Organizational Interventions for Health, Well-being, and Productivity
Part 1: Why do some interventions derail?

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In this two-part article we draw from current research and practice to understand organizational interventions for health, well-being and performance. In Part 1 we define organizational interventions and explore why some actions fail to achieve their intended outcomes. We do that by drawing from the ‘growth spurt’ that the science and practice of organizational interventions is currently undergoing. In Part 2, we will suggest possible solutions for developing and implementing interventions that have increased chances of succeeding. Together, these two parts offer evidence-based lessons on why interventions fail and what we can do about this.

What are organizational interventions?

“Modifying organizations and organizational members’ behaviours in order to promote well-being and productivity has never been an easy task”\(^1\). Labour is not merely two hands or a brain; it comes with emotions, values, and aspirations, and is motivated by social norms and a need for self-fulfilment\(^2\). Organizational-level interventions that focus on the modification of work are now widespread. We use the term organizational interventions to refer to those interventions “that aim at improving health by changing the organization of work – in terms of task characteristics, work conditions, and social aspects”\(^3\). They are aimed at supporting employees’ needs for health and well-being and at the same time supporting organizational productivity. They are important for developing a healthy and resilient workforce that can contribute to enhanced productivity, quality, and a well-functioning society\(^4\). Organizational interventions are different from individual interventions where the individual is the target of change (e.g., behaviour change, ergonomic adjustment, stress management). Although the latter are generally easier to implement and less disruptive\(^5\), they are also less likely to have an effect on organizational outcomes such as improved productivity and to have longer-term effects.

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\(^1\) Nytrø, 2015

\(^2\) Nytrø, 2015

\(^3\) Semmer, 2006

\(^4\) Black, 2008; Biron & Karanika-Murray, 2014

\(^5\) Semmer 2006
We also know that organizational interventions developed to promote health and well-being or to boost productivity fail more often that we would like to admit. Not only they are notably difficult to implement but also their effects are not always sustainable or detectable. For example, it has been argued that the probability of failure of any organisational intervention is about 50%. This is disheartening. More importantly, it also casts a dark cloud of doubt over the accuracy and relevance of what we know about organizational interventions for health, well-being and productivity.

On a positive note, emerging research on interventions, why they fail and what we can do about it, has produced some invaluable knowledge in the last few years. Increasingly, researchers are asking questions on how and why the intervention worked rather than whether it had the intended effects (did it work). In a forthcoming edited book Karanika-Murray and Biron explore the proposition that unsuccessful or derailed organizational interventions have as much, if not more, to teach us as those viewed as successful. Because failed interventions rarely see the publication light, important lessons that can inform successful practice are lost. The book brings together nearly 60 researchers and practitioners who share their knowledge and skills to help us improve intervention practice.

Some organizational interventions fail completely. That is, they do not achieve their intended change outcomes. Sometimes, health and well-being worsen rather than improve as a result of the intervention. Sometimes, change is negligible or too modest to justify the investment in resources that was necessary for the intervention to be implemented. Sometimes, interventions can have unplanned consequences, positive and negative, on the group of workers that receive them. Sometimes interventions can be successful and have positive results, but still not be cost-effective and therefore sustainable in the longer-term and acceptable by the senior management.

Why do (some) interventions fail?

Interventions fail for a wide range of reasons. Listed in Karanika-Murray and Biron are some example case studies:

- Failure to use research evidence in developing the intervention.
- Failure to use integrated and staged approaches in order to resolve conflicts or engage work groups that might not otherwise be willing to participate in interventions.
- Failure to use bottom-up participant-driven solutions which are more likely to lead to successful and sustainable results.
- Failure to maximise uptake and infiltration of a policy and government-led initiatives into workplaces (e.g. the HSE Management Standards for Stress).
- Neglecting the influence of ‘natural’ interventions which are likely to occur and should be anticipated beforehand, or the influence of other change programmes which can ‘torpedo’ planned interventions.

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6 Biron, Gatrell, & Cooper, 2010; Nielsen, Fredslund, Christensen, & Albertsen, 2006
7 Semmer, 2011
8 Fullan, Miles & Taylor, 1981
10 Ibid
• Overlooking the role of corporate philosophy in relation to employee health and well-being, which can make or break a well-planned intervention.
• Failure to consider the needs and perspectives of different stakeholder groups.
• Neglecting the important role of organizational leaders who are the 'glue' that can bring together intervention resources or dissipate them.
• Omitting to consider the fit between the intervention aims, on one hand, and the resources and needs of the individuals and the organizational context, on the other.
• Failure to manage conflict that can arise during the implementation or dealing with power struggles and agendas.
• Failure to address communication difficulties between champions and HR or senior management.
• Failure to support the role of the project champion who is often described as a key determinant of success.
• Not having clearly defined roles and shared goals for those involved in interventions.
• Failure to ensure employee participation in all intervention stages, and strengthen participants readiness for change and attitude towards the intervention.
• Failure to consider long-term sustainability when planning the intervention or developing a more strategic implementation plan.

It is not possible to discuss each in detail. For lack of space, we have grouped possible reasons for intervention failure under three categories.

