferring to be passive rather than getting engaged right from the start, a strategy some respondents expressed regret about at a later stage (Kieselbach, Beelmann & Wagner, 2002). Those who successfully changed jobs felt that their chances on the job market had improved.

At the same time there were those individuals who used the opportunity of change to pursue different vocational directions altogether even if the employee was not necessarily in danger of being downsized. In this respect, the restructuring process actually forced some into action whereas for others it was a good opportunity to legitimately review their career in the light of the changes and to leave the firm for new challenges. In addition to changing jobs, many viewed additional professional development and qualification as essential for the future, particularly if the respondent had experienced job insecurity in several employment situations. Especially those who have considered self-employment sought the assistance of a consultant for their vocational re-orientation.

Ongoing opportunities for advance training in the old firm were open to about half of the respondents in these interviews and taken up on by the large majority. However, there was some evidence found in the SOCOSE study that few individuals had invested in their own employability in their own time. If they had attended any classes or similar, than these were primarily for private reasons rather than maintaining one's professional employability. The one group most willing and motivated to pursue advanced training seemed to be those with a long working record of ten to nineteen years. Their primary concern may have been their own vocational position and job security.

One explanation for this pattern could be that younger workers with relatively few years work experience still feel that they profit from their first vocational training and therefore do not see current need for further qualification. The group of older employees with 20 years or more of work experience is at an age where, subjectively, further training no longer seems reasonable.

Whereas employability is to an extent an individual responsibility (Zempel & Frese, 2000), employability has also become a strategic aim in business and thus an organisational responsibility of the employer. Kieselbach, Beelmann & Wagner (2002) noted that internal training offers were dependent on the organisation's culture towards consulting activities and further education, the specific profession and vocational sector. Employability is also a strategic aim in that the organisation's competitiveness is directly linked to employee competence, making training a priority for the organisation. In a sense, organisational strategies to maintain individual employability surpasses learning on the job which tends to be the common approach that is emphasized in all organisations. To an extent, on the job learning is not sufficient to keep up with technology and changes, which is why advanced training courses become increasingly relevant. Unfortunately, many companies cut back on training as soon as potential restructuring and dismissals become an issue. Crisis management is often a short term solution, which does not include foresight management in regard to training for potential dismissal candidates.

Conclusion

Health is an asset to any organisation. Its promotion and the prevention of ill-health is becoming ever more relevant to all in employment, in insecure employment or those out of employment. However, different strategies need to be devised to suit the circumstances of each group. Therefore, the emphasis in restructuring organisation should not be simply dealing with the fallout effects of the change in the organisation once it occurs, but engaging in preventive strategies for those who will lose their work as well as those who remain in - often more insecure - employment. Geurts & Gründemann (1999, p. 17) suggested a new definition of stress prevention activities at work, as "all initiatives and activities that are directed at the reduction (or elimination) of psychosocial and/or physical job stressors, work-related ill health, absenteeism and permanent work incapacity, or that are directed at the improvement or promotion of health at the workplace". This broader definition in conjunction with considerations that stress events required coping and adaptation at the organisational, group and individual level (Shaw & Barrett-Power, 1997) - will enable a more open discussion among the actors within restructuring organisations to consider both stress and prevention activities in their planning. This could be an important step forward to assist those being made redundant and to prevent negative health problems amongst the remaining workforce. Organisations need to look at organisational change as an employee challenge, not simply a performance or market-related measure.

The management needs to recognise that they carry responsibility for the social environment, the mental and physical challenges posed to workers in a changed environment of more uncertainty, possibly more stress, insecure work contracts, and increasing unemployment.

In the following sections, example of various health initiatives in different contexts and countries will be outlined. Even though innovation always depends on the national and organisational contexts we hope that the examples of how companies can address health in various ways can help to monitor the health status of our working populations in Europe at work and lead to a better understanding of possible options during restructuring and through this process, to a wider, more appropriate concept of health including the responsibility of all social actors within a country, including employers. How this responsibility translates in reality will depend on the national legislature. However, one suggestion could be that employers become responsible for regularly monitoring the health status of employees beyond the health and safety legislation which tends to focus primarily on physical threats or dangers to health (such as toxins, excessive noise or dust). Provisions to monitor psychosocial stresses will go a long way to first of all recognise related health symptoms which would hopefully then lead to measures to assist employees or to reduce stressors in the workplace. Mental health is just as important as physical well-being and should thus be considered as relevant health and safety aspects at work.

2. Innovative Initiatives in Restructuring Organisations

Restructuring organisations often face not simply new challenges ahead in terms of structure, tasks, and workforce compositions – they are also confronted by insolvency, bankruptcy, hostile takeovers, and financially oriented site closures and off-shoring.
Whereas all of these phenomena justify the current emphasis on financial and production management during restructuring, it nevertheless leads us to question the approaches and the dismissal of employee assistance programmes during these times of crisis, challenge, and – occasionally – fight for survival. Because at the end of the day, what a company produces is not possible without the organisation's human capital - the men and women responsible for the product or service. The following sections will cite different means of how to pay attention to and focus on the organisation's "human capital" rather than just the financial aspects of production.

2.1. Health promotion in the case of job loss: St. Gobain, Germany

The Federal Association of the Company Health Insurance Funds (Bundesverband der Betriebskrankenkassen - BV BKK) in Essen has done exemplary work in the Ruhr district in the past few years, focusing its initiatives on helping long-term unemployed older workers, but also unemployed youth and other groups. In contrast to other countries, members of the local company health insurance funds remain members in Germany even after their dismissal – which is, in addition to the law in Germany that requires all health insurance funds to invest into preventive as well as health promoting measures (SGB V §20) – one important impetus to fund new health initiatives.

The restructuring of the St. Gobain site in Gelsenkirchen, also known as "Schalker Verein", Germany, describes how health promotion can supplement more traditional transfer measures. The steel works in Gelsenkirchen was part of the French-owned company St. Gobain and faced closure in 2004. This meant that all employees were going to be made redundant. The BKK in Essen was informed about the restructuring plans by their local insurance office ahead of time and decided to become active prior to these employees entering unemployment. The BKK contacted the company and obtained permission to offer a health initiative to all employees affected by the closure during their outplacement process. All funding and staff required for this health promotion were provided by the BKK. The focus of the programme was to deliver voluntary health workshops on the production site. The workshops would each focus on relevant health promotion topics. Participation was voluntary.

The concept and purpose of the health initiative

The health promotion measure originated in a long-term cooperation between the Department of Organisational Psychology at the University of Dortmund and the Federal Association of the Company Health Insurance Funds (BV BKK) in Essen. The cooperation had centred on the topic of unemployment and health. In association with the Institute for Work Psychology and Work Medicine (Institut für Arbeitspsychologie und Arbeitsmedizin, IAPAM) in Herdecke, the collaborators had already previously developed a consulting concept in the past that was specifically targeted at the unemployed and those in insecure employment. The concept was based on the following logic: Unemployed and those threatened by unemployment experience significantly higher amount of uncertainty. This may lead to a change of behaviour in relation to physical activity and nutrition. Unhealthy behaviours are likely results in cases of higher uncertainty when the person is in or threatened by unemployment. A second argument in support of health promotion initiatives is the difference in actual labour market perspectives depending on the health status of the unemployed person. People who are ill are less likely to find employment on the labour market compared to those who have less health issues. The assumptions led on to the formulation of two aims: firstly, to improve the access to and chances on the labour market for those who are unemployed. A second aim is to promote health amongst those in unemployment and to work with them to maintain a certain quality of life.

Box 1: Funding rationale

The funding for this initiative came from the BV BKK and the basis relates to in the Social Security Code V (SGB V §20) which states that health insurance funds are obliged to invest into preventive health provisions so as to improve general well-being in the population and to "particularly contribute to the reduction of health effects related to social inequality". These provisions and measures can have different forms, the law mentioned self-help groups, contact organisations – all organisations aiming at the prevention of health problems or which focus on aiding the insured in the case of unemployment. These goals were anchored in the interests of the BV BKK for this target group, which were manifold: The measures should help to cut costs: expenses which were caused by dismissal-related health problems. In addition, the employment rates and risk structure of the remaining members in employment is positively influenced.

The practical implementation at St. Gobain, Gelsenkirchen

The health promotion concept in this case aimed at helping participants to recognise strains, dangers and risk factors so as to manage, overcome and prevent these from becoming professional barriers, decreasing their health, productivity and life quality. Workshop themes in this initiative were as follows: increase general health awareness and behaviour, helping participants to plan a new start, situation management, and long-term plans.

The concept was first introduced to the workforce a week after the closure had been officially announced in a company meeting. The consultation concept was heavily promoted by both consultants with the help of information stands, by approaching employees, and by having a phone-hotline for eventual queries to the proposed consultation. In the end, 80 of 230 employees attended the information events with 56 of these participating in the workshops. All participants were grouped into six groups of five to ten participants each, in the end resulting in six groups by the time the second workshop took place.

The focus of the workshops was to impart concrete health knowledge to the participants which should increase their awareness of health issues and their motivation to adopt health-promoting behaviour. These workshops and sessions took place between June to December in 2004 in the rooms of the administration building at the St. Gobain location. The participant groups met once a month for a five hour session. Before the group seminars commenced, each participant was interviewed separately for an hour. This first interview introduced the measure again in more detail to each of the participants and served as a source of information about all the participants for the consultants. The talk was supplemented by an interview using a semi-standardized questionnaire. In addition to the group seminars and the compulsory first meeting, participants were also able to arrange personal consultations and coaching appointments if they so wished with one of the consultants.

