

# **I get back with a little help from my boss**

**What constitutes successful and valued leadership, as well as failed leadership, during the return-to-work process following mild traumatic brain injury for highly autonomous employees?**

**Hans Christoffer Aargaard Terjesen**

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## Forord

*“If I can see it and believe it, then I can achieve it.” (Arnold Schwarzenegger)*

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Oslo, mai 2024

Hans Christoffer Aargaard Terjesen.

## Summary

This doctoral thesis explores the importance of leadership for employees in jobs with high autonomy, who return to work (RTW) after mild traumatic brain injury (mTBI). Despite that there is extensive research on TBI and RTW, this area has not been researched from a leadership perspective.

The leadership perspective is also rarely applied within the more general research on RTW, work inclusion, social work and social policy. Simultaneously, leadership literature does not focus on either TBI or RTW processes. The thesis thus aims to contribute new and practical insight to several research fields and at the same time strengthen the knowledge base for decision-makers, social workers and leaders, all of whom are groups that at different levels are involved in managing sickness absence. By delving into the complexity of leadership in mTBI and RTW processes, this study contributes valuable new knowledge.

The thesis is based on qualitative in-depth interviews with ten employees who were in a RTW process after being exposed to an injury that resulted in mTBI, and interviews with their immediate leaders. In the interviews with the employees, the spotlight was put on how they experienced that their leaders handled RTW processes and how they assessed the leaders' efforts and actions. The interviews with the leaders were about the same process, seen from the leaders' perspective. During the interviews with both groups, a special spotlight was directed at the leaders' actions, with the intention of grasping different forms of leadership practices that arise in RTW processes after mTBI. These interviews revealed that the employees divided into two different camps: 1) Employees who were satisfied with the leaders and who attributed much of the successful RTW to the leaders' role in the process, and 2) employees who were very dissatisfied with the leaders. The interviews with the leaders revealed that the leaders in the negative cases did not always share the same experience as the employees.

In this study, seven cornerstones are identified which constitute successful and valued leadership in RTW processes after mTBI. These cornerstones include i) empathy and trust, ii) facilitation, flexibility and action orientation, iii) that the leaders take the lead to ensure a successful RTW process, iv) prioritizing the balance between work and private life, v)

establishing personal relationships between the leader and employee, vi) innovative problem solving and vii) establishment of job security.

The study of the successful cases shows that leaders play a protective role and frequently slows down the employees to protect them from setting too high goals in the RTW process. The attention these leaders pay to restitution and holding back challenges conventional leadership theories that focus on performance and productivity. Nevertheless there is resonance between these findings and the theory of transformational leadership.

Transformational leadership is thereby considered as potential leadership input to successful RTW after mTBI.

However, the study recognizes that even successful and valued leadership cannot handle all challenges and documents that in cases where employees experience extensive and persistent symptoms, good leadership also falls short.

In the cases where leadership fails, it is illustrated how leaders can hinder the RTW process. It is also shown how leaders, even when acting with the best of intentions, can put their employees in situations where they feel frustrated, sad and abandoned. The study thereby illustrates how failed leadership in RTW processes can destroy the relationship between employees and leaders. The unsuccessful cases are characterized by a breakdown in communication and ineffective support, and these are findings that are echoed in the literature on laissez-faire leadership, unconscious leadership and tyrannical leadership.

By emphasizing the central role leaders play in the RTW process, this study advocates that vocational specialists/job specialists should expand their competence base by combining more knowledge about organization and leadership. By increasing their competence in organization and leadership, job specialists will not only be able to actively assist with RTW after mTBI, but also act as valuable resources and advisors for leaders in the same processes. If job specialists acquire skills so that they can actively assist both parties in the future, they can play crucial roles for successful RTW processes.

Furthermore, this study highlights the need for a nuanced approach in social policy, among other things by pointing out that the perspective that speaks for "the curative power of work" cannot be used as a premise for mTBI. In the case of mTBI, it is crucial to apply tailoring in



the RTW processes to ensure that the unique needs of each individual are met. Furthermore, a proposal is presented on 'preventive sickness absence' after mTBI, which involves a reassessment of current sickness absence guidelines, with the aim of reducing the risk of potential setbacks in the recovery and RTW processes. This again emphasizes the necessity that job specialists can also function as support for leaders in the future.

In conclusion, it is advocated that future studies must hold onto the leadership perspective and that further knowledge bridges should be built between research on RTW, work inclusion and leadership.

## Sammendrag

Denne doktorgradsavhandlingen utforsker hvilken betydning ledelse har for retur-til-arbeid-prosesser (RTW) for arbeidstakere i jobber med høy autonomi, som vender tilbake til jobb etter mild traumatisk hjerneskade (mTBI). Til tross for at det foreligger omfattende forskning på TBI og RTW, har dette området hittil ikke blitt forsket på i et ledelsesperspektiv.

Ledelsesperspektivet er også svært sjeldent anlagt innenfor den mer generelle forskningen på RTW, arbeidsinkludering, sosialt arbeid og sosialpolitikk. Til samme tid fokuserer ikke den generelle ledelseslitteraturen på hverken TBI eller RTW-prosesser. Avhandlingen tar dermed sikte på å bidra med ny og praktisk innsikt til flere forskningsfelt og samtidig styrke kunnskapsgrunnlaget for beslutningstakere, sosialarbeidere og ledere, som alle er grupper som på forskjellige nivå er involvert i å håndtere sykefravær. Ved å fordype seg i kompleksiteten ved ledelse i mTBI- og RTW-prosesser, bidrar denne studien med verdifull ny kunnskap.

Avhandlingen er basert på kvalitative dybdeintervjuer med ti personer som var i en RTW-prosesser etter å ha blitt utsatt for skade som medførte mTBI, og intervjuer med deres nærmeste ledere. I intervjuene med de ansatte ble det rettet søkelys på hvordan de erfarte at lederne håndterte RTW-prosessen og hvordan de vurderte lederens innsats og handlinger. Intervjuene med lederne handlet om samme prosess, sett fra lederens perspektiv. Under intervjuene med både de ansatte og lederne ble det rettet et særskilt søkelys på lederens handlinger, med hensikt å gripe ulike former for ledelsespraksiser som oppstår i RTW-prosesser etter mTBI. Disse intervjuene avdekket at de ansatte delte seg i to forskjellige leire: 1) Ansatte som var fornøyde med lederne og som tilskrev mye av årsaken til vellykket RTW til lederens rolle i prosessen, og 2) ansatte som var svært misfornøyde med lederne. Intervjuene med lederne avdekket at lederne i de negative casene ikke i alle tilfeller delte samme opplevelse som de ansatte.

I avhandlingen identifiseres det syv hjørnesteiner (omtalt på engelsk som «cornerstones»), som konstituerer vellykket og verdsatt lederskap i RTW-prosesser etter mTBI. Disse hjørnesteinene omfatter i) empati og tillit, ii) tilrettelegging, fleksibilitet og handlingsorientering, iii) at lederne tar føringen for å sikre en vellykket RTW-prosesser, iv) prioritere balansen mellom arbeid og privatliv, v) etablering av personlige relasjoner mellom leder og ansatt, vi) innovativ problemløsning og vii) etablering av jobbsikkerhet.

Studien av de vellykkede casene viser at ledelse spiller en avgjørende rolle for RTW-prosessen og understreker blant annet behovet for at ledere viser evne til å bremse de ansatte og beskytte dem fra å sette seg for høye mål i tilbakevendingsprosessen. Oppmerksomheten lederne retter mot restitusjon og å holde tilbake på kreftene utfordrer dermed konvensjonelle ledelsesteorier som fokuserer på ytelse og produktivitet. Til tross for dette finner studien gjenklang mellom funnene fra de vellykkede casene og teorien om transformasjonsledelse. Transformasjonsledelse betraktes dermed som en potensiell ledelsesinngang til vellykket RTW etter mTBI.

Studien erkjenner imidlertid at selv suksessfull og verdsatt ledelse ikke kan håndtere alle utfordringer og dokumenterer at i tilfeller der ansatte opplever omfattende og vedvarende symptomer, så kommer også god ledelse til kort.

I casene der lederne mislykkes blir det illustrert hvordan ledere kan hindre RTW-prosessen. Det blir også vist hvordan ledere, selv når de handler med de beste hensikter, kan sette sine ansatte i situasjoner der de føler seg frustrerte, triste og forlatt. Studien viser dermed også hvordan feilslått ledelse i RTW-prosesser kan ødelegge forholdet mellom ansatte og ledere. I de mislykkede casene går det igjen at de er preget av kommunikasjonssammenbrudd og ineffektiv støtte. Dette er funn som finner gjenklang i litteraturen om laissez-faire-ledelse, bevisstløs ledelse og tyranniske ledelse.

Ved å vektlegge den sentrale rollen ledere spiller i RTW-prosessen tar denne studien til orde for at yrkesspesialister/jobbspesialister bør utvide sin kompetansebase ved å inkludere mer kunnskap om organisasjon og ledelse. Ved å øke sin kompetanse innenfor organisasjon og ledelse, vil jobbspesialister ikke bare bli i stand til å aktivt hjelpe personer som skal vende tilbake til jobb etter mTBI, men også fungere som verdifulle ressurser og veiledere for ledere i de samme prosessene. Hvis jobbspesialister tilegner seg kompetanse slik at de aktivt kan bistå begge parter i fremtiden, kan de spille avgjørende roller for vellykkede RTW-prosesser.

Videre fremhever denne studien behovet for en nyansert tilnærming i arbeids- og sosialpolitikken, blant annet ved å påpeke at perspektivet som taler for «arbeidets kurative kraft» ikke kan anlegges som premiss ved mTBI. Ved mTBI er det avgjørende å anvende skreddersøm i RTW-prosessene slik at de unike behovene til hver enkelt blir ivaretatt. Videre presenteres et forslag om 'forebyggende sykefravær' etter mTBI, som innebærer en

revurdering av gjeldende sykefraværsretningslinjer, med sikte på å redusere faren for potensielle tilbakeslag i tilfrisknings- og RTW-prosessene. Dette understreker igjen nødvendigheten av at jobbspesialister i fremtiden også kan fungere som støtte for ledere.

Avslutningsvis tas det til orde for at fremtidige studier må holde tak i lederspesspektivet og at det bør bygges ytterligere kunnskapsbroer mellom forskning på RTW, arbeidsinkludering og ledelse.

# Contents

1.0 Introduction .....	5
Expanding the scope of social work and social policy: Addressing vulnerability within the workforce .....	5
The Return-to-Work discourse: Key insights and perspectives .....	7
The diagnose specific case: Mild traumatic brain injury.....	10
Situating the study, part I: The realms of work inclusion and RTW, TBI, and organizational leadership in dynamic interplay .....	12
Situating the study, part II: A possible biopsychosocial-existential approach.....	14
The Norwegian context .....	19
2.0 Literature review.....	24
2.1 <i>Part One: Traumatic Brain Injury</i> .....	24
2.1.1 Forms of Traumatic brain injury .....	25
2.1.2 Traumatic brain injury and return to work .....	26
2.1.3 Traumatic brain injury and leadership research.....	28
2.2 <i>Part Two: In search for RTW studies with bi-directional perspectives</i> .....	29
3.0 Theoretical backdrop .....	31
3.1 <i>Agency, system and structure applied in this thesis</i> .....	31
3.1 <i>Good Leadership: From “Great Men” to “great trends”</i> .....	36
3.2 <i>Moving into modern times</i> .....	39
3.3 <i>The return of charisma and the launch of transformational leadership</i> .....	46
3.4 <i>Defining transformational leadership</i> .....	50
The Multifactor Leadership Questionnaire.....	54
Keeping the theoretical sobriety intact .....	56
3.5 <i>Research on transformational leadership and sickness absence</i> .....	57
3.6 <i>The Mintzberg-approach</i> .....	58
3.7 <i>Bad leadership</i> .....	62
3.8 <i>A model on destructive leadership</i> .....	65
3.9 <i>A proposed added destructive leadership phenomenon</i> .....	67
3.10 <i>Mintzberg on bad leadership</i> .....	68
3.11 <i>Crossing borders: North-American leadership theories meet Norwegian realities</i> .....	69
3.12 <i>Revisiting Giddens</i> .....	71
4.0 Research design and method.....	72
4.1 <i>The situation of the study</i> .....	73
4.2 <i>Group affiliation in main study and case analysis</i> .....	75
4.2 <i>Recruitment</i> .....	77
4.3 <i>Clarification of terms</i> .....	77
4.4 <i>The interview: On the design table</i> .....	78
4.5 <i>The interviews conducted for this thesis versus the qualitative process evaluation at T1</i> .....	80
4.6 <i>The interviews at T1</i> .....	82
4.7 <i>The interviews at T2</i> .....	87

4.8 Participatory observation .....	88
5.0 Analysis: From data to “capta” .....	89
5.1 Analyzing data, Part 1 .....	90
5.1.1 Step one at T1: gathering all data .....	90
5.1.2 Step three at T1: From data to “capta” .....	90
5.1.3 Step four at T1: Identifying what constitutes valued and successful and failed leadership .....	92
5.2 Analyzing data, Part 2 .....	93
5.2.1 Step one at T2: Reading transcripts .....	93
5.2.2 Step two at T2: Working out the T2-capta .....	93
5.2.3 Step three at T2: Discussing cases with colleagues .....	94
5.2.4 Step four at T2: Structuring the valued and successful leadership cases .....	94
5.2.5 Step five at T2: Structuring the failed leadership cases .....	95
5.3 Analyzing data, Part 3: Abductive analysis .....	96
5.4 Presentation of capta: Ideal types .....	99
5.5 Reliability and validity .....	100
5.6 Ethics .....	106
6.0 Results .....	108
6.1 Part 1: When leadership succeed .....	109
6.2 Case biographies .....	109
6.3 Cornerstones .....	112
6.3.1 First cornerstone constituting successful and valued leadership. Empathy and trust: Leaders demonstrate understanding and convey confidence in the genuine nature of the situation .....	113
6.3.2 Second cornerstone constituting successful and valued leadership: Action, accommodation, and flexibility: Leaders promptly accommodate employees and provide them with a high degree of flexibility .....	116
6.3.3 Third cornerstone constituting successful and valued leadership. Taking charge: Leaders adjust expectations and ensure a gradual and steady RTW process .....	120
6.3.4 Fourth cornerstone constituting successful and valued leadership. Work-life balance: Leaders prioritize the well-being and balance of work and personal life for employees .....	124
6.3.5 Fifth cornerstone constituting successful and valued leadership. Building personal relationships: Leaders invest in building personal connections during the RTW process .....	127
6.3.6 Sixth cornerstone constituting successful and valued leadership. Thinking and acting outside the box: Leaders employ creative strategies to prevent employees from dropping out of work life .....	130
6.3.7 Seventh cornerstone constituting successful and valued leadership. Creating job security: Leaders foster an experience of job security for employees .....	136
6.3.8 The cornerstones summarized .....	137
7.0 Results part 2: When leadership fails .....	139
7.1 Case biographies .....	139
7.2 From common patterns of success to individual stories of failure .....	141
7.2.1 Failed leadership, part 1: Celeste’s bad experience with the leader basing the follow-up on assumptions and old roles .....	142
7.2.2 Failed leadership, part 2: Daphne’s bad experience with a leader who believes that presence alone is sufficient .....	146
7.2.3 Failed leadership, part 3: Jenny’s bad experience with her leader “letting her loose” .....	150
7.2.4 Failed leadership, part 4: Alan’s bad experience with a sudden impatience leader and a ‘hard talk’ .....	155
7.3 Failed leadership summarized .....	159
8.0 Discussion .....	160

8.1 Successful and valued leadership after mTBI through the lenses of transformational leadership .....	160
8.2 The cases of failed leadership through the lenses of the model on destructive leadership and the concept of unconscious leadership.....	168
8.3 “One size fits all” or “no size fits none”?.....	175
<b>9.0 Concluding discussion .....</b>	<b>183</b>
The constitution of successful and valued leadership .....	183
Failing leadership .....	188
Revisiting Giddens II: The context that structures.....	190
The importance of the social perspective .....	195
A call for vocational specialist to engage to also assist leaders with RTW processes and expand upon the biopsychosocial model .....	196
A call for reviewing social policy in addition to practice.....	198
Revisiting Giddens III: Expanding perspectives on RTW and leadership.....	203
Weaknesses and strengths .....	203
Suggestion for future research .....	206
<b>References .....</b>	<b>209</b>

## List of figures

Figure 1: The managerial grid .....	44
Figure 2: Full range transformational leadership model.....	53
Figure 3: Transformational leadership.....	54
Figure 4: The destructive leadership model .....	66
Figure 5: Giddens operationalized on levels of analysis .....	71
Figure 6: Flowchart for the RCT: .....	74
Figure 7: Group affiliation in main study and case analysis.....	76
Figure 8: The deductive-inductive process .....	97
Figure 9: Validity and reliability .....	103
Figure 10: Local contextual elements (system level) in the successful cases .....	112
Figure 11: Local contextual elements (system level) in the failed cases.....	141
Figure 12: The four i-es .....	161
Figure 13: Reverberations of the four i-es among the seven cornerstones .....	165
Figure 14: Destructive and unconscious leadership .....	173
Figure 15: Failed leadership cases applied on The Managerial Grid.....	177
Figure 16: Successful and failed leadership cases applied on The Managerial Grid .....	179
Figure 17: Successful and failed leadership cases applied to the model of destructive leadership .....	180
Figure 18: Successful and failed leadership cases applied to the full range transformational leadership model .....	181
Figure 19: Local contextual elements (system level) for both successful and failed cases...	191



## 1.0 Introduction

This doctoral thesis explores the following research question: What constitutes successful and valued leadership, as well as failed leadership, during the return-to-work process following mild traumatic brain injury for highly autonomous employees? This is an unexplored area, as leadership has received limited attention in research on traumatic head injury until now.

Furthermore, leadership is also rarely examined within the research realm of return to work, work inclusion, and by extension, in research on social work and social policy. Consequently, this doctoral thesis aspires to not only generate practical knowledge in an under-researched field, but also contribute to a knowledge base for policy makers, social workers and leadership scholars, in a society grappling with high levels of sickness absence and a deficiency in effective measures, tools, and knowledge to address this issue adequately. By shedding light on the complexities of leadership in the context of mild traumatic brain injury and return-to-work processes, this thesis seeks to provide a valuable resource for those seeking solutions in this critical area.

### *Expanding the scope of social work and social policy: Addressing vulnerability within the workforce*

Since the publication of the first method book on social work in 1917 (Richmond, 2017, pp. 30-31), both society and the professional structure have undergone significant development. In tandem with these societal advancements, the field of social work has consistently endeavored to adapt itself accordingly. Presently, Ellingsen et al. characterize social work as a discipline that addresses issues generating friction between individuals or groups and society. The authors emphasize that this dynamic operates at the levels of individuals, groups, and society as a whole (Ellingsen et al., 2023, p. 19) Thus far, this description remains apt. Nonetheless, the primary focus of social work as a discipline has predominantly centered around aiding groups or individuals who are marginalized and in vulnerable situations, including those without gainful employment. A substantial part of social work research has therefore revolved around facilitating the integration of these marginalized groups and individuals into the mainstream work life (Ellingsen et al., 2023; Saltkjel, Andreassen, Helseth, et al., 2023; Saltkjel, Andreassen, & Minkman, 2023). That social science knowledge production is drawn towards marginalized groups whose vulnerability is of social origin must however be considered completely natural, as this has been one of the core aspects since the field was formed.

Over the last few decades, the research literature within social work on the integration of outside groups and individuals into the traditional workforce has become increasingly extensive and robust (Bjørkquist & Jerndahl Fineide, 2019; Glemmestad & Kleppe, 2019; Spjelkavik & Frøyland, 2014). This trajectory not only reflects the prioritization of employment inclusion by prominent scholars within the field of social work, but if we look to Norway, this development has also aligned with Norway's explicit social policy over the past decades, wherein the emphasis has been on motivating citizens to participate in the workforce rather than relying on social security or assistance programs. This policy is commonly referred to as the “arbeidslinja” in Norwegian (Øverbye & Stjernø, 2012) and "the work approach" (Dahl, 2002) and “the work line” (Brandth & Kvande, 2009) in English.

In pursuing its approach, Norway is part of a broader trend. Bonoli documents that both the Active labor-market policies (ALMPs) within OECD countries and the academic interest in this subject have seen significant development from the early 1990s to the present day (Bonoli, 2010, 2022). Additionally, a recent analysis of sickness and disability policies within OECD countries spanning from 1990 to 2014 revealed a discernible trend, particularly among northern European nations. This trend involves a shift in policy focus from passive income maintenance towards a greater emphasis on employment incentives and reintegration measures (Böheim & Leoni, 2018).

Parallel to the shift in policy focus from passive income maintenance towards a greater emphasis on employment incentives and reintegration (Bonoli, 2010, 2022; Böheim & Leoni, 2018; Dahl, 2002; Dahl & Lorentzen, 2017; Øverbye & Stjernø, 2012), another issue challenging the welfare state has garnered increasing attention in both Western countries and Norway over the last decades. This pertains mitigating the financial impact of sickness-related absences among already gainfully employed individuals within the traditional workforce. This topic has gained prominence as a significant aspect of social policy in the majority of Western countries (Seing et al., 2015), including Norway (Bugge, 2021). In Norway, this focus has culminated in the development of social policies grounded in the very same fundamental notion that constitutes the work approach, asserting that employment and work itself contribute to health and well-being (Spjelkavik & Frøyland, 2014; Øverbye & Stjernø, 2012). This, in turn, has fostered a prevailing opinion in Norway that, in most cases, it is in the best interests of both the individual and society as a whole for the sick person to promptly return to work, rather than remaining on sick leave until fully recovered, by using measures as graded

sick leave and a heightened focus on sickness presenteeism (Aronsson et al., 2000; Lau et al., 2018; Seing et al., 2015; Aas, 2009). The combination of substantial economic expenses stemming from high sickness absence rates and the prevailing notion that work can promote health even when ill, ultimately led to the comprehensive Faster Return to Work reform that was launched in Norway in 2007<sup>1</sup>, employing a diverse array of strategies to expedite the reentry of individuals recuperating from illness back into the workforce (Kaspersen et al., 2022). As a result, this social policy objective has expanded the domain of social work into a new arena of operation, with a renewed focus on a specific demographic: individuals on sick leave and the return-to-work processes.

In recent years, several comprehensive anthologies addressing the intersection of social work and work inclusion have been published (Ellingsen et al., 2023; Glemmestad & Kleppe, 2019; Spjelkavik & Frøyland, 2014). While these anthologies clearly emphasize the importance of integrating marginalized groups and individuals on the fringes of the workforce into ordinary work, and demonstrate how social workers, acting on behalf of the welfare state, can methodically proceed to succeed in this mission, the broader literature on social work still devotes very little attention to the role social workers can play when ordinary workers face illness or injury, and are at risk of exiting the workforce as a result. When this topic is addressed, it is most often within the much broader literature on return to work.

### *The Return-to-Work discourse: Key insights and perspectives*

The return-to-work (RTW) literature occupies scholars from many different professional fields, such as medicine (Madsen et al., 2023), physiotherapy (Ask et al., 2023), psychology (Sekely et al., 2023), sociology (Hanisch & Solvang, 2019) in addition to social work (MacEachen et al., 2020). At the intersection between these fields and the field of social work, an extensive professional field has emerged over time that is often referred to as occupational rehabilitation (Wheeler & Acord-Vira, 2023). In both the realm of social work literature and the discourse on RTW, the prevalent solution for individuals who have fallen ill or sustained injuries and are at risk of exiting the workforce often centers around occupational rehabilitation most often facilitated by vocational therapists (Ross, 2008). Aligned with the heightened political emphasis over the last decade on expeditious RTW following illness or injury (Böheim & Leoni, 2018; Kaspersen et al., 2022), an extensive body of literature has

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<sup>1</sup> In 2018, the reform changed its name to "Health and Work".

emerged, detailing the optimal methods by which assistance can be effectively provided by vocational therapists. A notable illustration of this trend is the burgeoning literature dedicated to Supported Employment (Frederick & VanderWeele, 2019; Johanson et al., 2023; Khoronzhevych et al., 2022; Sundermann et al., 2023). It must be noted that the literature on Supported Employment (SE) and Individual Placement and Support (IPS) has primarily focused on facilitating the employment of individuals with mental disorders (Spjelkavik & Frøyland, 2014). However, in the research on mild traumatic brain injury and RTW, research efforts are now being made to adapt SE to this group (S. C. Fure et al., 2021; Howe et al., 2017). This exemplifies the evolving discourse around approaches that facilitate successful labor market reintegration and thus also how social work has changed over time in line with new societal challenges.

In the domain of RTW literature, a vast amount of research has been conducted and subsequently published in significant quantities during recent decades<sup>2</sup>. A thorough examination of the RTW field reveals a scarcity of general studies (MacEachen et al., 2006), and instead, a predominant trend emerges wherein the majority of RTW studies are specific to particular diagnoses (Franche et al., 2005). This trend is a logical response to the diverse challenges faced by patients/employees, who contend with varying illnesses, thereby necessitating personalized approaches by employers and occupational specialists during the RTW process. As part of this development, a rich corpus of literature has materialized, and the landscape of research literature presents a significant volume of studies that detail how vocational specialists can offer support in cases of sickness absence (Burns et al., 2007; Dornonville de la Cour et al., 2019; Modini et al., 2016; Murray et al., 2022). As part of the same research wave, one also finds a large amount of research into employee preferences during RTW processes, delving into their experiences, requirements and needs (Brakenridge et al., 2022; Graff et al., 2021; Libeson et al., 2020). However, when one searches for studies that examine the role that leaders play in these processes, which also include the leaders' own perspectives, one finds a remarkably limited amount of research (Lau et al., 2018; Schreuder et al., 2013).

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<sup>2</sup> Although it might appear overly simplistic to qualify as scientific, conducting a basic search using the keywords "vocational rehabilitation return to work" on Google Scholar, on the 25th of August 2023, yielded a substantial result of 200,000 hits.

Within research on work, organization, management and leadership it is widely recognized that leaders wield considerable influence over employees' workplace experiences, work environment, job retention decisions, and even overall well-being (Bass, 2008; Einarsen & Skogstad, 2015; Kuoppala et al., 2008; Mintzberg, 2015; Sørhaug, 2004). Leadership matters and significantly impacts all aspects of the work environment, both positive and negative (Einarsen et al., 2007; Terjesen, 2018). Therefore leadership will also play a vital role during RTW phases (Etuknwa et al., 2019; Aas et al., 2008). Nevertheless, however curiously, research on leadership and leaders in the context of RTW remains considerably underexplored, both within the RTW literature landscape and within the more general leadership literature landscape (Lau et al., 2018; Solberg & Aas, 2010).

However, it is important to highlight that within the realm of work inclusion, considerable attention has been directed in recent years towards employer engagement research (Aksnes, 2019; Frøyland et al., 2019; Ingold & Stuart, 2015; Van Berkel, 2021). According to Van Berkel, employer engagement can be defined as “the active involvement of employers in addressing the societal challenge of promoting the labour market participation of vulnerable groups” (Van Berkel, 2021, p. 533). While the employer engagement research highlight the importance employers have for work inclusion, and thereby indirectly recognizes the key role leadership plays, Frøyland et al. conclude that the research on employer engagement, whether it is from a supply-side, demand-side, or combined workplace-oriented approach, first and foremost “all share the aim of integrating jobless individuals into the labour market” (Frøyland et al., 2019, p. 323). Thus; although it can be argued that leadership is indirectly studied through employer engagement research, due to its focus on the inclusion of marginalized groups in the workforce, this area of research does not direct attention to RTW processes, and consequently, it does not address the role leadership plays in RTW processes

Consequently, both vocational specialists and leaders face a limited knowledge foundation should they seek to enhance their expertise in this domain. This disparity raises practical concerns about the most effective contributions that vocational specialists can offer to the RTW process. Inadequate familiarity with management and leadership processes among vocational specialist may hinder their ability to make optimal interventions. The absence of studies encompassing managers' viewpoints thereby poses a potential risk for the robustness and quality of the RTW processes vocational specialists facilitates, as vocational specialists might possess a limited comprehension of leaders' perspectives and behaviors, as well as the

central role that leadership assumes within the context of the RTW process. For occupational specialists to adeptly fulfill their role not only in supporting the individual on sick leave but also in serving as competent collaborators and aids to leaders, there is a clear imperative for further research regarding the importance of leadership from the leaders' standpoint. Such endeavors are essential in constructing a knowledge foundation that equips contemporary social workers to perform optimally within this new arena. Hence, there is a pressing need for studies that can furnish this sort of perceptive insight and expertise, benefiting both vocational specialists and leaders themselves. This need is particularly pertinent given that leaders maintain a consistent presence within organizations, while occupational therapists transiently engage during active sick leave cases. The absence of studies investigating management's involvement in RTW processes also suggests that leadership research should open its eyes to RTW research, as this topic is at least as important for leaders.

Studies investigating leaders involvement in RTW processes are not only notably underrepresented within RTW research. It is also underrepresented within the more conventional literature on leadership and organization which predominantly focuses on effective leadership strategies for predominantly healthy employees to achieve organizational goals (Bass, 2008; Bass & Riggio, 2006; Bryman et al., 2011; Yukl & Gardner Iii, 2020). The traditional leadership literature does not adequately address the dichotomy of good and bad leadership for employees who have fallen ill or been injured, nor does it discuss optimal leadership approaches to aiding individuals who have suffered injuries or illnesses and require assistance to reintegrate into the workplace. Admittedly, in recent years, a large and comprehensive literature on diversity management has emerged (Drange, 2014; Köllen, 2021; Yadav & Lenka, 2020), hereunder focusing on disability (Angeloni, 2013). However, this literature significantly lacks coverage of leadership strategies in situations involving regular employees who fall ill or gets injured. Thereby, leadership research has as great need for RTW research as RTW research has a need for leadership research – and vocational specialists should know both fields.

### *The diagnose specific case: Mild traumatic brain injury*

Every year approximately 69 million people suffer from traumatic brain injury (TBI) on a global basis (Dewan et al., 2018). In Norway the crude incidence is 3.9/100,000 person-years (Tverdal et al., 2022). Compared to other countries, Norway's annual number of injuries is

low and Norway has therefore been considered 'safe communities' in this regard (Skandsen et al., 2019, p. 2). TBI varies in severity from what is referred to as mild TBI (mTBI) to the severe TBI. While mTBI carries little risk of permanent functional impairment, severe TBI will almost always result in permanently devastating brain damage.

Fortunately, mTBI accounts for 70–90% of all TBI (Bloom et al., 2018; Howe et al., 2017; Skandsen et al., 2019). Nevertheless it isn't unusual for a proportion of mTBI patients to struggle with long-lasting and stubborn symptoms after the injury (Røe et al., 2009), which implies that not only severe TBI but also mTBI causes public-health concern, both globally and nationally (Vikane et al., 2019). The clinical designation "mild" is thereby elusive.

It is mainly adults in working age who are affected by mTBI, both globally (Libeson et al., 2020; Shames et al., 2007) and nationally (Sveen et al., 2022). This implies that the majority of the mTBI patient group ends up with some form of shorter or longer absence from work in the period after the injury occurs (Vikane et al., 2016). Although mTBI thus represents a significantly smaller burden on the healthcare system than the severe cases, it never the less represents a challenge for the patients with persistent symptoms who are aiming to return to work and life as it used to be prior to the injury (Lefkovits et al., 2021; Libeson et al., 2020). This means that even mTBI increases the risk of falling out of working life (Shames et al., 2007).

Due to the scope, complexity and risk of dropping out of working life associated with both mTBI and TBI, there has over the years grown an extensive body of research that explores how the welfare state and its agents best can assist people with RTW after TBI, by the use of occupational therapy (Désiron et al., 2011). Studies indicate that occupational therapy can be of benefit to mTBI patients and that it can both increase the speed of RTW and avoid falling out of working life (S. C. Fure et al., 2021; Howe, 2021).

However, despite the fact that TBI is referred to as a silent epidemic (Lefkovits et al., 2021) and is one of the main causes of death and disability worldwide (Shames et al., 2007), and a vast amount of research has been carried out on the subject, very little study has been carried out of the conditions in the workplace and what role workplace factors play in employees succeed or fail with RTW (Alves et al., 2020). At the same time, it has also been documented that conditions at the workplace itself play an absolutely decisive role in whether employees

succeed in returning to work after an injury or not (Fure et al., 2022). And although studies have been published in recent years on which factors in the workplace inhibit and promote RTW following mTBI (Enehaug et al., 2022; Spjelkavik et al., 2022), it has not been earlier been conducted studies that investigate the role leadership plays in the RTW-process after mTBI.

A unique aspect of TBI that underscores its importance in the context of leadership is that it typically occurs suddenly (Menon et al., 2010) and affects individuals across demographic divides (Ponsford et al., 2008) making TBI less intertwined with other social problems compared to many other health-related issues (Mirowsky, 2017; Singh-Manoux et al., 2005)<sup>3</sup>. Further, in the vast majority of cases, TBI, including mTBI, will entail a biographical disruption (Bury, 1982; Sveen et al., 2016), which in turn has consequences for how leaders must navigate if the individual who experiences TBI is in an employment relationship. This underscores the significance of studying TBI, RTW, and the role of leadership, given its distinctive nature compared to other health-related issues.

### *Situating the study, part I: The realms of work inclusion and RTW, TBI, and organizational leadership in dynamic interplay*

This thesis is situated at the intersection between the fields of 1) work inclusion and RTW, encompassing social work, social policy, 2) TBI-research and 3) organization and leadership studies. By exploring 10 cases involving initially highly autonomous employees who experienced trauma leading to mTBI and subsequently faced an extended period of sick leave, and by examining the significance, influence, and role that the employees attributed to their leaders in the RTW process, while simultaneously delve into how their leaders experienced and perceived this process, this thesis addresses a sparsely explored area.

Similar to the majority of studies on RTW, this thesis aligns with the tradition of diagnosis specific RTW investigations by focusing on mTBI. However, what distinguishes this study from the prevailing body of RTW and work inclusion literature and previous TBI research is its unique approach focusing on the role leadership plays in the RTW process. Through a thorough examination of the experiences and perspectives of employees re-entering the

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<sup>3</sup> Except for soldiers Kieran, D. (2019). *Signature Wounds*. In *Signature Wounds*. New York University Press. - which will be returned to in section 2.1.



workplace after mTBI, alongside a comprehensive exploration of their closest leaders' experiences, perceptions, and viewpoints on the same process, and a detailed analysis of the leadership approaches pursued during the RTW process, this study offers a unique and in-depth exploration of the significance leadership plays in these RTW processes, providing answers to the research question of what constitutes both successful and valued leadership, and failed leadership, during the RTW process following mTBI.

The scarcity of research focusing on successful and failed leadership in the context of RTW following mTBI within the organizational and leadership fields, as well as the lack of exploration within the domain of work inclusion and RTW research, underscores the distinctive and valuable contribution that this dissertation offers. Consequently, it establishes a crucial knowledge foundation within the research fields of social policy and social work, particularly within the realm of occupational therapy, in addition to the domains of RTW, work inclusion, leadership, and organization. While this thesis primarily scrutinizes leaders' actions and their roles in the RTW process, along with the experiences of injured employees rejoining the workforce following mTBI, its scope extends to generating novel insights across various research domains<sup>4</sup>.

While an attempt has been made so far to draw a distinction between the more traditional work inclusion literature and the RTW field, one can also view the RTW field as part of the broader work inclusion framework. In a recent systematic review conducted by Andreassen and colleagues (2020), where they reviewed research on networked services aimed at (re)employing groups marginalized from the labor market in the period from 1990 to 2018, the authors emphasized four dominant research approaches: rehabilitation, disability, welfare, and governance. The first approach, rehabilitation, is according to the authors characterized by a meta-narrative that "concerns ways to enable work inclusion or the return to work for individuals struggling with long-term health problems, often due to mental illness" (Andreassen et al., 2020, p. 8). If one adopts this classification as a foundation, this thesis can also be viewed as a contribution to the rehabilitation track within the broader work inclusion research. However, the earlier placement of this study at the intersection of the fields of work

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<sup>4</sup> With this ambition stated, it is important to underscore that it is not an ambition here of being able to generalize findings in a quantitative way, but to generate insights in Kalleberg's sense (Kalleberg 1996, p. 65).

inclusion and RTW research, TBI-research, and organization and leadership studies, is maintained.

Following the train of thought made by Andreassen et al (2020), one can thereby both argue that the literature on RTW constitutes an integral component of the broader discourse on work inclusion, or that the literature on work inclusion and RTW represents distinct trajectories. In any case, what predominantly differentiates the field of work inclusion from the RTW research is its focus on disadvantaged groups entering the workforce, whereas the RTW literature more often pertains to the reintegration dilemmas experienced by other, preferably more resourceful, groups. Grounded in this demarcation, this study aligns itself with the latter category, as the participants in this study are already part of the mainstream workforce. In fact, it may be argued that the mainstream workforce in these cases is also too broad a description, as all the employees hold specialized jobs which require specific competence and has a very high degree of autonomy. Several of the participants even occupy prominent positions within their respective organizations. The group of employees interviewed in connection with this study must therefore be regarded as very resourceful participants in working life. Consequently, this study scrutinizes a well-resourced cohort that is intricately connected to the realm of work. In other words, they are rather distinct from the traditional target group for work inclusion literature.

### *Situating the study, part II: A possible biopsychosocial-existential approach*

*Approximately 10-15% of patients with mild TBI develop long-term symptoms (over 3 months). However, around 50% of those referred to the specialist health service with PCS/PTH have had a minimal head injury, and many have only been to a GP after the incident, not to an emergency room or hospital. Those who still have problems after 2 weeks have an increased risk of a more protracted course. In this phase, treatment should be based on a biopsychosocial understanding of health.<sup>5</sup>*

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<sup>5</sup> This quote is translated from Norwegian to English by me and can be found here: <https://www.helsebiblioteket.no/innhold/retningslinjer/veileder-i-fysikalsk-medisin-og-rehabilitering/hjernesker-og-hjerneslag/lette-traumatiske-hjernesker>

The quotation cited above originates from the guidelines concerning the follow-up of minor head injuries and post-concussion symptoms (mTBI), particularly focusing on cases transitioning from acute to long-term conditions. The source of this information is Helsebiblioteket.no, a Norwegian national electronic library that acquires numerous databases, encyclopedias, professional resources, and knowledge materials, all of which are made accessible to healthcare personnel in Norway free of charge. Within these professional recommendations concerning the follow-up of mTBI, a clear directive is provided: doctors must adhere to the biopsychosocial model.

In an RTW context, the phrase “treatment should be based on a biopsychosocial understanding of health” implies that the understanding of the RTW process should rely on a biopsychosocial understanding of vocational disability. Although this thesis cannot rely on such an understanding in rigorous detail, it is useful to position the study within the discussions concerning the biopsychosocial model.

The biopsychosocial understanding emerged when psychiatrist George L. Engel introduced the biopsychosocial model in 1977. Engel’s model was designed to serve as an expanded and complementary framework to supplant the prevailing biomedical model at the time. According to Engel, the biomedical model, which dominated the field assumed: “disease to be fully accounted for by deviations from the norm of measurable biological (somatic) variables” (Engel 1977, p. 379) and thereby failed to accommodate the social, psychological, and behavioral dimensions of illness within its framework (Engel, 1977, p. 395). In response, Engel introduced a biopsychosocial model that integrated the understanding that illness can arise or develop not solely through somatic processes or occurrences, but also through a complex interaction of biological, psychological, and social factors.

Engel's biopsychosocial model garnered significant international recognition and influence, serving as the foundation for the World Health Organization's International Classification of Functioning (WHO ICF). Furthermore, the model is widely applied in both clinical practice and research on complex healthcare interventions, and it is utilized to structure clinical guidelines (Wade & Halligan, 2017, p. 995) – as reflected in the guidelines cited above from the Helsebiblioteket.

On the one hand, there is little doubt that this study could have been placed within a contemporary biopsychosocial approach (Hansen & Solem, 2017, pp. 109-114). Norwegian RTW studies demonstrates this possibility clearly, both with regard to the ICF (Johansen et al., 2022; Lervik et al., 2023; Sveen et al., 2022) and with regard to other understandings within the biopsychosocial tradition (Solvang et al., 2017). On the other hand, criticisms of the biopsychosocial model are even more important to this study. In recent years, several scholars have advocated for its revision and expansion, arguing that the model contains inherent flaws and shortcomings (Bolton & Gillett, 2019; Lehman et al., 2017; Roberts, 2023; Wade & Halligan, 2017). It is also pointed out that neither all physicians agree with it or apply it, despite the impact of the model (Adler, 2009). One of those criticism, particularly relevant to the Norwegian context, can be found in a recent article in the Norwegian Medical Association's journal. There, authors Lien and Malkomsen, both medical doctors, contend that the biopsychosocial model fails to adequately address existential questions that commonly arise in the context of serious injury or illness:

*Illness often provides a jarring reminder of our own ordinariness and transience. An unexpected cancer diagnosis can leave patients with a sense of existential uncertainty – which can last a lifetime (4). Illness can also challenge our identity, be a threat to what we experience as meaningful in life and require reorientation towards new values. The boundary between the existential and psychological aspects may seem unclear, but is made clearer with the following simplification: The psychological is about the thoughts, feelings and experiences that are unique to the individual, while the existential is about the big questions that are common to all of us, and that have no final answers. This type of question has previously been heard by the clergy. Surely there must be limits to what the healthcare system can take responsibility for? Yes, of course, but overlooking existential aspects can have negative consequences for the treatment effect (Lien & Malkomsen, 2024, p. 2)<sup>6</sup>.*

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<sup>6</sup> The translation from Norwegian to English is conducted by me.

Lien and Malkomsen further elucidate that doctors frequently avoid delving into existential inquiries during patient consultations. However, Lien and Malkomsen underscore the importance of addressing these questions, as patients frequently express a need to explore them. Lien and Malkomsen highlight the challenge this poses for many doctors, as it requires them to “transition from the role of an omniscient expert to that of an curious fellow traveler” (Lien & Malkomsen, 2024, p. 3) However, given the prevalent reluctance among doctors to engage in such existential discussions, Lien and Malkomsen advocate for the inclusion of existential perspectives in medical school education. Further, they in fact argue that the current deficiency within the biopsychosocial model regarding existential considerations leaves it in a state of existential crisis (Lien & Malkomsen, 2024, p. 3).

Considering that the 10 employees interviewed in this study were all in good health before experiencing head injuries resulting in mTBI and during the interviews were dealing with (presumed) temporary and transient injuries while actively engaged in the RTW process, their state of health falls along an unclear continuum between sickness and health. Furthermore, as leadership by definition can be categorized as a social practice (Sørhaug 2004, p 30-31) and this study primarily explores how the actions of their leaders influence the success or failure of the RTW processes, this thesis first and foremost explores the social domain within the biopsychosocial model. However, when it comes to the situations and the struggles of the informants neither biological, mental, nor social factors are given precedence. Instead, an open-minded and exploratory approach was chosen during the interviews, where all the elements that the informants considered relevant and important were (and still are) duly recognized. These encompass a wide range of aspects, including but not limited to biological, pathological, medical, mental, and social dimensions. Therefore, this study could have been placed within a contemporary biopsychosocial approach (Hansen & Solem, 2017, pp. 109-114).

However, especially the examination of the four failed cases in this study potentially highlights the merit of the criticism directed against the biopsychosocial model by Lien and Malkomsen (2024) regarding its omission of an existential dimension. Through the failed leadership cases, which will be revisited later, it becomes apparent how formidable the struggles are for employees who experience failed leadership, and how this also leads to apprehensive feelings of job insecurity. If they lose their jobs due to mTBI, what then? In these particular cases, therefore, the challenges following mTBI might be perceived to extend

beyond somatic, psychological, and social aspects, and tap into work-related existential concerns. In this regard, this thesis cautiously acknowledges the assertions of Lien and Malkomsen (2024), thereby situating itself within a potential biopsychosocial-existential framework. However, it may be more accurate to specify that rather than being utilized as an approach, the biopsychosocial-existential perspective might serve as a foundational theoretical backdrop or theoretical superstructure<sup>7</sup> in this thesis. This distinction is particularly pertinent given that the biopsychosocial-existential model itself is not directly employed in this thesis; instead, leadership theories are applied.

Despite the employees' symptoms stemming from mTBI being temporarily considered health concerns rather than definitively classified as chronic illness at the time of the interviews, this does not negate the possibility that some participants may have sustained injuries with potential lifelong implications. Further future empirical studies will be needed to explore the health outcomes for the employees. However, by the time at T1 and T2, they are not currently classified as chronically or permanently disabled. Essentially, this study constitutes an examination of resilient individuals navigating a transitional phase in precarious circumstances, alongside an investigation into the roles of their leaders in influencing their RTW trajectories. Therefore, this thesis represents an initial endeavor in this field, offering novel and valuable insights that can enrich the collective knowledge base for stakeholders involved in RTW initiatives or working in the domains of work inclusion, organization, and leadership.

Regarding the existential addition to the biopsychosocial model proposed by Lien and Malkomsen (2024), it can be perceived to create some reverberations in the realm of leadership. Within the leadership field, it has long been recognized, yet often overlooked, that a leader's fundamental assignment is to protect the organization and set its direction, and thereby possess the authority to hire and terminate employment, thus wielding a form of existential delegation (Sørhaug, 2004, p. 31). Consequently, leadership, in its ultimate implications, is intricately linked with existential delegation and power responsibilities.

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<sup>7</sup> According to the Norwegian Language Council (Språkrådet), the English language does not distinguish between the Norwegian terms "overbygning" and "underbygning" as Norwegian language does: <https://termwiki.sprakradet.no/wiki/Overbygning> Therefore, in this thesis, "theoretical superstructure" refers to the Norwegian term "teoretisk overbygning".

(Sørhaug, 2004, pp. 30-35; Terjesen, 2018, p. 195). It is hoped that this thesis will serve as a reminder of this aspect.

### *The Norwegian context*

The Norwegian working life context is quite unique compared to the rest of the world. Norway is one of the countries in the world with the lowest power distance (Hofstede, 1991), it has well-established collaboration nationally and locally between the parties in working life (Bentzen & Brøgger, 2007), a low level of conflict (Strand & Skogseid, 2013) and robust and safeguarding legislation protecting the right of the workers (Børve & Kvande, 2018; Finsrud, 2009), securing that Norwegian leaders aren't able to "hire and fire" as they want to (Terjesen, 2018). This has resulted in Norway being acknowledged as one of top countries for employment worldwide (Hvid & Falkum, 2018).

In Norway, rehabilitation processes operate within the framework of the universal Scandinavian welfare state model. The system includes a social insurance structure that supports RTW efforts with sickness absence benefits in the first year (Andreassen & Solvang, 2021). The employer pays full salary for the first 16 days of the sick period. If sick leave continues after this period, the employee's salary is covered by the State, via NAV<sup>8</sup>. If the employee is not back at work when the year ends, the employee loses the right to sickness absence benefits and then work assessment allowance or disability pension will be considered (Andreassen & Solvang, 2021)<sup>9</sup>. Due to Norway's strong labor laws and regulations, anchored in the Working Environment Act rules for working conditions, Norwegian employees have strong, statutory job protection also when they are on sick leave<sup>10</sup>. Compared to other OECD countries and the US, Norway boasts one of the most generous sick leave policies (Raub et al., 2018).

Demonstrating the well-functioning collaboration between the stakeholders in the workforce is the accord established in 2001 among the Norwegian government (represented by the Minister of Labour), employer organizations, and labor unions. They endorsed the Cooperation Agreement on a More Inclusive Working Life, commonly known as the IA Agreement. This agreement was designed with three primary objectives: 1) To prevent and alleviate instances of sick leave. 2) To deter withdrawal and enhance the involvement of

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<sup>8</sup> <https://www.nav.no/sykepenger>

<sup>9</sup> <https://www.nav.no/en/home/benefits-and-services/Sickness-benefit-for-employees>

<sup>10</sup> <https://lovdata.no/dokument/NL/lov/2005-06-17-62>

individuals with functional impairments in the workforce. 3) To augment the proportion of employees aged 50 and above in working life. Since its inception, the IA agreement has undergone renewal four times (Aksnes, 2019).

In debates concerning the IA agreement, there has often been a focus on measuring its effects and whether they have been achieved (Evensen et al., 2024). While the goal of extending the labor force participation of older workers (goal number three in the former IA agreement) was achieved as early as 2018<sup>11</sup>, the former second goal in the IA agreement - to prevent dropouts and increase the employment of people with disabilities - was not achieved within the previous periods. Instead of directing increased efforts in the next agreement period to prevent dropouts and increase the employment of people with disabilities, this goal was in fact removed in the newly revised agreement in 2019<sup>12</sup>. This removal subsequently sparked considerable debate<sup>13</sup>. Neither effort to reduce sick leave to the desired level succeeded in the former period. In the current revised IA agreement, there is therefore still a focus on reducing sick leave.

All companies in Norway can designate themselves as IA companies. However, for businesses to access the tools provided by the IA agreement, they must demonstrate collaboration between management and employees regarding occupational health and safety<sup>14</sup>. Upon establishing such an agreement, access to a range of measures is triggered. In a recent article, Hasting and colleagues outlined these measures (Hasting et al., 2023, p. 2):

- 1) Opportunity to use active sickness benefits without prior approval from the Norwegian Labor and Welfare Administration (NAV). Active sickness benefit allows individuals to return to work to perform modified tasks while NAV pays the sickness benefit to the employer.
- 2) Allocation of a dedicated contact person in NAV who can assist in monitoring sick absences.
- 3) Occupational health services in an IA company can seek reimbursement for assisting individuals on long-term sickness absence or disability benefits to return to work.
- 4) Employees in an IA company can self-report sickness absence for up to 8 calendar days, rather than 3.

