Work Environment Dialogue in a Swedish Municipality — Strengths and Limits of the Nordic Work Environment Model

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ABSTRACT

In the Nordic work environment model, health risks at work are mainly to be managed in cooperation with the employees and their representatives. The model is based on strong trade unions and is supported by the state through participatory rights and funding to produce and disseminate knowledge on risks and solutions. The model is evident in the large Swedish municipal sector with its strong unions and extensive social dialogue. However, municipal employees also face widespread risks, mainly from mental and physical overload. They led the costly wave of rising sickness absence from the late 1990s. Municipal (and other) employers therefore attempt to reduce the absence. The rural municipality of Leksand started a project Hälsosam with the broad objectives to half the absence, implement a national agreement on better dialogue, make Leksand an attractive employer, and improve employee influence and work environment. The article's objective is to use Hälsosam's intervention project to explore the limits of what the Nordic work environment model can achieve against risks rooted in the employers' prerogative of organizing, resourcing, and managing the operations that create the conditions at work.

Hälsosam's practice focused on sickness absence and the forms of the new national agreement. The absence was halved by reducing cases of long-term sickness. There was also workplace health promotion and the safety reps were supported through regular meetings. However, little was done to the extensive mental and physical overload revealed in a survey. Nor was the mandatory work environment management improved, as was ordered by the municipal council. This remained delegated to first-line managers who had a limited ability to handle work risks.

This limited practice implemented Leksand's political priority to reduce the absenteeism, while other objectives had less political support. The difficulties to improve the work environment and its management were as demonstrated by other research on municipalities' limited development capacity. Hälsosam's narrow focus was also supported by the limited priorities of the national municipal employers. This gave a narrow perspective in the central social partners' consultants to Leksand and other municipalities.

Hälsosam thereby demonstrates both the strengths and the weaknesses of the Nordic work environment model. On the one hand, the local dialogue was even further improved. On the other, local and central trade union cooperation with the employers did not enable them to much raise the organizational problems of work overload and poor work environment management. Leksand's municipal employees remained squeezed between limited taxes and unlimited service demands and had to "solve" this by too hard work.

KEY WORDS

HR management / Municipal employees / The Nordic work environment model / Organizational development project / Sickness absenteeism / Safety representatives / Social dialogue / Stress

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A case to test the limits of the strong Nordic work environment model

A case study of the work environment and codetermination dialogue in the Swedish municipality of Leksand (Frick and Forsberg, 2010) illustrates the strengths as well as the weaknesses of the work environment model in the Nordic countries. On the one hand, labour is relatively strong and there is an organized dialogue and a cooperative attitude between the social partners. This helps to resolve many risks at work and promotes broader improvements. On the other, there are limitations to what can be raised and achieved in the consensus-oriented dialogue between employees and a complex municipal management with a tight budget. The limitations may promote a resignation not only among the staff toward the dialogue but also among their safety representatives who by law have strong rights to raise and demand solutions to difficult and sensitive problems, such as workload and stress.

The objective of this article is to use Leksand's intervention project Hälsosam to explore the limits of what the Nordic work environment model can achieve against risks rooted in the employers' prerogative of organizing, resourcing, and managing the operations that create the risks at work. However, before we go further into the Leksand case, we shall present the main lines of what can be labelled a Nordic model for *what* is meant by the work environment and *how* its risks are to be handled. We will then describe the work environment, industrial relations, and organizational development in Swedish municipalities that this case study illustrates.

The Nordic model of dialogue and cooperation on broad work life improvements

The Nordic work environment model is not principally different from those in other countries. Yet, it is special in how it defines and in how it handles risks at work. In the wave of legal reforms during the 1970s and 1980s, Denmark, Norway, and Sweden and somewhat later Finland were early to change from a descriptive (extensional) definition of occupational health and safety as a gradually increasing list of risk factors to a more principal (intensional) definition of the work environment as every aspect of work and its conditions that may affect workers' health. In the Swedish Work Environment Act, this is expressed as "The employer shall take all the precautions necessary to prevent the employee from being exposed to health hazards or accident risks" (chap. 3, section 1: 2).

In theory, this intensional principle is old. Employers' general preventive duty was the basis for the first Swedish occupational safety legislation in 1889 (Larsson, 2000). Yet regulators, inspectors, employers, and others long concerned themselves only with risks for accidents and a limited number of diseases (Berggren and Olsson, 1988; Lundh and Gunnnarsson, 1987). This narrow perspective was related to worker compensation regulations and practices, with their (at first very short) lists of risks at work that were accepted as possible causes of occupational injuries or diseases.

When welfare grew outside the workplaces and chemical and stress risks grew within them, workers and their trade unions increased their pressure for healthy jobs during the 1960s and 1970s. With usually strong labour markets, a high unionization, and often labour governments, these demands were politically important in the Nordic countries.

They were supported by more research on the risks of chemicals, of stress and harassment, and of musculoskeletal injuries of repetitive movements. Worker-union experiences and the research results broke the old boundaries of a list of accepted risks and pushed for modernized regulations and policies really based on the general duty to prevent all risks at work (see Nordfors, 1985, on Sweden, but the political process was similar, especially in Denmark and Norway). As a result, the Nordic countries were not only early and strict in their regulation of asbestos, organic solvents, and other chemical risks but also pioneered psychosocial requirements in their legislation from the 1970s. To regulate stress and other psychosocial issues were (and are) related to the broader issues of quality of work and the industrial democracy experiments during mainly the 1960s and 1970s (although the authorities had a slow uptake to implement these regulations, Bruhn and Frick, 2011; on the broader context, see Gulowsen and Karlsen, 1975, on the Norwegian Cooperation project; and the pioneering Swedish union policy of Metall, 1985).

The Nordic countries are not only special in *what* they include as work environment but also in *how* these risks are to be managed. Workers and their unions are everywhere important in the politics to regulate risks at work. Yet, the first modern occupational health and safety act—the US OSH Act from 1970—mainly treats them as objects in the relation between the government (as regulator) and the employers (as duty holders). With usually stronger unions and political labour movements, European countries see workers more as subjects with rights of participation. These rights are older and stronger in the Nordic countries than elsewhere. Workers and their unions and safety reps are major actors, often in tripartite relations with employers-managers and the state as regulator. For example, Swedish workers got the right to appoint safety representatives already in 1912. This system has grown to presently some 100,000 safety reps of 4.5 million employees (Frick, 2012). The unions and employer organizations are also active in work environment policies at sector and national levels, including (at least informally) in the formulation and implementation of regulations, but even more so in many cooperative bodies and projects between the social partners.