Workshop 1 focused on the behaviour of participants in terms of exercise, nutrition, alcohol consumption, smoking and sleep patterns. As such, discussion included topics such as individual sport behaviours as well as dietary recommendations of the German Society for Nutrition (Deutsche Gesellschaft für Ernährung). The discussion of these issues led to a changing health behaviour, one example of which was the popularity of the Nordic walking group. One participant stated that small changes were made in that people began to eat an apple daily or similar, which is something they had not done before. It was more difficult to assess the impact of the workshops 2 to 5. These measures aimed at providing participants with tools that enabled them to develop their own individual, long-term perspective as well as allowing them to assess and work towards their goals. The workshops also addressed the importance of self motivation. However, it is not possible to evaluate the impact of these measures due to staff turnover resulting in a loss of data. Partial support can be found in the good cooperation of all participants, in that they solved tasks given to them between the workshops with their partners at home. Participants also reflected positively on the contents, context and connection between all workshops. In addition to the seminars, participants also initiated a small Nordic walking group which met once a week outside the works gate to exercise in a nearby public park. This group constituted ten participants and continued to meet long after the health promotion initiative came to an end.

Evaluation, sustainability and effectiveness of measures

Unfortunately, it was not possible to statistically evaluate the impact of these measures due to staff turnover resulting in a loss of data. However, the qualitative feedback does give some basis for a positive evaluations. The trainer reported very positive outcomes in communication with the participants which also implied long-term sustainability: The participants reported that they independently extended their health knowledge, they improved their own sense for better health, and were motivated to do more for themselves in terms of their health, their plans for a career and private life. Further discussions and interviews with participants revealed that they made behavioural adjustments (grocery shopping, physical exercise, controlled anger management). Participants also initiated a small Nordic walking group which met once a week outside the works gate to exercise in a nearby public park. Questionnaires used during the initiative reveal a relatively high learning achievement of all participants. A learning effect could furthermore be observed in terms of the tasks being set between workshops which were diligently accomplished by the participants together with their partners at home. The positive atmosphere and the willingness of the employees to participate actively in workshops further support this assessment. Participants also reflected positively on the contents, context and connection between all workshops and appreciated the opportunity to discuss their own fears, the help with the formulation of new ideas in terms of their career, and the moderated exchange with their colleagues and trainer support which assisted them during their interviews.

There are, however, critical points to be mentioned. As such, only 16 participants used the offer of individual interviews with the organisers of the health initiative. According to one of the trainers, certain group processes would have required a higher number of participants. However, group sizes declined over time which left only five to ten participants in each group. During the workshop phase, 23 of the 56 took place at irregular intervals, another 16 workers were unable to attend due to health problems, shift work, as well as internships and new job placements. What needs to be considered when evaluating this case is that the health promotion initiative still had the character of a pilot project, this being only the second time that such an initiative was implemented in an organisation. However, innovative elements are apparent by looking at the framework for the implementation and the main basic proposition of the measure. The health promotion aimed at increasing health management skills and competences, thus increasing employability of the workforce without fixating solely on job placements. This broader context avoided some of the problems (i.e. increasing frustration) sometimes found amongst the long-term participants of transfer companies, particularly since transfer companies are primarily assessed according to their placement activities and successes. In addition, the health initiative dealt with some more difficult aspects which are sometimes not as openly addressed by transfer companies: the real possibility of unemployment. The focus on the person and his or her health management also promises to have positive long-term effects for the employees when they are trying to get back into work, by positively influencing their health behaviour and also increasing their subsequent employability.

2.2. Health rehabilitation during the notice period: Ericsson, Sweden

Like most telecommunications companies, Ericsson in Sweden started to develop and implement restructuring programmes in order to refocus its business activities in the mid-1990s to adjust to the increasing competition and technology developments. 2001 marked a significant downturn in the development as sales and orders collapsed.

This resulted in the decision in 2000 to reduce the workforce of the 50 000 Swedish employees by 9 000 staff. The seniority principle was modified in subsequent negotiations and applied within limits where possible as the company needed to be able to function and retain staff with special competences required to meet the future needs of production. In turn for the concession used when selecting employees for dismissals, unions negotiated various options for the employees. The most interesting here is the extensive re-employment package in form of a twelve-month career change programme called "Forum for the Future". The following section considers in particular the inclusion of support services from resource coaches and priests to provide additional health services to assist those employees within the Forum with the most problematic health issues.

The development and aims of the "Forum of the Future"

The "Forum of the Future" was not only supported by the Swedish Job Security Foundation but also a number of consultancies such as Manpower, Right and Antenn (see Box 2).. The aim of this new initiative was to find all employees new solutions: a new job, assist employees with starting a new business, new studies and education. The first Forum pilot took place from August 1999 until August 2001 for 200 employees. The aim of the pilot was to achieve a competence shift amongst the 200 people by educating them and helping them to find employment elsewhere. The pilot was very successful and 95% of the employees were successfully reeducated. From these 200 employees 80% decided to leave Ericsson after the pilot reeducation whereas 20% eventually stayed with Ericsson. The pilot thus presented a good test for the Forum programme and was approved by the trade unions for the following dismissals. The official programme started in 2001 with the aim to find solutions for 80-90%. The set target was revised two years later (result in 2003 was 78%) due to the difficult job market. Dismissals were taking place every six months and each dismissal wave was the beginning of a new Forum. Every Forum required new negotiations with the unions (see Figure 1). This negotiation and feedback from unions and consultants helped to refine the programme incrementally from one programme to the next. Employees attended an interview to learn about the programme, their coach and their responsibilities in the programme.

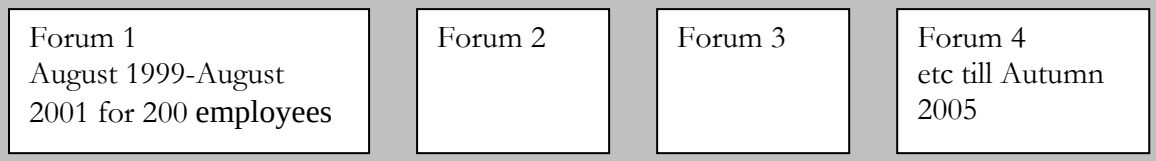
Box 2: The rationale behind the Forum

HR Director for Sweden was at that time (2001), Carl-Gustav Leinar, outlined the reasons for the development of the Forum programme to the programme manager: Ericsson should be a good employer during the good but also the bad times. The programme shall help people to get into new jobs (not by paying them) but by offering them the programme. In addition, the survivors in organisation need to feel secure and assured that they will have the same support. Secondly, keeping the positive image and reputation of Ericsson by supporting even those who had to leave by helping them to find new employment has been a major goal for the company for the last five years running. The image of Ericsson as a professional employer is also important for future staff recruitment. The third reason is important for Ericsson as recruiting new talent is important as for any IT and telecommunications company.

Rehabilitation counselling: Prästbyrån and resource coaches

The administrators, managers as well as the career coaches soon became aware of the number of unexpected health problems amongst the participants which meant that career coaching alone was no help to the participants. At that time, the company Manpower provided the career coaches and was not able to assist in this new situation. The career coaches had also become aware of the problems which prevented any successful career coaching. In addition, here were significant differences between the various subgroups, some of them reacting very strongly and visibly to the challenges of impending unemployment, whereas others withdrew. The fact that all employees entered the programme without their personnel files with their health history having been forwarded to the human resources (HR) manager of the Forum represented an unexpected problem for the consultants and the administration (see Box 3).

Figure 1: The structure of the Forum



All programmes were supported by the Swedish Job Security Council, but in addition, the following consultancies assisted the Ericsson company: Forum 1 + 3 (starting in 1999): Manpower; Forum 4: Manpower, Right and Antenn; Forum 5 (2003 onwards): employees were free to choose from the three providers (selection was dependent on geographical availability of the three providers.

As a result, a number of initiatives were introduced to improve the health of the employees as the problems presented a major barrier to achieving the 80% success rate of found solutions envisaged for all participants. While the majority of participants and subgroups could be supported with the help of additional consultants and experts, another approach had to be found to gain an overview of the health and dismissal related problems amongst the remaining employees. A careful estimate from the programme manager suggested that about 10% of the participants had a longer health history with physical as well as mental health problems (i.e., alcoholism, depression). Since the various support staff and consultants were not aware of these problems at the start, a solution had to be found to assist these participants in their rehabilitation.

Therefore, a number of new experts were brought in for the long-term to assist – the Prästbyrån organisation (including priests, which also included qualified therapists and psychologists) sent "resource coaches" (combining career coaching with psychological counselling) and specialists to provide psychological counselling to assist with the rehabilitation and health status assessment. These consultants had already been consulted during the pilot programme Forum where these experts took over the supervision and support of those participants with health issues. All additional finances for these resource consultants and support measures from the Prästbyrån were covered by Ericsson's restructuring fund.

Box 3: Provisions in Swedish Law
According to Swedish law, if an employee is sick on the job and away for three consecutive weeks, the employer is required to develop a rehabilitation plan for this person (i.e. physical therapy for a broken arm). However, many employees do not claim these employer provisions as the employee has access to the provisions of the general health service. But if the employees have not received rehabilitation provisions within a certain period of time following their illness, the insurance company will contact the employee's company and require it to provide the necessary rehabilitation. The use of employer-paid rehabilitation is recently on the increase.

