

Field Study

Entrepreneurs' Self-reported Health, Social Life, and Strategies for Maintaining Good Health

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Abstract: Entrepreneurs' Self-reported Health, Social Life, and Strategies for Maintaining Good Health: Kristina GUNNARSSON, et al. Department of Occupational and Environmental Medicine, Uppsala University Hospital, Sweden—Objectives: This study investigated the association between self-reported good health and self-valued good social life. An additional aim was to examine entrepreneur's strategies for maintaining good health. **Methods:** The study design included a two-wave questionnaire, with five years between the surveys (2001 and 2006), and qualitative interviews. The study group consisted of 246 entrepreneurs from the central region of Sweden and represented ten different trades. Entrepreneurs reporting good health in both 2001 and 2006 were compared with entrepreneurs reporting poor health on both occasions or with inconsistent answers. Six of the entrepreneurs were strategically chosen for the interview study. **Results:** Consistent good health was reported by 56% of the entrepreneurs. Good social life in 2001 was associated with an increased odds ratio (OR) for consistent good health when the analyses were adjusted for physical work conditions and job satisfaction (OR 2.12, 95% CI 1.07–4.17). Findings for good leisure time, weekly moderate physical exercise, and a rating of work being less or equally important as other life areas, were similar but not statistically significant when job satisfaction was considered in the analyses. Strategies for maintaining good health included good planning and control over work, flexibility at work, good social contact with family, friends and other entrepreneurs, and regular physical exercise. **Conclusion:** This study demonstrated an association between self-reported good health and good social life for entrepreneurs in small-scale enterprises. In addition, the entrepreneurs emphasised strategies such as planning and control over work and physical exercise are important for maintaining good

health.

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Key words: Consistent good health, Entrepreneurs, Influence over workload, Small scale enterprises, Social support, Recovery

More than 98% of all private companies in Sweden are small-scale enterprises with 0–49 employees. Both the European Community and the Swedish Government promote the entrepreneurial spirit. In Sweden, as well as in other countries, entrepreneurs influence economic growth^{1,2}. A large amount of responsibility, long working hours, and extended demands are common for entrepreneurs in their work situation; thus, they require good health^{2,3}. Nevertheless, knowledge about entrepreneur's strategies for maintaining good health is limited.

Multiple social roles in life, work life, family life, and other leisure activities are associated with a positive influence on health and wellbeing⁴. This is derived from the role expansion theory in which multiple social roles and good social life provide opportunity for both support and guidance in a person's life; therefore, increasing individual wellbeing⁵. Social support is considered a buffer against the harmful effects of stress⁶, and can be classed into four categories: esteem support, informational support, social companionship, and instrumental support.

Social life can be described as interpersonal relationships and takes place in a variety of contexts e.g. family, friends and workplaces and assumes close contacts and activities with other people. A good social life facilitates receipt of social support as it generally implies social resources given by other people⁶. A review of leisure and health⁷ emphasised activities outside work contribute to both physical and mental health by providing social support and self-determination. High participation in leisure activities, especially with others, and being satisfied with leisure appear to protect against the adverse effects of stress. Different types of leisure activities can influence health diversely. Tucker *et al.*⁸, studied the effect on sleep,

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recovery, and wellbeing of three types of leisure activities: quiet activities at home, physical activities, and doing additional work. They concluded that being satisfied with a leisure activity was more important than the actual nature of the activity. In a study of how people use their leisure time to recover from work and short-term effects on wellbeing⁹, leisure activities, such as low-effort activities, social activities, and physical activities were more associated with wellbeing than work-related or household activities.

Flexibility of working hours, meaning influence over one's own work hours, and deciding when to take holidays or time off, appear to have a good effect on health and wellbeing^{10, 11}.