The participative Nordic work environment politics are based on the premise of consensus, that there are more joint than conflicting interests in work-related health (see, e.g., Söderström, 2007, for the development of the relation between the social partners in Sweden). Local dialogues are not only to encourage and help employers-managers to "voluntarily" comply with minimum regulations but also to further improve conditions at work. The state's supervision, and sometimes legal enforcement, is also crucial but it is mainly to set the norm for "voluntary" compliance and only as a last resort to act against the worst employers (Frick, 2011a).

Two state strategies support the local work environment dialogue, to make it effective in improving the work environment:

Participation

With strong unions and with their experience of the need for representation to influence management, worker participation is focused on safety reps who in Sweden are appointed by the unions. The reps have strong rights of time off, training, information, and dialogue with the managers (Frick, 2012). The social partners have lately emphasized the direct dialogue between employees and first-line managers, but this is not to diminish

the role of safety reps (on representation, see Walters and Frick, 2000; Walters and Nichols, 2007; and on Nordic regulation of this, Bruun et al., 1992; Frick, 2012; Torvatn et al., 2007; Vogel, 1998; but also Dyreborg, 2011; Lund, 2002; on its problems under the present regulation of work environment management with a direct dialogue).

Enlightenment

To agree on risks and remedies, the social partners in the local dialogue are to be given a shared and well-informed view of the risks. This enlightenment—to create and spread this social construct of the work environment as an improvement strategy—has been supported through much funding for health and safety (and also broader work life) research, for the development of solutions, for wider work life development programs (usually in cooperation between unions and employers), and for the distribution of knowledge through training and information and through easy access to occupational health services (though the latter vary in type and coverage between the Nordic countries). The enlightenment is also part of a broader political structure and tradition. Popular education was a basis for the social democratic modernization project and enlightenment was a major aspect of its social engineering. To convince with "facts" was better than to win conflicts, especially with a belief in the possibility of combining interests. Nordic work environment politics has therefore often studied and spread the business case for health and safety. In democratic societies, legal regulations require demonstrated needs to limit the freedom of the citizens, including firms. Risks and solutions had to be demonstrated to enable work environment reforms. Knowledge of risks and solutions has also promoted local "voluntary" dialogues and societal norms that employers-managers should take risks at work seriously (see, e.g., Almquist and Henningsson, 2009, on the view of capital investors).

Besides direct intervention through regulation and inspection, Nordic governments off and on subsidize workplace improvements (e.g., the present Danish prevention funds and the Swedish Work Life funds during 1990–1995). In all, the enlightened local dialogue remains a major political strategy to improve health at work. Behind this lies a wider labour market and industrial relations model. The balance of power between capital and labour is less uneven here than in other countries. Workers have often enjoyed a strong labour market and although unionization has gone down it is still the highest in the world. Labour parties have often led or been part of governments. To this should be added historical reasons why these small countries developed into welfare states, with relatively low differences (though growing, Gini-coefficients are still around 0.25; UNDP, 2010) between social classes and traditions of accommodation between them (Rothstein, 1992).

After WWII, employers cooperated with national and local unions to improve the environment and broader conditions at work, to jointly promote a supply of healthy and motivated labour on the often hot labour market, as well as business modernization and competitiveness (see Gulowsen and Karlsen, 1975, on Norway, and Frick, 1994, on Sweden). This occurred within a Nordic industrial relations model, in which many working conditions are settled by the social partners in collective agreements that in most countries are politically regulated in labour legislation. The work environment dialogue is therefore part of the broader role of the Nordic social partners to cooperate,

negotiate, monitor, and (if needed) fight for conditions at work. Although they were sometimes contested by the employers, the work environment reforms were accompanied with other labour market and industrial relations reforms during the 1970s and 1980s, such as the Swedish Codetermination Act (mainly a right of information and dialogue on all issues important to the unions and their members). These reforms have increased the workplace dialogues in the Nordic labour relations model. In all, this has created a high level of trust and other ingredients of social capital in the Nordic countries (Hasle et al., 2010).

Work environment management and dialogue in the municipalities

This article is based on a Swedish case, but the municipal sector is large and with similar organization, tasks, health risks, and dialogues in all Nordic countries. The broad work environment definition is applicable to its varied tasks, which can expose employees to (nearly) all types of occupational risks, with an emphasis on organizational ones of physical and psychosocial overload. At the same time, there is a strong tradition of dialogue between the large municipal employers and their highly unionized employees. However, there are boundaries to this dialogue by a prohibition to interfere with democratic objectives of goals and budgets, as decided in municipal councils but also in national regulations of most municipal activities. The work environment dialogue is in practice further delimited by tight municipal budgets, which are squeezed between the citizens' demands for low taxes but still good services.

A tradition of a cooperative dialogue in Swedish municipalities

Municipalities (or local councils) are all over the world responsible for much and diverse local governance and services to their citizens. This mainly includes on the one hand technical planning and provisions and on the other various welfare services. These services grew much in Sweden during the 1970s, to enable women to enter the labour market. Public childcare was developed. The demand for public elderly care also increased, when the population aged at the same time as women entered paid work. Finally, schools were decentralized from the state to the municipalities in 1992. Swedish women now have a very high rate of workforce participation, though mainly in gender-segregated jobs, notably in the welfare sector.

The municipalities now employ some fifth of all working, of which 80% are women. Parks, planning, and other technical activities remain, but now some 40% of the staff work in schools and childcare and another 40% in social care, mainly for the elderly at home or in nursing homes. They are employed by 290 municipalities, for 9.5 million Swedes. Municipalities vary from the city of Stockholm—with 850,000 inhabitants, of which some 39,000 are employed in a complex corporate-like structure—to Bjurholm in the north with its 2,400 sparsely spread inhabitants, of which some 260 work for the municipality (SKL, 2012). However, Stockholm, Bjurholm, and the other municipalities may differ in size, but they are similar in structure, governance, and functions—and thus in jobs and working conditions. All mainly produce welfare and other services that are much specified by regulations of the parliament, of the government, and of

several state authorities, such as the National Agency for Education and the National Board of Health and Welfare. Despite many contested local political issues, the municipalities have been characterized as executors of services decided by Stockholm (Wallenberg, 2004). As such, they are public sector subcontractors—or even franchisees—in the growing supply chain economy.

