



# **Evaluation of an organizational health development (OHD) project**

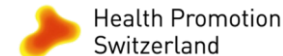
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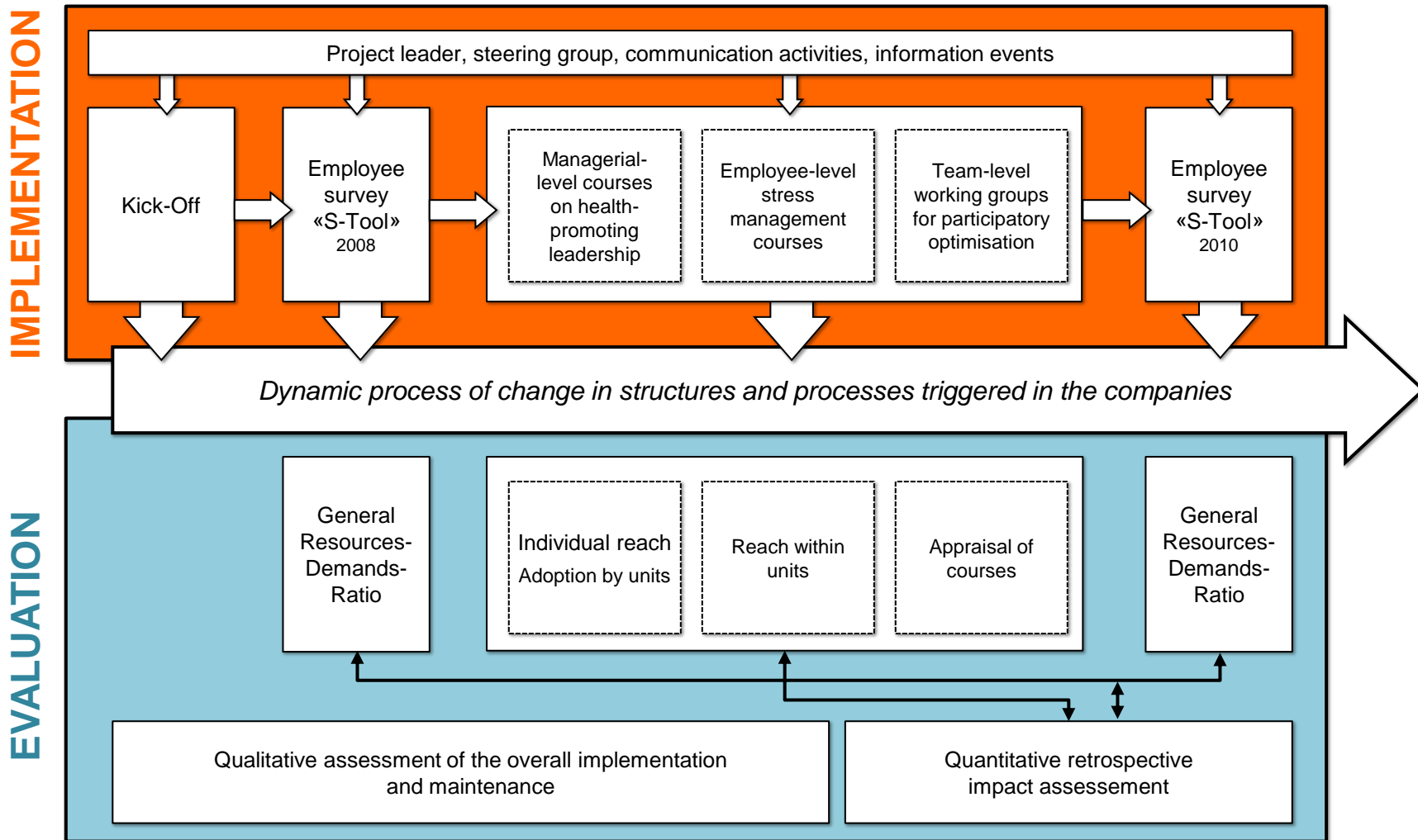
**Division Public and Organizational Health, ISPM UZH / ZOA ETH**

Swiss Public Health Conference, Zürich, Aug 15-16, 2013

# Project SWiNG

- **SWiNG** = Stressmanagement – Effectiveness and Benefit of Workplace Health Promotion
- **Duration:** 2008-2011
- **Stakeholders:** 8 medium and large Swiss companies (total of 5'000 employees), 3 consultancy agencies; initiated and funded by Health Promotion Switzerland and SVV; evaluated by POH UZH/ETH and WIG ZHAW
- **Goal:** Enable the companies to cope better with and alter stressful working situations through individual courses and participatory team workshops, reducing job demands and enhancing job resources
- **Target groups:** All employees and managers (i.e. the entire, on average healthy working population, in contrast to tailored programmes for specified high risk groups)





See: RE-AIM-Criteria for evaluating the public health impact of interventions ([www.re-aim.org](http://www.re-aim.org); Glasgow et al. 2003)

