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Examination of Delphi Automotive Systems Sweden AB's health management practises

Bachelor's thesis in Economic and Manufacturing Technology

Sandra Larsson
Emma Melén

Department of Technology Management and Economics
Division of Innovation and R&D Management
CHALMERS UNIVERSITY OF TECHNOLOGY
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Department of Technology Management and Economics
Division of Innovation and R&D Management
CHALMERS UNIVERSITY OF TECHNOLOGY
SE – 412 96 Gothenburg, Sweden
Telephone: +46 (0)31 – 772 1000

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PREFACE

This bachelor thesis is a part of the educational program Economic and Manufacturing Technology at Chalmers University of Technology, Gothenburg, Sweden. The thesis entails 15 credits and was conducted in the spring of 2017. This thesis was commissioned by Delphi Automotive Systems Sweden AB.

We would like to thank the interviewees of this thesis, representatives from AstraZeneca, external experts and especially the representatives of Delphi.

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ABSTRACT

Delphi Automotive System Sweden AB has noticed an increased speed to market, increased project complexity, more unstable requirements and an increase in the number of globally spread virtual teams. This has created heightened pressure and stress on employees. The company is now set on creating a more proactive approach to health management, by possibly incorporating health management principles in the project environment.

The purpose of this report is to lay the foundation for Delphi's future health management efforts. The report examines the current state of Delphi's health management principles and lies the foundation for further development of the principles. To get insight in other company's practices, a case study of AstraZeneca is presented in the report. The study further presents a literature study to examine the possibility to incorporate health management principles in project functions.

The conclusions of the investigation can be divided in three parts. The first is related to the literature study. To incorporate health management principles in project environments, the principles must be supportive of project ways of working and be consistent over the organization (Turner, Huemann & Keegan, 2008). The second conclusion relates to the case study of AstraZeneca. AstraZeneca includes project managers in health management principles through communication and cooperation through the organization. They also value the importance of groups and individuals' responsibilities for creating a healthy work environment.

The third conclusion concerns the topic of Delphi's health management. The tools incorporated in Delphi's organization are; Personal Business Plan (PBP), employee survey and health profile. The PBPs are a form of employee appraisals used by Delphi. The employee surveys include a list of questions ranging from psychosocial health to physical work environment. The health profiles are conducted by the occupational healthcare company and are used to identify signs of ill health. The company promote healthy lifestyles through cultural values and organizational actions. Employees general impression of the principles applied are positive. However, there are a list of improvement areas mentioned. These includes; frequency of inquiry of health, stress identification, exclusion of project managers from health management practises, the PBPs weak connection to health concerns, the lack of organizational support of managers' health management and lack of proactive health approaches.

Health management principles can be incorporated in project environments. However, the methods applied must be suitable for the organization. They need to support project ways of work and need to consider the implications of the mentioned improvement areas.

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LIST OF ACRONYMS

EHS – Environment Health and Safety

HR – Human Resource

IBP – Individual Business Plan

ISM – Institute of Stress Medicine

MSF – Multiple Source Feedback system

PBP – Personal Business Plan

SHE – Safety Health and Environment

WHO – World Health Organization

1 INTRODUCTION

This chapter introduces the contents of this report. It includes the background to why the health management practices of Delphi were examined and how the examination was conducted. This introductory chapter will clarify the purpose of the report and further analyse the posed problems of the purpose.

1.2 Background

Delphi Automotive Systems Sweden AB is a subcontractor to the automotive and transportation sectors. They work close to their market with short project lifecycles. With the automotive industry's market expansion the project environment at Delphi has changed. They have noticed an increased speed to market, project complexity, unstable requirements and an increase in the number of globally spread, virtual teams. This has heightened the amount of pressure on the team members. The company wants to help their team members form a healthier relationship with their work. By doing this the company wishes to obtain a more proactive approach to management of the employee's' health.

A balance between a healthy work life and a satisfying spare time, is not to be taken for granted. What can the company do to make their team members increase their performance at work, without sacrificing team members' quality of life? Is there a possibility for Delphi to restructure their approach towards health to give their team members sufficient support?

Today Delphi's methods for management of their team members' health are not incorporated in the project environment. The current health management efforts are the responsibility of the line managers. The line managers do not have the same amount of continuous, insights in the team member's daily activities, as project managers. With no formal or standardised communication about health between project and line managers, vital information about the employee's' health is overlooked. This creates a problem for the company, since they wish to take more responsibility for their employees' health.

1.2 Purpose

The purpose of this paper is to investigate the possibility of managing team members' health more efficiently in the Swedish organization, from a project perspective.

1.3 Research questions

This chapter examines the three main research questions proposed in previous chapter.

Research question 1

What can be learned from literature on management of employees' health from a project perspective?

What should be considered in regard to health management principles, when used in a project organization?

Are there any best practice examples of health management practices in a project organizations?

Could project managers be given personnel health responsibilities?

Research question 2

Are there other examples of management of employees' health from a project perspective at other companies?

What examples from other companies can be found about principles for monitoring and managing employees' health from a project perspective?

How can experiences of other companies be used by Delphi?

Research question 3

What health management practices are currently used by Delphi?

Who has the responsibility to manage the team members' health?

What methods and tools are used at Delphi to monitor team members' health?

How often are employee surveys conducted and what do they contain?

How often are performance appraisals conducted and what do they contain?

If Delphi uses other tools, how often are they conducted and what do they contain?

How is the information from the employee surveys, the performance appraisals and other possible tools used in the organization?

What kind of role do the project managers have in the management of employees' health?

Is increased personnel responsibility for project managers of Delphi a possibility?

What are the interviewed employee's impression of the organization's health management practises?

1.4 Method

This chapter contains a description of how the examination of Delphi's health management practices was conducted.

1.4.1 Study of literature

The examination started with a study of literature on the topic of health management practises in organizations. An initial reference frame was created to support the compilation of the interview questionnaire. The main references were compiled through recommendations by external experts (interview group one, chapter 1.4.2) and through examinations of references made in similar studies. The report by Hultberg (2010) was used as an introduction to health management in organizations. It was recommended during an interview with a representative from the institute of stress medicine. The report further gives good insight on how to structure health management. The book written by Ljusenius and Rydqvist (1999) were used due to its frequent reoccurrence in reports on the subject of health management. The book gives information about the impact of leaders and also guidelines on how to measure health in organizations. The authors of the book do on occasion not directly tangent other references. The reference has thereby been used with caution.

1.4.2 Interviews

The interviews included in the report are categorized in three subsections; external experts, representatives of AstraZeneca and representatives of Delphi.

The first group, the external experts were used to form the frame of reference. These external sources include researchers from the Institute of Stress Medicine, professors at Chalmers University of Technology etc. These interviews are not directly referenced in the report, they rather inspired the contents of the frame of reference and the interview questionnaire. The

interviews with the experts were initiated by a presentation of the report's topic. The questions posed in the external interviews were related to the expert's different areas of expertise.

The interviewees of the second group, representatives of AstraZeneca, are listed in appendix 1. The questionnaires for the interviews are listed in appendix 4. AstraZeneca was investigated due to suggestion from the supervisors from Delphi. They expressed curiosity about AstraZeneca's health management practices.

Interviewees of the third group, representatives of Delphi, are listed in appendix 2. Through the initial study of literature and the interviews with external experts, a suggestion for the contents of the third group was made. The group was compiled by Katarzyna Kalita and Marcus Hedberg. All but five interviewees answered the invitation for an interview. Interviewees were interviewed in groups or individually. The interviewees in the third group are further divided into five subsections: line managers, project and technical project managers, HR, group members and site managers. The questioners used are listed in appendix 5.

The questionnaires were used as a guideline during the interviews. Interviewees were encouraged to discuss topics related to the questions. Interviews were complemented with follow up questions via email, if the information gathered during the interview was not considered sufficient. Instances where a group manager and a member of his or her group were booked for the same interview, the group members in question were given another interview. The interviews were summarized and compared. The results were analysed and patterns was identified and compiled.

1.4.3 Health management workshop

To investigate the validity of the interviews, a health management workshop was held at Delphi. The purpose of the workshop was also to initiate a discussion about Delphi's future health management practises. The attendants (listed in appendix 3) were chosen, due to an apparent interest about the subject of health management principles.

1.4.4 Validity and liability

All interviewees in this research are well acquainted with the subject and used to answer questions, and involved in the subject. Thus, the validity of the answers is good. Furthermore, the liability of the answers is good. If other interviewees were chosen, it would possible have an effect on the outcome of the results.

2 FRAME OF REFERENCE FOR THE EXAMINATION OF DELPHI AUTOMOTIVE SYSTEMS SWEDEN AB'S HEALTH MANAGEMENT PRACTICES

The following chapter presents the frame of reference and the case study of AstraZeneca AB, conducted to support the examination of Delphi's health management practises.

2.1 Health

There are many ways to define health. The definition used by the World Health Organization (WHO) is:

“Health is a state of complete physical, mental and social well-being not merely the absence of disease or injury”

(World Health Organisation, 2017)

One of the difficulties defining health is the difference between clinical illness and individual experience of well-being (Menckel and Österblom, 2000). The experience of well-being is not a static condition, the perceived experience changes over time. People with the same clinical illness can thereby perceive their well-being differently, and consequently experience different levels of health.

2.1.1 Physical and psychological aspects of health

Health or well-being affect human's ability to manage their activities (Ljusenius and Rydqvist, 1999) (Hultberg, 2010). Ljusenius and Rydqvist (1999) describes a connection between the soul and the physical body. They are affected by each other and should thereby both be considered equal.

The human body has in many aspects not changed since the stone age (Ljusenius and Rydqvist, 1999). However, the environment humans inhabit, has. The human body is built for movement and physical activity. Generally, today's society and lifestyles do not provide the human body with sufficient physical activity. This results in a decrease in the performance span in which humans perform efficiently and safely. (Ljusenius and Rydqvist, 1999). Since the physical body is connected to the mind and human's perceptions of their well-being or health, a reduced physical condition or activity can affect human's psychological health.

Studies have according to Ljusenius and Rydqvist (1999) shown a relationship between increased physical condition and individuals with high income and long education. These individuals have generally a healthier lifestyle, in regards to diet and physical activities etc. than individuals with lower income and shorter education.

2.1.2 Stress

Hultberg describes stress in the following manner:

“Stress is state of increased psychological, physiological and behavioural preparation, the alarm reaction of the human body. “

(Hultberg, 2010)

The brain interprets impressions and reacts accordingly (Hultberg, 2010). Coping mechanisms of the brain leads to physical and psychological reactions. Stress is a natural, non-harmful process of the body. The negative effects of stress occur when the stress reactions are persistent over a longer period of time, with no period of recovery in between. The body's stress reactions are furthermore not design for today's society. Ljusenius and Rydqvist (1999) describes origins of coping mechanisms as survival instincts. As mentioned, the human brain has not developed much since the stone age. Today's humans and humans of the stone age, consequently react to stressful situations with similar reactions. What have changed, however, are the stressful situations. This change is what creates problems for the humans of the modern society. For example, a stressful situation in the stone age, perhaps being hunted by animals, required flight instincts. Flight instincts, however, are not a useful reaction to the ever-growing workload in today's society.

Early signs of stress can include; difficulties sleeping and fatigue, low priority for recovery, increased irritation levels, declined flexibility in day to day activities, cognitive and physical difficulties (Hultberg, 2010). On an organizational level, early warning signs of stress can include rumour spreading, suspiciousness, discontent, difficulties with cooperation and conflicts. It can also take shapes such as declined job satisfaction and declined quality.

Sandlund (2011) discusses how early warning signs can be hard for managers to note in employee appraisals. To complain about the working conditions is seen by the employee as a risk. Thereby employees often blame stress on other factors than work and do not give an accurate image of how work affects them. Sandlund suggest other forums for the discussion of stress in the workplace, such as group discussions or employee surveys.

