

Implementation of participatory OL-OH intervention - focusing on the primary tasks

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Abstract. Previous research has identified a need to combine and integrate organizational level, occupational health (OL-OH) interventions with workplace strategies. This study employed a maximum variation strategy to select four units within a large-scale OL-OH study for in-depth qualitative analysis. This study shows how taking a primary task focus as the outset in a participatory OL-OH intervention resulted in several local workplace specific initiatives to improve organizational conditions that employees perceived to be important to resolve. They aimed to clear the way for improving performance of primary tasks thereby achieving the purpose and strategies of the workplace.

Keywords. Organizational level intervention, primary task, implementation, occupational health.

1. Introduction

The aim of this paper is to increase the understanding of how an explicit focus on the primary tasks helps implementing an organizational-level occupational health (OL-OH) intervention. This study is based on analysis of various but comparable municipal childcare settings.

According to Kristensen (2005), the content of intervention activities in most OL-OH research interventions are “sideline” activities with no direct relevance for the purpose of workplaces. Even in the Scandinavian setting where occupational health and safety (OHS) initiatives are strongly encouraged by the regulatory health and safety framework, other researchers have reached a similar conclusion that the activities of OHS-committees are “sidelined” (Frick & Wren, 2000; Jensen, 1997). The consequence for OL-OH activities in such peripheral positions is that they receive less attention from management and employees alike and thereby range low on the organizational agenda and consequently they become difficult to implement. Therefore, Kristensen (2005) calls for researchers and workplaces to engage in developing methods in which improved working environment and increased productivity and quality are combined and integrated. However, although researchers call for an integration of productivity and quality in OL-OH intervention research, only few studies taking such a focus have been identified.

In 2009, Tsutsumi and colleagues found that a participatory organizational level workplace intervention can prevent deterioration in mental health and improve job performance at the same time (Tsutsumi, Nagami, Yoshikawa, Kogi, & Kawakami, 2009) and in 2013, Weigl and colleagues found that a participatory organizational level work design intervention improved working conditions and quality simultaneously (Weigl,

Hornung, Angerer, Siegrist, & Glaser, 2013). Both intervention studies were randomized controlled trials (RCT) conducted in a longitudinal design. In 2012, van Holland and colleagues published a study protocol on a workplace intervention study on sustained employability of employees (Van Holland, De Boer, Brouwer, Soer, & Reneman, 2012). They expect to show desirable effects of the intervention on work ability, productivity, absenteeism, health status, vitality and psychosocial workload. This literature indicates that attempts are made in different ways to combine employee health and well-being and strategies and purposes of workplaces.

When assessing workplace intervention studies with the criteria of integrating working environment and productivity or quality, one important step is to distinguish between whether the two individually or in a combination make up the content of intervention activities or whether they are (expected) outcomes of the intervention. As outcome measures, the three above mentioned studies all included measures related to employees' (mental) health and working environment as well as productivity or performance measures. However, they differed with regard to the content of intervention activities that employees engaged in during the intervention period; Tsutsumi et al. (2009) focused on traditional health initiatives, van Holland et al. (2012) on health of employees and quality of service, and Weigl et al. (2013) on job redesign and shared work-related goals of employees.

Research by Hasle et al. (2008) indicates that taking a primary task focus approach can be a way to combine and integrate employee health and well-being and strategies and purposes of workplaces. This study takes a new and complementary step in the integration of workplace purposes and strategies in the OL-OH research field. The intervention evaluated takes the performance of primary task as the outset for improving job design and employee well-being and reduction of sickness absence. This study contributes to the evaluation of the intervention by analyzing four strategically selected units in a large-scale, longitudinal, RCT OL-OH intervention study. The concept 'primary task' constitutes a priority of the multiple tasks an organization performs (Rice, 1958), and employees typically relate their perception of meaning and performance to their perception of primary task. Henceforth, an important reason for integrating the performance of primary task with participatory OL-OH intervention activities is that intervention activities will become more meaningful to employees and therefore potentially more successful. Taking primary task as a key component in intervention activities should ensure that the activities are consistent with workplace purposes and strategies which should secure management support and prevent sidelining.