# 1. Assessment of the overall implementation

- **Good project organisation:** Continuous and strong coalition of powerful project leaders within the companies, good timing with other projects, lively communication, etc. (see 12 Success factors of a change process after Gerhardt & Frey, 2006)
- **Good project environment:** Commitment, obligation and role model of management, fit with company goals (especially in times of economic crisis and layoffs), existing structures for workshops, culture of communication and working together, etc.
- Individuals, who are **motivated** and believe the project / issue **fits** the company

*Qualitative data from the SWiNG-Project (interviews and group discussion), see Jenny et al. 2011*

## 2. Appraisal of courses

- a) **Quantity**: Individual and team reach (who and how many took part) -> our current research shows that it makes a difference if my team colleagues participate as well (*Füllemann et al., submitted*)
- b) **Quality**: Coherent (comprehensible, manageable and meaningful) and fitting to the company context
- c) **Outcome expectancies**: Prospective impact on self and team -> *see next slide*
- d) **Output**: (Self-)developed measures, realization of the measures

*Fridrich, A., Jenny, G. J. & Bauer, G. F. (publication in progress). The PROCOME-Model.*

## Example: Outcome expectancies at the end of the course and impact assessment at the end of the project

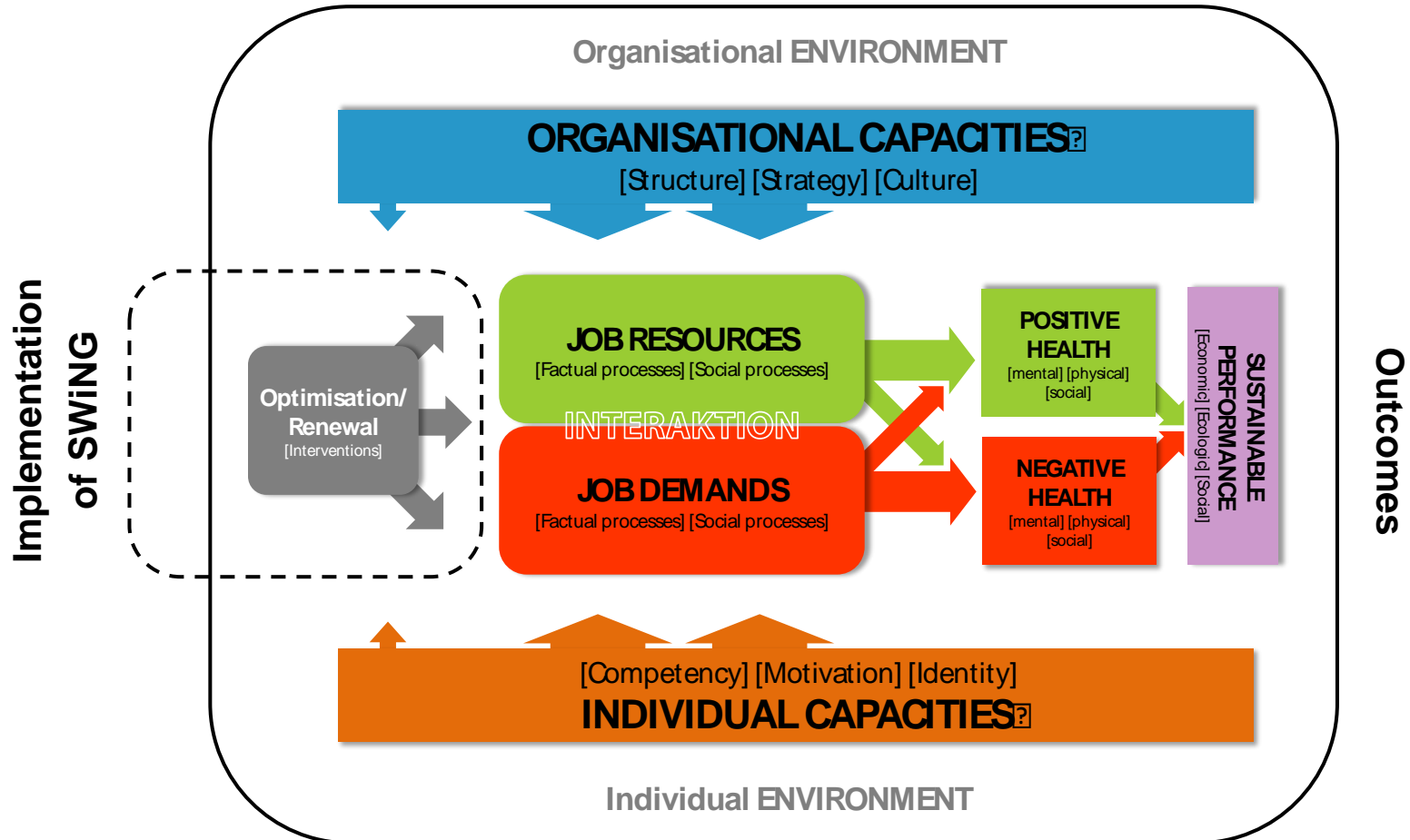


Those who **participate but don't perceive much sense and efficacy** during the workshop (*„this won't bring anything, I'm not here voluntarily, this doesn't fit the company“*) are **comparable to those who didn't participate at all** in regard to their final assessment of the project's impact.