2.2 Organizational, social and physical work environment

There are three main subsections of workplace environment; organizational, social and physical (Gunnarsson, Johansson and Stoetzer, 2016). The physical environment includes the physical space in which the work takes place. It includes parameters such as light, sound, equipment etc. The organizational environment includes the way the workplace is organized and structured. It is affected by decision-making processes, communication processes and management principles. The social environment is the result of interactions between employees. This includes all interaction in the company, digital as well as verbal. The three are closely connected and affect each other (Gunnarsson, Johansson and Stoetzer, 2016). If the work environment is troubled, there can thereby often be explanations in more than one of the different subsections of work environment.

The work environment has to suit all employees (Gunnarsson, Johansson and Stoetzer, 2016). Since all humans have different preconditions and work effectively under different conditions it is important to adjust the work environment to all individuals. The work environment is constantly changing (Gunnarsson, Johansson and Stoetzer, 2016). As a result, there has to be a strategic and regulated investigation of the organization's environment. This to prevent any damage being done to the organization or the employee's.

2.2.1 Motivation

There are many factor in motivation and ways to define the concept (Lindér, 2015). Lindér (2015) presents one model of motivation factors. This model presents five motivational factors; Variation of tasks, task identity, vitality of the task, autonomy and feedback.

Variation of tasks refers to what different parts of an employee's abilities are used through the

assignment and if the assignment demands different abilities. Task identity is whether or not the employee sees the connection between his or her task and the finished product. Validity of task refers to the importance of the employee's task to others, the next employee in the production line, the company as whole etc. Autonomy is the amount of authority the employee has over his or her tasks. Feedback in this instance refers to the feedback the employee obtains in relation to his or her performance.

In this model, it is mentioned how factors affects people differently depending on these three factors: sufficient abilities for the task, the employees need and want for growth and other obstacles like instable assignments, bad relationships to colleagues etc.

2.3 Methods for organizational health management practices

When considering health management practices different levels can be examined (Hultberg, 2010). The first level categorizes health management principles by different preconditions, the other from what group of people they are focused on. The following chapters describes these levels and further explains how they can be used in the structuring of health management principles.

2.3.1 Promotive, proactive and rehabilitative methods

Health management efforts can be divided in three subsections; promotive, proactive and rehabilitative (Hultberg, 2010) (Ljusenius & Rydqvist, 1999). Health promotive approaches creates conditions for employees to obtain more control over their health. It includes all efforts made to increase individual's health and well-being. Proactive methods focus on identifying risk factors for potential health hazards. The goal is to prevent the hazards by taking structured and strategic actions. Rehabilitating methods are applied after damage has already been made.

2.3.2 Individual, group and organizational methods

Health management principles can be directed towards different groups in organizations (Hultberg, 2010). It can be directed towards the organization as a whole. Individual employees, a group of employees, such as a site or a project team etc.

2.3.3 Structured health management practices

According to Hultberg (2010) health promoting efforts gives best results when efforts are distributed on all levels of health management efforts. There should be principles for individual, group as well as organizational efforts. There should also be efforts of promotive, proactive and rehabilitative characteristics. It is also important for the efforts to be used on a long-term basis. Hultberg (2010) further explains how the majority of companies with successful health management practice, understand how identified factors of health interacts and depends on each other.

To structure health management principles, a health management matrix can be used, figure 2.1. It can be used to structure current efforts as well as to structure future efforts (Hultberg, 2010). The matrix gives a visual tool that provides a base for discussion and reflection.

LEVEL	TYPE OF EFFORT		
	Promotive	Proactive	Rehabilitative
Individual			
Group			
Organizational			

Figure 2.1 - organizational health matrix, (Hultberg, 2001)

2.4 Factors of health and consequences

According to Ljusenius and Rydqvist (1999) health promotion has a proven effect on different levels of organizations. Well executed health promotion can give individuals tools to cope efficiently with their assignments and consequently get more energy for other activities. On a group level, health promotion creates more comfortable work environments with a healthier psychosocial climate. On an organizational level, it can contribute to increased quality, heightened efficiency and productivity, decreased rates of employee turnover, decreased costs of long term and short term sick leaves, overtime etc.

According to Ljusenius and Rydqvist (1999) the physical condition in form of ability to absorb oxygen might have effect on the employee's performance at work. They say an increased ability to absorb oxygen gives the individual more energy to potentially use in their work. They are of the opinion that increased physical condition can affect the employee's motivation to learn, attitude towards change etc.

Job satisfaction has a connection to productivity in jobs with demands on high knowledge levels (Ljusenius, 1999). The greatest factors in these situations are the nature of the assignment (workload, autonomy etc.) the social structure and the cultural factors. These factors are affected by promotive health management efforts.

According to Andersson (2017) sickness attendance has been shown to generate costs for the company and to contribute to prolonged sick leaves. Sickness attendance is described as employee working despite the employee being on a partial or full sick leave. Common reasons for sickness attendance include; the thought "no one else will do my tasks", the reluctance from the employee to burdening other colleagues with their tasks, the employee like their job, the employee do not want to be seen as lazy or the employee think work is good for the health.

2.5 Measurements of health in organizations

According to Jeding (1999) there are three main components for observation and measurement of health in organizations; professional's diagnosis, statistic of sick leave and the individual observations of the employee. The three components are described as weak, due to the methods used for obtaining the information and the fact that they can be affected by other factors than health. The method used includes human judgement which affect the validity of these results. However, when the three components are combined they give a more valid picture of the situation, and provides the organization with information.

Ill health in an organization can also give visual effects on other parts of the organization (Jeding, 1999). The examples presented are decreased efficiency and productivity, decreased motivation and a high employee turnover.

Hultberg (2010) describes in her report other ways of measuring health and how key performance indicators concerning health is defined and used efficiently in an organization. The measurement used should reflect the organizational situation and be adapted to its areas of concern.

2.6 Management and leadership

Angelöw (2002) describe leadership as a key factor when it comes to the creation of healthy workplaces. He means the managers have an important role in the team member's health and well-being in the team. However, it is important to understand the difference between the words, manager and leader. Manager is a formal position with formal responsibilities. They are often responsible for, allocation of responsibilities and resources, making important decisions and evaluate the group. Leader is, unlike the manager an informal role. A leader guides and motivates the group and is being appointed by the group or the surroundings. The position of leader must be earned while the position of manager is given. To simplify, a leader is a person who leads its co-workers while a manager is a person who controls them. Theorell (2012) says managers can develop their leadership through education on group processes, stress etc.

2.6.1 Health promotive leadership

Ljusenius and Rydqvist (2004) describes the importance of the individual leader's personal abilities in the concept of health promotive leadership. Leader's ability to promote health depends strongly on his and her view of humans. It comes from leaders who have a will to lead and take on all aspects the leadership's role includes. It takes courage to lead, leaders are required to make difficult decisions and adapt to difficult situations.

Rubenowitz (2004) also describes the positive view of humans as the basis for a good leadership. If a leader understands how to interact with the team members in a positive manner, the team members get a better self-image, more likely to take initiatives and opportunities to develop. However, is the leader dictatorial, imposing of his or her values on team members, dishonest and unfriendly, there is a negative impact on team members' health (Hultberg, 2010).

Menckel and Österblom (2000) emphasizes the importance of leaders focusing on promotion of health rather than prevention of ill health. It is easier to work towards a goal rather than to prevent a possible scenario.

As mentioned before, the leader is an important factor for a healthy work environment and an effective structure. However, it is as important to develop a good teamwork as well as a good leadership. The team members have their own responsibility for their health, relationships within the group and their own work. For the employees to develop it is crucial for the organization to have good leadership and communication, (Dellve and Eriksson, 2016). The leader needs to understand the structure and the relationship within the group, in order to lead them, (Menckel and Österblom, 2000).

Menckel and Österblom writes in their report: "in a good organization with meaningful tasks, the need for monitoring and control "reduces". This is also mentioned by Rubenowitz (2001),

he emphasizes the importance of self-care for the improvements of the psychosocial work environment. Rubenowitz has as Ljusenius and Rydqvist mapped which factors are required to obtain a health promotive environment. In addition to self-control at work, a positive working environment, stimulus in the work, good working community and optimal workload are important elements.

2.6.2 Communication as tool for health promotive leadership

Communication do not only include the ability to convey messages, it also includes the ability to listen and to understand the feelings expressed during the conversation. Communication is an important precondition for an organization to be created, to exist and to be developed. Communication is linked to the manager's role through their responsibility to make decisions, motivate and give feedback to the group members. However, it is important to realise the team member's responsibility, to communicate both horizontally and vertically (Heide, Johansson and Simonsson, 2012). Communication problems are common in many companies. An example of poor communication can be if managers fail to clearly communicate organizational changes. Team members might incorporate the lack of clear communication as disrespect or distrust from the manager, and thereby might not understand the changes. The resistance makes the manager angry and creates a sense of hostility and uncertainty. Heide, Johansson and Simonsson says it is important for managers to spend less time spreading and making messages available, and instead work to create opportunities for discussion and dialogue between parties. Hultberg (2010) also raises communication as an opportunity and an important means to find a structure to open for a dialogue about health. Which they mean provides a mutual, open and greater trust between the parties and with a good and effective communication is a distinctive feature and a tool to have a long term healthy organization.

To understand team members, it is crucial for the managers to listen to them, in order to get knowledge and understanding. Active listening includes: listen without interrupting, listen with the intention to understand and listen without imposing one's own ideals. A manager should give the individual the chance to express their feelings and thoughts. Feedback is another crucial factor, for the manager himself or herself as well as for the team members. To show respect for others opinions and thoughts is the key for good feedback (Ljusenius and Rydqvist, 2004).

2.7 Health management in project organizations

Turner, Hueman and Keegan (2008) presents three factors in the project way of working that put increased amounts of pressure on team members.

- *Peaking workloads* makes the balance between work and private difficult to uphold.
- *Uncertainty about future assignments*, includes the future colleagues, location, the nature of the assignment etc.
- *Matching the assignments to a professional career*.

They further explain the importance of organizations adapting human resource management principles specifically designed to support a project environment. Human resource practices need to be adopted in the temporary organizations of projects, and they need to be consistent with and supportive of projects, based on ways of working. Human resource management principles adopted in the line must also be consistent and supportive of a project based way of work.

Turner, Hueman and Keegan (2008) presents a number of companies from their research that have made an effort to manage employee well-being in project environments. An example is one company focused on socializing team members in projects. This has created an open environment built on companionship and trust. Another company built trust between the managing director and the employees. They had close personal relationships which enabled the employees to raise their problems. The problems could be solved more efficiently. The report presents several additional examples of well adapted human resource management practices in project environments. However, the companies presented all work with larger projects or internal projects. Which according to the authors creates a more stable project environment than in other projects.

Project overload is the phenomenon where an individual has insufficient resources to handle the amount of projects they are assigned (Zika-Viktorsson, Sundström & Engwall, 2006). Zika-Viktorsson, Sundström and Engwall have through their research identified four factors, which enhance the perceived experience of project overload, they have also identified the main consequences of project overload. The four factors they have identified are: lack of opportunity for recuperation, insufficient routines, insufficient time resources and number of projects. There is a positive relationship between project overload and psychological stress reactions. They were also able to identify a negative relationship between project overload and self-reported development of professional skills.

2.8 Summary of frame of reference for health management in project organizations

To create a health promotive environment in project organizations, the applied health management practices must be supportive of working (Turner, Hueman and Keegan, 2008). Project ways of working creates problems in form of; peaking workloads, uncertainty about future assignments and the difficulty connecting professional career goals to the project assignments. It is further, important to consider project overload where team members cannot manage their assignments. Project overload can lead to psychological stress reactions and a decline in self-reported development (Zika-Viktorsson, Sundström & Engwall, 2006).

A key factor in healthy workplaces is the leaders, it is as important in project organizations as in other organizations (Angelöw, 2002). Leaders can create a good environment for their teams or groups, which promotes health and creates preconditions for work. Through the three aspects of work environment: organizational, social and physical (Gunnarsson, Johansson and Stoetzer, 2016), manager can effect their team members motivation, and through the motivation the outcome of the work (Lindér, 2015).

