Organizational health in public-sector workplaces: a mixed-method study

Source: frontiers-orgpsych | **Author:** Jens Wahlström | **Published:** June 30, 2026 | **PMS Relevance:** PMS RELATED | **Type:** Research Study | **Geography:** Europe

Source URL: https://www.frontiersin.org/articles/10.3389/forgp.2026.1817625

Executive Summary

This study addresses the absence of a consistent definition of organizational health in public-sector workplaces, with a focus on Swedish municipalities. The authors argue that organizational health is a multifaceted, context-dependent construct best understood across organizational, workplace, and individual levels simultaneously. Using an exploratory sequential mixed-methods design, the study drew on two focus group interviews (16 participants total, comprising municipal work environment specialists and HR stakeholders) for qualitative characterization, and on employee survey data and sickness absence records from a single Swedish municipality for quantitative operationalization. Key qualitative findings identified organizational health as requiring sufficient preconditions for goal fulfillment at the organizational level, team capability and stability at the workplace level, and low sickness absence, development opportunities, and job satisfaction at the individual level. The quantitative operationalization defined a healthy workplace as one where at least 80% of employees rated productivity loss due to health problems at ≤5 and due to work environment problems at ≤3 on 10-point Likert scales. Of 330 workplaces, 70 (22%) met this threshold and showed significantly lower sickness absence, with an adjusted odds ratio of 0.78 for total absence and 0.68 for long-term absence. The authors conclude that the operationalization captures meaningful variation in organizational health, though further validation is warranted.

Key Insights

1. Organizational health manifests at three distinct levels — organizational (sufficient preconditions for fulfilling objectives), workplace (team capability and stability), and individual (low sickness absence, development opportunities, job satisfaction) — and cannot be reduced to any single dimension.

2. The operationalized threshold — at least 80% of employees reporting productivity loss due to health problems ≤5 and due to work environment problems ≤3 on 10-point scales — identified 22% of workplaces (70 of 330) as having organizational health, and these workplaces showed significantly lower sickness absence, particularly long-term absence (adjusted OR 0.68).

3. Work environment problems were judged by expert groups as less acceptable than individual health problems as drivers of productivity loss, reflecting a view that organizational conditions are more within managerial control than individual health fluctuations.

Practical Takeaways

• The two-item productivity loss survey instrument — covering health-related and work environment-related production loss — offers a potentially low-burden proxy measure that HR practitioners and occupational health managers could integrate into existing work environment

management routines to identify workplaces warranting further assessment.

• The expert review process revealed that no single quantitative threshold can fully substitute for contextual knowledge; work environment specialists consistently noted that sector-specific factors (e.g., school class sizes, homecare demand pressures) require consideration alongside numerical indicators when classifying workplace health status.

Frameworks Mentioned

Positive Organizational Scholarship (POS) — A theoretical framework emerging from organizational psychology that shifts focus from risk and problem prevention toward factors enabling employees and organizations to thrive and flourish, encompassing organizational virtuousness and positive practices.

Critical Analysis

Strengths include the mixed-methods design, which allows qualitative nuance to inform quantitative operationalization; high survey response rates (~80%); longitudinal sickness absence data spanning over four years; and the use of generalized additive models to account for time trends and departmental clustering. The study also demonstrates transparency by acknowledging limitations explicitly. Key limitations include the single-municipality quantitative sample, which substantially restricts generalizability. The expert review phase carries a high risk of confirmation bias, as participants were presented with a pre-classified list of healthy workplaces and asked to assess it — the authors acknowledge this risk directly. False negatives in the operationalization were not examined. Sickness absence, used as the primary validation criterion, is an acknowledged imperfect proxy for organizational health, as presenteeism may mask ill-health in the short term. The focus group samples are small (n=10 and n=6), purposively selected, and drawn from existing collaborator networks via snowball sampling, which may limit the diversity of perspectives captured. The study does not address causal directionality — whether organizational health conditions reduce sickness absence, or whether low-absence workplaces are more likely to appear organizationally healthy by other metrics. The funding source (AFA Insurance, owned by Swedish labor market parties) is declared as having no role in design or analysis, which is plausible given the study's non-commercial orientation, though this relationship warrants acknowledgment as a contextual factor.

Organizational Practice

The study describes practices within Swedish public-sector municipalities including systematic work environment management using employee surveys (distributed to all employees with ~80% response rate), monthly sickness absence tracking at the workplace level, and the use of work environment specialists who provide direct workplace support on how work is organized and managed. HR and key stakeholders from five municipalities and two regions participated in co-creative research processes including focus group interviews and expert review of workplace classifications. The participating municipality used a criterion-based approach to classify workplaces, drawing on self-assessed productivity loss data from two measurement points (2021 and 2023) to identify workplaces with organizational health for targeted follow-up.

Strategic Implications

The study points toward a trend of moving beyond purely risk-based occupational health frameworks in public-sector organizations toward integrated constructs that combine individual health, work environment

quality, and organizational performance. The operationalization proposed — using self-assessed productivity loss at the workplace level as a proxy — suggests interest in low-burden, scalable indicators that can be embedded within existing HR data infrastructure. The finding that only 22% of workplaces met the organizational health threshold, and that long-term sickness absence differences were more pronounced than short-term differences (OR 0.68 vs. 0.90), indicates that productivity-loss measures may be particularly sensitive to chronic rather than acute work environment deterioration. The multi-level characterization of organizational health implies that PMS frameworks addressing only individual performance metrics may miss upstream organizational and team-level conditions that drive aggregate outcomes. The study's public-sector focus highlights sector-specific complexity — politically governed, multi-stakeholder environments with mission-driven work — as a context requiring tailored rather than generic organizational health approaches.

Validation Status: passed
