Implementation of preventive interventions – what are the contextual co-players and opponents?

Statement of the problem

Preventive interventions aims at improving the psychosocial work environment within organizations. The nature of preventive interventions are therefore that it affects the context in which it is implemented. We will claim that the context also affects the implementation of the intervention. When the context affects the intervention the current approach is to consider to which extent the intervention program was followed (implementation fidelity, (Carroll et al., 2007)). Implementation fidelity implies two underlying logics, one that intervention models always are applicable, and two that the model is implemented in a static organization (Gish, Poulsen, & Ipsen, 2014; K. Nielsen, 2013). Implementation fidelity does not explain which organizational and managerial circumstances that affected the intervention positively or negatively. Thus, we find studies that show intervention models work, but the studies cannot explain why the intervention models work. Realistic evaluation has been suggested as an approach to gain information about which circumstances have affected who, and under which conditions (Hasle, Kvorning, Rasmussen, Smith, & Flyvholm, 2012; K. Nielsen, Abildgaard, & Daniels, 2014; Starheim, 2014).

When investigating the effects of interventions, it remains unclear which conditions have influenced the implementation process. The initial conditions suggested as important for the implementation process is among others management support (Cox et al., 2000; Kompier, Geurts, Grunhnedam, Vink, & Smulders, 1998). Others have also pointed to the importance of employee involvement (Lamontagne, Keegel, Louie, Ostry, & Landsbergis, 2007; Karina Nielsen, Randall, Holten, & Gonzalez, 2010). However, the studies do not specify whether the involvement should be of all employees during the entire process, or it should just be involvement of few employees in one intervention step. (K. Nielsen, 2013). Generally, we know much about the criteria for initiating an intervention, but we need more knowledge about how implementation actually happens. This paper investigates the promoting and inhibiting factors when implementing a preventive intervention. The majority of studies investigating promoting and inhibiting factors in relation to implementation success primarily focus on the promoting factors. Inhibiting factors are lack of time for the intervention, change history in the organization, and that the intervention goals are not linked to the company’s KPIs (Ipsen et al., 2014). Some of the promoting factors will inevitably be inhibiting when they are absent, but we do not know how lack of management support manifest itself.

Procedures

In Denmark the worksites within hospitals is managed by five regions. The Capital Region of Denmark employs 36000 people, who primarily work within healthcare. The worksites are primarily hospitals, but there are also residential accommodation and pharmacies. All capital worksites fill out an employee satisfaction survey every third year. When the results from the survey is announced, the worksites should identify target areas and hereafter initiatives to the target areas. We have identified the worksites where there has been a positive development in the psychosocial work environment from the employee satisfaction survey in 2011 to the survey in 2014. We choose four worksites, where we do interviews with the managers and facilitate a chronicle workshop (Limborg & Hvenegaard, 2011; Poulsen, Ipsen, & Gish, 2014) with employees. The interviews seeks to investigate which initiatives was launched as a reaction to the employee satisfaction survey in 2011, and the chronicle workshop investigates whether the initiatives was actually implemented in the daily work routines, and whether other circumstances could have influenced the employee satisfaction survey in 2014.