Municipalities are by definition political employers. With the growing strength and political influence of social democracy, many unionists also became local politicians, often with ambitions to be model employers (Waldemarsson, 2010: 351–369). However, other local politicians also aim to be good employers (Wallenberg, 2004). Municipalities are also large and stable employers, which has contributed to a high unionization rate among their employees. Despite a decrease in Swedish unionization, especially since 2006, some 85% of the municipal staff are still union members (Kjellberg, 2011). Kommunal (the Swedish municipal workers) is the largest Nordic union, but there are also large and highly organized ones for white-collar employees, such as teachers, municipal civil servants, and social workers. As more and more welfare services have lately been privatized—but still funded by municipal taxes—some 20% of Kommunal's members now are employed by private welfare firms.

Pro-dialogue employers and highly organized employees have resulted in much interaction, cooperation, and negotiation between the social partners in the municipalities, on the work environment, and on the codetermination issues of other working conditions. For example:

- The social partners emphasized local cooperation and dialogue in central agreements from 1992 and 1993. These aim to integrate the cooperation on codetermination (according to the act of 1977) and on the work environment (according to the act of 1978). In 2005, the central partners merged and updated these agreements into FAS 05 (Förnyelse – Arbetsmiljö – Samverkan; renewal–work environment–cooperation; SKL, 2005).
- With the merger of codetermination and work environment dialogues, union representatives are (in principle) also safety reps. With one-fourth of the workforce (including 6% in the counties, responsible mainly for health care), the municipal unions therefore have nearly half of Sweden's safety reps (Frick, 2012).
- Municipal safety reps face problems but still report a better than average position, influence, and cooperation with their managers (Gellerstedt, 2007: 99–115). They also find that their employers are slightly more systematic in how they manage the work environment (according to the provisions on this: AFS, 2011; see AV, 2010: table 2.2; and Gellerstedt, 2007: 113). Risk assessments are the norm, often including psychosocial and other employee surveys, and action plans to prevent or reduce risks are generally drawn up.

This forms a municipal system of meetings, information, and dialogue, indirectly through safety and union representatives and joint committees, as well as directly between workgroups and their first-line managers. There is an organized tradition of talking to each other with generally a respect for the other. The municipalities should therefore be good examples of the Nordic work environment model. They should also be able to develop a social capital to jointly promote healthy working conditions and municipal development, i.e., as long intended by the central social partners.

Lesser working conditions and actions against ill-health

However, the employers' acceptance of the employees right of unionization, participation, and representation and their stated ambition to be good employers has not resolved all problems of work in the municipalities. For example:

- Involuntary temporary and part-time jobs are common; 20–25% of Kommunal's members have and want part-time jobs, but this is partly because full-time job would be too hard, and 10–15% wish to but cannot upgrade their part-time to full-time jobs (Kommunal, 2009). Almost 28% of the members (against 19% of all blue collar workers and 14% of all employed) have temporary jobs, often on short-time call for extra hours or shifts. The salaries and other conditions of these casual workers are generally worse than the permanently full-time employed (Kommunal, 2011). With 80% women in Kommunal, these poorer conditions are part of the gender segregation of the Swedish labour market.
- There is a wage gap of some 6% between men and women not explained by "objective" factors (Medlingsinstitutet, 2011). Most female jobs are thus in the municipalities (and the counties). These employers also pay less than the private and state ones for jobs dominated by women (e.g., 10% less for psychologists; Psykologförbundet, 2011).
- The mostly labour-intensive jobs in the municipalities are exposed to many work-related health risks. Mental and physical overload is especially frequent, as indicated by the national work environment survey (AV, 2012a). For example, many teachers regularly sleep less due to too much work (AV, 2012a), as is also revealed by union surveys (TCO, 2011). Too much work results in frequent work-related disorders (AV, 2012b), but these "female" injuries are much less accepted and compensated than accidents, which are dominated by men (Arbetsskadekommissionen, 2012).

In combination with an older workforce, the high mental and physical workloads contributed to a rapid growth in municipal employees' sickness absenteeism from 1996 (Ds, 2000; but poor rehabilitation of those on long-term sick leave was a much larger cause; Larsson et al., 2005). Absenteeism grew much also in other sectors. This created a sharp rise in Sweden's social insurance costs for sick pay and early retirement. Like other employers, the municipalities tried to curb the absence costs. With the unions, they started a central development program (Sunt Liv) for workplace health promotion and work environment improvement with advice and training, a work and health questionnaire and free consultancy to municipalities (and to county councils; www.suntliv.nu). In 2005, the social partners signed the agreement (FAS 05) to increase the local dialogue between managers and employees to jointly improve the work environment and other working conditions as well as services to the citizens.

A case study of Leksand's Hälsosam project

An evaluation of a municipal intervention to improve cooperation and health

Such central initiatives plus locally perceived problems—mainly of sickness absenteeism—led to development projects in many municipalities. One of these was Hälsosam

(health in cooperation) in Leksand, a rural municipality of 15,000 inhabitants. Its 1,300 employees, in 190 types of jobs, were organized into 6 administrations, for social care and welfare, for schools, etc., each with a political board. Through implementing FAS 05 and other measures, Hälsosam was to reduce the staffs' sickness absenteeism and increase their involvement in the municipal affairs. There were also secondary objectives such as better training. Leksand invited us researchers to evaluate Hälsosam's implementation during 2007–2009, with a focus on employee influence, especially of the safety reps. Our report (Frick and Forsberg, 2010) included how Leksand implemented the provisions on Systematic Work Environment Management (SWEM; AFS, 2001), as SWEM creates the basis for employee influence on risks at work (Frick, 2011a).

The Hälsosam project continued and so our study evaluated its processes as much as its results. The evaluation of this intervention project was partly summative, trying to explain both major processes and some outcomes. But it also aimed to be formative. We repeatedly reported our preliminary results to managers, work groups, and union representatives. These mainly used our results as a mirror of what they were doing, but we noticed little if any influence of this on how they managed Hälsosam (there was, e.g., no change in objectives or performance indicators; Leksand, 2012). The comments on what we reported were also important feedbacks to our interactive project. Within the overall study of Leksand's Hälsosam project, we focused especially on the conditions, relations, and developments in a school and in two home care groups for the elderly. In all, our data combined 76 documents, 37 participant observations, and 35 interviews, from the municipal council's chairman (the "mayor") over layers of management to employees and their safety and other union representatives. This included repeated interviews with the personnel manager and with Hälsosam's coordinator. These were at first men, as were the chair of the council and his three most influential central managers. However, the unions mostly had women chairpersons and during Hälsosam women took over the positions as chair of the council, as personnel manager, and as Hälsosam coordinator.