Psychological aspects of health, such as stress are of importance for companies with employees of high education (Hultberg, 2010). The early signs (see chapter 2.1.2) of stress are observed in behaviours of the individual. These behaviours can be difficult to identify in employee appraisals and the presence of leaders in employees every day activities are thereby important (Sandlund, 2011).

2.9 The example of AstraZeneca AB's health management practices

The purpose of ... was to find some examples of good practices for health managing in project organization. A number of organizations were compiled because of their health management practices. The companies often expressed interest in the topic. This chapter

presents AstraZeneca's ways of working with these questions, the only company willing to describe its practices.

The information gathered for this chapter primarily comes from interviews with representatives from AstraZeneca as well as the company's official website. The interview includes line managers, both former project managers, and a health promoter of their safety, health and environment (SHE) department.

AstraZeneca is a multinational pharmaceutical and biopharmaceutical company (AstraZeneca, 2017). The company is structured in a matrix with a line and a project organization. The Swedish organization employs approximately 6 600 employees.

Team members' health is primarily the responsibility of the line managers of the organization. AstraZeneca do also notice the individual's personal responsibility for their own health. To have good health in order to perform is consequently a part of the agreement between AstraZeneca and their employees. The project leaders of AstraZeneca have no direct or formal responsibility for the health of their team members. The health of the team members, however, lies in the interest of the project leaders. The interviewees talked about how all functions in the project have the same goal but different methods and functions. In order for the projects to be successful they therefore have to cooperate. The health promoter for example gives an example of how the line managers has detailed knowledge of projects in order to provide them with the right resources. The project leaders do in term have knowledge of their team members in order to utilize them the right way. Another important part is the cooperation between the line organization and the project organization. AstraZeneca has worked to create a forum for conversation between them both where team member health is a topic. There is for example a system in place for allowing team members the right recovery between intense periods.

One of the organizations goals of AstraZeneca is "a great place to work". The goal is broken down to different levels of the organization, such as individual, group or function and organization. On an individual level the goal can be for you to take care of your mental health in order for you to create a healthy work environment for your colleagues. On a group level it can be broken down to create a safe environment in the group.

An open and trusting relationship between employee and manager is also a part of the goal "a great place to work". The health promoter talked about how problems are solved together which makes trusting relations essential. If an employee for example have trouble performing a task they have to trust their manager in order for them to seek help. A trusting relationship also provides the managers with information about the individual which they can use in proactive health efforts

One of the tools AstraZeneca uses is individual business plans (IBP). It is a tool where the employee and the manager discusses the employee's personal goals both professional and personal. They discuss the way in which the goals could be reached and how the manager and company can support the employee. The goals should also be connected to the organizational goal in order for the employee to see the connection between their personal growth and the growth of the company. In addition to the IBP, the managers of AstraZeneca also value frequent meetings with their group members. Lena talks about how the meetings between

manager and employee depends on the situation. In times of stress the meetings might be more frequent in order for the manager to support in the situation.

The SHE function points out the importance of communication about health in groups. The health promoter described an example where one group seemed to be under excessive amounts of stress. He examined what could be the reason and found a recent reorganization of duties. The manager of the group was asked if this reorganization was well received in the group. The manager suspected it was, but was not sure, they had not specifically talked about it. The health promoter made inquiries in the group and found large amount of uncertainty and rejection, which he suspected were the root of the stress. He also examined the agenda of the groups meetings and found that SHE questions were not prioritized. The counter action he purposed was to always prioritize the SHE questions in group meetings. By doing so a conversation about the recent reorganization of duties could be discussed and clarified. As a result the stress levels in the group decreased.

HealthWatch is another tool AstraZeneca uses to monitor their employees' health. The tool investigates the employees' health through a series of questions (HealthWatch, 2017). The questioners are answered on a regular basis set by the employee, for example every week. The employees can evaluate their own results and managers can evaluate the groups' collective development. According to the health promoter the specific tool is not the most important component. It is more important that all parties involved in the proactive health work acknowledges its importance. They have to know why they do it and what they want to use the information for. HealthWatch is a good tool for supporting the work managers, however, they should already talk and take responsibility for the health. One of the interviewed line managers for example says managers know the information gathered via HealthWatch often times already.

The health promoter pointed out during his interview the importance of focusing on strengths. He says, the employees of AstraZeneca often tend to focus on their shortcomings. He wants the organization to focus more on their strengths and develop the factors already working for them.

3 SUMMARY OF INTERVIEWS AND BACKGROUND MATERIALS FOR THE EXAMINATION OF DELPHI AUTOMOTIVE SYSTEMS SWEDEN AB'S HEALTH MANAGEMENT PRACTICES

The chapter includes a short introduction of Delphi Automotive Systems Sweden AB, a description of their organizational structure and the organization's primary health management tools. In addition, this chapter includes a summary of the interviews conducted with the employees of Delphi as well as a summary of the health management workshop held at Delphi. A list of the interviewees and attendees at the workshop is included in appendix 2 and appendix 3.

3.1 Organizational structure

Delphi is active in the automotive industry and develops and manufactures electrical and electronics components for vehicles (Delphi, 2017). The Swedish organization is a subsidiary company to Delphi international operations Luxembourg SARL, they currently employ 250 people. The parent company was founded in 1888 in the United States. They employ about 166 000 people in 46 countries around the globe. The company has two sites in Sweden, one in Torslanda the other at Mölndalsvägen. The office at Mölndalsvägen is the previous company Mecel AB, which were previously a consultancy company. Therefore, their project organization is strong while their line organization is not as established. This was indicated by several interviewees, employees the work was often focused around project activities, while activities related to the line function was not prioritised, such as competence development. The opposite was observed at Torslanda, where the line organization was more dominant. They do, however, still have a strong focus on projects activities. The companies merged as of January of 2017.

As a result of their international parent company the company uses a system where they refer problems upwards. The site managers have delegated responsibilities, concerning environmental and personnel responsibilities etc. They are also responsible for clarifying and breaking down the parent company's organizational goals.

The company has a central department for environmental-, health- and security questions (EHS). Representatives from the company are responsible for the communication and coordination with them. In this forum, the organization shares experiences with each other and together learn from each other. The parent company do according to the site managers', focus on physical health rather than psychological, due to the fact they are primarily a manufacturing company. However, the Swedish organization do take the psychological aspects of health into account when health is discussed.

Delphi is connected to the occupational health care company called "pe3" since May of 2017. They support Delphi with health professionals and provides the employees with three visits to any health care professional free of charge. If the employee requires further treatment Delphi will be contacted, either HR or the line manager of the employee, in order for the parties to construct a rehabilitative plan. Connected to an employment at Delphi there is a wellness grant and a health care insurance. The managers of Delphi are given some form of education

concerning their position as leaders when they are hired by Delphi. The company also provides additional courses if requested by the managers.

3.2 Health management tools

The primary health management tools in Delphi are personal business plan (PBP), employee surveys and health profiles. This chapter includes a short presentation about how they are used and what they are used for.

The PBPs are a form of performance appraisal used in the parent company. The PBPs are used to keep track the employee performance. They are conducted three times each year, and each meeting are supposed to build on the previous. The employee and the manager discusses the employee's career goals and how they together can work to achieve them. As support for the discussion the organization provides a list of topics to discuss. The topics includes professional development and questions on the manager's performance. The HR department also encourages managers to raise the topic of the employee's personal health. In conjunction with the PBP are a form called multiple source feedback system (MSF). The MSF is a form with questions about the concerning employee and other members of the company can be asked to answer.

The occupational health care system, pe3 handles the employee surveys and the health profiles. The employee surveys are conducted every two years. The health profiles are conducted the years the employee surveys are not. The employee surveys include questions about; physical work environment, psychosocial work environment, the employee's assignments, the management, the project organization of Delphi's Swedish organization, competence development, sharing of information in the Swedish organization, general concerns of the Swedish organization. The outcome of the survey is compiled and discussed in the organization. The results of the surveys cannot be broken down in smaller groups in the organization, due to integrity reasons. Instead the individual line managers are responsible for discussing the outcome of the survey in their groups and then examine what parts of the outcome are relevant in her or his group.

The health profiles categorize the employees in groups divided by their health status. The employees are assigned groups based on a series of tests, including blood pressure, cardio vascular performance and lifestyle. There are specific questions concerning stress. There has been an interruption in the frequency of the health profiles, due to the change of occupational healthcare and the merge of the two companies. The employees from Mölndalsvägen have therefore not done a health profile since 2008. Mecel had previously another occupations healthcare company where health profiles were not included.

In addition to these specific tools the company works to promote a healthy lifestyle. They invite their employees to lunch seminars which discusses topics such as mindfulness, healthy diets, ergonomics etc. They also provide their employees with vegetables during lunch. The office in Torslanda, has further, converted part of their garage into a gym

3.3 Interviews with site management

These interviews include the site managers of each site, both Torslanda and Mölndalsvägen.

There were some differences between the offices, which the site managers agree on. Generally, the site at Torslanda has worked a longer time and more focused with their health-related questions. The two sites have not finalized how they will work together on health

question. However, they have started a cooperation concerning competence development, communication and recruitment.

The site managers at Mölndalsvägen cannot see how Delphi's strategy is connected to personal health. The site manager in Torslanda sees the "macho culture" of the parent company as one of the reasons for this problem. The culture of the Swedish organization, however, is according to both of them different seen in the international culture. They talk about an open and loyal climate for their employee, where employees help each other. Since they still have cooperation with functions outside Sweden, some of the "macho culture" can be noticed, for example, the culture of the Swedish sub departments is reluctant towards failure.

An attractive workplace is an important question for both site managers. They want to create an environment where their employees can enjoy work and develop their abilities. They work on a top management level under guidance of HR to promote a healthy lifestyle and work environment. Among other things they talk about the importance of leadership and how it affects employees. They give their employees flexibility and autonomy to plan and structure a big portion of their work to increase their autonomy and to help them balance their professional life with their private.

The personnel responsibilities of the site managers are further delegated to the line managers of the organization. The project manager does not have the any health responsibilities towards their team members. There are no formal forums for communications between project and line managers concerning health. But the site manager at Mölndalsvägen says the project managers should inform the line managers about team member health in order for the groups and teams to function. Project managers are according to the site manager in Torslanda more involved in the daily work. His hypothesis is therefore that an increased responsibility for their team members' health could be beneficial for the company. But he does not know how this might work in practice.

According to the site manager at Mölndalsvägen, proactive actions towards stress is an improvement area of Delphi. He comments on the lack of resources of HR as a reason why they cannot take the question further in their function. The site manager in Torslanda, however, remark that the stress levels at Delphi is not higher than any other company. He finds the company uses proactive efforts towards stress.

3.4 Interviews with human resource

These interviews include the one HR-Manager and one HR-specialist.

HR are a support for the line manager's health management, and have no personnel responsibilities. They provide education on leadership and subjects connected to the work in the organization. They also help the line managers, when they need to contact the occupational health care company for their group members.

HR are responsible for presenting the results of the employee surveys in the company. They also help with action plans, to manage areas of concern identified through the employee surveys.

According to the interview, Delphi have a high percentage of employees with long education.

3.5 Interviews with managers and group members of Delphi

The case study of the current situation of Delphi’s health management will be presented from the health management matrix (figure 3.2). There will be three subchapters under each interview group; promotive, proactive and rehabilitative. Under every subchapter, the issues will be discussed on three organizational levels; organizational, group or site and individual. Some topics occurs more frequently and are discussed by interviewees as part of more than one type of effort. These topics are presented under each interview group in separate chapters.

LEVEL	TYPE OF EFFORT		
	Promotive	Proactive	Rehabilitative
Individual			
Group			
Organizational			

Figure 3.2 - Health management matrix

The categorization of the resented topics is objective, the incorporations presented in the following chapters are thereby open for discussion.

3.5.1 Line managers

The interviews with the line managers of Delphi included managers from the both sites and of different levels of the organization. The interviews include three line managers from Mölndalsvägen and four from Torslanda.

