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Assessing the Present in Perspective of the Past: Experiences from a Chronicle Workshop on Company-Level Work Disability Management

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ABSTRACT

Participatory approaches to jointly address development and change processes are increasingly applied in Nordic working life research. One approach, the Chronicle Workshop (CW), aims at facilitating collective history through collaborative exploration and joint analysis of organizational development and change processes to guide forthcoming change. This study presents the CW methodology as an interactive research process. The study examines how the CW can facilitate mutual understanding and explanation of sickness absence and return to work efforts in the healthcare workplace, and discuss the extent to which the CW methodology can inform researchers involved in organizational development and change to address some potential limitations that exist. The CW encouraged the expression of diverse perspectives, incorporating insight from different organizational levels, and identified various kinds of resources and dilemmas in mapping the collective history of company-level sickness absence and return to work efforts. More attention to consensus building and power relations, greater explicitness about theoretical groundings, researcher role, and follow-up action ought to be considered prospectively to develop the method further. Inspiration from action research principles and the combined use of critical realism and interactive research may guide future development of the CW methodology.

KEY WORDS

Return to work / organizational analysis / interactive research / action research

Background

Every day, organizations launch change and development projects challenging common ground for planning, implementation, and action. Working in such organizational contexts, employers and employees face multifactorial health problems, creating challenges of work absence and work disability (Akabas et al., 1992; James, 1997; Cunningham & James, 2000; Wynne & McAnaney, 2004).

Organizational change strategies can help build sustainable efforts to reduce work disability and create a healthier working life, acknowledging differing stakeholder perspectives to better understand the interdependence of complex organizational structures and human interaction (Polanyi et al., 1996; Friesen et al., 2001). In contrast to conventional research methods, interactive and action research methods have been developed

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to facilitate participatory development and change processes in working life, supporting collaborative knowledge creation and opportunities for collective action among those most directly concerned (Toulmin & Gustavson, 1996; Greenwood, 1999; Nielsen & Svensson, 2006).

Within Nordic working life research, the Chronicle Workshop (CW) has been promoted as a participatory method to support collective knowledge creation and mutual understanding of development or change processes in organizations (Limborg & Hvenegaard, 2011). To date, little research has been published on studies applying the CW in organizational contexts, and the method is only vaguely described and discussed in the scientific literature, creating a gap of knowledge describing the interactive processes and utility of the CW methodology, in addition to the method's possibilities as a participatory research and evaluation method (Hagedorn-Rasmussen & Mac, 2007).

The origins of the CW may be traced back to the early work of Eric Trist and Fred Emery's socio-ecological perspective (Trist, 1981; Pasmore, 2010), and the later developments of action research approaches situated within the Nordic company development and working life orientation (Drewes Nielsen 2006), such as the "*dialogue tradition*" aimed at reconstructing organizational discourses through democratic dialogue (Gustavsen & Engelstad, 1986; Toulmin & Gustavsen, 1996), the "*systemic tradition*" aimed at understanding complex organizational systems through critical systemic thinking (Galamba 2011), and the "*interactive tradition*" aimed at developing organizational practice through processes of joint learning (Larson, 2006; Svensson et al., 2007a,b). Others trace the origin of the CW to an applied practical context (Limborg & Hvenegaard, 2011). The CW has been useful as a practical tool for data collection in evaluation and organizational analyses, establishing common contextual knowledge of development and change processes (Hagedorn-Rasmussen & Mac, 2007; Limborg & Hvenegaard, 2011).

This study discusses the CW methodology and presents a company perspective on work disability management within the healthcare workplace, utilizing the CW as a participatory research and evaluation method. The article follows two objectives: (1) to examine how the CW can facilitate mutual understanding and explanation around complex development and change processes in organizations. This is clarified through the context of return to work (RTW), and the results from an intervention research project to prevent sickness absence in healthcare workplaces: (2) to discuss the extent to which the CW methodology can inform researchers involved in organizational development and change projects. The study presents considerations and implications for researchers using the CW and ways to improve the CW methodology to address some of its potential limitations.

The chronicle workshop: an interactive research perspective

Every organization has a history in which its structures, procedures, and ways of thinking and acting are created. Here, pre-existing historical development processes have created communities of practice, conflicts, and common or different perspectives. Given the existence of such historical features and its impact on organizational development, the circumstances organizational members refer to and create meaning from figure as important factors to understand present structures and actions. Various large group

methodologies exists to help make history visible and discover patterns to understand the past and create common ground for organizational planning, including “*search conferences*” (Emery & Purser, 1996), and “*future search conferences*” (Weisbord & Janoff, 1995). Building on the common legacy from socio-technical action research, the evolution of the CW methodology may be seen in continuation of these methods. Although it is not within the scope of this study to discuss methodological and epistemological differences between the various methods, the CW aligns the perspective of these methods by reviewing historical facts to establish common ground for system evaluation (Emery & Purser, 1996), and forthcoming change (Polanyi, 2001; Drewes Nielsen, 2006).

The main goal of the CW is to help visualize and maintain knowledge from the past, which ought to prevail in future developments, or parts of the past that the organization and participants must seek to overcome. Thus, reviewing the collective history of organizational policy and practice will allow organizations to create mutual understanding and energy to strengthen organizational anchoring and forthcoming change (Limborg & Hvenegaard, 2011). This resembles the orientation of interactive research aimed at facilitating *interactive learning* through conditions for *joint analysis* of organizational practice (Larsson, 2006; Svensson et al., 2007a). The interactive perspective is based on a *pragmatic* change orientation (Larsson, 2006), rooted in *critical realism* (Danermark et al., 2002; Svensson et al., 2007ab) that seeks to *develop* existing workplace structures, driven by *common explanation and mutual understanding* of the underlying dynamics pertaining participants’ situations (Svensson et al., 2007b). The interactive perspective is mainly *theory driven* and focused on theoretical development, with a more loose commitment to practical change (Larsson, 2006; Svensson et al., 2007ab). Thus, the interactive perspective asks questions about employees, groups, or organizational practice, and their common interactive learning.

Through the CW process, the organization’s own members characterize the development and change processes they are part of or have been part of, while simultaneously creating an inner meaning and coherence, pointing to the future. In conventional evaluation, consultants or researchers come from the outside, using interviews and survey questionnaires to create an image of the organization, and the barriers and facilitators for change. Often, this type of evaluation does not aim to make a positive impact on projects while the project is underway and are usually not framed in an actionable way by local stakeholders (Greenwood & Levin, 2007). The CW does not necessarily function as an alternative to conventional evaluation, but may function as a beneficial supplement to conventional organizational analysis and evaluation.

The CW has been applied in a variety of case studies, involving both public and private companies. Some studies applied the CW to investigate occupational health and safety (OHS) management (Hasle & Langaa Jensen, 2006; Hohnen & Hasle, 2011), workplace social capital (Hasle & Møller, 2007; Sørensen et al., 2011), and the regulation of the psycho-social working environment (Hvid et al., 2006; Starheim, 2012). Other studies applied the CW to understand the psychosocial working environment pertaining to knowledge work (Hagedorn-Rasmussen & Mac, 2007; Hvid et al., 2008), and the innovative processes in project-based organizations (Grex & Ipsen, 2010).

The CW always starts with an overarching theme and is typically limited to an organization (often a company or a community). The theme is decided on beforehand in collaboration with the members of the organization under study. The CW is organized by the researcher, but planned and coordinated in joint collaboration with the involved



organization. The explicit focus on joint collaboration may be described as a participatory and interactive research process. Here, the role of the researcher is primarily to structure and facilitate processes, acting as a catalyst for joint reflection and learning (Larson, 2006; Svensson et al., 2007a).

A number of questions and issues may be raised during the CW that are crucial to organizational development, change, and performance:

- How did the participants experience events and the stakeholders associated with the underlying development process of the given theme? What opinions do they have of about what is done and ought to be done?
- What are the resources and dilemmas that are brought into the development process, and how can these be processed in a way that provides new perspectives on action?
- What ought to be left behind, and what kind of knowledge ought to be preserved and brought forward into the future?