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<sup>11</sup> <https://seniorpolitikk.no/kunnskap/ssp-notater/ia-avtalens-delmal-3-er-oppnadd-en-seier-for-ia-avtalen/>

<sup>12</sup> [https://www.regjeringen.no/no/tema/arbeidsliv/arbeidsmiljo-og-sikkerhet/inkluderende\\_arbeidsliv/ia---nyhetsbrev/ia--nyhetsbrev/ia-nyhetsbrev-32019/id2681686/](https://www.regjeringen.no/no/tema/arbeidsliv/arbeidsmiljo-og-sikkerhet/inkluderende_arbeidsliv/ia---nyhetsbrev/ia--nyhetsbrev/ia-nyhetsbrev-32019/id2681686/)

<sup>13</sup> <https://www.handikapnytt.no/funksjonshemmede-er-ikke-nevnt-i-den-nye-ia-avtalen/>

<sup>14</sup> <https://www.nho.no/tema/arbeidsliv/artikler/hva-betyr-den-nye-ia-avtalen-for-din-bedrift/>



- 5) In cases where it is not feasible for an employee to return to their original position, the employer, in collaboration with NAV and other government bodies, must facilitate retraining to enable the employee to remain employed within the company.

The study by Hasting et al. (2023) found that individuals working in IA companies were more likely to remain employed during or after illness, suggesting that the IA agreement may support continued employment in the event of illness or injury.

Despite being acknowledged as one of top countries for employment worldwide (Hvid & Falkum, 2018) and despite a political leadership that has maintained a clear policy for many years, advocating for the population to be encouraged to work (Spjelkavik & Frøyland, 2014; Øverbye & Stjernø, 2012) and to remain in the workforce despite aging (Frøyland & Terjesen, 2020; Salomon & Solem, 2020), and the current renewal of the IA agreement (Aksnes, 2019), the general sickness absence among Norwegian workers has remained consistently high for several years, compared to other countries (Berg et al., 2021). Sickness absence is therefore a topic that has long held a prominent position on the political and research agenda in Norway (Steinsland & Hansen, 2011), and the topic often sparks heated public debates about whether adjustments or tightening of the generous welfare schemes should be considered (Solberg & Aas, 2010). The high absenteeism has also resulted in measures been implemented to promote a quick return to work in the event of illness, as the "Faster Return to Work"-reforms, which aimed precisely to promote rapid returns to work and reduce the costs of high sickness absence for society at large (Westby, 2022). Due to this policy, Norwegian doctors today experience strong pressure to facilitate for rapid RTW of workers on sick leave (Grut et al., 2019), and one doesn't exaggerate if claiming that in Norway today, there is considerable pressure from politicians, NAV, and several scholars for those on sick leave to return to work as soon as possible after an illness.

Although Norway has generous arrangements in a global context, there is still a watershed that occurs after 12 months of sick leave. On 1 March 2010, Norway introduced work assessment allowance ("arbeidsavklaringspenger" in Norwegian, frequently shortened to AAP) as a rights-based national insurance benefit, replacing three previous benefits: 1) Rehabilitation money, which was aimed at strengthening jobseekers' opportunities to enter paid work through vocational measures such as retraining, courses, or studies. 2) Rehabilitation benefits, which were provided to individuals requiring active treatment to

improve their work ability. 3) Time-limited disability benefits, which were directed towards individuals initially meeting conditions for an ordinary disability pension, with the possibility of returning to work (Mandal et al., 2015, pp. 18-19).

The introduction of work assessment allowance and a new follow-up methodology was supposed to strengthen NAV's follow-up of people who have had their ability to work reduced, and give the individual increase opportunities to return to working life (Bråthen, 2012, p. 18), incorporating elements such as individual needs assessment, work capacity evaluation, and activity planning (Mandal et al., 2015, p. 19). Work assessment allowance is intended for a limited period, currently up to three years<sup>15</sup>. In order to be eligible for the work assessment allowance, the individual's work capability must be assessed as reduced by at least half due to illness, injury, or impairment, in accordance with Section 11-5 of the National Insurance Act<sup>16</sup>.

According to Mandal et al., (2015, p. 30-31) work assessment allowance can be viewed as the culmination of a political process aimed at providing more targeted individual clarification and tailored follow-up, addressing the increasing need for coordinated efforts in work and welfare policy. By consolidating measures and tools under a single framework, work assessment allowance aims to realize a better goal achievement in terms of inclusion than the previous arrangements.

During the development period, work assessment allowance was called “jobseeker's allowance”<sup>17</sup>, which Mandal et al., (2015, p. 32) point out that says a great deal about what should be the purpose of the new benefit; the purpose was to return to work. The primary purpose of work assessment allowance is still to ensure income for beneficiaries undergoing treatment, participating in work-oriented measures, or receiving other follow-up to maintain or secure employment. The active approach is also clearly evident on the Government's own information page regarding this matter<sup>18</sup>; the activation process inherent in work assessment allowance underscores its emphasis on facilitating individuals' return to work.

Another alternative to work assessment allowance after 12 months sick leave is transitioning to a disability pension<sup>19</sup>. However, it is important to note that individuals who are granted

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<sup>15</sup> <https://www.nav.no/aap>

<sup>16</sup> <https://lovdata.no/nav/folketrygdloven/kap11>

<sup>17</sup> In Norwegian this is “arbeidsøkerstønning”.

<sup>18</sup> <https://www.regjeringen.no/no/tema/pensjon-trygd-og-sosiale-tjenester/innsikt/trygd/arbeidsavklaringspenger/id2947001/>

<sup>19</sup> “Uføretrygd” in Norwegian.

disability benefits have generally explored all avenues for treatment and vocational rehabilitation before resorting to applying for and potentially receiving a disability pension (Myhre, 2021, p. 2). From a governmental perspective, disability pension is the last resort, which is in line with the work approach.

However, despite the ethos of the work approach distinctly influencing the work assessment allowance-arrangement, the arrangement has long held a debated reputation, and it has been discussed whether it occasionally functions as a “waiting room for disability pension” (Kann & Kristoffersen, 2014, p. 101). Further, on January 1, 2018, extensive changes were introduced to the work assessment allowance regulations, paradoxically resulting in an increase in the proportion of individuals ending up on disability pension. This is attributed to the fact that work assessment allowance had increasingly become work-oriented and simultaneously rigid, leading to a heated debate in Norway regarding the duration and structure of work assessment allowance (Lima & Grønlien, 2020).

Drawing on the findings of Lima & Grønlien (2020), it becomes evident that the work approach not only influences the RTW processes but also shapes the structure of Norwegian working life for individuals who fail to sufficiently recover to resume full-time employment within 12 months after exhausting their sick pay entitlements. While work assessment allowance is initially oriented towards work, there is, however, a caveat to this arrangement, namely, that individuals transitioning from sick leave to AAP receive only 66 percent of their annual salary<sup>20</sup>, capped at NOK 469,735<sup>21</sup>, which undoubtedly serves as an incentive to return to work within a year (Nossen & Brage, 2016).

At the time of writing (March 2024), there has been a longstanding demand for labor in Norway for many years, and unemployment is low, although it has increased over the past year. While many countries around the world are still experiencing turmoil due to the COVID-19 pandemic and the ongoing war in Ukraine, which has had an impact on Norway's economy, the national economy remains robust and the welfare schemes are still generous. Despite ongoing debates on whether the generous welfare schemes can be sustained in the future (Blix & Ågotnes, 2023; Gulbrandsen & Engelstad, 2013), Norway, as of today, holds a distinctive and fortunate global position. Therefore, it is crucial to consider the findings of this study in light of the privileged Norwegian context.

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<sup>20</sup> <https://www.regjeringen.no/no/tema/pensjon-trygd-og-sosiale-tjenester/innsikt/trygd/arbeidsavklaringspenger/id2947001/>

<sup>21</sup> <https://www.nav.no/aap>

## 2.0 Literature review

The literature review in this thesis is divided into two parts, reflecting the intersection of two distinct research fields. The first part reviews previous research on TBI in relevance for the aim of thesis. The second part examines research on RTW that includes both employees and leaders in bi-directional designs. This review, in conjunction with Chapter 3, aims to offer a comprehensive overview of the relevant knowledge landscape, identify gaps for further investigation, and lay the groundwork for the subsequent analysis.

### 2.1 Part One: Traumatic Brain Injury

*The first written evidence of brain injuries is documented in Egypt in the Edwin Smith Papyrus, 3,000-2,500 years B.C. when the pyramids were built, being the first medical document recognized in the history of medicine. (Bertullo, 2015, p. 384)*

The medical interest in TBI can be traced all the way back to early medical practice. Throughout the medical history of TBI research, war has been a significant factor for the occurrence and interest in the treatment of TBI (Bertullo, 2015; McArthur, 2014). Also within modern times, warfare continues to play an important role for TBI research due to its frequent occurrence among combatting soldiers (DePalma, 2015) This has led to TBI, often coupled with post-traumatic stress disorder (PTSD), being commonly referred to as "the signature wounds of war" (Kieran, 2019; Rigg et al., 2012; Snell & Halter, 2010). Notably the extensive research on TBI within military medicine and rehabilitation gained further momentum in connection with the conflicts in Iraq and Afghanistan (Martin et al., 2008) as the prevalence of TBI among the returning soldiers from these wars has been estimated to be between 17-22% (Wojcik et al., 2010, p. 114).

Within civil society, TBI is also a prominent global concern, contributing to high mortality and disability rates for several decades (Maas et al., 2017; Shames et al., 2007). In addition to the large numbers of war veterans returning to civilian life and rehabilitation after the numerous wars of the 20th century, the rise of the automobile industry and expansions of

highways was one of the primary causes of TBI during the last century (McArthur, 2014). In terms of neurological disorders, TBI holds the highest incidence rate worldwide (Maas et al., 2022). The staggering number of TBI cases, estimated at 69 million annually, has earned it the moniker of "the silent epidemic" (Alkhaibary et al., 2021; Dewan et al., 2018; Lefkovits et al., 2021).

In accordance with established medical literature, TBI is defined as "*an alteration in brain function, or other evidence of brain pathology, caused by an external force*" (Menon et al., 2010, p. 1). In recent years, TBI has gradually supplanted the broader term "brain injury" in reference to injuries affecting the head or brain. Menon et al. (2010, p. 2) identify several events that can result in TBI, encompassing:

- 1) Impact of the head by an object.
- 2) Head striking against an object.
- 3) Acceleration or deceleration movements of the brain without direct external trauma to the head.
- 4) Penetration of the brain by a foreign body.
- 5) Forces generated by events such as blasts or explosions.

These categories encompass a wide range of traumatic incidents that can lead to TBI, underscoring the multifaceted nature of this condition.

### **2.1.1 Forms of Traumatic brain injury**

*Mild traumatic brain injury is misleading as a diagnostic term, as it may span a spectrum of manifestations from transient mild symptoms to ongoing disabling problems. (Kushner, 1998, p. 1617)*

TBI is categorized into three severity levels: major, moderate, and mild. Extensive systematic reviews indicate that mTBI accounts for the majority of all acute TBIs, comprising a ratio between 70-90% (Bloom et al., 2018; Howe et al., 2017; Skandsen et al., 2019).

Approximately 85% of individuals with mTBI experience rapid recovery and successfully return to work and normal daily activities after a brief period with mild and transient symptoms (Linnestad et al., 2022). However, the remaining 15% endure persistent afflictions

that may persist for 1-3 years following the injury (Bazarian & Townend, 2009; Howe et al., 2018; Katz et al., 2015; Røe et al., 2009).

According to several scholars (S. C. Fure et al., 2021; S. C. R. Fure et al., 2021; Linnestad et al., 2022; Prince & Bruhns, 2017), individuals recovering from mTBI commonly report symptoms classified into three distinct clusters:

- 1) Somatic symptoms: These primarily involve physical and sensory manifestations, such as headaches, sleep disturbances, dizziness, nausea, visual impairments, phonophobia, photophobia, and fatigue.
- 2) Cognitive symptoms: These often entail difficulties related to attention, memory, slow mental processing, multitasking, increased distractibility, losing track of thoughts, and a sense of cognitive foginess.
- 3) Affective symptoms: These encompass emotional disturbances, including irritability, emotional lability, anxiety, and depression.

For mTBI patients with long-lasting somatic, cognitive or affective symptoms – or all three of them in combination, often called “the full spectrum”– quality of daily life and work capacity are diminished, and consequently their perception of quality of life is also negatively affected (Bazarian & Townend, 2009; Bloom et al., 2018; Katz et al., 2015; Røe et al., 2009). As their circumstances are highly strenuous, this group is sometimes referred to as the “miserable minority” (Prince & Bruhns, 2017). The RTW process for mTBI-population who doesn’t rehabilitate quickly is often protracted, contentious, and challenging, marked by trial and error and frustration. Extensive studies have documented that employees often return to work too soon and increase their workload too quickly, leading to a resurgence of the original symptoms and a setback in the recovery process (Andreassen & Solvang, 2021).

Consequently, emphasizing the avoidance of "hasty returns" is regarded as paramount in the literature (Bonnetterre et al., 2013; Chua et al., 2007; Libeson et al., 2020; Little et al., 2015; Saltychev et al., 2013; Silverberg et al., 2018).

### *2.1.2 Traumatic brain injury and return to work*

Because the majority of individuals affected by TBI are of working age, facilitating a successful RTW is a crucial goal in TBI rehabilitation and research (Bloom et al., 2018; Howe et al., 2018; Howe et al., 2020; Spjelkavik et al., 2022; Zaloshnja et al., 2008). However,

despite the considerable emphasis on RTW after TBI, the rates of successful return vary widely, ranging from as low as 13% to as high as 85% (Howe et al., 2017; Røe et al., 2009; Saltychev et al., 2013; Shames et al., 2007). Consequently, numerous studies have attempted to identify medical, psychological, work-related, and demographic factors that may predict RTW after TBI (Alves et al., 2020; Cassidy et al., 2004; Chua et al., 2007; Fure et al., 2022; Maas et al., 2017; Prince & Bruhns, 2017; Saltychev et al., 2013; Shames et al., 2007; Silverberg et al., 2018). Despite this extensive research effort, the relationship between clinical outcomes (improved functioning) and RTW remains surprisingly unclear.

In the last decade, leading researchers in the field of TBI have worked on developing evidence-based treatments for war veterans with mild to moderate TBI. They have also created manuals for cognitive training, treatment, and rehabilitation therapy targeted at TBI patients. This treatment approach encompasses addressing post-concussive symptoms, as well as working on memory, attention, learning, and executive function (Caplan et al., 2015). Following the study by Caplan et al. (2015), this research has been extended and tested on civilians, including the main project of which this doctoral work was a part. The results from these studies indicate that both war veterans and civilians can experience improvement from the interventions. However, it remains unclear whether the effect of these measures corresponds proportionally to the resources invested, and researchers express the need to replicate more studies before confidently asserting that this form of intervention is a foolproof measure to promote RTW (S. C. Fure et al., 2021).

In essence, researchers have been grappling for years to uncover the "missing link" in the RTW process. A recent study by Fure et al. (2022) focusing on workplace factors associated with RTW after mTBI, and the authors concluded the following:

*This study examined predictors of work participation at 1 year after mild-to-moderate TBI. Sex, symptom burden, working in a public enterprise, and predictability and workload, along with recognition from management, predicted work participation, although not necessarily in the expected direction. This illustrates that several work-related factors outperformed some of the established sociodemographic and injury-related predictors of RTW after TBI. The findings demonstrate a complex interplay between individual, injury-related, and workplace-related factors, stressing the*

*complexity of the RTW process. There is a need for further research on this complexity and, in particular, amendable predictors of RTW after mild-to-moderate TBI. In this study, amendable factors in the RTW process and their influence on work participation have been identified, which reveal new targets for potential intervention and thus may improve the RTW rates and work participation in patients with mild-to-moderate TBI. (Fure et al., 2022, p. 7)*

However, one might question whether the call for further research on complexity and amendable factors, as proposed by Fure et al. (2022), could be supplemented by studies that shift the focus to an unexplored aspect within the TBI field: the impact of leaders and leadership on the RTW process after TBI. In light of this, it is necessary to examine the potential role that leaders play in facilitating successful RTW and to explore the leadership-related factors that have previously been overlooked. The next section will delve into this uncharted territory and shed light on the significance of leadership in the context of TBI and RTW.

### ***2.1.3 Traumatic brain injury and leadership research***

While TBI research acknowledges the importance of work-related factors in RTW processes (Alves et al., 2020; Bloom et al., 2018; Bonneterre et al., 2013; S. C. R. Fure et al., 2021; Howe et al., 2017; Spjelkavik et al., 2022) and work research acknowledges the general importance of leadership in organizational processes (Bass, 2008; Mintzberg, 1980, 2019a; Sørhaug, 2004; Terjesen & Salomon, 2015), a recent systematic review indicates that leadership has received limited attention within the field of TBI research (Alves et al., 2020).

To further explore this research gap highlighted by Alves et al. (2020), an extensive library-assisted search was conducted using various databases, including Oria, Scopus, Web of Science, Prospero, the Ebsco databases (including Medline), and Scholar. This comprehensive search yielded no relevant in-depth studies on the topic of leadership and sick leave following both TBI and mTBI, confirming the scarcity of research in this area as documented by Alves et al. (2020). Given the substantial number of individuals affected by TBI each year, this finding is particularly remarkable. Moreover, a recent report (Westby, 2022, p. 42) further corroborates the lack of research on leadership in the context of TBI.



Among the few exceptions is an article published in 2022 (Spjelkavik et al., 2022)<sup>22</sup>, which acknowledges the role of leadership in the RTW phase after mTBI. The article concludes that supportive management has a positive impact, while unsupportive management has the opposite effect on the RTW process. Additionally, the article highlights the importance of leaders with prior knowledge about TBI in assisting injured employees during the RTW process. However, the article does not delve deeply into the actions and behaviors of leaders or explore their perceptions. Consequently, while the article acknowledges the significance of leadership, it falls short in providing a comprehensive understanding of how and why leadership works in the context of TBI, which remains a consistent gap in the existing TBI research.

This dearth of research on leadership within the field of TBI underscores the need for further investigation into the role of leaders and their impact on the RTW process. Gaining a richer understanding of leadership in the context of TBI can provide valuable insights into the actions, behaviors, and perceptions of leaders, ultimately contributing to the development of effective strategies and interventions to support successful RTW outcomes for individuals affected by TBI.

## **2.2 Part Two: In search for RTW studies with bi-directional perspectives**

Due to the scarcity of previous research examining the role of leadership in the RTW process after TBI, literature search was redirected to encompass the broader RTW field, focusing on studies that emphasized either leaders' perceptions or the perceptions of both leaders and employees. However, difficulty in finding studies that did not solely concentrate on employee experiences was encountered. Studies employing a bi-directional approach, considering the experiences and perceptions of both leaders and employees, or solely focusing on leaders, were rare. This scarcity of research is not unique to the RTW field and scholars recently documented a similar emphasis on employee perceptions in the research on sick leave follow-up, highlighting the need for more investigation into employer perceptions (Lau et al., 2018).

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<sup>22</sup> I am a co-author of this article.

Gaining insight into the perspectives of both employers and employees is crucial for comprehending potential differences in their perceptions and experiences of successful and unsuccessful RTW processes following TBI. This becomes particularly important as leaders, often in collaboration with human resources (HR), assume responsibility for the follow-up and wield significant influence over the shaping of the RTW process. Without understanding how leaders think and perceive these processes, it becomes challenging to bridge the gap between the needs, wishes, and perceptions of employees and the perceptions, abilities, and capabilities of the leaders. Consequently, it becomes essential to investigate potential differences between employers and employees' perspectives to enhance our understanding of the underlying dynamics involved in the RTW process after TBI.

Nevertheless, the existence of two comprehensive studies adopting a bi-directional approach to investigate leadership in the RTW process after long-term sick leave was discovered (Solberg & Aas, 2010; Aas et al., 2008). In the first, Aas et al. (2008) identified 345 leadership qualities, further classifying them into 78 distinct leadership qualities and 7 leadership types. These 7 leadership types encompassed the “Protector”, the “Trust-Creator”, the “Recognizer”, the “Problem-Solver”, the “Contact-Maker”, the “Encourager”, and the “Responsibility-Maker”. However, TBI, even in mild cases entails such a large spectrum of somatic and psychological symptoms, and are so capricious, that the complexity of symptoms makes it very difficult to use models from more general sickness absence research on this group. Thereby, attempts to apply the categories developed by Aas et al. (2008) to the present data proved unsatisfactory. In the second study (Solberg & Aas, 2010), the authors investigate the essential components of the manager-employee relationship necessary for an effective RTW. They also outline the specific design elements crucial for this relationship, presenting a model referred to as the "key model" (nøkkelmodellen” in Norwegian). The model underscores the importance of mutual understanding between the individual on sick leave and their immediate leader, emphasizing the pivotal roles of openness, communication, and effective facilitation in achieving a successful RTW. However, the study does not extensively explore the actions of leaders. It thus became clear that there was a need to find a theory with a broader theoretical scope that encompasses both the current TBI context and that incorporates a bi-directional understanding of actors.

## 3.0 Theoretical backdrop

*All human beings are knowledgeable agents. That is to say, all social actors know a great deal about the conditions and consequences of what they do in their day-to-day lives. Such knowledge is not wholly proportional in character, nor is it incidental to their activities. (Giddens, 1984, p. 281)*

Since the emergence of the social sciences, there has been an ongoing debate about whether structures or agency shape human behavior (Andersen & Kaspersen, 2013; Collins, 1994). This debate continues to this day. However, over the last decades, the intellectual approach of Anthony Giddens has influenced scholars to embrace a dualistic approach, viewing agents as reflexive and enabled, and structures as both enabling and constraining human actions (Giddens, 1984, 1990; Giddens & Sutton, 2017).

### 3.1 Agency, system and structure applied in this thesis

The dualistic perspective advocated by Giddens aligns with views expressed in this study. Giddens formulates the agency perspective within the framework of structuration theory (Giddens 1984), which seeks to transcend the dualism associated with subjectivism and objectivism. More specifically, the theoretical perspective in this thesis utilizes three important concepts from Giddens' *The constitution of society* (1984).

First, the concept of *reflexive agency* is crucial, as Giddens emphasizes how individuals are reflexive and competent actors interacting with their surrounding structures (Giddens, 1984, pp. 3, 25, 281). According to Giddens, human actions does not incorporate “*chains of aggregated interactions and reasons*”, but rather that “*...there is a fundamental sense in which reflexivity is a defining characteristic of all human action. All human beings routinely "keep in touch" with the grounds of what they do as an integral element of doing it*”(Giddens, 1990, p. 36), - a point Giddens underscores by acknowledging Erving Goffman as among the foremost to demonstrate (Goffman, 1959).

In addition to inhabiting this inherent reflexivity, Giddens considers actors to be competent, enabling them not only to engage in active interaction with the surrounding structures but also to influence them (Giddens, 1984, pp. 281-283).

Regarding social structures, Giddens (1984, p. 17) refers in social analysis to the:

*...structuring properties allowing the binding of time-space in social systems, the properties which makes it possible for discernibly similar social practices to exist across varying spans of time and space and which lend them the 'systemic' form.*

Furthermore, Giddens point out that social structures must be regarded as “a ‘virtual order’ of transformative relations” (1984, p.17), meaning that social systems must be understood as reproduced social practices. Additionally, Giddens (1984, p. 25) categorizes social systems as “reproduced relations between actors or collectives, organized as regular social practices”.

Moreover, Giddens underscores that the main proposition of structuration theory is that the rules and resources drawn upon in the production and reproduction of social action are simultaneously the means of system reproduction (Giddens, 1984, p. 19) – hence the duality of the structure. Giddens summarizes his arguments thus:

*Structure, as recursively organized sets of rules and resources, is out of time and space, save in its instantiations and co-ordination as memory traces, and is marked by an ‘absence of the subject’. The social systems in which structure is recursively implicated, on the contrary, comprise the situated activities of human agents, reproduced across time and space. Analyzing the structuration of social systems means studying the modes in which such systems, grounded in the knowledgeable activities of situated actors who draw upon rules and resources in a diversity of action contexts, are produced and reproduced in interaction. (Giddens, 1984, p. 25).*

Using Giddens as theoretical backdrop has several implications for the reasoning in this thesis. First, Giddens’ perspective on agency is employed to emphasize the fundamental and inherent reflexivity of both leaders and employees. In this study, which primarily examines

exercise of and experiences with leadership practices, the research delves into the actions and experiences of both leaders and employees, aiming to grasp strategies that can transcend organizational boundaries. This analysis is the central focus and therefore takes precedence in this thesis.

However, and secondly, in alignment with Giddens (1984, p. 281), it is acknowledged that actions and experiences do not occur in neutral, non-influential contexts. Consequently, Giddens' notion of social systems is perceived as the immediate, local contexts in which reflexive actions take place, which in this thesis is within the work organizations where employees and leaders operate<sup>23</sup>.

Following this operationalization of Giddens, the notion of social structures is applied to the more "distant" or "underlying" aspects of contexts that characterize Norwegian work life. This encompasses various forms of "rules and resources", such as national culture, legal conditions, agreements between the parties in working life, various resources provided by the welfare state, and other social and cultural structures within which the organizations operate.

While it is acknowledged that all three levels (actor, system, structure) are important, they play different roles in this dissertation. It is also important to note that the data collection did not cover all these levels. Therefore, the agency level is at the primary analytical position, whereas the system and structure remain in the background. However, a discussion of the influence from systems (operationalized as the local organizations) and structures (operationalized as national rules and regulations, welfare arrangements, and culture, etc.) is returned to and discussed in a separate part in the closing discussion.

Regarding the various analytical levels, at the agency level, the actors are described quite thoroughly with case biographies, which are intended to give the reader a thorough impression of who the informants are, the organizations they work in, and provide a comprehensive understanding of their circumstances and surrounding contexts. At the system level, it is somewhat more challenging to elaborate on the local context without

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<sup>23</sup> Local, as the term is used here, is operationalized as local systems, i.e. organizations and must not be confused with Giddens' use of the broader term 'locale', which he defines as "a physical region involved as part of the setting of interaction, having definite boundaries which help to concentrate interaction in one way or the other" (Giddens 1984, p. 375).

compromising the identity of the organization and thereby the informants' identities. However, this is compensated for by describing the companies as far as possible together with the biographies, as well as designing figures that provide an overview of key characteristics of the organizations. In sum, the case biographies and information about the organizations will hopefully provide the reader with rich information about the cases and context without compromising anonymity. Furthermore, at the structural level, a presentation and discussion of what characterizes the Norwegian working life context was conducted in chapter one.

Despite Giddens' significant influence and insights bridging perspectives, and his recent focus on areas such as political leadership, exemplified by the 'third way' of politics and the European Union and (Giddens, 2008), climate change (Giddens, 2009), his impact on organizational studies and the broader literature on management and leadership has been relatively modest (Falkheimer, 2018; Grint, 1998; Thompson & McHugh, 1990). The absence of links between Giddens' work and management theory is rarely addressed, although attempts have been made. In an article dating back to 1992, Parker Whittington investigated the influence on management studies. He found that although Giddens was significantly cited within management studies at the time, Giddens' ideas had still not fully permeated mainstream management literature (Whittington, 1992). In another work by Yates, she demonstrates how Giddens' theory of structuring, precisely because it emphasizes the reflexivity of more actors than just the leaders, and the duality between the actors and the structures (and thus, within business, the organizations they are part of), renders Giddens' work relevant as a foundational framework for understanding within the managerial and business field (Yates, 1997).

As Giddens did not specifically tailor his theories for direct application in the organizational and management context and neither Yates' (1997) nor Whittington's (1992) works are applicable to this study, it became imperative to seek out more specialized theories more fitting to analyze the empirical findings. This shift in focus led to an exploration of the field of leadership. Consequently, it was decided to conduct a comprehensive examination of the leadership literature after the interviews had been completed. Through these leadership theories, the empirical material has been analyzed, and the findings have been interpreted. However, the fundamental theoretical framework underlying this thesis is rooted in the work of Anthony Giddens, particularly his perspectives on individuals as reflexive and competent actors interacting with their surrounding structures. Although the analyses of successful and

failed leadership are conducted within the context of specific leadership theories - categorized at the actor level - Giddens' framework remains the theoretical backdrop. Additionally, in the concluding discussion, Giddens' perspectives on system and structure will be reintroduced to shed light on the extracted examples of successful and failed leadership at agency level; a discussion that aims to explore whether structural or structuring conditions may influence the actions of the leaders in ways that are not accounted for during the analysis at the actor level.

In the subsequent section, a comprehensive examination of historically and contemporarily significant contributions to the literature on both positive and negative leadership is presented. Although it may appear extensive to delve into the historical aspects, the choice was motivated by three reasons: Firstly, in order to approach the TBI field from a leadership perspective with a fresh outlook, a thorough exploration of the leadership field was deemed necessary. By starting with a clean slate, or *tabula rasa*, it was essential to gain a comprehensive understanding of the historical context surrounding leadership theories and concepts. Secondly, the field of leadership theory demonstrates a tradition of engaging with earlier texts, fostering an ongoing dialogue between modern theories and ancient literature. Transformational leadership, recognized as one of the most popular contemporary leadership trends, is, for example, deeply rooted in this historical foundation. Therefore, a thorough review of the field has been undertaken to provide a well-rounded analysis and insights into the relationship between leadership and TBI. This has also been done because, thirdly, there is also a prevalent phenomenon within the leadership field for authors to primarily focus on contemporary popular theories and trends. Often, popular trends are presented as entirely new ideas, despite being reinterpretations of older thoughts or "old wine in new bottles." This observation has been acknowledged by scholars such as Sørhaug (2004). To address this tendency and provide a well-rounded perspective, delving into historical contributions thereby becomes crucial. By embarking on this comprehensive journey, this study endeavors to approach the intersection of leadership and the RTW process after mTBI with a fresh perspective, consider historical insights, counterbalance the emphasis on contemporary theories, and contribute to the existing body of knowledge.

Given that this doctoral thesis aims to be relevant for groups that are typically not deeply versed in the field of leadership (such as social workers, vocational specialists, health workers, policy makers, and other practitioners), as well as for a group that is often well

acquainted with the field (researchers in organization and leadership), the review of the leadership field aims to be both very thorough and pertinent for all parties.

### 3.1 Good Leadership: From “Great Men” to “great trends”

*If thou be a leader, as one directing the conduct of the multitude, endeavour  
always to be gracious, that thine own conduct be without defect.*

*(Kagemna & Ptahhotep, 1906, p. 44)*

The study of leaders and leadership has been a subject of interest since the rise of civilization. Among the earliest written records pertaining to leadership are the Egyptian hieroglyphs "seshemet" (leadership), "seshemu" (leader), and "shemsu" (follower), which date back 5000 years ago to the First Egyptian Dynasty (Bass, 2008). Providing valuable insights into ancient leadership practices, these hieroglyphs offer a glimpse into early human understanding of leadership dynamics. Around 2300 BC, during the fifth Dynasty (Harrell & Storemyr, 2009), a significant milestone in the exploration of leadership occurred with the authorship of the first known book dedicated to the subject: *The Instruction of Ptahhotep* (Kagemna & Ptahhotep, 1906). This seminal work is commonly attributed to Ptahhotep, an influential mayor and vizier of ancient Egypt. Notably, *The Instruction of Ptahhotep* is also recognized as the oldest surviving book in the world, underscoring its historical significance (Fontaine, 1981). While leadership also is indirectly addressed in renowned ancient works such as *The Iliad* (Olson et al., 2015) and *The Oddysey* (Collins, 2019), scholars seldom delve into the writings of Homer to extract insights on leadership. Similarly, *The Instruction of Ptahhotep* is frequently overlooked or forgotten within mainstream leadership theory today.

However, one ancient text that continues to garner attention is *The Art of War* (Tzu & Horowitz, 2019), a Chinese classic from the sixth century BC that most often is regarded as the first book on leadership (Grint, 2011; Yukl & Gardner Iii, 2020). The enduring success of *The Art of War* can be attributed, in part, to the seed it planted, which continues to blossom throughout the history of the leadership field. This seed is the notion that a select few "Great Men" possess the ability to determine the difference between failure and success, whether in times of peace or conflict. Consequently, these "Great Men" are entrusted with the



responsibility for the lives of millions (Bass, 2008; Grint, 2011). Sun Tzu is very concrete on what is the five most important attributes of a general:

*The Commander stands for the virtues of wisdom, sincerely, benevolence,  
courage and strictness. (Tzu & Horowitz, 2019, p. 9)*

The explicit articulation and strong emphasis on the significance of "Great Men" is absent in both *The Instruction of Ptahhotep* (Kagemna & Ptahhotep, 1906) and the works of Homer (Collins, 2019). Therefore, it was Sun Tzu, or possibly his students, who established the tradition of "Great Men" within the realm of leadership literature. This paradigm remained dominant until the beginning of the 20th century (Bass, 2008; Grint, 2011; Sørhaug, 2004).

The ancient Greeks, too, engaged in profound deliberations on leadership. In his renowned work, *The Republic* (Plato et al., 2008), Plato dedicates considerable discourse to the significance of what contemporary parlance would identify as an educated leader. Though not explicitly articulated, Plato's notion of the philosopher king embodies the comprehensive qualities essential to effective leadership. Moreover, Plato places substantial emphasis on the acquisition of knowledge (Plato et al., 2008, p. 209) to such an extent that he may be credited as an early proponent of the *primus inter pares* principle within the realm of leadership. Aristotle, too, devoted considerable attention to the examination of leadership and according to Grint (2011), Aristotle's *Rhetorica* (Aristotle, 2000) can also be regarded as one of the earliest recognized contributions to the field of leadership. Aristotle's approach to leadership is more dialectical than Plato, acknowledging the importance of wisdom (*phronesis*) in leaders who can discern the good in each situation and take appropriate action. Aristotle also recognizes the importance of the wellbeing of followers and suggests appealing to listeners' emotions to help them understand the rationality of an argument (Aristotle, 2000a; Grint, 2011, p. 6).

When the history of leadership is written, there is a tendency among researchers to either make a giant leap from *The Art of War* (Tzu & Horowitz, 2019), or if not, from the work of Aristotle (384 BC – 322 BC) to the 16-century renaissance work *The Prince* (Machiavelli & Horowitz, 2019), overlooking the contributions of influential writers from the 1<sup>st</sup> century,

such as Plutarch<sup>24</sup> (ca 45-120 AD) and Gaius Suetonius Tranquillus (69-122 AD)<sup>25</sup>. Plutarch, despite often being overlooked or relegated to a peripheral position in discussions on leadership, exerted a lasting influence on literature and politics with his writings from the 1st century. Classicist Jeffrey Beneker emphasizes the wide readership and enduring impact of Plutarch's works, such as the *Parallel Lives* and the *Moralia*, which were widely read for over a millennium, particularly in the Greek-speaking Byzantine Empire. During the 16<sup>th</sup> century, these texts were translated into French and English, subsequently influencing political thinkers and authors, including notable figures like Shakespeare. In the 18<sup>th</sup> century, the *Parallel Lives*, in particular, garnered attention for their insights into leadership and government, capturing the interest of American founding fathers who admired the ideals of ancient Greeks and Romans, finding inspiration in figures like Pericles and Cato (Plutarch, 2019, p. xviii).

Plutarch was also known for his advocacy of the Great Men (Plutarch, 2019, p. 63), yet his writings resonate with contemporary discourse on leadership. He emphasized the consistency between words and actions, and the character of the leader (Plutarch, 2019, pp. 77, 89), which aligns with various modern leadership theories that emphasize the importance of role understanding and the power of attribution (Terjesen, 2018). These concepts are fundamental pillars in the contemporary and highly influential literature on transformational leadership (Bass & Riggio, 2006; Crede et al., 2019; Diaz-Saenz, 2011). Furthermore, Plutarch provides advice on building alliances, cultivating powerful relationships (Plutarch, 2019, pp. 87-107) and the importance of delegation<sup>26</sup> (Plutarch, 2019, p. 125).

Following Plutarch, the field of leadership experiences a 1400-year hiatus until the Renaissance, with Niccolò Machiavelli's book *The Prince* (Machiavelli & Horowitz, 2019) in 1532 marking its revival (Allio, 2013; Bass, 2008; Grint, 2011; Terjesen & Salomon, 2015). In the era when Machiavelli lived (1469-1527), there was a strong interest in Greek Antiquity,

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<sup>24</sup> In the comprehensive and extensive 1500-page authoritative work on leadership, known as *The Bass Handbook of Leadership*, Plutarch receives minimal mention, appearing only twice (Bass 2009).. Similarly, in the comprehensive *Sage Handbook of Leadership*, Plutarch is referenced only once in the chapter written by Cuilla and Forsyth (2011).

<sup>25</sup> We will return to the Gaius Suetonius Tranquillus in the section on bad leadership.

<sup>26</sup> In the Bible we also find advises on leadership and there is plausible that the conversation between Moses and his father-in-law, Jethro, is the first writing within leadership theory that highlights the importance of delegation. This can be read in The Second Book Of Moses/The Exodus, 18: 21 in *The Holy Bible: Old and New Testaments, King James Version*. (2008). The Floating Press.

which greatly influenced Machiavelli's writings (Steiris, 2010) and *The Prince* (Machiavelli & Horowitz, 2019) contains numerous references to ancient Greek philosophy and mythology. While *The Prince* is primarily recognized as a significant contribution to the field of political science within the context of intellectual history, leading to Machiavelli being dubbed "the father of political realism" (Bjartveit & Eikeset, 2008), its descriptions and recommendations have also exerted influence in the realm of leadership (Bass, 2008; Grint, 2011; Terjesen & Salomon, 2015), and for the last 500 years, the legacy of *The Prince* has engendered lively debates and controversies that still are ongoing (Cosans & Reina, 2018; Grint, 2011, pp. 6-7).

If one were to distill the essence of influence from Machiavelli's *The Prince*, a notable legacy that emerges is the heightened emphasis on the leader's astuteness, skills, and diverse abilities. Machiavelli's descriptions and prescriptions depict a figure that surpasses human capabilities. Drawing on the analogy of the centaur from Greek mythology, which portrays a half-human, half-horse creature, Machiavelli not only continues the tradition of the Great Men, but also expands upon it, and establishes a notion that leadership is not only meant for the great, but for the greatest of individuals to embody and execute (Terjesen & Salomon, 2015). Due to Machiavelli's discussion not only of the necessary but almost superhuman required leadership skills (Machiavelli & Horowitz, 2019, p. 59) and traits (Machiavelli & Horowitz, 2019, p. 66), but also because of his highlighting of the importance of situational factors that will affect the ability to lead (Machiavelli & Horowitz, 2019, p. 23), the importance of having and/or making strategies (Machiavelli & Horowitz, 2019, p. 28) and his blunt discussions of power (Machiavelli & Horowitz, 2019, p. 47), Machiavelli presented what became a comprehensive guide to leadership. It was a groundbreaking contribution that had not been seen before in the Western world, and as a result, *The Prince*, like *The Art of War*, continues to be studied not only by scholars but also by leaders, enduring the test of time.

## 3.2 Moving into modern times

Following Machiavelli, the field of leadership largely retreated into a period of relative obscurity, receiving minimal literary attention until the advent of modern times. It was during this juncture that Thomas Carlyle's lectures on leadership were published in 1841 in his seminal work *On Heroes, Hero Worship, and the Heroic in History* (Carlyle et al., 2013). Carlyle's contribution ushered in a new phase of the Great Men tradition, elevating its significance and impact (Sørhaug, 2004). Parallel to Carlyle, the industrial revolution

propelled the Western world into an era of intensive industrialization, which necessitated new forms of organization and organizational structures (Grint, 1998, 2011). This provided fertile ground for writers on organization and laid the foundation for the founding figures of work sociology, namely Karl Marx and Max Weber (Collins, 1994). Marx and Weber played pivotal roles not only in the genesis of sociology but also in critical discussions concerning work itself, the division of labor, the emergence of capitalism, rationality, bureaucracy, and power (Grint, 1998). Despite Marx's significant influence on academic, political, and public discourse surrounding work and labor, particularly his analysis of worker alienation (Collins 1994; Thompson & McHugh 2002), and Weber's profound impact on our academic understanding of bureaucracy, rationality, power (Collins 1994) and especially charisma (Bass, 2008; Sørhaug, 2004) which will be discussed later, the field of leadership continued to adhere to the "Great Men" framework until Frederic Winslow Taylor entered the stage. In his book from 1911, Taylor proposed replacing the emphasis on Great Men and "the rule of thumb" with the concept of "scientific management":

*And this one best method and best implement can only be discovered or developed through a scientific study and analysis of all of the methods and implements in use, together with accurate, minute, motion and time study.*

*This involves the gradual substitution of science for rule of thumb throughout the mechanic arts. (Taylor, 2005, p. 20).*

Prior to Taylor, the literature on leadership primarily revolved around exploring the traits, abilities, skills, and values of leaders, with a strong emphasis on biographical accounts of prominent individuals such as generals, philosophers, warriors, emperors, and heroes throughout history. In contrast, Taylor's perspective emerged from a unique context - the internal dynamics of the factory. Departing from earlier writings that often carried connotations of the divine, Taylor's writings altered focus entirely to the mundane and practical aspects of everyday factory life, specifically on the standardization of workflows to optimize production efficiency (Taylor, 2005). According to Taylor, his principles were intended to benefit both employees and employers, aiming to achieve "the maximum prosperity for the employer, coupled with the maximum prosperity for each employee" (Taylor, 2005, p. 1).

Despite Taylor's strong belief in his principles and ambitious goals, his legacy remains highly controversial. Substantial criticism has been directed towards Taylor's "one best way"-thinking, arguing that his principles strip workers of autonomy, influence, and their essential humanity (Braverman, 1974; Kanigel, 2005). This critique highlights how Taylor's approach concentrates knowledge control in the hands of management at the expense of the workforce, resulting in job deskilling aligned with the expansion of labor division (Grint, 2011, p. 8). Furthermore, questions have been raised regarding the scientific rigor of "scientific management" itself (Braverman, 1974). However, Taylor's writings exerted significant influence and have left a long lasting impact on how organizations conceptualize time, productivity, and efficiency even today (Kanigel, 2005) and it can be argued that management and production systems such as LEAN production and Total Quality Management (TQM) bear traces of Taylor's ideas (Dave, 2020). In the realm of leadership, Taylor also succeeded in introducing the notion of leaders as "repositories of knowledge," thus laying the groundwork for what is now known as "knowledge management"(Grint, 2011, p. 8). While this idea may be considered reasonable to some extent, as having knowledgeable leaders is advantageous, the downside of Taylor's approach is that it restricts knowledge ownership solely to management. This starkly contrasts with the practices of most modern organizations operates today, at least within a Norwegian context.

Taylorism held its ground for approximately 20 years until the Hawthorne experiments conducted at the General Electric (GE) plant near Chicago in the 1920s and 1930s challenged its principles. These experiments revealed that the work environment and how employees were treated also had an impact on production. It was observed that the norms within informal groups, in addition to those set by management, influenced productivity, leading to the identification of the "Hawthorne effect"(Eriksson-Zetterquist et al., 2014; Grint, 2011). There has been ongoing debate in recent decades about the existence of the Hawthorne effect, with arguments stating that the experiments were conducted with numerous variables "on the loose", making it difficult to isolate a single primary cause (Jones, 1992; Sedgwick & Greenwood, 2015; Wickström & Bendix, 2000). However, the alleged discovery of the Hawthorne effect in the early 1930s sparked a series of subsequent experiments in the United States, yielding new insights. It was found that workers were motivated not solely by rational factors but also by normative influences, and they displayed a group-oriented cultural orientation rather than individual motivation. These findings, coupled with the rise of global mass movements such as communism and fascism and the prelude to World War II, resulted

in the resurgence of the concept of "Great Men," this time embodied in charismatic leaders (Bass, 2008, p. 81; Grint, 2011; Sørhaug, 2004). The resurrection of "Great Men" in the shape of charismatic leadership did however not last long and culminated in the aftermath of the devastating World War II. Subsequently, in the late 1940ies and during the 1950s and 1960s, leadership research shifted its focus from examining leadership traits to studying leadership styles. Thereafter leadership research moved onwards to situationism (Bass, 2008; Eriksson-Zetterquist et al., 2014; Grint, 2011; Sørhaug, 2004; Yukl & Gardner Iii, 2020).

Ralph Stodgill's 1948 study, as cited in Bass (Bass, 2008, pp. 81-135), is widely recognized as a pivotal contribution to the shift in leadership research. The study revealed two important findings: First, there are no definitive, unique human traits that distinguish leaders from others; and second: What may be considered effective leadership in one situation may be ineffective in another, highlighting the situational nature of leadership. In conclusion, leadership must be viewed as a situational dependent process (Bass, 2008, p. 81; Sørhaug, 2004, pp. 188-189; Yukl, 1989, p. 260).

In addition to Stodgill's insights, the University of Michigan and Ohio State studies also played a significant role in shaping this new perspective (Grint, 2011, p. 9). After World War II, researchers at Ohio State University sought to identify effective leadership elements. They compiled a list of 150 descriptions of leadership behaviors, which later served as the foundation for the Leader Behavior Description Questionnaire (LBDQ), still in use today. The questionnaire was distributed to thousands of workers, and through factor analysis, the researchers identified two main factors: consideration and initiation of structure. Structure-oriented leaders were primarily task-oriented, focusing on work assignments, division of labor, responsibility, time management, and productivity. Consideration-oriented leaders, on the other hand, were primarily relationship-oriented, emphasizing concern for their employees, showing respect, trust, and fostering a sense of community. The Ohio researchers viewed structure/task-oriented and consideration/relations-oriented leadership as distinct and independent from each other (Sørhaug, 2004, pp. 198-199).

During the same period, researchers at the University of Michigan developed a similar two-dimensional framework. However, unlike the Ohio State researchers, the Michigan researchers did not view the division between task and relationship orientation as a dichotomy but as a continuum. They proposed that leaders could exhibit both task-oriented and

relationship-oriented behaviors to varying degrees, depending on the situation. According to the Michigan continuum model, the more task-oriented a leader was, the less relationship-oriented they would be, and vice versa. This model demonstrated that leaders can employ a combination of task and relationship behaviors based on the specific circumstances (Sørhaug, 2004, p. 199). Armed with this new understanding, leadership research in the late 1940s shifted its focus from traits to leadership styles. The aim was to identify which leadership styles and behaviors were most effective in any given situation (Eriksson-Zetterquist et al., 2014). According to Bass, the search for universal leadership traits applicable in all situations was largely abandoned by the majority of leadership researchers in the 1950s and 1960s, paving the way for the emergence of the next major topic within leadership studies: situationism (Bass, 2008, p. 103).

Lasting from the early 1960s until the late 1970s (Eriksson-Zetterquist et al., 2014), situational leadership dominated the research field. In this period there was developed a string of different situational leadership models, aiming to prescribe the right leadership behavior for more or less every leadership situation. According to Sørhaug, this phase was characterized by that the leadership field was faced with a conceptual development that “screamed for a four-field table”<sup>27</sup> (Sørhaug, 2004, p. 200). It got several.

During this period, several prominent models emerged, including Blake and Mouton's *Managerial Grid* (Blake et al., 1962), Hersey and Blanchard's *Situational Leadership Model* (Hersey & Blanchard, 1979) and *Fiedler's Contingency Theory* (Fiedler, 1978). These models became like kites on a string, each offering a unique perspective on situational leadership and providing frameworks for understanding and analyzing different leadership situations.

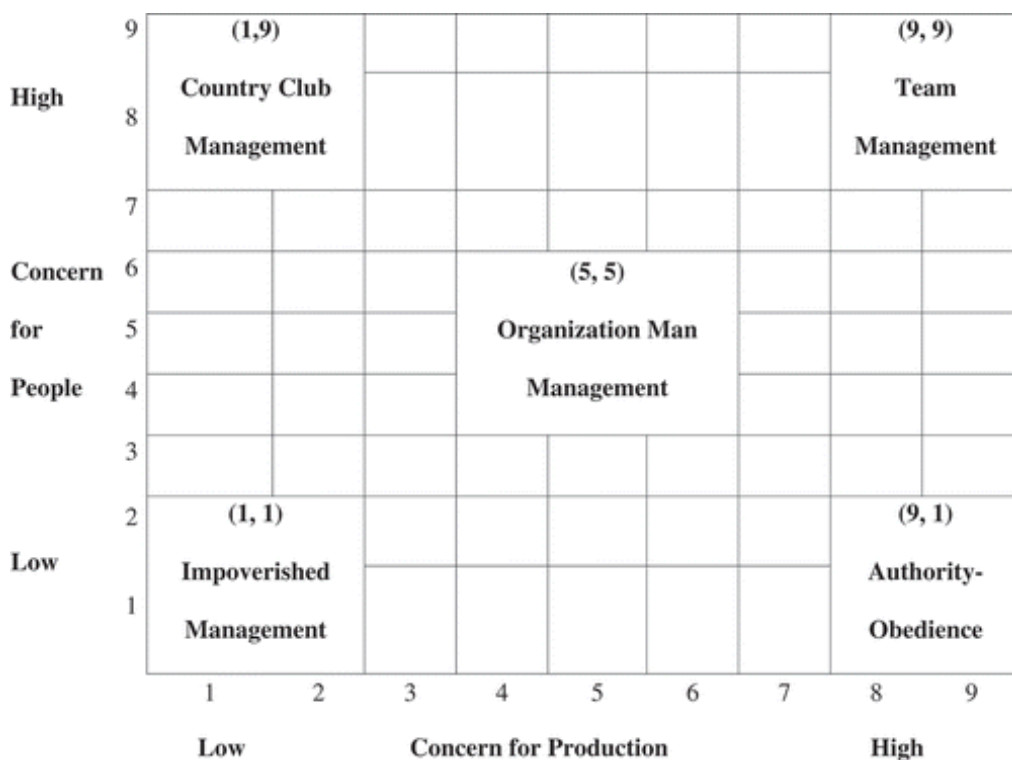
Blake and Mouton's *Managerial Grid* was the initial model introduced, depicting five categories as shown in Figure 1. Cai et al. (2019) assert that the development of the Managerial Leadership Grid was influenced by both the Ohio and Michigan studies and the work of Kurt Lewin. Lewin's research in the 1930s and 40s demonstrated the benefits of utilizing participative leadership rather than autocratic leadership. However, according to Cai et al. (2019), the primary motivation behind the model was a response to McGregor's ideas:

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<sup>27</sup> My translation of Sørhaug from Norwegian to English.