However, the results of studies on long work hours and health status are contradictory. Long work hours can be related to longer exposure to work hazards, less time for recovery and activities outside work, poor life-style, and health complaints¹²⁻¹⁶. Conversely, no association between long working hours and general health was found¹⁷. One explanation is work implies social activities and often plays an essential role in the life of an individual. The general importance of work in a person's life can be related to the importance of family, leisure, religion, and community, described as work centrality. The concept of relative work centrality is not primarily related to the amount of time spent in different areas of life, it is more a question of belief in the importance of work¹⁸. Paullay et al, describes this as a part of an individual's socialization and thereby a relatively stable opinion about the importance of work¹⁹. High work centrality may be associated with commitment to work and job satisfaction; very high work centrality is related to insufficient and few social relations²⁰. A study of stress among Finnish farmers, working in a sector populated with small-scale enterprises, concluded good social relationships with friends and family are important for avoiding stress at work²¹.

In a cross-sectional study of entrepreneurs living in the central region of Sweden²², poor job satisfaction was the strongest work-related factor for poor self-reported health among working conditions, such as poor physical work environment, monotonous work, poor influence over work, and long work hours. Good social life can have a beneficial effect on well-being and act as a buffer against adverse effect on stress⁶. In this follow-up, including both questionnaires and interview data, the aim was to investigate factors associated with self-reported consistently good health. The research questions posed were:

- Is consistently good health of entrepreneurs associated with good social life?
- Are good leisure time, not high work centrality, and weekly physical exercise associated with consistently good health?
- What kind of strategies are of importance for the

entrepreneur for maintaining good health.

Material and Methods

Study design

The study included a two-wave questionnaire with five years between the surveys (baseline year 2001 and follow-up year 2006). Qualitative interviews provided deeper understanding of the strategies, defined as deliberate actions, for maintaining good health.

Study group

The sample of entrepreneurs was a closed cohort consisting of 496 entrepreneurs with 0–49 employees, who participated in the questionnaire study in 2001, located in the central region of Sweden. The entrepreneurs represented ten different trades²². In 2006, 306 subjects completed a postal questionnaire; of these, 55 were no longer entrepreneurs and five did not respond to the question on general health. Thus, the study group consisted of 246 entrepreneurs who participated in both the 2001 and 2006 surveys (Fig. 1). Of these, six entrepreneurs were invited to participate in the interview study. This was a strategic sample of those reporting good general health in both 2001 and 2006. They employed between 1–9 employees, and represented different trades, sexes, and ages. The characteristics of the study group are presented in Table 1.

Measurements

Self-rated general health was evaluated in both 2001 and 2006 by a single question: "In general, how would you describe your health? Very good /good/ neither good nor poor/ poor/ very poor?" Entrepreneurs that reported very good/good health in both 2001 and 2006 were compared with entrepreneurs that reported neither good nor poor/ poor/ very poor on both occasions or with inconsistent answers.

In 2001, social life and leisure time were evaluated by two questions: "How do you regard your social life" and "How do you regard leisure time, in relation to your life as an entrepreneur". Response choices for both questions were: "Very good/rather good/rather poor/very poor?" The questions were in line with the WHO questionnaire WHOQOL²³ for assessing individual perception of possibilities in life. In 2001, physical exercise was covered by one question about weekly hours of moderate exercise²⁴.

In 2006, Work Centrality, i.e. the relative importance of work, was assessed by a scale of Work Centrality included in the QPS Nordic questionnaire²⁰. The participants were asked to divide 100 points among the areas: leisure, community, work, religion, and family. "High Work Centrality" was classed as greater importance of work than the sum of family life and leisure activities: a response of equal or less importance of work than the sum of family