The CW can create a consensus about the past and prospects for the future. However, the method can also create fruitful disagreements and visualize how different interpretations of the past and different perspectives on the present can exist simultaneously and give basis for action. The collective history is thereby rendered conscious, illustrating important “breakdowns” or patterns of action that may no longer be appropriate (Hagedorn-Rasmussen & Mac, 2007; Grex & Ipsen, 2010). Thus, using the CW as part of an evaluation or establishment of a framework for case studies can be the starting point for renewed activity. The CW may also imply a more explicit change orientation, framed in an actionable way by local stakeholders (Greenwood & Levin, 2007). However, seen as an interactive research process, the expected outcomes from a CW may be characterized as *developmental work*, in the sense that processes of joint analysis and learning can support internal capacity building, and organizations’ capability to act. Hence, applying the CW to organizational development and change processes may create a common horizon of understanding that can promote organizational analysis and participatory knowledge sharing, where key parties review and prioritize meaningful events and stakeholders, and describe how these have been central to current change or changes over time.

Research setting: the case of sickness absence and return to work

In this study, the CW was applied in a process evaluation of a large regional project, focusing on sickness absence and RTW among Danish regional healthcare workplaces. Work disability and sickness absence remain a high-priority policy agenda in most European countries (Wynne & McAnaney, 2004; OECD, 2008). Many employers revise formal policies to control and prevent negative effects of sickness absence on work attendance and productivity (Cunningham & James, 2000; Whitaker, 2001). However, employers seem to have few comprehensive arrangements in place to support work disability management beyond RTW (James et al., 1997; Cunningham & James, 2002; Gensby et al., 2013). Disability management offers a systematic managerial approach for employers to control and coordinate internal absence and RTW procedures to prevent prolonged absence and work disability (Akabas et al., 1992; Gensby et al., 2013).

In a Danish context, employers have very little responsibility for work disability management and are not liable to provide work accommodation following long-term work disability. Instead, responsibility for returning long-term sick listed to work rests with case managers in public municipal authorities (Høgelund, 2002; Johansen et al., 2008, 2011). Several Danish preventive projects focusing on workplace-directed RTW interventions to reduce long-term sickness absence give insight to the potentials of intersectorial collaboration in RTW processes. However, a common feature of these studies is a focus on multi-disciplinary rehabilitation and coordination from a social security system perspective (Aust et al., 2012), or a clinical and epidemiological oriented perspective, with no company-level studies, utilizing participatory methods to address work disability management efforts in organizations (Gensby & Labriola, 2007).

This study represents a unique contribution to the existing Nordic research knowledge base on sickness absence and RTW, using a CW methodology to provide a company perspective on work disability management. In the present study, a large network project “Project Presence at Work” was launched among 18 Danish regional healthcare work places with a common aim of measurable reduction in sickness absence rates and lost work days. The project covered approximately 2000 employees with both managers and workers. At the time of the project initiation, there was a knowledge gap regarding information sharing and collaboration on sickness absence and RTW among Danish regional healthcare workplaces. A regional hospital with approximately 600 employees was chosen as a case example to give a process perspective on project participation. The CW was applied as a participatory research and evaluation method (Gensby, 2011). For the purpose of this study, empirical data will be presented to outline the many entrenched elements affecting the development of sickness absence and RTW efforts within organizational contexts, followed by a discussion of the utility and limitations of using a CW methodology to describe this development process. On the basis of the insight gained from the CW process, a continued change process was initiated in joint collaboration between action researchers and employees at the hospital (Gensby & Husted, 2013). In this study, the case selection strategy was based on an extreme case example (Flyvbjerg, 1998, 2006; Yin, 2003), in the sense that the case hospital had the lowest level of lost work days in the Capital Region (average of 4.4% in 2010), a proactive engagement to sickness absence and RTW, and a “front runner” status during the project period. Apart from the hospital’s best case status, an open critical examination of current policy and practice was also of interest.

Planning and implementing a chronicle workshop

Preparing the workshop

The CW always has a specific topic or theme. Setting up a CW requires that the participating company is prepared to initiate an internal review on the theme chosen. Implementing a CW therefore requires acceptance and participation by senior management. The feasibility of a CW is therefore more likely to be achieved in companies that are characterized by openness and readiness toward investigating their own practice (Hagedorn-Rasmussen & Mac, 2007). The CW typically involves between six and 15 employees who are expected to spend an entire day at the workshop (Hagedorn-Rasmussen & Mac, 2007; Limborg & Hvenegaard, 2011).



A range of preparatory steps were taken to inform the planning and initiation of the CW process at the hospital. These steps involved in-depth interviews with regionally located human resource managers, local project meetings, and assessment of internal policy documents on sickness absence and RTW strategies. A hospital-based project group formed a steering committee for the CW process evaluation. The project group was composed of representatives from the OHS committee, management, and researchers. The project group considered the implications of workshop participation and how the CW could inform the broader context of disability management at the hospital. The project group agreed on the scope and agenda of the CW. A written protocol, stating the agenda, design, and steps of the CW methodology, was sent to all departmental supervisors in the three major hospital departments. Departmental supervisors then discussed the evaluation process in local departmental meetings and gave feedback to the project group. The objective and aim of the CW were clearly stated in a protocol, namely:

- To discuss the underlying principles and structures of current managerial policies and practices, and provide a picture of how and why sickness absence and RTW efforts have transpired
- To reveal specific stakeholders and positions involved in work disability management
- To identify resources and dilemmas in organizational policy and practice
- To develop the current approach to sickness absence and RTW to inspire new forms of collaboration and action.

Participants and setting

Building on the idea of “*puzzle learning*” (Emery, 1986), common reference, length of service, internal position, and expertise are key issues of concern for the sampling of participants in the CW. Accordingly, the participant inclusion criteria reflected a maximum variation approach within a purposive sampling (Patton, 2002). The sampling approach allowed the workshop to include participants from various managerial levels, work functions, and representatives from the internal collaborative system to ensure that a broad range of perspectives on sickness absence efforts were reflected in the final output of the workshop (Limborg & Hvenegaard, 2011). The internal project group coordinated internal resource allocation, logistics, and recruitment procedures. Six key parties involved in sickness absence and RTW activities were identified at the hospital (i.e., senior management, human resources, departmental supervisors, local unions, labor-management committee, and OHS services). From these parties, potential participants were identified to meet inclusion criteria. Interested participants were then verified by the project group and cleared with departmental supervisors, according to the daily schedules and work practices. The CW included 11 participants with several years of work experience from the five major departments at the hospital: Anesthesia, Diagnostics, Surgical, Medical, and Services. Eight participants were female and three were male, with an average age of 46 years, and an average length of service of 26 years. Four participants were also part of the local project group. Detailed descriptions of workshop participants are provided in Tab. 1.

Table 1 Participant description

Chronicle workshop	Hospital affiliation	Total (11)
Vice Director	Senior management	1
Union representatives	Medical department and Surgical department, Joint labor-management committee	2
Occupational health and safety representatives	Medical department, Diagnostic department, and Services, Joint labor-management committee	2
Departmental supervisors	Medical department, Surgical department, Anesthesia department, Diagnostic department	4
Occupational health and safety leader	Occupational health and safety services, Joint labor-management committee	1
Human resource manager	Human resource department	1

Workshop method

The CW was held at a Danish regional hospital in October 2010. A follow-up meeting was held in January 2011. However, the analyses here focus on the initial workshop, and the feedback given. The CW was implemented during a full-day session from 9 AM to 4.30 PM. The workshop was facilitated by one action researcher, and an associate researcher. The theme of the CW was “*Presence while returning to work.*” The workshop theme was chosen in collaboration between the hospital-based project group and the researchers.