**The process of planning and implementing the intervention**

Organizations are complex entities and organizational interventions are complex activities. Good planning of the implementation process is essential for an organizational-level intervention. Here, a focus on process can explain the “how” and “why” instead of “if” the intervention “works”\(^\text{11}\). Process refers to how the intervention was delivered, perceived, and experienced by the participants and stakeholders, “how an intervention has been carried out from its instigation”\(^\text{12}\), and the “individual, collective or management perceptions and actions in implementing any intervention and their influence on the overall result of the intervention”\(^\text{13}\). For example, process issues include managerial support, attitudes towards change efforts, employee awareness and participation in the design of the intervention, and perceived exposure to the intervention.

Unfortunately, the implementation process or strategy is often not considered thoroughly. It entails careful planning at each stage of the intervention process, namely preparation and assessment of the main issues to address, translation of the findings into actionable intervention plans, implementation of the interventions, and their evaluation. Too often, change actions are conceived by the management and implemented by an action team, without careful preparation and involvement of the employees. Often, follow-up of findings from staff surveys is nominal or non-existent, especially where results are unexpected or demand considerable resources. Similarly, good planning also involves understanding how concurrent change initiatives and interventions can compete for resources, and understanding the motives of those who initiated the intervention. For example, often

\(^{11}\text{Dawson, 1994}\)
\(^{12}\text{Biron, Karanika-Murray, & Cooper, 2012}\)
\(^{13}\text{Nytrø, Saksvik, Mikkelsen, Bohle, & Quinlan, 2000}\)
Interventions fail because planning has not taken into account whether the stakeholders are ready for the change and how their readiness can influence the intervention’s trajectory and likely effects. Resistance to change is too common in organizational interventions, but it is also essential for ensuring buy-in and ownership of any proposed changes by the employees and the managers, and consequently sustainability. Similarly, employees’ perceptions of previous interventions could also impact on their acceptance of new initiatives. Initiative fatigue may have a detrimental effect as it may influence people’s willingness to participate in intervention activities. For example, employee commitment decreased after an organizational stress interventions failed to be implemented adequately.

The neglect of the broader intervention context

Often, interventions are assumed to have a pure impact on the target outcomes, for example boosting engagement, reducing absenteeism, or improving a bullying climate, regardless of the context and the way they are implemented. A different view is to consider that interventions are heavily dependent on the broader organizational context in which they are implemented and which influences their success. This is one reason for mixed intervention success. Context refers to “situational opportunities and constraints that affect the occurrence and meaning of organizational behaviour as well as functional relationships between variables”. Contextual factors can be internal or external to the organization and have the potential to influence the way in which the intervention is implemented and, consequently, stakeholders’ motivation, ability, and opportunity to engage with the intervention. They can include, for example, relevant legislation and government support, financial pressures and the existence of grants and subsidies to supplement available resources, the availability and use of external advisory and consulting services, or the availability and use of in-house expertise. A favourable climate in the form of maturity of the organization for readiness for change is also essential. This includes changes in the organization, corporate strategic decision-making activities, or conflicting priorities. An examine is that of a private UK company that perceived a stress risk assessment intervention as a means to comply with legislation, a motive that was extrinsic and therefore not as powerful a change agent as a more intrinsic motive such as caring for employees’ health and wellbeing.

Furthermore, well-rehearsed solutions often fail to yield expected results because of differences in the broader context. At each phase of the intervention it is useful to determine what possible contextual factors could impact on the interventions outcomes.

Asking the relevant questions and using the right tools

Another reason for the apparent ineffectiveness of organizational interventions is because we do not have good enough tools to evaluate their effects adequately. That is, an intervention may have been unsuccessful in changing the intended outcomes, but in reality it may have brought other important changes which we have neglected to measure. Interventions often ‘fail’ not due to their inadequate focus or poor design, but because contextual and process factors that might determine their success or failure, as described

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14 Saksvik et al., 2002
15 Biron et al., 2010
16 Johns, 2006
17 Biron et al., 2010
18 Weyman & Boocock, 2015
above, are omitted in evaluation studies. Failure to consider the intervention context and its implementation context may drive the conclusion that an intervention per se was ineffective when it was the delivery of that intervention that was faulty (Type III error). Asking relevant questions is about understanding the active ingredients of an intervention: the mechanisms by which the intervention has its effects, the role of the relevant stakeholders, the broader context in which it takes place, possible unintended consequences, and how sustainability can be achieved by integrating change in normal business practice, among others.

A further clue for understanding why interventions fail is the fact that many interventions are not evidence-based. Although research has built substantial knowledge on the factors that impact on health, well-being and performance, we lack a more practical understanding of how this knowledge can be used to develop actionable and successful solutions. For example, knowledge from the organizational change literature has rarely been applied to the development and implementation of organizational stress literature (Heaney, 2003; Dawson, 1994) or integrated with knowledge on individual behaviour change to develop organizational level programmes that aim to bring about changes in employee health and well-being.

Conclusions

When it comes to delivering successful and sustainable interventions to improve health, well-being and performance, we cannot always tell with certainty what works, for whom or under what circumstances. Part 2 of this article will provide a practical and solutions-focused account of what researchers and practitioners can do to develop and implement successful and sustainable organizational interventions to promote health and well-being and boost productivity.

Contact Maria

19 Nytrø et al., 2000; Saksvik, Nytrø, Dahl-Jorgensen, & Mikkelsen, 2002
20 Dobson & Cook, 1980
21 Hill, Lucy, Tyers, & James, 2007; Pawson, Owen, & Wong, 2010