Our evaluation project's objective was to study the general implementation and effects of the FAS agreement, not only in one municipality. We used mainly two aspects of Flyvbjerg's (2006) analysis of how case studies can create general knowledge. Hälsosam was a "black swan" (a case that could disprove a general hypothesis) as it aimed to be a municipal development project with favourable ambitions and conditions for the employee. Their enhanced involvement and influence was one of Hälsosam's two objectives and the chief safety representative of Kommunal was recruited to be project coordinator within the personnel department to help implement this. The municipal council had also enacted strict guidelines on how to implement SWEM, which should promote employee influence. How the participation developed under these positive conditions should be relevant also for other municipalities, especially if there turned out to be any major obstacles.

We also studied Leksand as a critical case to create general knowledge by as much as possible, tracing the implementation and results of Hälsosam beyond personal views and local decisions and further to general municipal structures and prerequisites. To this end, we reviewed research on participation, industrial relations, SWEM implementation, and organizational development in Swedish municipalities. These studies formed a broad picture of municipal working conditions and their management (Frick and Forsberg, 2010, section 2). With local varieties, they were in principle very similar to what we found in Leksand.

Health promotion, rehabilitation, and an improved dialogue

Leksand's Hälsosam project was planned during 2006, gradually started during 2007, and is still running (Leksand, 2012). It was supported by the consultants in the social partners central development program Sunt Liv and by the use of Sunt Liv's national health and work survey that also covers psychosocial and ergonomic risks. Some of Hälsosam's activities were paid for by a special grant from the municipal council, but mostly managers were ordered to do these within their budgets and activities. Hälsosam's interventions were specified, promoted, and coordinated by the personnel department. Its measures included:

• Policies on how to rehabilitate those on long-term sick leave and, if not possible to do so, on how to lay them off with support to get (competencies for) other jobs.
• New routines to directly follow-up sickness absence and start early rehabilitation.
• Subsidized work-based health promotion activities were offered to all employees.
• A local agreement to implement FAS 05 (thus including the work environment dialogue).
• New policies and routines on codetermination with especially regular workplace meetings.
• Codetermination training for managers, union representatives, and employees.
• New policies and routines to promote a more effective SWEM implementation.
• Updated work environment training for managers and safety representatives.
• Half-day meetings for Leksand's around 90 safety representatives twice a year.
• Sunt Liv's survey was given to all employees in 2007. The answers were sent to Sunt Liv to process and analyse and the results were presented by Sunt Liv's consultants. (The survey was repeated in 2010, though its results are not included in our evaluation.)
• First-line managers and their workgroups were ordered to adopt action plans to eliminate or abate health risks and other problems revealed by the survey.

Already before the start of Hälsosam:

• By far, most of the employees in Leksand found it rewarding to work with and for their fellow citizens. They were motivated to be teachers, assistant nurses, librarians, firefighters, etc. There was also a relaxed atmosphere in this small municipality, in which there mostly were open and informal discussions between managers and employees.
• There were a few organizational solutions to reduce overload risks, mainly initiated by local managers in a dialogue with their staff.
• Leksand already had a fairly SWEM against technical risks. Cleaners and those caring for the elderly had, for example, been given ergonomic equipment and training, which have probably been important for the large reduction in reported MSD injuries.

To these conditions, our evaluation found that Hälsosam added (until late 2009, when our evaluation ended) several results:

• A broad participation in the fitness and other activities to promote individual health and healthy lifestyles, including more joint activities after work. These were much

appreciated and used, also by many who had been passive before. Self-reported health and fitness improved. But many other employees with health problems remained passive.

- The first-line managers' direct follow-up of sickness absenteeism was seen more as a support than as a control by the employees.
- Rehabilitation helped half of the around 450 on long-term sick leave back to work. There are no comparable data, but experts rate this as a very high rehabilitation rate.
- In combination with layoffs of others on long-term sick leave, this rehabilitation much reduced the total sickness absence. From 10.3% in 2004, this went down to 7.4% in 2008 (and later to 5.1% in 2011; Leksand, 2012). Although there was little change in the short- and medium-term sickness absence, Leksand has achieved Hälsosam's primary objective to half the sickness absence among the employees.
- There was also a better organized direct dialogue in teams and groups and at workplaces.
- More training and regular meetings supported Leksand's safety reps to develop their own community of practice (Gherardi and Nicolini, 2000a, 2000b; Sjöström, 2006; Wenger, 1998), i.e., their socially constructed perceptions of work and how to improve this. This should promote the representative part of Hälsosam's intended improved worker participation.

But organizational problems are not raised

Hälsosam was most successful in these primarily individual-oriented measures. However, Hälsosam and Leksand did not effectively address the remaining more complex health risks and other problems with organizational causes that were known before or revealed through the survey in 2007.

First, there was a widespread distrust of Leksand as employer. Earlier surveys had created a hope of change, but as not much had been done against what the staff had criticized, this turned into some disillusion. Before Hälsosam's survey in 2007, the personnel manager assured safety and other union representatives that this time would be different. Leksand would really listen to and act on their answers in order to become a more attractive employer. Still around half of the employees answered negatively to questions on managerial quality, support, encouragement, and trust. This was confirmed in our interviews, in which many employees spoke of a division between "we" (who do the job) and "they" (at the top). However, this gap was still not raised, debated, or addressed in Hälsosam. The survey revealed distrust of senior management, but also critique of first-line managers. Yet, Leksand did not monitor leadership quality. It trained and instructed its managers, but their leadership was neither evaluated nor (much) improved. For example, the school administration knew of a long conflict between the headmaster and the teachers in one school, but did not resolve this even when it stalled local work environment improvements.

Second, Leksand's SWEM did not improve much. It remained ineffective against risks with organizational causes, which was a major reason for the employees' widespread distrust. There were, as mentioned, already several routines to assess and resolve risks. Written documents delegated the "work environment responsible"—legally

only a delegation of tasks—down to first-line managers (headmasters, home-care team supervisors, etc.). However, these were ordered to always stay within the budget even at the cost of service quality, unless this would violate specific regulations. Technical risks detected in their safety rounds (with the safety reps) were usually fixed, as these were mostly regulated in unambiguous provisions. Even so, when such risks could not be handled locally, cross-administrative cooperation was ineffective with Leksand's real-estate company, which owned and managed all buildings. There were many complaints of insufficient maintenance and slow repairs by this company—which had been given a low maintenance budget without a risk assessment—so the same risks could turn up in the next safety round.

