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Organisational occupational health interventions: What works for whom in which circumstances?

According to the EU Framework Directive 89/391/EEC organizations have a legal obligation to "ensure the safety and health of workers in every aspect related to work" and the European Framework Agreement of October 8, 2004 specifies that this incudes psychosocial issues. The directive does not provide information on how to manage the psychosocial work environment and therefore the European Commission called upon the social partners to develop their own strategies (2). As a result national policies have been developed across Europe, e.g. the Management Standards in the UK (3), WorkPositive in Ireland; (4) SOBANE (Screening, Observation, Analysis and Expertise) in Belgium, (5), START in Germany (6) and the INAIL (National Institute for Insurance against Accidents at Work) methodology for the assessment and management of work-related stress in Italy (2) (7, 8). All of these strategies apply a stepwise participatory approach to organizational-level occupational health interventions (OOHIs) aimed at improving employee health and well-being through changing the way work is organized, designed and managed (8).

The participatory process, however, raises challenges for organizational intervention research and calls for a move from "what works?" to "what works for whom in which circumstances?" when designing, implementing and evaluating (OOHIs). Realist evaluation (a type of theory-driven evaluation method used in evaluating social programmes) may answer these questions through identifying the mechanisms that make an intervention work and the contextual factors needed to trigger these mechanisms (1).

The approaches most often include five phases: preparation, screening of psychosocial risks, action planning to develop activities that address these risks,

implementation of action plans and finally evaluation of the OOHI's outcomes (8). The participatory approach is also recommended by international bodies (9, 10).

Despite the general consensus about the participatory approach, European organizations grapple with how this may be done: almost one in five report lacking the knowledge and tools to manage the psychosocial work environment (11).

In research, the gold standard for evaluating OOHIs has been the randomized, controlled trial (RCT) (12). The RCT design prescribes the random assignment of participants into intervention and control groups and through baseline and follow-up measurements, these groups are compared to determine whether improvements can be detected in the intervention groups above any changes measured in the control group. Meta-analyses have concluded that OOHIs are ineffective (13). The RCT approach has been criticized for its inability to capture the participatory nature of OOHIs (12). A central element of OOHIs is that employees and managers determine both the content and the process of the intervention (12). Employees and managers decide which activities should be implemented to manage the psychosocial risks. A concrete example of such an activity may be to equip home care workers with mobile phones so they can contact each other if they need help when visiting a client. Activities are not pre-defined at the outset but are developed in response to the results of screening outcomes.

Employees and managers also jointly determine the intervention process, e.g. decide who should be the project champion, who should be a member of steering groups and how those not directly involved in the process should be kept informed and involved in the development of activities. Previous research has documented that the participatory approach explains at least some of an OOHI's outcomes (13). Together the evolving nature of this type of intervention and the lack of pre-defined activities make it difficult, if not impossible, to answer what worked, without measuring the process, the actions of employees and line

managers and the actual implementation of activities (12). RCTs only tell us whether something worked or not and are thus unable to answer which of the intervention activities e.g. the mobile phone initiative, or any other activity planned (and hopefully) implemented led to improvements in employee health and well-being. They can't say for instance whether any such improvements were due to a process by which employees and managers came to respect and trust each other through collaboratively identifying and addressing psychosocial risks in the workplace. Further complications are that the same intervention activity may not be effective across organizational contexts, for example, handing out mobile phones in an open plan office is unlikely to improve social support.

These challenges call for new ways of conducting research that can inform policy and provide information about the processes of designing, implementing and evaluation OOHIs. We need to be asking ourselves "what works for whom in which circumstances?" in order to produce valuable knowledge that occupational health professionals, union representatives, health and safety representatives and managers can use to design, implement and evaluate OOHIs.

Realist evaluation seeks to answer these "what works for whom in which circumstances" questions by studying the mechanisms of an intervention (what makes the interventions work?) in a certain context (does the intervention fit to the context?) to bring about certain outcomes (what effects can be detected, e.g. changes in psychosocial risks and employee health and well-being?), in what is also known as context-mechanism-outcome (CMO) configurations (1). Mechanisms can be related to the process itself, for example, do line managers actively support the intervention throughout its phases and do they engage employees in decision making about the processes and content of the intervention? Are employees ready for change, do they see the value and are they willing to support both the development and implementation of intervention activities? Also important is the content of

the intervention, e.g. are activities planned and implemented that effectively address the psychosocial risks identified within the given context? These are all questions about the process that are important in order to understand which mechanisms bring about changes in employee health and well-being. Once we have identified the mechanisms that bring about improvements in employee health and well-being we can translate which of these mechanisms may work in other organizational contexts and which conditions are needed for the process mechanisms to be triggered, for example line managers need the skills to manage a participatory process and involve employees in decision making.

The implications for this type of investigations are that we need to measure the intervention processes and the actual activities and their degree of implementation. This calls for ongoing measurements. For example, occupational health professionals, union representatives and line managers could answer a brief, monthly questionnaire on the extent to which line managers support the intervention, whether the process is participatory and whether intervention activities are aligned with the organizational structures and goals. Such measurements can be fed back to organizations to help them continually improve their processes and take corrective action if ongoing feedback tells them the process has gone astray, intervention activities are not being implemented according to plan or activities are perceived to be ineffective in addressing the psychosocial risks. With today's technology such measurements can be easily obtained through mobile phones or email and computer programmes can auto-generate short reports that can be fed back to organizations. Data can also be used in scientific evaluation to determine what worked for whom in which circumstances – and at during which stage of the process and thus be used to generate knowledge of what works for whom beyond the immediate OOHI.

In conclusion, research needs to move beyond simple before and after measurements of intended outcomes to include measurements of process and implementation on an ongoing

basis. Collecting and analyzing such data will provide detailed information about the invaluable information on how to design, implement and evaluate future interventions and this information may be used to support organizations attempting to meet national and EU policy. Rather than reaching the conclusion that OOHIs do not work when comparing all types of such interventions across a wide range of settings and with different contents and processes, realist evaluation can help create realistic expectations of how and when OOHIs may be successful in improving employee health and well-being and provide occupational health practitioners, human resources managers and managers with valuable insights into how they may design, implement and evaluate organizational interventions.

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