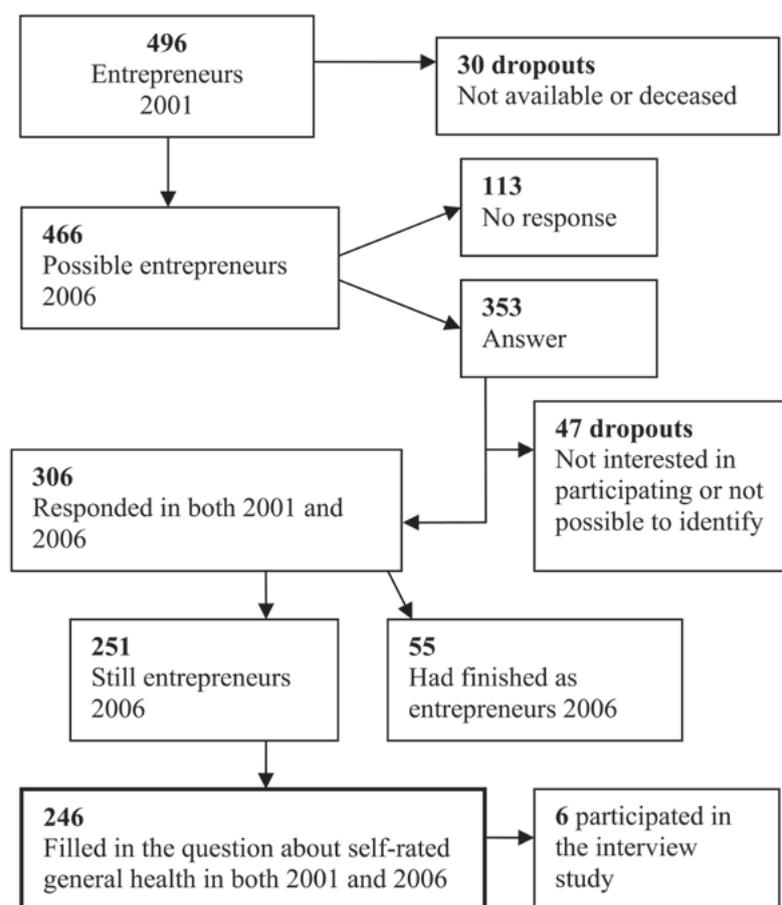


Fig. 1. Flow chart of the study group.

life and leisure activities was classed as “Not high Work Centrality”.

Six variables about work conditions, assessed in 2001, were chosen as possible confounders based on noted relationships to health. Job satisfaction was measured by one question, “In general, how do you like your work situation”, with response choices of very good/good/neither good nor bad/bad/very bad. Time pressure was covered by one question “How do you regard time pressure at work”, with response choices of too high/ high/little/too little. Influence over work was evaluated by three statements: influence over work pace, influence over how to perform work task, and influence over when to perform work tasks. Physical work environment was estimated by two questions about exposure to noise, chemicals, solvents, steam and gas. Heavy lifting was measured by one question about lifting weights of 20 kg or more every day. Monotonous work was covered by two questions about repetitive computer and/or manufacturing work. Data on sex, age, level of education, self-reported company profitability, and numbers of employees were collected in 2006.

Statistical methods

Statistical calculations were performed by the Statistical Package for the Social Sciences (SPSS) version 16.0. The odds ratio (OR) with 95 percent confidence interval (95% CI) for consistent good health, i.e. good health in both 2001 and 2006, was calculated. Univariate analyses were conducted between consistent good health and each variable measured. In the multiple analyses, variables with OR and confidence limits above one were considered. The other potential confounders did not change the estimated OR more than 0.3 at the most and rendered the multiple analyses unstable with broad confidence limits due to insufficient non-exposed cases for the working conditions considered. To reduce the possibility of over-adjustment, the multiple logistic regression analyses were conducted both with and without adjustment for job satisfaction. The first model was adjusted for age, sex, and physical work conditions. The second model was further adjusted for job satisfaction. Job satisfaction may be a possible confounder but could also be interpreted as intermediate in the association between social life and health.