There has been a growing interest in the planning, implementation and evaluation of OL-OH interventions (Nielsen, Randall, Holten, & González, 2010). In general, researchers conclude that interventions should follow a structured intervention process and involve employees (Cox, Taris, & Nielsen, 2010; Kompier, Geurts, Grundemann, Vink, & Smulders, 1998; Nielsen et al., 2010; Nielsen, Taris, & Cox, 2010). Kompier et al. (1998) recommend following a step-wise approach, and Nielsen et al. (2010) propose a five phase model of OL-OH interventions: preparation, screening, action planning, implementation and evaluation. Nielsen et al. (2007) show that employees' perceived influence on the content of intervention activities is directly linked to voluntary participation in intervention activities, and consequently they recommend involving employees. Nielsen et al. (2010) conclude that employee participation tailored according to the particular intervention phase is important in all phases. To enhance employee participation, a review (Nielsen, 2013) emphasizes the role of line managers. In the OL-OH intervention evaluated, line managers in cooperation with shop stewards and OHS-representatives play an important role in managing the intervention activities.

In addition to recommending a participatory, step-wise and structured approach, previous research has also shown that important factors in OL-OH interventions are management support (Nytrø, Saksvik, Mikkelsen, Bohle, & Quinlan, 2000), readiness for change (Nytrø et al., 2000; Randall & Nielsen, 2012) and organizational fit of the intervention (Randall & Nielsen, 2012). Randall and Nielsen suggest two dimensions of organizational fit; environment-intervention fit and person-intervention fit. They argue that both dimensions are important for employees to engage in intervention activities and that both types of fit therefore potentially influence intervention outcomes.

Semmer (2006) argue that interventions at the organizational level are likely to have more diverse effects than at the individual level because of the number of subsystems. Therefore, he suggests careful documentation of subgroup analyses in integrating process and outcome evaluation. Randall and colleagues suggest measuring five independent process characteristics: management attitudes and actions, exposure to intended intervention components, employee involvement, employee readiness, and intervention history (Randall, Nielsen, & Tvedt, 2009).

2. Methods

This study is a part of the evaluation of a large-scale OL-OH research intervention project: Pionerprojektet. In total, employees in 98 municipal child care centers for children aged 0-6 years in Copenhagen were involved; 64 participated in the intervention and 34 in the randomized control group. The intervention period was 15 months. It followed a step-wise approach starting with thorough preparation of research design and content of intervention activities, followed by a screening phase of analyzing work processes and primary tasks, followed by a phase of action planning where workplace specific activities were developed by employees. In the implementation phase, each workplace implemented specific activities and received organizational process support from professional working environment consultants. In each workplace, a leading group composed of the pedagogical leader, the shop steward and the OHS-representative managed the implementation. The intervention provided special change management training for the leading group.

In OL-OH interventions, it is important to distinguish between the total intervention group and the group actually exposed to the intervention (Kristensen, 2005; Randall et al., 2009). Therefore, based on the elaborate process evaluation, the analysis allocated all 64 intervention units into three groups; exposure, partly exposure and no exposure group.

To increase the understanding of how taking a primary task focus works as a way to implement an OL-OH intervention, this study employed a maximum variation strategy and selected four units within the exposure group; two units were highly engaged in the intervention activities (A and B), one unit was less engaged because they went through a merger during the intervention period (C), and one unit's engagement in the intervention was highly affected by a negative attitude towards it (D).

This study consists of 12 individual, in-depth semi-structured interviews with the pedagogical leader, the shop steward and the OHS-representative in each of the four selected intervention units. A semi-structured interview guided the interviewees to elaborate on their perceptions of the intervention as regards content, process and outcomes. Interviews lasted between 50 and 90 minutes. All interviews were audio recorded and transcribed. Template coding was used to analyze the interviews based on theoretical categories (Crabtree & Miller, 1999): primary task, employee participation, management support, readiness for change, and intervention fit. The analyses were assisted using the qualitative analysis tool NVivo version 10.