The decisions to engage Prästbyrån (priests) and resource coaches to support employees followed an interview round which was requested by the HR manager of the business unit, whose employees had been selected for the first programme. Louise Linder, manager of Prästbyrån, conducted interviews to identify general themes amongst those employees suffering ill health or having problems coping with the new situation. She suggested various seminars on such topics like "work ethics" (some employees were no longer working at all), "purpose of life" (several people had a very depressed and pessimistic outlook). In her role, Louisie Lindner thus became responsible for identifying and organizing support for those participants who would benefit from professional help, such as cognitive therapy. Following the sessions, she specified what approaches would be needed to assist each employee. She then sent them to the people in her network (Prästbyrån includes professional and qualified therapists which work on behalf of the consultancy. Although Prästbyrån belongs to the protestant church, various employees of different faiths also sought the advice of the Prästbyrån coaches). In addition, the manager of Prästbyrån also trained the general Forum manager to help her and through her the rest of the staff to manage the difficult interviews and situations with the employees.

Resource coaches are career coaches who also have specific counselling skills to assist employees with the rehabilitation such as providing assistance with the development of rehabilitation plans. They were introduced when the managers of the Forum noticed that 10-15% of the people they had to support were not functioning well in interviews, were not coping with the new situation or participating at all. The problems these employees were struggling with included gambling, long-term sick absences from work due to ill health, but also alcoholism and drugs, physical and other disabilities (i.e. dyslexia, limited language skills, blindness and deafness). Other problems included criminal behaviour (selling information or cheating the company out of more benefits) but also cultural discrepancies (some employees from abroad were too ashamed to inform their family about the dismissal and thus coming under increasing personal and financial pressures). However, the resource coaches also assisted those with various attitudinal problems such as an explicit over-dependence on getting instruction and limited personal initiative in locating new work. Furthermore, some employees lacked the social skills and competences necessary for managing interviews and conversations, suffered from personality disorders, and self-esteem problems. By the time the second Forum programme started, the manager and main consultant of the Prästbyrån, was provided with her own office at the Forum building site with office hours. All employees were able to visit her for three sessions.

Any additional visits had to be registered with the programme manager as continued counselling would incur charges for the company. If the employees wanted to continue counselling without the knowledge of the company, the employee had to pay the Prästbyrån him- or herself. However, the majority of these employees only came to her once or twice to talk about their personal problems.

Evaluation, sustainability, and statistics

Initially, the staff was totally unprepared to cope with the sick people and the more problematic employee situations. By the time that Forum 3 started, the programme manager and her assistant went to meet with the HR manager of the business units whose employees were to join the programme so as to get a confidential and informal impression regarding the new programme participants. This helped the programme manager and her assistant to be prepared for those employees who might need more support. These highly confidential meetings helped to detect problems more quickly within the first three months. Both the HR managers as well as the unions supported this approach as it led to people benefiting more quickly from the programme. In addition to taking a more proactive approach, certain procedures were introduced to monitor the situation of all programme participants and gather feedback for the next programme. As such, all consultants met regularly once a week to discuss the progress, problems and general situation of all employees. Attendance was regularly monitored to make sure that all participants were cooperating within the programme. In addition, to monitor the quality throughout each programme, all participants were required to attend a final interview upon leaving the Forum to monitor and maintain the quality throughout each programme. This ensured the continuous feedback loop to the management and the unions for the discussion and the renewed approval of the next Forum.

According to the 2005 programme evaluation, 80% of all 9 300 employees that had entered the programme had found a new solution. In terms of health statistics, no such information was released by Ericsson. Of course, information about an individual employee was strictly confidential. Even if this had not been the case, the status of employees changed on a weekly basis which would have made it difficult to precisely evaluate the exact outcomes of the support measures. However, some estimates from the programme's HR manager suggest that overall 10-15% of the concerned employees benefited from rehabilitation services (about 900-1 400 people of the total of 9 300 people) between 1998 and 2005. The priest at the site of the Forum reported that 500-1 000 employees visited her office over the course of the years.

Ericsson also requested additional statistics from the various consultancies for about 1 200 employees who were supported by their consultants. The consultancy Right released some results for about 15% of Ericsson's employees which were supervised by Right. The consultancy reported that about 25% went off to work elsewhere, whereas about 15% left the programme to start studying or to join further long-term education programmes. 20% remained on continuous sick leave due to cancer, MS or similar illnesses. 10% went to the public employment service's rehabilitation provisions. For the remaining 31%, no information was available. Overall, most employees were reported to be satisfied with the solutions that could be found for them. The consultancy Antenn reported slightly different results for their participants. They stated that amongst those, 55% returned to work, 25% went on to study, 10% remained on sick leave, and 10% went to the public employment service's rehabilitation provisions. It needs to be remembered, however, that the dissimilar results are due to the special characteristics of the various Ericsson business units as well as the allocation of employees to different consultancies according to their needs (see Box 4).

Box 4: Group differences in Forum

As a case in point, the following example also shows why success rates have to be considered carefully. Not all programme participants did equally well: In one of the later Forum 10 programmes, the concerned group of participants consisted primarily of software designers. Amongst this group, 80% required urgent assistance and support. Having just finished a radio design, the group was very angry about having been dismissed as they had been considered the champions within the company as none of them had been dismissed in the first 9 programmes. Of those in the group, only 55% (compared to an average ratio of 80%) got a new job. This was in part due to the disadvantageous job market situation for designers as only Ericsson and Nokia were potential employers for radio designers, yet both these companies had reduced their staff in these departments. A contributing factor for the problems with this group related to the insufficient communication and briefing by their unit managers about their situation and the restructuring. Their dismissal came totally unexpected for these employees.

Repercussions of the programme within and outside Ericsson

Past cases of restructuring at Ericsson did not translate into a similar learning experience for managers and employees alike compared to the Forum. Particularly the role of support measures and counselling during dismissals had not ever been considered on management board level. Only the size of the dismissals and the filter effect brought those employees to the fore that needed specific assistance for problems which had gone undetected for years and sometimes even decades by line managers, some of which simply were not aware of any issues whereas others did not report these occurrences to the upper management.

Including provisions to rehabilitate employees was the end-product of a variety of problem-solving approaches rather than a proactive approach. Instead, the company came up with a tool that allows them to actively participate in the way that employee health issues are dealt with by putting a referral system into place with the help of the Prästbyrån network. With their help, the company has a way to assist those employees in need of specialist help rather than referring them on to the general Swedish health agencies where this assistance might not be as quickly available. The question which remains is whether these health problems existed undetected before the restructuring waves in 1998-2006 or whether some of the health problems were actually triggered by the restructuring.

The programme was thus an education not only for the employees, but also for the management board which realised the complexity of health issues faced by its workforce, which had formerly not been such an important point of concern in the day-to-day interactions in the past. Since the restructuring, the company has introduced a certain protocol and procedure for dismissals on how to communicate and support employees upon their dismissal. Managers have to explain the "why" when giving notice (something that has been learnt from the coaches to make the process easier for employees) as well as to schedule follow-up meetings. If employees do not attend these meetings, the manager of the Prästbyrån is requested to contact them on behalf of the company to ensure that the employee is getting the help to cope with the situation in case he or she needs psychosocial support beyond more general provisions such as career counselling.

The conception of "resource coaches" to aid rehabilitation also resulted in more permanent, long-term successes. The cooperation between various consultancies led to the development of a new consultancy agency which focuses particularly on health concerns in restructuring organisations. Originally, the temporary agency Manpower was involved in Forum 1 and had several career coaches on staff.

Due to the successful completion of the Forum 1, Manpower decided to form subsidiaries for special services, creating Empower in 2001 to handle career coaching on a bigger scale than previously available in Manpower. Following these developments in 2001, Empower merged with the company Right Management in 2003, thus leading to the founding of a new company called Halsöpartner. The Vice-President appointed in 2004 was also the former consultant to the Forum between 1999-2003. Today, "Halsöpartner" works together with various Swedish companies like ABB and Sandvik (this means, company doctors and nurses are employed by "Halsöpartner" and provide consulting services to ABB, Sandvik and also companies who are restructuring such as Ericsson).

2.3. Redeployment challenges and support mechanisms: TeliaSonera, Sweden

Like most state companies which were privatised in the 1980s and 1990s, the Swedish telecommunications network Televerket, later known as Telia, underwent significant changes in the last 15 years. Following major restructuring, dismissals and redeployment in the 1990s, Telia and the Finish company Sonera (formerly known as Telecom Finland) merged operations in 2002 and became TeliaSonera in 2003. Today, TeliaSonera is a Scandinavian telephone company and mobile network operator. Televerket and later Telia and TeliaSonera had experienced periodic workforce reduction. Whereas the company still employed 49 000 employees in 1989, Telia employed only 12 700 by 2002. Past restructuring at Telia in the early 1990s was spectacularly unsuccessful, primarily due to the traditional mindset shared by the employees (who expected to work at Telia for the rest of their life) and strong union opposition. In 1995, the redeployment programme – which later became known as Division P programme - was set up by the management to reduce the workforce by up to 5000 employees over a period of three years without redundancy. The company had already gained some first experience with job transfers at this point. The following case study describes the provisions which were made to TeliaSonera staff in Sweden during their time in the redeployment unit between 1996-1998.

Restructuring, long-term redeployment and health challenges

It was the purpose of the three-year redeployment programme to give employees sufficient time to apply and find new work (outside or potentially also in Telia), to consider other solutions such as studies, start off a new business, and so on. In addition, the new division had to take care of existing expertise and protect future know-how within the company, develop employees in new areas of work and towards future professions, distribute work assignments and efficiently deploy staff within the Telia Business Group. One important aspect of the programme relates to the redeployment's set-up: the unit had eliminated many aspects commonly shared by other temporary programmes: staff no longer had any real work, any working area such as a desk. The employees had to share IT resources and were expected to come to the redeployment unit every day just like a normal employee. In total, 23 000 people were involved in this first, company-wide redeployment initiative in 1996. In order to manage the redeployment effectively, the programme relied on the sole expertise of its trainers and HR managers who had entered the programme just like their general staff.. These individuals were responsible for supporting about 20 people each.

