The Research Council of Norway

# Work Programme 2011–2016

Programme

Sickness absence, work and health – SYKEFRAVÆR

The Research Council of Norway

# Revised work programme 2011-2016

**Research Programme on Sickness Absence, Work and Health**

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# 1. Background

Norway has experienced a long period of economic prosperity: the unemployment rate has remained relatively low and a number of sectors have a substantial need for labour. Although fluctuations in the international economy do add an element of uncertainty to the picture, there is reason to believe that the need for labour will remain substantial in Norway.

Given the composition of the population, in which the proportion of elderly people is growing, the full exploitation of accessible labour resources is vital. Few countries have greater workforce participation rates than Norway. This is due in part to the high participation of women in general and of older employees of both genders. At the same time as the proportion of elderly people and pensioners is climbing, a large – and rising – proportion of the potential workforce is receiving social insurance benefits. While other countries have seen a decrease in the number of persons on sick leave or receiving disability benefits, this has not been the case in Norway. There is, however, little indication that the overall health status of the population has deteriorated, and most sick leave is not related to serious illness, but rather to musculoskeletal disorders and milder mental health problems.[1] There are a number of factors that lead to sickness absence and exclusion from working life, and working life in and of itself may exert a positive or negative impact on health. This programme seeks to obtain more knowledge about the interaction between health, working life and social insurance schemes.

There is broad political agreement that priority should be given to reducing the number of persons receiving social insurance benefits and increasing participation in the labour market. A number of measures to reduce sickness absence have been implemented in recent years. With the introduction of the Inclusive Working Life Agreement (IA Agreement), the social partners and the authorities have committed themselves to reducing sickness absence and facilitating participation in the labour market for as many people as possible. Follow-up routines for persons on sick leave have been streamlined, and actively involve the treatment provider responsible for granting sick leave and the employer. Greater weight is being placed on early follow-up and use of incremental sick leave. An important aim is to strengthen the ties to working life of persons on long-term sick leave. In 2009 the Government appointed an expert group to propose measures for reducing sick leave. The group's report was published in 2010, and several of the recommendations are being implemented.[2] The recently adopted pension reform is also expected to influence exit from the labour market. Research conducted under the programme must therefore take into account the consequences of this reform as well. In spring 2011 the Government presented a bill for new legislation on disability pensions and old-age pensions for

[1] Statistics Norway – health and social conditions statistics.
[2] Tiltak for reduksjon i sykefraværet – Aktiviserings- og nærværsreform. Ekspertgrupperapport til Arbeidsdepartementet 01.02.10. ("Measures for reducing sickness absence – a reform for activating people and increasing presence in working life. Report to the Ministry of Labour, 1 February 2010") (Norwegian only)

persons receiving disability benefits.[3]

The allocation letter for 2007 from the Ministry of Labour and the Ministry of Education and Research charged the Research Council of Norway with the task of launching a new, comprehensive 10-year research programme on sickness absence and exclusion from working life. The Research Council appointed a planning committee to draw up the framework for the initiative. The framework document was completed in late summer 2007[4], and *the Programme on Sickness Absence Research and Exclusion from Working Life (SYKEFRAVAER)* was established that autumn. A work programme was drawn up and has laid the foundation for the first four years of the programme. The programme has been funded by the Ministry of Labour and the Fund for Research and Innovation. As from 2009, the allocation from the Ministry of Labour has been increased, with an eye to boosting research on older employees and working life. In its initial four-year period the SYKEFRAVAER programme did not continue the research efforts of previous programmes addressing general research questions relating to health in the workplace and the working environment. The last programme to encompass these research fields was *the programme on work and health (ARBEIDSHELSE)*, which was concluded in 2005.

The work programme has been revised in response to the allocation letter for 2011 from the Ministry of Labour, which stipulates requirements for strengthening research on the working environment and health in the workplace as independent thematic areas. As a result, the name of the programme has been changed to *the Research Programme on Sickness Absence, Work and Health (SYKEFRAVAER)*. The programme now encompasses two research areas: 1) sickness absence, disability, withdrawal from the labour market and exclusion from working life (a continuation of the previous programme period), and 2) the interaction between work, the working environment and working health.