...perhaps the biggest influence on the Grid was McGregor's (1960) Theory X and Theory Y, which described two managerial leadership styles used to motivate employees based on whether employees are unmotivated and dislike work, which requires managers to supervise employees closely, called Theory X, or employees are highly motivated and eager to perform well in their work, which allows managers to lead by creating opportunities for employees to achieve, called Theory Y. The Grid proposed a middle ground, but one that set out to demonstrate the advantages of Theory Y as a leadership style, by proposing styles that emerge from a set of managerial concerns: whether managers have a high or low concern for their employees and whether they have a high or low concern for production. These separate but interdependent concerns lead to five distinct managerial leadership styles. (Cai et al., 2019, pp. 1-2)

Figure 1: The managerial grid<sup>28</sup>



<sup>28</sup> The model is from Blake, R. R. (1985). *The managerial grid III: a new look at the classic that has boosted productivity and profits for thousands of corporations worldwide.*



In the bottom-left quadrant of the model, one finds “Impoverished management”, which is low on both relationship orientation and task orientation. These are leaders who do the bare minimum and are satisfied with minimal results and community engagement. In the top-left quadrant, we have “Country Club Management”, characterized by high focus on relationships but low emphasis on tasks. These leaders prioritize enjoying their time at work rather than achieving high performance. In the middle of the grid, we find the “Organizational Man”, representing a ‘middle-of-the-road’-leader who adopts a compromise style, providing some support and accomplishing some goals but not at optimal levels for either the leader or employees. In the bottom-right quadrant, we have “Authority Obedience”, where leaders solely focus on production and disregard the psychosocial environment. Finally, in the top-right quadrant, we find the desired leadership style according to Blake and Mouton: “Team Management”. This style emphasizes both strong relationships and effective task management (Blake, 1985; Cai et al., 2019). The model gained significant popularity and was also copyrighted (Sørhaug, 2004).

Blake and Mouton’s *Managerial Grid* (Blake et al., 1962), and the models that followed; Hersey and Blanchard’s *Situational Leadership Model* (Hersey & Blanchard, 1979) and *Fiedler’s Contingency Theory* (Fiedler, 1978), enjoyed considerable popularity for many years. But eventually the pure situational focus was abandoned, when the leadership field again turned its attention to leaders’ ability to influence not only the situation and cognition, but also the emotions of the employees:

*The contingency theories generated extensive research for two decades, but they were eventually eclipsed by leadership theories that emphasize leader influence on emotions as well as cognitions, and influence by multiple leaders as well as influence by a single heroic leader (Yukl, 2010). One major reason for the declining popularity of the early contingency theories is the lack of strong empirical support for them. Despite many hundreds of studies conducted to test universal and contingency theories of effective leadership, no strong conclusions can be reached. The empirical studies found support for some propositions in some of the theories, but in no case was there strong, consistent support for all aspects of the theory.*

*(Yukl, 2011, p. 296)*

However, as the field of leadership gradually broke away from the strictly situational-focused paradigm, it did not mean that the models disappeared; in fact, they continue to thrive today, parallel to the new trends that emerged. The Managerial Grid, for instance, serves as the foundation for the holistic model of destructive leadership (Einarsen et al., 2015; Einarsen et al., 2007), which will be discussed later.

### 3.3 The return of charisma and the launch of transformational leadership

A common criticism of situational leadership theories is that they depict organizations and leadership processes as closed systems, akin to closed laboratories (Sørhaug, 2004), and confronted with a world in the 1970-ies, when organizations increasingly had to adapt to external factors such as the oil crisis, the closed-system perspectives proved inadequate (Eriksson-Zetterquist et al., 2014; Grint, 2011; Yukl, 2011). The real coup de grace to the pure situational perspective was delivered by James MacGregor Burns' book *Transforming Leadership: A New Pursuit of Happiness* (Burns, 2004), published in 1978, where he totally dismantles the pure situational perspective:

*To respond to situations seems inevitable as making use of one's traits. But the theory of "situationalism" is no less elusive. We exist in multiple situations – which ones are more important? Can one situation, such as living in an affluent family, override another, such as belonging to a discriminated-against race? Can dire poverty overcome high intelligence, or vice versa? We may be able to change a particular situation, such as a job, more readily than we can change particular trait such as sociability, but in changing jobs are we not still controlled by broader environment factors? If these aren't unsettling questions in our private lives, imagine how complex and urgent they can be in society as a whole, and how potent in their own implications for leadership. (Burns, 2004, p. 12)*

Burns further contends that leadership theories must not only focus on the structural aspects of systems but also integrate the agency of individuals. He emphasizes that humans are not solely motivated by material desires and needs, but also by:

*...rich and complex mix of physical, psychological, social, sexual wants and needs that are both inward, for self-fulfillment, self-actualization, and that also look outward for their satisfaction through the achievement of some change in the world. It would seem that change is caused by a host of forces, personal and impersonal, rational and emotional, material and psychological. (Burns, 2004, p. 15)*

Through a comprehensive examination of pivotal moments in history, Burns (2004) demonstrates how leaders have grappled with intricate situations and complex contexts, while also navigating actors with conflicting motives and rationales. Similar to the content of this text, Burns begins with Egyptian hieroglyphs to highlight that despite the diligent efforts made by leadership scholars preceding his time, there are underlying similarities among historical leaders who have positively shaped the world. These leaders shared a drive to effect transformations and possessed charisma, a quality that enabled them to influence the hearts and minds of others and implement change. Nevertheless, Burns firmly states his intention is not to resurrect the theory of Great Men, as he believes it should remain buried. For Burns, it is crucial to emphasize that history's most heinous examples, such as Adolf Hitler, do not merit the title of leader because he ruled rather than led. When introducing his theory of leadership, Burns explicitly underscores the essential role of morality, which he believes Carlyle's theory of Great Men failed to address. Therefore, when unveiling transformational leadership, Burns sets forth a moral premise: mere charisma is insufficient; it must be coupled with values that strive for positive changes. Furthermore, the transformations sought by leaders should not only change the followers but also empower them (Burns, 2004, p. 212).

After Burns, the phase dominated by purely situational perspectives was rendered ineffective, and the era of visionary leadership commenced. In this fourth phase, the focus shifted towards the concept of "the visionary leader." While there may be differing opinions on this matter, it is generally agreed upon that we are still in the midst of the fourth phase today (Eriksson-Zetterquist et al., 2014; Terjesen & Salomon, 2015; Yukl & Gardner Iii, 2020).

A key point advanced by Burns when he introduced the concept of transformational leadership was that this type of leadership was crucial for achieving global, political change. Burns advocated for this notion with a literal interpretation, envisioning transformational leadership as a means to empower people worldwide and eradicate global poverty (Burns,

2004, p. 231). In essence, the theoretical framework constructed by Burns was driven by an highly ambitious goal. According to Burns, leadership involved not only holding power but also utilizing it to effect positive changes for the greater good. However, as the concept of transformational leadership progressed, it gradually extended beyond political domains to encompass non-political organizations and leaders (Bass, 1998; Bass & Bass Bernard, 1985; Diaz-Saenz, 2011). Today, transformational leadership it is first and foremost known as a prescriptive leadership theory with one main purpose; to produce organizational and individual results beyond expectations (Bass, 1998; Bass, 2008; Bass & Riggio, 2006; Diaz-Saenz, 2011; Terjesen & Salomon, 2015).

While Burns was the one to introduce the theory of transformational leadership in 1978 (Burns, 2004), the distinction between transactional and transformational leadership was initially formulated by James Downton in his book on rebel leadership, where he presented perspectives on leader-follower relationships (Downton, 1973). Another precursor to this distinction can also be found in Hook's 1943 book on heroes in history, where he differentiates between the 'eventful man' and the 'event-making man' (Hook, 1943). However, it can be argued that the theory of transformational leadership would not exist without Max Weber's writings on charisma and charismatic leadership (Sørhaug, 2004; Weber, 1978; Weber et al., 2010).

Max Weber has long been recognized as a prominent figure in sociology (Collins, 1994), and his influence extends to the field of leadership, particularly in the area of charismatic leadership, where he is regarded as the "father of the field" (Conger, 1993, p. 277). In his work, Weber (1978) identifies three forms of legitimate authority in organizations and institutions, each associated with a specific type of management: 1) Bureaucratic management, which is grounded in legal authority; 2) Patrimonial leadership, which operates within family relationships and is based on traditional authority; and 3) Charismatic leadership, which stems from the personal charisma of the leader (Bass, 2008; Conger, 1993; Sørhaug, 2004; Weber, 1978; Weber et al., 2010).

In everyday discourse, the term "charismatic" is often casually used to describe individuals who possess certain exceptional qualities, without fully recognizing the profound significance of this term:

*The term charisma comes from a Hellenistic word χάρισμα or kharisma, meaning a 'gift' or 'divine favor' or 'supernatural power'. In ancient times, it was believed that certain individuals such as prophets or religious leaders or healers were given gifts from the gods to help them in their earthly tasks. These were called charismata. The term was adopted by the Christians of the New Testament period to similarly describe Godly gifts given to the faithful. Most commonly referenced among the gifts were notions of prophecy connected with visionary experiences and the ability of prophets to speak in the person of God (or the Holy Spirit). Among the oldest known literary references to charismata are those found in the Bible (...). Despite the term's long history, it was not used to describe a category of secular leadership until the writings of the German sociologist Max Weber (1864–1920). He was the first to apply the term 'charismatic' to leaders in the secular as well as religious world. (Conger, 2011, p. 86)*

When Max Weber introduced the concept of charismatic leadership, he retained the core essence of its original meaning, thereby portraying the charismatic leader as an individual possessing exceptional powers (Conger, 2011). Despite being published as early as the 1920s (Weber, 1978) and having a significant impact on sociology and political science, it was not until the 1970s that Weber's ideas began to permeate the field of leadership and gain prominence (Conger, 2011). In the discourse surrounding transformational leadership, there have been claims equating transformational and charismatic leadership. However, as the theory has evolved over time (Bass & Riggio, 2006), it has transformed into a framework aligned with the earlier works of Bass, who emphasized that a leader's ability to stimulate intellectual growth and demonstrate consideration should form the basis for classifying them as a transformational leader (Bass & Bass Bernard, 1985).

Descending from Burns' theory of transformational leadership and Max Weber's concept of the charismatic leader, the literature on transformational leadership has evolved and developed into a sophisticated and distinct leadership theory (Bass & Riggio, 2006). Today transformational leadership has solidified its position as a robust theoretical construct (Parry, 2011) and become one of the cornerstones within the modern research field on leadership (Crede et al., 2019) and over the past four decades, it has remained one of the most extensively studied and debated leadership theories within the realm of leadership studies

(Bass, 2008; Bass & Riggio, 2006; Diaz-Saenz, 2011; Siangchokyoo et al., 2020; Sørhaug, 2004).

### 3.4 Defining transformational leadership

When defining transformational leadership, it is often presented as the antithesis of transactional leadership. However, in Bass and Riggio's authoritative book on this subject, *Transformational Leadership* (2006), they demonstrate that transactional leadership serves as both the opposite and the prerequisite for transformational leadership. Transactional leadership thereby lays the groundwork for the execution of transformational leadership. As the name suggests, transactional leadership is based on the notion that the relationship between the leader and the employee is transactional in nature. This transaction is regulated through the exchange of valuable "things" between the two parties. Within the framework of transformational leadership theory, transactional leadership can be assessed along three dimensions (Bass & Riggio, 2006, p. 8):

1. Contingent reward: The leader and the employee agree upon the tasks to be performed and the corresponding rewards that will be received upon completion of the work.
2. Management by exception, that has two forms:
  - a) Active form: Active form: The leader actively monitors employees and takes corrective action when deviations, mistakes, or errors occur.
  - b) Passive form: The leader passively waits for deviations, mistakes, and errors to occur without intervening before or during the occurrences; corrective action is taken afterward.
3. Laissez-faire: The leader is absent and has an evasive leadership style

As observed here, transactional leadership encompasses behaviors that individuals may either desire or prefer to avoid, depending on their occupation, workplace and work environment. Most employees would likely prefer to have contingent rewards in place, while only a few would probably choose to have a laissez-faire leader. However, expectations regarding management by exception may vary depending on the work context and tasks at hand. Those in the academic sector might prefer a leader who predominantly practices the passive form of management by exception (2b), allowing them autonomy in their research. Conversely,

surgeons and surgical nurses would likely prefer a chief surgeon who exhibits a high degree of active management by exception (2a), ensuring that no errors occur during operations. Similar expectations for error-free performance exist in professions such as airline piloting. The optimal and appropriate form of transactional leadership will therefore depend on the organization, tasks involved, and the individuals performing the work.

While transactional leadership emphasizes contractual aspects, its pure form is lacking in relational, intellectual, and creative aspects of leadership (Burns, 2004). A pure transactional approach is thereby often referred to as the "carrot and stick"-style (Burns, 2004; Terjesen & Salomon, 2015). Additionally, transactional leadership fails to consider the development of individuals' potential or the need for accommodations. In contrast, transformational leadership excels in these dimensions and aims to fill this void (Bass & Riggio, 2006).

Transformational leadership is based on four dimensions: idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration. Within the literature, these dimensions are often referred to as "the four i's". (Sørhaug, 2004). In Bass and Riggio's authoritative work on transformational leadership, they provide precise definitions of these four dimensions. Attempting to paraphrase them only resulted in imprecision and dullness, so the following operationalizations are directly quoted from their work (Bass & Riggio, 2006, pp. 6-7):

***Idealized Influence (II).** Transformational leaders behave in ways that allow them to serve as role models for their followers. The leaders are admired, respected, and trusted. Followers identify with the leaders and want to emulate them; leaders are endowed by their followers as having extraordinary capabilities, persistence, and determination. Thus, there are two aspects to idealized influence: the leader's behaviors and the elements that are attributed to the leader by followers and other associates. These two aspects, measured by separate subfactors of the MLQ, represent the interactional nature of idealized influence—it is both embodied in the leader's behavior and in attributions that are made concerning the leader by followers. A sample item from the MLQ that represents idealized influence behavior is "The leader emphasizes the importance of having a collective sense of mission." A sample item from the idealized influence attributed factor is "The leader reassures others that obstacles will be*

overcome.” In addition, leaders who have a great deal of idealized influence are willing to take risks and are consistent rather than arbitrary. They can be counted on to do the right thing, demonstrating high standards of ethical and moral conduct.

***Inspirational Motivation (IM).*** Transformational leaders behave in ways that motivate and inspire those around them by providing meaning and challenge to their followers’ work. Team spirit is aroused. Enthusiasm and optimism are displayed. Leaders get followers involved in envisioning attractive future states; they create clearly communicated expectations that followers want to meet and also demonstrate commitment to goals and the shared vision. A sample MLQ item for IM is “The leader articulates a compelling vision of the future.” Idealized influence leadership and inspirational motivation usually form a combined single factor of charismatic-inspirational leadership. The charismatic-inspirational factor is similar to the behaviors described in charismatic leadership theory.

***Intellectual Stimulation (IS).*** Transformational leaders stimulate their followers’ efforts to be innovative and creative by questioning assumptions, reframing problems, and approaching old situations in new ways. Creativity is encouraged. There is no public criticism of individual members’ mistakes. New ideas and creative problem solutions are solicited from followers, who are included in the process of addressing problems and finding solutions. Followers are encouraged to try new approaches, and their ideas are not criticized because they differ from the leaders’ ideas. A sample item from the MLQ that represents intellectual stimulation is “The leader gets others to look at problems from many different angles”.

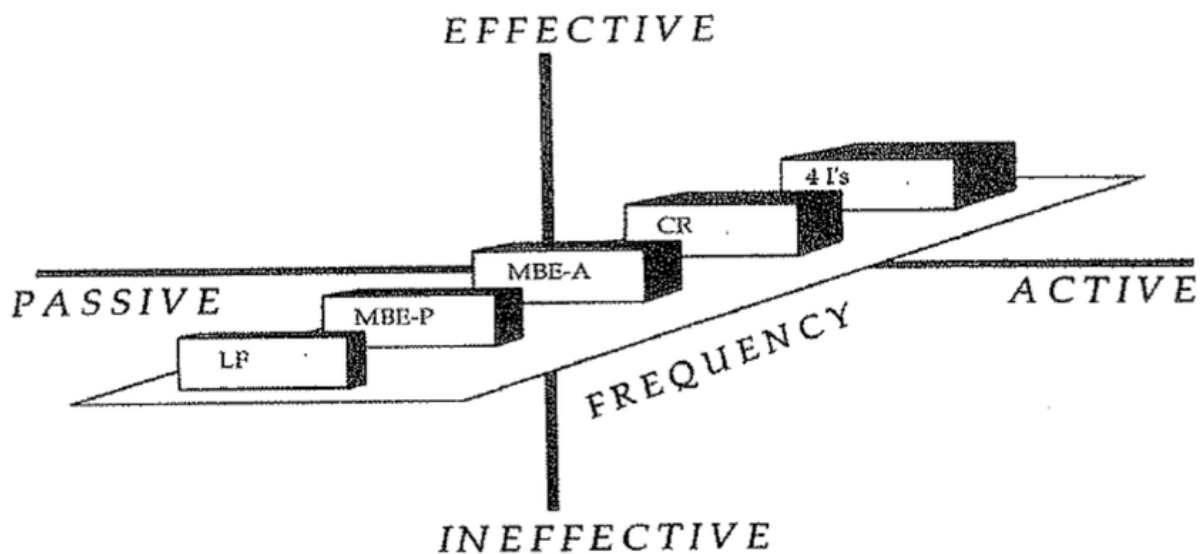
***Individualized Consideration (IC).*** Transformational leaders pay special attention to each individual follower’s needs for achievement and growth by acting as a coach or mentor. Followers and colleagues are developed to successively higher levels of potential. Individualized consideration is



*practiced when new learning opportunities are created along with a supportive climate. Individual differences in terms of needs and desires are recognized. The leader's behavior demonstrates acceptance of individual differences (e.g., some employees receive more encouragement, some more autonomy, others firmer standards, and still others more task structure). A two-way exchange in communication is encouraged, and "management by walking around" workspaces is practiced. Interactions with followers are personalized (e.g., the leader remembers previous conversations, is aware of individual concerns, and sees the individual as a whole person rather than as just an employee). The individually considerate leader listens effectively. The leader delegates tasks as a means of developing followers. Delegated tasks are monitored to see if the followers need additional direction or support and to assess progress; ideally, followers do not feel they are being checked on. A sample MLQ item from the individualized consideration scale is "The leader spends time teaching and coaching."*

To be recognized as a "full range" transformational leader, Bass & Riggio emphasize the necessity of fulfilling both transactional and transformational criteria. They present a figure illustrating the characteristics of an ideal transformational leader (Bass & Riggio, 2006, p. 10):

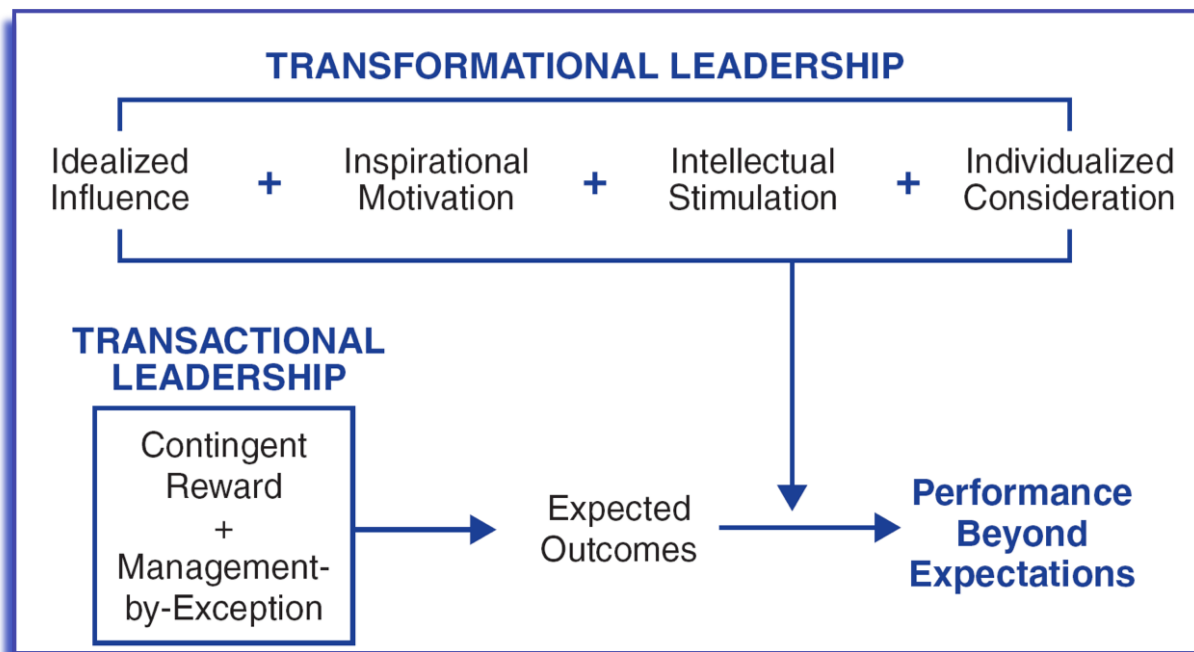
*Figure 2: Full range transformational leadership model*



As depicted in this model, an optimal leadership profile entails minimal or rare utilization of Laissez-Faire leadership (LF) and the passive form of management by exception (MBE-P), while exhibiting some degree of the active form (MBE-A). On the other hand, contingent reward (CR) and the four i's (idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration) should always be actively practiced (Bass & Riggio, 2006; Mitchell, 2015).

This figure is also commonly employed to visually depict how the various components comprising transformational leadership are intended to function:

Figure 3: Transformational leadership<sup>29</sup>



### *The Multifactor Leadership Questionnaire*

According to Bass and Riggio (2006), full range transformational leaders can be identified through qualitative in-depth interviews. However, transformational leadership can also be assessed using a dedicated questionnaire known as the Multifactor Leadership Questionnaire

<sup>29</sup> I have gathered this illustration from this website: <https://www.iedunote.com/transactional-transformational-leadership-difference> - but the same illustration can be found at several sites on the web.

(MLQ). In research on transformational leadership, the short version of the MLQ survey tool is the most commonly utilized (Antonakis et al., 2003; Boamah & Tremblay, 2019).

The MLQ has been translated into multiple languages, including Norwegian, and is employed across various industries and organizations. The instrument has demonstrated its effectiveness, regardless of whether it is completed by the leader themselves for self-evaluation or by peers and subordinates evaluating the leader (Bass & Riggio, 2006; Diaz-Saenz, 2011; Terjesen & Salomon, 2015). The MLQ questionnaire assesses a total of nine components that encompass both transactional and transformational leadership. It consists of 45 questions, with each component measured by four highly correlated questions that demonstrate low correlation with questions from other leadership components. Leaders who complete the questionnaire evaluate the frequency or extent to which they have observed themselves exhibiting 32 specific behaviors. They are also asked to assess their own characteristics or attributes. The questionnaire utilizes a five-point scale ranging from four to zero (0 = Not at all; 1 = Once in a while; 2 = Sometimes; 3 = Quite often; 4 = Often, if not always). To meet the MLQ's criteria for being a transformational leader, leaders must score high on all nine components that are part of both transactional and transformational leadership. The interdependence between transactional and transformational leadership forms the foundation of this measurement instrument. (Bass & Riggio, 2006; Glasø & Thompson, 2013; Terjesen & Salomon, 2015).

Considering the criticism of the transformational leadership literature as highly relevant, the research tool MLQ was utilized in two distinct research projects, both documented in Terjesen & Salomon (2015). In these projects, focused on the study of exceptional leadership for older workers, the MLQ was employed as a supplement to qualitative interviews. Experience revealed that, in some cases, leaders reported less transformative behavior in their MLQ responses compared to what was gathered from the interviews. This compelled a more meticulous definition of full-range transformational leaders. Conversely, some interviews suggested that certain leaders may have been too modest in their self-evaluations. Combining the findings from in-depth interviews with MLQ responses resulted in an overall impression that these individuals were indeed transformational leaders, despite their self-assessments in the questionnaire. In both studies, the MLQ was also administered to all employees to evaluate their leaders. On multiple occasions, situations arose where leaders rated themselves

higher than their employees did, and vice versa. These experiences indicate that relying solely on the MLQ as the basis for classifying someone as a transformational leader is inadequate.

### *Keeping the theoretical sobriety intact*

Despite its popularity, transformational leadership has faced criticism for its exclusive focus on the leader, neglecting employee influence (employees are often considered as “followers”) and the organizational and situational context. Furthermore, questions have arisen concerning the theory's ability to effectively manage and harness charisma (Bass, 1999; Beyer, 1999; Grint, 2011; Sørhaug, 2004). Adding to this chorus of skepticism, one might rhetorically question whether this theory represents yet another attempt to establish a comprehensive "one best way" theory.

Furthermore, when analyzing leadership beyond the dimensions emphasized in the literature on transformational leadership, such as personal attributes, traits, and leadership style, researchers must also take into account the situational and contextual factors within which leadership is exercised (Mintzberg, 2009, 2023). This includes considering both the formal and informal power structures and power struggles that inevitably exist within organizations (Lysgaard & Kalleberg, 2001; Terjesen, 2018). Additionally, it is crucial for leadership researchers to explore the "character" of the organization itself, to borrow from the teachings of the late Philip Selznick, who emphasized the understanding of how organizations develop their own personalities (Selznick et al., 1997). The organizational "personality" forms an essential part of the contextual framework that must always be considered in conjunction with the behavioral variables explored by the MLQ. With all aspects in mind, the argument can be made that relying solely on the MLQ as the basis for assessment provides an insufficient foundation. The use of the MLQ should always be combined with interviews conducted with both leaders and employees.

With these considerations in mind, drawing from research on transformational leadership (Terjesen & Salomon, 2015) and work on conflict management in organizations (Terjesen, 2018), it is found that the theory of transformational leadership is valuable for conceptualizing leadership styles. Furthermore, the distinction between transactional and transformational leadership bears resemblance to the dichotomy between task-oriented and relationship-oriented leadership (Bass, 2008). In addition to carrying a legacy from Weber (Weber, 1978),

the theory on transformational leadership also carries a legacy that can be traced back to earlier authors who have written about exceptional leaders, spanning from ancient times to the present. Therefore, rather than presenting something entirely novel, the theory of transformational leadership can be utilized as a refined and systematic analytical tool that incorporates previous insights and trends from the extensive history of the field. In the following analysis, the theory of transformational leadership will be employed to shed light on the successful leadership cases, aiming to illuminate the findings rather than prove the validity of the theory.

### **3.5 Research on transformational leadership and sickness absence**

The existing research on the relationship between transformational leadership and sickness absence remains inconclusive. Despite conducting a comprehensive literature search specifically focused on exploring the impact of transformational leadership on employees' sick leave, limited evidence was found. However, several studies have examined whether transformational leadership has positive or negative effects on employees' health (Arnold, 2017; Elshout et al., 2013; Milligan-Saville et al., 2017; Neto et al., 2021; Nielsen & Munir, 2009), but unfortunately, the literature on transformational leadership and return-to-work (RTW) is scarce.

In a study conducted among nurses in 2011, it was discovered that transformational leadership styles were directly associated with a reduction in specific occupational injuries and injury-related absenteeism (Lee et al., 2011). Conversely, a study conducted in 2012 among mail delivery personnel revealed that transformational leadership had the potential to decrease unauthorized absences but did not affect legitimate absenteeism (Frooman et al., 2012). Another study in 2016 found that transformational leadership could actually increase sickness absence levels among healthy employees over time. Additionally, this study indicated that transformational leadership could have a negative impact on vulnerable employees. The researchers concluded that transformational leadership is not a universally effective remedy and called for further research in this area (Nielsen & Daniels, 2016b).

In contrast, a recent Spanish study focused on the development and testing of a transformational leadership intervention to reduce employee sickness absence. The findings

from this study demonstrated a positive effect of transformational leadership on reducing sickness absence (Hauth, 2022). Given the limited understanding of how transformational leadership practices influence sickness absence and RTW, this thesis provides valuable insights into an expanding but relatively unexplored research domain.

### 3.6 The Mintzberg-approach

As the review has shown so far, the development of the leadership field has been primarily influenced by philosophy, history, the art of war and strategy, biographical methods, political science, sociology, religion, and psychology. The fact that the field springs from such diverse traditions and disciplines has resulted in a literature that is particularly diverse and loaded with different ideas, approaches, and methods to achieve the "one best way" to lead (Kalleberg, 1991). While the theoretical multidimensionality provides diversity and strength to the field, it also becomes its Achilles' heel. When the field becomes interdisciplinary myopic, it can fail to see the bigger picture. A young scholar who pointed this out was Henry Mintzberg, whose perspective on leadership was based on his observations within organizations, following leaders. In his doctoral thesis, *The Nature of Managerial Work* (Mintzberg, 1973) Mintzberg presented a groundbreaking perspective. By shadowing chief executives for a week, Mintzberg demonstrated that leadership is not simply a set of strategically streamlined personal qualities or traits, leadership styles, situational strategies, and behaviors enacted in the "one best way". Instead, leadership consists of a series of reactive actions dealing with the most pressing issues at any given time, leaving little or no time for strategic contemplation.

Mintzberg's findings in 1973 were later replicated by other researchers (Kurke & Aldrich, 1983; Luthans et al., 2019; Tengblad, 2006) as well as by Mintzberg himself (Mintzberg, 2009, 2015, 2019b). Despite some adjustments, his main findings from 1973, emphasizing leadership as a reactive practice, still hold true today (Mintzberg, 2009, 2015, 2019a). Mintzberg's teachings are now regarded as seminal for understanding leadership in organizations, or management, which is Mintzberg's preferred term (Mintzberg, 2009, p. 9).

When Mintzberg published his thesis half a century ago (Mintzberg, 1973), he systematically dismantled the prevailing notion at that time that leadership (or 'management') revolved around "planning, organizing, commanding, coordinating, and controlling," as formulated by

the French industrialist Henri Fayol in 1916 (Fayol, 2016). As Mintzberg later demonstrated, this Fayolian theory is nothing more than folklore (Mintzberg, 1975, 2009, 2015). Despite being one of the most influential and respected management writers internationally over the past 50 years (Gotvassli et al., 2021), Mintzberg documents that the folklore surrounding leadership (or management) inherited from Fayol persists stubbornly (Mintzberg, 2015). As demonstrated by the literature review, the leadership field has consistently sought to identify the best qualities, styles, behaviors, or individuals for effective leadership from its inception. Furthermore, if such individuals cannot be found within organizations, leadership literature, from its earliest texts onward, has provided guidance on how to develop exceptional leaders (Aristotle, 2000; Bass, 2008; Bass & Bass Bernard, 1985; Bass & Riggio, 2006; Blake et al., 1962; Grint, 2011; Kagemna & Ptahhotep, 1906; Machiavelli & Horowitz, 2019; Mintzberg, 2009; Plato et al., 2008; Plutarch, 2019; Sørhaug, 2004; Terjesen & Salomon, 2015; Tzu & Horowitz, 2019). Additionally, there exists a substantial pool of management consultants who offer leadership development and coaching services to organizations, regardless of their competence (Terjesen, 2018). However, Mintzberg deviates from the established path of pursuing excellence. While Mintzberg also provides advice to leaders, his approach differs significantly from the excellence-focused leadership literature, emphasizing a more practical and grounded perspective:

*The perfect manager has yet to be born. If everyone's flaws comes out sooner or later, then sooner is better. So managers should be selected for their flaws as much as for their qualities. (...) No one should ever be selected for a managerial job without making every reasonable and ethical effort to identify his or her flaws – the devil in the candidate.*

*(Mintzberg, 2015, p. 162).*

Considering all the literature reviewed thus far, including the pre-modern era literature, which either perceives or recommends leaders as reflective and systematic planners, it is not unreasonable to assume that leaders actually embody these qualities. However, Mintzberg was among the first to debunk this folklore surrounding leadership:

*Study after study have shown that a) managers at an unrelenting pace; b) their activities are typically characterized by brevity, variety, fragmentation, and discontinuity; and c) they are strongly oriented to action. (Mintzberg, 2009, p. 19).*

Mintzberg further displays how leadership is characterized by a constant stream of interruptions, interpersonal and informal communication, and that managing most often can be summed up as “normally, calculated chaos” (Mintzberg, 2009, p. 40).

As a researcher with background in studying leadership and organizations, the work of Mintzberg consistently appears highly relevant in capturing the reality of leadership in everyday situation. While the literature on transformational leaders is engaging and inspiring, often serving as an aspirational model and a useful tool for identifying various effective and ineffective leadership styles, there are relatively few leaders who fully meet the criteria outlined in the transformational leadership literature (Terjesen & Salomon, 2015). This does not imply that such leaders do not exist. Rather it implies that the literature on transformational leadership provides a solid moral foundation and a valuable tool for leadership development. However, it may not always be universally applicable in every context. On the other hand, Mintzberg's insights transcend specific settings. Despite primarily writing from a North-American perspective, his findings about the nature of management hold true even within a Norwegian context. Mintzberg adopts a bottom-up perspective on management (Mintzberg, 2019a, pp. 58-59) and is also highly critical of exorbitant executive salaries, bonuses, and golden parachute arrangements (Mintzberg, 2019a, pp. 139-142), aligning closely with Scandinavian thinking. While primarily descriptive in nature, he is far from being a neutral management writer, as is the case with almost all writers on leadership (Terjesen & Salomon, 2015, p. 90). Nonetheless, Mintzberg's primary focus lies in understanding the inner workings of organizations (Mintzberg, 2015), and he emphasizes that different types of businesses require different forms of management and diverse managers (Mintzberg, 2009, pp. 199-205). Although Mintzberg repeatedly highlights the common characteristics that define the nature of management, which are fundamentally different from what Fayol once claimed (Mintzberg, 2015, p. 35), also stresses throughout his writings that management can't be universally designed (Mintzberg, 1973, 2009, 2015, 2019a). Moreover, he makes it clear that the context will always be decisive in determining the type of leader



required by a business (Mintzberg, 2009, pp. 100-101) and that no leader can be effective in every situation (Mintzberg, 2009, pp. 10-13).

In Section 3.3.3, it was mentioned that the theory of transformational leadership is valuable for conceptualizing leadership styles and serves as an effective framework for understanding different leadership styles. Mintzberg, however, might be critical of such a statement, as he is often skeptical of the direction the leadership field has taken, with its emphasis on heroic leaders and tales of heroic leadership, which he believes has veered off track and lost sight of the "ordinary manager" (Mintzberg, 2009, p. 1). This perspective is shared with Mintzberg, and in a previous work (Terjesen & Salomon, 2015, pp. 102-103) it has been argued that the expectations placed on leaders throughout history, such as being a Machiavellian centaur or embodying all the ideals of transformational leadership, may impose unrealistic standards akin to becoming a Superman or Superwoman. Mintzberg himself draws a parallel:

*Successful managers are flawed – we are all flawed – but their particular flaws are not fatal, at least under the circumstances. Superman was flawed, too – remember Kryptonite? (Mintzberg, 2009, p. 196)*

With this in mind, the extensive history of leadership literature (Grint, 2011), including the theory of transformational leadership (Bass & Riggio, 2006), has provided valuable analytical tools that can be utilized, as long as a grounded perspective is maintained. Before delving further, it is important to emphasize the possibility of applying ambitious leadership theories while also sharing Mintzberg's practical view on organization and management (Mintzberg, 2015, 2019a, 2023). These theories can be employed as analytical frameworks rather than absolute prescriptions.

Therefore, it is entirely feasible to combine the literature on transformational leadership with Mintzberg's perspectives to create a comprehensive understanding of the various types of leadership observed in successful and unsuccessful cases. However, while the review thus far has primarily focused on "good" leadership, it is also essential to explore the analytical framework needed to better comprehend poor leadership practices.

### 3.7 Bad leadership

*Remember, I can do whatever I want to whomever I want.*

*Caligula (A.D. 12-41), quoted in Osgood (2020, p. 123)*

While the leadership field ever since *The Instruction of Ptahhotep (Kagemna & Ptahhotep, 1906)* mainly has evolved around great leaders or the pathways to become one, there is also a long tradition within the leadership field devoted to study of bad leadership.

One of the earliest writers to systematically explore the topic of bad leadership was the Roman historian Gaius Suetonius Tranquillus (69-122), often referred to as Suetonius. Suetonius authored *Lives of the Caesars* (Tranquillus & Tranquillus, 2000) a work widely regarded as one of the greatest books on negative leadership in history (Osgood, 2020). In 2020, Professor Josiah Osgood curated a collection of texts on the worst leaders from *Lives of the Caesars*, retranslating and introducing them in the entertaining book titled *How To Be a Bad Emperor: An Ancient Guide to Truly Terrible Leaders* (Osgood, 2020). Despite being originally written over 2000 years ago, and despite the fact that Suetonius mixed gossip with factual information, attributing equal truthfulness to both (Osgood, 2020, p. xiv), it is fascinating to observe that many of the same egregious mistakes made by Roman emperors continue to be repeated in modern organizations today, even though the contexts differ significantly.

From Suetonius' works, we learn that the assassin of Julius Caesar on the Ides of March in 44 B.C. was forewarned, giving rise to the proverb "beware the ides of March," which continues to serve as a cautionary reminder to leaders about the perils of disregarding advice (Osgood, 2020, p. 3). By reading about Tiberius (42 B.C. – 37 A.D.), one can understand how power can bring out the worst in individuals, a nightmare scenario that all those who hire leaders strive to avoid at any cost, echoing Mintzberg's advice to choose "the devil you know" (Mintzberg, 2015, p. 162). Although the accounts of the notorious Gaius Caligula, who appointed his horse as a council (Osgood, 2020, pp. 121-197), or Nero (A.D. 37 – 64), who played the fiddle while Rome burned (Osgood, 2020, p. 269), may appear far-fetched, there are still valuable lessons to be learned. These stories demonstrate that not only pure evil but

also immaturity, lack of education, misguided advisors, and a culture of fear that stifles truth-telling can lead to disastrous outcomes. Much later in history, did the phenomenon in which group members avoid expressing dissenting opinions to maintain harmony, leading to dysfunctional or irrational decisions (and often undesirable outcomes), came to be known as "groupthink" (Janis, 2008). Processes like this, along with numerous vivid descriptions of the paths that lead to disastrous decision-making, can be traced far back in the history of leadership. The fact that discussions on both the pathways to success and failure have been vibrant for over 2000 years serves as a compelling argument for not disregarding writings from the past. Despite their age, they remain relevant; and despite the leadership literature's tendency to proclaim the novelty of a particular train of thought or theory, more often than not, it is not entirely new.

While Machiavelli has already been mentioned as a seminal contributor in the field of leadership, and despite the fact that some of his mythological analogies in *The Prince* may seem peculiar today, they can still be used constructively (Machiavelli & Horowitz, 2019; Terjesen & Salomon, 2015). However, the very same book can be reviewed through entirely different lenses, as brilliantly illustrated by Grint:

*It was the political realism that infused The Prince that led to its instant condemnation by the religious and political leaders of the day but which also explains its popularity today (see, for example, Ledeen, 1999; McAlpine, 1997). It was, according to Machiavelli, rooted not in theory but in historical fact, yet it was prohibited by the Catholic Church under its Index of Books. It was nothing but 'A handbook for gangsters' according to Bertrand Russell, though Napoleon was rather more positive, suggesting it was 'The only book worth reading'. (Grint, 2011, pp. 6-7)*

Although Keith Grint is widely regarded as a reputable source, the original quote from Bertrand Russell has proven elusive in the search. However, the quote has been encountered in numerous references, suggesting that it may have been attributed to him or has gained recognition as a widely circulated "quoted truth" over time. Nonetheless, the quote carries significance due to the publication of a book in 1996 titled *The Mafia Manager: A Guide to the Corporate Machiavelli* (Johnson, 1996). Having read the book, its entertainment value is affirmed while also highlighting its portrayal of Machiavelli's continued relevance, both in

positive and negative contexts, illustrating that Machiavelli still can come “in handy”, both for better and for worse<sup>30</sup>.

As discussed previously, Frederick Taylor's principle of scientific management is also frequently criticized as an inhumane perspective on management. Despite Taylor's claim that his intentions were for the benefit of everyone (Taylor, 2005, p. 20), organizational researchers have given him a hard ride for almost 100 years (Kalleberg, 1991). Douglas McGregor's theory X and Y (McGregor, 1960) also had a significant influence on how the leadership field began to perceive good and bad leaders. Theory X leaders are associated with a destructive form of leadership, perceiving workers as individuals who dislike work and need close supervision, management, and control. On the contrary, theory Y leaders hold a belief in the capabilities of individuals.

In their 1969 book, *The Peter Principle. Why things always go wrong* (Peter et al., 1970), Peter and Hull provide a detailed and humorous account of how things can go awry when employees are promoted based on their past successes, eventually reaching a position where they are incompetent, a level often unrecognized until problems arise. Despite the Peter Principle being formulated over 50 years ago, it remains a prevalent phenomenon in the workplace and serves as a reminder that not everyone is capable of recognizing and addressing their own limitations.

Additionally, there is an ongoing debate surrounding the potential adverse effects of the fascination with charismatic leadership – and thereby also implicating the literature on transformational leadership. This is exemplified by the complex legacies of figures such as Nelson Mandela, Bill Clinton, Adolf Hitler, and Benito Mussolini, who are seen as charismatic leaders with both positive and negative impacts (Grint, 2011; Sørhaug, 2004; Terjesen & Salomon, 2015).

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<sup>30</sup> It is fascinating how widely Machiavelli's ideas are embraced, to the extent that even shock rocker Gene Simmons, who has actually published a book about power(!), devotes space to Machiavelli. Simmons, by the way, concludes that Machiavelli operated with a realistic perspective and humorously refers to on *The Prince as* "...the 'bad guy' manifesto". (Page 83 in Simmons, G. (2017). *On Power*. Harper Collins Publishers. )

### 3.8 A model on destructive leadership

Despite the fact that the literature on bad leadership is almost as old as the literature on good leadership, there have been far fewer attempts to create systematic syntheses that encompass various forms of bad leadership. However, in 2007, Einarsen et al. introduced a conceptual model for leadership behavior (Einarsen et al., 2007), which was later revised (Einarsen et al., 2015). Their comprehensive conceptual model incorporates a majority of different forms of destructive leadership and Einarsen et al views their own model as an elaboration of Blake & Mouton's Managerial Grid (Einarsen et al., 2015, p. 212), which was previously discussed in the literature review. Einarsen et al. provides a precise definition of destructive leadership:

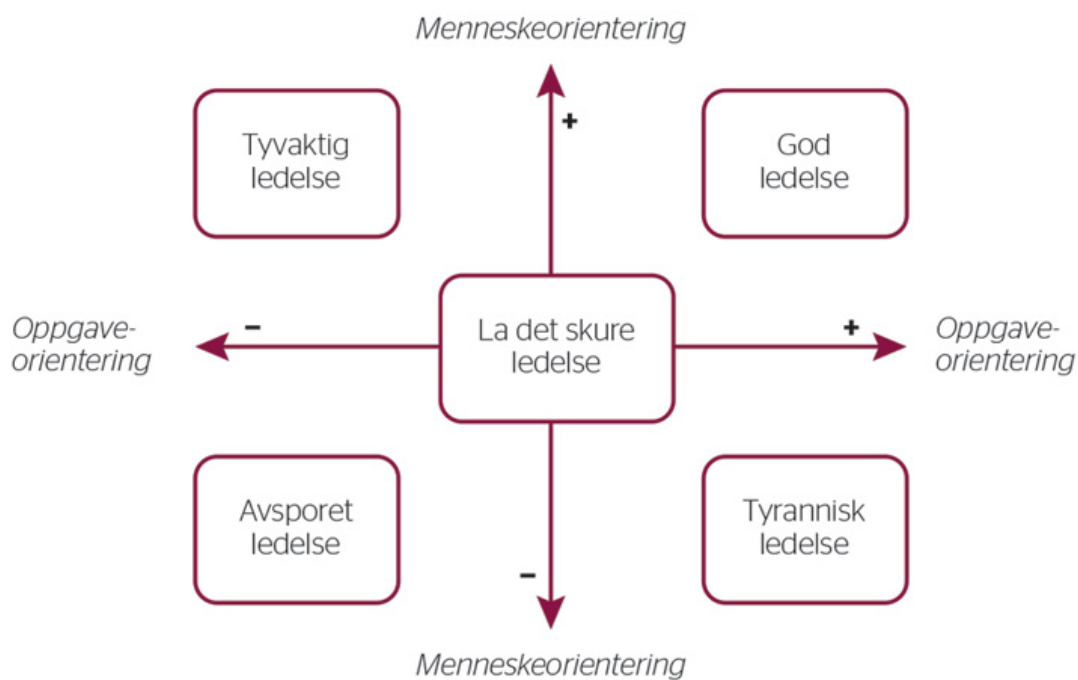
*The systematic and repeated behaviour by a leader, supervisor or manager that violates the legitimate interest of the organisation by undermining and/or sabotaging the organisation's goals, tasks, resources, and effectiveness and/or the motivation, well-being or job satisfaction of subordinates. (Einarsen et al., 2007, p. 208)*

According to Einarsen et al. (2007) their definition of destructive leadership does not include intent because the destructive nature of leadership is primarily determined by the outcomes of the leader's behavior, rather than their intentions.

In the 2007 conceptual model, laissez-faire leadership was not included in the center of the model, but it was added in the 2015 revision. This addition aligns with leading research on leadership and management, which considers laissez-faire as an inappropriate approach to leadership responsibilities (Bass, 2008; Bass & Riggio, 2006; Laasch et al., 2020; Mintzberg, 2015). Further, several authors have debated whether laissez-faire leadership can be considered a form of leadership or management at all, given that laissez-faire implies the absence of leadership (Bass & Riggio, 2006; Sørhaug, 2004). While agreeing with this rhetorical point, the term 'laissez-faire leadership' still appears to work better linguistically than just 'laissez-faire'. Therefore, the decision to add laissez-faire leadership to the model is supported. In the analysis, examples will be provided to illustrate the negative experiences of employees under this leadership style.

When including laissez-faire leadership in the model, Einarsen et al. (2015, p. 212-215) distinguish between five types of leadership, as depicted in the following figure. The translation and definitions of the different types of leadership provided below the model are taken from both the 2007 article (written in English) and the 2015 book chapter (written in Norwegian).

Figure 4: The destructive leadership model<sup>3132</sup>



- 1 – in the top right quadrant: **Constructive leadership / good management (“God ledelse”)**. These are leaders who combine leadership behaviors that both take care of business (high on task-orientation) and nurture relationships (high on relationship-orientation). These leaders thereby exercise both pro-subordinate and pro-organization behavior.

<sup>31</sup> «Menneskeorientering» is Norwegian for «orientation towards people» (describes pro or anti subordinate behavior).

<sup>32</sup> «Oppgaveorientering» is Norwegian for «orientation towards tasks (describes pro or anti organization behavior)

- 2 – in the top left quadrant: **Supportive-Disloyal leadership** (“Tyvaktig ledelse”). These are leaders who are destructive in relation to the organization's objectives but who are somehow constructive towards their employees. Thereby, they exercise pro-subordinate but anti-organization behavior.
- 3 – in the bottom left quadrant: **Derailed leadership** (“Avsporet ledelse”). These are leaders who both tyrannize the employees and sabotage the company's goals. Thereby, they exercise both anti-subordinate and anti-organization behavior.
- 4 – in the bottom right quadrant: **Tyrannical leadership** (“Tyrannisk ledelse”). This is a leadership behavior that focuses sharply on the company's goals but is destructive in relation to personal relationships. Thereby, these leaders exercise pro-organization and anti-subordinate behavior.
- 5 – in the middle of the model: **Laissez faire leadership** (“La det skure-ledelse”). These leaders exercise behaviors that are neither concerned with the interests of the employees nor the interests of the organization.

Einarsen et al. (2015, p. 215) point out that placing laissez-faire in the center of the model may give the impression that it is a form of non-leadership. However, they clarify that they do not view laissez-faire as a non-form of leadership, but rather as a destructive form of leadership. Laissez-faire leadership could possibly also have been positioned elsewhere in the model, such as in the bottom left corner, as a form of derailed leadership.

### 3.9 A proposed added destructive leadership phenomenon

In agreement with the decision made by Einarsen et al. to disregard intention and focus on consequences and perceived leadership in their model, this approach captures employees' perspective on leadership. This prevents the model from conflating what leaders claim to do with their actual actions, addressing a gap highlighted by Mintzberg and the theory of transformational leadership (Bass & Riggio, 2006; Mintzberg, 1973, 2015).