It was their job in the redeployment unit to assist them on a day-to-day basis, to provide support, help them with their frustration, to keep them motivated, and recognize the different needs of each individual (also see Box 5). No external consultancy staff was employed to support internal staff. The only provision made related to services being offered and accepted by the company's health insurance agency and external providers such as job brokers and job placement agencies.

Box 5: The reasons for these restructuring measures
TeliaSonera described these reasons in a press release in May 2006: "The company increases efficiency by avoiding long-drawn-out redundancy negotiations, can retain younger, well-educated personnel, can keep its recruitment costs down, [and] earns goodwill both as a supplier and an employer. The individual does not have to face unemployment, receives financial/practical help with redeployment, [and] receives greater security by means of skill development than standard safety-nets can offer".

It quickly became apparent during the first few months that the designers of the programme had underestimated some of the issues that arose for all staff. The advantage of remaining in a paid position in a company, even if one was not actively working, was that staff was not yet unemployed and still officially working for Telia when applying for new jobs. But on the other side, the surrounding infrastructure and lack of work meant that the motivation of the people declined rapidly shortly after the first months in the programme. The effects were quickly becoming noticeable: some staff as well as managers were increasingly stressed and found it difficult to cope in this situation. In some cases, employees struggled from the first day, in other instances, staff only became stressed and frustrated after the first few months of unsuccessful job applications. The impact that the redeployment situation had on some of the staff also led them to question their life's work, in some cases they returned to drugs which was totally unanticipated. The link between job position and status was for many an important aspect of their identity.
The managers needed special skills to manage the challenging environment and the emotions that were experienced by their supervisees. Telia had never before actually required external counsellors in past restructurings. A number of provisions were made as a result: A special training was organised for the managers to help them manage the challenges of supervising people in such difficult situations. However, it was not Telia's intention to train them as counsellors. Secondly, Telia had like all Swedish companies paid into a health insurance fund and now consulted the health insurance agency to provide them with appropriate assistance. The health insurance agency provided the company with access to counsellors which could be contacted by phone. The Telia staff could also make appointments and meet these counsellors in their offices at the agency. Staff could contact these counsellors three times without informing their managers. These provisions were made nation-wide. In addition, staff in some areas such as Stockholm could also take their concerns to the Prästbyrån, priests who also qualified as counsellors. In one location, a priest regularly attended staff meetings and was present in the company once a week so that interested staff members could get in touch with her.

There was one additional provision which was introduced only later in the programme: Managers were supported by external voluntary mentors who reported to the head of the Redeployment Unit. The mentors all came from companies outside the Telia network and tried to help the managers in their work. In return, these professionals got more insight into the workings of the telecommunications sector.

Evaluation and sustainability

During the three years of the Division P programme (1996-1998) solutions were found for a total of 6 500 positions which were scheduled for redundancy. As such, 3 600 people left the company (to take on new jobs, resume or start studies, set up their own businesses, or entered retirement), 2 800 successfully applied to new job positions that became available, and only 2% of 6 500 staff had to be dismissed according to information provided by the company because no solutions had been found. In addition, another 2 000 new staff – primarily university graduates - were recruited in the same period of time. Overall, since 1996 about 7 000 staff left the company Telia and its predecessor and a further 11 000 individuals were outsourced. The programme thus exceeded all expectations from 1995. However, similar to Ericsson, the managers at Division P found that there was a small number of employees which relied solely on the company to find them work and remained passive throughout the entire length of the programme. In this case, the long-term nature of the programme did not work to their advantage. Since the psychological counselling and also the health care were all externally provided, there are no statistics available regarding the use of counselling provisions. However, careful estimates suggest that about 5% of staff in the redeployment unit used the offer to contact the counsellors at the health insurance agency.

The experiences gained during the first redeployment period in 1996 to 1998 had several positive repercussions for the application of such programmes and the general managerial approach at TeliaSonera in terms of the importance of health provisions in the case of future restructurings. Managers are required to consider health costs in their annual budgets to promote health at work. Later redeployment programmes paid particular attention to the number of counsellors and managers needed to support large number of employees. The specially designed mentorship system for managers is still in place.

2.4. Staff health monitoring and online health tools: British Telecom, United Kingdom

British Telecom underwent significant restructuring similar to all public companies being privatized in the UK. The change from a public company to a private company now competing with other companies in the UK, in Europe and more globally took a number of steps and years to complete (1984-1993). The subsequent years led to a number of changes, such as split-ups, mergers, and demergers. Many of these restructuring activities were due to financial losses being made in the late 1990s and in the first few years of the new century which required extensive strategic reorientation and rethinking of the business set-up given the new competition and technology emergence.

Today, BT's activities include networked IT services, local, national and international telecommunications services, broadband and internet products as well as services. BT traditionally resorted to extensive redeployment programmes, off-shoring and outsourcing, employing temporary workers (10% maximally of the workforce as agreed with the unions), as well as developing compensation, leaver and relocation packages for employees to move within or out of the company (leaver's package for those choosing voluntary redundancy). The challenge of redeploying effectively so many employees also required the company to develop a strategy for anticipating skill requirements, retraining and organizing resource plans, to calculate recruitment needs and prevent surfeits of employees for certain areas. The staff figures have since then remained relatively stable and hovered around the 100 000 mark for the last ten years.

The results of these restructuring and the development of expertise in the area of restructuring and health has led to a number of health monitoring and health promotion measures within BT which is being supported by an assertive as well highly recognized health and safety committee, whose health and safety representative members have 'extensive rights' to perform their duties and are integral to all procedures under a 'partnership' agreement with the management. It is hoped that these initiatives will enable the company to monitor health during reorganisations and to assist their employees in a more insecure, competitive and volatile working environment.

Monitoring health – a first means to assess stress and respond to problems

Employee health has repeatedly been taken up by the Communication Workers Union. This resulted in the appointment of a new Chief Medical Officer and senior manager responsible for health and safety. In addition, two initiatives have been implemented: STREAM – an online stress tool, and Work Fit – a programme to increase the physical health of employees. STREAM was launched in 2004 and aims at identifying and subsequently addressing stress throughout the workforce. The launch also related to the UK's statutory body, the Health and Safety Executive (HSE) and its initiative to improve mental health issues in the workplace. BT has continually monitored its sickness absence rates and was aware that around 20 per cent were due to mental health issues.

STREAM allows individual employees to voluntarily and confidentially report stress scores which are then summarized and analysed for the entire workplace pool. The online questionnaire has been developed by a clinical psychiatrist and evaluated in workshops. STREAM picks up on "excessive or intolerable pressure leading to physical or psychological effects on the human body". The individual employee also benefits by receiving a colour-coded assessment (going from red to amber or green) and suggestions on how to lower stress levels. In addition to the employee receiving this feedback, the system also forward the confidential report to the line manager (the report will only be released to the employee and his or her managers). In case of high stress result, the employee will be offered a chance to discuss her concerns on a one-to-one basis with the manager so as to identify possible solutions. If the employee prefers, he or she may also have this discussion with another immediate supervisor, such as the second line manager - recognising that the line-manager could be the issue. STREAM may identify a number of problems and available solutions could include workload, childcare provision, work scheduling within flexible working policies, or debt counselling. Furthermore, the employee may also opt to talk to a counsellor in the company's own Employee Assistance Programme, contact the free confidential telephone support service or request a free face-to-face counselling meeting (sub-contracted to a counselling service through

a third party). Managers are also able to request assistance to accurately address issues that their employees may have raised in their reports.
The STREAM results can be aggregated to monitor health issues more generally without identifying individuals. Such assessments are supported by the union as well as the health and safety committee, particularly given the stressful working environments which some of the employees at BT – such as their call centre employees – face on a daily basis. Although STREAM is not used in the context of restructuring, higher stress ratings have been found during company unit reorganisations. The reports available via the STREAM tool allows the management to regularly address problems on the shop floor and to potentially intervene or assure staff in times of increased uncertainty. According to a union representative, 20-25% of the workforce had used the tool by Summer 2006. The tool also includes a 'Mental Health dashboard', which monitors sick days related to mental health. It also lists referral information for the occupational health service and the outcomes of the STREAM process.
The second programme, Work Fit, addresses the physical aspects of health which are related to the modern lifestyle, in particularly obesity, high blood pressure and diabetes. This voluntary, sixteen-week programme has been developed in conjunction with a number of public and private organisations interested in health and focuses on promoting a healthy diet and exercise. The problems of the increasingly ageing workforce are also considered as these employees are likely to be less physically active and thus more susceptible to cardio-vascular disease. The programme is delivered almost entirely over the BT intranet and by e-mail. Work Fit sets participants weekly tasks to help them to eat healthier and become more physically active, often resulting in some weight loss as well. Participants also collaborate and join teams. This enables groups to compete with one another. This further increases their motivation to participate and, for example, enables them to raise money for charity in the process. Work Fit is also free and confidential. Just like STREAM, Work Fit enables employees to regularly monitor their own, but in this case also their team's progress. At the end of the programme, employees are invited by the company to celebrate their achievement. Participation in this programme has so far exceeded all expectations. Whereas only 5 000 employees were estimated to sign up, at total of 16 500 employees registered in the first twelve months of the programme with a fifth (3 500) so far completing the programme successfully.