Yet, if participation is voluntary, only the interested take part...

*Quantitative data from the SWING-Project, see Jenny et al. 2011*

### 3. Change in outcomes



Organizational Health Development (OHD) Model, POH UZH/ETH

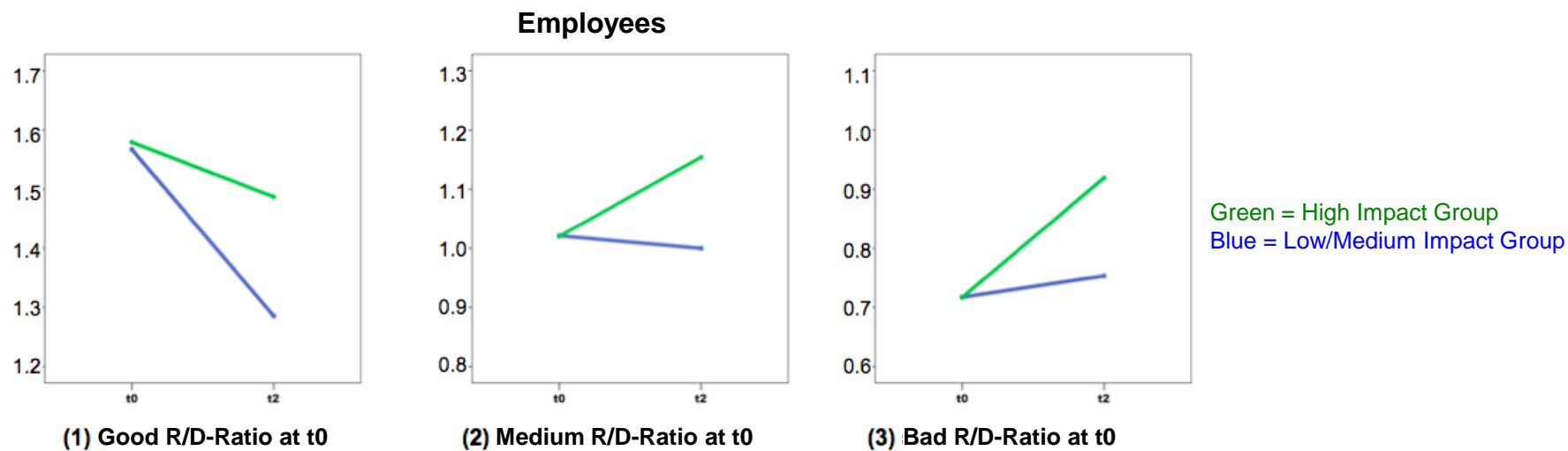
### 3. Retrospective assessment of change and impact

- No control group as the entire companies were involved (90% reach of leaders, nearly all teams involved) -> adapted study design
- Assessment of the **impact of project** on individual, leader, team and organisational level

*-> perceived change in individual behaviour (coping with stress), leader behaviour and team behaviour (addressing the issue of stress) due to the project -> see next slide*



## Example: Retrospective impact assessment and longitudinal change in R/D-Ratio depending on baseline levels



In the SWiNG-Project **25% of the employees** had high impact ratings: For them, SWiNG triggered positive change, which shows itself in their R/D-Ratio over time.

## 4. Maintenance and routine

- A **language** for OHD has developed (i.e. the literacy to talk about psychosocial determinants of health)
- A **mindmap** of Work+Health is established, the issue is legitimate, with a focus on both resources and demands
- The mindmap is filled with **data** and regularly monitored
- The teams foster a **culture** of participation and get engaged together; positive dynamic and communication through joint talking and acting
- For this, **structures** for discursive self-reflection and change have been established



# Outlook

- **Evaluation research combining...**
  - **waiting list control groups**
  - **process appraisal** (quantity, quality, outcome expectancies, output)
  - **matrix of outcomes** (proximate to long-term, individual to organisation)
  - **retrospective impact assessment**
- **Multilevel issues** (Team reach; leadership-team-interaction)
- **Time issues** (Factors stabilizing job resources and demands)
- **Mixed methods** (Quant-qual)

Bauer, G. F. & Jenny, G. J. (2013). (Eds.), *Salutogenic organizations and change. The concepts behind organizational health intervention research*. Springer: Dordrecht.



# Thank you!

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An evaluation report of the SWiNG-Project is available in English, German and French: [www.gesundheitsfoerderung.ch/swing](http://www.gesundheitsfoerderung.ch/swing)