

Implementing New Working Practices Through a Structured Support Model for Systematic Work Environment Management

A Qualitative Study From Swedish Municipalities

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Objective: To describe factors that facilitate and hinder implementation of a structured support model focusing on psychosocial work environment in Swedish municipalities. **Methods:** This qualitative study was conducted in six Swedish municipalities. In total, 63 semi-structured interviews and focus groups were conducted with key stakeholders in the municipalities during a 2-year period. The consolidated framework for implementation research (CFIR) was used for data analysis. **Results:** Findings suggest that the support model needs to have an easy enough structure to understand and use, and it must be immediately applicable for work groups and employees. An important factor for facilitating implementation was the support from first-line managers and upper management. **Conclusions:** Upper management need to be committed to the model and communicate clearly to lower levels of the implementing organization on the purpose and objectives of the model.

Keywords: CFIR, implementation, qualitative method, structured support model, systematic work environment management

Businesses and organizations in European countries are obliged to systematically evaluate their work environment to prevent risks and promote a healthy work environment. This is encoded in the European Framework Directive 89/391/EEC¹ and in national legislations. Various risk assessments depending on type of work needs to be done to ensure adherence to legal requirements, but

common for all workplaces is the need for an overall risk assessment of psychosocial risks. In Sweden, this focus became even more pronounced in 2016, with the implementation of a new provision on organizational and social work environment (OSA, p. 4).² This provision is closely related to psychosocial risk management and brings up issues such as workload, time for recovery, workplace bullying and conflicts. Previous research indicate that measures taken in the Swedish organizations on psychosocial work environment management are characterised by high managerial commitment and a participative approach in comparison with other European countries.³ Even though psychosocial work environment management is regulated by law it is still reported that there are a substantial number of employers who do not fulfil their obligations in terms of conducting systematic work environment management (SWEM) in which efforts concerning psychosocial aspects are included.⁴ Similar results have been found; for example, in Germany it is reported that the prevalence of psychosocial risk assessments was 21% in a study including 6500 companies.⁵ This needs to be improved as it is known that organizations who deliberately pay attention to organizational and social work environmental aspects have a lower number of employees on sick leave compared to those that do not.⁶ Still, it is not enough to conduct the risk assessment measures, it is also necessary to handle the identified risks in a structured manner. Failure to take measures is not uncommon; for instance, a German study identified seven barriers for conducting the necessary measures. These include the complex nature of psychosocial risks, hindering general beliefs, lack of a perceived scope for risk avoidance, lack of assumptions of responsibility among actors on all hierarchical levels, discrepancies between formal responsibility and decision authority, and low reflexivity on processes of development and implementation of interventions.⁷ Psychosocial risk assessment should be viewed as an ongoing and dynamic process, due to its relational character, rather than a once-for-all assessment of static risks. Furthermore, psychosocial risk assessment procedures should be used continuously.^{7,8}

To handle the identified risks at a workplace, there are several interventions targeting various psychosocial concerns. However, their effects are sometimes difficult to identify and interpret. For example, Gilbert-Ouimet et al⁹ found that employees involved in a psychosocial intervention implemented more changes targeting the psychosocial work environment than the control group. In contrast, in their study of four work groups (two intervention groups and two control groups), Nielsen and colleagues¹⁰ unexpectedly found improvements in well-being and psychosocial working conditions in one intervention group and one control group. They interpreted the results as being influenced by, for example, the work groups' initial position and by managerial support.¹⁰ This shows that interventions work differently in different contexts.¹¹ It is thus known that there are several factors, not only related to the intervention itself, but also influencing the effectiveness of organizational interventions focusing on psychosocial work environment or work health promotion.¹⁰ Several factors

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Clinical Significance: This paper contributes with knowledge regarding how a structured support model for systematic work environment management might be translated and implemented into practice. The study highlights how the structured support model might be modified to meet the specific organizational contexts in the implementing organizations and identifies facilitators and barriers to implementation.

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are related to the implementation process, which is a complex process involving several stakeholders. Moreover, the interaction between the context, participants involved in the intervention/model, and components in the intervention also influence the outcome.¹² The fact that guidelines exist for a particular intervention does not ensure the use thereof.¹³ However, some general key factors for successful implementation have been identified. For example, a participative approach that engages employees and employers, and management structures appear to be keys for successful implementation of preventive and health promoting interventions at the workplaces.^{14,15}

This study focuses on implementation of a support model introducing a structured working method to identify work situations that can be improved to promote a healthy work environment. The model is not specified towards a certain area; however, situations related to the psychosocial area are most commonly identified. Employee participation is one important component in the model (for more on the model, see Svartengren and Hellman¹⁶). Previous studies focusing on the model have found that changes in the work environment are made by employees who used the model, for example a perceived improved communication climate in participating work groups and a deeper sense of awareness of one's social work environment.¹⁷ Moreover, both employees and first-line managers highlight the importance of support and communication to get positive effects of the model.^{17,18} Still, the implementation process of this model has not yet been studied. To our knowledge, there are few studies focusing on implementing a model that allows adaptations specific to the context of the implementing organization. It is important to understand the overall implementation process for an adaptable model as previous research shows that there does not seem to exist "an intervention that fits all." Outcomes are hard to identify and interpret, and many interventions that are found to be effective in research projects fail to translate into meaningful outcomes across multiple contexts in practice.¹² The aim of this study is to describe factors that facilitate and hinder implementation of a structured support model focusing on psychosocial work environment in Swedish municipalities.