Table 1. Characteristics of the study group (n=246). The six participants in the interview study were chosen from the study group

	Study group n=246	Interview study n=6
	n (%)	n
Age, mean 53 yr (SD 9.5)		Age, mean 57 yr (range 31–67)
Gender		
Men	170 (69%)	3
Women	76 (31%)	3
Education		
Post secondary	85 (35%)	1
Upper secondary	88 (36%)	3
Primary and secondary	69 (29%)	2
Working h		
≤40 h/wk	52 (22%)	1
41–50 h/wk	77 (33%)	
51–60 h/wk	63 (27%)	3
>60 h/wk	41 (18%)	2
With employees	113 (47%)	6
Trades		
Agriculture	20 (8%)	1
Manufacturing	36 (15%)	1
Building industry	31 (13%)	1
Retail	21 (9%)	1
Hotel and restaurant	11 (5%)	
Transport	29 (12%)	1
Financial	19 (8%)	
Education	24 (10%)	
Health and medical service	25 (10%)	1
Other service activities	30 (12%)	

The interview study

The inclusion criteria for the interview study was male and female entrepreneurs, reporting consistently good health, of different age, located in different areas, and working in different trades. The interviews lasted about 50 min, and were conducted jointly by two researchers. The entrepreneurs interviewed were first informed about the purpose of the study—to obtain an understanding of their strategies for maintaining good health. The interview guide consisted of opening questions, four main questions, and one concluding question. The main questions were: “How is your workload today?”; “How can you influence your work load?”; “How do you recover?”; and “Social contacts e.g. networks, friends”. Additional probing questions followed each question.

Analytical procedure

The interviews were tape-recorded and sent for professional verbatim transcription. The data was analysed

by content analysis^{25, 26} with the software “Open Code 3.4” from Umeå University, Sweden²⁷. In the first step, the data from each interview were processed into meaning units. In the second step, the meaning units were combined into subcategories. In the third step, the subcategories were assembled into pre-designed categories derived from the questions in the interview guide. In the fourth step, the categories were combined into a content area: “Strategies for maintaining good health”. Finally, the meaning units were counted for how many times they were mentioned in each subcategory.

The interviews were analysed separately by the same two researchers who conducted the interviews. To ensure trustworthiness, the interviews were scrutinised independently by a third researcher not involved in the interviews. The results were discussed to identify similarities and differences in the analyses and this resulted in a refinement of the subcategories and coding of the categories. Furthermore, all participants were contacted after the analysis to determine whether their opinions were correctly interpreted.

Ethics

The studies were approved by The Regional Ethical Committee of Uppsala, Sweden.

Results

Questionnaire study

Of the 246 entrepreneurs, 56% consistently reported good health, i.e. they reported very good/good general health in both 2001 and 2006. Eleven percent reported very good/good health in 2006, but not in 2001. Conversely, 17% of the entrepreneurs reported very good/good health in 2001, but not in 2006 (Table 2).

Social life was regarded as good in relation to work by 71% of the entrepreneurs, and this increased the odds ratio (OR) for consistently good health (OR 3.15, 95% CI 1.76–5.63). Good leisure time related to work was stated by 62% of the entrepreneurs and revealed the same pattern and increased OR for consistently good health (Table 3).

Not high Work Centrality, i.e. family and leisure together was equal or more important than work, was stated by 72% of the entrepreneurs, and showed an increased OR for consistently good health (OR 2.19, 95% CI 1.21–3.94: Table 3).

Regular moderate physical exercise, two or more hours a week, was reported by 63% of the entrepreneurs and demonstrated an increased OR for consistently good health (OR 2.27, 95% CI 1.34–3.86: Table 3).