However, in a previous work (Terjesen, 2018) a case of destructive leadership was examined with extensive knowledge about the leader's intentions, behavior, and employee experiences and thoughts regarding the leader's behavior and style. In this case, an attempt was made to fit the leader's style into the model. However, knowing the intentions of the leader in that particular case, it did not align with any of the five categories. Knowing the intention of the leader, it couldn't be looked away from it when trying to classify it. While acknowledging that this violated the model's premise by introducing leadership where both intention and outcome were known, it was observed that the model fell short in that specific case. This does not suggest that the model is inapplicable; rather, it underscores that leadership models cannot fully encompass all forms of leadership, as discussed in the literature review.

Rather than proposing that the model be discarded, an additional style was suggested alongside the five destructive leadership styles, termed "unconscious leadership". Unconscious leadership is extensively described in the book (Terjesen, 2018), and providing a definition based on that chapter, it would be as follows: "A leader who, with the best of intentions, chooses to lead and organize in a manner that proves ineffective and continues to do so despite the negative consequences for employees, due to the leader's failure to recognize the flawed approach."

With previous experience in conflict management within organizations and encounters with numerous leaders who genuinely believed their methods were correct but inadvertently caused both task performance and relationship deterioration (Terjesen 2018), the term "unconscious leadership" is considered meritorious. When analyzing cases of leadership failure in this study, the initial tool of choice was the model by Einarsen et al. (2015). However, once again, because both intention and outcome were known in all cases, the model fell short in two instances, leading back to the concept of unconscious leadership. A deeper exploration of this concept will be conducted in the empirical section and analysis.

### **3.10 Mintzberg on bad leadership**

*If you want to uncover someone's flaws, marry them or else work for them.  
(Mintzberg, 2015, p. 142)*



Despite Mintzberg defining leadership as a reactive activity, he emphasizes the importance of leaders having the will and ability to be proactive (Mintzberg, 2009, p. 122). Mintzberg extensively discusses instances of management failure, including the warning against the reluctant manager, who lacks both reactivity and proactivity:

*Managing is no job to approach with hesitation: it simply requires too much of the total person. Like medicine, the work of managing cannot be distracted by other focus. Both require rather full commitment. So the reluctant manager should probably be temporary – either the reluctance, or else the manger (Mintzberg, 2009, p. 146)*

Interestingly, Mintzberg's description and warning align with what Skogstad and Einarsen (2015) and Bass & Riggio (2006) consider laissez-faire leadership. In other words, within the leadership field there seems to be a consensus that a lack of leadership, in terms of the inability to take action, has negative implications.

Mintzberg also highlights that sometimes managers are simply in the wrong type of job and should never have been in a leadership position (Mintzberg, 2009, p. 200). Other times leaders fail due to due to thoughtlessness, aversion to working with others, or because they are simply incompetent (Mintzberg, 2009, p. 201). Managers may also fail due to an inflated self-image (Mintzberg, 2009, p. 205), while some managers fail due to an inability to find the right balance among the various required roles (Mintzberg, 2009, p. 201).

On the other hand, Mintzberg acknowledges that it may not always be the manager's fault when they fail. He documents cases where managers are well-suited for their roles but face unsolvable challenges due to impossible circumstances (Mintzberg, 2009, p. 202).

Additionally, the fit between a manager and a seemingly perfect job on paper may turn out to be a mismatch, or the conditions for solving managerial tasks may change, rendering the initial fit obsolete (Mintzberg, 2009, p. 203). Mintzberg emphasizes that personal, situational, and contextual factors all contribute to management failures.

### **3.11 Crossing borders: North-American leadership theories meet Norwegian realities**

This headline has been intentionally given a slight twist. After this review, it is evident that while the negative cases, in addition to the use of Mintzberg (2009, 2015), primarily will be

analyzed using theories developed in Norway (Einarsen et al., 2015; Einarsen et al., 2007; Terjesen, 2018), the successful cases will be analyzed in the light of transformational leadership theory, primarily developed in the US (Bass & Bass Bernard, 1985; Bass & Riggio, 2006; Diaz-Saenz, 2011). As discussed in section 3.5, the shared foundational understanding of leadership is based on the work of Henry Mintzberg, who, despite being Canadian and would have used the term 'management', offers a perspective closely aligned with how leadership is approached in Norway (Mintzberg, 2009, 2015, 2019a).

On the other hand, transformational leadership appears to be fundamentally less Norwegian or Scandinavian in its form. It employs a language that designates employees as 'followers' and is sometimes interpreted by certain scholars as implying an actual 'transformation' of these 'followers' (Siangchokyoo et al., 2020) – an interpretation not adopted in this thesis. In this thesis, the interpretation is that transformational leadership theory hinges on a bi-directional relationship between the leader and the employees. This is outlined by Burns (2004), who emphasizes empowering from the bottom up, and by Bass and Riggio (2006), who developed the theory with the aim of enhancing organizational performance as a collective effort and not at the expense of employees. Nonetheless, the theoretical concept of transformational leadership significantly diverges from Mintzberg's perspectives and the Scandinavian approach to leadership, characterized by low power distance and flat structures (Terjesen, 2018). It is also well documented that transformational leadership can also attract leadership types that are harmful to their employees and that there exists a thin line between the proper use and potential abuse of the associated techniques and tools within this line of leadership form (Glasø & Thompson, 2013; Lin et al., 2017; O'Reilly & Chatman, 2020). It is therefore also important to note that this theory, despite mainly being interpreted through the lens of Bass and Riggio (2006), is not applied naively.

Thereby, it is important to conclude this chapter by recognizing that the theories applied have been approached with an understanding of their origin in a different context, primarily designed for robust and efficient workforces. This application thereby demonstrates the ability of organizational and leadership concepts to transcend borders (Røvik, 1998). However, it is crucial to emphasize that blind implementation is not recommended. All use of organizational leadership shall always consider the specific contextual, situational, and individual factors (Einarsen & Skogstad, 2015; Mintzberg, 2019a, 2023; Selznick et al., 1997; Sørhaug, 2004;

Terjesen, 2018), particularly when theories cross both national borders and cultural boundaries and are attempted to be applied to a completely new group (Kalleberg, 1991).

### 3.12 Revisiting Giddens

While the reviewed leadership theories are characterized by being very concrete and designed to be applied, Giddens's categories operate at a much higher level of abstraction. Additionally, it is also the case that Giddens, to the extent that he discusses organizations in *The Constitution of Society* (1984, p. 199-203), does not approach organizations in the same manner as those studied here.

Based on the review of the leadership literature and the theories applied in this thesis, Giddens's three levels are therefore operationalized as depicted in Figure 5.

*Figure 5: Giddens operationalized on levels of analysis*

<b>Level of analysis</b>	<b>Focus on</b>
<b>Agency</b>	Actions and experiences between leaders and employees; successful and failed leadership. Applied leadership styles (transformative and destructive)
<b>System</b>	Work organizations, immediate, local context; organizational and department size, sector, local IA-agreement, participation in intervention or control group
<b>Structure</b>	Work life culture, legislation, welfare state arrangements, economic, political, and legal conditions, agreements between parties in working life

## 4.0 Research design and method

Given its exclusive reliance on in-depth interviews with employees and their leaders, this thesis adopts an actor-driven approach. While the interviews with the employees primarily focused on their perceptions of how their leaders managed the RTW process, both in terms of verbal communication and actions, and whether the employees appreciated their leaders' efforts or not, the interviews with the leaders centered around their own narratives regarding their actions and statements throughout the RTW process, as well as their personal reflections on their leadership practices toward employees with mTBI. During all interviews with the informants, consistent emphasis was placed on the leader's actions.

Although the empirical exploration followed a thematic orientation, and the interpretation process leaned toward abduction, the findings tend to align with an ideal-typical portrayal of good and bad leadership. This inclination arises from the thesis' original intention to serve as a 'best case' study, aiming to precisely explore what constitutes 'best practice' during the RTW phase after mTBI. However, four of the 10 cases turned out to provide examples of the opposite of best practice, and thereby these cases illustrate counterexamples, highlighting not only the characteristics of successful leadership but also the reasons behind leadership failures in these RTW processes.

It can certainly be debated whether it is possible to capture actions without conducting observational studies. However, given the rich descriptions provided by both parties, the empirical evidence is still considered to be solid and thorough enough to describe actions. In this regard, it bears similarities to the micro-interactionist tradition dedicated to studying social practices (Collins, 1994; Goffman, 1959). Simultaneously, even though this study does not primarily emphasize structures, the conceptualization of actors remains intricately connected to structures, and the fundamental understanding of the interaction between actors and structures is dualistic and draws upon the sociological theories put forth by Anthony Giddens (Giddens, 1986; Giddens & Eriksen, 1997). Building upon this perspective, it's essential to acknowledge that this study considers both the employees and the leaders as reflexive and competent agents, and thus does not exalt the leaders in any way, as the

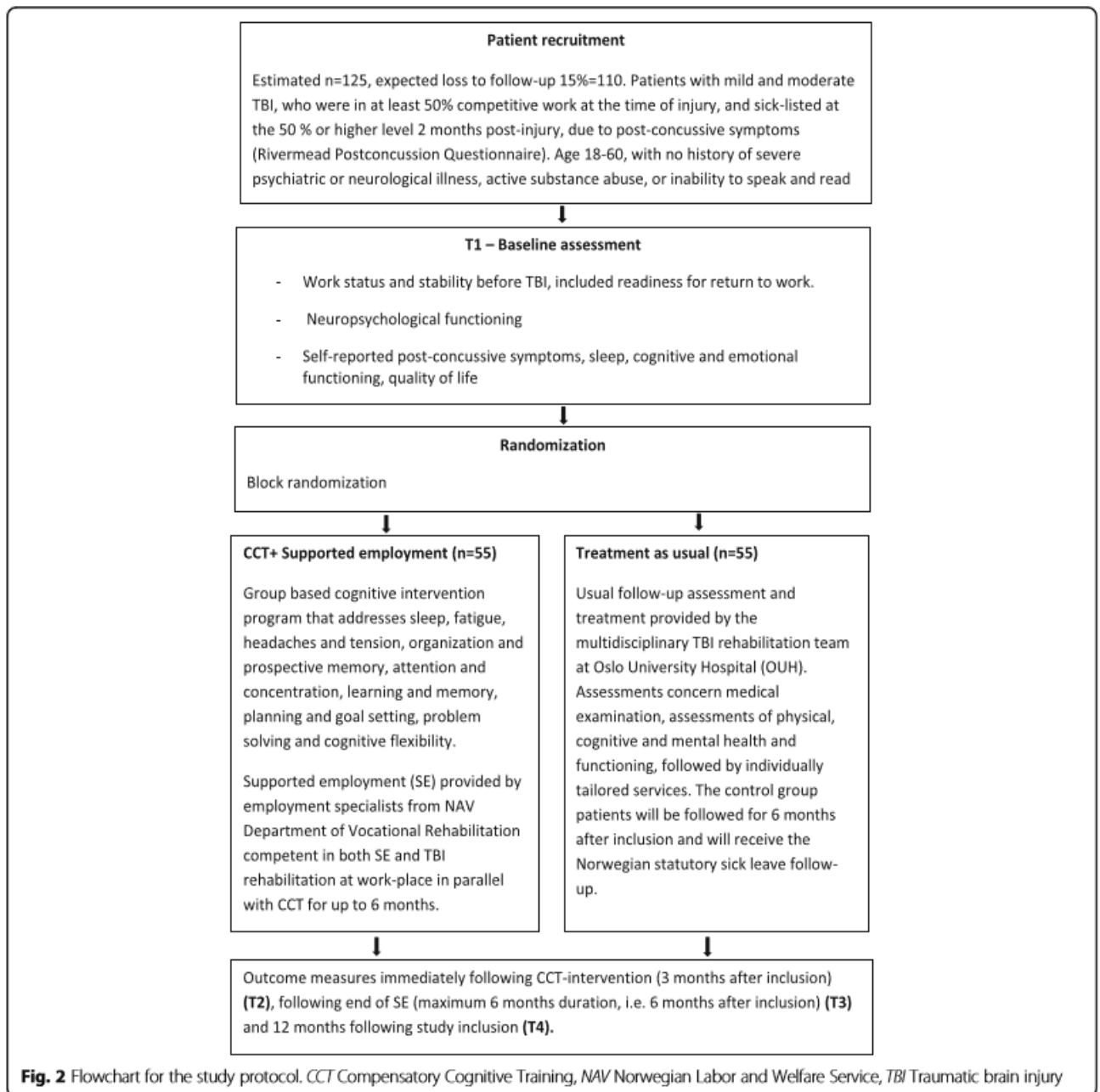
leadership field has historically had a tendency to do, assigning "non-leaders" to passive roles, portraying them as agents lacking agency, hostile opponents, or devoted followers (Grint, 2011; Sørhaug, 2004). In fact, the employees have been assigned the highest rank in the knowledge hierarchy in this thesis. This decision is grounded in the assumption that the employees' experiences and feelings are authentic, and that the employees' experiences warrant serious consideration. Presently, prioritizing the perspectives of those on the receiving end of leadership practices is a common practice in organizational, management, and leadership studies today. This aligns with common approaches (Einarsen & Skogstad, 2015; Terjesen & Salomon, 2015; Aas et al., 2008). However, it is important to acknowledge that this does not necessarily imply it is the definitive or superior approach. There remains a possibility that leadership perceived as negative or severe by employees may still be appropriate in certain contexts. Nevertheless, this study has chosen to emphasize the employees' assessment of what constitutes good and bad leadership in the RTW process after mTBI. Hence the term "valued and successful" leadership, because leadership, which statistically may appear to be successful (as in Case 10 that will be discussed later), cannot truly be deemed as such if the employee does not value it. The means must, therefore, sanctify the goal in these leadership situations.

## 4.1 The situation of the study

While this study represents an independent contribution to a field that is previously undescribed and was carried out by yours truly with the assistance of some colleagues, it is important to note that this doctoral project was also part of a larger research endeavor funded by the Research Council of Norway (NFR). The broader research project, titled «The effect evaluation of combined cognitive and vocational interventions after traumatic brain injury: a randomized controlled trial», spanned from 2017 to 2020.

The primary aim of the randomized controlled trial (RCT) within the overall project was to evaluate two distinct rehabilitation approaches for patients with mTBI. A comprehensive study protocol outlining the RCT was published in the journal *Trials* in 2017, where my participation as a co-author was a privilege. Within the article, a flowchart depicting the planned progression of the RCT was presented (Howe et al., 2017, p. 5):

Figure 6: Flowchart for the RCT:



Within the context of the randomized controlled trial (RCT), a qualitative process evaluation was also conducted, involving 45 out of the total 110 cases. This particular aspect of the evaluation was assigned to five researchers from The Work Research Institute (AFI) at OsloMet, who divided the 45 cases among themselves. 12 of these cases were assigned to this PhD. To ensure the usability of the collected data (in anonymized form) for the qualitative

process evaluation, a standardized, generic interview guide was developed. The interview guide will be further discussed later.

In this PhD research, however, the primary focus is not on treatment modalities, treatment outcomes, or conducting a process evaluation. Rather, the central inquiry revolves around what constitutes respectively valued and successful leadership and failed leadership for employees with mTBI, based on interviews conducted with both employees and their leaders from the CCT & Supported Employment-group and the Treatment as Usual-group. While the RCT primarily adopts a quantitative approach and aims to measure the effects and cost-effectiveness of different rehabilitation programs, this thesis takes an entirely different qualitative perspective, exclusively examining the interaction between patients/employees and their leaders.

Although this thesis exclusively relies on qualitative data and constitutes an independent academic contribution, its integration within the RCT framework influenced various aspects, such as data selection, participant recruitment, sample size, and research methods. The RCT's steering group made decisions regarding the sequence and repetition of interviews, and the case recruitment was also facilitated through the RCT. The interview guides, although developed with input from myself, had to be approved by the RCT's steering group before seeking ethical approval from The Regional Committee for Medical Research Ethics (REK). The overall procedural aspects leading up to the interviews were thus predetermined. However, regarding the actual conduct of the interviews and subsequent analyses, there was granted complete academic autonomy.

## **4.2 Group affiliation in main study and case analysis**

In the initial stages of this analytical process, considerable emphasis was placed on distinguishing between participants belonging to the intervention and control groups, as illustrated in Figure 6. However, none of the interviews with the leaders and employees conducted in connection with this thesis indicated that participation in the intervention or control group resulted in changes in leadership practices. Furthermore, articles published within the main project documented the absence of significant differences RTW outcomes between the control and intervention groups after 12 months (S. C. Fure et al., 2021; Spjelkavik et al., 2023). These analyses indicate, however, that while participants in the

intervention group showed improved early return to stable employment, the results were nonetheless nearly identical between the groups after 12 months (S. C. Fure et al., 2021, p. 7). In the article it is also discussed that because participants in the control group received such extensive assistance, it could potentially mitigate any significant differences between the groups (S. C. Fure et al., 2021, p. 6). Given the lack of appreciable differences in RTW at 12 months, my colleagues in the main project therefore advocated replicating the study to investigate this issue further.

Drawing upon the interviews conducted and the experiences of colleagues, group membership is not attributed to influencing leadership practices in the cases upon which this study is based. Nevertheless, a table has been constructed to denote the informants' affiliation within the two groups. In Figure 7, the results that will later be discussed are revealed; however, it is deemed prudent to incorporate them here for juxtaposition with Figure 6

*Figure 7: Group affiliation in main study and case analysis*

<b>Case</b>	<b>Group</b>	<b>Case assessed as example of successful or failed leadership</b>
Case 1: “John”	CCT+SE (intervention group)	Successful leadership
Case 2: “Linda”	CCT+SE (intervention group)	Successful leadership
Case 3: “Donna”	CCT+SE (intervention group)	Successful leadership
Case 4: “Maureen”	TAU (control group)	Successful leadership
Case 5: “Richard”	TAU (control group)	Successful leadership
Case 6: “Maya”	TAU (control group)	Successful leadership
Case 7: “Celeste”	CCT+SE (intervention group)	Failed leadership
Case 8: “Daphne”	CCT+SE (intervention group)	Failed leadership
Case 9: “Jenny”	CCT+SE (intervention group)	Failed leadership
Case 10: “Alan”	CCT+SE (intervention group)	Failed leadership



## 4.2 Recruitment

The recruitment of informants for the RCT was facilitated by doctors who provided case files containing the necessary contact information after the patients had been enrolled in the study. Essentially, prearranged cases were received, ensuring efficient communication. The entire recruitment process proceeded smoothly, and the informants were already well-informed about the project when they were approached. Emphasis was placed on the voluntary nature of participation, and consent was obtained without any external pressure. Additionally, time was dedicated to clarifying the boundaries between the RCT and the PhD-project, informing the informants about the study's objectives and the importance of maintaining confidentiality. Following interviews with the patients/employees, contact details of their leaders were obtained, and permission was sought to initiate communication. To ensure a considerate approach, a few days were consistently allowed for the patients/employees to inform their employers in advance, thus preventing any sense of surprise or unpreparedness upon receiving contact. This proactive measure aimed to mitigate any potential perception of ambushing the employers with the request.

The process of recruiting the leaders proved to be somewhat time-consuming due to various factors, including their demanding schedules, frequent travel commitments and instances of sick leave among certain leaders. Nevertheless, interviews were conducted with all leaders at T1, with the exception of one particular case (case 7), where the leader did not respond during the T1 phase. Fortunately, the leader eventually responded and participated during the T2 phase.

## 4.3 Clarification of terms

The recruitment of informants was initially carried out by doctors at OUS, who encountered them as patients in the hospital's emergency room. However, during the interview phase, the informants transitioned from their patient status to being individuals preparing to return to work. As participants in this doctoral study, they assumed the role of employees rather than patients. It would be most appropriate, therefore, to refer to them simply as informants. Simultaneously, interviews were conducted with their leaders, acknowledging their specific role as leaders. If both groups were referred to solely as informants, there would be a risk of confusion within the text regarding the distinct categorization of both groups. Moreover,

employing terms such as "employee-informants" and "leader-informants" would be linguistically cumbersome. Hence, the terms "employees" have been consistently used for the informants who were formerly patients and then became participants in the study, and "leaders" for the second group of informants.

#### **4.4 The interview: On the design table**

Prior to their use, all the interview guides had to undergo thorough completion and approval processes by REK. This stringent requirement meant that any potential modifications to the interview guides at a later stage would necessitate re-approval from REK. Considering the predetermined timeline of the RCT, accommodating additional rounds of approvals was not feasible due to time constraints. Consequently, it was crucial to develop interview guides that encompassed sufficient flexibility to effectively integrate the rigorous framework of the RCT, the exploratory nature of the qualitative process evaluation, and the specific themes addressed in the PhD research.

To address these diverse requirements, a thematically oriented semi-structured interview guide was designed and implemented, incorporating a combination of precise and open-ended questions. However, due to the inclusion of interviews with job specialists and NAV-councilors in the process evaluation, there were four distinct groups to be interviewed: employees, leaders, job specialists, and NAV-councilors. It was evident that identical interview guides could not be universally applied, prompting the decision to utilize the employee interview guide as the "primary manual." Subsequently, the guides for the other groups were tailored by removing or adding specific questions based on the characteristics of each group. Nonetheless, all the interview guides maintained a thematic organization and adhered to a consistent structure, comprising eight distinct sections.

##### **1) About the organization:**

In this initial section, both the employees and leaders were posed a series of questions regarding their respective organizations, including the industry sector, organizational size, length of tenure, involvement in the IA-agreement and other relevant aspects. Primarily serving as a "warm-up round," this segment aimed to establish a comfortable situation for and with the informants.

2) **Work tasks and work organization, before and after the mTBI:**

The second part of the interview guide encompassed a comprehensive set of 21 questions, adopting a narrative approach in the employee guide, and they were prompted to describe their pre-injury positions, tasks, and responsibilities, followed by a detailed exploration of their present-day circumstances upon returning to work after the mTBI. In the leadership guides this section was reduced to 12 questions.

3) **Work environment before and after the mTBI:**

This section comprised 13 questions in the employee, specifically targeting the interpersonal relationships and collaboration between the informants and their co-workers and leaders. The objective was to gain insight into the work climate both prior to and following the injury. This was reduced to six questions in the leadership guide.

4) **Leadership involvement before and after mTBI:**

Recognizing the extensive questioning in the preceding sections, the interview guide allocated a more limited number of questions in this section of the employee guide. When designing the guide, it was expected that the leadership involvement would somehow have been addressed by the informants in the previous sections. Therefore, this section was limited to a total of three questions in the employee guide, asking about how the leader had related and dealt with the employee after the injury, and if the leader had to launch forms of leadership after the mTBI. However, in the leadership guide this section was expanded to seven questions, delving deeper into the leader's thoughts and actions in this particular situation.

5) **The NAV and other external helpers:**

This section featured four foundational questions, aiming to elicit the employees account of the assistance received from the NAV and/or other external agencies, whether or not they were formally affiliated with the workplace. Given the extensive questioning in the previous sections, the number of questions in this section was constrained. In the leadership guide this part had six questions.

6) **Inclusion competence at the workplace:**

Comprising four questions, this segment centered on both the employees' and leaders reflections regarding the workplace's overall proficiency in fostering inclusivity. The

number of questions in this section was in both guides reduced compared to the initial parts of the guides, as it was anticipated that these topics would have been addressed, explicitly or implicitly, in earlier sections. Furthermore, these questions were formulated in a more open-ended manner, aiming to encourage informants to share their inner thoughts more candidly.

7) **The work and home-balance:**

This final section of the interview guide explored how employees navigated the restoration of equilibrium between work and home life during their journey back to work. Consisting of only three questions, this section provided a brief exploration of this aspect. In the leadership guides this section was actually (unintentionally) left out, however, as the findings will show, the leaders addressed this subject anyway.

8) **Final remarks:**

Each interview concluded with an opportunity for informants to share any additional aspects they deemed important for supporting others with mTBI in their RTW-endeavors, which had not been previously addressed in the interview.

## **4.5 The interviews conducted for this thesis versus the qualitative process evaluation at T1**

In discussions with the group responsible for conducting the other interviews in the qualitative process evaluation, it became apparent early on that there were significant differences between the core mission of the qualitative process evaluation and this dissertation. While this dissertation aimed to explore successful and failed leadership, the process evaluation had a broader purpose; to identify factors in the work place that hinder and promote RTW after mild mTBI, in addition to exploring whether the intervention itself played any role on the RTW-outcomes.

In the qualitative process evaluation, therefore, leadership emerged as a theme that could be categorized under what hinders and promotes RTW after mTBI, but it was by no means a primary concern. Additionally, the researchers in the qualitative process evaluation operated

on a fairly tight project research budget, which meant that each interview should be conducted in about an hour.

With a strict adherence to the interview guide as formulated for the qualitative process evaluation, I would thus succeed in obtaining adequate data for the qualitative process evaluation itself, but then obtain few rich descriptions to illuminate leadership practices that was the scope of the doctoral project. Considering that I had been granted full-time doctoral status to work on this, it was therefore agreed with the research group in the qualitative process evaluation - and the hospital - that I could conduct my interviews as freely as I wished, adding as many questions as I desired, as long as I could also check off all the questions in the guide designed for the qualitative process evaluation. This was considered as a win-win situation for both parties.

Therefore, all interviews conducted at T1 in this study (T2 will be addressed later) were largely conducted as open conversations, where the time the informants wished or had the possibility to allocate set the framework, without any budgetary constraints.

This is also reflected in the length of the interviews. A review of the audio files showed that none of the interviews at T1 lasted less than an hour, with the longest lasting 2 hours and 38 minutes. In the next section (4.6), I explain how I proceeded in the opening of each interview, which was completely different from how my colleagues, who conducted the interviews exclusively for the qualitative process evaluation, proceeded. And later, in section 6.3.4, a hypothetical scenario I presented to the informant is also quoted, which was outside the scope of the interview guide used in the qualitative process evaluation. These instances serve as illustrating examples of the freedom I had in the interview situations.

## 4.6 The interviews at T1

*While the debate is a battle, the dialogue is a collaboration.*

*(Svare, 2006, p. 15)<sup>33</sup>*

Although it is common practice to use an interview guide when conducting thematically organized interviews, researchers often dedicate significant attention, effort, and diligence to designing a guide that ensures a logical flow and structure. However, Jette Fog emphasizes that this approach does not facilitate a productive conversation between the researcher and the informant. On the contrary Fog points out that a strictly scripted conversation with "...a detailed and well-structured question guide with questions in "correct" progression and good wording often get in the way of the relationship between those two<sup>34</sup>" (Fog, 2004, p. 45). Fog does not advocate for completely disregarding interview guides; instead, she suggests that researchers should prioritize allowing the conversation to unfold naturally. Researchers should not hesitate to occasionally check their progress during the interview by asking themselves, "Where were we now?" This self-reflection helps ensure that the intended topics are adequately explored and captured during the conversation (Fog, 2004, p. 46).

Fog recommends that researchers strive to capture the essence of a conversation as it unfolds, recognizing that conversations, whether they are everyday exchanges, therapeutic dialogues, or research-based interviews, possess a fleeting and unique quality. In essence, the same conversation can never be replicated or recreated (Fog, 2004, p. 48). However, Fog does not believe that a research conversation should obscure the fact that it is on the same terms as an everyday conversation. The researcher has a goal and the person the researcher has the conversation with is the subject or represents the subject the researcher is interested in, and thereby the conversation is the tool of the researcher (Fog, 2004, p. 47).

Further, Fog emphasizes that researchers always is influenced by theories and experiences who inevitable shapes how the information is received and perceived. This constitutes the pre-understanding and possibly prejudices that one must be very conscious of and/or put aside

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<sup>33</sup> My translation from Norwegian to English.

<sup>34</sup> My translation from Danish to English.

during the conversation (Fog, 2004, p. 50). During a qualitative interview, the researcher assumes the role of the professional party and therefore carries the corresponding responsibilities.

Furthermore, Fog emphasizes that the researcher must equip herself with attention, intuition, empathy and spontaneity if the conversation is to function exploratively. Fog emphasizes that this in no way means that one "can be satisfied with any conversation, no matter how interesting it is in itself"<sup>35</sup> (Fog, 2004, p. 53) and that the researcher should steer the conversation in the right direction, but rather by using interpersonal skills in the conversation, than strictly guided by a guide. Fog therefore assumes that a researcher who is to conduct qualitative interviews must have "knowledge of people", which Fog defines as "a thorough and reflected knowledge of the breadth of variation between people and within the individual person. That is, it is based on experiences with people and with different modes of reaction"<sup>36</sup> (Fog, 2004, pp. 49-50).

Fog consistently emphasizes the significance of empathy not only as an important human characteristic but also as an essential methodological tool in qualitative conversations. She asserts that in professional conversations, it is crucial how the researcher "senses"<sup>37</sup> the other person and what impact the researcher's "sensation" of the other plays in the conversation. According to Fog, the ability to "sense" the other will affect the ability to put oneself in the other's situation, and thus this becomes decisive for the ability to empathize, and thereby use empathy as a tool in the conversation (Fog, 2004, pp. 62-69). According to Fog empathy is not only an important tool the qualitative researcher possesses it is a necessity:

*As the starting point in an interview investigation is precisely the interviewee's phenomenological experience of his universe – the meaning things, matters and other people have for him – an empathetic understanding of him, and what he says, is a simple necessity.*

*(Fog, 2004, p. 70)<sup>38</sup>*

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<sup>35</sup> My translation from Danish to English.

<sup>36</sup> My translation from Danish to English.

<sup>37</sup> The term "senses" is a direct and precise translation of the Danish term «fornemme». I have put it in exclamation marks too underline that this is the actual wording and not my interpretation of it.

<sup>38</sup> My translation from Danish to English.

Despite emphasizing the importance of using all senses, cultivating spontaneity, and empathizing without relying on scripts, Fog also highlights the need for researchers to be aware of potential pitfalls, particularly their own subjectivity. Researchers must constantly question whether they are allowing themselves to be swayed or seduced during the conversation because, as Fog points out; "empathy is, as little as intuition, perception or cognition is, infallible"<sup>39</sup> (Fog, 2004, p. 71). Researchers must therefore, in the midst of all empathy and spontaneity, be on guard in the conversation for be aware of whether she has acknowledged or unacknowledged feelings about the theme or interviewee that may play into the conversation and influence it, and thereby also avoid both transference or countertransference, or that the researcher in other ways get over-involved (Fog, 2004, pp. 73-88).

If the researcher succeeds in balancing the use of herself in the interview without entering the potential pitfalls of subjectivity, the researcher is well on her way to being able to succeed in creating what Fog believes should be the purpose, namely "the common third":

*My task in the interview is to give him the opportunity to talk about the topic as widely as he possibly can; and that task feels, as long as everything goes smoothly, easily and effortlessly. I solve the task by giving him my open interest, my questions, my reactions and comments. He must have the opportunity to illuminate the topic as thoroughly as possible in order to feel satisfied with his presentation. And he gets that. The sense of time fades, a little or a lot - the tape on the tape recorder has suddenly run out. He is carried away. And I'm carried away. And what captures us both is what we are talking about - the common third. Such a conversation is reminiscent of a dance, where the movements are beautifully synchronized, and where neither party falls over their own or the other's legs. It is pure and effortless pleasure. (Fog, 2004, p. 72)<sup>40</sup>*

Despite the comprehensive nature of the interview guide, questions regarding the circumstances of the injury were intentionally omitted for the qualitative process evaluation.

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<sup>39</sup> My translation from Danish to Norwegian.

<sup>40</sup> My translation from Danish to English.



This omission was primarily driven by the research focus of the qualitative process evaluation, which aimed to examine the experiences of employees returning to work after mTBI rather than delving into the specific details of the injury or the employees' personal narratives. Additionally, due to budgetary constraints within the qualitative process evaluation, it was necessary to streamline the interview process and exclude topics that were not deemed directly relevant to addressing the main research question. This decision was made to ensure that the interviews remained within the allocated time frame outlined in the budget.

In contrast, the interviews for this project did not face any time constraints and permission and freedom to ask additional questions if needed was granted. Instead of following the conventional approach of beginning with introductory questions regarding age, education, length of employment, and experience before proceeding to the first section of the interview guide, an additional question was introduced in each T1 interview conducted for this thesis. This question, which varied slightly in wording but essentially sought to capture the essence of the inquiry, would typically be posed as follows: *"If you are comfortable, could you please share with me the details of your injury? I would like to know what happened, essentially the entire story."*

In the interviews with the leaders, there was naturally no way to open with questions about the injury to the employee. Instead, the interviews began with the leaders being invited to share about their own managerial career and the organizations. The conversation then carefully focused on the core of the interview. As is well known in the leadership literature, leaders often enjoy discussing their work (Mintzberg, 2019a). In this case, the conversations were characterized by the fact that leadership narratives were allowed to take the lead from the beginning. The discussions then carefully navigated their way to a destination. The leaders also proved to be very open and willingly shared their thoughts and experiences concerning the RTW processes.

The intention behind asking opening questions concerning the injury of the employees and the career narrative of the leaders was precisely to create an opportunity to apply the techniques advocated by Jette Fog, namely to initially assume the role of an attentive, dedicated, and active listener when the informants recounted deeply significant incidents from their lives. Through nonverbal cues and thoughtful follow-up inquiries, an endeavor was made to display

genuine empathy and understanding for the individual and their circumstances. An active stance was adopted rather than a passive one, actively tracing the paths that the informants themselves deemed crucial milestones. In accordance with Fog's descriptions and recommendations, I utilized my own presence as a tool within the situation, allowing the expression of empathy by validating both the informants' experiences and emotions. Consequently, the employees exhibited a high degree of willingness to share the immense challenges they had encountered, both professionally and personally. As a result, time seemed to swiftly pass by, and it was through this question that the emergence of a "common third" became apparent in the interviews.

As the conversations unfolded, it took on a life of its own, encompassing almost all the topics outlined in the interview guide, albeit not necessarily in the exact sequence originally proposed. Metaphorically speaking, as Fog aptly describes, the discussions gracefully waltzed in and out of various subjects, engaging in an unstructured yet harmonious manner. To a great extent, the informants were allowed to lead the conversation, with only occasional guidance to steer it back on course. This was possible because, for the most part, the emergence of the "common third" facilitated comprehensive responses to the inquiries. Interestingly, the question "where are we now" predominantly emerged towards the end of the interviews, serving as a means to summarize the discussion in collaboration with the informants.

Despite having a thematically organized interview guide at hand, with the trauma serving as a focal point, all the interviews took on a narrative structure. Consequently, the interviews became a hybrid of thematically organized and narrative conversations. By adopting a narrative approach, valuable insights into the workplace events were obtained, along with a deeper understanding of the participants' life stories. It is not uncommon in qualitative research for thematically oriented interviews to incorporate narrative elements, particularly when exploring significant life events. This blending of themes and narratives holds considerable significance for the participants as it enables a more comprehensive comprehension of their experiences (Thagaard, 1998, p. 111). Given that mTBI is often regarded as a severe disruption in individuals' lives, referred to as a biographical disruption within research (Bury, 1982; Sveen et al., 2016), it would have been challenging to adhere to Fog's (2004) guidance on demonstrating dedication and empathy without devoting time to discussing the primary cause behind the participants' involvement in the study; that they were injured.

## 4.7 The interviews at T2

At T2, except for two cases conducted personally but subsequently excluded (which are discussed under the ethics section at the end), colleagues conducted the T2 interviews with the employees and the leaders. Originally, it was planned for the interviews to be conducted by me. However, illness occurred during the T2 period, so colleagues kindly took over this responsibility.

Because it was completely unexpected that I would be unable to carry out the T2 interviews, these interviews were originally financed via my PhD-grant. However, when I fell ill and colleagues had to take over, the financing of the T2 interviews had to be done via the budget for the qualitative process evaluation. This resulted in two particular limitations, in addition to the most significant one—that T2 was not conducted by me—namely: 1) they were carried out by telephone, and 2) had to last for less than an hour.

Naturally, eagerness existed to read the transcripts when I returned to work after illness. Despite knowing that the interviews had been conducted by highly experienced research colleagues and compassionate individuals, curiosity lingered to see if high-quality interviews could be conducted remotely. Fortunately, upon reading the transcriptions, it was discovered that the informants displayed a high level of comfort and provided detailed descriptions.

My colleagues' approach to the T2 interviews was thorough. They extensively reviewed the T1 interviews and, based on these, conducted the T2 interviews. They were also provided with the T1 guide from the qualitative process evaluation and utilized it as a checklist to ensure that themes covering the data collection for the qualitative process evaluation were addressed. Each T2 interview was conducted in a manner that was both structured and open-ended, with each conversation tailored to the specifics of the corresponding T1 interview. Tailoring was applied in each case, and their effort reflects impressive collegial work.

It should be noted that the colleagues who conducted the T2 interviews were not part of the qualitative process evaluation team. In retrospect, it seems that this arrangement strengthened the project, as they were deeply committed to following up on the themes from T1 without veering off in the direction of the broader themes within the qualitative process evaluation.

## 4.8 Participatory observation

During the first year of the project, while conducting the T1 interviews, I participated in meetings within the main project involving doctors, psychologists, and job specialists from NAV. These meetings alternated between being held at the hospital and NAV's premises. My involvement in these meetings was not aimed at data collection for my thesis, but rather to gain insight on behalf of the research group at AFI that conducted the qualitative process evaluation.

Initially, the plan was for me to assume a non-participatory role and merely observe during these sessions. However, during the inaugural meeting, the doctors, psychologists, and job specialists reconsidered and invited me to actively engage in the discussions, seeking my perspectives on the cases and processes. Consequently, what was initially intended as non-participant observation evolved into participatory observation. This experience provided valuable insight into the thought processes and rationale followed by these professionals when discussing the return of patients to work.

The role in these meetings thereby took on a hybrid nature, simultaneously serving as a research colleague and a participant observer. This dual role facilitated active engagement and an enhanced grasp of the subject matter. Because the focus was on to gain insight into the research group that carried out the qualitative process evaluation, i.e., for evaluation purposes, the approach to field note-taking primarily concentrated on capturing the most notable and attention-worthy aspects. This form of note-taking strategy is described as the "salient" variant. (Tjora & Tjora, 2021, pp. 105-106).

While maintaining respect and curiosity, it became evident that the doctors and psychologists involved in the project had limited knowledge of organization and leadership. Their viewpoints appeared heavily influenced by their clinical backgrounds, and sometimes without a complete awareness of the relevance of their approaches outside the hospital setting. An example illustrates this observation:

In multiple observed discussions, there were instances where doctors and psychologists expressed uncertainty about the impact of increased workload on patients' well-being and the potential consequences of reducing sick leave percentages. In such cases, the clinicians

recommended that patients should gradually increase their workloads and evaluate the outcomes. If any issues arose, they could “simply” scale back (indicated use of quotation marks). Within the mTBI field, it is known that pushing patients beyond their capacity can lead to significant deterioration of symptoms, posing a considerable risk to patients. Simultaneously, employers also face risks, as they may plan for increased activity based on the assumption that progress is being made by the employee. If the increased workload backfires, employers are left with unimplemented plans and potential difficulties. Although the "increase and test" strategy appeared common in clinical practice, and the clinicians' reliance on a "trial and error" strategy is understandable, it became evident that the risk this strategy may oppose for the employer was not taken into consideration. This perspective was neither voiced by the job specialists in the meetings.

On a few occasions, I cautiously raised questions and presented an organizational risk perspective, but then encountered resistance, with the response being, "that's how we have to do it." This exemplified the different perspectives between an organizational and leadership viewpoint, viewing the patients as employees (from which I originate), and the perspectives of the doctors and psychologists, who primarily view the employees as patients, thereby being more entrenched in a clinical mindset. These perspectives may be somewhat disconnected from the broader external organizational context and the potential challenges and issues this might pose not only for the employees, but also for their leaders and organizations.

Given that my involvement in these meetings was not focused on gathering data for the thesis, but rather on behalf of the evaluation group, this participatory observation can be considered distinct from the data collection for the doctoral thesis itself. Nevertheless, upon reflection, this participatory observation has contributed to a more comprehensive understanding of the RTW processes.

## **5.0 Analysis: From data to “capta”**

The analysis of this material followed a rigorous qualitative methodology, involving a series of meticulous phases. Each phase required a comprehensive breakdown at various levels to ensure a thorough examination of the data. This approach was implemented to uphold the study's trustworthiness by adhering to the principles of rigor, transparency, and dependability.

## 5.1 Analyzing data, Part 1

### 5.1.1 Step one at T1: gathering all data

During the initial interviews at T1, extensive notes were diligently taken. As an experienced interviewer, proficiency in note-taking and active dialogue maintenance was ensured.

Subsequently, following each interview, a comprehensive set of handwritten notes and audio recordings was available. Upon the completion of each interview and case at T1, detailed case descriptions were written for each individual case. Additionally, a systematic coded overview was created on a traditional whiteboard, outlining the commonalities and distinctions among the cases. The transcription process was outsourced to external personnel. Once the transcriptions were finalized and delivered, a rich collection of source materials for each case was available, encompassing:

- 1) The original audio files
- 2) The transcribed text
- 3) My own meticulously crafted case descriptions
- 4) The comprehensive overview on the whiteboard.

### 5.1.2 Step three at T1: From data to “capta”

*There is an active intervention in what is selected and codified as data material. The word "data" comes from Latin and refers to what is "given". We could rather talk about "capta", what is "grabbed". (Kalleberg, 1996, p. 41)<sup>41</sup>*

According to David Silverman, data does not inherently speak for itself (Silverman, 2001). In alignment with this perspective, Kalleberg (1996) emphasizes that it is the researchers who articulates their findings through their dialogue with the empirical material. As Kalleberg asserts:

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<sup>41</sup> My translation from Norwegian to English.

*A geologist cannot communicate with his object of study even if he wanted to, while the social scientist cannot avoid it. (Kalleberg, 1996, p. 44)<sup>42</sup>*

Expanding on this notion, Kalleberg references Hans Skjervheim (Kalleberg, 1996, p. 45), who highlighted the distinction between natural science and social science (Skjervheim, 1995): Unlike natural science, which often maintains a subject-object relationship between the researcher and the objects of study, social science involves a subject-subject relationship. The social scientist recognizes that their material consists of active agents rather than passive objects.

Furthermore, Anthony Giddens (Giddens, 1991) underscores the influence of the researcher's preexisting interpretations on their understanding and interpretation of the material. What the researcher interprets is always influenced by the preexisting interpretations the researcher already has made and Giddens thereby stresses that within the social sciences there is always an ongoing double hermeneutic. Consequently, the notion of "neutral" exploration becomes elusive, as the act of exploring a social phenomenon inherently involves that the researcher also transforms it (Album et al., 2010).

In the context of the T1-interviews with the employees and the leaders, which initially followed a narrative trajectory and concluded with a semi-structured review of topics, the interviews appeared as a mosaic-like compilation of data during the listening and subsequent reading processes. Nonetheless, the presence of written case descriptions and overviews on blackboards facilitated the identification of patterns within the material.

To uphold the methodological rigor and avoid confirmation biases that may arise from preconceived notions, a meticulous reading strategy was employed during the analysis of the T1-interviews with the employees. The objective was to embrace an exploratory and inductive approach, aiming to minimize biases and interpretations influenced by specific theories, to the best of my abilities. While recognizing the inherent challenges (Album et al., 2010; Fog, 2004; Giddens, 1991; Kalleberg, 1996; Silverman, 2001; Skjervheim, 1995), this approach nevertheless aimed to preserve the integrity of the analysis process, acknowledging the complexities and limitations in achieving complete unbiased readings.

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<sup>42</sup> My translation from Norwegian to English.

This analytical approach, commonly referred to as working the data from the "ground up" as described by Yin (2018), emphasizes the researcher's endeavor to avoid predetermined categorization and analysis based on specific theories. In contrast to a theoretically guided analysis where findings are interpreted in light of established theories from the outset (Yin, 2018, p. 217). Following this approach, the initial phase of analysis involved narrowing down the primary analytical inquiries to three key questions: 1) What are the main shared aspects in the narratives provided by the employees during T1? 2) What are the significant variations? 3) Are the experiences and perceptions of the leaders aligned or opposite?

By posing these straightforward questions, an initial rough analysis of the T1-interviews was conducted. This preliminary examination promptly revealed a critical theme that divided the material into two distinct categories: While one group of employees expressed enthusiasm and appreciation for their leaders' actions during the process, the other group exhibited a contrasting sentiment. This pivotal observation, known as the "capta," laid the foundation for subsequent analysis.

### *5.1.3 Step four at T1: Identifying what constitutes valued and successful and failed leadership*

Following the emergence of the overarching theme of good and bad leadership, the subsequent phase of the analytical process involved revisiting all the interview transcripts to delve deeper into the experiences of the participants. The objective was to identify and explore the specific actions and qualities exhibited by leaders that were highlighted as positive by the satisfied employees, as well as the negative aspects emphasized by those who were discontented. Employing a traditional approach, blackboards and paper matrices were used to facilitate the organization and visualization of data, while also drafting preliminary findings.

However, considering the relatively short time gap between the T1 interviews and the employees' RTW phase, a lingering uncertainty arose regarding the potential for shifts in satisfaction levels between T1 and the subsequent T2 interviews. To address this concern, a conscious decision was made to refrain from drawing definitive conclusions regarding the nature of good or bad leadership until after the T2 interviews. During the interim period between T1 and T2, the time was utilized effectively by engaging in a meticulous examination



of the transcripts, carefully collecting numerous quotes that encapsulated the participants' perspectives.

## **5.2 Analyzing data, Part 2**

### ***5.2.1 Step one at T2: Reading transcripts***

Except for two cases, the T2-interviews were carried out by my colleagues. Fortunately, they had carefully reviewed the transcriptions from the T1 interviews and familiarized themselves extensively with mTBI before conducting the interviews. Due to budget constraints within the qualitative process evaluation, my colleagues conducted the T2 interviews over the phone. As my colleagues were not as acquainted with the participants, the interviews were more thematically structured, but upon reading the transcripts, it became evident that they had also allowed for some narrative elements, similar to the T1 interviews. Nevertheless, the T2 interviews primarily followed a semi-structured approach centered around specific topics. Therefore, the initial step in the second part of the analysis was to thoroughly review all the T2-interviews.

### ***5.2.2 Step two at T2: Working out the T2-capta***

Upon completing the thorough reading and comprehensive overview of the T2 caseload, the process of examining the capta commenced by incorporating all T2 materials with the existing T1 data. The initial step involved investigating whether the dichotomy observed in T1 remained unchanged in T2. Specifically, it aimed to determine if the employees who were initially satisfied with their leaders in T1 remained satisfied in T2 or if their experiences and sentiments had undergone a transformation. Similarly, it sought to ascertain if those who expressed dissatisfaction in T1 maintained their negative perceptions or if there had been any improvements in their interactions with leaders, resulting in a shift in their perspectives by T2.

It is crucial to emphasize that the intention here was not to seek confirmation of the T1 experiences in the T2 phase. Naturally, there was hope that those who were satisfied in T1 would continue to be content in T2 and that the situation had changed for the better for the other group after a year, considering the well-being of the employees. However, from a professional standpoint, it was equally intriguing to observe any potential variations or developments. Therefore, utmost caution was exercised during the re-examination of

transcripts from the cases that were not personally conducted. The analysis revealed that the employees who expressed satisfaction with their leaders in T1 maintained their positive evaluations in T2. Similarly, when scrutinizing the cases where dissatisfaction was reported in T1, a meticulous review of the T2 interviews conducted by other colleagues was conducted. As a fellow human being, I sincerely hoped for a positive change in the experiences of those who had unfavorable encounters with their leaders at T1. Regrettably, for the individuals involved, the cases characterized by poor leadership at T1 persisted consistently at T2.

### *5.2.3 Step three at T2: Discussing cases with colleagues*

Following the completion of a subsequent round of analysis, incorporating the transcriptions and integrating the findings from both T1 and T2, discussions concerning the interviews conducted by colleagues took place. The purpose of delaying discussions about the cases with my colleagues was to keep the inductive process running as “neat” as possible and finish the ambition of working the cases from the ground up (Yin, 2018). It was therefore first after the analytical process was finalized that discussions with colleagues regarding the findings were initiated.

During these discussions, my colleagues expressed their impressions and perspectives first, aiming to prevent any undue influence on their responses. Interestingly, these conversations revealed a convergence between their viewpoints and the analytical outcomes. While this alignment provided a sense of reassurance, prior to these discussions, preparations were made for re-analyses in case of discrepancies between the views.

### *5.2.4 Step four at T2: Structuring the valued and successful leadership cases*

Upon observing the consistent presence of successful and failed cases at both T1 and T2, the analysis delved deeper into the capta and the subsequent process. Until this point, the primary focus had been on generating empirical findings and employing empirical coding techniques. However, it was now necessary to structure the empirical findings at a more aggregated level.

The term "aggregated level" is deliberately chosen to emphasize the intention to maintain the inductive process in a pristine manner. Considering the familiarity with the existing leadership literature, the aim was to ensure that the coding remained independent of any preconceived codes derived from established theories. Therefore, specific leadership actions highlighted by the employees as appreciated were identified, and the investigation aimed to determine if these actions recurred across multiple interviews.

In addition to examining the presence of these leadership actions in the employee interviews at both T1 and T2, curiosity arose regarding whether the leaders themselves explicitly articulated these actions as conscious strategies or if they were merely spontaneous behaviors. While investigating whether the employees' perception of good leadership aligned with conscious or unconscious actions taken by the leaders, it was found that questions pertaining to leadership strategies were not consistently addressed in the leader interviews. However, some leaders were explicit about having clear plans and strategies for their approach, while others left room for uncertainty regarding the presence of a deliberate strategy behind what the employees perceived as good leadership. As a result, the term "cornerstone constituting successful and valued leadership" was used as a weighty descriptor for each positive finding. These cornerstones serve as key elements binding together the cases characterized by successful and valued leadership.