Consideration of spatial design is important when planning a CW (Limborg & Hvenegaard, 2011). The CW was held in a meeting room at the hospital and reviewed a time period from 2000 to 2010. A long wall in the meeting room outlined the time period under study, starting with the first year of the timeline and ending with the last year. Participants were placed in a half circle facing the timeline, so they were able to see each other. Common agreement of the time period is essential before beginning the workshop process. The focus of the CW could reflect a larger time span, but a demarcation was made to allow participants to focus on the establishment and formation of recent sickness absence and RTW efforts at the hospital, allowing the CW to reflect experiences from participation in the intervention project, and the hospital context in which the project was implemented.

Before starting the workshop, the researcher informed about the workshop theme and aim, and procedures for feedback and knowledge dissemination. Participants then introduced themselves and initial questions were cleared. The researcher then introduced the workshop methodology and clearly stated procedures and rules during the workshop process:

- Write your input on paper notes
- Do not include more than one issue on one note
- Write as many notes that come to your mind. All issues are important
- You have five minutes to write your notes



- You are allowed to write extra notes during the process
- You may ask clarifying questions
- Common discussion concludes each workshop stage

Table 2 presents the standard CW agenda and procedure followed (Hagedorn-Rasmussen & Mac, 2007; Limborg & Hvenegaard, 2011). In practice, the CW was implemented as a two-stage process, covering an *exploration phase* and an *interpretation phase*.

Table II Summary of CW agenda, setup, and process flow

Time schedule	Day program
9.00–9.10	Opening and introduction to the workshop theme: "Presence while returning to work – reviewing sickness absence efforts from 2000–2010" Participants present themselves and the method is presented
	Stage 1. Exploration phase: Visualizing the past
9.10–10.25	1. Round: What significant events have marked the prioritizing and organization of sickness absence efforts at the hospital, and when? – Individual input on paper notes – Mounting of paper notes – Commentaries
10-min break	
10.35–11.15	2. Round: Which stakeholders, entities, or institutions have characterized and driven the development and implementation of sickness absence efforts at the hospital, and when? – Individual input on paper notes – Mounting of paper notes – Commentaries
11.15–12.00	Lunch
12.00–12.50	3. Round: What kind of initiatives and debate have arisen during the development of sickness absence efforts at the hospital, and when? – Individual input on paper notes – Mounting of paper notes – Commentaries
10-min break	
	Stage 2. Interpretation phase: Making the history
1.00–2.00	Group work: The participants interpret key trends in the collective history of sickness absence and return to work efforts at the hospital. They divide the history into separate chapters. – Common presentation and discussion
15-min coffee break	
2.15–3.30	Group work: The participants reflect on what has been lost/ought to be left behind, and what aspects of their reviewed history that should be preserved and given special attention. – Common presentation and discussion
3.30–4.00	Evaluation and workshop close

In the exploration phase, participants reviewed and described significant facts affecting the development of sickness absence and RTW efforts at the hospital. Participants were asked to separate facts in three thematic rounds:

- Round 1: What significant events have marked sickness absence and RTW efforts at the hospital, and when?
- Round 2: Which stakeholders, entities, or institutions have characterized and driven the development and implementation of sickness absence and RTW efforts at the hospital, and when?
- Round 3: What kind of initiatives and debates have arisen during the development of sickness absence and RTW efforts at the hospital, and when?

For each round, participants wrote facts on a colored paper note. Each round had its specific color. Participants then placed the colored paper note on a wall to separate events, stakeholders, initiatives, and discussions, according to the year of occurrence. For each note, participants were encouraged to comment on their input.

The interpretation phase consisted of two multi-stakeholder group sessions and represented the participants' active interpretation and analyses, working together to create an image of the history as it appeared on the wall. During the group sessions, participants were asked to:

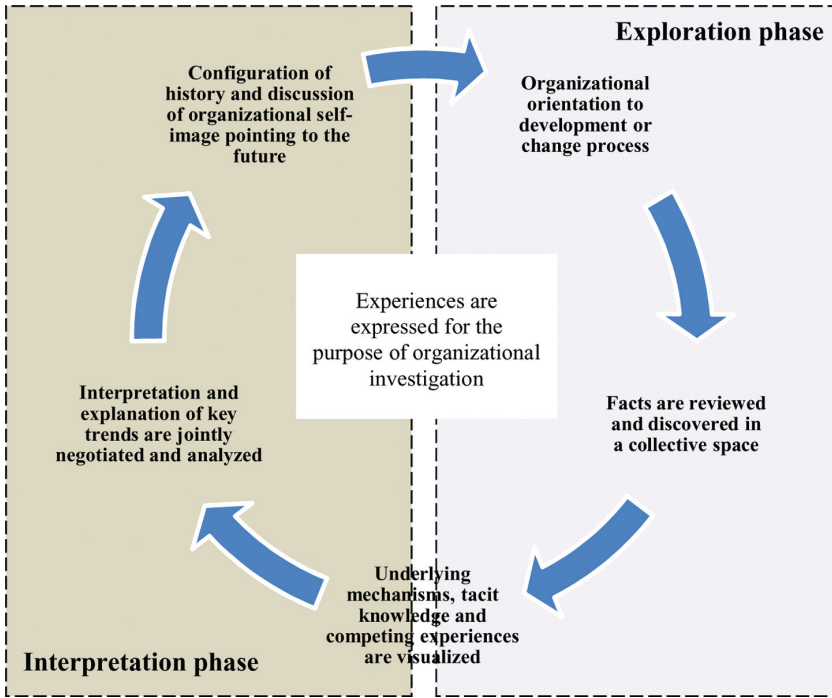
- Group session 1: Interpret key trends, identify historical focal points, and compose headlines, preparing the collective history of sickness absence and presence while returning to work.
- Group session 2: Reflect on what has been lost and what ought to be left behind, and what aspects of collective history that must be preserved and given special attention.

During the first group session, participants interpreted key trends, dividing the colored patchwork of facts into historical focal points. The focal points were arranged on a wall-sized poster from which participants composed headlines thematically covering a defined time interval. The groups then presented their proposals and argued why they had arrived at precisely these focal points and headlines, and the intervals to which the headings were attributed to. The headlines were then pasted on the wall above the desired time interval. The headlines subsequently served as an overarching structure of the history.

In the second group session, participants were divided into smaller groups to reflect on the configuration of the history. The group composition reflected a mix of internal functions and responsibilities across the hospital. The groups were then asked to discuss each other's proposals and depict aspects of the history that were lost/ought to left behind, and special qualities of the history that should be granted continued attention. Each group recorded this process on wall-sized posters, followed by common presentation. A final discussion clarified areas that remain unresolved.

Figure 1 illustrates the CW knowledge production process, allowing collective exploration to make implications of temporal facts conscious, interpreting key trends of the reviewed historical period to confront the organizational self-image, while being open to new directions formed by the joint historical acquisition and learning.

Figure 1: The CW as a medium for joint exploration and interpretation of organizational contexts.



Workshop documentation and analysis

A practical checklist of the necessities for preparation and implementation of the CW includes a workshop program, an undisturbed room with a long wall to put up paper notes, different color paper notes matching each round, felt-tip pens, flip over, tape, camera, recorder, and laptop to document the workshop process. A minimum of two researchers are needed to facilitate the workshop.

A workshop protocol provided a common framework and checklist for the facilitating action researcher during the workshop process. Knowledge creation processes and course of experience were systematically documented in a workshop journal. A research assistant recorded participant input during the exploration phase, and individual comments to each input was recorded on tape. During the interpretation phase group sessions were documented on a wall-sized paper and recorded in the workshop journal.

As such, the CW method has its own analytical structure. The analysis of the CW followed the systematic structure of participant input during the exploration phase and the group-based configuration of the history during the interpretation phase. Three groups presented their interpretation of the history in a breakdown of main historical focal points from which they developed headings covering a defined time interval. There were several overlaps between the focal points and headings chosen between groups. On the basis of common discussion, a set of headings were agreed upon, creating an

overarching structure of the history of sickness absence and RTW efforts at the hospital. Using this structure, the action researcher then reproduced the knowledge production process and the journal recordings, using the structure outlined by the CW process to configure the final history.