Welfare, including health, has been identified as one of the priority areas of Norwegian research. The government white paper on research (Report No. 30 (2008-2009) to the Storting: *Climate for Research*) devotes significant attention to these topics. Policy-oriented welfare research encompasses a wide range of issues, and has many users and stakeholders. The public authorities, the social partners, employers and special interest organisations have a vested interest in, and are important users of, the research results.

This work programme sets out the objectives, priorities and instruments of *the Research Programme on Sickness Absence, Work and Health*, which is a continuation of *the Programme on Sickness Absence Research and Exclusion from Working Life*.

[3] Proposition No. 130 L (2010-2011) to the Storting on new disability pensions and old-age pensions for persons receiving disability benefits. (Norwegian only)

[4] Programme on Sickness Absence Research. Planning committee report. The Research Council of Norway, 2007.

## 2. Objectives of the programme

The overall objective of the programme is *to create conditions that promote a satisfactory working environment and good working health, as well as a high level of participation in the labour market* by obtaining research-based knowledge about:

- Sickness absence, disability, withdrawal from the labour market and exclusion from working life;
- The interaction between work, the working environment and working health;
- Effective instruments for preventing and reducing sickness absence, disability and work-related illness and for promoting a satisfactory working environment and good health in the workplace.

These objectives will be achieved through high-quality research activities. The programme will also work to create a framework to promote research-based teaching.

## 3. State-of-the-art review and challenges facing this field

Work is important for participation in the community at large. Although the employment rate in Norway is high, there is still a substantial proportion of the population that is not engaged in active work and is receiving health-related social insurance benefits. Participation in and exclusion from working life emerge from an interaction between social, workplace-related and individual factors. It is crucial to identify the causal relationships that lead to sickness absence and voluntary or involuntary exit from working life, and to identify the factors in working life that affect health and participation in the labour force – both negatively and positively. People react differently when they fall ill, and their attitudes towards participation in working life vary as well. Illness may be caused and prevented by factors in the workplace, and participation in working life may even be health-promoting in and of itself.

### *3.1 Sickness absence withdrawal and exclusion from working life*

Differences in the overall health of the population between Norway and comparable countries do not explain the high rate of sickness absence in Norway. Causes of sickness absence must be sought in changes and development trends within and outside of working life, in individual and collective perceptions of health and illness, and the manner in which the working environment in a broad sense affects health and ties to the workplace.

A substantial amount of research has been conducted in Norway and internationally on the relationship between economic development and health.[5] Changes in the financial framework and distribution of income both have an impact on health and use of health services. A large

[5] For further details, please see Norwegian Official Report 2010:13: Arbeid for helse – sykefravær og utstøting i helse- og omsorgssektoren ("Work for health – sickness absence and exclusion from working life in the health and care services sector") (Norwegian only) and the expert group report referred to in footnote no. 2.

body of knowledge has also been amassed about the influence of health-related social insurance schemes and general economic trends on the behaviour of persons in relation to sick leave and disability retirement. More recent research attaches importance to the structure of benefit schemes, including benefit rates, as well as behavioural norms. However, not all relationships remain stable over time and in different institutional settings, and the influence of a specific scheme may vary. Variations in sickness absence between men and women, between individuals with different levels of education and income, and between industries have been documented. A large proportion of sick leave is linked to a small number of diagnoses, specifically musculoskeletal disorders and milder mental health problems. This often entails health conditions where it may be feasible to customise a workplace, and where the structure of benefit schemes and the treatment provided by the practitioner granting the sick leave may be of major significance.