3.5.1.1 Promotive

The line managers could not see a structure in the organization for recovery between projects or more intense periods. Neither could they see a system for varying their line member’s tasks. There seems to be no formal way of prioritizing between tasks in the organization. One interviewee referenced a priority list given by top management where projects are ranked after their importance for the organization. Other line managers have mentioned the importance of planning ahead in order to prioritize the actions most essential to the project as a whole. There has also been comments of the importance of the individual employees’ own responsibility to prioritize between different tasks. The line managers are not responsible for clarifying the project goals. They do, however, work with their groups members’ cross project goals, through the personal business plan (PBP) discussions.

Autonomy and flexibility has been reoccurring topic brought up by the interviewees. They appreciate how the company and the culture accepts employee's' personal life and their ability to plan their time in order to fulfil their duties. On the other hand it has also been comment on how the flexibility has created stress among some line members. They have worked more hours than they are required to, which is a risk factor for their health. Another example of a comment on flexibility at Delphi comes from Mölndalsvägen. A line manager commented on one of the processes used, where the team is more or less autonomous. The teams can distribute roles themselves and are together responsible for completing their project. The line manager in question mentioned how the flexibility in this process constricted the flexibility in other parts. She referenced Delphi’s central structure and how she thinks they are the root of the problems. She says there are well formulated structure on higher levels of the organization. However, the structures on lower levels are not sufficiently clear and creates confusion.

There have been discussions in the interviews on the importance of supporting each other in the teams. Some line managers talked about how processes in different projects had strong similarities. Consequently, team members could support each other when it was necessary.

There have been strong implications of the importance of an open and trusting environment and culture. Many of the interviewed managers commented on how their primary tool for creating a healthy work environment is to have open communication with their line members. Through the relationship with their employees they also have an opportunity to work proactive concerning their line members' health. They say they can pick up on early warning signals of ill health. A problem is the number of teams the line managers have group members in. They cannot see every line member on a daily basis and consequently, they miss information.

Some of the line managers were of the opinion that they got no support from the organization concerning their health work. One of the interviewees had not been given any introduction to the responsibilities of a manager. He had qualifications for the technical aspects of the position but he had no experience with the softer side of management, such as employee health etc. However, there were conflicting opinions on this subject and some managers could see how the organization worked to support their managers in their health promotive efforts.

3.5.1.2 Proactive

The proactive tools in the company affects several sections of the organizations health work. They will therefore be presented further in chapter 3.5.1.4.

The interviewees commented on the practices surrounding the employee surveys. There has been sufficient distribution of the results. HR invites to seminars where they presented the outcome of the surveys to the company. The managers have the responsibility to work with the results within their groups. Consequently, the responsibility to mend the areas of concern. This has created difficulties for some managers. There have been comments on insufficient support in the manager's action plans from the organization. There is no incitements or follow-ups on the progress in the manager's groups. This has resulted in managers starting work on their action plans late and therefore they have not reached the same levels of results as others. Furthermore, the interviewees have indicated that the organizational work concerning the outcome of the surveys has not been visual or substantial.

There have been comments on the possibility to derive the results of the employee surveys to individual groups. The results can be derived to each site, the results of Torslanda can further be derived to the engineering group. The action plans in individual groups has therefore been a result of the outcome of the entire company's survey. Managers have through group meetings started a discussion with their group in order to cater the action plans to them. As mentioned earlier, this is because of integrity issues.

Formally the line managers have the responsibility of their group members' health. Some of the interview line managers have expressed how they have not been given the right support with this responsibility, which they mean they need due to their experiences on the subject.

3.5.1.3 Rehabilitative

HR supports the line managers in their rehabilitating health management at Delphi. Line managers have expressed that the cooperation with HR and the occupational health company has worked well. There has been both positive and negative comments on recovery plans for

employees who have return from longer sick leaves. One interviewee meant that the communication had been insufficient and had created worry. However, this was not the experience of every interviewee, some talked about the recovery plans in high regards and were content.

The structure of referring problems upwards in the hierarchy in the company has been commented on, as an inconvenience. Interviewees expressed how the practice works well in cultures with clear hierarchies. Since Sweden is not, the upward referring is seen as inefficient. Affairs handled with upward referring could sometimes be handled in face to face meetings, in the Swedish organisations. However, the company requires the upward referring communication ways to be used. When handling affairs in an international level the methods for referring problems upwards are deemed useful.

3.5.1.4 Factors of health management practices not easily categorized

The responsibilities of HR seem according to interviews with managers be unclear. Some want and expect them to take more responsibility in employee health than they currently do, which creates a sense of disappointment. Interviewees have expressed wishes on more proactive actions from HR and more support for the proactive health efforts they apply in their groups.

One of the questions of the interviews concerns the areas where the managers would like more support in form of a centralized and standardized tool. There have been comments on the frequency of the surveys and consequently the difficulty to use them proactively. They would like to have a tool to support them in identifying early signs of ill health. Some managers have designed their own methods to monitor their group members' health. This method tracks individual employee's development from four questions. With the information gathered through these four questions the manager and the employee can have a discussion about the employee's health. The manager can also use the information to examine the conditions of the group as a whole.

The personal business plan (PBP) and the multiple source feedback system (MSF) have been a topic of discussion in the interviews. Managers say the structure of the PBPs and the MSFs are focused on professional performance. If only the standardized form is used, the discussions become formal and have no direct connection to health. In Delphi's international organization, there are no requirements for discussions of health. However, the Swedish organization do require managers to monitor their group members' health. Therefore, HR have instructed managers to raise the question of individual health at the PBPs. Some manager does not find the encouragement sufficient and say they would benefit from more support.

Communication between line managers and project managers has been a topic during the interviews. The main area of concern is the lack of communication and discussion about team member health. As mentioned earlier the line managers, due to their duties, do not have the ability to oversee every group members' behaviour on a daily level. Consequently, their main tool for proactively working with group member health is weak. To get input on their group members' daily activities managers discussed how project managers might be able to contribute with information on their group members' behaviour and health.

The interviews have not shown any formal ways of communication on the topic of health in the organization in its entirety. However, in the engineering group at Torslanda there is a meeting between the line and the technical project managers where the project- and line questions are discussed. The agenda includes topics such as health, but it is not a priority.

3.5.2 Project managers and Technical project managers

The interviews with the technical project managers and the project managers of Delphi included representatives from both the site at Mölndalsvägen and the site in Torslanda. The interviews include three from Mölndalsvägen and four from Torslanda.

3.5.2.1 Promotive

The projects manager's vision for management of team members' health, is to create a healthy and health promoting work environment for their team. They are responsible for the outcome of the project and the team members' performances are thereby an important aspect of their work. Several of the interviewees mentions how they promote an open and trusting environment with open conversation, in order to get to know their team members. To have knowledge about the team members is also a way for the project managers to act proactive. They strive to pick up on early signs of stress etc.

Health promoting leadership seems to be a topic of conversation among project managers. Their group manager is enthusiastic about the implications and applications of a well performed leadership and the effects on the project's results.

The project managers are responsible for creating and clarifying the goals of the projects. Both for the projects in its entirety and on individual levels. Project manager's main tool for prioritizing their team members' tasks are resource and time planning. There is also responsibility on the team members themselves to prioritize their time. In concern to cooperation between projects there does not seem to be a formal conversation on prioritizing team members' tasks. Interviewees mentioned some conversation between them when there was need. To vary the tasks of the team members is not the responsibility of the project managers.

The project managers from Torslanda can see how the organization promotes a healthy lifestyle. For example, through the gym in the garage and lunch seminars.

3.5.2.2 Proactive

Some project managers have indicated their knowledge base about health insufficient for increased responsibility toward their team members' health. The lack of knowledge inhibits them to cater the work in the project to team members' needs. Generally, they do not get reports from the line managers concerning the team members' health. However, some line managers' talk to their project managers when a situation occurs that requires the attention of the project manager.

Project managers do not, as mentioned have any formal personnel responsibilities. They do, however, keep track of the key team members in the projects to prevent severe situations of resource shortages to occur.

Project managers take part in HR's presentation about the outcome of the employee surveys. They mentions how the company works with action plans to manage areas of concern.

However, as the line managers mentioned, project managers say the outcome of the action plans are not always clear.

3.5.2.3 Rehabilitative

The rehabilitating work has not been a particularly discussed topic. Since the project managers often do not have a direct part in the rehabilitative health practices.

3.5.2.4 Factors of health management practices not easily categorized

Project managers do not have any apparent cooperation with HR concerning their team members' health. The HR- manager commented at the workshop about the exclusion of project managers on Delphi's "manager days". The manager days is an opportunity for Delphi's managers to learn about leadership. Previous years the project managers have been included, but since the recent expansion of personnel, it has not been possible to invite project managers, due to the lack of capacity.

Project managers concur with the line manager concerning the structure of the personal business plans (PBP) and multiple source feedback systems (MSF). They say, the standardized forms are focused on performance and they are not a strong tool for health management. When managers include questions of health the PBPs are more suited for health monitoring. One of the project managers interviewed do not have a Swedish manager. Health question is not as acknowledged in his manager's culture and health is thereby not discussed.

Concerning the MSFs, the project manager's point out that they are an inefficient tool. They are hard to understand, time consuming and consequently not frequently used. Several project managers use less formal ways of feedback communication and they thereby use other ways, especially in the Swedish organization.

Health seems not to have a formal forum for conversation in the company. Project managers is not provided with health updates on their team members' health. They get informed when there is a situation that requires their attention. Project managers do also inform line managers if they notice something out of the ordinary with a team member. These conversations are informal and project managers seem to value the importance of the sharing of health information, differently. The interviewed project managers do think that health could have a bigger role in projects and they think they could use health updates on their team members in their work.

The project manager's comments on the tools and structures in place in the company is the lack of support for a proactive and more frequent health management efforts. The organization is focused on a delegated responsibility to the company's managers, which leaves managers with responsibilities they could use more support and stronger incitements for.

The interviewees discussed obstacles for taking more responsibility for their team members' health. The obstacles mentioned are:

- 1. International and virtual teams*

The geographical separation makes health monitoring difficult.

2. *Large number of members in teams*
Project managers did not know if they had time and resources to monitor every team member.
3. *The members in teams tend to not be constant*
Some team members do not work in the projects the entire time span of the project. Some work such short periods that the project managers do not have time to get to know them.
4. *The flexibility and autonomy given by Delphi*
This makes it more difficult to detect health problem.
5. *Lack of health management experience and knowledge*
Some project managers were concerned with their lack of education and experience with health management efforts.
6. *Lack of mandate, incentive, responsibility or authority to effect team members' health*
If the project managers were to have responsibility they say they would have to be able to act on the information they gather about their team members' health.

3.5.3 Group members

The interviews done with group members of Delphi's organization have been used to validate the interviews with managers. The interviews include two from Torslanda and one from Mölndalsvägen.

Project managers do not have personnel responsibilities according to the interviewed group members. The group members chose to talk to their line managers about health-related topics, due to the line manager's ability to affect factors, which can alter the group members' workload.

It has also been enforce comments made by managers about how the organization gives the employee's responsibility for their own situation. For example, they mention flexibility.

Generally, the group members find the personal business plan (PBP) to be a useful instrument for discussing the manager's and organization's expectations for their work. It is also a way for the employees to communicate their expectations on the manager and organization. Again the standardized structure does not include health related topics. The outcome of employee surveys are presented to the employees and discussed in their individual groups. Interviewees do, however, find the actions taken as a consequence of the surveys are not clear. The interviewees in this group had not done a health profile and thereby cannot comment further on them.

3.6 Health management workshop

The workshop was held to discuss preliminary results of the study of Delphi's health managing work. The workshop was held May 8 of 2017. There were two main questions discussed:

1. How do we implement a structured method for proactive health work?
We want to give the organization a common method for gathering information on early warning signals of stress.
2. How can we initiate a conversation on the topic of health between line managers and project managers?
Can a tool be used to strengthening the communication?