Data validity was obtained through an iterative process of regular feedback between the action researcher and workshop participants. Participants were sent written copies of the workshop journal to verify the substance and reflections presented, and a follow-up meeting was held to review the final configuration and main historical trends. Table 3 presents the data sources used for planning, analysis, and reporting of the CW.

Table III Qualitative data sources and knowledge creation

Pre-phase June, 2010	Project group intro-meeting: Evaluation description Meeting notes Workshop script
October, 2010	Interview regional HR administration Review of documents Interview transcripts
Workshop October, 2010	One-day workshop "Presence while returning to work – a historical view": Transcripts of audio recordings Workshop field notes Participants wall papers and group notes Photo documentation
Follow up workshop January, 2011	Internal feedback and comments: Workshop journal Process feedback
Project group meeting March, 2011	Evaluation report preliminary results: Discussion field notes

The chronicle workshop in practice

The following section sums up the collective history “*Presence while returning to work.*” The history is presented in a way that illustrates the level of detail and richness of the knowledge creation process. Central to the history is a gradual shift in the approach to sickness absence and RTW within the hospital. Table 4 provides a condensed overview of the evolution and development of work disability management at the hospital as reviewed and interpreted by the participants. The table presents the time interval and heading followed by a breakdown of events, stakeholders, initiatives, and discussions attributed to the given time period. Overall, participants describe how the development of sickness absence efforts has been part of an organizational maturation process, which the participants divide into three main periods. Each period illustrates how the hospital has been processing a change in attitude and managerial procedures, gradually moving away from a passive approach, perceiving sickness absence as a private problem, to an active approach perceiving sickness absence as a common task. This maturation process has been fueled by a mix of entrenched events, stakeholders, discussions, and initiatives summarized below.



You are employed – illness and absence is a private problem

The first period from 2000 to 2003 is characterized by a passive approach to sickness absence, in which illness and absence is perceived as a private issue at the hospital.

Focus on primary preventive initiatives to promote healthy work environments and safety: At the start of the period, the work environment approach is broadened from a focus on individual health to also include exposures from the work environment. Several initiatives are taken to improve work practices, and OHS is assigned its own budget to focus on safety at work. The OHS committee becomes more active in safety procedures at the hospital.

Decentralization of responsibility for sickness absence management: Subsequently, the participants recall large differences in the management procedures and sickness absence initiatives taken in local departments. In response, the responsibility for managing sickness absence is decentralized to local departmental supervisors. The intention was to move problem-solving closer to practice. Prior practices left the responsibility to middle managers, with sickness absence an issue less discussed at the departmental level.

Establishment of the first written sickness absence policy: In the middle of the period, the first written sickness absence policy is created. Participants express a lack of ownership to the written sickness absence policy. The policy was a remote arrangement, and most processes were run automatically without active participation of the employees, who mainly acted according to a predefined administrative framework. Local departmental supervisors also had difficulties in assessing work accommodation options. In response, the labor management committee discussed the sickness absence policy to take needed action.

Re-organizing hospital administrative structure: At the end of the period, the hospital is reorganized into an independent company structure. Following this transition, a new senior management is employed. With the new company status, the financial allocations to OHS initiatives are assessed according to individual departmental needs. The participants describe how internal power struggles between management and employees, and periods of continuous reorganizing took up energy to engage in sickness absence initiatives. Participants experience how actions were primarily driven by OHS audits, while the development of the hospital's sickness absence and RTW efforts were at a standstill.

Government policy analysis of the Danish sickness absence: At the same time, the Danish government conducted a large-scale national policy analysis of the social and economic costs of sickness absence and ways to increase labor market participation.

Organizational change – sickness absence is a corporate challenge

The second period from 2004 to 2007 is characterized by a company reorientation to sickness absence, in which sickness absence is perceived as a corporate challenge.

Changing senior management constellations: Following the retirement of the hospital matron, the hospital experienced a long period of changing senior management constellations, resulting in short-term goal setting, ad hoc solutions, and inconsistency in sickness absence focus. Participants describe how time-consuming it was to adjust the organization according to new managerial strategies, which took up energy to discuss future development of the hospital's work disability management policy and practice.

Reframing organizational sickness policy and practice: Although the formal sickness absence policy had existed for many years, participants describe how they were still

unsure of the content of the policy. Participants express how a common dialogue about work accommodation possibilities in local department meetings revealed a need to clarify the role of the workplace during sick leave and RTW. Here, both union representatives and OHS representatives contributed to the dialogue about managerial procedures in local departments. Discussions were primarily centered on assessment of individual needs, and how to encourage departmental supervisors to consider individual capacities, without excluding accommodation possibilities elsewhere in the hospital.

Contact while off work due to illness or injury: Another type of discussion which is characteristic of the period is the nature of social network around the injured or ill employee at the workplace. Participants experience how finding the right balance for contact with the employee while off work remains a challenging issue. Some colleagues want to maintain close contact, while others are more uncomfortable making contact.

Introduction of individual return to work interviews: Participants explain how the attitudinal change to sickness absence has been fueled by a more prominent role of departmental supervisors to ensure a more systematic approach to RTW interviews. In the past, RTW interviews had been neglected, skipped, or poorly documented, and departmental supervisors were often not aware of keeping contact with employees while off work. The increased supervisor responsibility requires a new type of “process capacity”, to manage contact and RTW interviews. Furthermore, supervisors are required to meet managerial goal setting and productivity, while simultaneously balancing the needs of the injured or ill employee with the various needs of the work group. The union representatives also become more active, as lay representatives during the RTW interview.

Common mental health illnesses create uncertainty, and long periods of time could pass by before someone intervened. Here, participants notice how the HR department starts to play a more active role around RTW interviews. Participants describe how the mutual understanding between the HR department and the departmental supervisors function as an important “link,” assisting specific legislative issues and collaboration with social insurance case managers or healthcare providers in complex situations.

Use of light duties and modified work opportunities: In practice, work accommodation continues to challenge local departments, where questions of collegial tolerance and support of modified and restrictive duties become prominent. Despite that participants perceive themselves and their colleagues as mindful of the re-entering employee, health situation conflicts easily escalate. Often departmental agreements disintegrate in practice, if there is no follow up. Participants experience how colleagues often cover work hours when the returning colleague needs to withdraw from work earlier or have short periods of relapse. Participants also experience examples of jealousy when colleagues are transferred to other departments with more gentle working conditions. This makes colleagues more aware of their personal limits.

Administrative centralization of healthcare in five national regions: At the end of the period, more administrative changes are implemented. In particular, the administrative centralization of Danish hospitals in five national regions influences the development of sickness absence efforts at the hospital. Following the new regional administrative structure, the hospital becomes part of a regional HR administration, providing guidelines on sickness absence and better data to monitor and benchmark absence and analyze different types of work disability. During this period, sickness absence becomes a prioritized area for all regional healthcare workplaces, and increased focus is given to primary preventive initiatives to reduce sickness absence. Simultaneously, the local HR manager makes efforts

Table IV Evolution of work disability management at the hospital

Period	Heading	Events	Stakeholders	Initiatives and discussions
2000–2003	You are employed – illness and absence is a private problem	Focus on primary preventive initiatives to promote healthy work environments and safety	The hospital matron, OHS committee	<ul style="list-style-type: none"> Occupational health and safety audits and improvement of work organization and work tasks Occupational health and safety is assigned its own budget
		De-centralization of responsibility for sickness absence management	The hospital matron, HR manager	<ul style="list-style-type: none"> Lack of attention to sickness absence at the departmental level Differences in sickness absence management between local departments
		Establishment of the first written formal sickness absence policy	Labor-management committee, HR manager, departmental supervisors	<ul style="list-style-type: none"> Focus on personnel administrative framework Automatic case flow with no worker commitment to policy Lack of backup for departmental supervisors, advising on accommodation possibilities and legal concerns
		Reorganizing hospital administrative structure	Government, local municipality	<ul style="list-style-type: none"> Financial allocation to work environment initiatives are assigned according to departmental needs
		Government policy analysis of sickness absence	Government	<ul style="list-style-type: none"> New funding possibilities and focus on social and economic costs of sickness absence and ways to increase labor market participation
2004–2007	Changing times – sickness absence is a corporate challenge	Changing senior management constellations	Senior management, OHS committee	<ul style="list-style-type: none"> Time-consuming to calibrate between changing senior management constellations Short-term goal setting, ad hoc solutions, and inconsistency in sickness absence focus Project fund raising to reduce sickness absence and promote well being
		Reframing organizational sickness absence policy and practice	Labor – management committee, personnel meetings	<ul style="list-style-type: none"> Prioritization of economic grants to internal OHS development Appearance of sickness absence policy in daily problem solving Interactions between safety and union representatives on sickness absence management Local responsibility and actions of departmental supervisors towards sickness absence