METHODS

This study is a qualitative study of the implementation of a structured support model focusing on psychosocial work environment conducted in six municipalities in Sweden. Semi-structured interviews were conducted three times during 2 years with key stakeholders in the municipalities. This design allowed for capturing expectations in the beginning of the implementation and as a retrospective formative evaluation at the end. The consolidated framework for implementation research (CFIR) was used as a framework for analyzing interviews.¹⁹

The CFIR is a theoretical framework that is recommended for use to guide formative evaluations that build knowledge on implementation across various contexts. The framework offers an overarching typology to promote implementation theory development and verification about what works where and why in various contexts. It consists of five major domains: intervention characteristics, outer setting, inner setting, characteristics of the individuals involved, and the process of implementation, which all have a number of underlying constructs.¹⁹

The study follows the Standards for Reporting Qualitative Research (SRQR).²⁰ It was approved by the Regional Research Ethics Committee in Uppsala, Sweden (2017/093).

Programme Description

The structured support model, the Stamina model, provides structured support for conducting SWEM in an organization. The idea behind the model is to facilitate employee participation and to provide rapid, structured, and recurrent feedback to the first-line managers and their work groups.¹⁶ The model has its theoretical roots in group

development theory, specifically the integrated model of group development (IMGD)^{21,22} and has a participatory approach.

The Stamina model sessions are delivered three times annually. The first session (workshop) lasts for approximately 3 hours and the second and third sessions (follow-ups) for 1 hour each. The sessions are held at 4-month intervals. All three sessions are preceded by a web-based questionnaire measuring human resource index (HRI).²³ The basic question in HRI reads "What characterises your current work situation" and includes an evaluation scale indicating whether the factors are positive or negative and a scale subjectively indicating whether the respondent can influence the situation. All employees answer the question with free text and, thus, have the opportunity to emphasize aspects they feel are the most important at that moment. Reports are generated, based on these questionnaires, and serve as working material to support the work group's creating action plans.

The workshops are delivered by facilitators working in the participating organizations and who have attended a 2-day course to learn how to lead the workshop and how to support the participants in creating the action plans. The two follow-ups are led by the facilitator or the first-line manager in the organization, with support from the facilitator.¹⁶

Study Context

This project is conducted in Swedish municipalities. Six municipalities were included in this study as their management groups decided to use the Stamina model for 2 years. They were geographically spread in the south and middle parts of Sweden and also had a varied number of citizens.

Study Sample

Municipalities who intended to work with the Stamina model for 2 years were eligible for this study. The participating municipalities were invited to participate in the study using a purposive sampling technique.²⁴ Participating municipalities were thus selected by them volunteering to participate in the study. The sampling technique used allowed the sample to consist of typical cases.

To generate knowledge regarding what factors promote implementation, it is important to gather information from several sources to understand the issue in focus from all perspectives represented in the organization.²⁵ For this purpose, one case in each municipality was built. Cases were chosen in collaboration with the project manager in each municipality. The project managers received instructions in the choice of workgroup; we sought variation in kind of operations. However, it was difficult to achieve variation as most of the groups were found in the preschool sector and in the care sector. The managers of the groups were informed about the planned time required for interviews and that the groups needed to be ready to spend that time to participate in the interview study. From the six participating municipalities one work group was selected as follows: two day-care centers, two nursing homes for disabled persons, one nursing home for elderly care, and one central

TABLE 1. Type of Operations and Number of Employees in the Participating Work Groups

Municipality	Type of Operations	Number of Employees
A	Central planning unit	15
B	Nursing home for disabled persons	10
C	Day-care center	12
D	Nursing home for elderly care	18
E	Nursing home for disabled persons	8
F	Day-care center	40

TABLE 2. Information About the Participants Characteristics

	Employees (<i>n</i> = 45) Mean (Range)	First-line Managers (<i>n</i> = 8) Mean (Range)	Project Managers (<i>n</i> = 6) Mean (Range)	Upper-Level Managers (<i>n</i> = 6) Mean (Range)
Age, yr	44 (21–62)	44 (37–60)*	41 (24–63)	57 (59–64)
Gender (female/male)	34/11	6/2	6/0	5/1
Years at the workplace/municipality	8 (0.5–24)	8 (1–13) [†]	8 (0.5–23)	10 (1–37)
Years of work experience within the profession	15 (0.5–38)	4 (0.5–19) [†]	N.A.	N.A.

*Missing data from two respondents.
[†]Missing data from one respondent.

planning unit (see Table 1). Mean number of groups in the six municipalities were 33 (range, 15 to 57).