Adjustment for sex, age, and physical work condition decreased the point estimates of OR, although confidence intervals limits above one remained. With additional adjustment for job satisfaction, only the association between a good social life and consistently good health maintained OR with confidence limits above one (OR 2.12,

Table 2. The distribution of self-reported general health in years 2001 and 2006 (n=246). The response alternatives were very good/good, neither good nor poor, poor/very poor

2001	2006			Total n (%)
	Very good/good n (% of total)	Neither good/nor poor n (% of total)	Poor/very poor n (% of total)	
Very good/good	138 (56)	36 (15)	6 (2)	180 (73)
Neither good/nor poor	19 (8)	19 (8)	10 (4)	48 (20)
Poor/very poor	7 (3)	3 (1)	8 (3)	18 (7)
Total n (%)	164 (67)	58 (23)	24 (10)	246 (100)

Table 3. Odds ratios (OR) and 95% confidence intervals (CI) for the association between self-reported very good/good health (consistently reported 2001 and 2006) and good social life, good leisure time, not high work centrality, and moderate physical activity in the study group

Exposure	Observed n	Exposed n	Exposed (consistently good health) n	Unadjusted OR (CI 95%)	Adjusted OR (CI 95%) Sex, age, physical work conditions	Adjusted OR (CI 95%) Sex, age, physical work conditions, job satisfaction
Very good/rather good social life ^{a,c}	242	173	111	3.15 (1.76–5.63)	2.96 (1.57–5.56)	2.12 (1.07–4.17)
Very good/rather good leisure time ^{a,c}	242	151	97	2.40 (1.41–4.08)	2.15 (1.21–3.83)	1.68 (0.91–3.13)
Not high work centrality ^{a,d}	225	161	99	2.19 (1.21–3.94)	1.97 (1.05–3.67)	1.94 (0.98–3.84)
Moderate physical exercise ≥ 2 h/wk ^{a,c}	244	153	98	2.27 (1.34–3.86)	1.84 (1.05–3.23)	1.63 (0.89–2.99)
<i>Possible confounders</i>						
Work h ^d	233					
Work h <40 h/wk		52	29	0.83 (0.79–1.75)		
Work h 41–50 h/wk		77	42	0.79 (0.40–1.55)		
Work h 51–60 h/wk		63	38	1		
Work h >60 h /wk		41	24	0.93 (0.42–2.07)		
Very good/good job satisfaction ^{a,c}	245	196	128	8.37 (3.83–18.26)		8.39 (3.66–19.26)
Little/too little time pressure ^{a,c}	242	48	31	1.51 (0.79–2.92)		
Very good/good influence over work ^{a,c}	236	222	124	1.69 (0.57–5.02)		
Never/seldom exposed to noise or chemical hazards ^{a,c} (Physical work conditions)	227	75	53	2.75 (1.52–4.96)	2.77 (1.46–5.28)	2.31 (1.16–4.60)
Little/no heavy lifting ^{a,c}	244	125	73	1.25 (0.75–2.07)		
Never/infrequently monotonous work ^{a,c}	238	228	128	1.28 (0.36–4.54)		
Non-smoker ^{a,c}	242	108	63	1.17 (0.70–1.95)		
Men ^{b,d}	246	170	89	0.61 (0.35–1.06)	0.86 (0.46–1.63)	0.83 (0.42–1.66)
Age <49 yr ^{a,d}	246	78	45	1.10 (0.64–1.89)	1.40 (0.77–2.53)	1.38 (0.73–2.62)
With employees ^{a,c}	239	113	65	1.12 (0.67–1.87)		
Education, post-secondary ^{a,d}	242	85	46	0.90 (0.53–1.53)		
Profitable ^{a,c}	240	192	110	1.23 (0.65–2.33)		

^a Exposed compared with others, ^b Men compared with women, ^c Measured 2001, ^d Measured 2006.

Table 4. Participating entrepreneurs' experiences

Content area	Pre-designed categories	Sub categories	Number of meaning units
Strategies for maintaining good health	Influence over work load	Planning	27
		Help from other people	20
		Good control	19
		Being flexible	16
	Recovery	Good health-related habits	23
		Activities at work regarded as recreation	18
		Possible to have holidays and take time off	12
	Social contacts	Network	35

95% CI 1.07–4.17: Table 3).

Work hours, low time pressure, good influence over work, good physical work conditions, little or no heavy lifting, no monotonous work, non-smoking, gender, age, having employees, post-secondary education, and profitability demonstrated CI of OR below 1 (Table 3).