Continued

<p>2004–2007</p> <p>Changing times – sickness absence is a corporate challenge</p>	<p>Contact while off work due to illness or injury</p>	<p>Departmental supervisors, colleagues</p>	<ul style="list-style-type: none"> • Focus on the social network around the employee, and ways to contact employees while off work • New attitude among departmental supervisors, no prior systematic or consistent procedure for contact
<p>2008–2010</p> <p>Corporate engagement – ill or injured workers are a common task</p>	<p>Introduction of individual return to work interviews</p> <p>Use of light duties and modified work opportunities</p> <p>Administrative centralization of healthcare in five national regions</p>	<p>Departmental supervisors, union representatives, re-entering workers</p> <p>Co-workers, and departmental supervisors</p> <p>Government, Administrative region, Regional HR department</p>	<ul style="list-style-type: none"> • Interviews were often neglected and poorly documented • Transparency and legitimacy about sickness absence interview between workers and departmental supervisors • Management of common mental health problems is challenging • Challenging to assign work tasks that fit individual work capacity • Maintenance of collegial acceptance while gradually recovering at work • Sickness absence becomes a prioritized area for management • Benchmarking of sickness absence rates and internal audit across regional healthcare workplaces • Better data to analyze types of absence and work disability
<p>2008–2010</p> <p>Corporate engagement – ill or injured workers are a common task</p>	<p>Implementation of regional human resource and OHS policy framework</p> <p>National action plan for sickness absence and sickness benefit scheme</p>	<p>Regional HR manager; local HR department; Labor-management committee, OHS committee</p> <p>Government, Administrative region</p>	<ul style="list-style-type: none"> • Difficulty in implementing imposed regional information and initiatives; however, important with overall policy framework and guidance • Early contact and RTW interviews are statutory for employers • Renewed discussion of contact procedures and barriers • Employers may request individual 'possibility statement' from GP • Use of statistical data and internal audit on sickness absence
<p>2008–2010</p> <p>National campaign 'Sick with job'</p>	<p>National campaign 'Sick with job'</p>	<p>Government</p>	<ul style="list-style-type: none"> • Employees return to work while not fully recovered

Continued



Period	Heading	Events	Stakeholders	Initiatives and discussions
2008–2010	Corporate engagement – ill or injured workers are a common task	Consolidation of senior management and active entrepreneurship	Senior management, local project groups, and OHS leader	<ul style="list-style-type: none"> • Managerial openness and long term focus on sickness absence • Articulation of corporate values to inspire local sickness absence practices and focus on well being • Participatory project innovation encourage employee participation in local sickness absence initiatives
		Project Presence at Work	Project group, departmental supervisors, OHS leader, and safety representatives, external consultants	<ul style="list-style-type: none"> • Prioritizing worker involvement and transverse knowledge sharing • Network meetings provide inspiration and awareness of policy and practice • Consultants bring important 'know how' to support local action • Internal project champions encourage local commitment
		Establishing policy procedures for RTW	Labor-management committee, local HR manager, departmental supervisors, union representatives	<ul style="list-style-type: none"> • Systematic contact and responsibility for sickness absence interventions by departmental supervisors. Contact procedures are still discussed • Close contact between human resource officers and departmental supervisors to provide service and guide actions • The local dialogue between departmental supervisors and union representatives on sickness absence influence RTW outcome • Match of expectations between worker and departmental supervisors on individual work role functioning
		Balancing re-entering workers' needs with co-worker flexibility	Co-workers, and departmental supervisors	<ul style="list-style-type: none"> • Informal co-worker attitudes are changing, however, long term absence influence specialized units and creates uncertainty • Hard to act emphatic when modified jobs affect daily work tasks

to improve sickness absence registration practices and to distinguish between short-term, scattered, and prolonged absence at the hospital.

Corporate engagement – Injured or ill workers are a common task

The third period from 2008 to 2010 is characterized by a new spirit of corporate engagement. Participants describe sickness absence efforts as “our problem,” in which injury and illness is perceived as a common task and concern for the entire hospital.

Implementation of regional HR and OHS framework: Being part of a larger regional community, the hospital is now referring to an additional collaborative structure and HR department, defining the overall framework of the regional sickness absence policy, and sickness absence initiatives. Participants experience regionally imposed sickness absence initiatives as both an asset and a necessary evil, as policy frameworks can be useful, yet internal capacity is needed to adapt initiatives and adopt local policies in an appropriate way. The participants notice how measurement of sickness absence has developed as a separate focus area, with data on lost work day rates discussed in public and compared across regional hospitals.

National campaign and action plan for sickness absence: Subsequently, the government launched a national action plan on sickness absence and enacted several changes to the national sickness benefit scheme, broadening the employers’ obligations for disability management during sick leave. The participants describe how the departmental supervisors are now obliged to contact the employee within 4 weeks from notice of sick leave and initiate a RTW interview. Previously, employees could feel this form of contact misplaced and unsystematic. Participants notice how this gives rise to renewed discussions on contact procedures and barriers involved. However, “in-house” contact procedures are gradually adopted and legitimized through the sickness absence policy framework, as a means of support while off work.

The combination of legislative changes and the hospital’s own efforts to systemize the RTW interview are perceived by the participants as important circumstances, encouraging a better structure and documentation of the RTW interview. Simultaneously, the union representative becomes more aware of the frequency of RTW interviews and why they are initiated, which is discussed more openly with supervisors. In addition, new efforts are needed between the social and healthcare system (i.e., GPs and municipal case managers) to inform the RTW interview.

Consolidation of senior management and active entrepreneurship: Participants describe the consolidation of senior management as one of the crucial turning points in the approach to sickness absence and RTW at the hospital. Participants value the general openness that characterizes the current management philosophy at the hospital. The current senior management has encouraged a value-based discussion in the approach to work disability and also a discussion of sickness absence and RTW from an attitudinal point of view.

Participants agree that accountability in managerial relations, concerning sickness absence is a key factor for daily management decisions. In particular, efforts to translate employers’ obligation to conduct RTW interviews to local managerial problem solving has encouraged a more active focus on possibilities, and various needs in cases of sickness absence and RTW. Here, absent employees are expected to make their residual



work capacity available, while the supervisors are expected to develop a work retention plan, taking into account the injury/illness situation.

Participants experience how the new senior management focuses on the added value from participation in large OHS development projects to reduce sickness absence. As a result, prior short-term goal setting is replaced by a long-term approach to sickness absence and RTW, with the senior management actively signaling that they are willing to stay and manage the hospital. In particular, the willingness to set aside time for employee project participation creates a sense of commitment among participants.

Project “Presence at Work”: Participants experience how project engagement has been driven by the many local “project champions,” which have been giving space to encourage organizational commitment, and anchoring of project activities. An example of such a commitment was found in the regional network project “Presence at Work.” Participants express how project activities have offered a lever to accelerate the hospital’s existing development process. Activities such as academy networking days inspire local initiatives and created knowledge of what other regional healthcare workplaces are doing. The participants experienced a feeling of being “front runners,” and that they have the expertise needed to move forward. Additionally, participants acknowledge how project activities create persistence. Being part of a larger project community makes it difficult to postpone decision making, when one’s own practices are put on display.