Evaluation and sustainability

The commitment of the health and safety committee as well as the union was essential in promoting these two tools at the beginning. This included a number of workplace shows where union representatives informed the general workforce throughout the United Kingdom about these offers. The managers were part of the process, they were encouraged to give workers time to attend these meetings. Two occupational health nurses were also recruited to provide staff with advice and information. In addition to these two projects STREAM and Work Fit, BT has also invested into two new health initiatives to manage stress in a continuously changing organisation. One of these initiatives is called 'Positive Mentality', another 16-week campaign which encourages employees to take better care of their mental health by focussing on the maintenance of good mental health. Another internal BT campaign is a smoking cessation which tries to help employees to reduce and potentially quit smoking altogether (following the smoking ban at work in Scotland and BT's own smoking ban). This campaign provides employees with information and support. In this case, the campaign is organised in cooperation with the local primary care trusts and further supported by a company agreement which allows employees to take time-off during work hours to attend counselling on giving up smoking at the workplace.

The results of these restructuring and the development of expertise in the area of restructuring and health has led to a number of health monitoring and health promotion measures within BT which is being supported by an assertive as well highly recognized health and safety committee, whose health and safety representative members have 'extensive rights' to perform their duties and are integral to all procedures under a 'partnership' agreement with the management. It is hoped that these initiatives will enable the company to monitor health during reorganisations and to assist their employees in a more insecure, competitive and volatile working environment.

This means, rather than relying on problem-solving approaches alone, these new initiatives help to address the repercussions of heightened job insecurity and recurring company restructuring for the workforce, which, in turn, have led to more preventive and proactive health initiatives being employed.

2.5. External employee assistance and internal health initiatives: St. Joseph Bremen, Germany

The St. Joseph Stift GmbH, a hospital located in Bremen in the Northwest of Germany, has undergone repeated restructuring over the last few years in form of spin-offs so as to increase its competitiveness by reducing its financial costs. The spin-offs referred to primarily non-medical and auxiliary services such as physical therapy, catering, cleaning, IT, and facility management. This meant that these departments (employing about 10% of the overall hospital workforce) became subsidiary companies or totally independent subcontractors to the hospital, while the majority of the affected employees continued working in the same functions and hospital areas as before. In order to support the affected employee groups, the management, company physician, and the Employee Committee jointly initiated a number of transfer measures. These measures include job security agreements with the new employer, special retirement exemptions for those nearing retirement, and in some of the spin-offs, special veto rights for the hospital on the management level of the spin-off companies.

Assistance provisions and health initiatives

The employees of some of the units which were either set up as independent subcontractors and companies still continue to work in the hospital. In order to address the concerns of the hospital and simultaneously maintain the good working relationships with these former employees, the management, company physician, and employee committee jointly agreed to have the company physician operate as a third-party advisor and contact point for these groups of workers. Therefore, if these workers were feeling pressurized or not supported at work, the company physician would be their port of call. The physician would then report the concerns to the management which in turn brings these issues to the attention of the new employer. Since most of the subsidiaries and companies still have one hospital manager on their management board, the well-being of these workers who still work on the hospital premises are well-represented and adequately considered. As a result, these employees are supported by their new employer and the hospital site's representatives which is an important requirement for the continued cooperation between the general hospital staff and now externally managed service employees.

In addition to the support measures, the hospital also initiated a number of health promotion initiatives for all staff over a number of years while the spin-offs were being created. One of these initiatives include a Health Day for employees, which was first set up in 2003. This Health Day aims at promoting staff health, and provides information on job safety as well as a

number of activities to learn relaxation techniques, join staff-run sport groups and related group activities. Another objective of these Health Days is to improve communications between the departments. The former employees are always invited to these activities, therefore benefiting from the health programme like the hospital's own staff. Created primarily upon the initiative of the company physician acting in cooperation with the management, the St. Joseph Stift seeks to create opportunities for its staff to develop in a positive direction. The promotion of a work-life balance is considered important by the Stift's company physician and management due to the demanding hospital working environment with long working hours, shift work, high physical and psychological stress. At present the Health Day is still primarily an informational event. The management and company physician are planning on further developing the existing event in the future.

The hospital also continues to support the close cooperation between the Employee Committee and the company physician. In comparison to solely state-financed institutions, the St. Joseph Stift has relatively few social workers, psychologists, and no counsellors to treat addiction, and for this reason the company physician invests in cooperation with the Employee Committee a lot of time and energy to develop new initiatives for the employees. As such, several working groups have been created in order to address employee interests, to meet challenges related to the competition in the health sector, and to promote new health initiatives. The hospital has a working group on "bullying at work" which finalised an agreement on on-the-job conduct in 2006. Another working group is responsible for the quality management, which organises regular staff surveys as well as patient surveys every three year to maintain an overview of the status quo. This team is also complemented by the company physician. Another working group for "health", which also includes the HR manager, is currently setting up an "addiction" intervention chain (specifying a mode of procedure and support measures). The aim is to give staff access to confidential in-house advisors in case of addiction, work-related psychological and physical stress.

Evaluation and sustainability

This case reveals how an organisation can effectively improve the situation of staff members who are affected by spin-offs or restructuring. The proactive mode of action on the part of the Stift and the resulting health initiatives and transfer support measures have clearly demonstrated that the involvement of certain staff members, in this case the management, Employee Committee and company physician, can be the pivotal importance to the successful planning of a restructuring process. Instead of cutting all ties with their former employees, the hospital effectively maintained positive relationships with those still providing services on a daily basis – therefore avoiding conflicts, displaying commitment, and maintaining quality of services.

The feedback loop existing the company physician, the Employee Committee, and the management further ensures that concerns are addressed and the welfare of employees is being taken seriously in a very stressful working environment. Especially encouraging is the hospital's commitment to continuous development of initiatives and cooperation between all actors (including those former employees still working on the premises on behalf of a new employer). Because these tools are still undergoing development, no data is currently available regarding these initiatives which ought to become standard practice wherever possible. These initiatives are very easy to implement in most cases.

2.6. New social actors and approaches

In the course of the MIRE project, a number of social actors and approaches have come to our attention. Some of these will be briefly outlined here.

The Federal Association of Company Health Insurance Funds (Bundesverband der Betriebskrankenkassen - BV BKK) played an important role in the St. Gobain case, demonstrating how the agenda of a health insurance fund can coincide with the interest of a company to promote health at work. The BV BKK has taken the proactive initiative in a number of health initiative to prevent and or promote health amongst various risk groups in addition to employees by using the legal provisions in Germany as a basis for funding these project (Social Security Code, SGB V §20). The rationale behind many of the BV BKK's initiatives is that helping the unemployed members to adjust to and better manage the re-entry into the labour market will reduce health-related expenditure and allow the members to better adjust to the situation of being out of employment at some or several times in their life. In order to support these project, the BV BKK set up a subsidiary company which manages these health programmes. The BV BKK has also participated in a number of national and international networks in Europe to promote health and belongs thus to a working group focusing on social injustice based at the WHO offices in Copenhagen and Venice. The BV BKK is furthermore a liaison office of the European Commission for the European Network of Health Promotion which represents thirty member states and their organisations which cooperate with these countries' health ministries. In addition, the Federal Association meets with other European organisations twice a year to exchange ideas and experience in regard to health promotion.
Several interesting restructuring-related approaches might serve as starting points for future health initiatives: The Luton Health Observatory emerged as a side-product of the Luton-based Vauxhall factory closure in the United Kingdom. Collecting information about health statistics in the community and local employment is an essential step forward to covering the gap between the obvious effects of restructuring and the individually found effects of subsequent job uncertainty or unemployment. The Luton Health Observatory was integrated into the Luton Council's website and thus remains accessible to the public. Another example is a territorial actor in Belgium which focuses on health in restructuring areas. This network includes health and social actors and is called Optim@. Optim@ was initially financed by company funds for post-restructuring redevelopments following the closure of a plant, a similar scenario as in Luton. It is similar to the Luton Health Observatory, however, it focuses primarily on economic and social aspects of the population living in Seraing and is amongst others supported by a regional network in the Walloon region. It thus focuses on community welfare and tries to improve the standard of living in areas which have experienced significant restructuring waves.

There are very few organisations within Germany or generally in the four MIRE countries Belgium, France, United Kingdom and Sweden which are working in a similar fashion on integrating health promotion in the workplace. More and similar involvement of the national health systems, occupational accident insurance companies, as well as health agencies would be very desirable across Europe to give organisations wishing to implement health initiatives at work access to such expertise. Particularly smaller and medium-sized organisations require assistance to manage these processes during restructuring. However, interest in implementing preventive health measures is generally a rare occurrence during restructuring, which in turn is made more problematic as there are not anticipatory means available to the local health

insurance companies and other social actors which inform them of future restructuring plans and dismissals. Unless responsible actors such as BV BKK are informed about dismissals, they will not be able to contribute their knowledge and expertise to the benefit of those employees affected by such dismissals.

3. Case study conclusions

All these approaches and outlined case studies represent an overview of currently available approaches analysed within the MIRE project. To summarize the general trends, we will look at the contributions of the innovations as outlined in the case studies, potential problems and barriers to their introduction, and outline the recommendations that can be put forward to counter these.