Table 3 demonstrates comparisons between entrepreneurs reporting consistently good health and entrepreneurs reporting poor or worsened health or with inconsistent answers.

Interview study

The three categories derived from the main questions "Influence over work load", "Recovery" and "Social contacts" were combined into the content area "Strategies for maintaining good health" (Table 4).

Influence over workload

Planning. Good planning could be a facilitator for limiting workload. Through good planning, the entrepreneurs felt confident and considered themselves less vulnerable to unexpected situations at work.

"For me, it is peace of mind. Often, when I go to bed I check through everything I have done, so in the morning I can lie in a while and think about what I will do that day"

Help from other people. All entrepreneurs mentioned the possibility of taking extra staff in periods of high workload. Some regularly received help from family and relatives, or collaborated with other entrepreneurs.

"It's all the extra stuff. My husband harrows with the tractor and moves stuff and so on. And my father helps a lot with the web shop and the bits there –the computer bits. Grandmother is also very good at stepping in, and even my uncle who lives with my grandparents."

Good control. The experience of being an entrepreneur for a long time provides control over the work, for example, the entrepreneurs could refuse some orders in times of good profitability. Clear and distinct management and having faith in the employees was an absolute

condition for having control over work.

Being flexible. The entrepreneurs described fluctuating workloads and often knew when these periods fell and could postpone administrative work to devote more time to production instead. They also tried to simplify tasks.

"In times of higher production, I leave the bookkeeping and help with the production, so I am like a little rubber band and take care of things a bit."

Recovery

Good health-related behaviour. As examples of their own activities of good health-related behaviour, entrepreneurs mentioned their practice of physical exercise, good eating habits, and the possibility of sleep to catch up after periods of high workload.

Some activities at work were regarded as recreation, especially if a hobby had grown into a small-scale enterprise or a part of the enterprise.

"Now I have employees, I just say, 'now I have to go up to the bees for a couple of hours and I'll call at the bank at the same time', and I do that when the sun is shining and in the middle of the week when it is less busy for others"

Possibility to have holidays and take time off. Having holidays and time off was planned in relation to the activity in the enterprise. Entrepreneurs often had the possibility to have a couple of weeks off during summer and another week off during the year. Short breaks for recovery in the countryside were of great value.

"Or, just like today... it is lovely weather and mum, who usually helps me with the horses, thinks I could take a short ride, I mean it is like meditation for the soul"

Social contacts

Network. The entrepreneurs had plenty of social contacts in the form of family and good friends, who they met regularly and customers were also valuable as social contacts. Networking with other entrepreneurs was important, and the reasons for starting a professional network were to facilitate contact between entrepreneurs

and public authorities and for discussing important questions with colleagues.

Discussion

Main results

The results indicate social life was related to self-reported health for entrepreneurs. A self-valued good social life in 2001 gave increased OR for good health, consistently reported in both 2001 and 2006. The findings for good leisure time and weekly moderate physical exercise were similar but not statistically significant in terms of job satisfaction. A rating in 2006 that work was not more important than other life areas was associated with good health, reported in both measurements. Actions for maintaining consistently good health were considered in the interviews. The entrepreneurs' opinions were that good planning and good control over work was important. In times of high workload, they gave priority to production, postponed administration, and recruited extra staff, including relatives or friends. The possibility of having regular holidays and short times off work were also important for recovery. Entrepreneurs identified good social contact with other entrepreneurs, activities with family and friends, and physical activities as strategies for maintaining good health.

Comparisons with previous research

Entrepreneurs, compared with managers in larger enterprises, do not have the same possibility of receiving social support from colleagues at work. Instead, they may get support from family members and friends, but it is uncertain if they ask for support on special occasions or if it is more general support²⁸. The buffering effect of social support against the adverse effects of stress is observed in areas most relevant to a person⁶. For entrepreneurs, informational support and social companionship can be useful for successful managing the enterprise and instrumental support is valuable for newly established entrepreneurs.