When participants describe the constituting elements behind the approach to RTW, they focus on the size of the workplace where employees meet each other in committees and meetings across the hospital. In addition, the participants describe the short line of authority, allowing employees to follow decision-making processes without losing track of initiatives, as something that creates awareness about ongoing activities in other departments and promotes an identify of being part of a workplace community instead of as isolated departments. Another contributing factor relates to the attitudinal development in management philosophy, prioritizing awareness of employee needs and participation in the ongoing sickness absence initiatives at the hospital.

Establishing RTW policy procedures: The participants experience how the formal RTW policy and the development of the managerial system have been in the forefront of disability management efforts at the hospital. Meanwhile, participants describe how collegial boundaries during RTW processes remain a continuous challenge among the employees. The participants describe how a caring attitude toward re-entering workers requires awareness beyond the individual during the period off work. From their viewpoint, RTW processes ought to be adjusted to the needs of the remaining colleagues and the capacity of the accommodating department.

Balancing re-entering workers’ needs with coworker flexibility: Individual resources are easily drained if no actions are taken to adjust the work organizations that the re-entering employee returns to. However, negative impacts are not easily reduced in situations in which work conditions are difficult to adjust. Participants describe how vulnerable situations appear in small specialized departments that often lack the necessary professional skills and have to wait in uncertainty about whether, and when their colleague can resume work. Not all departments are comfortable discussing the boundaries of individual flexibility to take on an extra workload. In particular situations, tensions arise where colleagues do not understand the cause of absence, or where absence is caused by problematic internal relations. Participants experience how protecting employee-sensitive information may be difficult, while also meeting the demand of colleagues to clarify a situation. Many

departments are challenged when trying to identify suitable accommodation opportunities, matching the work capacity of the re-entering employee. Participants agree that contradictions can easily appear between striving to act inclusive during the RTW process, and the feasibility of suitable work accommodation opportunities in practice.

Reviewing the collective history on sickness absence and RTW efforts revealed a number of aspects that the participants wanted to leave behind and aspects to preserve as stepping stones for future action. Table 5 provides an overview of how participants collectively described and interpreted perspectives that they see as issues guiding future actions on work disability management at the hospital.

Table V Group-based perspectives for future action

Issues we perceive as lost and want to leave behind	Issues we want to preserve and give continued attention
Sickness absence has been characterized by a lot of myths about illness, and why some employees were more ill or absent than others, and why some employees were called in for a RTW interview, and others were not.	The common values articulated in the overall personnel policy should carry the entire set of values embedded in the practical management of sickness absence.
There has been a tendency to avoid articulation and common dialogue about the approach to sickness absence and the role of the workplace with short term goal setting and ad hoc solutions.	The fact that the hospital has explicated the need for joint responsibility toward sickness absence and RTW as a common problem, and not a private issue, is valued as an important change in attitude.
Local departmental supervisors were often left to make decisions based on their personal values and judgment, creating uncertainty and lack of transparent managerial procedures.	A formal sickness absence and RTW policy provides a framework to support consistency and equal treatment in actions taken, as the rules and expectations are transparent and apply to everyone.
Contact procedures to retain employees while off work have been inconsistent, leaving employees with an impersonal answering service with lack of information to the department affected by the absence.	The focus on presence while returning to work stimulates a positive and open dialogue between departmental supervisors, colleagues and sick listed/ re-entering employees, encouraging employees to visit and participate in social events while off work.
Economic considerations have been in the forefront of actions taken to manage sickness absence. Managerial practices have been characterized by a lack of focus on accommodation opportunities; as such, actions were bound to increase costs.	Departmental supervisors need to make an early assessment, decide whether there are work accommodation opportunities, and if they meet the re-entering employee's work capacity.
Authoritarian top-down structure without employee involvement and a culture of indifference to the workplace has been lost.	Continuation of innovative prevention initiatives and focus on internal project champions to encourage and retain a participatory project culture.
	The certified GP "possibility statement," jointly prepared by the employer and employee, concerning the employee's possibilities of returning to work, helps focus on residual work capacity.
	Departmental focus on a supervisor's ability to prepare RTW initiatives and plan daily work organization and work tasks, according to period off work, prognosis for gradual work resumption and the remaining work group.



The chronicle workshop as evaluation and research method

Results from the CW on RTW, and joint learning achieved

This study confirms the CW as a valuable organizational tool to collectively establish knowledge of pre-existing development processes to guide forthcoming change. Various areas of joint learning were achieved during the workshop process that may help to understand the underlying mechanisms in forming and implementing company-level work disability management:

- *Reflecting RTW contextual conditions in a historical view*
Apart from giving insight to the formal process evaluation of the hospital's project participation, the CW also reflects important contextual conditions in which the intervention project was implemented. The development of sickness absence and RTW efforts at the hospital were visualized as a complex historical development process influenced by many entrenched internal and external forces. Hence, the collective history ought to be read as the participants' own history of how various sickness absence activities are embedded in a pre-existing historical development process that in many ways infiltrates the setup of managerial sickness absence and RTW strategies at the hospital.
- *Understanding the dynamics in changing company RTW attitudes*
Contextual knowledge of pre-existing development and change processes may also inform the timing and readiness of organizations to engage in complex change projects, such as work disability management. The CW illustrates how the hospital has gone through an internal maturation process driven by external administrative structures and resources, and internal senior management consolidation, promoting an innovative participatory project culture, internal value-based discussions, and a more systematic approach to managerial procedures, all of which have influenced the hospital's capability to act. This illustrates how the development of work disability management in organizations is not a "quick fix."
- *Visualizing RTW policy procedural resources and dilemmas in practice*
Given the participants' openness and ability to review and confront their own pre-existing development process, "missing links" were also discovered. The participants identified several policy procedural dilemmas that have been left unattended. These dilemmas involved issues of work organization while off work, identification of pre-return accommodation opportunities and workplace inclusion beyond initial RTW, and the social organization of the work group.
- *Addressing stakeholder roles and actions during the RTW process*
The CW allowed a diversity of perceptions about important events, stakeholders, and discussions to flourish. Participants supported each other to extract the essence of their experiences in common interaction, discovering competing or tacit experiences about past and current policy and practice, while their own role and options in the development process became visual for themselves and others. Thus, the role and function of various stakeholders during the development of sickness absence and RTW efforts at the hospital were an eye opener to many participants. In particular, the role of senior management and departmental supervisors was profound, while

the role of colleagues and attention to the work group during RTW processes were left unattended.

Strengths and limitations of the CW method

As a clarifying context, the thematic focus on RTW has provided various types of insight that may help to understand the type of knowledge gained from a CW process. This also helps to explicate the main strengths and limitations of the method:

The CW provides “backstage” contextual insight on organizational structures: This study reflects how the collective history of sickness absence and RTW efforts created a common problem orientation to company-level RTW policy resources and dilemmas for the hospital to act on. However, the collective history does not represent an official history of organizational performance or development processes, as found in annual company reports, describing sickness absence efforts through performance indicators, managerial progression, and formally adopted policies stating values and visions (Hagedorn-Rasmussen & Mac, 2007). Thus, conducting a CW provides the researcher with a “backstage” insight of organizational resources and dilemmas that are not part of the official history provided to the public (Goffman, 1990). Bearing this in mind, this study reveals the unofficial history of how participants have experienced and learned from the development of sickness absence and RTW efforts at the hospital, while establishing a common problem explanation, tracing prior development processes and actions to specific discussions and initiatives, mapping how these have been structured and prioritized, which stakeholders they have involved, and whether there are any gaps or unresolved problems. The unofficial history may then be contrasted to the official history or current managerial practice to discover inconsistencies. In this manner, the CW provides a useful data collection method, supporting researchers in their organizational inquiry, as tacit knowledge and competing experiences are visualized to develop exiting structures (Greix & Ipsen, 2010).