People react in different ways when they fall ill. It is therefore important to study both presence in and absence from the workplace of individuals suffering from illness. Measures that enable persons on sick leave or receiving disability benefits to return to work-related activity will be beneficial for those with reduced work capacity, regardless of whether this has been caused by work-related factors or not. Many people with health problems are not trying to achieve either full participation in working life or complete disability retirement. Many chronically ill individuals work, but in many cases their workplace must be adapted to their needs. More knowledge is needed about conditions and effective measures that facilitate participation in working life. Little is also known about the significance of the individual's family situation or the interaction between the individual's family situation and work situation for absenteeism and withdrawal from working life. A number of ongoing research projects in Norway and other countries are examining the significance of norm development, and the preliminary results indicate that social processes significantly influence an individual's decision to remain in or withdraw from working life.

As mentioned above, Norway's workforce includes an overall high percentage of women and a considerable number of older employees of both genders. Women as a group have higher rates of sickness absence than men, and data indicates that women account for most of the rise in sickness absence in recent decades. Despite the expansion of pregnancy leave and parental leave schemes, the sickness absence rates of Norwegian women are higher than those in other countries with which it is natural to compare. Older employees have higher rates of long-term sickness absence in relative terms. The ageing process involves a gradual weakening of many bodily and mental capacities, but the pace of this process varies from individual to individual. Many older employees suffer from chronic illnesses that arise with age. Greater knowledge about gender and age differences in sickness absence, withdrawal and exclusion processes is vital to prevention and the development of effective measures for avoiding withdrawal from working life. In addition, little is known about sickness absence and exclusion among various minority

groups.

Job security and changes in the general economic situation have an impact on sickness absence. However, the previously established negative correlation between sickness absence and unemployment is no longer very clear, and thus new explanations are called for. Traditionally, the discipline hypothesis and the composition hypothesis have been used to explain why sickness absence may rise when unemployment declines. Detailed studies of whether these two hypotheses remain valid are of interest here. More knowledge is also needed about the reasons why sickness absence and disability fluctuate with economic shifts, also in sectors that are not very sensitive to such downward or upward economic trends.

Sickness and disability benefit schemes are structured differently in countries which Norway often uses for comparison. Nevertheless, a general picture has emerged indicating that there is a correlation between the structure of benefit schemes and the extent of sickness absence and disability retirement. Sickness benefit schemes, rules governing the granting of sick leave and criteria for granting of disability pensions serve as instruments to prevent social, economic and health-related differences from arising. The rules governing the granting of sick leave, benefit rates and the potential to obtain additional benefits may have an impact on the number of persons seeking benefits as well as on the length of sick leaves granted. Variations in relevant framework conditions, such as employers' financial and formal responsibilities, follow-up by treatment providers and the Norwegian Labour and Welfare Organisation (NAV), and additional individual framework conditions, indicate that the structure of the benefit scheme in itself may have an impact on sickness absence. It is therefore important to learn more about how the various social insurance schemes interact and influence behaviour in various situations.

### *3.2 The working environment and health in the workplace*

The term health in the workplace refers to the interaction between health and workplace-related factors. Within the framework of this programme, research activity is limited to studies of the workplace as an arena for implementing general health-promoting measures. There is a need for more knowledge about which work and workplace-related factors promote health, i.e. foster job satisfaction, a sense of belonging and good health. Knowledge about the relationship between work-related exposures and health outcomes is critical to identifying causal relationships, preventing illness and implementing health-promoting measures.

Working life is in a constant state of flux. Participation in working life requires a higher level of general competence and insight than previously, and fewer workplaces exist for persons with low general competence than in the past. Yet, many employees still work under conditions that may lead to negative health outcomes, due to, for example, exposure to hazardous substances, a cold

and draughty environment, heavy lifting or high noise levels. Better knowledge is needed about the relationship between unfavourable exposures in the workplace and health. Social competence, tolerance to different stressors and the ability to work in a group are key requirements for employees in the growing service sector. In the health and care services sector, there is a trend towards more home-based care, a greater number of employers from organisations of various sizes, and more care-intensive patients in institutions. In many sectors the demand for productivity is high. Occupations with inconvenient working hours are becoming more widespread. Rationalisation processes may lead to higher production demands for individual employees, with the accompanying challenge of meeting such demands without compromising the working environment, health and quality of the work.