The involvement of the company health insurance funds - as in the St. Gobain case - or health agencies in other countries present an interesting starting point for future initiatives of this kind in Germany and other countries as well. All health insurance funds and agencies share the common interest of improving the health risk structure of their membership, avoiding a decrease of membership contributions, as well as establishing commitments with members. This case study may thus provide an incentive and starting point for the continued development of health promotion concepts and to implement such initiatives in other cases of restructuring. A closer cooperation between transfer companies or interaction between similar support measures during restructuring and health promotion initiatives would be desirable. These co-operations might focus on establishing longer-term relations between the various consultants and jointly agree on operative measures and time schedules.
It remains to be seen to what extent health promotion will be accepted more widely as an accompanying measure to be employed during restructuring. Although the potential benefit of these initiatives is not foreseeable at this point, it may be the role of the MIRE project to highlight the usefulness and potential benefits of this sort of a health promotion initiative. It may further the dialogue on how organisations can play an active role in supporting those who are being dismissed more effectively, accept their social responsibility and contribute to the development and support of the many individuals in society who face the challenges of insecure employment and unemployment.
Health initiatives prior or during restructuring allow a company, consultant or other institutional body to directly confront the issue of unemployment and health. This differentiates organisational health initiatives from the practice of transfer companies or agencies – the possibility to get active well before employees leave the company may lead to the health promotion being made available to all employees, not just for those individuals who might face dismissal in the near future.

Ericsson introduced rehabilitation counselling as a problem-solving approach to achieve its set target of successfully finding 80% of its employees a new solution during their time in the Forum programme (new solutions in terms of new jobs, study, start-up companies). Particular circumstances need to be considered, first and foremost the openness of the company management to bringing in psychological counsellors in the form of resource coaches. The situation surrounding this case of restructuring – the large restructuring fund, the committed managers, the good programme management – permitted such a step towards such an

innovation in the first place. Without these situational variables, it is quite feasible that this concept of rehabilitation counselling would not have been adopted in the same format, the Forum programme not revised as often and thoroughly, and the collaboration of external and internal actors would have been much less close and cooperative. More importantly, Ericsson had access to consultants with the right expertise to assist. Only the combination of these circumstances have led to this innovation being so successful. Nevertheless, it comes as no surprise that health had never been such a big issue in the company until the large dismissal waves led to accumulation of many more employees in need of help than had ever been encountered by a single manager at Ericsson before.
Although the same circumstances might not be replicated again for other, particularly smaller and medium-sized companies, it is a possible way forward and away from disseminating information towards changing behaviour and supporting employees emotionally to better manage transitions and health problems. As companies increasingly look beyond monitoring absenteeism rates only, the concept is likely to become more relevant and attractive as an integral part of human resource management – as long as service providers can be found which offer this type of counselling services. Lower absenteeism rates may exist in conflict with a workforce's low sense of well-being and are thus not reliable indicators of health. TeliaSonera did not go to the same extent as Ericsson, but it also started to incorporate regular access to counsellors to their personnel management services and since then has increasingly invested time into developing procedures that address potential health issues during day-to-day business by including health expenses and clearly communicating to managers that they are responsible for the wellbeing of their teams.

Whereas the St. Gobain case limited itself to providing information and access to workshops, the BT case study shows how a company can install means such as STREAM and Work Fit for individual employees and the company as a whole to monitor and track health problems across different company sites regardless and wherever restructuring might actually take place. Their online tools encourage employees to get involved and to participate in maintaining health by also providing them with information and means to access counselling and confidential advice via external consultants and an internal help line. The company places health on the agenda, and this also filters down to all employees. In return, the company has access to all necessary data – confidentiality agreement permitting - to design and strategically implement health initiatives in those worksites which are unusually high in terms of stress scores, be that due to reorganisations or workload. These approaches also reveal the truth behind absenteeism scores: they are no longer the most reliable indicators of employee well-being in times of increasing technology demands at work and competition for jobs on the labour market. The implication is that despite the uncertainty which employees may face due to the dynamic nature of the business and the competitiveness on the technology market, the company is proactively committed to maintaining and improving health of the workforce regardless of current or future restructuring plans. This is a positive step in the right direction: including health as a corporate responsibility during good as well as stressful times such as restructuring.

The St. Joseph hospital provisions to staff now employed by subsidiaries and subcontractors of the hospital went another step forward – beyond the actual process of restructuring. Indeed, St. Joseph hospital as an employer paid attention to the effect of restructuring on the former employees following the spin-offs of their departments, therefore taking an interest in the future employment situation after the concerned staff changed the employer. Their ideas are

truly innovative because they demonstrate how many health related problems can be prevented during and following restructuring – by providing staff with access to appropriate and qualified points of contact who were able to act on these concerns and bring them to the management's attention before these concerns escalated or reflected in increased ill-health. Whereas it might not necessarily be possible to implement the same kind of support measures in other organisation that restructure in the form of creating spin-off companies, this example demonstrates how it can be done and how this can benefit the main company in the long-run.
The general health initiatives relating the providing internal staff to access in case of addiction, bullying, general health issues etc should be feasible for all larger organisations. Even if organisations are rather small and medium size, initiatives such as Health Days, bullying policies, and informing staff about their points of contact for complaints and general information on health can be set up in conjunction with other companies, health insurance agencies, and the company's internal or externally located physician.

General trends identified in case studies

The organisations were motivated to invest into such health initiatives either because they had to address problems encountered during restructuring (the most common reason), or because they had gained greater insight into the costs of health following restructuring. The St. Gobain case was financed by the by several factors Federal Association of Company Insurance Funds in Germany (BV BKK) because the Association realized the costs associated with unhealthy behavioural changes amongst those members who became unemployed. Similarly, Ericsson, TeliaSonera and St. Joseph all realized that the performance and future work prospects are better for healthy employees.
The forms and extent of health promotion initiatives seems to vary across organisations. Whereas some focus on Seminars and group meetings (i.e. to foster coping skills as was demonstrated in St. Gobain), others included access and encouraged participation in confidential psychological counselling (i.e. "Resource coaches" in the ‚Forum for the Future' programme set up by Ericsson) combined with ecclesiastical and medical counselling (i.e. addiction counselling and publication of guidelines for employees, both of which can be found in the cases of Ericsson and St. Joseph Stift). In some cases, the organisations also tried to implement long-term health related provisions in form of professional and qualified contact persons for staff (i.e. staff physician at St. Joseph Stift; psychological counsellors at TeliaSonera; confidential telephone help line and access to counsellors at BT). So whereas some approaches started from a basic level - disseminating health information and improving health understanding (behaviour in relation to nutrition, sport, sleep, addiction), other companies went beyond this and tried to change or influence employee behaviour. These initiatives aimed to improve individual management of situations and employees' coping skills, help them to objectively assess and improve their labour market chances and opportunities, and – hand in hand with most general transfer measures – supported employees to analyse and improve upon their skills and qualification gaps. Whereas the first form of support in terms of information is the easiest to install, the second does require the expertise of appropriate consultants and managers – as well as the appropriate budget to support such often long-term initiatives. However, there is also a third level which can be classified as the most challenging for most managers: helping employees to stay motivated, giving them courage and confidence, and supporting them emotionally during their transition despite the threat or reality of unemployment. This means that health initiatives need the commitment of the organisation and its supervisory staff and should not be a means to avoid conflicts and thus abdicating

responsibility for health by making the individual employee alone responsible for maintaining physical and mental health at work. Particularly important here seems to be the awareness of many social actors to what extent they can, should and are able to support health initiatives during restructuring financially as well as organisationally.

On the other hand, the case studies also revealed the weaknesses of current approaches. More than once, these initiatives depended on the commitment of one single person to push the issue (i.e., company doctor, works council representatives, or HR manager). The other concern regards the fact that many consultancies can be credited with first mentioning "health" during the restructuring process because sometimes consultants are more aware of health issues than the former line managers of employees who are placed in transfer agencies. This is a cause for concern since it does imply all employees not supported by such transfer measures go without any support of any kind. A further concern is that many pilots relied on third party funding and financing. This underlines the fragility of pilots and also the potential lack of identification and participation in organisations not accountable for the costs and evaluation to their own management boards.

There are first signs that health initiatives are increasingly successful and sustainable. One such an example includes the setting up of new health observatories and the foundation of new service providers to provide specific health services during restructuring (i.e. Hälsøpartner consultancy following Ericsson Initiative). First indications also reveal that some health initiatives have improved longevity (Nordic Walking group operating independently after six months following St. Gobain closure, St. Joseph sport groups operating successfully for years, increasing popularity of BT's sixteen-week programme Work Fit to improve health). In addition, consultants increasingly realize the need to recruit psychological counsellors for transfer agencies and to offer these services in combination with outplacement, transfer services, and continuous professional development. These first signs promise success, however, the reality still is that the majority of innovative initiatives are still passive, problem-oriented approaches which are initiated due to higher sickness rates, longer absences, and conflict situations during restructuring.

General barriers

Despite the increasing attention paid to health at work and during unemployment, health initiatives during restructuring are still very rare. The five cases presented are still the exception rather than the norm. The barriers and hurdles preventing innovative measures to take hold are multifarious. On the one hand, the legal framework and the health insurance systems for the unemployed simply do not address employability and its relationship to health. Furthermore, whereas some health insurance funds will retain unemployed members, employees in other European countries or also the USA will not have the same insurance access while being unemployed. Depending on the professional sector and the relationship between companies and health insurance funds, there is certainly a need for some insurance funds to consider their services to companies and their role as information source and health educator. Another difference exists between legal frameworks for disabled workers. There are significant differences between countries and companies to what extent they make it easier or more difficult for disabled or health-impaired employees to register for early retirement.

On company level, the main issue relates to the invisibility factor afflicting smaller and medium-sized companies. These companies often have less expertise, less access to information, and are limited in terms of funding health initiatives. Yet, restructuring in these organisations generally account for many more dismissals and work accidents than larger

organisations. However, it is in the larger organisations that most of the innovations can be located – either because the smaller companies never published their innovation or because they did not have access to the aforementioned requirements. As a result, most health initiatives have been located in larger organisations, the results are commonly analysed and supported by consultancies, and finance often originates from much more generous restructuring funds. In part, larger companies have also realised the potential that publishing their initiatives can bring in terms of improving their reputation as a socially responsible company, receiving highly desirable certificates, and getting new customers.