The following chapter summarizes discussion.

During the first half of the workshop the attendants discussed shortcomings of the health management tools used by Delphi and the different between how the tools are used at the two sites. Employees from Mölndalsvägen have not done a health profile in recent years. Also, they have only done one employee survey as a part of Delphi. The goal of the organization is to erase the differences between the sites.

One of the primary goals of the health profiles is to identify stress in individuals. Since the health profiles have not been conducted the employees of Mölndalsvägen have had the responsibility to make their situation known to the concerned parties. One of the attendants from Mölndalsvägen says this has created an exposed situation for employees.

The personal business plans (PBP) and the unclear connection to health were discussed. The Swedish organization with support of the HR function emphasizes the importance and urged managers to include a discussion about health during the PBPs. However, the attending line managers would have liked the inclusion of health to be clearer and more supported.

The issue about management of stress on group levels was raised. Some attendants were concerned about how stress measured on a group level might be difficult to manage, while others believed the opposite. They said stress management in group settings consisted of the creation of preconditions for a healthy work environment. A group under pressure can according to one attendant further be an indicator for pressured individuals. At this point the involvement of project manager in health management were discussed. It was mentioned that a cooperation between project managers and line manager concerning health could benefit the employee's health. A project manager pointed out that project manager would need more authority in order for their involvement to work. They would also need to be educated in health management in order to handle situations correctly. They would also need to be given stronger incentives from the organization.

According to attendants of the workshop the identification of stress in the organization is not a problem. The problem lies in the lack of structured rehabilitative efforts. Manager did not make efforts to handle or did not know how to handle stressed group members correctly according to an attendant. Problems were thereby ignored and sometimes made worse. A more frequent control of the team members' health might be beneficial according to the attendant. It could provide a base for a conversation and make problems of stress related factors and consequences more visible. What would have to be the focus of such support is to guide the managers in the management of stress or ill health.

Communication about health were discussed during the second half. The topic of health is according to attendants a discussed topic the weekly meetings between the line and the technical project managers of the engineering department. Which they mean is not an optimal structure, due to the number of the people attending the meeting. However, they agree on the

importance of keeping health on the agenda. They also discussed if the topic of health needed to be given higher priority on the agenda.

One proposal, brought up was to let managers through key performance indicators, get a clearer picture of current health situation in the group. Which could show how project managers affect their team members. The attendants agreed on the importance of communication and continuity between functions in the company.

The attendees further discussed the possibility of implementing a structure for health management, as it currently depends on which manager the group have. They agreed on the importance of knowledge sharing for managers' regarding health. An example is the annual management days, where managers are provided with knowledge about the implications of leadership and the necessity of it.

At Mölndalsvägen the project managers are included in the process of distributing resources, which differs from Torslanda, where the project managers are not. To be provided with the right resources the project managers of Mölndalsvägen do, however, need to "fight" with both the line managers in Sweden and the rest of the company. In Torslanda the project managers participate in the resource distribution at the start of the projects, however they often are not informed during the projects if the resources need to be redistributed.

4 ANALYSIS AND DISCUSSION OF DELPHI AUTOMOTIVE SYSTEMS SWEDEN AB'S HEALTH MANAGEMENT PRINCIPLES

The study of Delphi's health management was conducted to support the company in their efforts to improve upon them. To improve their health management, they need to obtain information about their current methods. Delphi provided a picture of an organization where health management principles were not prioritized. The company has according to the supervisors from Delphi seen a change in the organization. They describe an increased speed to market, increased project complexity, more unstable requirements in the projects and an increase in the number of globally spread, virtual teams. This heightens the amounts of pressure on the teams and the team members. Their primary goal was to find a proactive approach towards stress, in order to help the team members' balance their professional life with their private.

The information gathered about Delphi's health managing work comes primarily from interviews with employees at Delphi and the health management workshop. The interviews have given insight to the organization's different levels and their functions. We have examined what the Swedish top management's vision and strategy for the company's health managing principles is. Further we have examined how the strategy is distributed in the organization.

One of our objectives has been to examine the ways in which responsibility concerning health is distributed and handled. Further, we have examined what tools are used to support the responsibilities. Our study has primarily focused on the organizational aspects of health management work and secondary the individual and group aspects. Furthermore, we have focused on the proactive actions of Delphi's health management, though the promotive and rehabilitative aspects are considered. Our investigation focuses on stress and the psychological aspects of health. The nature of Delphi's ways of work makes psychological aspects of health the primary area of concern. These aspects were further identified by the employee surveys as improvement areas of the company.

The two offices of Delphi in Gothenburg have different backgrounds in their work concerning health management. They further have differences in their present situations. The line organization is additionally more established at the site in Torslanda compared to Mölndalsvägen. We suspect this contributes to the site at Mölndalsvägen's strong focus on project related questions. Since team members' health are the responsibility of the line organization, this is not prioritized. Mölndalsvägen's office have only done the employee survey together with Delphi once, consequently they do not have the same amount of data as the office in Torslanda. Furthermore the office in Torslanda is not as strongly connected to the international company as the office at Mölndalsvägen. This means they have more room to take local decisions and are more able to differ more from the international company.

Health is not a consistent state of mind. It varies from day to day, and is also perceived different from person to person (Menckel and Österblom, 2000) (WHO, 2017). Therefore, the subject of health should always be present in the daily activities of the organization (Hultberg, 2010) (Ljusenius and Rydqvist, 1999). Through the theoretical chapter of this report the connection between health and costs are clear. Furthermore, the cost of ill health is solely a

product of the number of sick leaves, but rather are the list of health related cost drivers (Ljusenius and Rydqvist, 1999). Ranging from a decreased in development among team members to employee turnover.

4.1 Attitude towards health in Delphi's organization

Delphi is a part of an international group of companies. Their team members work with a number of nationalities and consequently several different cultures. What we observed in the interviews were a loyalty and open culture in the Swedish organization. However, some of the interviewees pointed out a low understanding of failure. Which affects the team members' motivation and sense of security (Lindér, 2015). Furthermore, the differences in culture creates clashes and different attitudes toward employee health.

The attitude toward health of the parent company seems, according to our observations, different from what we observed in the Swedish subsection. The parent company is primarily a manufacturing company and their focus lies therefore on physical aspects of health and safety. For example, interviewees indicated no measurements concerning stress or psychological ill health in the parent company. When we examined the overall vision for the company we could not find a direct connection to team members' well-being. Which probably sends mixed signals to the employees. What is clear however is that the Swedish organization do consider stress and psychological factors of ill health in their evaluation of team members' health.

4.2 Communication and dialogue between the line organization and the project organization

Through the interviews, we have not seen any formal forums for communication about team members' health between project and line managers. According to the interviewed project managers, this is partially explained by their lack of responsibility for their team members' health. They do not have the authority or the resources to influence the work environment and factors such as the workload. Furthermore, they do not have the means to support team members in need of help. The question of team members' health is thereby not directly connected to their work description, rather the connection is indirect. Their responsibility is to motivate the team members and create a healthy work environment. They create the sense of team spirit, they create and clarify goals, they clarify the importance of good quality work as well as promote wholesome lifestyle choices etc.

The main responsibility for team members' health lies with the line managers. A natural responsibility, due to their proximity to the employees and their possibility to monitor and manage health related questions (Hultberg, 2010). A problem arises when the line manager are unable to be present in their group members' daily activities, since they often have group members in several projects simultaneously. This will be discussed further in chapter 4.5.

However, what was found through the interviews is the will from the project managers to have an insight in their team members' health. The insight could enable them to guide the teams in more efficient ways. However, the will to monitor health vary from project manager to project manager. A quality guarantee in health management practises in project functions would thereby require coordination and consistency over project boundaries. The practices must also be supportive of project ways of work (Hueman, Keegan and Turner, 2008). The company should support potential health management principles by giving guidelines and

incitements (Hultberg, 2010). The importance of guidelines and incitements were also motioned during the interview with the health promoter of AstraZeneca. The project managers further expressed how they felt responsibility towards their team members' health. They knew the altitude with which their leadership effects teams and in addition the effect they have on team members' health.

To involve the line managers in the daily project activities of the group has been an essential part of AstraZeneca's improvement of the health communication. The line managers are provided with information about their group members' improvements and obstacles from other functions in the company. From interviews with the line managers of Delphi, we have come to understand that daily communication with every group member is not a possibility, due to the nature of their work.

As mentioned in chapter 2.6.1, communication is key for the team members to have a healthy work environment (Menckel and Österblom, 2000). We have found communication about health between the line and project organization in one group. Where health is a topic on the weekly meetings between technical project managers and the line managers of the engineering department. However, the topic does not seem to be a priority and is often discarded. This can be compared to the example from AstraZeneca's case, where a group did not have sufficient communication (the case is explained further in chapter 2.8). The organization supported the group in creating a more efficient forum for questions concerning health and the group was able to mend the stress levels.

Line and project managers need to have a structured, frequent dialogue about the team members' health (Menckel and Österblom, 2000). Interviewed project managers have hypothesised this as a possible way for the company to improve its health management practices.

4.3 Health management tools

Specific health management tools are not the primary focus when examining health management principles. Rather is the priority how, why and for what they are used. A specific tool can be perceived differently in different organizations and give different consequences. Hence the comment from the health promoter from AstraZeneca, where he explained the importance of understanding the use of the tools. Tools can support discussions about health and its role in the organization. This do not, however, imply that tools are redundant, they should meet the needs of the organization and support the organization's way of organizing work.

Concerning the tools generally used by Delphi (personal business plan (PBP), health profiles and employee surveys) interviewees seem to find shortcomings in their ability to prevent and identify stress signals. Frequency is a recurring word during the interviews when tools were discussed. According to the interviewees the tools are useful but their frequency is too low. They explained how they experienced, where problems could be hidden or forgotten in the time between the surveys, health profiles or PBPs.

The employee surveys give an insight to the general health of the organization. The information gathered through the survey is guarded by integrity restrictions. Consequently, the information cannot be broken down in smaller groups or individuals, which interviewees mean is not enough to understand the health of specific groups. Even though the organization

expects the line managers to use the information from the surveys in their groups. The survey's results and how well it corresponds with the group's situation were, however, discussed in groups prior to any counter actions were taken in the groups.

Interviewees further mention the lack of visibility and of updates, concerning the countermeasures taken by the organization, as a result of the employee surveys. The measures taken are, however, discussed on the presentation of the following survey. The main responsibility for sharing the solutions is not in the hands of HR. Rather it is the responsibility of each line managers to convey this to their group.

The function of the health profiles are not clear to the employees of Mölndalsvägen, since they only recently been included in the practice. The health profiles have according to HR been an effective tool where they have been able to detect and prevent stress.

The personal business plan (PBP) is as mentioned conducted three times annually, where each meeting build on the former. The multiple source feedback system (MSF) is connected to the third meeting. The form for the MSF is according to the interviews difficult to understand and not efficient to use. They mean, the time it takes to write and understand it, is not lucrative. This creates other forms of communication in the organization. Interviewees say they rather talk to the concerning line manager directly or send an email with feedback. The formal structure of the PBPs include topics concerning professional goals but does not include the issues of health. According to the interviewees the line managers do, however, raise the topic of health. Each line manager structure this separately, by recommendation from the HR department. Our comment concerning this stems from indications from our commissioners and our interviews. It has been mentioned that the degree of experience handling health related questions varies strongly from line manager to line manager. If this argument is true the manager will need more support and guidance in their health managing work in the PBPs.

As mentioned earlier the frequency of the PBPs is according to the interviewees not sufficient, if the PBPs only were used for health managing, however, it is not. It is important to recognize that the PBPs, not only, are used for health managing or health monitoring. They give the organization a valuable insight to the other needs, such as educational existing in the organization. Some of the interviewed managers choose to add informal meetings with their group members. Especially with individuals they find exposed. This is again a case of where the health managing principles in the organization is handled without the support of the organization. To have more frequent informal meetings is a method encouraged by AstraZeneca. The managers are supposed to be observant of the current situations in teams in order to adjust their discussions with the employee. It is also important to consider the individuals with manager outside of Sweden. Due to cultural differences these employees have managers whom does not take health in consideration during the PBP.