First-line managers could do little against risks of workload and stress. In theory, they could return the responsibility for any specified risk if they felt unable to assume it. However, they very rarely did so and then only for specified technical risks, such as a headmaster who returned a ventilation problem regulated in provisions on air quality. A headmaster explained the impossibility of returning organizational risks: "I will next week have my individual salary negotiation with the same senior manager who I would have told that I cannot handle work in my school." However, the 2007 survey revealed that too high workloads posed serious health risks. For example, some half of the teachers had tense jobs with high demands and low control and close to half of them had regular sleeping problems because of this. The stress had increased by years of cutbacks and reorganizations. National instructions had also given teachers many extra tasks but no extra time. Lack of time for all the tasks was thus recognized as the main health risk in the schools. Serious psychosocial problems were thus delegated to the schools (and other workplaces) to resolve, but headmasters and other first-line managers had a very limited capacity to handle them. And how these health risks were resolved was not monitored by higher managers or the politicians (as responsible employers).

Physical work is also widespread in the municipalities. About 70% of Leksand's employees complained of neck or back problems in the survey. Close to 40% often worked bent over and close to 20% lifted heavy burdens (mainly elderly) at least six times a day. Within home care, the assistant nurses' physical workload is often combined with a mental stress of tight time limits to help the patients. Their pressure varies much with the elderly's requests for assistance (entitled by the Social Welfare Act). As a popular rural municipality, Leksand gets many such requests with very short notice from old owners of summer-houses who come to stay temporarily there. Some home-care supervisors wrote a protest letter in 2008 that the imbalance between staff and task load could violate both the Work Environment and the Social Welfare Acts. They were then permitted to recruit some replacements but only after an open controversy with the senior managers. Work groups and their supervisors are also left to resolve conflicts with the (sometimes very articulate) owners of summer-houses who request home care but refuse any lifting equipment in their old cottages. This resulted in an open conflict between a senior manager and the safety reps of a home-care group who were ordered to manually lift an obese man, a situation that in another case had injured the back of a home-care worker. These reps resigned from their positions and took other jobs for the municipality. Assistant nurses are also stressed by new IT systems and tools, with too little influence by them on the effects on their jobs and too little training on how to use them. This critique is shared by some of their supervisors.

Ineffective work environment management by Leksand as employer

Hälsosam's practice focused less on the work environment management than on implementing the workplace dialogue of the FAS 05 agreement. It helped the administrations to organize regular meetings between workgroups and their managers. The training and information on how to improve this dialogue focused on how to reach an agreement between managers (as employer) and employees' unions, according to the codetermination act. Agreement was mainly defined as lack of protest. The assistant nurses, teachers, and others were mainly informed of what their managers were planning and got a chance to comment, but if they did not react all was considered to be okay.

Leksand gave formal attention to a better compliance with the work environment act and its SWEM provisions. In Hälsosam, the personnel department drafted instructions on how to implement SWEM, which the municipal council adopted. Each administration was to set up work environment policies with clear objectives, the achievement of which they should evaluate yearly. However, the administrations did not set any such objectives and continued to "evaluate" their SWEM by the input activities, such as number of safety rounds, meetings, and training, and not by its outputs in risks and finally health. For example, the survey results of teacher stress and sleeping problems were mentioned as information to the political school board, but no decisions were taken and the head of the school administration did not mention that it was the politicians' duty as employers to reduce the stress. As all work environment issues, this problem was instead delegated to the first-line managers to handle, i.e., the headmasters. The school administration's yearly quality report had some 30 indicators of its educational achievements but only a short section on work environment meetings and nothing on risks and work-related (ill-) health.

Despite Hälsosam's wide ambitions, the administrations were not evaluated on any other objective other than their staffs' sickness absence. These figures mainly reflect the rehabilitation (and layoffs) of long-term sick leaves and very little of the risks at work (Larsson et al., 2005). The politicians-employers of Leksand did not monitor the compliance with their own SWEM instructions, and the personnel department did not alert them to this omission. As a result, no objectives were set for what risks should be reduced and how. The attention (including in the joint work environment committee) was instead on the process-inputs of safety rounds. There was thus nothing to evaluate the delegated work environment "responsibilities" of the first-line managers against, and there was no such evaluation. The risks of widespread stress, sleeping problems, and musculoskeletal injuries continued to be the "responsibility" of the first-line managers for their workplaces. They could, as mentioned, return this responsibility, but in reality this was hardly an option. And the administrations and political boards did not assume their legal duty to evaluate and (when needed) improve how their SWEM reduced risks at their workplaces.

The highly decentralized manner to "solve" problems also made Leksand rarely learn from its mistakes (as is also required in the provisions; AFS, 2001: 11§). For example, an earlier evaluation of its SWEM (Niss, 2003) indicated the same problems as found in our study five years later. Like other municipalities, many of Leksand's workplaces were inspected by the Swedish Work Environment Authority during 2003–2006, which resulted in many inspection notes. However, Leksand left it to the lower management to answer and comply with the authority's requirements. Higher managers

(and even less politicians) did not reflect on the shortcomings in their management that had caused the violations found in the inspections. Neither was the mentioned conflict between two safety reps and higher management over MSD risks in home care resolved. Nothing was done to avoid similar conflicts in the future.

Leksand's employees therefore faced a contradictory situation with regard to their participation. On the one hand, the workplace dialogues and the cooperation between managers and union/safety representatives were further improved and their safety reps were supported through regular meetings. On the other, employees often saw no point in raising other than small and local issues in the dialogue as they expected little to happen. And even if nearly all of them were unionized, they were (as in most workplaces) fairly passive members and few attended union meetings. Their informal talk about work-load and similar issues did not transform into any systematic discussion on this in the unions. Teachers, assistant nurses, and others had long learned that little could be done against the dominating budget objective. For the unions to really question the budget's dominance over their members workload would have required union leaders, with little support through member activity, to take an open and fundamental conflict with the politicians they often knew privately—and who anyhow did much to reduce technical risks—in the small rural community.

Although strengthened in their roles as safety reps, this passivity limited what the reps could do against the workload. They needed their colleagues' support, or at least acceptance, to fight for such complex issues (Frick, 2012; Sjöström, 2006). If they raised difficult problems, reps had also occasionally been told off by managers—who possibly felt unable to do much. Our evaluation therefore found a varying but widespread scepti-cism among employees and their reps to the dialogue offered by the employer. In this sense, Hälsosam did not increase employee influence nor did it make Leksand a more attractive employer.

Leksand succeeded in what it really tried—and was advised—to do

Leksand found Hälsosam to largely be a success. The primary personnel objective in the municipality's ten year vision (Leksand, 2005) was to half the sickness absenteeism. This was, as mentioned, reached in 2011. The vision's other objective was to become an attractive employer, as Leksand (and all municipalities) faces a generation shift and has to recruit much new staff in the coming years. The personnel department changed this objective in Hälsosam to be "giving employees more influence," as Hälsosam was to implement the central FAS agreement with its emphasis on more workplace dialogue. However, Leksand's objective is again stated as to be attractive. And as the staff turnover is low, this is considered also to be achieved (Leksand, 2012).