The CW as a tool to visualize internal resources and formation of collective learning: Seen in retrospect, the most important output of the CW process was the formation of collective experience, uniting different individual experiences through a process of common reflection and discussion on what facts and trends of the pre-existing development process that seemed significant for the present situation. In this way, the CW provided a collaborative forum for participants to collectively create mutual understanding and find common explanations around the hospital’s sickness absence and RTW efforts, and receive feedback on the collective interpretations of main resources and dilemmas. The CW also provided a relevant and appealing evaluation method. Participants were satisfied with the process and were energized and felt a sense of pride to learn what they had actually accomplished, and the magnitude of processes and initiatives they had been part of.

The CW contributes to internal capacity building across organizational levels and functions: As processes of joint learning transpire among key decision makers from different organizational levels, the CW helps to unite the internal forces needed to



support organizational change, while strengthening participants' organizational integrity and self-image. The CW thereby contributes to internal capacity building that evolves as the employee's own capacity to justify and understand themselves as an employee, who can and will promote sickness absence and RTW efforts. Here, the importance of having members of the internal collaborative system as participants is essential to create internal responsibility and commitment to support the RTW policy change process beyond the CW.

The CW constitutes a consensus establishing platform: The CW mostly constitutes a consensus establishing platform. This is both a strength and limitation. A consensus-based historical understanding of obstacles and potentials in current policy and practice may strengthen organizational ability to move forward and hence its capability to act. However, alternative understandings and critical voices also risk to be overlooked. I acknowledge this important issue, and agree that this is a core weakness of the CW if left unattended. Judging the themes that were brought up during the CW process, and which were not, several critical issues and ambivalences were addressed. In particular, the analysis reveals how RTW is closely linked to the work group, and thereby implies a collective dimension, which creates challenges for work organization in accommodating departments. Contrary, questions may be raised as to why the relation between RTW and differences in "the actual" work environment across departments did not receive more attention. This tendency may be reinforced by the inherent power relations linked to the heterogeneous group composition of the CW. The selection of participants may have affected the joint learning during the CW, and is a weakness of the present selection strategy. Experiences were based on a purposive sampling approach among workplace stakeholders commonly involved in sickness absence and RTW processes, and not a random selection of employees from various departments, with less experience with the managerial decision-making process.

The CW as a tool for renewed change orientation to guide forthcoming action: Reflecting on the common historical background, a renewed change orientation was created, strengthening collective insight to aspects of the common history that ought to be left behind, or preserved for future action. As summarized in Tab. 5, group discussions revealed how prior approaches to sickness absence have been characterized by many myths about injury or illness, focusing on why some employees were more ill and absent than others. Participants discussed how a focus on presence at work have stimulated on open dialogue between internal stakeholders involved in sickness absence and RTW, and how explicating sickness absence as a common task and joint responsibility has represented an important change in attitude, which participants want to preserve to avoid a narrow individual and medical focus to re-flourish. Thus, a common focus on what ought to be excluded and preserved for the future may help explicate what stepping stones to build on and ensure a common ground to guide forthcoming change.

Considerations and implications for researchers using the CW

The CW provides a strong tool for researchers involved in organizational analysis, considering common development and change processes in the organizational context, in

which they have evolved. However, various issues need to be considered by researchers, applying the CW as part of a research or evaluation process.

Ethical issues

Several ethical issues need to be dealt with before applying the CW in practice. *First*, the researcher ought to make clear whether the theme under study is suitable to address in a collective forum involving stakeholders across organizational functions. In this study, the case of sickness absence and RTW represents a very sensitive organizational issue that could expose personal aspects of individual cases or illnesses. This might put vulnerable persons on display, resulting in unexpected actions for the participants involved. When planning and facilitating the CW, researchers therefore ought to make clear that the common investigation does not concern individual cases, but concerns the common historical background and facts framing the development of organizational policy and practice. *Second*, the organizational members may find themselves in a vulnerable position when beginning a critical organizational inquiry. To make conscious what aspects of the collective history that ought to be excluded, and what aspects to preserve as stepping stones pointing into the future, presupposes the ability and will of the participants to recognize the risk of organizational failure. The researcher therefore needs to emphasize the participants' perception of their history as satisfactory, despite obvious dilemmas, and that recognizing common dilemmas or ambivalences are a prerequisite to building internal capacity to act. Not all organizations are mature or capable of such confrontation. In this study, the case hospital was characterized by an innovative and open approach to critically explore their own policy context. Researchers therefore need to take responsibility for framing the collective history in an open and appreciative manner, to allow common investigation and ensure agreement that individual experiences are brought forward to support organizational level investigation.

Application to studies of intended change projects

Few attempts have been made to discuss the qualities of the CW as a scientific data collection method in supporting research-based analysis of intended development and change processes. The CW may be applied to organizational change processes and action research in various ways. Judging from this study, the CW was applied to promote joint analysis to support an intended change process. In practice, the CW acted as a knowledge source to gain varied insight to evaluate current RTW policy and practice, while simultaneously creating an initial entry point for a larger participatory change process, focusing on work disability management in organizations. The CW appeared strong in building a positive relation to the participants at the hospital, through the interactive process of joint analysis, acknowledging participants' own expertise in their historical context. Thus, the CW created a valuable starting point for the evaluation process, which also provided knowledge to pursue a renewed change orientation. The CW could also apply a more explicit change orientation in itself, serve as a method to observe how participants negotiate and form collective experiences, or inform the initial steps of an intervention mapping approach to design a tailored intervention (Ammendolia et al., 2009). Triangulating the CW



method with other methods may also help reduce the possibility of a biased consensus orientation in the joint analysis, in which the collective interpretation may be critically contrasted to follow-up interviews or workshops, supporting subsequent action. In this context, the CW was applied as one of several action research methods, continuing the RTW policy change process through a “future creation workshop” (Gensby & Husted, 2013). Thus, the general recommendation would be to apply the CW method as an entry point to evaluate an intended development or change process in understanding its dynamics, which may then be contrasted to, or extended through other methods.

Methodological framing

Until now, the CW has primarily served as an applied data collection method (Hvid et al., 2006; Hasle & Møller, 2007; Hvid et al., 2008; Hohnen & Hasle, 2011; Sørensen et al., 2011), with only limited theoretical reflection, creating a need for greater explicitness about theoretical groundings to inform analytic strategies (Hasle & Jensen, 2006; Hagedorn-Rasmussen & Mac, 2007; Grex & Ipsen, 2010). As a participatory research method, the CW has several features in common with action research, implying principles of local contextual knowledge, and participatory knowledge creation and learning as a basis for action. Giving voice to participants’ own experiences empowers the participants as experts in the development process they have been part of (Nielsen & Svensson, 2006). Placing the CW in the landscape of action research is not straightforward and may be informed by several approaches. Thus, the CW ought not to be viewed in relation to competing territories of action research traditions, but rather in a landscape of participatory approaches, offering a variety of methods for common learning, knowledge creation, and action. In this context, the theoretical groundings of the CW were supported by inspiration from both critical realism (Danermark et al., 2002) and interactive research (Larsson, 2006; Svensson et al., 2007a,b), creating common understandings of the historical facts as occurred and experienced by participants.

Framed within a critical realist perspective, the CW allows participants to identify underlying mechanisms behind the historical facts, prioritizing events and patterns of action that create mutual explanations of the elements composing the collective history. This process may then create joint learning for organizational continuity and development of practice, which is one of the main objectives of interactive research (Nielsen & Svensson, 2006). Thus, in this perspective, the knowledge gained from the CW does not resemble storytelling (Boyce, 1996), and is something different from the analytical approach advanced by narrative sociology within organizational studies (Czarniawska, 1998; Rhodes & Pullen, 2009).