Multiple social roles in life are generally important for well-being. Engagement in a variety of activities, such as work, family life, and leisure, and physical activities with others generates social support, which in turn can promote good health^{4, 7-9}. Physical activities are important for maintaining good health and there is a consistent association between physical activities and health-related quality of life²⁹. Thus, it is crucial to organise work in order to combine work and leisure activities³⁰.

Long working hours are characteristic for entrepreneurs³, and can be associated with good possibilities for development and high influence at work¹². However, long work hours in combination with exposure to adverse physical and psychosocial work conditions can be a risk for impaired health^{14, 15}. Flexibility at work and the possibility of deciding over work time may reduce the

worse effects of long working hours^{10, 11, 13}. People who work long hours can be very committed and engaged in their jobs and work engagement. They display high levels of energy, enthusiasm for work, and are engrossed in work. Such people also remain in activity outside work and commitment is associated with good self-rated health^{31, 32}. High work centrality is described as a belief that work is more important than the areas of family, leisure time, religion, and community. Although high work centrality is likely to be assessed as commitment to work, it might also be related to reduced leisure activities, work overload, and health problems^{19, 20, 30}.

Job satisfaction is important for health. The entrepreneur often identifies with his or her enterprise, which can provide satisfaction with work in terms of independence and self-determination. Hundley³³ concluded entrepreneurs are more satisfied with work because they have more autonomy and flexibility and use their skills more; however, job satisfaction can be dependent on work characteristics and attitudes to work³⁴. In a previous cross-sectional study with the same entrepreneurs as in the present study²², poor general health, musculoskeletal pain, and mental health problems were associated with poor job satisfaction and poor physical work environment. Job satisfaction may be facilitated by a good social life and should be interpreted as a pathway between social life and health and not as a confounding variable. The findings in the interviews support the amalgamation of job satisfaction and satisfactory social life.

Methodological considerations

The entrepreneurs participating in this study were identified from the register of an insurance company specialising in small enterprises. Although this could provide a healthier population, a separate analysis of the frequency of general good health in the study population in 2001 and 2006 revealed the same rates as for the general population in Sweden³⁵. The purpose of the questionnaire study was to investigate the association between consistently self-reported good health and how entrepreneurs regarded their social life. The entrepreneurs consistently reporting good health at the two measurement times were compared with entrepreneurs reporting poor health on both occasions or with inconsistent answers. The strength of the two-wave study design is that good health was maintained over a long period. Those reporting good health on both occasions, and who were still entrepreneurs, were most likely healthy persons who coped with the stressful life of an entrepreneur. However, the study has the same shortcomings as a cross-sectional study, as it was not possible to investigate the effect of social life and other causal factors on consistently good health; for this purpose, a larger study group is needed. Another limitation was the lack of knowledge about the entrepreneurs' social life between the surveys. The use of

a single question about social life could also be regarded as weak. However the question asked for the entrepreneurs' own opinions about their social life in relation to work as entrepreneur.

The complementary design with both quantitative and qualitative data should be considered strengths of the study. The interviews were conducted with the intention of studying the entrepreneurs' strategies for maintaining good health and the interviewees represented six of the ten trades included in the questionnaire study, and had a higher mean age than in the questionnaire study. The data was considered trustworthy, as the researchers jointly performed the analyses with respect to how well data and analyses addressed the aim of the study.

Concluding Remarks

This study demonstrates an association between self-reported good health and good social life of entrepreneurs managing small-scale enterprises. Consequently, it is worthwhile for entrepreneurs to organise and plan work in order to facilitate social contacts and multiple social roles. Good leisure time, not high work centrality, and weekly physical exercise were associated with consistently good health when adjusted for sex, age, physical work conditions. In addition, the entrepreneurs emphasised strategies, such as planning and control over work and physical exercise, are important for maintaining good health.

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