### *5.2.5 Step five at T2: Structuring the failed leadership cases*

Upon completing the analysis of the cases exhibiting successful leadership, the focus shifted to the cases demonstrating bad leadership. Similar to the approach employed for the successful cases, the intention was to maintain the integrity of the inductive process for the same reasons as before. However, upon repeatedly reviewing these interviews, it became increasingly evident that a different analytical approach was required for the analysis of these cases.

Unlike the successful cases, which exhibited common features that could be identified as "cornerstone" findings, the failed cases seemed to have distinct and unique factors contributing to the perception of poor leadership. Each case had its own set of circumstances and triggers mentioned by the employees that exacerbated or sustained the negative leadership experiences. Consequently, at first glance, there were no readily apparent inductive patterns

that linked these bad leadership cases together, and they appeared quite dissimilar. However, as the analysis progressed into the later abductive phase, the commonalities among the bad leadership cases became more apparent when transitioning from the inductive phase to the deductive phase by examining them in light of theories on destructive leadership. Only when these cases were evaluated in relation to existing theories did their shared characteristics beyond simply being "bad" begin to emerge.

### 5.3 Analyzing data, Part 3: Abductive analysis

*In a position between induction and deduction stands abduction. Abduction emphasizes the dialectical relationship between theory and data. Analysis of data has a central place when it comes to developing ideas, and the researcher's theoretical grounding provides perspectives on how the data should be understood. (Thagaard, 1998, p. 174)<sup>43</sup>*

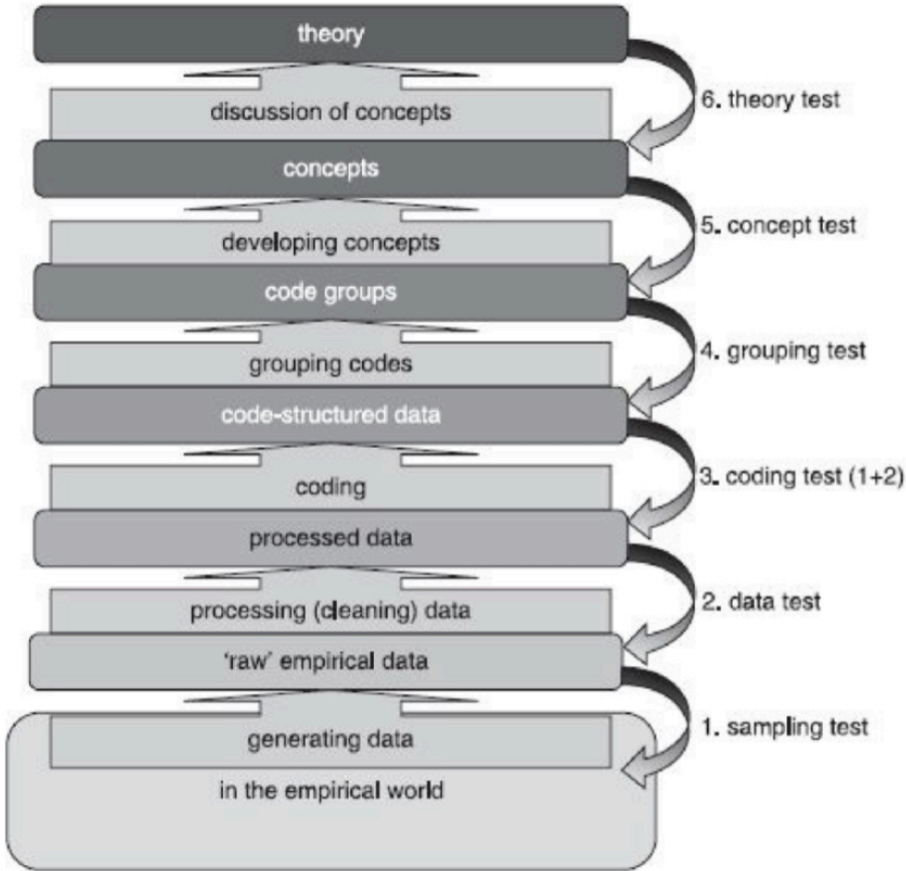
As previously described, the initial stages of the analytical process were primarily inductive, and once the data was structured, the deductive process commenced by "testing" the findings against established leadership theories. This "testing" was not conducted in a strict sense but involved assessing whether the cases aligned with the criterias outlined in various leadership theories. This initiated an iterative process that involved moving back and forth between capta, relevant literature, and extensive contemplation, deliberation, and re-analysis of the findings in relation to different theories.

During the early stages of this process, it became apparent that no existing leadership theory perfectly aligned with the characteristics of the cases demonstrating successful leadership. However, several of the cornerstones derived from the successful and valued leadership cases resonated with transformational leadership theory. Conversely, for the cases exemplifying failed leadership, two distinct theories on destructive leadership provided a suitable framework for analysis. These findings will be thoroughly discussed in the subsequent discussion section that follows this chapter. Thus, the analytical process adopted a stepwise deductive-inductive method, reminiscent of the model proposed by Aksel Tjora regarding the sequential nature of the deductive-inductive process (Tjora, 2018, p. 4):

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<sup>43</sup> My translation from Norwegian to English.

Figure 8: The deductive-inductive process



Abductive analysis is characterized by ongoing interpretation and reinterpretation processes (Lundberg, 2022). While the specific procedure outlined in Tjora's model (Tjora, 2018; Tjora & Tjora, 2021) was not strictly followed in this analysis, there are notable similarities between his model and the analytical process employed here. Both approaches involve iterative cycles of analysis, with continuous reflection, revision, and refinement of interpretations. This aligns with the abductive nature of the analysis, where new insights and understandings emerge through a dialectical interplay between the capta, existing theories, and the researcher's interpretations.

During the design of the interview guides, it was discovered that there was a lack of existing literature and prior studies that could offer insights into leadership practices in the RTW process after mTBI. As a result, uncharted territory was embarked upon, and the study design took on an exploratory nature. The data collection process was primarily inductive and

characterized by an empirical approach (Stebbins, 2001; Thagaard, 1998). However, a comprehensive overview of the leadership field and organizational literature, along with familiarity with the TBI literature, enabled the identification of connections and echoes of various leadership forms as the interviews progressed. Nevertheless, after conducting all the interviews with a strict explorative focus, striving for letting the inductive approach prevail, the role as an informed listener and questioner undoubtedly influenced the line of inquiry. It is plausible that the theoretical background knowledge prompted the inclusion of certain questions that may not have been asked otherwise. Nonetheless, adherence to the predetermined plan was endeavored. It is worth noting that, from the very first interview, a subtle undercurrent of abduction, where initial hunches and intuitive insights emerge, was set in motion (Timmermans & Tavory, 2012).

The transition from a purely empirical analysis to integrating the findings with existing leadership theories was marked by a process of evaluating the relevance of different theories in light of the empirical data, and vice versa. This process was characterized by a dialectic approach, involving a continuous cycle of reviewing the findings and revisiting the relevant literature. These cycles of analysis and reflection repeated numerous times before reaching a point of convergence on the theories that best informed the findings. Throughout this process, there was a reciprocal relationship between the theories and the empirical findings. On one hand, the theories served as frameworks through which to interpret and make sense of the findings. They provided insights and perspectives that shed light on the observed phenomena. On the other hand, the empirical findings also influenced the understanding and interpretation of the theories. They served as empirical anchors and benchmarks against which the theoretical concepts and frameworks were evaluated for their relevance and applicability. This iterative process of analysis and synthesis allowed for a deeper understanding of the interplay between the empirical findings and the theoretical underpinnings. It facilitated a nuanced and informed interpretation of the *capta*, leading to the identification of theories that most effectively captured and explained the observed phenomena.

Central to an abductive analysis is the examination and evaluation of how empirical findings can be interpreted through the lens of different theories (Lundberg, 2022). The process of abduction necessitates the systematic exploration of *capta* and theories, demanding the researcher to work diligently (Dubois & Gadde, 2002, p. 555). Lundberg characterizes the abductive process as a dynamic dialogue between empirical observations and theoretical

frameworks, evolving and maturing with each iteration, ultimately leading the researcher to identify the applicable theory or theories (Lundberg, 2022, p. 40). This account of the abductive process provides a highly accurate depiction of how the analytical process was conducted.

However, during the initial phase of analysis, the process began with ambitious intentions of discovering a single overarching theory that could encompass all aspects. Thereby, initially, the process appeared to follow a deductive approach akin to hypothesis testing outlined by Tjora (Tjora & Tjora, 2021). However, it soon became evident that the deductive approach was yielding limited results. Nonetheless, this exploration was valuable in reaffirming the notion that there is no singular "best" way within the realm of leadership (Kalleberg, 1991). By starting with such lofty ambitions, it became apparent that rather than seeking theories that could fully explain or categorize the empirical evidence, the need arose to identify theories that could partially inform or categorize the findings. Subsequently, a comprehensive re-examination of both the literature and empirical studies commenced, searching for resonances and connections.

Throughout this period, ample time was dedicated to careful assessment and conduct an extensive literature review. Ultimately, the conclusion was reached that the transformational leadership model (Bass & Riggio, 2006) provided valuable insights for understanding and categorizing the positive cases. Conversely, for the negative cases, the choice was made to employ a model of destructive leadership (Einarsen et al., 2015; Einarsen et al., 2007), alongside a theory of unconscious leadership (Terjesen, 2018). It is important to note that the choice of theories is not considered exhaustive, and the possibility remains open that other researchers may arrive at different theoretical frameworks. Nevertheless, confidence exists that the chosen theories shed light on the findings in a manner that can be beneficial for other researchers and practitioners alike.

## **5.4 Presentation of capta: Ideal types**

The construction of ideal types is a widely used method in qualitative research, originally developed by Max Weber (Weber et al., 2017). Ideal types are conceptual constructs that aim to describe and analyze social phenomena by combining various elements and highlighting their essential characteristics (Thagaard, 1998, p. 173). It is important to note that ideal types

are not intended to represent reality in its entirety, but rather serve as heuristic tools for understanding and interpreting social reality. They are not exact replicas of reality, but they aid in making reality more comprehensible (Kalleberg, 1996). While ideal-type analysis is commonly employed in sociology and psychology, its application is not limited to these fields (Stapley et al., 2022).

In the context of ideal type analysis, the term 'ideal' does not imply moral superiority but rather signifies a pure analytical construction (Sohlberg & Leiulfstrud, 2017). Ideal types are created to enhance our understanding of a phenomenon, and Weber (2017) believed that this approach could be particularly useful when investigating previously unexplored phenomena.

In his stepwise deductive-inductive method (SDI), Tjora seeks to present findings in the form of concepts such as typologies, models, concepts, or metaphors. One of the objectives of this approach is to enable conceptual generalizations and facilitate the application of findings beyond the specific research cases (Tjora & Tjora, 2021, p. 271). This reveals a parallel between Weber's classic ideal types and Tjora's concepts, as both offer opportunities for analytical and theoretical generalization (as opposed to statistical generalization). The presentation of what constitutes successful and valued and failed leadership in this thesis demonstrates some resemblance to both Weber's ideal types and Tjora's concepts. Moreover, the aim is for these findings, as presented, to possess analytical and conceptual relevance for other studies exploring good and bad leadership following mTBI.

The utilization of ideal types in this thesis, in analyzing leadership after mTBI, allows for a nuanced understanding of the phenomenon. Inspired by the methodological approach, the use of ideal types is not explicitly prescribed “by the book”. However, recognizing the limitations of ideal types as simplified abstractions, they provide a framework for conceptual generalization and theoretical application. By employing this approach, the findings of this study aim to transcend individual cases and contribute analytically to future studies examining leadership dynamics in the context of mTBI.

## **5.5 Reliability and validity**

In the context of quantitative research, reliability is primarily concerned with the replicability of a study by other researchers, yielding consistent results. However, within qualitative



methods, such an operationalization of reliability is elusive (Kalleberg, 1996). In order to address reliability within qualitative research, the term must be adapted to align with the specific scientific discipline and qualitative methods employed by the researcher. Although there is ongoing debate regarding the most appropriate operationalization of reliability in qualitative research, Golafshani emphasizes the importance of researchers demonstrating how trustworthiness was examined throughout the research process (Golafshani, 2003, p. 601). In quantitative research, validity pertains to the extent to which data is relevant and accurately captures the intended measurements and issues under investigation (Golafshani, 2003, p. 599). However, the transfer of this concept to qualitative research can be somewhat problematic, as qualitative methods often focus on exploration, understanding, and interpretation rather than quantitative measurement (Kalleberg, 1996). Qualitative research allows for flexibility in adjusting research questions during the process to better address the underlying issues at hand. As a result, the concept of validity in qualitative research requires adaptation and replacement.

Among qualitative methodologists, the concept of trust has emerged as a central theme in discussions about validity. The focus is on ensuring that researchers gather and analyze data without bias and present their findings without hidden agendas, thus establishing trustworthiness, which in turn contributes to the validity of the research (Golafshani, 2003). The emphasis on trustworthiness serves as a substitute for traditional notions of validity in qualitative research, acknowledging the unique characteristics and goals of qualitative inquiry.

While within the quantitative method one finds clear definitions of reliability and validity, these terms are often referred to interchangeably within the qualitative method, and Noble & Smith therefore question whether it would be more appropriate to discuss strategies that ensure the credibility of study findings instead of relying on the quantitative terms of reliability and validity (Noble & Smith, 2015, p. 34). To address this concern, Noble and Smith propose a comprehensive nine-point strategy list for qualitative studies, which aims to safeguard credibility. This strategy encompasses the objectives of ensuring both validity and reliability in qualitative research (Noble & Smith, 2015, pp. 34-35):

- 1) Accounting for personal biases which may have influenced findings
- 2) Acknowledging biases in sampling and ongoing critical reflection of methods to ensure sufficient depth and relevance of data collection and analysis

- 3) Meticulous record keeping, demonstrating a clear decision trail and ensuring interpretations of data are consistent and transparent
- 4) Establishing a comparison case/seeking out similarities and differences across accounts to ensure different perspectives are represented
- 5) Including rich and thick verbatim descriptions of participants' accounts to support findings
- 6) Demonstrating clarity in terms of thought processes during data analysis and subsequent interpretations
- 7) Engaging with other researchers to reduce research bias
- 8) Respondent validation: includes inviting participants to comment on the interview transcript and whether the final themes and concepts created adequately reflect the phenomena being investigated
- 9) Data triangulation, whereby different methods and perspectives help produce a more comprehensive set of findings.

In the figure presented below, the 9-point credibility strategy proposed by Noble and Smith (2015) has been utilized as a reference to evaluate the measures taken to ensure the validity and reliability of this study:

Figure 9: Validity and reliability

<b>Credibility strategy according to Noble &amp; Smith</b>	<b>Compliance in this study</b>
Accounting for personal biases which may have influenced findings	Yes. The interest in leadership was transparent and well-known, both for research colleagues and the participants.
Acknowledging biases in sampling and ongoing critical reflection of methods to ensure sufficient depth and relevance of data collection and analysis	Yes. The acknowledgment is made that the informants in the study were not a representative group but rather a select and resource-limited set of individuals. Furthermore, the presented dichotomy should be understood as an idealized representation
Meticulous record keeping, demonstrating a clear decision trail and ensuring interpretations of data are consistent and transparent	Yes. In addition to transcribing all the interviews, detailed field notes were taken, case protocols were written, and overviews of the collected data were created. This meticulous documentation ensures that all the findings can be thoroughly documented and referenced.
Establishing a comparison case/seeking out similarities and differences across accounts to ensure different perspectives are represented	Yes. The material was clearly divided into two distinct groups, which were then compared with each other. In addition to comparing cases within each group, cross-comparisons were made between employees and employees, as well as between leaders and leaders. This approach allowed for a comprehensive analysis of the data from multiple perspectives.
Including rich and thick verbatim descriptions of participants' accounts to support findings	Yes. The empirical sections of the thesis extensively utilize quotations from informants to illustrate and support the

	<p>findings. The use of direct quotations allows for the inclusion of informants' perspectives and voices, providing concrete examples and enhancing the credibility and richness of the analysis.</p>
<p>Demonstrating clarity in terms of thought processes during data analysis and subsequent interpretations</p>	<p>Yes. Explaining that the initial phase of the analysis involved an inductive-deductive 'test' followed by a meticulous abductive process aims to illustrate the systematic utilization of terms, methods, and theories in progressing from exploratory interviews to conclusive findings. This approach highlights the rigor and coherence employed throughout the research process, ultimately contributing to the credibility and reliability of the study's outcomes</p>
<p>Engaging with other researchers to reduce research bias</p>	<p>Yes. This aspect was meticulously addressed when I fell ill. The researchers who conducted the T2 interviews took extensive measures to ensure the integrity of the study. They thoroughly reviewed the transcriptions from T1 and familiarized themselves with the field of mTBI prior to the interviews. Due to my illness, they were unable to consult before conducting the interviews. As a result, their follow-up interviews were conducted without any direct influence, and they approached the discussions from a different narrative angle with their own independent knowledge. The confirmation of the "good" cases remaining "good" and the "bad" cases remaining "bad" during the T2 interviews carried out by</p>

	<p>colleagues reinforces the credibility of the findings. These findings were obtained without any confirmation bias, as my absence during T2 ensured that the data collection was free from any potential influence. This, in turn, enhances the robustness and reliability of the data obtained.</p>
<p>Respondent validation: includes inviting participants to comment on the interview transcript and whether the final themes and concepts created adequately reflect the phenomena being investigated</p>	<p>No, in this regard, it is deficient as the design of the main study did not facilitate contact with the informants after the T2 phase.</p>
<p>Data triangulation, whereby different methods and perspectives help produce a more comprehensive set of findings.</p>	<p>Yes. In addition to conducting interviews, active participation occurred in meetings held at the hospital during the first year of the project. This involvement provided valuable insights into the practical perspectives of doctors, psychologists, and job specialists and how they approach their work. Furthermore, discussions took place within the research group, comparing the findings from cases with those from their own cases. Additionally, collaboration with colleagues who conducted the T2 interviews included discussions about the cases and their evolving insights. Contributions extended beyond interviews, with co-authorship of an article resulting from the main project (Howe et al., 2017) and another article stemming from the qualitative process evaluation (Spjelkavik et al., 2022). Additionally, acknowledgment was received</p>

	<p>in a third article associated with the project (Enehaug et al., 2022). These collaborative efforts provided diverse perspectives and enhanced the understanding of various levels and aspects related to the research.</p>
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As demonstrated by this cross-check, 8 out of 9 points have been fulfilled. Nevertheless, it is important to acknowledge that the study is not exempt from weaknesses, which will be discussed at the end of the thesis.

## 5.6 Ethics

*When you are studying people's behavior or asking them questions, not only the values of the researcher but the researchers responsibilities to those studied have to be faced. (Silverman, 2001, p. 55)*

Within the qualitative methodology, there is a substantial body of literature that describes the ethical challenges researchers may encounter when engaging with informants, as well as strategies for preparing and equipping themselves to address many of these challenges (Silverman, 2001; Thagaard, 1998; Øye et al., 2016). Given that this project was incorporated within a larger RCT and had obtained approval from REK, numerous ethical considerations had naturally been made in advance. This included the requirement for physicians to exclude patients with previous substance abuse or psychiatric issues (Howe et al., 2017). Despite thorough preparations facilitated by the RCT, which also proved beneficial to this project, it is important to acknowledge that nothing is ever certain within qualitative research methods - or as Øye and colleagues aptly phrase it: "It is difficult for researchers in qualitative research to foresee ethical dilemmas since such dilemmas appear in the relational situations on the spot, and not beforehand at the desktop" (Øye et al., 2016, p. 462).

And precisely such an unquestioned issue arose when conducting the remaining two T2 cases (my colleagues conducted 10 out of 12 T2-interviews), namely, that the interviewed employees appeared to be in poor health during the interviews. These cases had stood out at T1, as they were perceived to be significantly worse off in terms of health than the others, but

the T1 interviews proceeded at that time. However, by T2, they appeared even worse. They had also been discharged from the RCT as their participation had concluded from the hospital's part. Therefore, there was no possibility to consult with the physicians or psychologists on whether they should be excluded. However, one of the two employees mentioned during the T2-interview that after the hospital intervention, additional complications had been discovered, suggesting a possible misdiagnosis initially, and that the informant should have been excluded from the very beginning due to possible severe TBI. Meanwhile, the other informant expressed significant health problems and also conveyed a sense of dissatisfaction with the interview situation and participation in the study. In both cases, the ethical compass illuminated like a spotlight considering the overall health status of the informants and the quality of the interviews. And if the first should have been excluded in the first place and if the other truly not wanted to participate at T2, I deemed it ethically appropriate to exclude these two cases from the analysis. As a result, the case portfolio included in the analysis was reduced from 12 to 10 cases.

## 6.0 Results

The results section is divided into two parts. This first part (part 6) explores the cases of valued and successful leadership, while the second part (part 7) explores the cases where leadership failed. However, in the discussion section that follows (part 8), a unified discussion and cohesive analysis is presented.

In this first part (Part 6), which focuses on cases where leadership succeeded, an inductive approach is employed, and the construction of cornerstones was created through a form of dialogue with *capta* (Kalleberg, 1996; Silverman, 2001; Skjervheim, 1995). In the subsequent part (Part 7), which addresses cases where leadership failed, no cornerstones have been established. However, this section also elucidates the emergence of the empirical process through an inductive method. Part 8 is the discussion section. Within this segment, the findings from all cases and the empirical constructs are thoroughly examined and discussed in light of prominent leadership theories and models. In this discussion, resonance and connections between both the negative and positive cases, including the constructed cornerstones, and established leadership theories are explored. It is within this discussion chapter that the abductive process becomes evident.

Before proceeding further, it is crucial to emphasize an important aspect: In both the results and discussion sections, the terms "findings" and "patterns" are utilized. However, it is essential to underscore that, given the qualitative nature of this study, which is based on "capta" - a term in Latin referring to what is "grabbed" (Kalleberg, 1996, p. 41) - this analysis is based on 10 grasped cases (to make an allegory to Kalleberg) and not statistical data. Therefore, the term "findings" has no quantitative ambition or intentions. It is used exclusively as a qualitative term and refers only to *capta*. The same applies to the use of the term "patterns", which is exclusively used for *capta* where *capta* can be linked together. The use of the term "patterns" is therefore also without any quantitative ambitions or intentions. The same emphasis must be placed on the figures that have been constructed. These are used exclusively to present *capta* in a neat and clear manner for the reader and do not aim to quantify content or results in any way.



## 6.1 Part 1: When leadership succeed

The following case biographies showcase six successful cases that involve different types of organizations, sectors, and industries. Furthermore, none of the leaders had any prior relations or knowledge of each other during the study. Despite these differences, the cases share several commonalities. In all six cases, employees hold leadership positions or positions that require specific, highly competent education or training. Additionally, all six cases involve a high level of responsibility and autonomy in their work execution. Moreover, in each case, the leaders describe their employees as high achievers. Although none of the employees themselves used the same terms to describe their capabilities during the interviews, they all expressed passion for their work and a habit of holding themselves to high standards prior to their injury. In the following sections, brief biographies of the six employees will be presented. Please note that all names used in the biographies are fictitious. Furthermore, some changes have been made regarding the jobs of the informants and the organizations in which they work.

## 6.2 Case biographies

### **Case 1: “John”.**

John, in his 30s, is employed in the public sector, within an emergency organization that employs more than 10,000 people nationally. The local department John is part of consists of 15 individuals. He occupies a highly specialized position and has enjoyed a successful career trajectory. Given the nature of his work, John operates on a shift-based schedule with predefined hours, necessitating highly specialized knowledge and a significant degree of autonomy. However, in terms of time and location, the organizational structure appears, on paper, to be inflexible due to the organization's nature. John's leader initially assumed the role after John was injured and had no prior acquaintance with him. By the time of the T2 interview, John had successfully returned to full-time work. The organization has a formalized IA-agreement in place and in the randomized control trial, this case was assigned to the intervention group.

### **Case 2: “Linda”.**

Linda, in her 50s, is a member of the executive leadership group in the Norwegian branch of a multinational company engaged in import and wholesale within the private sector. Nationally, the organization employs 260 people, but the head office where Linda works is comprised of

30 individuals. Linda's role grants her a considerable amount of autonomy and flexibility but also involves extensive travel. Linda's leader had recently assumed the leadership role before Linda's injury. By the time of the T2 interview, Linda had successfully resumed full-time work. The organization does not have a formalized IA-agreement in place. In the randomized control trial, this case was assigned to the intervention group.

**Case 3: “Donna”.**

Donna is in her 40s and works as a project manager in international transportation, organized under the public sector. Nationally, the organization employs 3000 people, but within Donna's group, there are only six individuals. Donna enjoys a significant degree of autonomy and flexibility in her job, although travel is often required. Donna's leader had only been in that position for a few months when Donna experienced her injury. During the T2 interview, it was revealed that Donna had returned to full-time work in another company, unrelated to her injury. This change was due to her former position being tied to a temporary project scheduled to conclude prior to her injury. Donna was offered to prolong her position for a couple of months after the project ended but declined because she had applied for a new job. The organization has a formalized IA-agreement in place, and in the randomized control trial, this case was assigned to the intervention group.

**Case 4: “Maureen”.**

Maureen, in her 20s, holds a managerial position within the food and beverage industry in the private sector. The business employs a significant amount of ambulant labor in addition to its regular staff, with an estimated employment figure ranging between 500 to 1000 people nationally. Within Maureen's section, there are 15 employees. Her work schedule involves late nights and irregular hours, although she also has some days with regular daytime hours, providing a reasonable level of flexibility. Maureen has a high degree of autonomy in her role. When Maureen suffered her injury, she had only been working for the company for a few months. By the time of the T2 interview, Maureen had successfully returned to full-time work but had changed jobs due to physical limitations following mTBI, making it nearly impossible for her to continue working late nights. The organization does not have a formalized IA-agreement in place, and in the randomized control trial, this case was assigned to the control group.

**Case 5: “Richard”.**

Richard, in his 40s, works as a top-level manager in a finance corporation and is part of the executive group. The business comprises 30 individuals in total and belongs to the private sector. Richard possesses specialized skills and tasks, enjoys a significant level of autonomy, but also works long hours each week. Richard and his leader have known each other for many years. By the time of the T2 interview, Richard had successfully resumed full-time work. The business does not have a formalized IA-agreement in place, and in the randomized control trial, this case was assigned to the control group.

**Case 6: “Maya”.**

Maya, in her 40s, serves as a specialized project manager in a nationwide public enterprise, comprising both municipal and state services that employ more than 20,000 people nationally. Her position offers a high degree of autonomy and flexibility, and in her local division, there are 280 employees. Maya had only recently started working before her injury, so her leader had not had the opportunity to know her prior to that event. At the time of the T2 interview, Maya had returned to work on a 60% capacity basis. The business has a formalized IA agreement in place, and in the randomized control trial, this case was assigned to the control group.

*Figure 10: Local contextual elements (system level) in the successful cases*

Case	Type of organization	Organization size (national / global)	Department size locally where the interviews were conducted	Sector	Successful/ failed case	Intervention / control group	IA-company
Case 1 «John»	Emergency organization	More than 10.000 people	15 people	Public	Successful	Intervention group	Yes
Case 2 «Linda»	Importer and wholesaler	260 people	30 people	Private	Successful	Intervention group	No
Case 3 «Donna»	International transportation	3000 people	6 people	Public	Successful	Intervention group	Yes
Case 4 «Maureen»	Food and beverage industry	500-1000 people	15 people	Private	Successful	Control group	No
Case 5 «Richard»	Finance corporation	30 people	30 people	Private	Successful	Control group	No
Case 6 «Maya»	Public service	More than 20.000 people	280 people	Public	Successful	Control group	Yes

### 6.3 Cornerstones

In the subsequent presentation of the successful cases, the findings are organized into seven cornerstones. Through meticulous analysis, seven key characteristics that contributed to what can be deemed successful and valued leadership in the RTW phase following mTBI was identified. It is important to note that each of these leadership actions, on their own, may not possess sufficient potency to create successful and valued leadership. However, when these seven cornerstones operate synergistically, they form a cohesive and robust framework representing successful leadership in the context of the RTW process following mTBI, in the successful cases explored in this thesis.

Given the focus on capturing actions, it remains uncertain whether these actions were universally derived from planned strategies employed by the leaders, as discussed in 5.2.4. However, it is well-established that strategies do not always yield intended outcomes (Mintzberg, 2017, 2019a; Mintzberg & Waters, 1985). Consequently, a deliberate choice to completely omit the concept of strategy and instead refer to the seven discoveries were made,

based on their manifestation in the empirical work, as "cornerstones constituting successful and valued leadership." Although this linguistic construction may appear cumbersome, it precisely encapsulates the essence of the inquiry—namely, understanding the actual actions of leaders and whether they achieved the desired outcomes or not.

Another reason for using the terminology "successful and valued leadership" instead of just "successful leadership" is grounded in leadership literature, where it is widely acknowledged that achieving successful results as a leader does not necessarily result in being valued by employees (Sørhaug, 2004). This distinction becomes evident in one of the failed cases (case 10), where the leader is highly satisfied with his own efforts, and the employee returned to work without appreciating the leader's approach. Thus, in the successful cases, employees not only returned to work but also acknowledged and valued the leader's care and role throughout the process.

It is important to note that all the interviews were conducted in Norwegian. For this thesis, all the quotes used have been translated into English by me, with the assistance of a professional translator.

### ***6.3.1 First cornerstone constituting successful and valued leadership. Empathy and trust: Leaders demonstrate understanding and convey confidence in the genuine nature of the situation***

*John (T1): I have explained quite carefully about my illness. And that it's invisible. And I have met a lot of understanding here. I need to allow time to be my allied<sup>44</sup> and I just have to spend time, I have to get to know how I react in the different situations, and take a little at a time, and then more and more and build myself up again.*

A recurring theme in all six cases of the interviews was the challenge posed by persistent yet invisible symptoms that continued to affect the employees even after their return to work. At T1, all six employees reported experiencing enduring symptoms such as headaches, prolonged

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<sup>44</sup> Translation of the Norwegian phrase "jeg må ta tiden til hjelp».

concentration problems, sensitivity to light and sound, difficulties with sustained focus, fatigue, and insomnia. However, except for a few cases where employees wore sunglasses or eyepatches due to light sensitivity or eye injuries, none of them bore visible scars or physical signs that would serve as daily reminders to their leaders or colleagues of their injury. In most cases, their injuries remained physically imperceptible to others.

*Donna (T1): I was very afraid of being perceived as a slacker because the injury is something that you cannot see. It must feel much easier if you have a broken leg or something (...), so I was afraid they would perceive me as taking advantage or lazy, so thank God I had worked there for a while first! I certainly don't think that was their impression of me, thank God they were understanding!*

At T2, five out of six employees had returned back to work full time, but none of them felt 100% rehabilitated; they still had to keep an eye on their own health. John, who was the most fully recuperated of them all, stated this at T2:

*John (T2): I would describe myself as 99% healthy.*

Several employees engaged in exercise as part of their recovery process, leading to the paradoxical outcome that some of them had an improved physical appearance compared to before their injury. Consequently, in certain cases, the employees may have appeared to be "looking good" despite feeling unwell. However, the successful leaders did not mistake superficial appearances for physical well-being. Instead, they placed trust in the employees' own perception of their symptoms and situations, recognizing that relying solely on outward observation could be misleading. Although the employees faced post-injury challenges that were not readily visible, they were consistently treated with understanding and empathy not only during the initial period after the injury but also over the long term:

*Linda's leader (T1): I have talked to Linda relatively frequently and I have told her; "you know best what you can and cannot do. I can't see inside your head and tell you what to do."*

Because the employees' persistent symptoms were met with understanding, belief, and never subjected to questioning or doubt, confidence and trust were established between the employees and the leaders in all six cases:

*John (T1): There is a lot of trust, and I actually think that it is the key.*

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*Linda (T1) :I think the key here has definitely been to have complete trust.*

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*Donna's leader (T1): I strongly believe in being open. Everyone should understand that sometimes it's you, and other times it's me; anything can happen to anyone! Therefore, genuine interest in follow-up is crucial for a successful outcome. Employees need to feel their managers genuinely care, as it provides the security they need to relax and confidently return to work.*

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*Richard's leader (T2): The goal was always for him to return!*

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*Maureen (T1): There was a lot of trust.*

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*Maya's leader (T1): We are very familiar<sup>45</sup> with each other,*

The fact that these leaders not only supported the employees during the initial period after the injury but also throughout the long journey back reassured the employees that their leaders had unwavering faith in them and trusted that their experiences and accounts were genuine.

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<sup>45</sup> The Norwegian term used by the informant here is «fortrolige» and not "familiære".

By communicating understanding and displaying confidence in the employees' situation being genuine, and by providing consistent support and belief, the leaders fostered relationships of mutual trust between the employees and themselves. It became evident that empathy and trust formed the bedrock of these successful cases, providing a solid foundation for the employees' recovery and reintegration process.

By acknowledging the invisible nature of the employees' persistent symptoms and providing understanding and support, the leaders demonstrated a genuine commitment to the well-being and progress of their employees. This nurturing environment allowed the employees to feel valued, empowered, and secure, paving the way for their gradual rebuilding and ultimate success in overcoming the challenges posed by their injuries. The combination of empathy and trust thereby constitutes the first cornerstone, shaping the way leaders approached their employees' recovery and facilitating a positive and supportive workplace environment.

### *6.3.2 Second cornerstone constituting successful and valued leadership: Action, accommodation, and flexibility: Leaders promptly accommodate employees and provide them with a high degree of flexibility*

*Interviewer (T1): Are you able to come and go as you please?*

*Donna (T1): Yes, I definitely can! I can control it all myself.*

Systematically, the employees shared narratives detailing the diligent efforts made by leaders to facilitate accommodations in every possible manner, thereby ensuring a smooth Return to Work (RTW) process. In practical terms, this entailed not only making necessary technical arrangements but also granting significant flexibility in work hours. Leaders allowed employees to determine their preferred working times based on their individual peak productivity periods and authorized extensive remote work opportunities from home<sup>46</sup>:

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<sup>46</sup> It is important to note that this study was conducted prior to the COVID-19 pandemic, during a time when home office and other forms of remote work arrangements were not as commonly utilized as they are in the present day.



*Linda (T1): In the position I'm in, and with the flexibility my leader gives me, I feel quite liberated overall. That's probably the key, because it allows me to adapt my workload based on my abilities. Even if I have medical clearance to work at a reduced capacity, like 30%, 40%, or 50%, I have the freedom to tailor it further. If I have the energy to work a bit more, I can do that. And if I don't feel up to working in the office, I have the option to work from home. This level of customization has been essential in finding a balance that works for me and my well-being.*

The will to accommodate for employee needs and grant flexibility was not limited to home office opportunities. Even in the cases where working from home was not feasible due to the nature of the job or the organization's requirements (as observed in John's and Maureen's cases), their leaders still sought out flexible solutions. In John's case, where work tasks had to be conducted on-site, his leader made significant efforts to adjust shift schedules and team compositions to create optimal conditions for John to perform according to his capabilities. And although shift organization is normally very strict according to work hours, the employee's health came first:

*John's leader (T1): I am very close up on<sup>47</sup> John and am very concerned that he should not burn the gunpowder too quickly. If he feels that "now it is enough", then it is enough, then he must go home. Even if he is scheduled to work until 4:00 PM and it's 1:00 PM, I have told him that then he has to go home. He must have that freedom, because it is so important!*

In the case of Maureen, the leader similarly demonstrated significant flexibility:

*Maureen's leader (T1): When Maureen returned to work, we made arrangements to ensure the smooth operation of the business and her return. To make it possible for her to come and go whenever she wanted, we hired a temporary employee to fill in for her, allowing her the flexibility to come and go as she pleased. And when she was back at 20% I told her:*

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<sup>47</sup> The Norwegian term the leader uses here is «tett på».

*“You are going to be here one day a week, so now you come and go as you wish.” I also said: “On top of that, you work with the temp, and when you feel ready we will increase.” (...) I told her that for me she was welcome to be on sick leave and come and go when she wanted, because I had solved it all out.*

Maureen corroborates this at T2, when reflecting on the arrangement her leader had facilitated:

*Interviewer (T2): How was your closest manager once you worked and stepped up to 100%? Did you feel you got the support you needed?*

*Maureen (T2): Yes, absolutely. I did.*

*Interviewer (T2): How was he showed his support then?*

*Maureen: I was allowed to do what I really wanted. If I needed something, I got it, and if I needed some days off, I also got it. I could control anything and got all I wanted.*

Maureen's assessment highlights the significant flexibility demonstrated by her leader, indicating that the leader not only expressed support verbally but also followed through with concrete actions. This consistent pattern of behavior was observed across all the successful cases. The case of Donna serves as another noteworthy illustration of how these employers truly understood, empathized, and facilitated the needs of their employees:

*Donnas leader (T1): In this case, I feel that what I can primarily contribute to is not to pressure her into anything, but to tell her that; "My biggest interest, and the workplace's biggest interest, is that you should get back on your feet and have no lasting pain afterwards. And it is also to make the working day as functional as possible for you". So, she has been given good*

*earphones to keep noise out, we have contributed with new glasses and pc-screens and various things in relation to vision, and the occupational specialist has been involved as well.*

During the T2 interview, Donna provided confirming reflections about the accommodations made by her employer:

*Donna (T2): It was incredibly flexible for me during my sick leave. I experimented with different approaches, like being at work for two full days and trying other schedules. Eventually, I found that coming in every day worked best for me. It suited my needs, and the employer was perfectly fine with it. Additionally, my doctor encouraged me to take two walks during the workday, and the employer fully supported this. So, I made it a habit to go for a walk every day, enjoying some fresh air.*

The capacity and willingness exhibited by these leaders to promptly accommodate the needs of employees form the foundation of the second cornerstone. Whereas the first cornerstone primarily entailed leaders expressing understanding, confidence and trust through verbal and emotional means concerning the employees' actual circumstances, the second cornerstone entails implementing tangible measures based on the expressed needs of the employees. This involves providing equitable opportunities for a successful RTW by facilitating various workplace adjustments, including the provision of individual offices, adjustments to lighting conditions, and customization of PC screens, among other accommodations. Moreover, the employees were afforded considerable flexibility in their work schedules, allowing them to manage their attendance, work remotely when necessary, and allocate the time required for their recovery. Notably, all requests for adaptations made by the employees were promptly met without any hesitation or scrutiny; the leaders ensured that the employees' requirements were fulfilled. Consequently, these six leaders demonstrated their comprehension and trust in the genuine nature of the employees' circumstances not only through their words but also through their actions, thereby exemplifying the principle of 'walking the walk' in addition to 'talking the talk'.

### 6.3.3 Third cornerstone constituting successful and valued leadership. *Taking charge: Leaders adjust expectations and ensure a gradual and steady RTW process*

*John's leader (T2): A “slow and steady” and motivational approach is crucial. It's important that as a leader, I have the courage to restrain John a bit instead of pushing him too hard. Even if John is present at work for 20%, it doesn't necessarily mean he has the full capacity for that 20%. I've emphasized to John that it's equally important for him to manage his life outside of work simultaneously. He has a long commute (mentions specific details), encounters numerous people on the road, navigates through the city center to reach work, and then carries out his tasks. After work, he needs to have the energy to attend to his children's needs when he returns home. There's no point in working hard for a day here if he's so exhausted that he spends the next two days lying on the couch. He must have the capacity to pick up his kids from daycare, cook dinner, and spend quality time with them before bedtime. Only when he feels that he's handling all this effectively, only then do we consider increasing his work percentage.*

Although the cases examined in this study encompass various industries and sectors, a common characteristic emerged from the interviews: prior to their injuries, all employees were high achievers. Both employees and their leaders consistently described them as individuals accustomed to meeting demanding expectations, often surpassing them by setting higher standards for themselves. However, following their injuries, these employees experienced a notable reduction in their capacity and capabilities. During the interviews, leaders expressed concerns that the RTW process could become a trial-and-error endeavor if employees failed to acknowledge the limitations imposed by their current circumstances and attempted to resume their pre-injury performance levels. Thus, a crucial task for leaders was to ensure that employees prioritized self-care and adjusted their standards in light of their post-injury conditions:

*Mayas's leader: (T1): Maya is someone who is always eager to take on numerous tasks and I have to slow her down all the time!*

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*Linda (T1): My leader has been my saving grace on numerous occasions! I have a great shield in him!*

However, the leaders were aware that their high-achieving employees, who were initially recruited based on their outstanding abilities and drive, might struggle to reduce their pace and lower their own expectations. This could potentially impede their rehabilitation progress if left unchecked. In order to safeguard both the employees' well-being and the effectiveness of the RTW process, the leaders took proactive measures to slow them down.

The conversation passage below, extracted from the T1-interview with John's leader, vividly illustrates the leader's proactive approach to ensuring a cautious and manageable RTW process. Just a few days prior to the interview, John had engaged in a discussion with his leader regarding his plans to escalate his availability from 20% to 50%. In response, the leader recognized the potential risks associated with such a significant increase and actively intervened to guide John in making a more gradual transition. By taking charge of the situation, the leader emphasized the importance of a measured approach that prioritized John's health and well-being. This episode highlights the leaders' commitment to overseeing and steering the RTW process to ensure a successful and sustainable return for their employees:

*Johns leader (T1): I've said to him that "slow and steady wins the race". I have set a limit for him not to increase his workload by more than 10% each time. I told him, "Don't exceed a 10% increase!". It can have a big negative impact if he jumps to a 20% or 30% increase. So, yes, I have been very mindful of this, and I have restricted his increase to no more than 10% each time. We are proceeding at a slower pace than what the doctor recommended.*

*Interviewer, case 1 (T1): What does he think about this?*

*Johns leader (T1): He was planning to increase his workload from 20% to 50%, so I think he appreciated it.*

One might speculate that an employee who is restricted from increasing their workload by more than 10% at a time could feel overridden. However, in the interviews conducted with John during both T1 and T2, he consistently expressed gratitude for having a leader who diligently prioritized his well-being and health through such stringent measure:

*Interviewer (T2): Is there anything from the management or from your boss or the work environment that could have been done better in your return to work, after the injury? Is there something you felt was lacking?*

*John (T2): No, it's not really that, I have to say I am super happy! I've got the best boss in the world!*

Admittedly, in none of the other five cases did the leaders apply the same level of restraint as in John's case. Nevertheless, all the six leaders exhibited a shared attitude and conviction that the most appropriate approach for their employees was to proceed with caution and consistency. In all six cases, the leaders regarded partial sick leave as indicative of the employee's maximum capacity rather than a minimum requirement:

*Richard leader (T2): The sick leave specifies a maximum, and then Richard has to figure out what he can manage within that percentage. Some days, the plans didn't go smoothly. He experienced migraines and various other ailments, and in those cases, he had to go home, of course. So, within the confines of the sick leave percentage, we had a buffer. This allowed him to work on tasks that were not time-sensitive. If he couldn't complete them, someone else could step in. However, the process became ad hoc as we went along, organized through in frequent conversations.*

In practice, this entailed multiple instances throughout RTW process where leaders advised employees to proceed at a slower pace than desired or planned. The purpose of this guidance was to prevent employees from overestimating their actual capacity:

*Donna (T2): My leader was very much like this: “Be careful and do not accelerate your workload too fast and listen to those who know” (the TBI experts). She, my leader, was particularly supportive in that regard.*

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*Maya (T1): Both my boss and my spouse are good at providing me with reality checks!<sup>48</sup>*

In the context of the third cornerstone constituting valued leadership, where leaders take charge by adjusting expectations and safeguarding a slow and steady return-to-work (RTW) process, it becomes evident in these cases that leaders play a pivotal role in guiding their high-achieving employees. These individuals were recognized for their exceptional performance prior to their injuries. Before they were injured, their leaders reported never needing to closely monitor them to achieve goals or deliver beyond expectations. Now, on the other hand, the leaders have to ensure they do not revert back to their pre-injury high-achieving mode, potentially exceeding their capacities and experience relapse of symptoms.

During various presentations delivered as part of this doctoral research, an illustrative image depicting two bodybuilders have often been employed. The image portrays one bodybuilder engaging in rigorous training, performing 400-kilogram squats, while his training partner stands behind him, ready to provide assistance if needed. This visual representation captures the essence of spotting in weightlifting, serving as a powerful metaphor for the current situation. Previously, these leaders acted as spotters, supporting and encouraging their employees' high performance – making them able to take one more rep. However, in the context of the RTW process, their role shifts to ensuring that their employees do not succumb to excessive demands that were once manageable. In essence, leaders must reduce the weight load on the metaphorical bar and facilitate a gradual RTW. This recalibration represents a

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<sup>48</sup> The informant references to them trying to help her ensuing a realistic perspective on her capabilities.

departure from the conventional pre-injury logic followed by both leaders and employees in these cases. It requires leaders to slow down the pace and safeguard against potential setbacks, prioritizing a cautious and steady progression.

The importance of this role reversal should not be underestimated and is crucial for the RTW process. By adjusting expectations and promoting a controlled reintegration, leaders provide the necessary support to ensure employees' well-being and the effectiveness of their return. This exemplifies the essence of the third cornerstone of successful and valued leadership, wherein leaders take charge to guide and safeguard a slow and steady RTW process.

#### ***6.3.4 Fourth cornerstone constituting successful and valued leadership. Work-life balance: Leaders prioritize the well-being and balance of work and personal life for employees***

*Johns leader (T2): After all, we go to work to have a good life. It's not the other way around. My employees shall have a good time at work, but free time is the most important. Leisure and health are most important. The job is necessary both to contribute back to society and to be able to earn a living.*

As some of the previous quotes have already indicated, the leaders in this committee are also concerned that being healthy enough to work should not come at the expense of life outside work, as Johns leader was quoted on earlier:

*John's leader (T2): There's no point in working hard for a day here if he's so exhausted that he spends the next two days lying on the couch. He must have the capacity to pick up his kids from daycare, cook dinner, and spend quality time with them before bedtime.*

Richard leaders is also concerned about the work-life balance after the injury:



*Richards leader (T1): I am convinced that his current situation also affects the home front. I can't ask him directly, but I gently inquire, "Is everything okay at home?" and "Are you receiving the help you need?" I ask about any other logistical challenges he may face, such as picking up children from school or dealing with other responsibilities. I think all these practical aspects have turned his life upside down, affecting both him and his family (after the injury).*

Mayas leader did also stress the importance of reestablishing a balanced life, both professionally and personally. In both T1 and T2, Maya's leader placed great importance on preventing Maya from overexerting herself and frequently advised her to take things at a more manageable pace. During the T2 interview, Maya's leader revealed that she still prioritized Maya's ability to manage her life outside of work in alignment with her work responsibilities:

*Interviewer (T2) Do you get the impression that the job affects family or social life or other things that happen outside of work?*

*Mayas leader (T2): I believe so. I think she's feeling quite exhausted, which makes her less social. However, we had a brief conversation about it recently, and she mentioned feeling slightly more energized and spending more time with her friends. She even went out for a glass of wine or two. She's aware of the importance of managing her workload and taking necessary breaks. She understands that life outside of work matters too.*

There are interconnected aspects between this fourth cornerstone and the preceding one. However, the choice has been made to delineate them as distinct cornerstones to facilitate analytical differentiation between stepping up in the workplace and stepping up in one's personal life. Taking Linda's case as an example, she faced the challenge of balancing her professional commitments with her social life, despite being new to the job and having supportive family members available to assist her. She made the conscious decision to prioritize increasing her workload, even if it had implications for her social engagements:

*Linda (T1): Well, I have, just thought that this is how it is now. Now I have to rest that 'bang'<sup>49</sup> out of my head. I've been following the plan all along, but sometimes it's been a struggle, like being in deep valleys. I used to spend my weekends and free time with my family, but now they have to wait. But I remind myself that this struggle is temporary, just a phase.*

*Interviewer (T1): How is your family situation?*

*Linda (T1): I have a husband and an adult son. So I don't have to change any diapers (laughs).*

*Interviewer (T1): (laughs with her) Ok, so it's more about your husband getting some extra peace in your household, maybe? (interviewer laughs more)*

*Linda (T1): Yes, (laughs), he gets some extra tasks then. He's been really supportive throughout my illness. He accompanied me to all the doctor's appointments, drove me around from door to door everywhere, and even answered phone calls on my behalf.*

Later in the interview, a purely hypothetical scenario was presented to Linda. She was asked to imagine herself as a single mother with two children, holding the same job, and to consider if she could maintain the same approach, prioritizing work above all else. When this scenario was discussed, Linda promptly concluded that the way she opted to proceed in her current situation would not be feasible in the hypothetical single mother scenario. Notably, Linda's decision to pursue the 'job comes first'-approach was not influenced by any pressure from her leader. On the contrary, her leader explicitly emphasized that she should take all the time she needed. However, Linda consciously chose to expedite her progress, recognizing that this

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<sup>49</sup> The informant referred to the accident/mTBI as the 'bang'.

deliberate acceleration would have been unattainable had she still been responsible for caring for young children.

In the realm of successful and valued leadership, one pivotal aspect lies in leaders' focus on achieving a healthy work-life balance. This principle is exemplified by the fourth cornerstone, which emphasizes the importance of managing personal life alongside work responsibilities, and not let the private sphere suffer in the equation. It is worth mentioning that all the leaders in the successful cases demonstrated a commitment to ensuring that any increase in work responsibilities was accompanied by corresponding improvements in individuals' personal lives. Nevertheless, it is important to acknowledge that not every employee followed their leaders' guidance in this regard, as in the case of Linda.