Hälsosam's intervention project therefore largely achieved what Leksand intended it to do (albeit low turnover does not necessarily predict recruitment success). There are no indications that the politicians did not principally support Hälsosam's other objec-tives: to improve SWEM and employee and safety rep influence on this, and thereby to reduce risks at work. However, the spare-time politicians did what they are used to do. They did not reflect on how to specify and implement these general objectives but delegated the planning to the personnel department and the implementation to the administrations. However, the small personnel department has no power over the

administrations (except for a few delegated issues). Its effectiveness was also hampered by a very high staff turnover during Hälsosam. Leksand's six administrations had in their turn little experience and competence and few resources to run organizational development projects to improve the psychosocial work environment. With no signals from the politicians and a limited guidance from the personnel department on how to implement Hälsosam's broader objectives, the administrations too did as they used to. They delegated these issues to their first-line managers and neither supported them nor monitored their results.

However, the personnel department did organize regular safety rep meetings and it got municipal council support for guidelines on how to implement SWEM. But what the administrations more concretely were to do to implement SWEM—i.e., to improve their work environment management—and their "increased employee influence" were neither operationalized nor measured. Instead, this continued to be "evaluated" by the number of meetings. As a result, these objectives were not related to the staff survey's serious problems of employee distrust and widespread stress.

Leksand's lack of measurements and evaluations of the work quality contrasts to its (and all the public sectors) increasing governance by objectives, measurement, and evaluations (New Public Management; Hasselbladh et al., 2008). This development is much promoted through national policies and regulations, such as the schools' increasing reports of educational performance. However, Leksand was supported in its narrow focus on sickness absence and on the forms of participation through several central initiatives. One could even say that the small rural municipality in Hälsosam mainly did what those in Stockholm told it to do.

- The consultants of the central Sunt Liv development program supported Hälsosam by regular advice and by providing their health and work survey, including by analysing and presenting the survey results to the social partners in Leksand. However, Sunt Liv was jointly run by the central social partners and avoided controversial issues. When its consultants presented the teachers' high stress levels and sleeping problems to Leksand's school board (only as an information point), they said that the figures were as in other municipalities but they omitted that the stress is anyhow dangerously high and Leksand must as the employer reduce it. Sunt Liv also advised that workgroups and managers should base their action plans against detected risks on the solutions they controlled. This encouraged Leksand's delegation of health risks to the first-line managers and thus the disregard of the risks' organizational causes.
- The central FAS 05 agreement mentions the work environment and the employers' duty to manage this but it does not comment on how this is to be achieved. FAS's focus is instead on improving workplace and workgroup meetings, as a means in the codetermination dialogue. In its emphasis on reaching agreements between employer and union, the agreement is at one point even at fault with the employer duties in the Work Environment Act (6:9).
- Information and training material on how to implement FAS 05 has an equally narrow focus on the direct codetermination dialogue, with little attention to how to improve SWEM. A much sold material—that Leksand also used in its training on the FAS implementation—is even more at odds with the Work Environment Act than the mistaken employer role in the FAS agreement (Frick and Forsberg, 2010: 111).

- Finally, the municipal (and counties) employers' organization encourages Leksand's narrow focus on sickness absence (SKL, 2006). SKL's website lists many performance indicators on results in schools, elderly care, etc. However, sickness absence is the only indicator on how the employers prevent work risks. Absence is contrasted to what SKL calls "healthy presence." Not only is absence little related to work risks (Larsson et al., 2005) but SKL's presence is largely not healthy. Sunt Liv's survey demonstrated that very many municipal employees—nationally and in Leksand—go to work out of loyalty to colleagues and clients even when they feel they should have stayed in bed. This "sickness presence" may spread infections and increases the risk of long-term absence (Bergström et al., 2009).

Hälsosam was no real intervention to reduce organizational risks

Hälsosam's successes and failures did not only reflect the priorities of Leksand's politicians and of what the central social partners could agree on. The project's attempt to improve SWEM's work environment management was also too "rational" in the sense of too simple, top-down, and not problematized. The administrations were given more information on the health risks through the 2007 survey and got clearer instructions on their SWEM routines to tackle these risks. However, there was no discussion on how the administrations were to raise and handle the complex topics of workload and leadership quality and there was no tradition and quite limited competence and resources of this in their small central staffs. There was no clarification on what the employee survey's answers meant for the varying management levels. The survey was owned and analysed by Sunt Liv, whose consultants presented staple diagrams of the results with little discussion. In all, there was thus no development project to change from the tradition of delegating work risks down to first-line managers and instead bring it back to the senior managers and politicians who are responsible for the working conditions.

Such "rational" orders fit with the primarily budget-controlled management of Leksand's (and other municipalities) activities. But it contrasts with the nature of welfare work in which the quality of help to elderly, children, and other clients-citizens is the primary objective for the welfare workers (Gustafsson, 2005; Hasle et al., 2008). The tension between unavoidable budget limitations and ethical, professional, and personal perceptions of the help needed is therefore a major work environment issue for the staff. So are also their internal relations and cooperation. This is much influenced by leadership, but stress increases the risks of conflicts (FOA, 2012; Wikman, 2012). Time enough both for managers and for staff to do a reasonable job is therefore crucial for a good cooperation.

The psychosocial risks in Leksand were partly such problems of relations, leadership, and trust. There were differences in this between units and work groups, much because the leadership quality varied and was not centrally controlled. But there were also major problems of imbalance between workload and time, i.e., of the quality in welfare work. A respected home-care supervisor was one of those who signed the mentioned letter of protest against the withdrawn funding to hire replacements, but this was an exceptional open conflict and not a general mechanism to balance demand and control. And the teachers' workload had grown through more administrative tasks—e.g., development plans, evaluations, and meetings for each pupil—in combination with more children with special problems and less support for these. Such resource issues can

only partly be handled at the workplaces, through optimizing the cooperation and use of existing time. But these are mostly high-level issues of budgets, staffing, and task priorities. Despite this, Leksand's workplaces were, as mentioned, instructed to focus mainly on what they could do themselves in their action plans and not to send the problems revealed in the 2007 survey upward.