The positive examples do not reflect the usually conservative view which is shared by many managers: restructuring is not part of an organisation's development but conceived of as an interfering process to be completed as quickly as possible. This negative association prevents many beneficial long-term projects or their employment beyond the active restructuring – that is dismissal – stage. This situation is further complicated by HR policies that do not include provisions for sudden or repeated staff cuts, managing the dismissal process, often ignoring health altogether. Without procedures to monitor and address health company-wide as an organisational responsibility, ad hoc conflict management is the likely result. This is often compounded by management's insufficient knowledge and information about their employee needs, background and health status of those employed and to be dismissed (as aptly demonstrated in the case of Ericsson and TeliaSonera which were both partly unaware of the problem until the restructuring process had started). Furthermore, there seems to be a common lack of knowledge amongst organisational representatives which public and private bodies and consultancies can be contacted for information, funding, and expertise exceeding – usually simply physical - health and safety risks at work.

Just as this emphasis on physical health is pre-eminent still in most organisations, the concept 'employability' is often a difficult concept for Human Resource departments to tackle. It is here that social actors such as the public employment service would be well advised to offer training and help to organisations to address this issue themselves. The lack of provisions in terms of health and employability are compounded even more by the following circumstances: Since health initiatives are often not considered a valuable investment of time by most organisations, individuals who are about to leave or those who are not in employment will generally have even less access to health advice and general health promotion initiatives – and, as pointed out above, measures to increase their employability in terms of health promotion. Many counselling offers at job centres do not address health and many companies are very defensive about making health an issue at work, since many companies fear that these initiatives will increase employee concerns to whether their health will be an assessment criteria for their job performance and future job cuts. Therefore, initiatives are rare due to a lack of infrastructure as well as misunderstandings on both sides of employers and employees. More importantly, those groups of people – primarily unemployed individuals – who face a very difficult situation, are often the least informed about the effects of unemployment on health and their role in this process. An additional problem associated with the lack of competence in terms of health promotion relates to a limited concept of health. The majority of popular initiatives, such as back massages or Nordic Walking, focus primarily on physical aspects of health – thereby ignoring other aspects of mental health. This narrow definition is also reflected in German law (Social Security Code V) governing health insurance funds, thus making it difficult for social actors in the health sector to get funding for projects that do not fit into specific criteria.

Another problem is the tendency across Western societies to 'individualise' health problems, attributing health issues to the individual rather than situational factors. The influence of situational components and pressures on employees and the subsequent worsening of mental and physical health are only then noticed when larger restructuring campaigns suddenly lead to a sizable group of employees all display similar problems – thus leading to the conclusion that certain health problems are the result of the actual work and work environment and not dispositional. Misapprehension, stigmatisation, limited awareness and underestimation of problems also inflict health initiatives. The implication for some people reads that health initiatives aim to 'cure' unhealthy individuals. Therefore, many managers reject such approaches. These preconceptions can only be mitigated by introducing health as a general issue of concern at home and at work, in the curricula at universities, technical colleges, and high school (information about promoting and maintaining physical and psychological well-being, health and employability, effects of restructuring and unemployment). In addition, the limited or missing public information-sharing as well as insufficient reporting of public agencies on their services and progress needs to be addressed. At present, many exemplary pilot projects are suffering from lack of expertise in terms of the evaluation of these projects and dissemination and implementation complicated by diminishing participant numbers and social conditions (job placement successes; participation due to shift work, mobility, family obligations, motivation etc). Only if innovations and approaches are known, misunderstandings are put aside, and social actors lead a real dialogue will health initiatives become more commonplace and accepted.

4. Recommendations

The following factors have thus been identified as essential environmental requirements to encourage organisations to employ innovative health initiatives at work: Organisations, particularly management, need to actively engage with the debate on health and participate in pioneering activities. Passive information provision is not leading to health gains without role models and active encouragement. A second factor concerns the lack or reluctance regarding the funding of such initiatives. Legal frameworks can only go so far (an example of how legal guidelines can encourage health initiatives was demonstrated in the St. Gobain case), but organisational policies and initiatives (such as the working group on health at the St. Joseph hospital which includes the HR manager) need to be in place to actively consider which forms of initiatives and which groups would benefit most from their implementation. A third concern regards the goals and inadequate description of success criteria for health initiatives, which in turn lead to no or a very flawed evaluation of the results. Quite often, the understanding and concept of what constitutes health and illness varies and carries hidden messages that employees get classified according to health, social class, and behaviour. These unclear and mistaken notions imperil critical analyses and can lead to data misinterpretations. In addition, the majority of case studies in this MIRE project introduced health initiatives to solve a problem – thus focusing less on the proactive prevention of health issues that may arise in the future. Another concern touches on the lack of expertise among public and private service providers able who may be willing to provide assistance to organisations, but who are not knowledgeable enough to implement as well as evaluate pilot projects.

The following recommendation can be made based on the case study analyses, expert interviews, and network consultations specific workshop on health during the MIRE project to increase the acceptability and availability of health initiatives at work and primarily, their application during restructuring:

4.1. Modifying current practice in organisations

4.1.1. Include health initiatives in the process of restructuring

Transfer measures, restructuring programmes, and outplacement are becoming increasingly common. Due to the length of most programmes (three to six months) it should be feasible to organise health initiatives to be offered within the same period of time. The case studies demonstrated the scope of initiatives which could be employed to increase health awareness amongst employees who remain and those who are about to be dismissed.

4.1.2. Multi-stakeholder responsibility for health initiatives

The responsibility for health promotion and funding – particularly during restructuring - should not be solely on the organisations or even unions as such; funding and information must be become available more generally by the general legal framework and public bodies such as the public employment services, but also accident insurance funds, and professional bodies representing certain trades and industries.

4.1.3. Establish routine health promotion initiatives

Combining health initiatives with career counselling and other transfer offers may increase the effectiveness of these transition measures during restructuring by positively stabilising individuals psychosocially and enabling them to better cope with the transition and demands placed on them during the transition. Health promotion initiatives should also become routine even before dismissals take place, thus increasing employability, maintaining employee health, and help prepare employees as well as employers to better manage during times of uncertainty which may not be under the full control of the organisation.

4.1.4. Usability and accessibility of health benefits and initiatives during working hours

Pilot projects have shown that health initiatives at work are more successful if employees are able to access and make use of these during working hours. Allowing employees to make use of these health promotion offers during office hours sends a clear signal of support from management. Smaller organisations can make these provisions available by arranging sport agreements with local providers such as swimming halls, fitness clubs, physiotherapists, and many more.

4.1.5. Fostering local best practice initiatives

Successful pilot projects also revealed that local initiatives to find best practice is an appropriate way to interest even smaller companies into new approaches, particularly if these will result in the companies getting public exposure and potentially more customer orders. If these initiatives are supported by local commerce associations, and consultants or academics with the expertise to educate the company representatives and evaluate the programmes, the higher the chances that smaller organisations participate. However, initiatives should be of a long-term nature to cultivate trust relationships and increase the participation of small business

owners. Positive examples can encourage a more open exchange about problems, questions of competence and responsibility during restructuring.

4.1.6. Develop specific approaches for SME's

Smaller organisations are often less informed about available funding and potential health advice and benefits. Reducing the administrative burden when requesting information about getting funding or assistance to implement Employee Assistance Programme, particularly during restructuring, would certainly increase participation and lead to more health promotion in smaller organisations with limited expertise and funding. Providing these organisations and employees with feedback will further open up organisations to not focus on health problems, but to promote health – going from a negative association to a more positive meaning.

4.2. Potential roles of existing and new social actors

4.2.1. Increase accessibility and wider use of information sources amongst SME's

Information exchange needs to become more visible to smaller and medium-sized organisations (SMEs). There are a number of interesting networks in existence in various countries, however, the barriers presented in form of language and industrial sector have led to few of these networks becoming as widely known and used. Health and other social observatories as found in Belgium (Optim@) and the UK (Health Observatory at the Luton Council website) are a good start, but so are networks to promote health in organisations (i.e. Deutsche Netzwerk für betriebliche Gesundheitsförderung – German Network for Company Health Promotion, DNGBF). Other initiatives include also government sponsored websites for companies to advertise their initiatives and project on health promotion, such as INQA in Germany. Websites and networks enable organisations, working groups, and project organisers to work closer together and access information about potential starting points as well as funding for initiatives.

4.2.2. Encourage positive public discourse and social dialogue

Positive public discourse is essential to signal the affected employees and the unemployed that their health is a priority in the EU. Research has repeatedly shown that health ratings improve significantly amongst those individuals who are reemployed following unemployment compared to those who remain unemployed. A discussion is also needed amongst the more traditional industries to encourage a dialogue amongst unions, employers, and employees regarding the individual's and the employer's role in maintaining employability, motivation, and performance. There is also an urgent need to discuss the unequal treatment of temporary workers and disabled workers regarding the accessibility of health benefits within a company (also see 4.4.5.).

4.2.3. Support for health promotion pioneers

Head-on discussion of health as a competition advantage and factor in companies to reduce barriers and prejudices – this requires pioneers such as the Federal Association of Company Insurance Funds in Germany (BV BKK) which facilitates transitions into reemployment, thus avoiding the hysteresis effect of unemployment. These measures improve the risk structure of the membership, therefore leading to cost savings by reducing the number of unemployed members whose health costs are significantly higher than those of members in employment.