### ***6.3.5 Fifth cornerstone constituting successful and valued leadership. Building personal relationships: Leaders invest in building personal connections during the RTW process***

*Interviewer (T1): In the conversations you have with Donna, does the topic of her personal life come up often? Or is it mostly about work-related matters and the discussions primarily focusing on work?*

*Donna's leader (T1): In relation to the conversations I have with Donna, there has probably been a lot of focus on health, quite simply. It is her health that been the main agenda. (...) Personally, I feel that Donna and I have had good dialogues and I have been curious about what is happening and how things are working out for her. Donna has also been very open about her injury and how it works, and I have been very interested in hearing about her progress and how she's managing.*

The four first cornerstones identified can be formulated as strategies that can be implemented by most leaders as long as they have the abilities to do. There is however a saying that leadership often requires leaders to balance “a cool brain and a warm heart” (Terjesen &

Salomon, 2015), and when we delve into the fifth cornerstone, we discover that this saying aligns perfectly with the essence of this particular aspect.

Throughout the interviews and subsequent analysis, it became evident that these six leaders, in addition to the aforementioned qualities, made sincere and empathetic efforts to establish a personal connection with their employees during the RTW process. It is important to note that this should not be mistaken for an attempt by the leaders to form personal friendships with their employees. Rather, it reflects their genuine intention to foster personal relationships, driven by care and a desire to provide maximum support to the employees:

*Interviewer (T1): You mentioned that you had frequent conversations with Linda. Did you experience that you talked a lot about how she was doing, that is, a little more privately related, or that it was a lot work-related topics as her function at work and so on, that most of the conversations were about?*

*Linda's leader (T1): Actually, mostly about how she was feeling and about her overall experience. There were mostly comforting conversations, but at the same time there is a limit to how much into private life I can start digging (starts to laugh), but I think that we have had good and confidential conversations.*

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*Maya's leader (T1): We are very familiar with each other, so we talk a lot about private stuff as well as work.*

However, the attempts to forge close relationships were not always fruitful, as certain employees exhibited a more reserved disposition in some instances. Nonetheless, this did not deter the leaders from making genuine efforts. In the case of Richard, who expressed great

satisfaction with the support provided by his employer throughout the RTW process, his leader encountered difficulties in establishing a deep personal connection with him<sup>50</sup>:

*Richards leader (T1): I am convinced that his current situation also affects the home front. I can't ask him directly, but I gently inquire, "Is everything okay at home?" and "Are you receiving the help you need?" I ask about any other logistical challenges he may face, such as picking up children from school or dealing with other responsibilities. I think all these practical aspects have turned his life upside down, affecting both him and his family (after the injury). I also wonder how his wife is coping with everything. I wish he could tell me a little about that. For example about "now I'm struggling a bit with the delivery of children" or about getting a skiing lesson for that matter, or whatever it might be. But, as I said, he's a bit of an introvert on that. He's not that willing to share it. So I guess it's something that affects him as a person privately too. But don't get me wrong, this is no criticism of him! We all have a package. "A package solution". And we have some strengths and some weaknesses. And that's something we (as an employer) take with us. Nobody is perfect! And thank God for that! I'm not a social worker, or a professional, I'm an amateur in this area. But I just have an inkling that there's something there. The reason I bring it up is to highlight the importance of openness, not just for Richard but for anyone facing difficulties!*

Additionally, Maureen's leader disclosed that he perceived her to be somewhat reserved in nature. While he respected her privacy and accepted her guarded demeanor, he also expressed concern that this might hinder his understanding of her true circumstances and potential opportunities to provide further assistance. Consequently, he emphasized the importance of persevering in his efforts, determined not to give up despite the challenges encountered:

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<sup>50</sup> Parts of this quote were used in the section on cornerstone number four.

*Maureen's leader (T1): She has been quite reserved about her health recently, so I've decided to have a one-on-one conversation with her tomorrow at 10 o'clock. I want to ask her how things are going. The last time we talked, she was very "up there in the cloud" with what was going to happen at work, so I never got to it. So, when she asked if there was an agenda for tomorrow, I replied that the agenda was just 'coffee talk'. "What works?" "What does not work?" "How is it with your old man?"<sup>51</sup> I plan to ask a little about these things to show that I care.*

As shown, these leaders achieve varying levels of success in establishing personal connections with their employees. However, what united them was their unwavering commitment to making the effort. Despite encountering challenges, they genuinely endeavored to build personal relationships with their employees, and the feedback received during both T1 and T2 interviews, the employees expressed gratitude towards these leaders for their efforts. This feedback suggests that the leaders were able to achieve their intended goals, even when faced with obstacles that required additional effort and were not always easy to address. Thus, the fifth cornerstone of successful leadership in this context lies in the genuine willingness to invest sincere efforts in nurturing personal relationships during the RTW process.

### **6.3.6 Sixth cornerstone constituting successful and valued leadership. Thinking and acting outside the box: Leaders employ creative strategies to *prevent employees from dropping out of work life***

It is a consistent finding across all the six successful case-interviews that the leaders demonstrated a willingness to go above and beyond to support their employees. During the interviews, they articulated both instrumental reasons, such as the employees' importance to the organization, and value-based reasons, indicating genuine care and concern for their well-being, as motivations for advocating for their employees in this manner. This consistent behavior displayed by all the leaders stemmed from their deep consideration and genuine care for their employees, which led them to prioritize giving the process adequate time and allowing the employees to take the necessary time for recovery.

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<sup>51</sup> The "Old Man" is the leaders' cheerful mention of Maureen's husband.

Simultaneously, in Norway, there is a pivotal turning point after 12 months when the entitlement to sickness benefits expires (as discussed in the first chapter). Both the employees and the leaders were aware of this deadline. Therefore, it was crucial for both parties to ensure that the employee fully returned to a 100% position before the 12-month mark, to avoid that John went over on work assessment allowance.

However, given the unpredictable nature of mTBI, there is no guarantee that the return goal will be achieved within a year. In John's particular case, the leader demonstrated remarkable creativity in addressing this issue and preventing him from facing dire circumstances, despite John running out of time. Among the five other successful cases, none of the leaders were this creative, nonetheless, the innovative and solution-oriented approach John's leaders pursued deserves recognition, as it exemplifies how leaders can actively assist their employees in retaining their jobs and remaining engaged in the workforce.

Even during the T1 interview, John's leader anticipated that he would need more than a year for proper rehabilitation and to reach a 100% work capacity. Although it involves an extensive conversation passage, it is essential to allocate space to discuss this case and highlight the leader's proactive involvement in the process.

*Johns' leader (T1): In April, Johns max date is here and he has 44 vacation days that he haven't used.*

*Interviewer (T1): 44?!?*

*Johns' leader (T1): Yes, that's because he was on paternity leave just before he got injured and went on sick leave. With the 25 vacation days he has for this year, he has a total of 3.5 vacations to take. So, I suggested to him that he could either apply for work clarification money now, so that when he reaches the maximum date, he can start working directly, or he can start working when the deadline expires, but in that case, he would lose all his sickness rights for 6 months (which he would have to work up again). Those are the options on paper. Alternatively, he could return to work 100%, and I would arrange the vacation days in the best way possible for him. This means that he would start working full-time, but we would take 1-2-3 vacation days a week, depending on how he feels, week by week. And then, I say to him, you get to extend this adaptation period perhaps by a whole*

*year! We would apply to HR for monthly vacation approvals, and if they become difficult to deal with, I assured him that I would become difficult with them too. I can be quite persistent when needed! After giving it some thought, he agreed that this was a wise decision because it would allow him to retain his sick leave rights, which is crucial in this case. So, I assured him that we would handle it in the best possible way for him, ensuring that he doesn't experience a salary decrease and continues to receive his full salary. He will have the opportunity to have a gradual return, working one or two or three or four days a week.*

*Interviewer (T1): I'm really curious to know if you will succeed. Are you optimistic about getting approval from HR for this arrangement?*

*Johns' leader (T1): Yes, I'll fight for that!*

One year later, John's leader made these reflections on the implementation and outcomes of the aforementioned plan:

*John's leader (T2): John had a lot of vacation from previous years which he had to utilize, so to prevent him from exceeding his allotted time and losing his rights, we devised a plan for him to take two vacation days per week. This allowed him to gradually return to work at approximately 50-70% capacity, while on paper it appeared as though he was working at 100%. (...). It enabled us to utilize the vacation days in a manner that allowed John to reintegrate without exerting himself excessively.*

*Interviewer (T2): It's a completely ingenious solution, I've realized!*

*John's leader (T1): Yes!*

*Interviewer (T2): But was it difficult to get it through? Did you have to stand tall to make it happen?*



*John's leader (T2): Yes, because we operate within the public sector. In government institutions, there tends to be a rigid structure. Typically, employees are entitled to five weeks of vacation per year, with the possibility of splitting one week, but not the others. I engaged in a lengthy discussion with the administration/HR to explain why I believed it was important to implement this arrangement and utilize the vacation days in this manner. I emphasized that the alternative would be a prolonged period of sick leave. Making this arrangements made it possible for him to actually come back.*

Due to the initially rigid nature of the state's system, it was revealed in T1 that John's leader was going to advocate for the implementation of this arrangement, and fight for it if needed. As described in T2, she ultimately succeeded in securing approval after what she herself describes as "an extensive discussion". At T2 this is John's retrospective perspective on the arrangement that was made:

*John (T2): When a year had passed since the injury occurred, the time was coming when I would lose a number of rights, in terms of payments and wages and that type of thing. So, what we did then was that I had 66<sup>52</sup> days of vacation left, and I got an arrangement where I was allowed to take 50% of the time off, on paper I worked 100%, but in reality it was 50% because vacation was taken. In that way, I was able to "use" the system a bit then while I worked up on my form. I was still working on a form, if I can call it that, if that's the right term (refers to self-rehabilitation). At the same time, I was able to have it a little calmer during the on paper 100% period. So this is what I did... I cannot recall the exact duration, but I believe I followed this arrangement for approximately 2-3 months.*

*Interviewer (T2): But did you then go straight from 30% to 50%, in a way?*

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<sup>52</sup> It turned out at T2 that he had accumulated even more vacation days than at the interview with his leader at T1.

*John (T2): Yes. That's it then. But it won't be documented in my medical records. But that is correct, yes. Then I did it. And then the boss made arrangements for me to avoid night shifts, and I tried to stick to mostly day shifts, but I also had some evening shifts. Also, gradually I got more and more evening shifts as I got better. I had a very nice rise in form during that time. So, when I came back to actual 100% then, being done with the vacation flexing, then it was back to the three-part rotation.*

*Interviewer (T2): And it worked well?*

*John (T2) I would say it worked well, that is. But that, whether it's the age or whether it's the head, I don't know. But I do notice that every fourth weekend when I work night shifts, with small children at home and such, it takes a bit to get back together (recover) the next day, and I am supposed to be dad from 8 o'clock, in a way. My wife and kids let me sleep after night shift, they are very thoughtful, but I still feel that to reverse the circadian rhythm takes on a bit. I can feel that it's a bit heavy. But I don't know if it's directly related to the injury or whether it's just the body aging (laughs).*

*Interviewer (T2): But how often do you have night shifts?*

*John (T2)? Every fourth weekend*

*Interviewer (T2): So your form ascension has been adapted to the system, in a way?*

*John (T2): Absolutely right!*

*Interviewer (T2): Or, it fit very well?*

*John (T2): Yes, that fits. So, it was like winning the lottery, almost, getting, being able to use my vacation days in that way and tricks and mix it up! So, in short, I have the same type of position, I have only gone up a few levels in responsibility (he has been promoted). But I have the same duties, but now work 100%, and have done so since this summer. So that's pretty much the way it is now.*

*Interviewer (T2): So good to hear! This 'vacation trick' that you described, did you come up with it together with your leader?*

*John (T2): Yes, exactly. When I had 66 days of vacation days, which corresponds to probably 3,5 months, I didn't need to sit at home anymore. I needed to be partly at work and slowly but surely come me back to normal. But, of course, this is a bit like the state in a nutshell, but my leader, who you will talk to afterwards, she knows the jargon, so to speak. So, she said "okay, if they give you the finger (laughs), we'll give them the finger a little bit back (laughs more)!" And then she said further that "then we try to get it divided into such split days, right! You only have a requirement for five such split days, that you can split your vacation days into a year then. You also must actually take the weeks consecutively, but since this was a special case and has a background in my history of illness and return to working life, HR agreed to such a solution, and I couldn't have gotten a better solution! In a way 50%, but at the same time I am on paper 100% back. If the symptoms were to flare up again on a later occasion, I was thus able to use my vacation days and at the same time build up my rights again. So here my leader was very, very, very brilliant, who came up with that solution there! It was absolutely gold!!*

*Interviewer (T2): At the same time, this is vacation days that you have accrued, to which you are entitled. It's just complicated to get them out, in a way?*

*John (T2): Yes, it's incredibly rigid and bureaucratic, dealing with split days and such! So it wasn't guaranteed that it would work out, but luckily it did!*

The interviews leave no doubt that John is very satisfied with his leader. Moreover, it is evident that, according to John, had it not been for the leader's proactive and innovative approach, there would have been a genuine risk of him not recovering sufficiently to resume full-time work before the expiration of his sickness benefits period. This would have resulted in either a period of work assessment allowance or working full-time without any security. Therefore, the leader's proposal and subsequent advocacy for a creative "think outside the box" strategy were crucial in ensuring both John's income and his ability to work following the expiration of his sickness benefits.

A noteworthy aspect of this case is the leader's extensive engagement with higher management and HR to navigate the bureaucratic processes and gain approval for the arrangement. This case thereby highlights the potential negative impact of rigid internal organizational regulations. The leader describes herself as someone unafraid to face challenges, and this quality played a pivotal role in generating support for a plan that was initially met with resistance. This finding underscores not only the significance of having capable and willing leaders, but also points to the importance of organizational flexibility in such circumstances. It further demonstrates that creative thinking alone is insufficient; there must also be a proactive implementation of unconventional solutions. As mentioned earlier, the leaders in the successful cases not only advocated for their ideas but also took concrete actions to implement them. In the case of John, this was particularly evident when there was a need to approach things in completely new and innovative ways. This exemplifies the sixth cornerstone of thinking and acting outside the box.

### ***6.3.7 Seventh cornerstone constituting successful and valued leadership. Creating job security: Leaders foster an experience of job security for employees***

*Maureen's leader (T2): We must take care of our employees, that's for sure! Everyone get sick at some point in their life. That's just how it is.*

*And if we have a disposable mindset towards people, we will end up with a very bad society in the long run. That's my belief, and I'm committed to acting accordingly. I had a conversation with Maureen and asked her "what do you feel yourself?" and she said "yeah, I want to go back!" and then we try, and we work together to find solutions and overcome any challenges that arise!*

Throughout the interviews conducted with employees at both T1 and T2, it became apparent that they had numerous thoughts and concerns regarding their injury, future health, and workability following the injury. They often questioned whether they would ever fully recover or return to their pre-injury state. Interestingly, none of the employees in the successful cases however expressed fear of job loss due to their employer's impatience or a change of heart:

*Richard's leader (T2): The goal was always for him to return!*

The leaders, as evident during the interviews, displayed a genuine interest in welcoming back their highly valued employees, not just through words but also through their actions. The leaders' actions and attitudes, as discussed in the previous cornerstones, contributed to a sense of job security among the employees. This feeling of security was particularly crucial during phases when the employees themselves grappled with uncertainties about their future. Consequently, the fear of job loss did not add to their existing worries in these cases. Thus, the seventh cornerstone of successful and valued leadership is the creation of an experience of job security for employees. However, when we shift our focus to the cases of failed leadership, which will be explored in the next chapter, this sense of job security amongst the four employees is notably absent.

### **6.3.8 The cornerstones summarized**

In summary, the research findings have identified seven cornerstones that constitute successful and valued leadership after mTBI in the six particular cases explored here. These cornerstones are:

- 1) Empathy and trust: Leaders demonstrate understanding and convey confidence in the genuine nature of the situation.
- 2) Action, accommodation, and flexibility: Leaders promptly accommodate employees and provide them with a high degree of flexibility.
- 3) Taking charge: Leaders adjust expectations and ensure a gradual and steady RTW process.
- 4) Work-life balance: Leaders prioritize the well-being and balance of work and personal life for employees.
- 5) Building personal relationships: Leaders invest in building personal connections during the RTW process.
- 6) Thinking and acting outside the box: Leaders employ creative strategies to prevent employees from dropping out of work life.
- 7) Creating job security: Leaders foster an experience of job security for employees.

## 7.0 Results part 2: When leadership fails

Like in the successful cases, these four cases derive from different types of organizations, sectors, and industries. Furthermore, neither of these employers or leaders had any prior relations or knowledge of each other during the study.

Despite these differences, in these four cases where leadership failed, there are commonalities between the employees. As in the successful cases, all four of them all hold positions that require specific on the job-experience and/or highly competent education or training. Additionally, the four employees have a high level of responsibility and autonomy in their work execution.

Moreover, the four employees also expressed passion for their work and a habit of holding themselves to high standards prior to their injury. In line with the successful cases, three out of four informants in this group of failed cases, who encountered leadership challenges post-TBI, self-identified as high achievers prior to their injuries. This characterization, however, is not provided by the informants in the case of Alan (Case 10). Nevertheless, Alan appears as the most humble among all informants, while also portraying himself as a loyal and dedicated co-worker. Thus, there are notable parallels between the pre-injury self-descriptions provided by employees, both before and after their injuries, in both the successful and failed cases-group. Despite the subsequent leadership challenges reported by employees in the following four cases, the leaders expressed positivity in their assessments about their employees during the pre-injury period.

In the following sections, brief biographies of the four employees will be presented. Please note that all names used in the biographies are fictitious and that alterations have been made in regard to the organizations, due to anonymity.

### 7.1 Case biographies

#### **Case 7: “Celeste”.**

Celeste is in her late 40s and works as a senior project manager within a multinational high-tech company, where she has been employed for over 10 years. The company belongs to the private sector and employs more than 70,000 people internationally. In the Norwegian branch

where Celeste is employed, there are 200 people. Celeste enjoys a considerable amount of autonomy and flexibility in her work. At T1, Celeste was working at 15% capacity, which she increased to 40% by T2. Her current leader had been in this position for approximately 6 months when Celeste got injured. While the leader did not respond to interview requests at T1, she participated at T2. The business does not have a formalized IA agreement in place, and in the randomized control trial, this case was assigned to the intervention group.

**Case 8: “Daphne”.**

Daphne, a woman in her 50s, works as a lawyer specializing in handling intricate and complex claims within an underwriter firm where she has been employed for more than 10 years. The firm, situated within the private sector, employs over 4000 people nationally, but in Daphne’s department they are only 8 people. Daphne's work percentage at T1 was 30%, which she increased to 80% by T2. Her current leader has held her role for four years. The business has a formalized IA agreement in place, and in the randomized control trial, this case was assigned to the intervention group.

**Case 9: “Jenny”.**

Jenny, in her 20s, works as a technical consultant in a medium-sized private company specializing in damage control. The company, also within the private sector, employs a total of 17 people, with 9 in her department. Jenny has been with the company for two years as of T1, during which she was working at 20% capacity. By T2, she had managed to increase her work percentage to 30%. However, just before the T2 interview, she decided to apply for work assessment allowance from NAV as she realized she would not be able to further increase her work percentage. Jenny has had the same leader throughout this period. The business does not have a formalized IA-agreement in place, and in the randomized control trial, this case was assigned to the intervention group.

**Case 10: “Alan”.**

Alan, in his late 30s, works for a small contracting and construction firm within the private sector, consisting of 5 people in total, where he has been employed for over 10 years. Aside from the morning meeting at 08:00, Alan has the freedom to manage his day independently and solve tasks in the order he deems most efficient. He has had the same leader throughout his employment. At T1, Alan was working at 50% capacity, which he increased to a full-time



position (100%) by T2. The business does not have a formalized IA-agreement in place, and in the randomized control trial, this case was assigned to the intervention group.

*Figure 11: Local contextual elements (system level) in the failed cases*

Case	Type of organization	Organization size (national / global)	Department size locally where the interviews were conducted	Sector	Successful/ failed case	Intervention / control group	IA-company
Case 7 «Celeste»	Multinational hi-tech company	More than 70.000 people	200 people	Private	Failed	Intervention group	No
Case 8 «Daphne»	Underwriting	4000 people	8 people	Private	Failed	Intervention group	Yes
Case 9 «Jenny»	Damage control	17 people	9 people	Private	Failed	Intervention group	No
Case 10 «Alan»	Contacting and construction	5 people	5 people	Private	Failed	Intervention group	No

## 7.2 From common patterns of success to individual stories of failure

*Tolstoy began his novel Anna Karenina with the immortal words “Happy families are all alike; each unhappy family is unhappy in its own particular way.” And so it may be with managers and their organizational families: they may have unlimited number of ways to screw up with ever more fascinating ones being invented every day, but perhaps only a few witch to succeed.(Mintzberg, 2015, p. 143)*

While the successful cases are bound together by common cornerstones, the unsuccessful cases did not intuitively exhibit the same cohesive leadership patterns as the successful ones. In the instances of unsuccessful cases, a prominent inductive pattern emerged, marked by

deficient and sometimes entirely lacking communication, coupled with a distinctive sense of distress specific to each scenario. However, attributing these failures solely to communication breakdown proves overly simplistic in delineating the precise nature of the leadership shortcomings apparent in the different cases. Only through an in-depth examination of each case and its alignment with the theory of destructive leadership did a clearer understanding emerge.

This presentation is therefore divided into individual case studies, each of which, in the initial stages of analysis, appeared to be quite distinctive in terms of the underlying causes of their respective failures. However, through the abductive process, it became apparent that these cases could be interconnected by applying theories on destructive leadership. The exploration of these theories and their implications will be discussed in detail later in the subsequent section.

### *7.2.1 Failed leadership, part 1: Celeste's bad experience with the leader basing the follow-up on assumptions and old roles*

During the T1 interview with Celeste, she repeatedly expressed her RTW process was characterized by an absence of communication and dialogue with her immediate leader, leaving her in the dark about the scheme of things:

*Celeste (T1): What I am missing from my leader is communication and dialogue. I am a member of many groups on the company's intranet and that is how I keep myself updated. I know very well what is going on, but that's because I read it myself, not because someone is telling me about what's going on.*

In the T2 interview, conducted a year later, Celeste still portrayed a leader who failed to take responsibility for maintaining a dialogue during the RTW process:

*Interviewer (T2): In the previous interview, it seemed that you took the initiative for several meetings and regular conversations with your*

*manager, but it appeared that the interest from the other side was lacking.*

*Is that correct?*

*Celeste (T2): Yes, I have requested meetings every 14 days, and I have received them. But there have been instances where they were canceled.*

*Interviewer (T2) In those meetings, were you able to communicate what is important to you?*

*Celeste (T1): Yes, yes, I've done it time and time and time and time again, and in the end it sort of becomes a bit of a situation where I feel that if I push more now, the hook will probably be on the door. I have felt that sometimes.*

In addition to describing a dissatisfaction with her leader and still a lack of dialogue at T2, Celeste revealed that she eventually becomes afraid that her efforts to get a mutual dialogue going will end up with the leader getting so fed up with her that she will lose her job. The lack of dialogue has therefore left her feeling both alone and insecure about her job security.

Celeste also disclosed that she had been diagnosed with and received treatment for depression related to the aftermath of her injury between T1 and T2. This information was shared during the part of the interview discussing the follow-up from her leader:

*Celeste (T2): When I think back, my leader probably should have picked up on the signs and realized that I was depressed long before I realized it myself.*

Since the leader did not participate in the T1 interview, there was anticipation surrounding the T2 interview to understand how the employee could feel so isolated, as described. However, the leader's response came as a surprise:

*Celeste's leader (T2): What I experienced was that she told me that she thinks she received little follow-up and that she got little of what she needed. From my point of view, I have spoken to her and had weekly meetings with her, every single week. But what I failed to realize, which she strongly felt, was that prior to her sick leave, she was one of the senior members in the company. In other words, she was independent, requiring minimal follow-up. She possessed a strong drive and held a leadership position with considerable influence. And the way I was used to working with her was a reflection of this; that I didn't have to give her very many direct instructions and didn't have to follow her up very much from day to day.*

*Interviewer (T2): However, after her injury, she needed more support?*

*Celeste's leader (T2): Yes, and that came gradually. And I believe it was connected to her depression. I assumed that if she needed to talk to someone, she would take the initiative. But Celeste couldn't do it. And she also couldn't express her inability to do so. For instance, if she needed to set up a meeting with the HR manager, I assumed she would contact him since they had worked together before. But what she needed was for me to arrange the meeting. She was unable to do it herself.*

*Interviewer (T2): But do you think it has anything to do with the fact that it was hard to look at the screen and hard to...*

*Celeste's leader (T2): ...(interrupts the question)... No, I believe it was due to the depression, which I was unaware of until later in the process. There was a change in her ability to function. I was very focused on facilitating when it came to the screen, light, noise, that she was given tasks that suited her, that she was given tasks that did not require sitting in front of the screen.*

*That she had things to do. My focus was on those aspects. But I didn't realize that she needed something completely different. She needed someone*

*to sort of hold her hand and lead her forward. And I didn't understand that. I think she was very aware of this, but I don't think she fully understood it herself either. In any case it took quite a long time before she was able to express her feelings in a way so that those of us around her understood how she felt. If I had understood earlier that she needed something completely different and that it was not enough to have arranged tasks or arranged physical working environment, nor that it was enough to have contact once a week and see how things were going, but that she needed something more than that, then I think I could have been a much better leader for her than I was.*

This extensive interview passage reveals significant differences in the descriptions provided. Due to the study design, it was not possible to conduct a third round of interviews to clarify whether Celeste informed her leader about her depression or if the leader independently deduced this by herself. Furthermore, it was not possible to obtain additional clarity regarding the frequency of dialogue and who acted as the driving force behind it. Another question that arises is whether the leader made more contact than the informant perceived due to her depression. Nonetheless, what becomes apparent is that the leader at T2 acknowledged Celeste's sense of isolation. However, based on Celeste's statements in T2, it seems that regardless of her attempts, the leader was unable to make her feel less lonely and abandoned by the organization:

*Celeste (T2): I don't have excessively high demands. They are that I maybe should get a little more help. But... But I kind of feel stuck in the situation. And I only have the time within that one year of sick leave, so I have told my leader time and time again that this is not right. I have told her that "You have to help me!" However, after the year passed, I stopped doing that. Now I try to keep a slightly lower profile. I have at times been afraid of losing my job.*

*Interviewer (T2): But then, to be dismissed?*

*Celeste: Yes.*

*Interviewer (T2): Is that a possibility? Can they do it?*

*Celeste: No.*

In this quotes, obtained from the end of the T2 interview, Celeste's frustration is evident. She feels that if she raises issue of needing help again, she may lose her job, even though she intellectually knows that her job cannot be terminated on such grounds. Celeste feels both abandoned and without job security, which, according to her, stems from her negative experience with her immediate leader during the RTW process.

Furthermore, although Celeste's leader provides insights into what could have been done differently to improve leadership, there is no indication in her interview that she has actually taken any action to address the previous lack of appropriate leadership. The leader does not mention any efforts made to repair or compensate for the shortcomings and neither does Celeste in her T2-interview.

This specific instance of failed leadership underscores the potential pitfalls in the RTW process if leaders rely on their own assumptions, without clarification, regarding the needs of the employee, based on pre-injury roles and work capacity prior to the injury.

### ***7.2.2 Failed leadership, part 2: Daphne's bad experience with a leader who believes that presence alone is sufficient***

During the T1 interview, Daphne expressed her dissatisfaction with the follow-up and reported that she had not engaged in a meaningful conversation with her leader for a month:

*Daphne (T1): I haven't really spoken to my leader properly in a month. She hasn't really asked how things are going, even though we're sitting close to each other. We haven't discussed my situation in a while, and maybe she*

*assumes it's my responsibility to reach out if I need anything? I do not know. Or maybe I'm just feeling a little more vulnerable and think she should ask how I'm doing, right? It's important to me that my leader cares a little more.*

One year later, at T2, Daphne's perspective on the situation remains unchanged:

*Daphne (T2): My leader hasn't really been paying much attention to me. To be honest, she's been a bit absent.*

*Interviewer (T2): So, if I understand correctly, you wish that your leader was more present and engaged?*

*Daphne (T2): Yes, I find it a bit strange considering that we sit right next to each other. Just the other day, she asked me, "Are you working 60% or 70% now? How is it?". I think she should know that when we are sitting so close! I had an appraisal interview<sup>53</sup>yesterday where I mentioned that I felt there was a lack of follow-up. Additionally, I haven't received sufficient follow-up regarding my seating arrangement. Because they haven't taken it into account that the other person, I sit next to is on the phone all the time, and that person has an hearing impairment, and therefore talks very loudly on the phone. This situation is not compatible with my concentration and sensitivity to noise. I can use headphones, but they amplify the buzzing sound in my head and the tinnitus, So, in that sense, my situation is not so successful. The people from NAV involved in the project here were also disappointed by this. They believed that my leader should have shown more attention. But that's just how things are.*

*Interviewer (T2): But considering that you're sitting next to your leader who knows the entire situation, wouldn't it be appropriate for you to notify her about your need for more follow-up?*

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<sup>53</sup> Norwegian term used by the informant during the conversation was «medarbeidersamtale».

*Daphne (T2): I can probably talk to her, but I feel that it is somewhat her responsibility to care about her employees. And I'm not the only one who says that. She's very sweet and nice and that stuff, but think it's been a bit strange then, that she hasn't been more concerned with how things are going and what I think and such.*

*Interviewer (T2): In comparison to other colleagues in your workplace, do you think you receive more follow-up or is it at the same level as the follow-up she provides to others?*

*Daphne (T2): If I feel that I receive more follow-up than my other colleagues?*

*Interviewer (T2): Yes*

*Daphne (T2): No.*

There is no doubt that Daphne remains dissatisfied at T2, and it appears that her level of dissatisfaction may have increased compared to T1. Consequently, it is important to understand how her leader describes the follow-up process:

*Daphnes leader (T2): In the beginning, we had very close follow-up. Whether she was at home, on the phone, or at work, we maintained regular communication. As she gradually returned to the office, our interactions became face-to-face since we sit next to each other. I deliberately positioned myself closer in proximity to facilitate frequent conversations right over the desk. We have had discussions in that manner. There is no fixed schedule beyond the follow-up scheme provided by NAV, but we also have regular appraisal interviews.*



*Interviewer (T2): How often have there been conversations now during the recent year, considering the follow-up and return to increased work percentage, has there been anything...*

*Daphne's leader (T2) ... (Interrupts interviewer) ... I don't remember exactly.*

*Interviewer (T2): Or is it mostly informal?*

*Daphne's leader (T2): Yes, it is primarily informal. Beyond the follow-up talks that have been set up from NAV and the like, it has mostly been informal, such as having a chat in the quiet room or similar settings.*

In this particular case, similar to the previous one, a discrepancy arises between Daphne's perception of receiving insufficient follow-up and her leader's assertion of maintaining a stringent approach initially. It is not possible to ascertain which of them is correct in their assessment, as there is no definitive answer available. However, at T2, both parties provide consistent factual details about the follow-up process, indicating that the leader predominantly conducts it in an informal manner, based on the assumption that physical proximity alone is sufficient for effective communication. However, Daphne perceives this approach as inadequate and equivalent to a lack of genuine follow-up. She also expresses dissatisfaction with the lack of necessary support and facilitation she requires. Consequently, Daphne appears even more frustrated in this T2 interview compared to the previous T1 interview, mirroring the pattern observed in the earlier case.

This case exemplifies Daphne's negative experience with a leader who believes that mere presence in the vicinity is enough to fulfill her responsibilities. Despite having the opportunity to voice her concerns about the lack of follow-up, Daphne chooses not to do so. The reasons behind her decision are somewhat unclear, but she firmly believes that her leader should have the understanding and awareness to address these issues. As in the previous case, leadership based on assumptions fails. It serves as a reminder that even leaders who believe they are acting appropriately can still fall short in fulfilling their responsibilities.

### 7.2.3 Failed leadership, part 3: Jenny's bad experience with her leader "letting her loose"

During the T1 interview with Jenny she expressed deep sadness regarding both her post-injury situation and the absence of communication and follow-up from her leader. The interview evoked strong emotions, leading to several breaks as she became tearful. The most emotionally charged moments of the interview occurred when she recounted her experience of being inadequately supported by her leader, which left her feeling extremely isolated. At T1, Jenny narrated an incident that took place when she resumed work with a 90% sick leave status, highlighting the initial communication with her leader:

*Jenny (T1): When I came back again at 10%, I suddenly got an email from my leader, where he had written nothing! It only included case information with the automated "with regards from the manager" at the end. I felt a sense of confusion and wondered about the purpose of this email. "What did this email mean?" I asked myself. It listed changes in the status of 20 cases related to Topic X and 30 cases related to Topic Y, with only the case numbers and status changes provided. So, I'm like "okay, what does this mean?" Then I had to individually review each case to understand their implications. It seemed as though I had overlooked a status change, but I couldn't comprehend why my leader didn't address it directly or provide any feedback (cries a bit). If I was the leader I would have said "hey, I see you forgot about this, it would be nice if you had done this in the future" or something like that, but he didn't write anything. And when I got that email, I just... (the informant starts crying)...., then I just started crying, and I just sat there and cried and didn't know what to do!*

*Interviewer (T1) Is that the first email you get upon your return? Without something like "hello, welcome back"? Nothing? Like, nothing?*

*Jenny (T1): No! Nothing! He is so tight-lipped. So sullen, and.. I don't know, he probably doesn't mean it, but I don't think he wants to be my direct leader!*

Later in the interview, the issue of inadequate follow-up was revisited to determine whether Jenny had one, singular negative experience upon returning to work or if the absence of communication was a recurring pattern. Considering Jenny's 90% sick leave status at T1, questions were posed to explore the existence of any communication beyond the limited hours she spent physically present in the office or exchanging emails. The objective was to gather information on whether there were any alternative channels through which her leader or other colleagues engaged in dialogue with her:

*Interviewer (T1) Is there anyone from who calls you on a weekly basis, for example?*

*Jenny (T1): No, but they send me some emails. They can send me emails.*

*Interviewer (T1): But do they check up on how you are doing and if there is anything you need, or anything else in theses email?*

*Jenny (T1): Yes.*

*Interviewer (T1): Is all communication on email?*

*Jenny (T1): Yes.*

*Interviewer (T1): Do you get any structured follow-up from anyone, from your leader, from HR, or others?*

*Jenny (T1): No.*

It may seem contradictory that Jenny initially states that she does not receive any follow-up, while simultaneously mentioning that they inquire about her well-being via email. However, this discrepancy arises from the fact that the emails occasionally contain phrases of politeness such as "how are things going?"-questions, which does not compensate for her overall experience of feeling isolated and lacking someone to talk to. Towards the end of the interview, Jenny was asked if there was anything that could have improved the situation, to which she responded:

*Jenny (T1): It would have been nice if my boss had asked me if there was anything he could do for me.*

In the initial stages, Jenny predominantly worked from home, but as her work percentage increased, she gradually spent more time at the office. Nevertheless, the adequate accommodation for her, similar to Daphne's situation, proved to be inadequate. Reflecting on the accommodations provided at T2, Jenny has shared the following experiences:

*Jenny (T2): I asked if it was possible to borrow an office, but it wasn't possible. So, I bought headphones and I sometimes even use them with earplugs inside them(!), because some of the colleagues that sits near me are from Bergen<sup>54</sup>, so then that had to be done. And that works alright, but it can be a bit much noise if I don't have anything on my ears. But it is so far visually calm. It's not like a stock market atmosphere.*

*Interviewer (T2): So it's mostly sound that affects you?*

*Jenny (T2): Yes. For me, it is the sound and the actual use of the screen that difficult.*

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<sup>54</sup> In Norway, people from Bergen are known for speaking loud.

*Interviewer (T2): What kind of symptoms do you get then?*

*Jenny (T2): I often get headaches, and when I'm stressed, I start feeling nauseous. It's not severe enough to make me vomit, but it's like this constant feeling that lingers. It's a bit like having a perpetual hangover.*

During the interview with the leader at T1, the explicit discussion of Jenny's experiences was not possible due to the code of silence in place. Nevertheless, the leader provided insights into the follow-up regime:

*Jenny's leader (T1): I guess I have to say that I have let her loose a bit, actually. I guess I don't really have any daily contact with her. We are in dialogue from time to time, but she presumably has a fairly free work situation, precisely because she is so on and off with the job function possibilities.*

*Interviewer (T1): When you then have contact, do you call her or send an email or?*

*Jenny's leader (T1): Then it's both by e-mail and text, but it's not that often I've actually done it.*

One year later, at T2, Jenny has returned to working 30% and has resumed being present at the office. However, she continues to express dissatisfaction and characterizes her relationship with her leader as follows:

*Jenny (T2): I don't have such a close relationship with my immediate leader, and I don't think he has that with me either. It doesn't seem like he has that kind of relationship with others either. There hasn't been anything*

*like, "How are you?", except when NAV and a doctor was present. There has never been a meeting where someone from the management asks: "Hey, we're curious if you're enjoying your tasks or if you would be interested in doing something else?" None of that has ever happened.*

While, on the other hand, Jenny's immediate leader expresses the following perspective at T2:

*Interviewer (T2): Do you have the impression that she thrives in the environment as well as before?*

*Jenny's leader (T2): Yes. She is happy when she comes here and is eager to participate and contribute. So has a positive attitude when she first arrives.*

*Interviewer (T2): From your point of view, how did you relate to her after the accident? Have you had to adopt new leadership skills?*

*Jenny's leader (T2): No, I don't really think so. I try to have a positive tone towards her, among other things, and I don't think I've learned anything particularly new.*

*Interviewer (T2): Have there been any specific qualities or types of follow-up that you have found particularly useful?*

*Jenny's leader (T2): No, I don't think so. Nothing special that way.*

Based on the interviews with both Jenny and her leader at T1 and T2, it becomes evident that Jenny's claim of receiving limited follow-up is accurate. The leader's own statement at T1, where he admits to having "let her loose", supports her description of having little contact with him and that there is no actual follow-up. However, there is a stark contrast in their

perceptions of their relationship. Jenny describes her leader as a disinterested and sullen individual who she suspects has no intention of fulfilling his role as her leader. On the other hand, the leader asserts that he tries to maintain a positive attitude towards Jenny. The discrepancy between their views can be attributed to the leader's admission of "letting her loose," who is perceived by Jenny not as being set free, but rather as being abandoned.

#### *7.2.4 Failed leadership, part 4: Alan's bad experience with a sudden impatience leader and a 'hard talk'*

In the fourth and final case of failed leadership, we delve into Alan's personal encounter. During the T1 interview, Alan recounted being initially granted absolute flexibility and an ample amount of time to restore his physical fitness and professional acumen. Furthermore, his leader provided Alan with full freedom to determine the suitable pace for augmenting his workload, aligned with Alan's own judgment.

*Alan (T1): In the beginning, I was given a blank authorization<sup>55</sup> to take on the tasks I desired. (...) I was told to be very careful about looking after myself and taking the breaks that are needed.*

However, during the T1 interview, Alan highlighted that he witnessed his leader's mounting concern and elevated stress levels pertaining to the current arrangement of full freedom and the ability to set his own pace:

*Alan (T1): I believe my boss has become quite frustrated with the situation. After all, the company has commitments to uphold and contracts to fulfill. There are tasks that need to be completed, and in a small business, when one person is absent, it puts a heavier burden on those who remain.*

It transpired that Alan's premonition in this case proved to be quite accurate. During the three-week period between Alan's T1 interview and the subsequent T1 interview with his leader,

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<sup>55</sup> During the interview Alan first used the Norwegian term "blankosjekk" that he mid-sentence corrected to "blankofullmakt".

insights gleaned from the leader's interview revealed that a "hard talk" had occurred between him and Alan. According to Alan's leader, this was the crux of the conversation:

*Alans leader (T1): I told Alan that if he remains on long-term sick leave for over a year or something like that, then it won't work out for him here. I told him that if that happens, I said "then I have to get someone else other than you!" Either he realizes that he needs to step up and return to work, or it's over for him! There are many people who have a mental state that makes them think they are sick all the time, but I have imprinted on Alan now that that mindset doesn't work here. So, he has to step up now to keep his job. If one is on sick-leave for over one year, one loose ones rights and if that happens, then I have to find another guy to take his place before he quits, and that I have told him directly.*

*Interviewer (T1) Did this conversation make him stressed, do you think?*

*Alans leader (T1): No, I don't think so. He was a bit shocked initially, but he has gathered himself now. He probably figured out that "I have to get back". And after that conversation, he quickly went from 20% to 50%, to now 80% and that's quite quickly then. I can clearly see the difference now.*

As part of the recovery process, individuals with mTBI often engage in physical exercise, as illustrated in the case of Donna, who had an arrangement where she went for a walk every day during working hours because it benefited her rehabilitation (discussed under section 6.2.2). In Alan's case, one of the measures he employed post-injury was wearing a backpack and going for long walks whenever he felt capable. During the interviews with both Alan and his leader at both T1 and T2, it was revealed that Alan's leader had observed him on these walks on several occasions, on days and times when he was not at work due to his partial sick leave. This elicited a negative reaction from Alan's leader, with the perception that if Alan could go



on walks, he could also work. This demonstrated a markedly different attitude compared to the leaders in the successful cases, who recognized the distinction between the effort required for physical recovery and work-related tasks. The extent to which the leader's observation of Alan's walks contributed to the sudden change of attitude, prompting the subsequent hard talk, remains somewhat uncertain. Nevertheless, the interview shed light on the leader's failure to differentiate between the energy expended on rehabilitation versus work-related responsibilities.

Due to limitations in the study design, it was not possible to conduct a prompt follow-up with Alan after the T1 leader interview to gauge his real-time experience of the sudden shift in attitude. Consequently, the subsequent interview with Alan occurred approximately one year after the hard talk. During the T2 interview, Alan revealed that the conversation had evoked negative emotions, which had endured over the course of the year. The lasting impact of the hard talk was evident in his continued negative feelings:

*Alan (T2): There hasn't been much planning around getting back to work. I was initially told to take things at my own pace, and the tasks are as they are. But then I also got feedback along the way from my boss that he thought it was going too slowly and that I just had to "pull myself together and step it up". It was probably a bad version then, of returning to a full-time job, it wasn't a very good motivation, it wasn't. I found that conversation to be both unexpected and useless.*

*Interviewer (T2): So, when he told you that you had to hurry back to work, what did you think it meant then?*

*Alan (T2): Well, he started talking about how if I didn't speed up my progress, it would not only jeopardize his job but also the jobs of my colleagues since it's a small company. That everyone could lose their jobs. He made it clear that everyone's livelihoods were at stake. It felt like he was pointing the finger at me, trying to make me feel guilty or use it as a way to motivate me to work faster. And it was negative. I had to spend some time*

*digesting it, because it came very unexpectedly, so it wasn't an ideal situation.*

For Alan, the leader's abrupt shift in attitude and the subsequent hard talk had initially compelled him to hasten his return. However, contrary to the leader's intentions, the conversation did not motivate Alan. Instead, the leader's handling of the situation backfired, leaving Alan contemplating a job change despite being fully back at work:

*Alan (T2): Lately I've been wondering if this is what I want to do for another 27 years, and the answer is probably no.*

Learning about Alan's negative experience with the hard talk and the persistent negative feelings he had a year later, it raises the question of the leader's own reflection on his own actions during the RTW phase. Was the leader satisfied?

*Interviewer (T2): Based on your assessment as an employer: If you were to bring in someone with a head injury now. Would you do anything differently than what you have done?*

*Alans leader (T2): I can't see what else I've could have done! I think we have done it perfectly and that he has been allowed to decide for himself. He has had 100% control over how he wants to manage the day.*

When initially interviewing Alan's leader during T1, Alan's leader came across as a "tough guy." Upon learning about the hard talk with Alan, the immediate thought was about its impact on Alan. From a humane standpoint, it is not surprising that Alan still harbored negative feelings a year later, as conveyed during the T2 interview conducted by colleagues. Even the colleague, who conducted the T2 interviews, noted that the leader came across as quite imposing, even over the phone. Thus, it is intuitive to understand that Alan's leader possesses a different perspective about his own leadership style compared to Alan.

While Alan's leader, according to himself, genuinely intended to act in the best interest of Alan, one can observe that the approach did not yield the desired outcome despite appearing satisfactory on paper. This case imparts at least two lessons. Firstly, attempting to frighten or coerce employees back to work is an ineffective approach if one intends to look after the employee's well-being. Secondly, achieving a seemingly successful RTW within a year may not truly be successful if the means employed to attain that goal were flawed.

### **7.3 Failed leadership summarized**

While the six successful cases were bound together by common cornerstones, the four failed cases have been divided into case by case, due to a lack of cohesive leadership patterns that at first sight binds them together, if we ignore the obvious, that they were all characterized by communication breakdown.

In Celeste's case, leadership failed due to the leader's reliance on assumptions and outdated roles in the follow-up process. The leader's lack of understanding and failure to recognize the insufficiency of this approach left Celeste feeling excluded and fearful for her job security. Similarly, in Daphne's case, her leader believed that simply being present was enough to support her during the RTW process. However, this approach proved to be inadequate, leading Daphne to feel overlooked and unsupported in her journey. Jenny's case presents a situation where her leader "let her loose", giving her independence without providing the necessary guidance and support. This left Jenny feeling abandoned and resulted in her ultimately giving up on the idea of returning to work after her injury. Lastly, Alan's case involves a sudden change in the leader's perspective, leading to a hard talk with Alan. Although Alan returned to work 100%, the leader's actions created uncertainty and dissatisfaction for Alan, that left him considering a job change.

While all this four these cases demonstrate breakdowns in communication and support, a deeper analysis reveals commonalities that align with theories on destructive leadership. By examining these cases through the lens of such theories, a more comprehensive understanding of the underlying issues can be achieved, as will be discussed further in the next chapter.

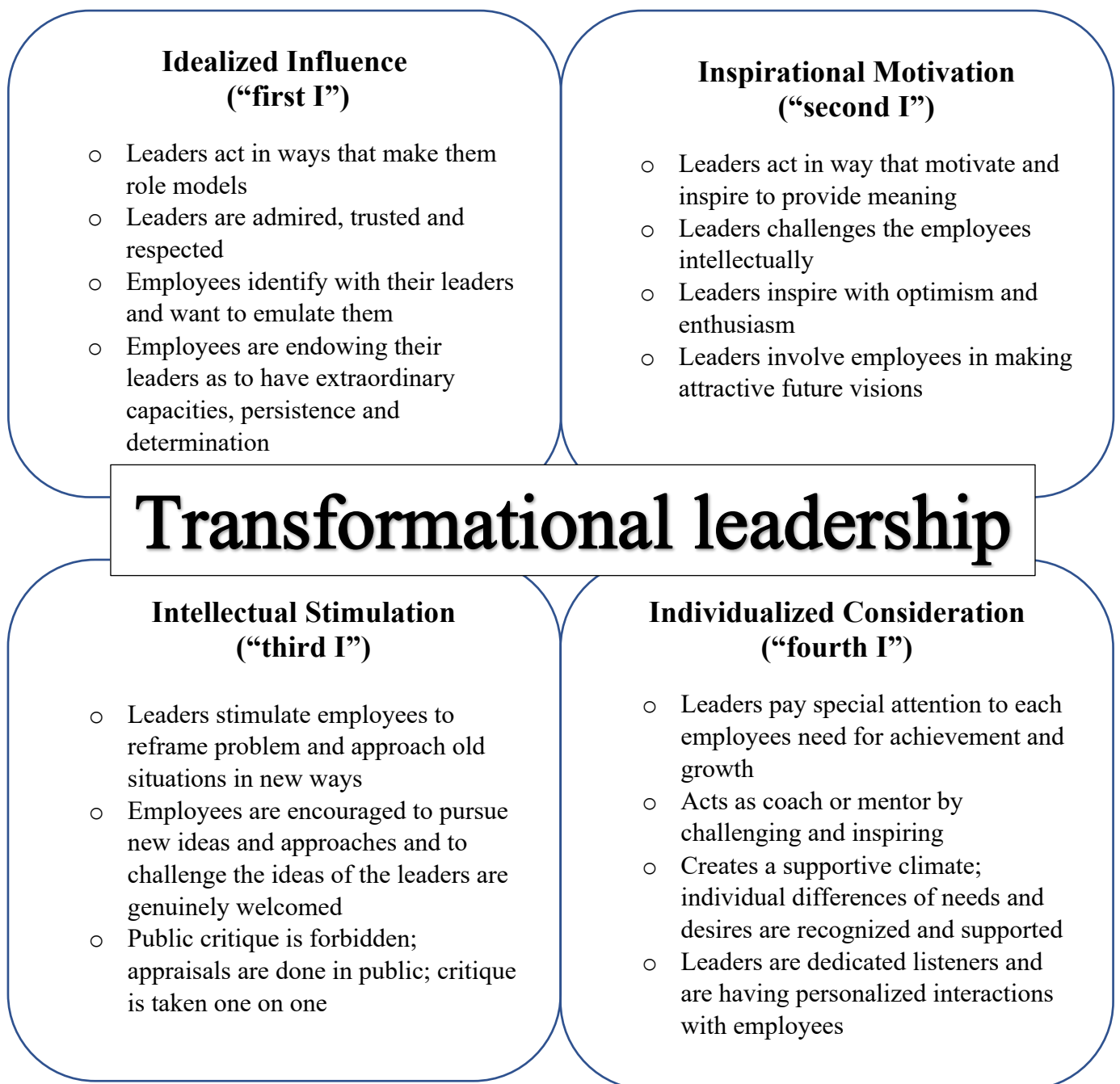
## 8.0 Discussion

This chapter is divided into three parts. The first part examines the successful and valued cases through the lens of transformational leadership theory. In the second part, the failed cases are analyzed using theories of destructive and unconscious leadership. The third segment compares the successful and failed cases and discusses how all the findings would appear if they were to be compressed into one model. It further also explores and discuss whether there might possibly be such a thing as a one-size-fits-all approach regarding leadership practices facilitating RTW after mTBI, or if there is a 'no size fits none' approach that must be applied.