The interviewees', impressions of the organization's health management practices differ from those of the HR department. The actual shortcoming, they find in the methods Delphi applies, is the way in which the organization responds to problems. HR are aware of the more exposed positions of the organization and keep them under observation. They find that managers are not informed about the actions they should take or the managers do not have the means to act on the information they have.

What we have seen during our study is how different parts of the organization have different pieces to the puzzle. Generally, information is available, but is often hidden behind walls of bureaucracy and people's individual opinions on the subject. Our hope for this report is for Delphi to re-evaluate and coordinate their health management principles in order for them to create a complete puzzle. Health and well-being have to become a topic of discussion and conversation. In addition, it has to be a conversation about every aspect of health, physical as well as psychological. Delphi also need to consider the matrix (figure 3.2) in chapter 2.3.2 and its application in such coordination.

As authors of this report we cannot argue for or against the introduction of a tool such as HealthWatch (chapter 2.9) or similar. Since we are not professionals on the subject of health management or health monitoring. We also lack the experience, needed to give such advice.

4.4 Distributed responsibilities and autonomy of Delphi's employees

The individual responsibility of the employees and flexibility given by the organization, were a frequently recurring theme during the interviews. Interviewees described responsibility and flexibility concerning their work in form of ability to decide when, where and sometimes how their work would be done. The autonomy and flexibility were appreciated by the employees spoken to. During the workshop, the HR-manager described how the flexibility and the acceptance of it, were a cultural change which the company worked actively for. The organization trusts their employees to take responsibility for their work. However, this seems to have presented problems in other areas. Some interviewees have mentioned, the ability to work from home have made employees work overtime, this posed a problem in manager's health management efforts. Managers' proximity to the employees were due to the flexibility not always possible.

The responsibilities of the line managers include health promoting, proactive and rehabilitating work in their group. The supporting systems in the organizations are the tools presented in chapter 3.2; the PBP, the employee surveys and the health profiles. HR furthermore provides managers with courses on the subject of leadership. Finally, several of the interviewed managers mentioned the interaction and communication with the team members, is their primary method for monitoring health.

Managers indicated during interviews an insufficient support from the organization for the health management responsibilities they are given. Managers mentioned; lack of experience or lack of resources as primary factors. One of the managers explained his work concerning the employee surveys. He describes lack of incitements and absence of feedback from the organization concerning the measures he took in his group. He further explained how he had begun his work later than other. This resulted in that his group had not have come as far as other groups. However, there had been nothing preventing this from happening. It is difficult to evaluate the consequences of this specific incident. However, what happens if this incident is repeated by several managers over several years? It is important to make the employees' health a priority and to make employees understand the importance of their health (Ljusenius och Rydqvist, 1999). If manager does not know, how or when, this should be done, it would create a gap between intention and reality.

Several managers of Delphi seem to have systems in place, where they monitor and manage their group members in a systematic and responsible way. We have seen examples of

managers who have created their own questionnaire to complement the structure of the PBP, others have designed health monitoring tools. However, we have not found a function in the organization that guarantees their quality or efficiency. HR is the primary support function for managers concerning their health managing work, however, HR seemed to not be involved in the design of these complements.

A paradox we encountered during the interviews were: even though the employees valued their flexibility and autonomy, it was indicated that more supporting and guiding health management principles were sought for. More regulated health management practises would take some of the flexibility away. We know there are managers who need more support, they need to be identified and given more support.

Zika-Viktorsson, Sundström and Engwall presents (2006) four identified factors with correlated strongly to project overload (chapter 2.7); lack of opportunity for recovery, insufficient routines, insufficient time resources and number of projects. The three first factors can be connected to Delphi's flexibility and autonomy. For example, we could not find a system where employee's recovery between projects were considered. Further, we did find instances where employees suggested a lack of routines. Finally, the possibility for employees to work from home might console the aspect of time shortage, however, it will not conceal the consequences.

Since Delphi's employees have a high educational level, the physical health should not be a significant problem (Hultberg, 2010). For a company to promote a healthy lifestyle, is beneficial for the employees (Hultberg, 2010) (Ljusenius and Rydqvist, 1999). However, the ultimate responsibility lies with the individual. Due to the employees' high educational level and the nature of their assignments, the organization should rather focus on sickness attendance. This is an aspect HR has identified, that could have potential consequences, such as increased sick leaves.

Interviewed employees seem to be satisfied with the company's view of health. However, there have been wishes expressed concerning the possibility to exercise during paid working hours or an upgrade to the company's gym.

4.5 Possibility of increasing project manager's personnel responsibilities

To increase the project manager responsibilities for their team members' health, have been one of the main areas of enquiry during the interviews and literature study. We have not found direct examples of where project manager have taken the main responsibility for their teams' health. They have rather acted as supporting roles for the line managers. In the case of AstraZeneca, chapter 2.8, the primary responsibility for team members' health lies within the line organization. However, their project leaders seem to have a higher level of involvement in the question of health management. They have created a forum where health can be discussed and monitored, both through the line- and the project organization. Furthermore, AstraZeneca are in the process of implementing a health monitoring tool in their project environment. What we observe in the organization and understood from the interview with the health promoter, the organization emphasis the presence of health factors in daily activities. They emphasise the importance of discussing health on organizational, group as well as an individual level, for it to have an effect.

To copy AstraZeneca's methods is not an option. Different organizations have different preconditions and different needs (Hultberg, 2010). However, Delphi can learn from their example. If we for example assume the project managers have more insight in the daily activities of the team members than line managers. It would imply that the knowledge they have, should be valued and used. This does, however, not imply that project managers should have the primary responsibility for the team members' health.

Project managers of Delphi do already have an indirect personnel responsibility. Leaders are a key factor in creating healthy work environments. Some aspects of a health promotive leaders, presented in chapter 2.6.1, are a part of Delphi's project managers' daily tasks, such as clear communication and group development. Others are assigned to Delphi's line managers, such as rewarding and create base for good living habits. We can further see how the two functions often share aspects or use different methods for the same aspect. We believe this cooperation could be developed. And the key to the developed could be cross function communication.

The insight to the daily team activities of the project managers should also be considered. For example, we would like to highlight the three aspects of health measurement from chapter 2.5; professional's diagnosis, sick leave statistics, individual observations. Through their proximity to the employees, they can assist professionals in diagnosing ill health. They could for example, identify early warning signs of stress etc. The proximity could also contribute to an objective perspective of the individuals' experiences.

The project manager's job is to coordinate and guide projects. One of the means they use for this is building teams and using their leadership to influence their teams. Since several of them do not have any direct authority concerning who their team members are or on what terms they can contribute, the project manager's leadership abilities are important. This makes them rely on line manager's decisions, which they often have no control over or knowledge about. To make them more involved in the decisions concerning team composition could give them tools to plan their projects more efficiently. Since the project managers of Mölndalsvägen seem to have more authority in team composition, a suggestion might be to examine their experiences. Project managers do for example often have less formal relation to team members than the team members' line managers. A formal relationship can make the communication about health and feelings difficult, about for example emergency situations or in early stages of sickness. A line manager's view of a situation could thereby be different from a project manager.

To make project managers more incorporated in the organizations health management principles, it should be organized and structured. Like mentioned earlier we have interviewed project managers with a will and a need to be more incorporated in the team members' health. To include their information about team members' health, it could be used in combination and as a complement to the information the line manager already have access to. Project managers would provide information for the line managers, which could be used in proactive health efforts on both individual, group as well as organizational levels. The project managers could also benefit from using the information the line organization have concerning their group members' health.

What would be important to consider when including project managers in Delphi's health management practises is the six obstacles in chapter 3.5.2.4. The first three: "international and virtual teams", "large number of members in teams" and "the members in team tend not to be

constant”, might not be possible to affect due to the structure of the international organization. This should be more apparent at the office at Mölndalsvägen, since they are more regulated by the international company. Obstacle four, “The flexibility and authority given by Delphi”, is also difficult to affect, since it is an appreciated part of the company’s structure and culture. The last two obstacles: “lack of health management experience and knowledge” and “lack of mandate, incentive, responsibility or authority to effect team members’ health” can be affected. Obstacle number five can be mended through education and guidance for the project managers (Theorell, 2012). Obstacle number six could be affected by organizational support and re-structuring of responsibilities.

What would be interesting for Delphi to consider further is the implications of Zika-Viktorsson, Sundström and Engwall (2006) and Turner, Hueman and Keegan (2008) studies. We have compared their research to our findings and found that the factors they present are present in the organization. The increased speed to market indicates reduced time resources. Increased project complexity and increased unstable project requirements indicates shifts in the organizations project routines. Our interviews have neither indicated any structured method for providing team members with sufficient recuperation and recovery between intense periods.

As mentioned earlier we would encourage communication about health and resources between the line and the project organizations. Our hypothesis is that Delphi would need to create a formal structures and forums where this could take place. Interviews with top management further showed a belief that project managers could take more responsibility, if given the right incitements. This is further endorsed by interviewed project managers.

5 CONCLUSIONS OF THE EXAMINATION OF DELPHI'S HEALTH MANAGEMENT PRACTICES

5.1 Research question 1

What can be learned from literature on management of employees' health from a project perspective?

Health management practices should be designed to support activities in project environment (Turner, Hueman and Keegan, 2008). The nature of projects with peaking workloads, uncertain future and unclear connection to team members' individual goals, creates preconditions demanding attention (Zika-Viktorsson, Sundström and Engwall, 2006). The health management practices adopted must be supportive and consistent over the temporary organizations created by projects (Turner, Hueman and Keegan, 2008). Furthermore, the practices adopted in the line organization must support work in the project structure.

Two examples are presented in the frame of reference with two companies who have adapted health management practices in their project dimension. The first focus on the social aspects of team building the second focused on close personal relationships between team members and project managers.

The question of increasing project manager's responsibilities towards their team members' health is difficult to answer. Project managers as leaders should according to sources take interest and invest in their team member's well-being since it is a part of a functioning team (Ljusenius and Rydqvist, 1999) (Angelöw, 2002). Whether it is physical, psychological or social health (Hultberg, 2010).

5.2 Research question 2

Are there other examples of management of employees' health from a project perspective at other companies?

This report examines the case of AstraZeneca AB's health management practices. The company is recognized for their effective and functioning health management principles and are thereby used as an example in this report. The Swedish part of the company practises a similar organizational structure, however, they employ 26 times the number of people Delphi Sweden.

The company uses a matrix structure, with a line and project dimension. The line organization has the primary responsibility for employees' health while the project organization acts as a supporting function in health-related questions. There is a forum for conversation about health between the two functions in the organization. AstraZeneca has furthermore implemented a support function for their HR department for safety health and environment (SHE). SHE acts as a support for managers' questions, concerning security, health and environment.

The company's strategy and organizational goals are related to their employees' health. The company do, however, emphasise the importance of individuals' personal responsibility for their health. However, they stride towards creating conditions for individuals to have a wholesome life. An important factor in this aspect is the relationship between the employees and their managers. There need to be an open and trusting conversation between the two in order for the cooperation to work.

The example of AstraZeneca can be used by Delphi as a reference point and an example of a structured health management. They can use the case as input to further improve their health management practises.

5.3 Research question 3

What health management practices are currently used by Delphi?

The line managers have the primary responsibility for employee's health. HR functions as a support for the line managers in their responsibilities, but have no formal personnel responsibilities. Through the organization's function environment, health and safety (EHS), the parent company coordinates experiences and efforts concerning topics of environment, health and safety. The project managers do not have any formal personnel responsibilities. The project managers are responsible for project delivery and for coordination of the team's efforts. However, project managers have a form of indirect personnel responsibilities through their positions as leaders and insight in daily activities of the teams. They do have the ability and the want to be included in the health management of the company. On what terms must be discussed by the organization.