EU support to assist potential pioneers to expand their provisions and function as regional or national role models is one contribution towards educating organisations.

4.2.4. Include health on the agenda of European union initiatives

There are a number of projects and organisational committees such as TRACE (Trade Unions Anticipating Change in Europe) and European Works Councils, which need to be recruited and convinced to include health during restructuring on their agenda. TRACE, for example, is a project set up to establish how trade unions can help workers respond to rapid economic and organisational changes. TRACE is working on producing a handbook on good practice. The effects on the collective as well as individual health of these workers, however, is not considered in this project or its anticipated outputs – again emphasizing the lacking understanding of how restructuring effects health in the workplace, in individual private lives and therefore the implications for worker's long-term employability.

4.3. Certification and standardisation

4.3.1. Health during restructuring as part of health and safety training

Union representatives have different functions across different countries, however, occupational health and safety officers are frequently affiliated with unions. Two criticisms emerging from the MIRE project refer to the lack of continuous professional development and expansion of occupational health and safety at work which tend to exclude environmental and social factors that impact on mental and physical health. Health and safety agencies and representatives such as company physicians represent additional social actors which need to be involved in the process of re-education regarding health at work. They could potentially link employers, unions, and health agencies. Indeed, this process could be supplemented by developing curricula and selecting certified training providers who provide continuous professional development to these representatives.

4.3.2. Social audits for excellent health promotion initiatives

European and international certificates certify "excellence", good "Human Resource Management" etc. It would be helpful if these certification processes included the following criteria in their assessment procedures: anti-discrimination and anti-bullying policies at work, access to company physician or confidential advice about work conflicts, regular visits from company physician, existence of a complaints procedure, access to health advice and health promotion activities. These international certificate standards would, over time, filter down to the national and sectoral standards and encourage their incorporation in company procedures.

4.4. Legislation

4.4.1. Involvement of company physicians – new consultation criteria

Health and safety provisions need to be redefined across Europe to list events when organisations should consult their company physician. These events could include: workplace and job description changes (might require consultations with all or individual staff to adequately address questions on ergonomics, work stress and managerial support of staff moved to i.e. new buildings, relocated to distant building sites away from main site), employee

death (might require psychosocial support, particularly if unexpected, i.e. in the case of suicide, workplace accidents or similar). These events would also require a risk assessment and revised or repeated heath and safety training.

4.4.2. Regular monitoring of health statistics by health insurance companies

A general trend can be clearly delineated from absenteeism and annual sickness reports produced by German health insurances: mental health is becoming an increasingly important health concern at work. Although the lack of actors with the expertise to assist companies in health counselling is still very disconcerting, these statistics should enable countries and professional bodies to get a more realistic overview of where health problems occur and where new pilot initiatives are needed. It would be desirable to have similar statistics across all the members of the European Union. This would help increase transparency and access to health statistics which might further advance the interest of management, unions, company health committees, and public employment services to provide companies with access to specific health expertise as part of their service. It is of paramount importance to make unions understand the role of mental health at work as these social actors are often very influential in workplace and restructuring negotiations where there is a union representation.

4.4.3. Redefine responsibility for prevention and health promotion to include all national actors

According to European labour law, occupational health and safety is considered the employer's responsibility. However, putting a legal framework in place can encourage first steps towards preventive health measures prior to restructuring and possibly, independently from restructuring overall and place the responsibilities on several different shoulders than simply the employer alone. One positive example is the Social Security Code V §20 in Germany which outlines the obligation of health insurance companies to spend part of their budget on preventive health measures. Another step into the right direction is the legal framework in Sweden which places the financial burden of responsibility for employee rehabilitation on the employers. The Health and Safety Executive in the United Kingdom furthermore develops recommendations for British companies on health in the workplace. Quite in contrast, French workers lose part of their insurance benefits following dismissal. Therefore, there is a need to overhaul national as well as European guidelines as they are clearly insufficient to promote a common sense of responsibility regarding preventive health measures and health promotion in society.

4.4.4. Requirement for legislation rather than guidelines to further acceptance

Several practitioners and consultants have confirmed the reluctance of organisations to adopt good practices or even 'common-sense' advice without having it in form of legislation or sectoral requirements. Legislation is thus a necessary step forward. Getting union and wider industrial sector support, therefore, is essential for the wider acceptance of such legislation.

4.4.5. Better inclusion of persons in insecure and marginal employment into health promotion

Legislation on a wider health and safety responsibility on the part of employers is also an important step towards protecting those in minimal or temporary employment. Quite often, only full-time and sometimes only permanent staff are eligible to access health benefits. These restrictions are automatically discriminating those in insecure or marginal employment (also see 4.2.2.).

4.5. New concepts and research initiatives needed in Europe

4.5.1. New research on impact of restructuring on health

There is a need to reconsider the role of existing social actors and also to further support research on the impact of restructuring on health. These areas should be addressed in the new Framework Programme which is being organised by the EU Directorate General Research. Given the mobility of workforces within Europe and the influx of immigrant workers as well as transfer of production sites to and away from Europe, this area requires the urgent attention of those national and European research bodies who focus on social psychology, work psychology, health education, business consulting, work medicine, business management, (international) human resource management, and business ethics. Only by investing into studies to discuss the wider social, physical and psychological effects of restructuring on workforces, their productivity, health status, and future employability one can get a comparative overview from which new instruments can then be designed for companies to effectively incorporate health when making everyday business decisions.

4.5.2. Inclusion of health promotion in restructuring into the concept of "corporate social responsibility"

The concept "corporate social responsibility" was strongly debated upon its introduction in Europe. The concept "healthy restructuring" – if it were to become similarly important to corporate Europe due to new European legislation – should include the following two meanings: that the restructuring reveals underlying health problems, but the restructuring itself may also lead to a deterioration of health. Without this precision in defining the duality of the concept, commercial organisations may reject any responsibility on their part. Calls for projects from the European Social Funds and other EU bodies should account for this and encourage organisation participation to work out new guidelines on occupational health and safety for European business. More importantly, the move of labour forces and production sites from and to Eastern Europe needs urgent consideration when developing future workplace health and safety guidelines as international companies are operating in a vacuum left by different national health legislations.

4.5.3. Normalising the dialogue on career change and employability

Employability as a concept is undergoing change as professions are quickly changing and evolving, requiring employees as employers to adjust continuously to the demands of changing work. More needs to be done within Europe to change outdated practices regarding recruitment of professionals. As employees transition from one industrial sector and one job to the other, companies and policy makers need to be aware that university graduates and craftsmen will most likely venture on two or even three different career paths during their lifespan. If employability and health are to be secured, Europe must force all social actors to take responsibility towards ensuring both and to employ all workers with the appropriate tools, training and support (i.e. in form of health initiatives at work) to help these employees to successfully manage transitions.

5. Concluding remarks

The case studies, workshops and interviews provided examples of innovation and produced a clearer picture of general trends, barriers, and recommendations for the future for all social actors, including those individuals in as well as out of employment. The vicious cycle of restructuring is resulting in a counterproductive loss of productivity (evidence which is supported by the ILO's interregional programme SSER - "Socially Sensitive Enterprise Restructuring"). The ILO results and the MIRE case studies confirm that indiscriminate self-interest of companies to restructure are far more costly than some of the potential gains. Companies restructure in order to become more competitive, productive and efficient. However, survivor-of-layoffs will react with withdrawal, absenteeism and lower productivity if these aforementioned goals ignore the effects on survivors-of-layoffs, if the process of restructuring is considered as unfair and unbalanced - particularly if not all alternatives to dismissals having been sufficiently reviewed. The companies must therefore focus on acceptable forms of restructuring and include employee representation from the beginning. Health is a competition factor just like the location of a production site. Health promotion therefore needs to be integrated into worksite health and safety activities as described in the recommendations.

Organisations must get away from actual crisis management. Restructuring has been shown to trigger already existing health problems or may lead to chronic health problems. At the same time, restructuring may also reveal underlying health problems, and even lead to a potential increase of ill-health in the future by increasing job insecurity and generally uncertainty over a longer period of time resulting in higher rates of depression, work-related burn-outs, a deterioration of concentration and performance after the restructuring officially concluded. Adapting existing good health practice and adapting them to address the restructuring-related increase in ill-health is not sufficient: worksite health promotion needs to become a fixed component of employee relations and adequate Human Resource Management.

In short, organisations must consider the following basic rules to manage restructuring responsibly. First, management must engage in a social dialogue and give their employees a voice in the restructuring process. Restructuring should be defined as locating potential resources. Secondly, the concepts of trust and justice needs to be considered as important framework components when making decisions and communicating these decisions to the workforce. Not taking sufficient time to discuss employee concerns sends the wrong message and increases the likelihood of uncertainty-related frustration and ill-health, as well as conflict and law suits. Furthermore, considerations to change work organisation, team composition, and job roles should always involve the health and safety representatives as this leads to a smoother transition and to prevent a potential increase in terms of work accidents and health problems – most likely achieved by putting in place specific programmes to increase health awareness in times of organisational turmoil and stress. Organisations also need to consider the wider needs of employees: temporary workers, those with greater problems to find employment following dismissal (due to disability, long-term illnesses, long career breaks, or family obligations requiring flexible working arrangements). In addition, more support strategies need to be devised for those managers involved in restructuring decisions so that they are effectively able to manage the process and support their employees during these uncertain times. This is particularly important in restructuring where the social support network fragments as the structure and team composition at work are changed.

Every employee is also part of the wider organisation and the product: It is up to social actors in every sphere of life to ensure that the human aspects of work, work reorganisation, and loss of work are included on the balance sheets of restructuring organisations.

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