Leksand is a municipality like others in its ineffective work environment management

Hälsosam's broader objectives of improving its employee influence and SWEM and thereby its work environment therefore had little chance to succeed. Leksand did little of what intervention studies have demonstrated to be necessary to improve psychosocial working conditions. With the growth of attention to stress at work—and possibly also of this health risk—there are more interventions to reduce stress and improve the relation between demand and control at work. This has been accompanied with studies, which demonstrate that interventions to reduce stress are difficult and often have little or no effect. A rational top-down organizational intervention of simply ordering change will not work. Interventions must instead be given time and have more nuanced perspectives that also include organizational culture, industrial relations, and competing interests. Based on a review of other studies and on 44 cases of their own in three different sectors, Saksvik et al. (2002) summarized the criteria that must be fulfilled in successful interventions against stress at work:

* The ability to learn from failures and to motivate participants.
* Multi-level participation and negotiation and differences in organizational perceptions (the different perspectives of employees and of separate management levels had to interact).
* Insight into tacit and informal organizational behaviour.
* Clarification of roles and responsibilities, especially for middle managers.
* Competing projects and reorganizations must not be allowed to (much) disturb the intervention.

Hasle et al. (2008) promoted and evaluated such interventions in 14 Danish organizations in three sectors, including social care (within municipal welfare work). Their conclusions from these and from a research review are similar to those of Saksvik et al., but they also emphasize some other conditions:

* Senior managers (including politicians) have to recognize that psychosocial interventions are difficult and they thus need a continuous support.
* Problems sent to higher levels to be resolved are often opposed by other priorities and therefore need top management support to succeed.
* Survey results have to be interpreted locally, which often require training on these issues.

Leksand's Hälsosam fulfilled none of the requirements of Saksvik et al. and of Hasle et al., much because better SWEM, notably against organizational health risks, was

not seen and treated as a complex psychosocial improvement intervention. It was only another thing that the administrations were to do within their normal operations. The research review in our evaluation of Hälsosam indicated, as mentioned, that Leksand's difficulties (but also its partial successes) were typical of municipal management of human resources, industrial relations, and the work environment and of projects to develop this. To give only some examples:

• A comparison of male- versus female-dominated municipal workplaces found that managers within the school and social welfare sectors (with most of the budget and staff) had too large supervisory spans. This much impeded the communication and joint problem solving between, on the one hand, workplaces and their first-line managers and, on the other, senior management, while the (much smaller) technical administrations could have a better dialogue and get more central support to solve their problems (Kankkunen, 2009).
• In a project to improve the work environment and health management through health balance sheets, no municipality included anything but sickness absence as indicator (Johanson and Cederqvist, 2005), despite their legal duty to formulate and evaluate risk reduction objectives of their SWEM.
• An evaluation of 18 government-subsidized municipal health development projects found that it was hard to make management improvements last after the project. The municipalities had likewise also in these projects ignored their duty to manage risks at work, as a basis for their health promotion (Svensson et al., 2007).
• A project to develop municipal employer policies found that these were started with support from the local politicians but these then left their personnel departments too much on their own. This made it hard to reach any lasting improvements (Wallenberg, 2004).

This does not mean that it is impossible to improve municipal work organization and reduce its risks. A few local initiatives were, as mentioned, developed in Leksand. Others are described in the literature, for example, by Tullberg (2003) on how a weak central management enabled the manager and staff to improve work in a nursing home. Nevertheless, the large majority of studies indicate that the complex municipal tasks and governance—in combination with tight budgets and many central regulations to comply with—make it hard for local spare-time politicians to assume their legal work environment responsibility, especially for the less tangible and regulated organizational risks. Leksand is no different but quite similar in all of the aspects described in this research on municipal management and its development. That is why our evaluation of Hälsosam is a critical case study in the sense discussed by Flyvbjerg (2006) and why its results (with varying details) are applicable to other municipalities.

Conclusion: Leksand's limited version of the Nordic work environment model

Hälsosam illustrates strengths and weaknesses in the municipal sector

Like nearly all development projects, Hälsosam achieved mixed results for complex reasons. On the one hand, its content included organizational risks. And national as well

as local social partners agreed to handle these and all work-related issues in a dialogue with the employees and their safety representatives. Both in its broad content and in the organized dialogue, Hälsosam was therefore a clear example of the Nordic work environment model. On the other, Hälsosam did not link the Nordic model's *how*—of a dialogue—to the *what*—of also including psychosocial health risks. Its improved meetings and dialogue did not bring the more complex and conflicting issues of stress, workload, role conflict, and leadership on the table. With Leksand's (and all municipalities) embraced policy of being a good and at a minimum legal employer, raising such serious risks at central management and political levels would have created a strong pressure to act against them. Raising these issues therefore also meant taking on an open conflict against the traditions and the limited municipal resources, with little support of employee activism (despite the high unionization). And as these issues were neither raised nor resolved, Hälsosam did not increase the social capital of trust between Leksand and its employees. But, there were thus also several more individual improvements and the technical prevention continued.

We have tried to explain this half-full and half-empty glass by the structural and other prerequisites for Leksand's municipal management, which studies reveal are roughly the same elsewhere. So how do these results and their causes illustrate the strengths and weakness of the Nordic work environment model? First of all, Leksand is an illustrative critical case but it can only be generalized (with caution) to municipal work. The Nordic work environment model is no different from those in other countries in that it was not primarily developed to improve public sector work. The legal reforms of the 1970s focused instead on technical employers (e.g., in manufacturing or construction) with high risks of safety and also of health, though this was often less noted. Their risks could be costly—and therefore contentious—to eliminate or at least abate, but these risks were mostly easy to see (if you looked for them), the employers had much control over their production and thus over its risks, and they could be regulated in enough detail.

Municipal management, budgeting, organization, industrial relation, and tasks—and generally in the public sector—are different from these often large technical firm (as well as from the prerequisites for the work environment management in small firms or in the growing private service sector). Swedish municipalities are in important respects dependent contractors in the growing supply chain economy, especially since the public sectors' cost cutting and work intensification after the economic crisis of the mid-1990s. Their service to the citizens is, as mentioned, increasingly directed by national regulations and policies, for example, performance and quality documentation and reporting. Municipalities are therefore like franchisees, with a production increasingly controlled from the outside. In a demand-control model of work, the demand side is therefore only partly governed by the municipalities as formal employers. These also have a limited power over the control side, with difficulties to balance funding (e.g., through higher taxes) and growing service needs, for example, from the elderly (as in Leksand).