Little is also known about the extent to which immigrants are taking over and performing jobs involving excessive straining and the health impacts this type of work has on them. More knowledge is needed to determine whether certain occupational groups have particularly long workdays and periods of excessive strain, and whether this is paired with poorly organised working conditions. These may be critical factors that negatively affect health. In Norway, the issue of social dumping has primarily focused on wage conditions and social rights, and less on the stressors to which these employees may be exposed. There is a need for knowledge in relation to exposure to chemical and physical factors as well as to the organisation of the workplace, working hours and the psychosocial working environment.

As a result of increasing globalisation, the number of multinational companies as employers is growing and competition is becoming fiercer. Such companies tend to have an organisational structure and management strategy that was developed in countries that do not necessarily utilise the same degree of employee participation as the Nordic countries have traditionally enjoyed. These new corporate structures and cultures may therefore have an impact on the working environment for Norwegian employees. At the same time, Norwegian companies are being required to rapidly adapt and restructure to remain internationally competitive in the face of increasing globalisation. This in turn generates an increasing demand for flexibility and adaptability on the part of the employees and can significantly affect the working environment, job satisfaction and health. The rapid pace of restructuring in working life brings with it an increasing need for flexibility, reorientation and further education. Little research has been conducted on how such flexibility requirements affect various groups in the labour market.

On average, exposure to hazardous substances in working life has been reduced among the population. Increasing interest is being focused on the health outcomes of exposures to multiple substances in low concentrations. Little is also known about the health outcomes of short-term exposures to high concentrations of hazardous substances (top exposures). Measuring such health outcomes is a challenging task. Employees are also being exposed to new types of hazardous substances, such as nanoparticles.

Heavy lifting is common in traditional sectors such as the building and construction industry and the rehabilitation and care sector, and is probably also widespread in certain smaller, less automated workplaces. Physical, psychosocial and organisational factors must be addressed when assessing the risk of strain-related disorders. The same holds true when assessing potential tasks for employees suffering from an illness that causes pain, even when that pain is not primarily the result of factors in the working environment.

Differences in the health status of individuals increase with age. Many older people still have full work capacity for many years after the ordinary retirement age, while others cannot hold out until ordinary retirement age due to health problems. Many older employees will need new or adapted tasks or shorter working hours to continue to engage in productive work activity. There is a need for greater insight into measures that can reinforce older employees' affiliation with working life, and about which – and how – groups of older employees are affected by restructuring and downsizing, and what can be done to prevent age discrimination in these situations.

## 4. Priority research areas

The SYKEFRAVÆR programme will give priority to funding projects of high scientific merit that incorporate scientifically well-grounded, creative research questions and well-designed research methods. The programme is looking for projects that bring together research groups with different disciplinary perspectives and that combine qualitative and quantitative approaches, when relevant. Importance will be attached to international research cooperation. Comparative studies with relevant countries may be useful for explaining variations in sickness absence levels and changes over time.

When relevant, the programme will provide support to intervention studies that generate knowledge about instruments that are effective at the level of the individual, the workplace and society at large. Intervention studies are sought in all thematic areas of the programme and researchers are encouraged to formulate creative, innovative research questions. The objective is to prevent sickness absence, disability, work-related health problems and withdrawal from the labour market, as well as to improve job satisfaction, health and presence in working life; thus it is essential that causal relationships are able to be affected and that effects are documented.

Projects must address one or more of the following thematic areas:

- Sickness absence, voluntary or involuntary exit from working life and exclusion from working life;
- The working environment and health in the workplace;

- The interaction between the working environment, sickness absence and withdrawal from the labour market.