### 8.1 Successful and valued leadership after mTBI through the lenses of transformational leadership

To demonstrate the resonance between the seven cornerstones of successful and valued leadership and the existing literature on transformational leadership, a series of figures has been developed. In the two that follows, figure 12 outlines the four "i's" along with their corresponding components, as defined by Bass & Riggio (2006, pp 6-7). Figure 13, on the other hand, is presented in a tabular format, providing a comprehensive breakdown of the elements of transformational leadership within each cornerstone. Figure 12 is strategically designed to augment the understanding of Figure 13, facilitating a seamless transition between the two and fostering a clearer comprehension of the subsequent discussion.

Figure 12: The four i-es



Empathy and trust are identified as key elements in the first cornerstone, where the successful leaders demonstrate understanding and convey confidence in the genuine nature of the situation. The employees describe encountering leaders who are dedicated listeners, displaying genuine empathy and understanding. These leaders maintained this mindset and

attitude throughout the entire RTW process, despite the primarily invisible and persistent nature of the injuries. This foundation of empathy and trust established a relationship that extended across the entirety of the RTW process, as narrated by the employees. When examined in relation to the four i's of transformational leadership, these descriptions align with the leadership qualities required for idealized influence, as they involve creating trusting relationships and being a leader who is trusted. Additionally, these qualities are consistent with the concept of individual consideration, as leaders demonstrate dedication to listening and fostering a supportive climate. Therefore, the first cornerstone resonates with two of the four i's that define transformational leadership.

While the first cornerstone focuses on creating trust through emotional and verbal support, the second cornerstone delves into the actions taken by the six leaders to accommodate employees and provide them with a high degree of flexibility. These leaders not only communicate their support but also demonstrate it through their prompt actions. They make accommodations swiftly and take great effort to address challenges related to flexibility and individual needs. In these actions, the principle of individual consideration is primarily observed, as the leaders respond to the specific needs of their employees. However, by promptly addressing these needs in a manner that makes employees feel valued rather than burdensome, trust and respect towards the leaders are further fostered. This implies the presence of idealized influence, where leaders inspire trust and admiration. Once again, we witness the two i's—individual consideration and idealized influence—being exemplified also in this second cornerstone.

When examining the third cornerstone, we encounter a crucial aspect that may be considered to be among the most important. This cornerstone addresses how leaders assume control by adjusting expectations and ensuring a gradual and steady RTW process. The starting point is thereby not to achieve maximum performance, but rather citation-adjusted output. This very starting point deviates from much of the modern leadership literature, which has focused on performance and the pursuit of constant improvement since Taylor's work (Taylor, 2005). Interestingly, this pursuit also aligns with the ultimate goal of transformational leadership, which is to perform beyond expectations (Bass & Riggio, 2006). However, the third cornerstone presents an alternative perspective, wherein leaders recognize that a "fastest-back" strategy may not be the most effective approach. Instead, they adopt a "slow and steady wins the race" mentality. In several of the successful cases, the leaders must restrain and slow

down employees who are eager to push their own capacity, even if it means progressing more slowly than recommended by medical professionals (as in the case of John). By setting these limits to ensure the well-being of their employees, these leaders once again serve as role models, demonstrating idealized influence. Furthermore, this approach demonstrates a genuine consideration for individual needs, as leaders prioritize the employees' well-being over their own ambitions. Consequently, it can be argued that these leaders stimulate employees to adopt a new approach, emphasizing "slow and steady" rather than "pedal to the metal." This adjustment aligns with the concept of intellectual stimulation, as leaders challenge employees to think differently and adapt their previous mindset. Hence, the third cornerstone introduces a shift that also impacts the third i of transformational leadership—intellectual stimulation.

As the ultimate goal of transformational leadership is to perform beyond expectations, it can be argued that it seems far-fetched to claim that this cornerstone reflects the third i in transformational leadership. However, if one applies Bass & Riggio's (2006) framework as a basis, they also emphasize that transformational leadership, in practice, involves making individual adaptations tailored to the individual needs. From this perspective, it can be argued that this third cornerstone also incorporates the fourth i in transformational leadership.

Cornerstone four addresses the work-life balance, a topic that has gained significant attention in the past 25 years, particularly in the digital era. However, in these successful cases, the leaders focus on the home-work balance with a slightly different perspective. Their emphasis is not solely on avoiding work tasks encroaching on leisure time or being constantly connected online. Instead, their priority is to ensure that employees have the energy and capacity to live fulfilling lives alongside their work before increasing their workload. Some leaders explicitly state that this awareness is consistently present throughout the RTW process. Once again, we observe leaders who take precautionary measures and care for their employees in a vulnerable situation. This demonstrates idealized influence and individualized consideration. Moreover, it can be argued that by adopting this perspective and putting work and life outside of work into perspective, these leaders inspire and create meaning. As a result, another i emerges: inspired motivation.

When cornerstone five was presented in the results section, it became apparent that the leaders in the successful cases were able to establish close relationships with their employees. However, it was also noted that some leaders faced challenges in fully connecting with their

employees. Nevertheless, all the six leaders made genuine efforts to build personal connections during the RTW process, acting as role models for social behavior. This aligns with the concept of idealized influence. Furthermore, the emphasis on building close and trusting relationships is a key element of individual consideration. Thus, within cornerstone five, we can identify the coexistence of two important aspects of transformational leadership: Idealized influence and individual consideration.

Cornerstone six primarily revolves around John's case, yet its inclusion among the seven cornerstones has been made due to its unique and unconventional nature, which cannot be disregarded. In this case, John was running out of time and had accumulated a significant amount of vacation days. Instead of forfeiting his rights by remaining on sick leave, his leader devised a plan where he would return to work at 100% capacity when his sick pay year ended but would take weekly vacation days, effectively working at 50% capacity. This allowed him to maintain his rights, ensure job security, and facilitate his personal recovery. The interviews highlight the leader's clear direction and proactive approach, as well as her perseverance in negotiating this arrangement with higher-level HR management. John expresses high regard for his leader, describing her as "gold" during both T1 and T2. Cornerstone six encompasses all four i's of transformational leadership. The leader demonstrates idealized influence by taking the lead, providing guidance, advocating for her employee, and implementing an unconventional arrangement. Intellectual stimulation is evident as this approach involves thinking and acting outside the box. Individual consideration is exemplified by the leader's dedication to John's best interests. Lastly, this form of leadership fosters inspirational motivation, leaving John with a strong sense of fulfillment. In this case, one could argue that the entire symphony orchestra of transformational leadership is playing harmoniously, creating a remarkable outcome.

The seventh and final cornerstone, job security, is evident both in the direct statements from the empirical material, as shown in the quotes, and on an aggregate level. The six employees in the successful cases are always assured that their jobs are not in jeopardy because their leaders stand by them throughout the entire process and remain focused on the goal of their return to work, even if it takes time. This unwavering support eliminates job insecurity. By creating such a sense of security and demonstrating exemplary behavior, the first and fourth i from transformational leadership once again in play; idealized influence and individual consideration.



The following table has been constructed to indicate the presence of each *i* for each cornerstone:

*Figure 13: Reverberations of the four i-es among the seven cornerstones*

Cornerstones	Idealized Influence	Inspirational Motivation	Intellectual Stimulation	Individualized Consideration
1) Empathy and trust: Leaders demonstrate understanding and convey confidence in the genuine nature of the situation.	√			√
2) Action, accommodation, and flexibility: Leaders promptly accommodate employees and provide them with a high degree of flexibility.	√			√
3) Taking charge: Leaders adjust expectations and ensure a gradual and steady Return-to-Work (RTW) process.	√		√	√
4) Work-life balance: Leaders prioritize the well-being and balance of work and personal life for employees.	√	√		√
5) Building personal relationships: Leaders invest in building personal connections during the RTW process.	√			√
6) Thinking and acting outside the box: Leaders employ creative strategies to prevent employees from dropping out of work life.	√	√	√	√
7) Creating job security: Leaders foster an experience of job security for employees.	√			√

As shown in the table, only cornerstone six encompasses all the i-es simultaneously, which is specific to John's leader. The table also indicates that there are some instances where inspirational motivation and intellectual stimulation occur, but there is a consistent pattern where idealized influence and individual consideration are the prominent i-es that consistently emerge in the six successful cases.

Previously, it was discussed that during the inductive phase and during the “deductive testing” (which must not be interpreted literally), there was no single theory that fully aligned with all the cornerstones. However, through the abductive process, it became evident that the theory of transformational leadership aligns closely with the majority of the cornerstones, particularly when considering the four i’s. Moreover, the table clearly demonstrates the consistent presence of idealized influence and individual consideration throughout all the cornerstones. Thus, what characterizes the cornerstones, in general, is a form of leadership that encompasses transformative elements.

Cornerstone six is argued to fulfill all aspects of the four i's. This assessment is based on the overall impression derived from John's own descriptions, the interviews with the leader and reflections with colleagues. It is qualified to assess that this leader aligns with empirical descriptions of transformational leaders in terms of appearance, thoughts, and actions (Terjesen & Salomon, 2015, pp. 110-114 and 142-145). There is also a qualified assumption that the leaders of Maureen (case 4), Richard (case 5), and Maya (case 6) may fall into the same category. However, to substantiate this claim, further interviews and preferably the administration of the Multifactor Leadership Questionnaire (MLQ) would be necessary. Therefore, it is more appropriate to infer that the leaders in the successful cases seem to exercise leadership with transformative elements, rather than asserting and concluding that the leaders are de facto transformational leaders.

It is reasonable to observe that idealized influence and individualized consideration are the most prevalent i's among the cornerstones. Given the nature of the RTW process, where employees focus on recovery and the core tasks necessary for their return to work, it is understandable that intellectual stimulation, which entails finding new ways of working, being creative, innovative, and challenging the status quo, may not receive high leadership priority during this phase. However, it can be argued that problem-solving in new ways becomes crucial in certain situations, particularly in cornerstone 6, as demonstrated in John's case. His leader's creativity and ability to think outside the box played a significant role in helping him

remain in the workforce. In this context, the third i comes into play as the leader challenges conservative organizational rules and practices, encouraging John to innovate during his workdays. The leader's innovative approach facilitated John's reintegration into the workforce.

It is also noteworthy that inspirational motivation rarely occurs. While it may be claimed that leaders should always act in a way that motivates and inspires, and that optimism, enthusiasm, and attractive visions of the future are essential for employees striving to return after illness, these six leaders understand the stressful nature of the RTW process, and the time constraints involved. Excessive enthusiasm, optimism, and visions of the future may not be suitable during this phase when employees are already uncertain about their ability to cope with work demands. Thereby these six leaders adopt a more tempered approach to inspirational motivation, considering the unique circumstances and challenges faced by the employees.

Furthermore, it is important to note that the literature on transformational leadership primarily aims to elevate employee and organizational performance above expected levels (Bass, 2008; Bass & Riggio, 2006; Diaz-Saenz, 2011). However, in the context of RTW after mTBI, leaders must also acknowledge the need to slow down the employees' pace and ensure their well-being. Consequently, the absence of intense intellectual stimulation and inspirational motivation among the cornerstones is understandable.

The findings from these successful cases, where there is an overlap between the seven cornerstones and the four i's that constitute transformational leadership, suggest that elements of transformational leadership might be effective in supporting employees' return to work after mTBI. These results also provide support for the broader application of transformational leadership in facilitating the reintegration of sick employees into the workforce, as recently concluded in Hauth's published study (Hauth, 2022). However, because this suggestion is based on a very small amount of qualitative material carried out in Norway, it is not proposed that this can be formulated as a generalizable claim. Rather, this suggestion can serve as the foundation for future research to explore this on a larger scale, preferably across several countries.

## 8.2 The cases of failed leadership through the lenses of the model on destructive leadership and the concept of unconscious leadership

*Father, forgive them, for they do not know what they are doing.*

*(The Holy Bible, Luke 23:34)*

In the realm of leadership, the association between bad leadership and leaders with questionable morals or deviant personality traits is a common assumption, albeit not always accurate or true. The world is, indeed, filled with individuals lacking empathy or exhibiting negative qualities. However, research has consistently revealed that bad leadership can also arise from professional incompetence, a lack of skills, or an unsuitable fit for the role, without implying that the leader is inherently a bad person by nature (Einarsen & Skogstad, 2015; Mintzberg, 2019a; Peter et al., 1970; Terjesen, 2018). When scrutinizing the four cases of failed leadership, wherein the leaders' intentions - according to the leaders themselves - were not malevolent yet employees were discontented, it becomes apparent that the root cause of failed leadership lies in the four leader's inability to comprehend, understand, and effectively handle the situation in a manner that fulfills the employees' needs and garners their appreciation.

In the first case of bad leadership, the case of Celeste, the leader herself openly acknowledges what could have been done differently at T2. While the leader focused on making technical and practical adjustments, Celeste's most crucial need was emotional support and reassurance, particularly during a difficult period. Unfortunately, the leader based the follow-up plan on assumptions derived from Celeste's past role in the company as an independent and experienced senior, thus failing to recognize Celeste's current needs, leaving Celeste frustrated, sad and worrying that she could lose her job if she requested more help.

By exploring this case through the destructive leadership model developed by Einarsen et al. (2015), we can however deduce that Celeste's leader did not attempt to force her out of work or cause harm. On the contrary, according to Celeste's leader, she genuinely wanted what was best for both Celeste and the company. Assuming that the leader did not misrepresent her intentions during the interview, which there is no reason to believe, this instance does not

align with tyrannical or derailed leadership. Moreover, since the leader made some accommodations, it would be incorrect to label it as laissez-faire leadership. However, despite the leader's actions, Celeste still experienced a profound sense of being left alone, signifying that it was neither supportive-disloyal nor constructive leadership. In this particular case, where the leader took some action but failed to address Celeste's true need for strong relational leadership, the primary form of failed leadership can be attributed to unconscious leadership (Terjesen, 2018).

The reason for classifying this case primarily as unconscious leadership is that the leader implemented a strategy based on Celeste's seniority and previous role without consulting her to determine her preferences. As the empirical findings illustrates, Celeste was unable to effectively communicate her feelings of abandonment and isolation, and the leader failed to recognize her developing depression and escalating job insecurity over time. Despite these conditions, the leader persistently adhered to their own notion of the right approach, disregarding Celeste's growing desperation. Therefore, due to the leader's well-intentioned but misguided handling of the situation, it is imprecise to label this as laissez-faire leadership, even though it may satisfy the criteria outlined in Einarsen et al.'s (2015) model. Consequently, this example does not neatly fit into Einarsen et al.'s (2015) model but instead stands out as a clear illustration of unconscious leadership. One could nevertheless argue that this instance can be categorized as laissez-faire leadership because Celeste received no appropriate follow-up. However, dismissing it as such would overlook the fact that the leader's inaction was not due to ignorance or a lack of concern for Celeste's well-being, but rather because the leader relied on outdated patterns and misjudged Celeste's actual needs. Although it may seem laissez-faire from Celeste's perspective, considering only her experiences, a comprehensive analysis reveals that the primary form of leadership in this case is best described as unconscious leadership, as it takes into account both the leader's actions and intentions.

In the second case of failed leadership, involving Daphne, we encounter striking similarities with Celeste's case. Once again, we encounter an employee who feels isolated and abandoned. However, there are certain differences in Daphne's case as well. Daphne primarily works in the office and finds that her required accommodations in that environment are not adequately addressed. Moreover, Daphne has more frequent interactions with her leader compared to Celeste. Nevertheless, Daphne experiences a similar lack of emotional investment from her

leader, perceiving their daily encounters, despite being “nice”, as superficial and devoid of meaningful conversations.

At first glance, this case might appear to be a clear example of laissez-faire leadership, solely based on Daphne's interviews. Her experience suggests that her leader, despite being friendly, does not display a genuine commitment to her well-being, potentially evoking a sense of indifference. However, a deeper examination of the leader's interview and her thoughts and actions reveals that this is not a laissez-faire leader. Instead, we once again encounter a leader who operates with a sense of autonomy, attempting to lead in what she believe is the best way. Yet, we find another example where, despite the leader's conviction, the employee suffers in the process. Thus, in this second case of failed leadership, we witness a leadership strategy that fails despite the leader's good intentions, ultimately resulting in unconscious leadership. In addition; the fact that Celeste expressed fear of potential job loss if she voices further concerns, and Daphne's reluctance to take the lead in communicating with the leader, can both be interpreted as indications of strained trust in their respective leaders.

In both the cases of Celeste and Daphne, it becomes evident that what was lacking was thorough communication and dialogue between the leaders and the employees regarding their expectations, desires, and needs in the aftermath of mTBI. Instead, the leaders, armed with good intentions, were leading based on assumptions, and thereby the leaders missed the mark. Consequently, the case of Daphne, similar to the case of Celeste, primarily exemplify instances of unconscious leadership.

In the third case of failed leadership, it is highly likely that the leader harbors no ill intentions towards Jenny. However, it is not surprising that Jenny perceives a lack of concern from her leader, as the absence of communication is seldom interpreted as a display of great enthusiasm or dedication. Thus, we are presented with a rather disheartening narrative of a young woman who feels completely abandoned and isolated following her injury. On the other hand, we encounter a leader who openly admits to having "let her loose" and does not make any attempts to conceal his lack of effort in assisting Jenny during T2. Jenny's profound sadness persists from T1 to T2, and her leader does not feign significant efforts to support her beside having a positive attitude when he sees her. It is evident that the consequences of the leader's neglect have had a high toll on Jenny's well-being. Consequently, this case stands as a clear illustration of laissez-faire leadership (Einarsen et al., 2015), and it is understandable

that Jenny perceives the situation as exceedingly challenging, being on the receiving end of such a laissez-faire approach to leadership.

The fourth and final case stands out as the most brutal among the discussed instances. While the transcript cannot convey this, I had the opportunity to interview them in person, and while Alan is a man with a reserved and modest demeanor, his leader is a man with large physique who exudes a straightforward and occasionally abrasive persona. The stark contrast in their appearances and physique is coupled with a significant power imbalance, as the leader holds authority as the owner of the company. This context sets the stage for understanding the intensity of the hard talk that the leader had with Alan. Unfortunately, the transcript does not capture the tone and nonverbal cues, but it must have been an incredibly unpleasant and distressing experience for Alan, akin to a keelhauling. It is therefore not surprising that Alan continues to carry these negative emotions into the T2 stage of the study.

In Alan's case, despite the leader's assertion during the interview that they provided impeccable support and expressed satisfaction with their own efforts, the leader also did not shy away from explicitly stating that if Alan did not recover within a year, there would be no room for him in the company. These unequivocal remarks from the leader align perfectly with Alan's experience that the company's interests take precedence. Thus, in this case, we encounter a clear instance of tyrannical leadership, according to the model by Einarsen et al. (2015).

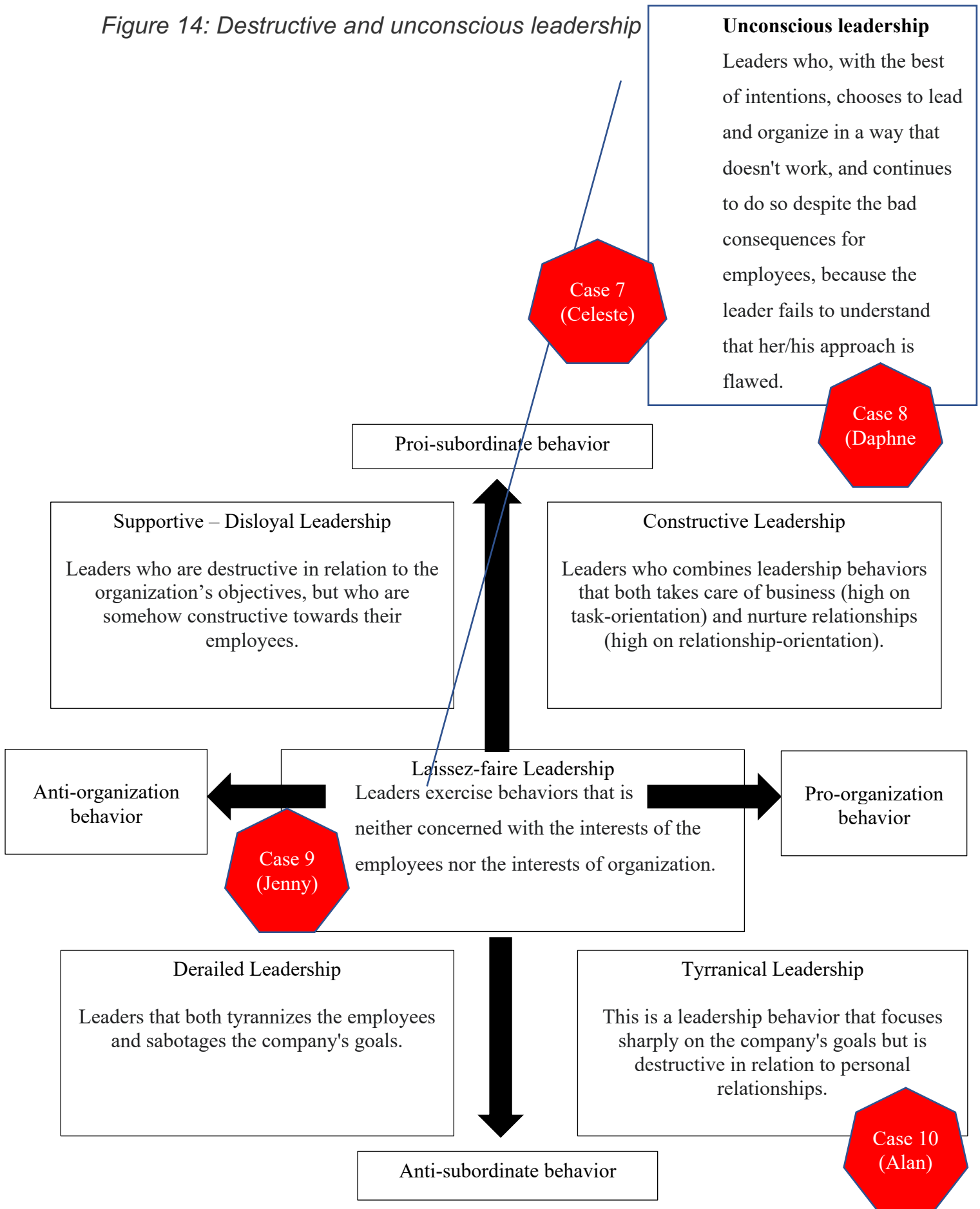
When discussing the hard talk and the possibility of Alan being ousted from the company if he did not improve promptly, the leader seemed quite content with his behavior. He believed that the harsh conversation was beneficial for Alan since, shortly thereafter, Alan reduced his sick leave percentage. However, the leader failed to consider that Alan's accelerated recovery, driven by fear of losing his job, had adverse effects on Alan's well-being. The leader, both at T1 and T2, exhibited a sense of self-satisfaction with his actions and genuinely believed this form of leadership had been helpful to Alan. Unfortunately, the leader remained oblivious to the fact that Alan perceived the relationship as severely damaged and contemplated leaving the company during both T1 and T2 due to the leader's behavior.

On the following page, a figure has been created that incorporates both Einarsen et al.'s (2015) model for destructive leadership and introduces the concept of unconscious leadership.

In a previous book chapter published in 2018 (Terjesen, 2018), an extensive examination was conducted to determine whether unconscious leadership should be regarded as an addition to the model or as a separate form of destructive leadership. However, a definitive conclusion was not reached in 2018, and the stance remains unchanged. Consequently, unconscious leadership has been included as a supplementary element, visually represented by a weaker link to laissez-faire leadership. This representation recognizes the potential association between unconscious leadership and laissez-faire leadership, particularly from the perspective of the employees. Therefore, in accordance with Einarsen et al.'s (2015) classification, unconscious leadership can be perceived as aligning with the characteristics of laissez-faire leadership.



Figure 14: Destructive and unconscious leadership



In summary, in these four cases where leadership failed, the leaders asserted that they had the best intentions. With the exception of case 9, where Jenny's leader appeared disengaged and it was difficult to determine his level of genuine concern for Jenny's RTW, the other three leaders were unequivocal in their assertion that they had the best interests of Celeste, Daphne, and Alan in mind. They firmly believed that their actions during T1 were in the employees' best interest. Despite the seeming inconsistency, particularly in the case of Alan, which is a clear example of tyrannical leadership, the leader expressed sincerity and honesty in claiming that their actions were driven by a form of "tough love" for Alan. Therefore, even in that case, there is insufficient qualitative material to conclude that any of the leaders acted with ill will.

At T2, both the leaders of Celeste and Daphne acknowledged that they had not successfully navigated the situations and expressed a desire to approach them differently if given the chance. However, the interviews conducted at T2 did not provide information regarding whether they had attempted to rectify or compensate for their mishandling. It is important to note that there was no specific inquiry made about their efforts in this regard. Therefore, reliance is placed on their statements when they assert that they acted in accordance with what they believed was right. In contrast, Alan's leader remains steadfast in his belief that he executed his leadership responsibilities "perfectly" during T2.

When leaders in these four failed cases exhibit destructive leadership, resulting in a failure to make their employees feel seen, understood, and supported in the RTW process, there are two primary reasons for these shortcomings that can be contemplated. The first reason can be attributed to the four leaders lack of understanding of their role in the situation; that is to help the employees take control in the situation, in a positive way. As illustrated in the six successful cases, leadership inherently entails taking charge during crises, yet in the cases of Celeste, Daphne, and Jenny, the leaders did not assume sufficient control over the situation. In Alan's case, however, the issue lies not in the leader's lack of control but rather in the tendency to instill fear in him instead of providing reassurance during his RTW process.

The second reason that can be contemplated for the leadership failure, might be attributed to a lack of understanding regarding the profound impact of mTBI on employees over time, encompassing both physical and mental aspects. It might be a possibility for that if these four leaders had thoroughly grasped how mTBI can affect employees' mental well-being, they

might not have based their sickness absence follow-up solely on the employees' pre-injury condition.

A train of pondering and questioning also arises from this regarding the dearth of knowledge concerning mTBI, and whether the lack of knowledge has a more detrimental effect in these cases compared to diagnostic groups with less diverse and unpredictable conditions. Do the leaders' inadequate comprehension of proactive measures related to mTBI, both in the short and long term, serve as contributing factors to the unfavorable outcomes in these cases? These are open questions without answers. In the leaders' defense, however, it must be noted that if they had sought information on leadership practices, RTW, and mTBI, it was likely scarce, underscoring the need for this doctoral thesis.

### **8.3 “One size fits all” or “no size fits none”?**

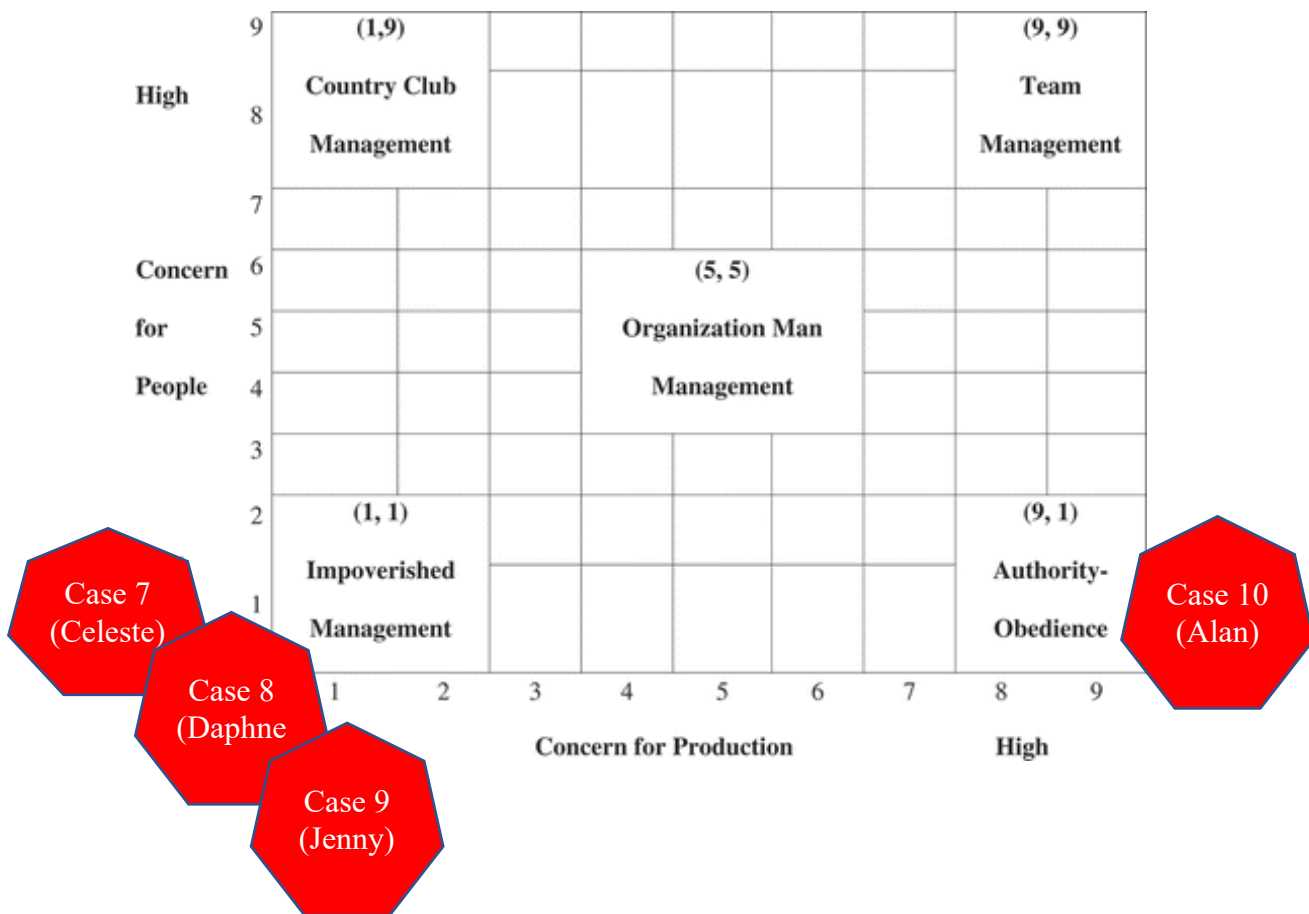
It is uncommon to encounter near-unanimous consensus within a specific research field. However, the prevailing consensus within organizational and leadership research is remarkably aligned in asserting that laissez-faire leadership is an ineffective form of leadership (Bass, 2008; Einarsen & Skogstad, 2015; Mintzberg, 2009; Sørhaug, 2004). This thesis adds to this growing consensus.

In the four failed cases, it is evident that case 9 (Jenny) represents a clear example of laissez-faire leadership, with disastrous consequences for Jenny. She feels abandoned, lonely, and, during the T2 interview, expresses her intention to leave her job. It should be noted that even with the most dedicated leader, Jenny's situation may have had similar outcomes. She experienced persistent symptoms that cannot simply be resolved through leadership alone. However, exposed to more active and personally engaged leadership, Jenny may not have endured the same level of distress and sadness. Einarsen et al. (2015) would likely argue that cases 7 (Celeste) and 8 (Daphne) can also be classified as laissez-faire leadership, as their model for destructive leadership does not account for intentions. Nevertheless, it is strongly asserted that these cases should primarily be considered examples of unconscious leadership. Whether they are more accurately labeled as laissez-faire leadership or unconscious leadership, these cases demonstrate that leadership that fails to address the present needs and desires of employees, regardless of leaders' intentions, is perceived as absent and disinterested. Such a perception has detrimental effects for those on the receiving end. Regardless of whether it is characterized as laissez-faire or unconscious, both forms of

leadership, or rather, the lack thereof, have profound negative consequences. In Alan's case, his leader cannot be accused of being reticent or absent. However, the leader's actions are interpreted as carrying negative connotations. Although Alan's leader likely wants his well-being, as evidenced by his quotes, the leader does not come across as "emotionally generous" in the material. During T1, a clear impression was gained that the leader genuinely believed he were acting in Alan's best interest. At the same time, the leader does not hide the fact that "business comes first," which Alan keenly feels. Regardless of the leader's personal conviction that he is doing the right thing, the reality is that his approach does not work at all. Alan rushes back to work, but due to the leader's handling of the situation, Alan contemplates quitting. Thus, the hard talk labeled as "tough love" by Alan's leader, which they believed to be clever, proves to be as effective as peeing in one's trousers to keep warm.

When using Einarsen et al.'s (2015) model, it becomes evident that it is an advancement of Blake and Mouton's Managerial Grid (Blake, 1985), as pointed out by the authors themselves (Einarsen et al., 2015, p. 212). However, if we were to place the findings from the four failed cases into Blake's model, we would likely lose several nuances along the way. Nonetheless, an attempt to do so would likely categorize cases 7, 8, and 9 as "impoverished management" and case 10 as "authority obedience".

Figure 15: Failed leadership cases applied on The Managerial Grid

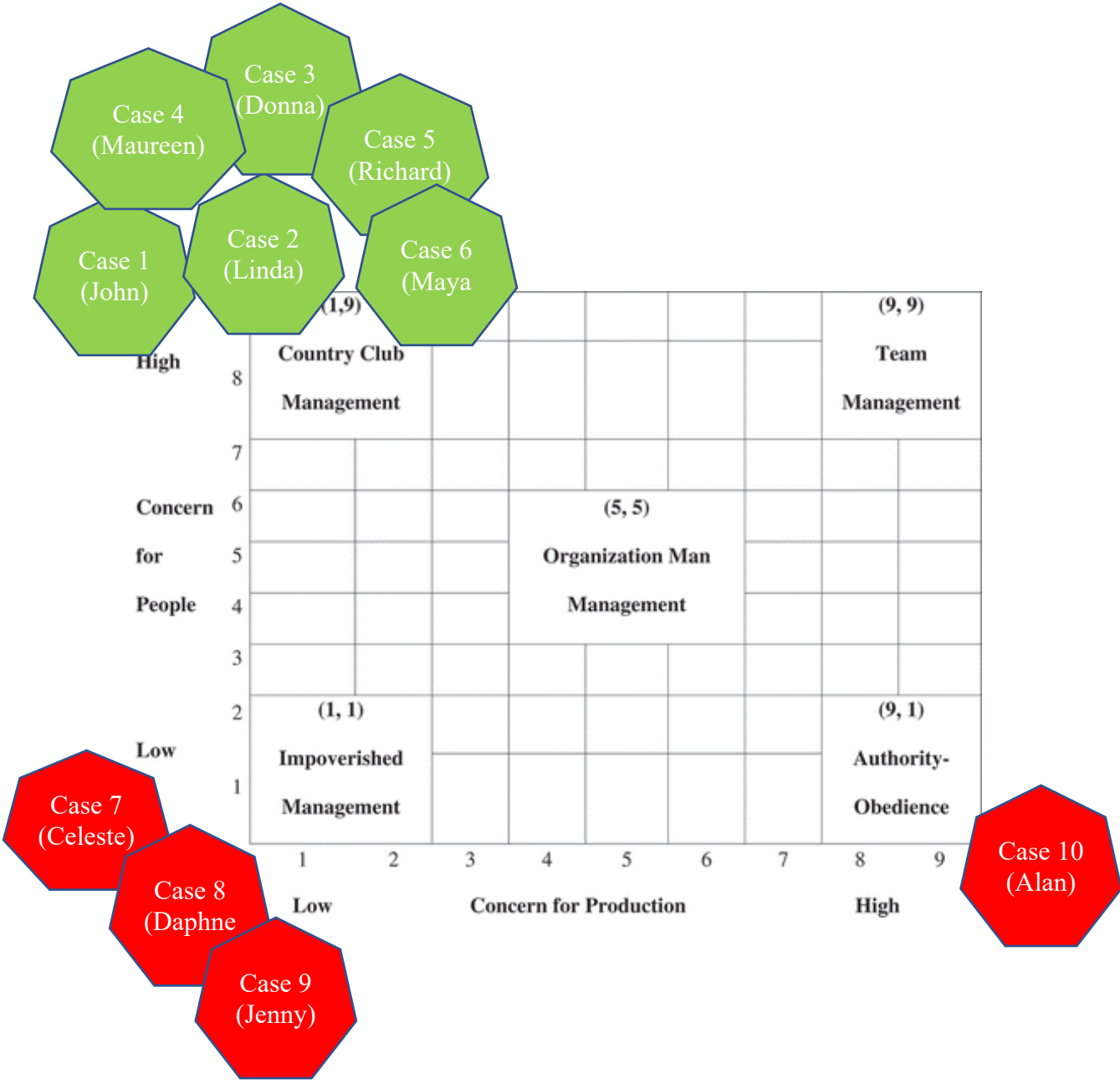


Although it may not be inherently incorrect to apply the Managerial Grid, its usage limits our understanding by solely focusing on the relationship between leadership styles and production, rather than considering perceived leadership. Consequently, we gain limited insights when using Blake and Mouton's model. This limitation in understanding was one of the factors that motivated Einarsen et al. to design and develop their comprehensive model (Einarsen et al., 2007). Substituting the use of their holistic model with the Managerial Grid would result in a loss of the nuanced perspectives that provide a foundation for discussing whether cases 7 or 8 exemplify laissez-faire or unconscious leadership.

When examining the six successful cases collectively, it becomes evident that the key factor for success lies not only in the presence of action-oriented and proactive behavior, but also in the establishment of personal relationships between leaders and employees during the RTW process. Attempting to place the successful and valued cases into The Managerial Grid, it may

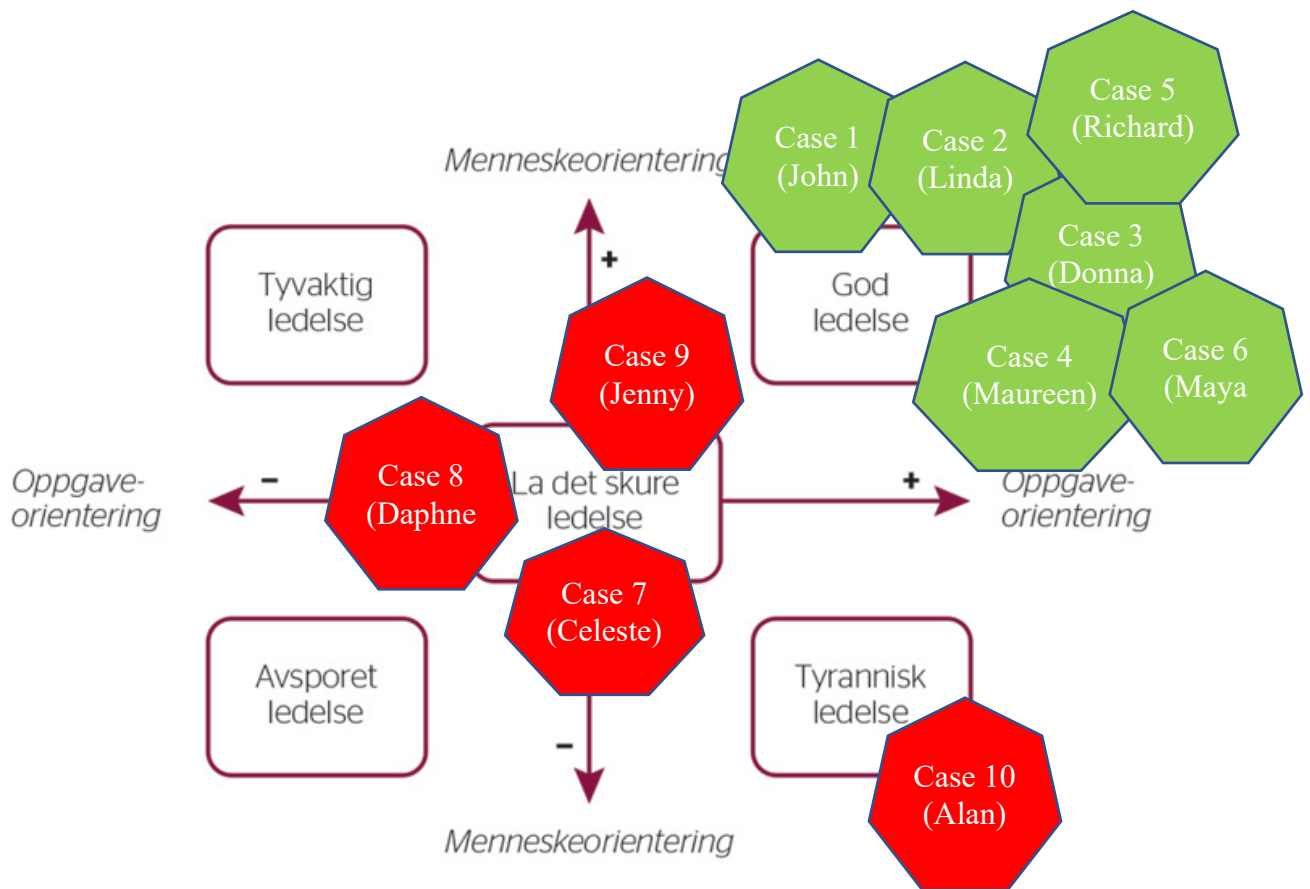
initially appear that skilled leaders are practicing “Team Management” according to this model. However, to arrive at such a conclusion, one would need to expand the criteria for “Team Management” to also encompass a cautious approach. While it is conceivable to redefine the criteria in this manner, strictly adhering to the original model would categorize successful leaders as “Country Club Managers”. Moreover, the model does not align well with the context of the study, as it, like other models, was formulated with production and performance as central considerations.

Figure 16: Successful and failed leadership cases applied on The Managerial Grid



It is also possible to attempt fitting each case into the holistic model of destructive leadership, as illustrated below:

Figure 17: Successful and failed leadership cases applied to the model of destructive leadership

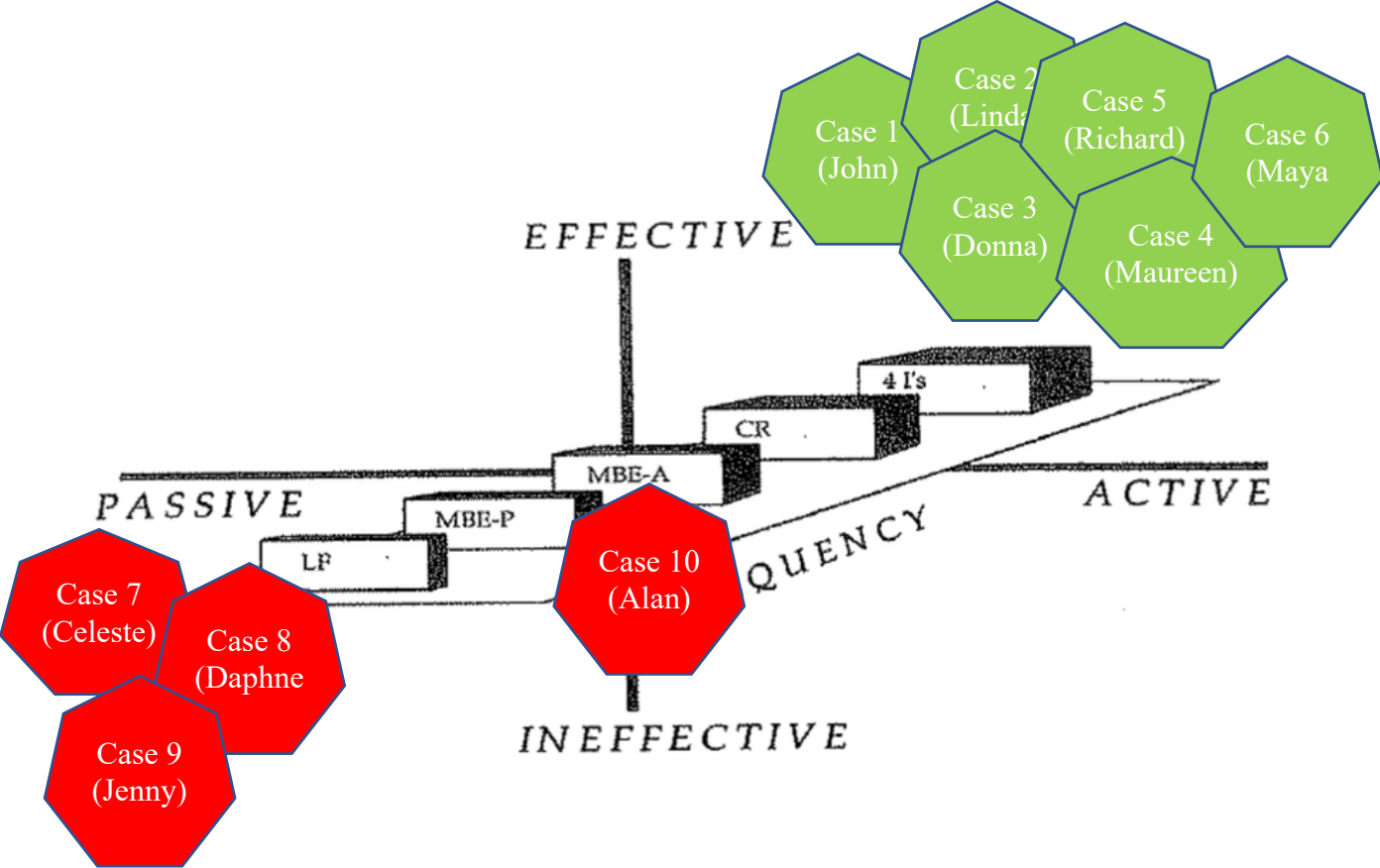


If we attempt to fit all the 10 cases into the destructive leadership model, the major drawback is not only that we lose sight of the unconscious leadership, but also the loss of insight into the multifaceted nature of successful leadership. By solely emphasizing the importance of leadership that focuses on both relationships and task-solving, we overlook the valuable insights provided by the literature on transformational leadership.

Therefore, an alternative approach is to explore how the successful and failed cases align with the model for transformational leadership. In this case, the representation would appear as follows:



Figure 18: Successful and failed leadership cases applied to the full range transformational leadership model



The attempt to fit all the 10 cases into this model presents an intriguing perspective where the successful cases appear to align with the characteristics of full-range transformational leadership. However, there is insufficient evidence to support this claim, although it is suspected that some of the leaders may meet the requirements. Further examination would be necessary to confirm this suspicion. On the other hand, in the failed cases, namely cases 7, 8, and 9, they exhibit characteristics of laissez-faire leadership as described in Einarsen et al.'s (2015) model, resulting in the loss of the discussion surrounding unconsciousness leadership versus laissez-faire leadership. Case 10, on the other hand, depicts a form of leadership that can be categorized as tyrannical according to Einarsen et al.'s model. If this case is placed into the model for transformational leadership, it is on the other hand classified as a form of

management by exception, with both active and passive forms. However, this categorization does not accurately capture the harsh reality described by Alan. Consequently, by attempting to fit all the cases into the transformational leadership model, the details and nuances are inevitably lost, rendering the otherwise highly regarded model for transformational leadership inadequate when applied indiscriminately.

Despite these limitations, the transformational leadership model can still serve as an analytical tool for understanding the successful cases, primarily due to its emphasis on leader behavior and the perceptions of employees. The model's inherent duality makes it more applicable to the present study, which focuses on injured employees with temporarily reduced capacity. Nonetheless, it is essential to acknowledge that the utilization of this model is limited. While personal interactions and interviews at T1 and T2 lead to the qualified suspicion that some of the six successful leaders may be defined as transformational leaders, it is prudent to conclude that the seven cornerstones of successful leadership appear to resonate with the literature on transformational leadership, rather than representing transformational leadership itself.

The review of the cases and the demonstration of the lack of a one-size-fits-all model underscore three points. Firstly, the search for theories or models that encompass all forms of leadership with their nuanced distinctions falls short when subjected to rigorous testing. Secondly, connecting the leadership literature to cases involving injured, sick, or temporarily impaired employees necessitates a substantial amount of knowledge and insight. Consequently, it is evident that attempting to fit all seven cornerstones into a single model results in a loss of analytical insight or potential alterations to the findings along the way. Therefore, the unsuccessful cases are best illuminated by employing Einarsen et al.'s (2015) model of destructive leadership, combined with the definition of unconscious leadership (Terjesen, 2018). Conversely, the successful cases are best illuminated by comparing them to the literature on transformational leadership (Bass & Riggio, 2006). Thirdly, when leaders, vocational specialists or other helpers are tasked with assisting individuals in their RTW after mTBI, it is not a wise strategy to simply rely blindly on one leadership model and expect it to yield results. Mild TBI is a diagnosis that is inherently capricious and complex, requiring treatment with sensitivity towards the employee and an approach that upholds their dignity. Therefore, the appropriate course of action is to consistently engage in a dialogue with organizational and leadership research to ensure a tailored approach.