This study uses the interview parts related to primary task focus as outset for development and implementation of intervention activities.

3. Results

Across all interviews with pedagogical leaders, shop stewards and OHS-representatives in the four selected units, there was a strong perception that the overall purpose of their job was to constantly increase professional competences to improve their care of children. Within that overall purpose, different tasks and aspects of taking care of children were prioritized. Across all four units, the overall purpose and particular priorities guided the leading groups' joint development of intervention activities and goals. The basic question addressed in all units seemed to be: "What actions need to be taken to improve the performance in relation to the overall purpose of the workplace as well as to tasks and aspects of high priority?"

One interviewee said: "... *this was all about dealing with all the matters making noise on the line, so that there was no time to carry out the primary task, and it was important to create an atmosphere for employees being able to perform their primary task.*"

The units implemented the following activities: Unit A decided to improve cooperation across work groups on the different floors to alleviate communication problems related to being positioned on several floors. They also established two dedicated 'employee-only' rooms; one for professional reflection and one for breaks. Finally, they improved the organization of staff meetings. Unit B developed activities to analyze and improve the budget to ease worries related to financial problems, a sudden change of leadership and costs related to being a daycare center with extended opening hours. At the same time, they drew up new and improved working schedules and holiday schedules for all employees. Unit C decided to improve the level of common professional reflection at staff meetings as a response to recent a merger. This resulted in initiatives to improve outdoor activities and reorganize the playground. Unit D was reluctant to participate in intervention activities, because they felt unjustly allocated to the intervention group. Despite of this, they decided to improve communication by establishing a weekly meeting with a representative from each work group and by starting to write and distribute a newsletter and computers were set up in appropriate places. They also started a process to improve the allocation of overtime work and a process to improve professional feedback.

A common perception among the interviewees was that the overall purpose to constantly increase professional competences to improve their care of children was too broad of a focus and therefore rather unmanageable as outset for designing and implementing intervention activities. Taking a primary task focus instead within the overall purpose of the workplace made it possible to initiate a process to develop local intervention activities appropriate for each workplace in order to improve the way primary tasks were carried out. Some interviewees mentioned this to be a simple and tangible framework and a shortcut to increase professional awareness.

4. Discussion and Conclusion

Taking a primary task focus as the outset in a participatory step-wise OL-OH intervention resulted in several workplace specific initiatives to change professional and organizational conditions that employees perceived to be important for the performance of primary tasks. Primarily, taking a primary task focus resulted in the implementation of

several indirect local professional and organizational activities aiming to clear the way for improved performance of daily job tasks. To a lesser extent, taking a primary task focus resulted in direct improvement of the performance of primary tasks. In this way, primary task focus can be considered a link between overall purposes of the workplace and professional and organizational activities that need to be resolved to achieve the purpose and strategies of the workplace.

This analysis is limited to interview parts related to primary task focus in employees' development and implementation of intervention activities. Further analysis can shed light on how a primary task focus in a participatory step-wise approach to OL-OH intervention works together with and relates to other important intervention components such as: participation, management support, readiness for change and organizational fit of the intervention to the organization.

This analysis only includes interviews with the leading group managing the implementation in the four selected units. Therefore, when analyzing how a primary task focus approach is related to participation, management support, readiness for change and fit of the intervention to the organization, it is highly relevant to include qualitative interviews from different organizational levels relevant to implementation of the intervention: employees, high-level management and the professional working environment consultants associated with each workplace providing organizational process support.

Effects of the intervention on employee well-being and sickness absence will be estimated based on survey and register data, but careful subgroup analysis based on in-depth qualitative data is crucial for understanding how the implementation process of a participatory OL-OH intervention contributes to effect measurements. In addition, careful subgroup analysis based on in-depth qualitative data can contribute to further development of methods in which improved working environment and workplace purposes and strategies can be integrated and combined.

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