The organization conducts, with support from the occupational healthcare company called "pe3", employee surveys and health profiles. In performance appraisals, personal business plans (PBPs) are conducted. The line managers are, as mentioned, responsible for their group member's health. One of the primary methods they apply is a trusting and open relationship with their group to invite group members to discuss concerns with their managers. The organization also promotes healthy lifestyle choices for instance through lunch seminars and access to vegetables during lunch hours. Furthermore, the employees at the site in Torslanda have access to a gym connected to the office.

The employee surveys are conducted every two years. The employee surveys include questions about; physical work environment, psychosocial work environment, the employee's assignments, the management, the project organization of Delphi's Swedish organization, competence development, sharing of information in the Swedish organization, general concerns of the Swedish organization. The outcome of the surveys are compiled and later presented by the HR department. The outcome is then discussed on a group level in the company. The line managers have responsibility to decide what actions are necessary in their group.

Health profiles are conducted the years the employee surveys are not. The health profiles examine the employees' physical and psychological health. The employees are divided into groups dependent on their health status and appropriate actions can then be applied.

The PBPs are conducted three times every year. The PBPs are a discussion between the employee and the manager. The international parent company provides a form with topics including: professional performance and employees' impression of the manager's performance. The Swedish organization further urges their managers to discuss topics of employee's personal health. The manager can further ask other employees give feedback on the employee in question through the MSF form. Managers use the information for determining who is and who is not ready for a promotion. It is further a method for them to keep updated on topics concerning the group. The organization uses the results from the PBPs for examining what competences are available in the organization.

The employees of Delphi are generally content with the organization's efforts towards their health. Employees appreciate the loyal, trusting and open culture of Delphi. Further the flexibility and autonomy the organization is highly regarded. However, there has been discussions of areas in need of improvement. The frequency with which the tools are used are mentioned as insufficient. The connection between the PBP and health is unclear. The consequences of the employee surveys are not clear. Employees further mention how the company lack proactive approaches and stress identifying efforts. The HR department do not agree on this. HR rather believes the organization lack rehabilitative efforts on questions concerning stress. Finally, some line managers say they would benefit from increased support for their health management efforts.

6 REFERENCES

- Andersson, J. (2017) Sjuknärvaro kostar mer än sjukfrånvaro. *Karriär*. (170208). <http://www.tidningenkarriar.se/Arbetsliv1/Sjuknarvaro-kostar-mer-an-sjukfranvaro/> (170509)
- Angelöw, B (2002) *Friskare arbetsplatser: att utveckla en attraktiv, hälsosam och välfungerande arbetsplats*. 1. Lund: Studentlitteratur AB
- AstraZeneca (2017) <https://www.astrazeneca.se/> (170511)
- Dellve, L., and Eriksson, A. (2016) *Hållbart och hälsofrämjande ledarskap i vardag och förändring*. Göteborg: Göteborgs Universitet
- Gunnarsson, G., Johansson, M. and Stoetzer, U. (2016) *Den organisatoriska och sociala arbetsmiljön - viktiga pusselbitar i en god arbetsmiljö*. Stockholm: Arbetsmiljöverket.
- HealthWatch (2017) *Om HealthWatch*. <https://healthwatch.se/about> (170608)
- Heide, M., Johansson, C. and Simonsson, C (2012) *Kommunikation i organisationer*. Second Edition. Stockholm: Liber
- Hultberg, A. et al. (2010) *Kunskap och metoder för hälsofrämjande arbetsplatser*. Ninth edition. Göteborg: Institutet för Stressmedicin. (ISM-rapport 9).
- Jeding, K. et al. (1999) *Ett friskt arbetsliv*. Stockholm: Arbetslivsinstitutet.
- Lindér, J. (2015) *Motivation, arbetsutformning och normstyrning*. Kompendium- Integrerad produktionsorganisation. Göteborg: Operations Management, Chalmers Tekniska Högskola
- Ljusenius, T. and Rydqvist, L-G. (1999) *Friskt ledarskap - lönar sig*. Second edition. Stockholm: Prevent
- Menckel, E. and Österblom, L. (2000) *Hälsofrämjande processer på arbetsplatsen: om ledarskap, resurser och egen kraft*. Stockholm: Arbetslivsinstitutet.
- Retreiver (2017) Delphi Automotive Systems Sweden Aktiebolag. <http://web.retriever-info.com>. (170510).
- Rubenowitz, S. (2001) *Organisationspsykologi och ledarskap*. Third edition. Lund: Studentlitteratur. p. 97-107
- Sandlund, E, et al. (2011) *The Performance Appraisal Interview – An Arena for the Reinforcement of Norms for Employeeship*. Roskilde: Nordic Journal of Working Life Studies.
- Theorell, T. (2012) *Psykosocial miljö och stress*. 2. Lund: Studentlitteratur AB
- Turner, R., Huemann, M. and Keegan, A. (2008) *Human resource management in project-oriented organization: Employee well-being and ethical treatment*. International Journal of Project Management, 26, p. 577 - 585.

World Health Organization (2017) <http://www.who.int/suggestions/faq/en/> (170309)

Zika-Viktorsson, A., Sundström, P. and Engwall, M. (2006) *Project overload: An exploratory study of work and management in multi-project settings*. *International Journal of Project Management*, 24, p. 385 - 394.

APPENDIXES

The following chapter includes the referenced appendixes of the report.

Appendix 1 - Interviews with representatives of AstraZeneca

Date of interview	Name	Position
170303 and 170316	I	Line Manager (Project Manager)
170323	II	Health Promoter
170425	III	Line Manager

Appendix 2 - Interviews with representatives of Delphi

Interview number refers to when the interviews were conducted and which groups. The interview group refers to which position the interviewees have.

PM- Project Manager

TPM - Technical Project Manager

Line - Line Manager

HR- Human Resource

GM- Group member

SM- Site Manage

Interview no + group	Date of interview	Name	Position	Site
1 + HR	170320	A	HR Manager	X*
1 + HR	170320	B	HR Specialist (Student)	X*
2 + PM	170403	C	Project Manager	Torslanda
2 + PM	170403	D	Program Manager	Torslanda
3 + Line	170403	E	Line Engineer Manager	Torslanda
4 + Line	170404	F	Group Manager, Engineering Project Lead	Torslanda
4 + GM/TPL	170404 and 170426	G	Technical Project Manager	Torslanda
5 + Line	170404	H	Business Manager	Torslanda
6 + SM	170405	I	Customer Executive/ Managing Director	X*
7 + SM	170407	J	Site Manager	Mölnadalsvägen
8 + PM	170407	K	Project Manager, IDI	Mölnadalsvägen
8 + PM	170407	L	Project Manager, EC	Mölnadalsvägen
9 + PM	170413	M	Project Manager	Torslanda
10 + Line	170418	N	Group Manager, Product Engineering	Torslanda
10 + GM	170418	O	Key Account Manager	Torslanda
11 + GM	170420	P	Product Engineer	Torslanda
12 + GM	170421	Q	Software Engineer, IDI	Mölnadalsvägen

13 + Line	170425	R	Line Manager, IDI	Mölnadalsvägen
14 + Line	170428	S	Line Manager, EC	Mölnadalsvägen
15 + PM	170503	T	Project Manager, IDI	Mölnadalsvägen
16 + line	170508	U	Line Manager, IDI	Mölnadalsvägen

*Functions in Torslanda and at Mölnadalsvägen

Appendix 3 - Attendees of the health management workshop

Name	Position
A	HR Manager
E	Project Engineer Manager
F	Group Manager, Engineering Project Lead
K	Project Manager, IDI
Q	Software Engineer, IDI
R	Line Manager, IDI
Thesis supervisor	Project Manager
Thesis supervisor	Project Manager

Appendix 4 - Interview questions for representatives of AstraZeneca in Swedish

These questions are divided in three subsections; general questions, questions for project managers and questions for line managers.

4.1 General questions

Vi vill först och främst veta lite kort om er organisation.

Kortfattat, hur jobbar ni i era projekt?

- Matris
- Tidsramar
- Projektstorlek
- Delta samma projektmedlem i fler projekt samtidigt?
- Etc.

Hur ser samverkan mellan linje och projekt ut?

Hur samverkar projektledare och linjechefer under projekt?

Hur arbetar ni med Personel Business Plan (career plan)?

Vad är er största utmaning i projekt i fråga om hälsa?

Vad innefattar hälsa och framförallt medarbetarhälsa för Astra?

4.2 Questions for Project Managers

Hur deltar linjecheferna i projektmedlemmaras dagliga arbete?

Hur håller linjechefer sig uppdaterade angående projektmedlemmarnas hälsa?

Vad har du som projektledare för roll gällande projektmedarbetarnas hälsa?

Vilket ansvar har du för dina projektmedarbetares hälsa? Har du exempelvis ansvar att agera om någon mår dåligt?

Hur påverkar du dina projektmedlemmars hälsa?

Hur gör du det? Finns det riktlinjer etc.?

Har du utrymme att "improvisera" kring hälsoarbete?

Vilka typer av verktyg (med verktyg anser vi standardiserade aktiviteter där ledningen och/eller HR vill att ni använder er av) används vid hälsofrämjande arbete?

Vi utgår ifrån att de huvudsakliga verktygen vi är PDD (personal development discussion) och medarbetarenkäter:

- Vad får projektmedlemmarna ut av PDD-erna/enkäterna/annat?
- Vad får du som projektledare ut av de PDD-erna/enkäterna/annat?
- Hur använder du informationen du fått från enkäter/PDD eller andra metoder?

Får du som projektledare ta del av informationen som fås ur enkäter/PDD eller andra metoder?

Har du möjlighet att medverka på PDD: er?

Har du som projektledare någon egen form av utvecklingssamtal (eller liknande) med dina projektmedlemmar?

Om ja: används informationen på individ/projektgruppsgrupp/organisationsnivå?

Är du som projektledare skyldig att "mäta" och rapportera något hälsorelaterat? Och för vem i sådana fall?

Får du någon rapport om hälsorelaterad status angående dina projektmedarbetare?

Slutmålet med vårt projekt är alltså att Delphi på ett mer proaktivt sätt ska kunna mäta hälsa, samt att man vill kunna utvärdera projekt i hälsoaspekter. Med det i åtanke vad för hälsorelaterat mätetal skulle du utvärdera projekt efter?

Vad anser du är det viktigaste projektledare ska ta med sig från olika projekten i fråga om hälsa i olika former?

På Delphi har linjen huvudansvar för medarbetarnas hälsa och projektledarna har mer eller mindre inget ansvar för medarbetarnas hälsa. Ser du några för eller nackdelar med det? Hur jämförs det med ert arbetssätt?

Vad har ni för tankar kring hälsofrämjande ledarskap?

4.3 Questions for Line Managers

När dina medarbetare jobbar i projekt, vad har du för ansvar i de projekten de jobbar i?

Jobbar du själv i projekt, vilken roll har du då?

Vilket ansvar har du för dina underställdas hälsa?

Har du ansvar att agera då någon av dina underställda mår dåligt? I sådana fall hur ska du hantera situationen?

Hur påverkar du dina underställdas hälsa?

Hur förväntas du göra det? Finns det riktlinjer etc.?

Har du utrymme att "improvisera" kring hälsoarbetet?

Vilka typer av verktyg (med verktyg anser vi standardiserade aktiviteter där ledningen och/eller HR vill att ni använder er av) används vid hälsofrämjande arbete?

Vi utgår ifrån att de huvudsakliga verktygen vi är PBP och medarbetarenkäter:

- Vad får dina underställda ut av PDD-erna/enkäterna/annat?
- Vad får du som linjefeje ut av de PDD-erna/enkäterna/annat?
- Hur använder du informationen du fått från enkäter/PDD eller andra metoder?
- Används informationen på individ/projektgruppsgrupp/organisationsnivå?

Om du bortser från PDD: er och enkäter finns det något annat sätt som du som ledare kan fånga upp dina underställdas hälsa?

Är du som chef skyldig att "mäta" och rapportera något hälsorelaterat? Och i sådana fall för vem?