## 9.0 Concluding discussion

This study presents several findings that contribute novel insights to an understudied area within a thoroughly investigated research field. While substantial research has been conducted in the past on TBI and RTW across medical (Madsen et al., 2023), psychological (Sekely et al., 2023), military (Kieran, 2019), vocational (S. C. Fure et al., 2021) and organizational (Spjelkavik et al., 2023) perspectives, no research to date has exclusively concentrated on the aspect of leadership. Consequently, despite being a very small qualitative study conducted in Norway, this thesis brings to light new empirical insights by unraveling what constitutes both successful and valued leadership, as well as failed leadership, during the RTW process following mTBI.

This study illustrates that amongst the cases explored, leadership plays a pivotal role in the RTW process following mTBI. While it may not be considered groundbreaking in itself to assert the importance of leadership, as research already has established that leadership do matter in RTW processes (Lau et al., 2018; Aas, 2009; Aas et al., 2008), this study not only affirms its importance but also showcase how leaders can exhibit both appropriate and commendable actions that result in successful and valued leadership, as well as flawed and unintended practices that result in failed leadership. What thereby distinguishes this study as groundbreaking is its pioneering exploration into an empirical field that has previously been unexplored.

### *The constitution of successful and valued leadership*

Based on the findings from the six successful cases, where employees both successfully returned to work and acknowledged the pivotal role played by their leaders in this process, seven cornerstones have been constructed. These cornerstones constitute the foundation of this form of successful and valued leadership, which also serves to unify these cases. These cornerstones are:

- 1) Empathy and trust: Leaders demonstrate understanding and convey confidence in the genuine nature of the situation.
- 2) Action, accommodation, and flexibility: Leaders promptly accommodate employees and provide them with a high degree of flexibility.

- 3) Taking charge: Leaders adjust expectations and ensure a gradual and steady RTW process.
- 4) Work-life balance: Leaders prioritize the well-being and balance of work and personal life for employees.
- 5) Building personal relationships: Leaders invest in building personal connections during the RTW process.
- 6) Thinking and acting outside the box: Leaders employ creative strategies to prevent employees from dropping out of work life.
- 7) Creating job security: Leaders foster an experience of job security for employees.

From the successful and valued cases we learn that the six leaders assumed an empathetic, communicative, and proactive stance towards the employees on sick leave. Augmented by their emphasis on cautious progression and timely intervention when needed, this finding holds substantial importance. It is notable not only because gradual advancement contrasts with the typical approach of the employees before they were injured but also due to its departure from conventional leadership theories that predominantly prioritize heightened performance and increased productivity as the ultimate objective (Bass, 2008; Bass & Riggio, 2006; Bryman et al., 2011; Yukl & Gardner Iii, 2020).

However, in these six prosperous mTBI cases, these traditional goals are superseded by an exclusive focus on restoring the person's health and abilities to their pre-injury state. A crucial function exhibited by the leaders in the successful cases is the regulation of the distinction between the employees' will and capability. On paper, this might seem like a straightforward directive. Nonetheless, acting as a sort of boundary keeper and establishing limits for their employees without infringing upon their autonomy necessitates robust communication and a foundation of trust. This is, in turn, accomplished by these leaders being not just "speaking leaders" but also "action-oriented leaders." By addressing the need for adaptable solutions concerning working hours, location, and technological requirements, these leaders also demonstrate their sincere concern for the employees' situations. Most people have encountered either leaders or others who make promises they fail to uphold or who exhibit empathy without translating it into actionable measures. However, this is not the case with these leaders. They do not only "talk the talk" but also "walk the walk." They proactively take unconventional steps if required and consistently prioritize their employees' well-being.

It is also a characteristic of these six leaders that, in addition to thinking and acting proactively, they genuinely care about their employees. This aspect becomes evident in the interviews when the leaders discuss their efforts to establish personal relationships with each individual and their concern for the well-being of employees' families as part of the overall picture. Consequently, these leaders adopt a much broader perspective that extends beyond the job situation and the job context. This comprehensive approach ensures that the employees in the six successful cases, even in genuinely unstable situations and despite their dire straits, experience a sense of stability and job security.

As mentioned in chapter one, the Norwegian working life context exhibits distinctive characteristics compared to the rest of the world. These include a low power distance (Hofstede, 1991), well-established collaboration between the parties in working life (Bentzen & Brøgger, 2007), a low level of conflict (Strand & Skogseid, 2013), and robust legislation safeguarding workers' rights (Børve & Kvande, 2018; Finsrud, 2009). This legislative framework ensures that Norwegian leaders do not have unrestricted authority to hire and terminate employment as they see fit (Terjesen, 2018), contributing to Norway's recognition as one of the top countries for employment worldwide (Hvid & Falkum, 2018). Furthermore, Norway has long prioritized an inclusive and equitable working environment, as well as work-life balance (Abendroth, 2018; Holter et al., 2009; Martin, 2016). This commitment is also reflected in the OECD's Better Life Index<sup>56</sup>, where Norway consistently ranks among the top countries for work-life balance, with high levels of employee satisfaction. Given all these factors, the successful leaders' emphasis on work-life balance in RTW process must be regarded as distinct Norwegian and potentially difficult to replicate in many other countries.

When consolidating these actions under the label of 'cornerstones' and subsequently comparing them with the majority of prevalent leadership theories, distinct resonances emerge between these seven cornerstones and the four 'i's of transformational leadership (Bass & Riggio, 2006; Diaz-Saenz, 2011; Terjesen & Salomon, 2015). While previous research has not conclusively demonstrated the positive impact of transformational leadership on reducing sickness-related absences (Hauth, 2022; Nielsen & Daniels, 2016a), and given the absence of prior studies on the influence of transformational leadership on RTW after mTBI, the indications provided by this study suggest that transformational leadership could potentially serve as an effective tool to enhance successful RTW following mTBI. This underscores the

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<sup>56</sup> <https://www.oecdbetterlifeindex.org/topics/work-life-balance/>

necessity for future investigations in this specific domain. Considering that mTBI entails unpredictable, prolonged, and irregular RTW processes (Andreassen & Solvang, 2021; Spjelkavik et al., 2023), it is plausible that transformational leadership could also be beneficial for individuals on sick leave due to other diagnoses. Building upon the findings of this study, further research in these areas is warranted.

Despite the fourth i in transformational leadership, individual consideration, opens the door to a supportive and nurturing leadership style, it primarily pertains to seizing new learning opportunities as they arise, as a means to exceed performance expectations (Bass & Riggio, 2006, p. 8). Consequently, an inherent paradox emerges when identifying parallels between the seven cornerstones constituting successful and valued leadership and the four cornerstones constituting transformational leadership, all of which are essentially intended to promote extraordinary performance. This gives reason to exercise caution in asserting that transformational leadership is the definitive path or that these adept leaders are quintessential transformational leaders.

Another distinguishing aspect of the leaders in the six successful cases pertains to their readiness to allocate time to the RTW process. In this context, it is not simply a reference to a significant time commitment aimed at overseeing employees. Instead, it signifies the leaders' genuine dedication to nurturing a sustainable RTW process, even if it results in a longer timeframe. While it remains factual that Norway features a comprehensive sick pay program, offering employees ample time to recuperate and return to work in comparison to most nations (Andreassen & Solvang, 2021; Raub et al., 2018), notable pressure persists from both a political and research perspective to expedite post-illness reintegration (Kaspersen et al., 2022; Westby, 2022; Aas, 2009) and to view work as inherently advantageous for health (Molander, 2017; Spjelkavik & Frøyland, 2014; Øverbye & Stjernø, 2012). Consequently, within the context of the successful mTBI cases expounded in this thesis, a disparity arises between the suggested political directive for effective sick leave policies, suggesting swiftly RTW and the optimal leadership approach for individuals on sick leave due to mTBI. This underscores the imperative for both social workers and policymakers to acknowledge this disparity. This thesis unveils that successful and valued leadership is characterized by a methodical and intentional approach to recovery, thereby mitigating the potential for symptom recurrence, all while upholding the principle that "slow and steady wins the race".

However, it should not be underestimated that there is both a Norwegian distinctiveness and fragility to a "slow and steady wins the race" strategy. The distinctiveness lies in the fact that this approach is likely not applicable in countries with less generous sick pay schemes than Norway. Current studies that compare the generous Norwegian sick pay scheme with those of other countries underscore Norway's special position and highlight significant differences in the costs for employers of having employees on sick leave across countries (Grasdahl, 2016, p. 104; Ose et al., 2018, p. 25). Considering the moderate costs Norwegian employers bear compared to employers in other countries, a "slow and steady wins the race" strategy is likely to be less applicable elsewhere, except for companies with very good insurance schemes combined with a strong emphasis on retaining employees who have fallen ill. Therefore, while it might be conceivable that the "slow and steady wins the race" strategy may be an example of 'best practice' for employees with mTBI, it is not necessarily a realistic strategy in other countries with less generous welfare schemes.

The fragility of this strategy can also be considered in light of the earlier discussion of what the alternatives are after 12 months of sick leave, if the employee is not ready to return. Could a "slow and steady wins the race" strategy become too comfortable a resting place? Based on the empirical observations in this thesis, it does not appear that this strategy is a resting place. But at the same time, it is important to bear in mind that this is also a strategy that can be fragile if one does not manage to increase the pace in time, so that the employee actually returns to work full-time within a year.

At the same time, as demonstrated in a particularly positive way in case 1, success is not only about doing the right thing but also about thinking and acting innovatively if necessary. Although the expression 'thinking outside the box' almost verges on being a cliché, the leaders' ability to both think and act innovatively becomes absolutely crucial, especially when John was running out of time. As highlighted in the interviews with both John and his leader, it is these innovative ideas of the leader, executed with tremendous efficacy (as exemplified by her persistence in securing the arrangement for John even after facing resistance from HR), that ultimately saved John's career.

However, it is important to acknowledge that successful and valued leadership cannot and never will resolve every issue in every case. This is demonstrated in Case 4. With the support of a generous, proactive, and patient leader, Maureen successfully returns to work at 100%. However, due to the injury, Maureen realizes she must adopt a new circadian rhythm,



including an early bedtime. Given that her job primarily entails evening and night shifts, she must consequently transition to a different line of work that aligns with her new sleep schedule. This case illustrates that even the most effective leadership may not be able to solve every challenge, despite being both successful and valued. Similarly, in Case 6, where Maya works at 60% capacity during T2, it was uncertain whether she would ever be able to return to full-time work. Maya suffered one of the most severe injuries among the informants, and despite having a leader who went above and beyond to support her, leadership alone cannot alter the extent of Mayas injury. While leadership is considered exceptionally important in this thesis, and it is demonstrated that leadership plays a crucial role in successfully achieving RTW, it is important to acknowledge that even successful and highly valued leadership does not eliminate all problems or solve every challenge, nor does it overcome all issues related to the aftermath of mTBI. In the same way that there is no 'one size fits all' within leadership, it is also not the case that 'leadership solves all'. However, what this study unequivocally demonstrates is that leadership, when conducted according to the seven cornerstones discovered amongst the six successful cases, can exert a substantial, positive influence, and play a paramount role in the RTW process.

### *Failing leadership*

At the same time as this study illustrates how leadership can play an important positive role in the RTW process following mTBI, it also highlights how leadership can equally play a noteworthy negative part. Leadership, when it fails, can have severe consequences for those on the receiving end. However, in cases 7, 8, and 9, there may be a debate regarding the adequacy of the expression 'on the receiving end'. A recurring finding is that Daphne, Celeste, and Jenny experience a breakdown in communication and a complete absence of receiving anything essential from their leaders. With the exception of case 9, where Jenny's leader is quite open about having communicated very little with her, the leaders of Celeste and Daphne do not perceive themselves as being as non-communicative as experienced by Celeste and Daphne. Central to understanding these four cases is the recognition that while Jenny's case can be seen as a classic example of laissez-faire leadership (Einarsen et al., 2015), the case of Daphne and Celeste can be regarded as instances of unconscious leadership (Terjesen, 2018). This is marked by the leaders genuinely believing they are doing the right thing, even if their actions fall short. In the case of Alan, on the other hand, there is a clear example of tyrannical leadership (Einarsen et al., 2015), as evident in Alan's descriptions and in the interviews



conducted with this leader as a basis. However, as the T2 interview with Alan's leader showed, the leader himself thought he had followed up on Alan "perfectly!". Besides Jenny's case, the presence of discrepancies between the employees' perceptions of their leaders' actions and the leaders' self-assessment, along with the potential for academic discourse regarding the classification of various forms of destructive leadership (Einarsen et al., 2015; Einarsen et al., 2007; Terjesen, 2018) in these cases, underscores the relevance of Mintzberg's earlier quoted observation:

*And so it may be with managers and their organizational families: they may have unlimited number of ways to screw up with ever more fascinating ones being invented every day, but perhaps only a few witch to succeed.*  
(Mintzberg, 2015, p. 143)

Although this thesis only depicts four cases where leadership failed, and this is thus by no means an exhaustive number, it is nevertheless a nod to Mintzberg. These four cases can be classified into three different ways of failing: through laissez-faire leadership, unconscious leadership, and tyrannical leadership. In this sense, there is almost a unique way to 'screw things up' in each case, to paraphrase Mintzberg.

The intrinsic value of good leadership, in and of itself, holds relevance not only in terms of how the RTW process is experienced, but also in its capacity to shape perspectives. If one evaluates Alan's case from an unemotional, statistical perspective, it might lead one to consider it a success: Alan faced mTBI, initially regained full flexibility at work, and then, with intervention from his leader, Alan promptly reduced his sick leave, returning to work at 100% capacity. On paper, great success! However, Alan's personal experience contrasts sharply; he feels mistreated and desires a job change due to negative treatment from his leader. This stark discrepancy between statistical success and a qualitatively distressing experience underscores the need to scrutinize RTW processes from both employees' and their leaders' vantage points. Only by exploring and comprehending why these situations are perceived so diversely can one begin commencing steps towards narrowing the gap. In this context, research on leadership practices can contribute to a more comprehensive knowledge base regarding the essential elements that constitute genuinely successful RTW processes, viewed from both quantitative and qualitative perspectives.

## *Revisiting Giddens II: The context that structures*

*It is by no means certain that situations per se are more alike than individuals. Perhaps it is equally natural to consider the opposite?*

*(Sørhaug, 2004, p. 38)<sup>57</sup>*

So far, the primary focus has been on the actions undertaken by leaders and the corresponding experiences of employees. Despite earlier assertions in the thesis that leadership always needs to consider specific contextual, situational, and individual factors (Einarsen & Skogstad, 2015; Mintzberg, 2019a, 2023; Selznick et al., 1997; Sørhaug, 2004; Terjesen, 2018), the emphasis has mainly been on situational and individual aspects, isolated from their indivisible context, with the ambition of exploring what characterizes successful and valued, and failed, leadership practices. Consequently, the contextual dimension has received very little attention thus far.

In Chapter 3, it was outlined that Anthony Giddens's dualistic perspective on the interaction between actor, system, and structure serves as the theoretical backdrop for this thesis. Additionally, Figure 5 was created to illustrate how Giddens's levels are utilized in this thesis, with the analyses so far based on what is categorized as the actor/agency level according to that table. Hence, it is time to inquire into how context might be considered to shape the cases examined in this dissertation?

To provide readers with a comprehensive overview of the context (at the system level), Figure 19 has been combined to encompass all cases, and the subsequent discussion explores whether the local contextual (systemic) dimensions have contributed to shaping leadership practices. Prior to the analysis, it is crucial to emphasize that the ensuing discussion does not imply the potential for any statistical generalization, even if the language used in discussions of systemic context might possibly give such an impression.

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<sup>57</sup> My translation from Norwegian to English.

*Figure 19: Local contextual elements (system level) for both successful and failed cases*

Case	Type of organization	Organization size (national / global)	Department size locally where the interviews were conducted	Sector	Successful/ failed case	Intervention / control group	IA-company
Case 1 «John»	Emergency organization	More than 10.000 people	15 people	Public	Successful	Intervention group	Yes
Case 2 «Linda»	Importer and wholesaler	260 people	30 people	Private	Successful	Intervention group	No
Case 3 «Donna»	International transportation	3000 people	6 people	Public	Successful	Intervention group	Yes
Case 4 «Maureen»	Food and beverage industry	500-1000 people	15 people	Private	Successful	Control group	No
Case 5 «Richard»	Finance corporation	30 people	30 people	Private	Successful	Control group	No
Case 6 «Maya»	Public service	More than 20.000 people	280 people	Public	Successful	Control group	Yes
Case 7 «Celeste»	Multinational hi-tech company	More than 70.000 people	200 people	Private	Failed	Intervention group	No
Case 8 «Daphne»	Underwriting	4000 people	8 people	Private	Failed	Intervention group	Yes
Case 9 «Jenny»	Damage control	17 people	9 people	Private	Failed	Intervention group	No
Case 10 «Alan»	Contacting and construction	5 people	5 people	Private	Failed	Intervention group	No

As depicted in the figure, there is considerable diversity both in the types of jobs and the types of organizations in which the employees work. However, as the title of the thesis underscores, the 10 employees all share the common characteristic of being highly autonomous in their work. The table illustrates nearly maximal dispersion among the differences in organizations, ranging from large international enterprises (Case 7) to small local businesses (Case 10). At the same time, most of the interviews were conducted in local departments, where in 8 out of 10 cases, there were 30 or fewer employees locally. Hence, a common trait among most cases is the relatively moderate size of the departments. Could this lead to an assumption that small-

scale aspects play a role in some way? It has long been a rule of thumb and a widely accepted consensus within leadership research that the fewer employees a leader is responsible for, the better conditions the leader has to exercise effective and “good” leadership (Grove, 2015). However, figure 19 does not inform us whether "small size" matters or not. Moreover, the circumstance that the two cases where the leaders manage respectively 280 and 200 employees are classified under successful leadership in one instance (Case 6) and failed leadership in the other (Case 7) does not reinforce the small size matter-rule of thumb in these particular cases. Therefore, contextual factors such as size do not point in a particular direction in this qualitative exploration<sup>58</sup>.

The next aspect to consider is whether sector influences the leadership practices in these 10 cases explored for this thesis. Historically, it has often been noted that leadership in the private sector provides leaders with greater autonomy, increased flexibility, and more opportunities to pursue innovative approaches compared to leadership in the public sector (Buckingham & Coffman, 2014; Gill, 2010; Van Wart, 2016). However, within the public sector in recent years, there has been a notable emphasis on local autonomy and initiative, aiming to afford leaders in the public sector with greater latitude in their leadership execution. Then again, it is evident that rule- and goal-directed management, along with rigid structures, do not always facilitate the realization of equivalent local autonomy and initiative (Nesheim, 2015). In addition, failed implementations of New Public Management (NPM) reforms has also resulted in more bureaucracy and less room for leadership than intended in several parts of the public sector (Christensen, 2006). When it comes to the freedom to exercise discretion, judgment, innovation, and enact varying approaches amongst leaders within the public sector, notable disparities therefore exist among different public organizations in Norway today. Viewed in the context of the conditions that the private sector, at least on paper, should provide leaders with more autonomy and delegation to exercise leadership as they see fit, it is a noteworthy finding that all the failed cases are from the private sector. However, this does not necessarily imply superior performance in the public sector, as among the successful cases, three are 3 from the public sector and 3 from the private sector; indicating a draw between sectors in terms of success, in other words.

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<sup>58</sup> However, it has to be underscored that I see no reason to challenge the rule of thumb that small groups provide room for better and more effective leadership than large ones.

As discussed in Chapter 4, figure 7 indicates that context, in the form of participation in either the intervention or control group in the RCT, did not necessarily result in distinct leadership practices, nor success or failure. This finding is consistent with published articles within the main project, documenting an absence of significant differences in RTW outcomes between the control and intervention groups after 12 months (S. C. Fure et al., 2021; Spjelkavik et al., 2023).

Then, what about context regarding the presence of a formalized IA-agreement? Does it matter? It may appear so, as in 3 out of the 4 cases where leadership failed, there is also a lack of a formalized IA-agreement. However, among successful cases, the score is tied at 3-3 between those with and without an IA-agreement, suggesting that being on sick leave in a non-IA company does not inevitably lead to the employee experiencing poor leadership in these instances.

After scrutinizing all the contextual details at the systemic level in these ten cases, it may appear that the local context plays a minor role for how leaders exercise practices and how employees experience leadership in the RTW process after mTBI. May then success or failure depend on whether the employees are fortunate with their leader or not? There may be some accuracy in this contemplated question as it is well-documented that individual leaders can wield considerable power, especially when employees are in critical situations (Bass, 2008; Mintzberg, 2019a; Sørhaug, 2004; Terjesen, 2018). However, even though most local contextual details in this study do not point to local context, and leadership do matter, it is overwhelmingly important to emphasize that it is not argued here that local organizational contexts do not play a role. As previously discussed in this thesis, that has been thoroughly documented for more than 100 years (Blake, 1985; Grint, 2011; Mintzberg, 2009, 2023; Selznick et al., 1997; Terjesen, 2018). There is, however, an inclination that whether the company is an IA-business or not might make an impact, and this indication might suggest that it is not primarily the local, systemic context that primarily influences the leadership practices and thereby the RTW processes, but rather that we must move up another level, to the structural level when discussing context that, in these cases, seems to be the heaviest influences determining practices.

What seems apparent is that the conditions governing the organization of the workforce in Norway, primarily, as well as the welfare schemes and the rules governing sickness absence,

underpin and set the conditions for leadership exercise in these cases. While leaders with warmth and passion may be substantially credited, common to how sick leave is managed in these enterprises are Norwegian regulations, arrangements, and legislation, as well as the IA agreement, which has been in place for over 20 years. More than local systemic context, it appears that what Giddens (1984, p. 25) defines as structures; *"rules and resources or sets of transformation relations, organized as properties of social systems"*, primarily define the rules of the game and set the direction. In other words, more than local systemic context, it may thus appear that the larger structures influence the interaction and choices – and thereby social practices – of actors in the cases explored in this thesis.

Although it cannot be conclusively determined based on extensive statistical data in this thesis, one may nevertheless question whether the IA-agreement may indeed function as a structure that, to paraphrase Giddens (1984, p. 25), "transforms social systems." Given the finding that 3 out of 4 failed cases are not IA-companies, it may indicate the powerful influence of structural arrangements on shaping the practices of actors. As detailed in the first chapter, for businesses to formalize and thereby access the tools provided by the IA agreement, they must demonstrate collaboration between management and employees regarding occupational health and safety and establish concrete measures and agreements applicable when employees are sick or on sick leave. This can serve as an example of the duality of structures (Giddens, 1984) and how they shape - and transform - the interaction between agents, systems, and structures, and ultimately the interaction between leaders and employees.

Norwegian legislation, along with the generous sick leave policy, must also be considered as an important influencer on how leaders assess time and financial risk. Once again, this can be viewed as a structural-level arrangement where, regardless of whether the company has entered into an IA agreement or not, it strongly dictates that a year can pass without entailing financial loss, thereby reducing the financial risk for the company. When finances do not pose a threat, it is perhaps easier to be patient and accommodating to the sick-listed employee than if the company had been financially strained due to the same sick leave. Once again, it appears that structures, represented by Norwegian legislation regulating work life and the generous welfare arrangements, shape the way leaders (and employees) align themselves with RTW processes, regardless of the systemic/organizational context. Of course, this does not imply that there are no exceptions. It can also be discussed whether sickness absence,

resulting in a loss of competence, in itself can be assessed as an economic loss and, thus, a risk for the company. However, in Norway, the basic arrangements are so generous and the protection against dismissal so strong that the economic strain on the authorities cannot be compared with most other countries (Hemmings & Prinz, 2020).

Although it is uncommon within organizational and leadership studies for local contexts to be bypassed or overshadowed by structural contexts, that is nonetheless what "capta" provide information about in this thesis. It must, however, be specified that in the RCT, there was considerable resistance against collecting and applying more specific information about the organizations. If more specific information had been collected about the organizations, the contextual picture may have been different. With these caveats presented, while it is unusual to give more weight to the structural than the systemic context, it is nevertheless not an unthinkable reasoning if we base ourselves on Giddens's perspectives. In *The Constitution of Society*, Giddens himself outlines a reproduction circuit, which, despite being used in a discussion of the division of labor (Giddens, 1984, p. 191), nevertheless illustrates, in the same way as Giddens does when demonstrating how the dualism between actor, system, and structure plays out (Giddens, p. 25), that it is possible for structures to bypass systems. Grounding oneself in Giddens's understanding, one can also consider this finding as another perspective on the uniqueness of the Norwegian work-life context in an international context.

Although Mintzberg is among the foremost to point out the importance of context, in his latest book, he also emphasizes that the more stable the environment around organizations is, the easier it is to standardize practices (Mintzberg, 2023, pp. 62-63). Norway, with its particular stability in working life, is therefore one of the few countries where perhaps a bypass of local structures can be found. However, this necessitates future studies to strengthen or confirm such a claim.

### *The importance of the social perspective*

A recent scoping review of RTW interventions for persons with TBI is relatively merciless in its judgment of the available research in the field and concludes that the development of effective RTW approaches has largely been neglected in the rehabilitation literature for persons with TBI (Petty et al., 2023). While the judgment passed by Petty et al. on TBI

research is stern, it carries significant weight and contributes to bolster the question addressed at the beginning of this thesis (in section 2.1.2): could the challenges in establishing clear correlations between factors inhibiting and promoting RTW after TBI be attributed to a lack of research into the pivotal role leadership plays in this process? Given the evident positive and negative impact leadership exerts on the RTW processes, as demonstrated in this doctoral work, there is no doubt that forthcoming research on this subject should prioritize a more in-depth exploration of the role of leadership to advance research progress. Such a scope concerning the gravity of future research into mTBI and RTW aligns with the biopsychosocial- and existential framework that underpins this thesis (Hansen & Solem, 2017; Lien & Malkomsen, 2024).

When reviewing previous and current research in the mTBI field, it becomes apparent that the majority of existing studies primarily focus on identifying biopsychological variables that can influence RTW (Howe et al., 2017), making the pathogenetic perspective (Hansen & Solem, 2017, p. 102) be the prevailing viewpoint within TBI research. Meanwhile, the social aspect (if we consider workplace processes and leadership as social processes) has traditionally been given a secondary position (Slayter & Journeay, 2023; Spjelkavik et al., 2023). An illustrative exposition of this point and also on how numerous areas are explored within TBI research, rather than leadership, is exemplified in a recent article (Libeson et al., 2023) that investigates whether the utilization of a specially designed TBI app can facilitate RTW. Incidentally, Libeson et al. refrains from definitively asserting whether using the app will enhance the prospects for RTW, except to acknowledge the need for further research on the topic. It is not argued here that research should refrain from delve into the possibilities that new technology opens up for. However, equally important to exploring what new technology can offer the TBI population is conducting further research on social practices. Considering that leadership is inherently a social practice (Sørhaug, 2004), an increased emphasis on leadership practices will help broaden the research horizon.

### *A call for vocational specialist to engage to also assist leaders with RTW processes and expand upon the biopsychosocial model*

At the outset of this thesis, it was emphasized that contemporary social workers are assuming an increasingly integral role in RTW processes, primarily driven by escalating costs associated with sickness absenteeism. Given TBI prominence as a leading global cause of



such absenteeism (Dewan et al., 2019; Shames et al., 2007), one may reasonably infer a heightened engagement of vocational specialists with this demographic in the foreseeable future. While earlier studies have focused on how modern social workers, functioning as vocational specialists, can best facilitate RTW processes (Burns et al., 2007; Dornonville de la Cour et al., 2019; Modini et al., 2016; Murray et al., 2022), this thesis advocates for equipping vocational specialist working in this field with broader professional skills so it also entails thorough knowledge within the field of organization and leadership, not only for aiding the convalescent individual, but also for effectively collaborating with their leaders. This thesis advocates for vocational specialists to assume such a key role. To achieve this, modern social workers must adopt a perspective that extends beyond the confines of conventional medical paradigms and by enhancing their proficiency in matters of organizational structure and leadership dynamics, modern social workers can develop a more comprehensive social dimension within the biopsychosocial outlook on RTW-processes. Further, to build upon the recommendations of Lien and Malkomsen (2024), vocational specialists should also be willing to act as "fellow wanderers" in discussions and dialogues about mTBI with employees struggling to return. This is particularly important if they delve into existential concerns arising from employees' uncertainties, not only regarding their ability to return to work but also, perhaps, to life as they formerly knew it. Additionally, it is essential that vocational specialists are adept at conveying and discussing this existential dimension with leaders as well. If leaders lack awareness or understanding, they need to gain insight from someone, and if employees are unable to articulate or communicate their existential grappling to their leaders, addressing this topic can be one of the most important roles of a vocational specialist. While these are substantial themes, knowing how to approach and manage them is crucial for vocational specialists to transcend the technical aspects of RTW.

If doing so, they will act as highly competent agents on behalf of the welfare state, working to narrow the substantial gap that exists between the significant number of people within the workforce who are exposed to trauma resulting in TBI each year (Dewan et al., 2019; Skandsen et al., 2018), and the lower number among this very same population who succeed in their RTW efforts (Howe et al., 2017). Given the appropriate acquisition of skills in organization and leadership, with addition and application of an existential dimension to the biopsychosocial model, occupational specialists may have the potential to have even more significant impact in the future.

## *A call for reviewing social policy in addition to practice*

In addition to strongly asserting in this thesis that vocational specialists, armed with the appropriate organizational and leadership expertise, and the ability to act as "fellow wanderers", can assume an even more pivotal and prominent role in future RTW initiatives, it is also imperative to pause and contemplate around the prevailing RTW-policy in Norway. This policy is heavily influenced by the work approach asserting that employment and work itself contribute to health and well-being (Spjelkavik & Frøyland, 2014; Øverbye & Stjernø, 2012). As both this thesis and numerous prior studies have demonstrated, one of the critical considerations for TBI patients is to avoid a hasty return to work, as it can exacerbate symptoms and hinder the recovery process (Andreassen & Solvang, 2021; Bonnetterre et al., 2013; Chua et al., 2007; Libeson et al., 2020; Little et al., 2015; Saltychev et al., 2013; Silverberg et al., 2018). Given the complex nature of TBI, including mTBI, the notion that 'work is healthy' cannot be indiscriminately applied to this demographic. This necessitates not only awareness from the patients themselves, the physicians prescribing sick leave, and the employers, but also demands recognition and incorporation of this aspect within the domains of social work and social policy design. To underscore this point: Hastily pushing an ailing individual back to work can have detrimental repercussions if it leads to a misguided RTW process and, in the worst case, subsequent disability. Thus, to mitigate the risk of unsuccessful RTW processes following mTBI, it is imperative that social workers and policymakers refrain from using any form of an 'one size fits all' approach to the reintegration of this population. The only correct method in mTBI cases is the use of tailoring, and it is important to keep in mind that when it comes to this patient group, the rule is 'one size fits none'.

Although case number 10, in which Alan was more or less scared back work by his leader despite not being fully rehabilitated nor ready, cannot be directly equated with the social policy advocating a swift return to work following illness, a parallel can still be drawn. This analogy highlights the similarity between the disregard for context demonstrated by Alan's leader and the potentially flawed nature of the rapid return policy concerning mTBI for this particular demographic. In all cases discussed in this thesis, whether characterized by successful or failed leadership, the significance of allowing sufficient time for recovery becomes evident as a critical factor for employees. None of the cases support an immediate RTW post-injury as the optimal course of action. Moreover, in the cases where the employees attempted to resume swiftly after the injury (the next day or following week), they uniformly

reported an exacerbation of symptoms, further deteriorating their condition, in line with findings from previous studies on mTBI and RTW (Andreassen & Solvang, 2021). However, if one consults the national sick leave guidance for Norwegian doctors, it is stated that self-reporting or taking sick leave for a minimum of 2 days is recommended for concussion (N79) due to the necessity of refraining from cognitive and physical activities for at least 24–48 hours after the injury.<sup>59</sup> Upon further examination of the sick leave guidance, it is found that for head injury (N80), sick leave must be evaluated on a case-by-case basis. However, it is reiterated that self-reporting or taking sick leave for at least 2 days is advisable<sup>60</sup>. Given the complex nature of mTBI (Ruff et al., 2009), and building upon the findings of this thesis along with previous studies on mTBI and the risks associated with a premature return to work (Andreassen & Solvang, 2021; Bonnetterre et al., 2013; Chua et al., 2007; Libeson et al., 2020; Little et al., 2015; Saltychev et al., 2013; Silverberg et al., 2018), it is imperative to deliberate whether the current guidelines are appropriately cautious in prescribing sick leave days and whether they necessitate reevaluation. As the prescribing doctor often establishes the framework for patients/employees to assess the severity of their own injuries, this significantly influences the understanding, actions, and subsequent follow-up norms of both their leaders and NAV. Therefore, revisiting the national sick leave guidance may be a pivotal starting point for implementing concrete policy-level measures aimed at mitigating the prolonged absence associated with mTBI.

Considering that this present study vividly illustrates the vulnerability of employees when their leaders fail to grasp the importance of a "slow and steady wins the race" approach, as well as the precariousness if employees themselves do not realize the need for cautious progression, an argument can be posited for heightened prudence in both the initial recovery phase and the RTW process. Rather than advocating for a reactive approach, characterized by an immediate RTW after an injury followed by sick leave if challenges arise, this study advocates for a proactive strategy. Given the capricious nature of mTBI and the near impossibility of diagnosing its extent early on (Ruff et al., 2009), it is proposed here to introduce a new, proactive guideline wherein prompt initiation of sick leave for 1-2 weeks is

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<sup>59</sup> <https://www.helsebiblioteket.no/innhold/nasjonale-veiledere/sykemelderveileder#diagnosespesifikke-anbefalinger-for-sykmelding-nervesystemet-n-hjernerystelse-n79>

<sup>60</sup> <https://www.helsebiblioteket.no/innhold/nasjonale-veiledere/sykemelderveileder#diagnosespesifikke-anbefalinger-for-sykmelding-nervesystemet-n-hodeskade-ika-n80>

advocated as a preventive measure, thus potentially circumventing setbacks altogether. This approach or measure may be referred to as 'preventive sick leave.'

The appropriateness of using the term "preventive sickness absence" can be debated, as patients exposed to head trauma have indeed sustained an injury. However, the uncertainty lies in the unpredictable outcomes between apparently minor trauma and minor head injuries. Some of these traumas resolve without issue, representing fortunate cases. Yet, they can also lead to long-term ailments, which is the primary concern. Often, neither the doctor nor the patient can determine whether the injury has resolved favorably or if the condition will worsen until some time has passed. During this intermediate period, a valid question arises: Could proactively initiating mandatory sick leave after head trauma be a prudent measure to mitigate symptom exacerbation due to a rushed RTW? This scenario is unpredictable and only becomes evident if and when it occurs. Because assessing whether the initial post-injury phase significantly affects subsequent outcomes remains challenging (Paré et al., 2009; Pavlovic et al., 2019; Ruff et al., 2009), discussing mandatory sick leave after mTBI should be considered at a policy level. There's a plausible proposition that implementing mandatory sick leave immediately after injury could potentially reduce the overall number of sick leave days. However, a comprehensive investigation of this hypothesis necessitates a significantly larger study than this limited case study permits.

While the concept of "preventive sickness absence" lacks extensive exploration in existing literature, it finds resonance in a prior study focused on transformative leadership for senior workers within Norway's healthcare sector. The study documented instances where leaders introduced "preventive sick days" upon identifying significant employee fatigue, with the explicit goal of avoiding sickness absence (Terjesen & Salomon, 2015, pp. 118-120). Though distinct different contextual factors exist between that study and this, the core objective exhibits marked similarities: incorporating additional respite to prevent prolonged illness. This thesis highlights notable differences in leaders' capacity to support employees, gauge their empathetic capabilities, and comprehend their needs. Given the inherent challenge that leaders might not possess comprehensive knowledge of how symptomatology following mTBI evolves or the persistence of "invisible" afflictions, the proposition of implementing a mandatory sick leave practice gains traction. This is particularly notable since this study underscores that a pivotal managerial duty post-mTBI is to facilitate employees' gradual adjustment. Through the lens of mandatory sick leave, it's conceivable that some of the

complexities associated with sick leave follow-up could be ameliorated, potentially yielding positive outcomes.

An additional pertinent question arises: Should leaders receive mandatory TBI leadership guidance when an employee is on sick leave due to a head injury aiming to equip leaders with the skills needed to effectively oversee the RTW process? As illuminated by the cases examined in this thesis, a stark contrast emerges in how leaders perceive the significance and correctness of their actions. Particularly evident in the unfavorable cases is the potential benefit of leadership guidance for those leaders. The integration of mandatory sick leave combined with mTBI leadership guidance could potentially serve to moderate the ambitions of high-achieving employees at risk of exceeding their limits, while simultaneously preparing leaders to optimally support their employees, thereby fostering successful outcomes in the RTW process. However, in order to engage social workers effectively not only in the roles of facilitating and advising employees in the RTW process (as many do today already in the role as vocational specialist), but also as proficient supervisors and competent sparring partners for leaders, their knowledge foundation on leadership and organizational skills must be elevated. Since leaders have a vast influence on RTW processes, the modern social worker can play a key role in influencing, guiding, and assisting leaders. This argument has been previously posited in this conclusion, but it is reiterated here because changes at the policy level must be accompanied by corresponding alterations in social practices if one is to make progress in the goal of increasing the number of successful RTW after mTBI.

Both the implementation of mandatory sick leave and the provision of managerial guidance will undoubtedly hold political implications. While the oversight of sick leave predominantly falls within the purview of medical practitioners, offering leadership guidance becomes a task for occupational specialists. These specialists must possess a comprehensive understanding not only of the medical aspects of the mTBI domain but also of pertinent studies examining leadership, such as this thesis. While this recommendation might seem ambitious, and despite Norway is perceived as a “safe” country on a global TBI scale (Skandsen et al., 2018; Skandsen et al., 2019), the enduring challenges that many face in the aftermath of mTBI, a predicament that heightens the risk of work disengagement, warrants consideration of such comprehensive measures at the social policy level.

While a proposal to further equip the skills of vocational specialists is unlikely to provoke to any significant degree, proposing preventive sick leave can, however, be viewed as a challenge to the prevailing ideology within current Norwegian sick leave policy, which emphasizes the inherent "curative power" of work and thereby also the swift reintegration into the workforce following illness or injury. There is also a growing trend, both in the West and in Norway, of placing stricter requirements on individuals who are on sick leave with the intention of pushing forward faster returns (Kaspersen et al., 2022; Seing et al., 2015; Westby, 2022). Both this study and a series of others have however demonstrated that for TBI and mTBI cases, this perspective is fundamentally flawed or may be counterproductive. For this patient group, work does not possess curative properties, and a premature return could directly jeopardize the aim of achieving a full recovery. Additionally, TBI, even in mild instances, almost invariably leads to a degree of biographical disruption in the individual's life trajectory (Bury, 1982). This raises the question of whether the RTW process represents a return to the pre-injury self, or if it should be seen as a process of self-recreation rather than restoration. This thesis illustrates precisely that several of the leaders in the successful cases facilitates for the employees to take a careful approach rather than pursuing aggressive goal attainment during the RTW phase, indicating a shift in approach from previous practices. These findings should carry substantial weight in both research and policymaking, providing valuable insights for advancing future research in this field.

Additionally, mTBI can raise existential "to be or not to be" questions not only regarding work but also about future identity (or identities, as mTBI affects more than work), thereby delving into something profoundly existential. Thus, an added existential perspective to the biopsychosocial model, as proposed by Lien and Malkomsen (2004), becomes imperative. In order to achieve both quantitative and qualitative success in RTW processes after mTBI, a more comprehensive social perspective, incorporating leadership practices, must be integrated within the biopsychosocial model, as leadership practices may significantly influence RTW outcomes. Furthermore, the model should be expanded to incorporate existential dimensions, providing equal prominence and importance to the social and existential dimensions as the biological and psychological dimensions, not only at the policy-making level but also within research and organizational contexts.

## *Revisiting Giddens III: Expanding perspectives on RTW and leadership*

Although this study is small-scale and primarily focused on leadership actions, both successful and failed, it still has implications beyond this scope. Empirically, the study suggests that structural factors, such as work life culture, legislation, welfare state arrangements, economic, political, and legal conditions, and agreements between parties in working life, may exert a greater influence on RTW practices than local factors<sup>61</sup>. It also demonstrates that a focus on such social structures is compatible with leadership perspectives.

Theoretically, this demonstrates the relevance and applicability of Giddens' perspectives (Giddens, 1984, 1990; Giddens & Sutton, 2017). Despite their abstract nature, Giddens' perspectives proved directly relevant, in the sense that they shed light on the RTW processes in general. Furthermore, Giddens's perspectives also proved indirectly relevant, in the sense that the agency-structure perspective displays how structures can influence the actions of leaders.

This study also, hopefully, paves the way for future research on RTW and leadership. Empirically, the perspectives and interpretations in this study could underpin studies on RTW in other employee groups, such as people with other health challenges, people with less autonomy than the participants in this study, and so on. The findings are also clearly relevant for the more general area of research on work inclusion. Future research could also operationalize Giddens' concepts more comprehensively, thus moving from demonstrating relevance towards more integrated actor-structure theory of organizations and leadership.

### *Weaknesses and strengths*

In the context of qualitative research methodology, it is important to acknowledge certain perspectives and limitations pertaining to the findings of this study.

Firstly, a weakness of this study is its premature termination. While two interviews conducted over the course of a year provided substantial material, it would have been highly valuable to conduct a third interview (T3) after two years (one year after T2). This additional time point could have been particularly useful in investigating whether the cases of successful and

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<sup>61</sup> In accordance with the overview in Figure 5.

valued leadership would have remained as positive as initially assumed after another year. In Norway, sick pay rights expire after one year of sick leave. Consequently, in the successful cases, the employees may have returned to work after a year, not only because the leaders did everything right, but also moved by the fact that their rights expired, which in most cases coincides with the time of T2. Given that it is well-established that mTBI patients can experience lingering symptoms for more than a year (Prince & Bruhns, 2017), there is a lack of information about the subsequent year when sick pay rights had expired and the employees had to work without the option of graded sick leave. Would they, after another year, perceive that their leaders still held the same value? This outcome is not assured. Conducting a T3 assessment would have subjected the data to an even more rigorous examination.

In the extension of the foregoing; a criticism that can be directed at this study, and consequently at the entire qualitative design of the RCT, is its heavy reliance on interviews. Although interviews have become one of the most widely used tools in qualitative research (Brinkmann, 2013) and researchers have extensive access to literature that can serve as a supplementary resource (Andersen et al., 2023; Qu & Dumay, 2011; Silverman, 2001), it is by no means a foolproof or uniformly method (Alvesson, 2003; Kalleberg, 1996). To quote Jette Fog once more:

*The qualitative research interview is one of several qualitative methods, and the method is used alone or in combination with other methods, both quantitative and qualitative. The method is not in itself the most correct or the most important method, but correct and important if the choice of the method is well justified. (Fog, 2004, p. 8)<sup>62</sup>*

Even when striving to conduct interviews that exhibit a high degree of consistency in content, which in this study is deemed reliable when both leaders and employees describe similar experiences, it still does not equate to "objective truth", and as Ragnvald Kalleberg emphasizes (while referring to Merton): "...one of the basic norms of science is that of *humility*." (Kalleberg, 1996, p. 69)<sup>63</sup>

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<sup>62</sup> My translation from Danish to Norwegian.

<sup>63</sup> My translation from Norwegian to English.



In this project, one might also have enhanced the understanding of the dynamics between leaders and employees, and the organizations and their environment by incorporating more structural and contextual information. One could also potentially complement the data collection by participant observations within the organizations. However, none of these additional methods was feasible given the guidelines stipulated by the RCT.

Another criticism that can be directed towards this study is that it appears to be devoid of ambiguity. Several colleagues who have read this text throughout the process have questioned whether all the informants, particularly the satisfied employees, were equally enthusiastic, or if there were any lukewarm respondents. This prompted a review of the interview transcripts multiple times to ensure unintentional embellishment of the data did not occur. However, except for variations in the informants' personal communication styles, with some being highly energetic and others more measured in their expressions, they all conveyed strong opinions and emotions regarding how the leaders handled the situation. Given that they were in such a critical situation where both their health and careers were at stake, it is not surprising that there is not much ambiguity in the material.

Furthermore, this lack of ambiguity may also be attributed to the skewed sample itself, as those who agreed to participate in the RCT initially may have had a fundamentally higher motivation to return to work quickly compared to those who declined.

Moreover, several of the employees had impressive careers and held good positions. They expressed very high motivation to work before the injury and consequently, exhibited very high motivation to return to work. If this study had included informants with less strong motivation to work and pursue a career, the findings could potentially be different. A larger and more diverse sample of participants, including both employees and leaders, could have likely led to the identification of a broader spectrum of leadership actions. This would have been particularly evident with a more varied selection of industries and individuals included in the study. Consequently, it's crucial to emphasize that the seven actions established as cornerstones in this study should not be seen as exhaustive or universally necessary for effective leadership in supporting employees returning to work after mTBI. The argument is not that strict adherence to these findings represents a 'one best way' approach (Kalleberg, 1991; Mintzberg, 2009) for leaders in facilitating the RTW process following mTBI.

However, it can be asserted that the cornerstones identified in this thesis represent one among several effective approaches.

It can be reasonably assumed that other researchers conducting similar investigations would uncover some discoveries similar to those made in this study. However, it must be recognized that not all findings would necessarily be replicated, and there may exist additional insights within the data – or *capta* – that were not captured in this analysis.

A strength of this thesis lies in its rich empirical material, which has been interpreted in a new light through novel theories never before applied within this realm of research. Despite the modest number of cases and the fact that it consists almost exclusively of high-status employees, *capta* provides valuable new insights. Through new theoretical frameworks, the findings have offered fresh perspectives that will hopefully inspire future research in this area.

Another strength of this thesis lies in the complex and unpredictable nature of mTBI, encompassing a diverse range of symptoms in terms of composition, intensity, and duration. This complexity makes it challenging to directly apply best practices from less complicated diagnostic RTW cases to mTBI. Conversely, it can be posited that insights from the successful and valued cases highlighted in this dissertation may also prove effective for other groups in the long run. As such, the study holds applicable relevance for a broader spectrum of groups beyond those affected by mTBI grappling with RTW.

### *Suggestion for future research*

Proposals for future research have cautiously been considered in the section "Revisiting Giddens III: Expanding perspectives on RTW and leadership". As this thesis has also uncovered additional avenues for future research, those same points are not reiterated here.

By adopting a bi-directional perspective, this study has provided new insights into RTW after mTBI. However, as previously mentioned in the chapter on weaknesses and strengths, a limitation is that the interviews concluded at T2. Replicating this study with a 1-, 2-, or 3-year perspective, potentially including not only T3, but also perhaps T4 and T5, would have yielded even more robust data, contributing to the knowledge base on the most appropriate form of leadership for this group.

Further, given the distinctive Norwegian context within which this thesis is situated, conducting a new, more comprehensive qualitative study, as detailed above, across countries with varying legislation, alternative sick pay schemes, and diverse leadership cultures, while qualitatively following leaders and employees, would further enrich such a study.

Furthermore, this study demonstrates the alignment between the seven cornerstones and the four 'i's in transformational leadership. This aspect merits further investigation. However, rather than employing a quantitative survey with the distribution of an MLQ, a qualitative inquiry, preferably in conjunction with the above-described proposal, would be more fitting. Future studies should also ideally encompass a broader range of groups than the highly autonomous individuals interviewed in this study, as also proposed in the "Revisiting Giddens III: Expanding perspectives on RTW and leadership" section. In occupations where flexibility is less prevalent, and there is less autonomy amongst the study population, it is plausible that alternative and novel insights may emerge.

It is also noteworthy to observe that employees in both groups, prior to their injuries, as reported by themselves and their leaders, describe themselves as "high achievers." The sole exception to this pattern is Alan, who emerges as notably humble among all informants, yet is also depicted as a loyal and dedicated employee by the leader. In the context of this specific study, it therefore does not appear that being a high achiever per se aligns with the type of leadership one receives afterward. Rather, it seems to be the leaders' ability and competence to exercise appropriate and adequate leadership in response to the situation at hand that holds importance. In the case of the latter being of pertinent importance, it displays how vulnerable it is to be injured or ill. An extension of this inquiry could involve exploring whether there exists a connection between how individuals are evaluated by leaders prior to the onset of an illness and the form of leadership they receive afterward. It could be hypothesized that those perceived as high achievers by leaders may receive better care, follow-up, and allocation of resources compared to employees who are not similarly valued as valuable assets to the business environment, despite this small case study not making such findings. However, the complexity of this question necessitates further investigation in future research.

In addition to studies focusing exclusively on leadership, it would be intriguing to design a study wherein vocational specialists receive enhanced training in organizational- and leadership theories, enabling them to function as management supervisors. Exploring an approach wherein substantial support is provided both to the employee and the leader is a

study that all research parties involved in RTW after mTBI should be eager to participate in. Here, there are also opportunities to delve into the literature to investigate whether bridges can be established to employer engagement research.

Moreover, conducting an experiment wherein employees have their sick pay rights extended to cover a span of 2 years, potentially combined with the above aforementioned proposal, and examining whether this leads to an increase in successful RTW, would have been of significant interest.

Finally, regarding future research, there is some food for thought: when does a person with mTBI transition from being an employee on sick leave to becoming someone who has dropped out of the workforce and become a recipient of social security benefits? In cases where RTW is not successful, it will often lead to this outcome. In such situations, the welfare state might attempt to reintroduce the employee through the use of AMPL tools like SE, IPS, employer engagement, diversity management, and disability management. Given that this may often be the result, it provides reason to think more holistically and cross-sectionally in future research on RTW and work inclusion. A potential approach to more closely intertwining these fields could involve exploring insights from this study, where the cornerstones and alignment with transformational leadership theory can be connected with both research on disability management and employer engagement.

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