## *4.1 Sickness absence, withdrawal and exclusion from working life*

### *4.1.1 Participation in working life and health-related problems*

A relatively large proportion of the working-age population does not participate in working life due to health problems. The majority of persons receiving long-term sickness and disability benefits constitute individuals suffering from musculoskeletal disorders and milder mental health problems. The causes of these health problems are often complex and non-specific, and it is not always clear whether absence from the workplace is the best solution. A sick leave may in and of itself affect an individual's medical situation. Studies of the links between illness development and participation in working life are therefore of interest here. Greater knowledge is needed about effective preventive measures. Likewise, there is a need for more knowledge about the connections between an individual's medical situation and work-related causes of sickness absence and about how the interaction between various diseases and health problems influences sickness absence. Norm development and group synergies may also influence an individual's decision to participate in or withdraw from working life. Thus a given health problem may manifest itself in different forms of behaviour in different situations. Explanations must be found for the high rate of sickness absence among women, particularly pregnant woman, and not least for changes in sickness absence over time. Likewise, a deeper understanding of sickness absence and disability among immigrants from non-Western countries is needed.

### *4.1.2 Health-related social insurance schemes*

There is a pressing need for research-based knowledge about how reforms of and changes in social insurance schemes influence sickness absence and disability. In this context, studies on the potential impact on equitable distribution of these changes in the schemes' structure are encouraged. Norway's health-related social insurance schemes are rights-based and cover absence from working life. In an international perspective, Norway offers generous benefits, particularly for long-term sick leave. The basic features of Norway's social insurance scheme have remained the same for many years, especially with regard to benefit rates. It is therefore difficult to pinpoint the actual significance of benefit rates for the predilection towards sickness absence and disability found in Norway. Comparative studies with other countries will be essential to gathering necessary knowledge and answering questions such as: Are there differences in patterns of absenteeism and exclusion mechanisms in Norway compared to other countries where employees and employers shoulder more of the financial burden of sickness and disability benefits? There are several types of instruments that social insurance schemes can employ to influence behaviour, including use of incremental sick leave and self-certification, in addition to various administrative provisions.

Research on the effects of changes in the health-related social insurance schemes has not

provided clear explanations for variations in sickness absence levels. Research findings indicate that a cut in benefits gives a short-term reduction in sickness absence, but it is unclear how strong this effect will remain over time. A more detailed understanding of the impact of such changes is needed. The connection between sickness absence and the general economic situation is also unclear. It is vital that the effects of various benefits schemes and other instruments are analysed both from a prevention perspective and an inclusion perspective.

*4.1.3 Restructuring and reorganisation in working life*

Reorganisation of the workplace may increase the risk of disability retirement. It is of interest here to identify the socio-economic characteristics associated with the outcome of reorganisation processes as well as the underlying work-related factors, including management, organisation and conditions in the working environment, that may prevent reorganisation from leading to undesired absenteeism and withdrawal from the labour market. Welfare schemes relieve employers of the social burdens for their employees and reduce the level of risk employees face in the event of a reorganisation. In this manner, welfare schemes may contribute to increased acceptance of reorganisation. Knowledge is needed about the connection between restructuring, reorganisation and the transition to disability benefits, as well as the role and function of the companies and the welfare schemes in this context.

*4.1.4 Inclusion of persons with reduced work capacity*

There is a need for more knowledge about the latitude for including persons with reduced work capacity within various segments of the labour market, and the influence of various strategies, framework conditions and instruments in this respect. For employers there may be a certain level of risk associated with hiring employees with health-related challenges. This risk is linked to uncertainty regarding the job applicant's productivity and the extra expenses for adapting the workplace to meet their needs. The public authorities can influence employers' willingness to hire employees with special needs by implementing financial schemes and imposing legal obligations and requirements, as well as providing various competency and advisory services. More knowledge is also needed about what actually happens in the workplace, in terms of the participation of the safety ombud and the role of the employee representative and various colleagues, for example.