På Delphi har linjen huvudansvar för medarbetarnas hälsa och projektledarna har mer eller mindre inget ansvar för medarbetarnas hälsa. Ser du några för eller nackdelar med det? Hur jämförs det med ert arbetssätt?

Vilken/vilka, vidareutveckla.

Vad har du för tankar kring hälsofrämjande ledarskap?

Slutmålet med vårt projekt är alltså att man på Delphi på ett mer proaktivt ska kunna mäta hälsa, samt att man vill kunna utvärdera projekt i hälsoaspekter. Med det i åtanke vad för hälsorelaterat mätetal skulle du utvärdera projekt efter?

Appendix 5 - Interview questions for representatives of Delphi in Swedish

The interviews were conducted in Swedish, hence the questioners are presented in Swedish.

5.1 Questions for Line Managers

När era medarbetare jobbar i projekt, vad har ni för ansvar i projekten de jobbar i?

Vad har ni för relation till underställda i er linje?

Jobbar ni själva i projekt, vilken roll har ni då?

Hur jobbar ni för att förtydliga en arbetsuppgifts mål? Hur kopplas en arbetsuppgift till specifika projektmål, och hur kopplas projektmålen sedan till organisationen mål och strategi?

Är arbetsvariation en faktor ni tar hänsyn till när ni fördelar arbetsuppgifter?

Hur samarbetar ni med projektledaren angående medarbetarnas hälsa och prestation, under projektets gång och efter?

Hur förmedlas det vidare till medarbetaren?

Finns det riskfaktorer för ohälsa som ni som linjechefer är skyldiga att vara uppmärksamma på?

Vid hög arbetsbelastning i fler projekt, hur stödjer ni era medarbetare i prioritering av olika arbetsuppgifter?

Hur ser ni till att underställda får tillräckligt med återhämtning mellan projekt?

Hur ser ni till att projekt har tillgång till rätt resurser, i fråga om personer?

Har du ansvar att agera då någon av dina underställda mår dåligt? I sådana fall finns det riktlinjer för hur ska du hantera situationen?

Om ett projekt inte klarar de krav som ställts på det pga. resursbrist (tid, medarbetare, kompetens, etc.). Vad har ni som linjechefer befogenhet att göra i projektet?

Kan ni påverka era underställdas hälsa?

Om ja, hur förväntas du göra det? Finns det riktlinjer etc.?

Har ni utrymme att "improvisera" kring hälsoarbetet? T.ex. verktyg eller andra metoder?

Hur gör ni för att vara ett stöd för era medarbetares balans mellan arbete och privatliv?

(Hälsofrämjande arbete enligt WHO: Den process som möjliggör för människorätt öka kontrollen över och att förbättra sin hälsa. Det kan alltså vara från PBP till lunchföreläsningar.)

De huvudsakliga verktygen vi förstått används på Delphi är PBP: er, medarbetarenkäter och hälsoprofiler:

- Vad får era underställda ut av PBP-erna/enkäterna/annat?
- Vad får ni som linjechefer ut av PBP-erna/enkäterna/annat?
- Hur använder ni informationen ni fått från enkäter/PBP eller andra metoder?
- Används informationen på individ/projektgrupps/organisationsnivå?

Ni som linjechefer håller alltså tre utvecklingssamtal per år med era medarbetare kommer hälsa upp som ett rutinmässigt ämne på de samtalen?

Räcker de verktyg som finns? Om nej vad saknas och varför?

Är ni som chef skyldig att "mäta" och rapportera något hälsorelaterat? och till vem rapporterar du till i sådana fall?

Som vi förstått läget har linjen huvudansvar för medarbetarnas hälsa på Delphi, ser ni några för- eller nackdelar med det? Är eran position optimal för att ansvara för era medarbetares hälsa? Kan man på något sätt överföra mer ansvar till projekten eller HR, kan ni se något hinder med det?

Slutmålet med vårt projekt är att Delphi på ett mer proaktivt sätt ska kunna mäta hälsa, samt att man vill kunna utvärdera projekt i hälsoaspekter. Finns det något hälsorelaterat du som linjechef skulle vilja få rapporter om från projekten?

Får du vara med och påverka hälsoarbetet i organisationen?

5.2 Questions for Project Managers and Technical Project Managers

Hur deltar linjecheferna i projektmedlemmarnas dagliga arbete?

Hur håller linjechefer sig uppdaterade angående projektmedlemmarnas hälsa?

Vilken relation har ni till projektmedlemmarna på olika nivåer i projekten?

Vilket ansvar har ni för era projektmedlemmars hälsa? Har ni exempelvis ansvar att agera om någon mår dåligt?

Hur jobbar ni för att förtydliga en arbetsuppgifts mål? Hur kopplas en arbetsuppgift till specifika projektmål, och hur kopplas projektmålen sedan till organisationen mål och strategi?

Är arbetsvariation en faktor ni tar hänsyn till när ni fördelar arbetsuppgifter?

Vid hög arbetsbelastning i fler projekt, hur stödjer ni era medarbetare i prioritering av olika arbetsuppgifter?

Finns det riskfaktorer för ohälsa som ni som projekt ledare är skyldiga att vara uppmärksamma på?

Får du någon rapport om hälsorelaterade status om dina projektmedarbetare?

Kan ni påverka projektmedlemmarnas hälsa?

Om ja, hur gör ni det? Finns det riktlinjer etc.?

Har du utrymme att "improvisera" kring hälsoarbete?

Hur gör ni för att vara ett stöd för era medarbetares balans mellan arbete och privatliv?

(Hälsofrämjande arbete enligt WHO: Den process som möjliggör för människor att öka kontrollen över och att förbättra sin hälsa. Det kan alltså vara från PBP till lunchföreläsningar.)

De huvudsakliga verktygen vi förstått används på Delphi är PBP: er, medarbetarenkäter och hälsoprofiler:

- Vad får era projektmedlemmar ut av PBP-erna/enkäterna/annat?
- Vad får ni som projektledare ut av PBP-erna/enkäterna/annat?
- Har du möjlighet att medverka på PBP: er?
- Får du ta del av informationen som fås ur enkäter/PBP eller andra metoder?
- Hur använder ni informationen ni fått från enkäter/PBP eller andra metoder?
- Används informationen på individ/projektgrupps/organisationsnivå?

Räcker de verktyg som finns? Om nej vad saknas?

Har du som projektledare någon egen form av utvecklingssamtal (eller liknande) med dina projektmedlemmar?

Om ja: används informationen på individ/projektgruppsgrupp/organisationsnivå?

Är du som projektledare skyldig att "mäta" och rapportera något hälsorelaterat? Och till vem i sådana fall?

Slutmålet med vårt projekt är alltså att Delphi på ett mer proaktivt sätt ska kunna mäta hälsa, samt att man vill kunna utvärdera projekt i hälsoaspekter. Med det i åtanke vad för hälsorelaterat måttal skulle du utvärdera projekt efter?

Vad anser du är det viktigaste projektledare ska ta med sig från olika projekten i fråga om hälsa i olika former?

Som vi förstått har linjen huvudansvar för medarbetarnas hälsa på Delphi, ser du några för eller nackdelar med det? Är linjechefens position optimal för att ansvara för dina medarbetares hälsa? Kan man på något sätt överföra mer ansvar till projektledaren, eller ser du något hinder med det?

Får du vara med och påverka hälsoarbetet i organisationen?

5.3 Questions for HR

Vilka delar av hälsoarbete ansvarar ni för?

Medarbetarenkät:

Hur ofta genomförs enkätundersökningarna?

Uppdateras innehållet i frågorna? Hur och varför?

Är det samma enkät till alla i organisationen eller är frågorna anpassade till position?

Vem ansvarar för att sammanställa/utvärdera svaren? och hur görs detta?

Hur används svaren på individ/projektgrupps/organisationsnivå?

Kan vi få tillgång till frågeformulär?

Vad grundar sig enkäterna på?

PBP:

Hur ofta genomförs PBP-samtal?

Vem håller i samtalen?

Finns det någon struktur/mall att förhålla sig till eller är det upp till chefen att strukturera mötet? Frekvens/innehåll/deltagare.

Är det samma struktur/mall till alla i organisationen eller är frågorna anpassade till position?

Kan vi få tillgång till strukturen/mallen?

Vem ansvarar för att sammanställa/utvärdera svaren? och hur görs detta?

Hur används svaren individ/projektgrupps/organisationsnivå?

Vad grundar sig samtalen på?

Används annat verktyg? I sådana fall hur?

Vad finns för avtal med företagshälsovård, etc.?

Samt vilken roll har företagshälsovården i organisationen?

Förmåner som snabb läkarvård etc.?

Vad finns för försäkringar i koppling till anställningen?

Vad finns för riktlinjer riktade till linjechefer och projektledare angående dagligt arbete kring hälsa?

Vad är skillnader mellan riktlinjerna som är riktade till linjechefer och projektledare?

Hälsofrämjande arbete:

Har ni kurser inom hälsofrämjande arbete?

Om ja:

- Hur frekvent?
- Vem initierar?
- Vilka är inbjudna?
- Hur effektivt är det och ger det mätbara resultat?

Hur inspirerar ni linjechefer/projektledare att arbeta med hälsa på arbetsplatsen?

Vad tycker du utifrån din HR-position att man ska göra i fråga om mätning i förhållning till hälsa? Vad för utveckling hade du velat se från vad vi ser idag?

Varför är hälsorelaterat arbete viktigt?

Vad kan du och dina medarbetare vinna på hälsoarbete?

Vad kan organisationen vinna på hälsoarbete?

5.4 Questions for Group Members

Vem är eran närmaste chefer?

Vad har ni för relationer till era närmaste linjechefer?

Vad har ni för relation till de projektledare ni för stunden jobbar för?

Är det stor skillnad mellan olika projektledare?

Uppfattar ni PBP: er som ett hjälpsamt verktyg för att förbättra er personliga hälsa?

Leder PBP:erna till åtgärder som har betydelse för er och er omgivnings hälsa?

Uppfattar ni medarbetarenkäten som ett hjälpsamt verktyg för er personliga hälsa?

Leder medarbetarenkäterna till åtgärder som har betydelse för er och er omgivnings hälsa?

Uppfattar ni hälsoprofilen som ett hjälpsamt verktyg för er personliga hälsa?

Leder hälsoprofilen till åtgärder som har betydelse för er och er omgivnings hälsa?

Får ni vara med och påverka hälsoarbetet i organisationen?

Vem går ni till när dina arbetsuppgifter blir ohanterliga?

Kan ni påverka din arbetssituation?

Får ni stöttning från organisationen i fråga om balansen mellan ert privatliv och arbetsliv?

Om ja, varifrån?

Får ni stöttning från organisationen i fråga om prioritering av arbetsuppgifter?

Om ja, varifrån?

Får ni feedback från organisationen i fråga om er arbetsprestation?

Får ni möjlighet till återhämtning mellan projekten?

Vad gör dina chefer/ledare, både linjechefer och projektledare, för din hälsa?

5.5 Questions for Site Managers

Vad är ditt ansvar i olika projekt?

Vad har du för relation, i fråga om hälsoarbete, till:

- Linjechefer
- Project managers
- Technical Project manager
- Medarbetare
- Henrik Häggström/Per Nyqvist
- Europachefer

Håller du PBP-samtal med någon? vilka?

Är hälsa ett ämne med på de samtalen?

Hur är strategin/organisatoriska mål kopplat till hälsoarbete?

Hur örmedlar du ut detta i organisationen?

Hur är Delphis strategi kopplad till hälsa?

Hur fungerar relationen mellan linje, PL och HR, i relation till hälsa?

Vad anser du är ett gott ledarskap för att uppmuntra till god hälsan bland medarbetare?

Var ser du de största bristerna i ledarnas hälsofrämjandearbete?

Finns det krav från den högsta ledningen gällande hälsoarbete? (är de intresserade av det)

Hur jobbar du med hälsoarbete idag?

Vad är din vision angående hälsoarbetet på företaget?