Budgets and regulations but also gendered jobs are obstacles to reduce work overload

But, is the half-full, half-empty results of Hälsosam as good as the Nordic work environment model gets, at least within the municipalities (and the counties, with similar

structures and problems)? Is it impossible to combine their existing dialogue and participation with challenging the politicians in how they manage the balance between demand and control for their employees? Such a deterministic conclusion is refuted by evidence that more can be done. Both labour inspectors (Frick, 2011b) and unions (Frick, 2010) sometimes intervene strongly against stress but with a continued social dialogue. And there are, as also mentioned, many cases (some in Leksand) where local managers and their employees have cooperated to reduce stress (see www.suntliv.nu). What our evaluation of Hälsosam, and other research, instead indicates is that it is hard to achieve such improvement across the board of municipalities. The evaluations of general development of their work environment are mainly negative, and the good examples depend mainly on local managers, and staff, who find local improvement opportunities within their largely given limitations of tasks and resources. But in general, the municipal squeeze between centrally given and specified tasks and tight budgets is a major obstacle to improve the psychosocial work environment.

To this should be added a gender aspect of municipal work. Some 80% of their employees are women. Those less skilled had mainly been housewives when the municipal expansion began in the 1970s. And those with higher training (teachers, nurses, social workers, etc.) have had a tradition that their vocation has been seen as a calling. Both groups have therefore been expected to accept (and been given) less pay than men with similar qualifications in the private industry (see above). At the same time, the municipalities' dominating welfare service workers (mainly women) have less access to and support from higher management than those (mainly men) working in the now relatively smaller technical services (Kankkunen, 2009).

This makes it harder for not only individual employees and their unions but also their managers to combat stress at work. The more skilled employees fight a two-front "war" to upgrade their relative pay levels but also to increase the staff to better adapt demand and control in their work. The further privatization of welfare services (as contractors to the municipalities) has not much changed the working conditions that remain similar in, e.g., municipal schools and in private ones (Gustafsson, 2005). Some teachers in our evaluation of Hälsosam had left Leksand but returned. They didn't get better jobs elsewhere but only had to travel longer. This may be why Leksand has a low staff turnover, which it takes as being an attractive employer.

A weaker Swedish work environment system

The municipalities find it difficult to transform a quantitatively large dialogue into qualitative effects on mainly the psychosocial work environment. But they also get less help or pressure to do this from the weaker Swedish work environment actors. Government funding to these have been much reduced and labour market deregulations have eroded the basis for these actors more than in other Nordic countries (Frick, 2009). In 2006, the new conservative government cut the budget of the Swedish Work Environment Authority (SWEA) and its labour inspection by a third. One result was much fewer school inspections, as the social partners there were considered to be capable of handling the risks themselves (Dagens Eko, 2010). In this, SWEA disregarded Sunt Liv's survey and other studies that demonstrated that the partners so far had been unable to reduce the widespread and serious psychosocial health risks.

SWEA's support to stress reduction is limited not only by less resources but also by internal policies. The supervision of the provisions on SWEM focuses on the procedures, such as risk assessment and task distribution, but with little attention to higher managements—employers duties to set objectives for the work environment, to evaluate its results against these objectives, and to improve whatever is ineffective to reduce the risks (Frick, 2011b). And although the authority gradually has increased its supervision of psychosocial risks, these are not regulated by any specified provisions nor supported by much organizational competence among the labour inspectors (Bruhn and Frick, 2011). When they suspect serious stress problems, the inspectors instead use the provisions on SWEM to order the employer to assess the risks, mainly through employee surveys. However, the inspectors have a limited authority to force employers to act against the risks detected.

The unions see this as voluntarism for how employers have to act against stress and therefore find that Sweden has not implemented the stress agreement between EU's social partners (Frick, 2010). The unions, which have to fight for both better pay and less stress, are also weaker, as part of a generally weakened labour. Since the crisis of the early 1990s, the unemployment has jumped from rarely being above 4% to never being below 6%. Union membership is down from 83% in 1993 to 70% in 2011, benefits when you can't work are much reduced by the new government, and more and more people have to accept insecure forms of work (Frick, 2012). Like SWEA, the unions therefore have to choose their battles carefully. The mentioned enlightenment strategy to support work reforms has also been weakened. The government has reduced the funding to spread knowledge of risks and solutions and thus less support of norms of the right thing to do in the work environment. In Leksand, the basic training for safety reps was (as elsewhere) reduced from five to three days, there was little preventive support from the occupational health service, and the municipality used a misleading training material to implement the FAS 05 agreement.

A limited dialogue (How) leads to narrow work environment practice (What)

Leksand already had much dialogue between managers and unions-employees and this was further developed through the Hälsosam project. There were many opportunities for employees and their safety reps to comment the environment and other conditions at work. In this sense, it was a good example of the Nordic work environment model. However, there is also a widespread feeling among both reps and employees in Leksand that speaking up may not change much, as their own managers can do little and those at higher levels do not listen much to complaints from below. There are even some examples of negative management reactions when safety reps raise difficult questions. There was thus a limited practical implementation of the theoretically broad work environment concept in Leksand (and likely in Swedish municipalities in general). Leksand has a formally extensive dialogue but in reality its content is limited and it is hard (but not impossible) to raise issues of work organization, especially to higher levels. The overall conclusion is that there is a strong relation between Leksand's limitations in its application of the Nordic model's *How* of the dialogue and its narrow *What* of not really including psychosocial risks in its work environment management.

However, to understand this limited application of the Nordic work environment model in Leksand and other municipalities, we have to look at the broader background issues. The half-full results of Hälsosam are partly an effect of the strength (now weakened) and policies of the work environment actors. But like other conditions of production, the risks and their management are more caused by the municipalities' general situation with their economy, governance, labour markets, and industrial relations. None of these were in Leksand (or in general) favourable for raising and tackling the widespread and serious stress and other psychosocial risks at work. This imbalance of power between employers and workers made it hard for the latter to challenge their employer's prerogative to organize and resource Leksand's operations, i.e., the causes of the stress and similar risks. To this should be added the mentioned gender aspect of municipal work. This grew mainly during the 1970s and 1980s, but with less pay and less secure jobs than in the male-dominated sectors. The constant municipal budget squeeze since the economic crisis of the early 1990s has made it hard to correct the gender imbalance.

The Nordic work environment model was thus strong enough to make Leksand— and other "good" employers—invest in sometimes costly technical risk prevention (as evident in the long-term trend of reduced such risks; AV, 2012a, 2012b). But Leksand's major risks were rooted in the employers' core prerogative of resourcing, organizing, and managing the production. Neither the local unions nor the Work Environment Authority and other central actors had the real position and power to question the size of the staffing budget and the management priorities of Leksand. So the Nordic model can achieve much in improving the work environment but not all of the legally mandated prevention of all health and safety risks at work.

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