*4.1.5 Reliance on the system of benefits – socio-economic status, gender, ethnicity, age, etc.*

There is a well-documented link between the health status of the individual, sickness absence and disability, and socio-economic status and gender, but the mechanisms and causal relationships at play are unclear and must be further investigated. Both socio-economic status and gender influence an individual's choice of occupation; thus these factors may also have a more indirect impact on health. Greater knowledge about the causes of gender differences in sickness absence among vulnerable groups such as adolescents, minorities and older employees is needed. Mental health disorders are a growing problem, particularly among young adults, and

it is especially worrying that the number of young people with weak or nonexistent ties to working life is rising. Too little is known about the factors that trigger what may be the start of years of reliance on the system of benefits. For the individual concerned, such reliance often results in a poor financial situation and reduced quality of life. For society at large, an increase in the number of young people receiving disability benefits means a loss of labour resources, and thus represents a welfare and socio-economic problem. More research-based knowledge is needed to determine the reasons why sickness absence and disability retirement are so high among older members of the workforce and to gain insight into sickness absence and disability among immigrants from non-Western countries. Little is known about the cultural and environmental factors that promote these groups' presence in working life. Likewise, knowledge about causal relationships that can provide a basis for measures is lacking.

#### *4.1.6 Treatment providers responsible for granting sick leave and other key actors*

Insight into the assessments and decisions made by treatment providers (doctors, etc.) may generate vital knowledge about causes of sickness absence and exclusion from working life. The treatment provider responsible for granting sick leave is expected to provide adequate treatment and safeguard the patient's interests, while at the same time playing a gatekeeping role in the administration of health-related social insurance benefits. These various tasks and roles can easily come into conflict with one another. More knowledge is needed here, and studies from different disciplinary perspectives that examine the role of doctors and the flexible use of social insurance schemes may provide valuable insight. A deeper understanding of the effects of the interaction between the individual receiving social insurance benefits, his or her case officers at NAV and his or her employer is needed as well. In the case of persons with health problems, the challenges do not always revolve around achieving full participation in the labour market or obtaining disability retirement. More knowledge about the effects of incremental sick leave and challenges related to tailoring the workplace to suit individuals on partial sick leave is vital. Knowledge is also needed about the impact of reforms that motivate early intervention and follow-up of persons on sick leave.

### *4.2 The working environment and health in the workplace*

The programme is seeking research projects that analyse the significance of the working environment for health and the effects of measures to influence the relationship between conditions in the workplace and the health of the individual. Many employees face work-related exposures that may result in unfavourable health outcomes. This involves not only exposures to physical factors but also exposures to psychosocial and organisational factors in the working environment. However, the workplace can also have a positive impact on health. More knowledge is needed to identify the characteristics of a health-promoting workplace and working environment as well as effective measures for preventing health problems, illness and absenteeism.

The need for knowledge about the effects of measures or *interventions* in the workplace is pressing. Randomised controlled intervention studies may be difficult to carry out in certain segments of the labour market, as they do not take into account the complex social context that is the result of, for example, how the intervention is received by the employees, who assumes the role as an agent of change, and how the intervention is affected by other work activities and tasks. Implementing interventions when a company is undergoing a process of change may be problematic as well. The high pace of change in working life makes it difficult to limit the effects of an intervention, as there are many factors outside the researchers' control that are changing simultaneously. Changes in personnel represent another problem, as most interventions involve a single selected group from start to completion. It is imperative that intervention research that examines how to implement change in the working environment takes adequate account of all of these factors. Such research must focus on why and how interventions work in order to generate knowledge about how these interventions can be transferred to other workplaces. This will require the use of advanced evaluation models to identify driving and hindering factors and determine whether the intervention has had the desired effect.

Traditionally, when a potential *risk in the working environment* is discovered, measures are implemented to eliminate or reduce that risk. For example, chemical substances that are harmful to human health are replaced by less harmful substances, or heavy lifting is reduced through the introduction of automation or use of lifting aids. Research is needed to develop effective methods of identifying and mitigating harmful factors or supporting health-promoting factors in working life. Likewise, there is a need to develop methods for measuring or estimating the effectiveness of measures over time and determining how such measures can be adapted to smaller workplaces.