Data collection and selection of participants

Researchers may benefit from the rich set of data material produce during the CW, concerning the organizational context they wish to study. Through the CW process, data are accumulated in a very short time, and the broad representation and variation of participants allow the researcher to incorporate insights from different organizational levels. However, the knowledge gained from the CW depends on the specificity and

nature of the workshop theme, and the time interval chosen. Here, the many inputs require a rigid structure and documentation to fully capture the order of experiences and the interconnection between events, actions, and discussions brought forward. In addition, the retrospective nature of the workshop setup may have induced risk of recall bias in the configuration of the history, favoring more recent experiences and perspectives. Nonresponse bias due to missing input from persons who no longer work in the organization might also influence results. Researchers ought therefore to prioritize considerable efforts to identify and involve participants with sufficient experience and common reference to the workshop theme.

In this study, the collective history reveals how the participants produce a self-image, viewing sickness absence and RTW as a common task guided by a strong management identity to achieve legitimacy and coherence to policy and practice. Desirability bias might therefore also have influenced the workshop output; inducing participants' input might be more desirable or loyal to internal systems or stakeholders instead of answers closer to one's own belief. Given the existence of power asymmetries among the participants, attempts to marginalize input may be confirmed or rejected through observation (Hagedorn-Rasmussen & Mac, 2007). Prospectively, researchers ought to reflect on group dynamics and consider less dominant participants and critical voices during the workshop process, to take account for individual agendas and constituent power relations in the configuration of the collective history.

The researcher role

The concept of “*backstage*” knowledge is also an issue in relation to the researcher's role during the CW process. Here, questions on the extent to which the researcher is able to create critical distance for theoretical or methodological reflection, while also striving for practical closeness to support local development and change, become crucial (Blichfeldt & Andersen, 2006; Ellström, 2007). Eikeland (2006) describes this process as a distinction between researchers' “*on stage*” workplace activities, and researchers' “*back stage*” theoretical and methodological reflections (Eikeland, 2006; Ellström, 2007). Existing studies tend to use the CW as part of an organizational inquiry, closer to traditional “*backstage*” theory driven analysis (Hvid et al., 2006, 2008; Hasle & Langaa Jensen, 2006; Hagedorn-Rasmussen & Mac, 2007; Grex & Ipsen, 2010; Hohnen & Hasle, 2011), with the researcher more loosely committed to “*on-stage*” change processes in practice. These research efforts resemble the characteristics of the researcher role in an interactive research (Larsson, 2006). In the present study, I strived for critical distance and *back stage* reflection in two ways. *First*, the evaluative objective of the CW process led to reflections on the potentials of applying a critical realist, and interactive research approach as a guiding methodological framework (Svensson et al., 2007a). *Second*, my intention was to examine and analyze how the CW was able to facilitate joint analysis and mutual learning within the premises of existing sickness absence and RTW efforts at the hospital.

As the CW evolved from a process evaluation of an existing project “Presence at Work,” I had to be precise in describing the idea behind the workshop process, to explain and clarify the role others could expect me to fulfill during the CW. While being “*on stage*” in the hospital, I was quickly placed in the traditional outsider evaluator role,



and met by expectations that I was the “expert” who should define the direction and relevant activities to follow. Here, efforts were needed to continuously clarify mutual expectations to knowledge creation processes, without acting as an expert occupying a privileged position to identify relevant problems and provide the right answers. Greenwood and Lewin (2007) describe this role as “*the friendly outsider*,” who is capable of supporting participants’ input and interpretations as colearners, and critically reflect back participants’ own perspectives and analysis, by clarifying the common aim of mutual exploration, interpretation, and analysis. Consequently, some facilitating skills and methodological expertise remained researcher oriented. Thus, I tried to position myself as one who recognized participants’ integrity as experts within their own contextual conditions and maintained an outsider position, acknowledging the value of integrity in the researcher–participant relationship (Greenwood & Levin, 2007).

Data analysis and generalization

The data analysis of a CW is a challenging task and is an area that requires explicit attention. Previous studies using the CW do not offer a clear description of the data analysis processes. However, data analysis of the CW would typically follow traditional qualitative analytic strategies (Patton, 2003). One advantage of the CW is that the analytic structure is already provided by the structure created during the workshop process, in which participants elaborate and prioritize the central themes to follow. The researcher then carefully systemizes the structure provided by the workshop protocol to reproduce the history and clarify the main themes and historical trends. Although the results from the CW are presented in a narrative fashion (tales from the field), the analytic focus of critical realist framing differs from the focus of a narrative and phenomenological framing. Here, narrative phenomenology is concerned with organizational life as story making (tales of the field), which may be indifferent to extra-linguistic reality, but compensates for it with an extreme sensibility to the linguistic reality (Czarniawska, 1998). Thus, from a narrative phenomenological point of view, the CW may expose how different actors produce or reproduce certain plots through linguistic representations to sustain their positions or interpretation of reality. On the contrary, critical realists are concerned with reviewing historical facts or structures to visualize their existence as underlying mechanisms that may or may not influence organizational performance and self-image. Such a focus supports common ground through the acquisition of a shared historical understanding of the output a given policy and practice has achieved, rather than individual stories that are more sensitive to how different stakeholders enact a presumably shared historical reality. These analytic differences illustrate the importance of a well-defined CW methodology when analyzing empirical data, as data may be interpreted differently according to the methodological approach chosen. This does not mean that different philosophical or theoretical positions cannot act as corresponding perspectives, rather researchers ought to consider how their methodological framing influence the design and analysis of the CW process. Beyond this discussion, further research ought to explore epistemological pathways to qualify the interpretive understanding and nature of knowledge production processes in the CW.

Knowledge gained from the CW may not be generalized in the conventional sense; however, parts of the collective history may be transferable to similar contexts and

situations (i.e., hospitals that are part of the same region). Also, local historical contexts may refer to more general impulses experienced at a broader community or societal level (e.g., disability benefit and labor market structures). Besides providing a unique context-dependent collective experience, the product of a CW may also stimulate critical reflexivity from others to learn from. In the case of RTW, such reflections may provide a valuable reference and learning experience for those organizations that encounter similar challenges when striving to manage RTW processes (Flyvbjerg, 2006).

Conclusion

This study adds to the existing CW knowledge base, and the literature on interactive and action research within Nordic working life research. It illustrates how the CW can be utilized as a participatory evaluation and research method within the context of work disability management. The study also shows how a collective history describing the evolution of sickness absence and RTW efforts may provide an important entry point to understand and evaluate organizational policy and practice. The CW encouraged the expression of diverse perspectives, incorporating insight from different organizational levels and identified various kinds of resources and dilemmas in mapping the collective history of company-level sickness absence and RTW efforts. The CW explicated facts and contributory reasons as they are known and experienced by the participants, creating insight into how human interaction and organizational structures impact current sickness absence and RTW efforts from the participants' own prioritization and negotiation.

Practitioners are challenged to examine the historical background from which they undertake sickness absence and RTW efforts in organizations, and support a platform for joint analysis to support collective learning and capacity building in guiding forthcoming change. The CW appeared strong in building a positive relation to the participating organization, creating a valuable starting point for an evaluation process, or providing knowledge to design a change process, or pursue a renewed change orientation. The CW contributes to unite internal stakeholders that are needed to engage in an organizational change, which allow common assessment and discussions of whether or how resources are allocated the right way to achieve a needed output. Thus, knowledge gained from a CW process may support internal capacity building, and benefit an organization's own capacity to act, creating a positive and common understanding of the dynamics of change. The CW therefore provides researchers and organizations with a valuable tool to enhance the design, implementation, or evaluation of intervention development or change projects based on common historical and interactive learning.

Although the CW is well described and shows potential as a data collection method, more theoretical work is needed to develop the CW methodology further. Researchers are encouraged to take advantage of the principles from interactive and action research and discuss implications of their guiding meta-theory to further develop the conceptual framework of the CW as a participatory research method. More attention to consensus building and power relations, and greater explicitness on follow-up action ought to be considered prospectively. In addition, more in-depth studies are needed to further develop the analytic strategy of the CW method, which may be triangulated with observational studies, other workshops, or interviews to assist analyses of intended change projects.



Declaration of interest

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