Research findings indicate that *management* and *possibilities for challenging work* are of significance for health and job satisfaction, and will probably in many cases have a positive impact on productivity and quality. Employee participation may also be of significance for successful implementation of measures.

There are indications that night work, shift work, overtime and other types of inconvenient *working hours* are associated with diseases such as myocardial infarction and breast cancer in women, but as of yet there are no details about the causal chains involved. There is a need for more knowledge about such causal relationships and the potential for minimising the risk of disease by changing working hours and implementing support measures for employees with special working hours. Knowledge is also needed about the effects of alternative working hour schemes, such as long shift hours and variations in rotation arrangements. Studies examining the impact of new technology on the delimitation between work and leisure time and possible health outcomes are also of interest here.

For employees suffering from an illness that leads to sickness absence and altered work capacity, the *adaptation* required to return to working life may be a demanding process. Little is known about how the customisation of a workplace suited to an individual's capacity can ease the transition back to work.

There is a need for research that focuses specifically on how the health and productivity of *older employees* is affected by the working environment, the organisation of work and the structure of the labour market. Although relatively many studies have been conducted on the work-related factors that influence the risk of disability-based retirement and the desire to retire upon reaching the ordinary retirement age, there are very few studies on the factors of significance for older employees' adaptation to working life. Analyses of the effects of measures aimed at retaining older employees in the workforce are of particular interest here. Studies on how the growing proportion of older individuals in the workplace affects the social dynamics, working environment and production conditions are also important. These include studies of interventions to adapt the working environment to the needs of older employees and prevent age discrimination.

More knowledge is also needed about the extent to which immigrants and other vulnerable groups of employees are taking over and performing very physically demanding jobs and the potential health outcomes of exposures to both physical and organisational factors.

## 5. International cooperation

International cooperation is vital for improving quality and enhancing capacity in Norwegian research, and Norwegian researchers should both benefit from and contribute to international knowledge sharing. International cooperation is especially crucial for conducting high-quality comparative research that can generate important new insight. Binding international research cooperation of a high standard is encouraged, when relevant.

The measures to be implemented by the programme board to promote international research cooperation within the programme's sphere of responsibility are firmly rooted in two fundamental documents: the government white paper on research, *Climate for Research, 2009-2013*, and the Research Council of Norway's *Strategy on International Cooperation 2010-2020*. The programme board is responsible for implementing strategic activities to boost international research cooperation within relevant priority areas of the programme. To this end the programme board will:

- allocate funding for research stays abroad for Norwegian researchers and stays at Norwegian institutions for guest researchers from abroad;

- encourage Norwegian researchers to initiate collaboration on projects and grant proposals under relevant Nordic and European programmes or schemes;
- provide information about the various funding initiatives administered by the Research Council, especially those involving bilateral research cooperation and project establishment, with a view to encouraging the development and submission of applications for funding from the EU Framework Programmes for Research;
- promote international research cooperation that makes use of European infrastructure and data collections;
- ensure that information about the programme and projects under the programme is available in English;
- consider relevant international cooperation with other research programmes.

## 6. Communication and dissemination activities

Project findings are expected to be presented in scientific fora and published in recognised scientific journals or in edited anthologies published by recognised publishing houses. To promote more integrated research on causes of sickness absence and exclusion from working life and enhance knowledge about the relationship between work and health it is vital to ensure satisfactory dissemination to the research community and facilitate communication among researchers. Dissemination through articles published in international journals is an important quality criterion. Researchers and fellowship-holders under the programme will be invited to take part in annual internal seminars.

In addition to the research community, the target groups for the research results are the public authorities, politicians, the social partners, special interest organisations, companies and the public at large. Efforts will be made to provide support for popularisation of research findings to make these more easily accessible to the media and the public at large. Greater focus on the dissemination of research findings and specific measures is essential for enhancing knowledge among the general population. The programme addresses issues of significant social relevance, and researchers are encouraged to participate in public debate. Projects are expected to incorporate an active dissemination approach, and this is the responsibility of the project manager. The Research Council will contribute to communication activities for the programme at an overall level. In keeping with the programme's high ambitions in terms of policy relevance and dissemination to relevant players, projects will upon their conclusion be required to present a detailed summary of project results and describe how these have generated new knowledge relating to the programme's objectives and thematic priority areas. The programme will help to create meeting-places for dissemination of research findings to users. Information will be conveyed by means of seminars and conferences both during the research process and when the projects are drawing to a close.

The programme's webpages (http://www.forskningsradet.no/sykefravaer) serve as the hub for

the programme's information and dissemination activity. The webpages are updated on a regular basis with information about the programme, calls for proposals, projects and contact persons. The programme board will assess dissemination measures on an annual basis.

## 7. Budget

The budget for the programme period 2007-2016 is estimated to be roughly NOK 310 million, provided that the final budget framework is approved in connection with the Research Council's annual budget process. The programme is funded by the Ministry of Labour and the Fund for Research and Innovation. As from 2009, the annual allocation from the Ministry of Labour has been increased by NOK 4 million, which is earmarked for research on older employees and working life. The size of the budget will determine which activities may be launched. As of August 2011, the programme had issued three calls for proposals for research projects. The programme board will assess the need for future funding announcements on the basis of available funding and the project portfolio's ability to meet the objectives of the programme.

## 8. Coordination with other related instruments at the Research Council

Research under the programme spans a broad field that has no clear boundaries, and is by its very nature interdisciplinary, multidisciplinary and applied. Because the programme shares an interface with many other programmes and initiatives administered by the Research Council, cooperation and distribution of responsibility will be important tasks. *The Research Programme on Welfare, Working Life and Migration (VAM)* is of particular relevance here, as it focuses on working life research and older employees' relationship to working life, but only touches on issues relating to the working environment, health and sickness absence. The programme *Optimal Management of Petroleum Resources (PETROMAKS)* addresses issues of health, safety and the working environment (HSE) in the petroleum sector, while *the Research Programme on Public Health (FOLKEHELSE)* conducts general research on public health, *the Research Programme on Health and Care Services (HELSEOMSORG)* deals with health and care policy, and *the Research Programme on Environmental Exposures and Health Outcomes (MILPAAHEL)* covers environmental exposures outside of working life. Certain projects funded under *the funding scheme for independent projects (FRIPRO)* may also be relevant to the SYKEFRAVAER programme's sphere of activity. This also applies to the Research Council's research initiative on ageing, which concludes in 2012, and which has been distributed between the VAM programme and the HELSEOMSORG programme. The SYKEFRAVAER programme will collaborate with the most closely related programmes when appropriate, for example on the assessment and funding of specific grant applications or organisation of joint seminars.

The programme will encourage greater interdisciplinarity and improved collaboration between researchers that take different scientific approaches. It will also contribute to creating conditions

that promote increased research-based teaching in relevant disciplines.

## 9. Organisation

The overall responsibility for the programme lies with the Division for Society and Health. The division has appointed the programme board, which is empowered to take certain decisions on behalf of the Research Council. The programme board has seven members and two deputy members who attend all of the meetings. The board consists of four representatives from various research groups, one from the Ministry of Labour and two from the social partners. One of the deputies is a researcher, and the other represents the Ministry of Health and Care Services/Norwegian Directorate of Health. This ensures that the programme adequately incorporates scientific expertise and user interests.

The programme board is responsible for ensuring that the programme achieves its stipulated objectives and is implemented as efficiently as possible within the framework approved by the division research board. The tasks of the programme board are primarily strategic in nature, and the programme board reports to the division research board via the Director of the Department for Welfare and Education, and the Executive Director of the division. The Research Council administration is responsible for the day-to-day activities of the programme.

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