Each case in the municipality was structured to represent key actors in the implementation: employees, first-line managers, project managers (responsible for supporting the implementation of the Stamina model in the municipalities), and upper-level managers (key decision-makers when deciding to use the model). The number of cases was decided based on the number of municipalities that were included in the project for 2 years; thus, the number of interviews conducted was decided upon these practical reasons. In total, 63 interviews (18 focus groups and 45 individual interviews) have been conducted. During the 2 years of data collection, participants changed jobs or positions within the same organization or retired. This left us with a floating sample that was not stable over the 2 years. The final sample of 65 respondents included 45 employees, eight first-line managers, six project managers, and six upper-level managers. Table 2 gives an overview of the key informants in the study.

The participation was voluntary, and all participants were informed about the aim of the study and that they could withdraw at any time. All of them signed a written informed consent form before the interviews.

Data Collection Procedure

Data were collected in individual interviews with first-line managers, project managers and upper-level managers, and in focus groups interviews with the employees. All key stakeholders except the upper-level managers in each municipality were interviewed on three occasions: (1) at the beginning of the implementation period, (2) after 1 year; and (3) at the end (after 2 years). The upper-level managers were interviewed at the beginning and end of the implementation period. All interviews were recorded and transcribed verbatim by a professional typist. In this process, all names of persons, places, and workplaces were removed to avoid identifying the respondents in the texts.

The interview guides were tailored to key stakeholders but have been designed to cover four common themes: (1) expectations of the Stamina model, (2) experiences from the practical work based on the Stamina model, (3) factors that enable and hinder working with the Stamina model, and (4) lessons to learn. Questions to first-line managers and employees were closely connected to their operations, and the practical work based on the STAMINA model and questions to project managers and upper-level managers focused on the organizational aspects of implementing the model. The guides did not directly address CFIR constructs but focused on the domains included in the framework. Data collection was conducted during the period April 2017 to March 2019.

Analysis

The analysis procedure moves from a data driven coding to a theory-driven analysis and involves researchers with various backgrounds. The research group members have expertise in various fields, such as work and environmental health, organizational

changes, economics, and implementation. Using an inter-professional team further helped to strengthen the reliability of the analysis and minimize the risk of the analysis being influenced by a certain professional background. Trustworthiness was ensured by moving back and forth between the material produced and the interview transcripts during the whole analysis process. This further ensured that the findings were grounded in data and not extensively influenced by the researchers' pre-understandings.

As a first step in the analysis procedure, we employed a thematic analysis to interpret the data.²⁶ The coding was an iterative process and started with familiarization with the data. Thereafter, the first author inductively coded all interviews line-by-line. These codes were then discussed with the last author and reframed if needed. When the codes were agreed upon, a theoretical perspective of CFIR was applied to deductively sort the codes into the domains and constructs in the framework (see Table 3). Discordant codes were solved through discussion between the coders. Until this point, all interviews had been analyzed separately, but in this phase all interviews from the same municipality were compared and compiled. This approach was

TABLE 3. CFIR, the Consolidated Framework for Intervention Research

I. Intervention characteristics	
I.A.	Intervention source
I.B.	Evidence strength and quality
I.C.	Relative advantage
I.D.	Adaptability
I.E.	Trialability
I.F.	Complexity
I.G.	Design quality and packaging
I.H.	Cost
III. Inner setting	
III.A.	Structural characteristics
III.B.	Network and communications
III.C.	Culture
III.D.	Implementation climate
III.E.	Readiness for implementation
II. Outer setting	
II.A.	Patient needs and resources
II.B.	Cosmopolitanism
II.C.	Peer pressure
II.D.	External policy and incentives
IV. Characteristics of individuals	
IV.1.	Knowledge and beliefs about the intervention
IV.2.	Self-efficacy
IV.3.	Individual stage of change
IV.4.	Individual identification with organization
IV.5.	Other personal attributes
V. Process	
V.A.	Planning
V.B.	Engaging
V.C.	Executing
V.D.	Reflecting and evaluating

TABLE 4. Summary of Barriers on Implementation of a Structured Support Model for Systematic Work Environment Management

	Municipality					
	A	B	C	D	E	F
Intervention characteristics						
The model takes more time than expected	X					X
High expectations created during sales process were not met	X					
The model is too costly			X		X	X
The model is too complex and overdeveloped		X				
Inner setting						
The model takes time from ordinary everyday work tasks	X	X	X		X	X
Difficult to prioritize work related to the model between the sessions	X	X	X			X
Difficult to find time for common meetings in the work group	X		X	X		
Implementation coincides with a major municipal reorganization						X
Learning to work with the model takes time		X	X		X	
Hard to find resources to facilitate the implementation	X					
Lack of sufficient support between the sessions	X				X	X
Characteristics of individuals						
The model does not solve all work environmental issues	X					
Hard for first-line managers to keep control while responsibility is put on employees			X			
Process						
Lack of proper evaluation at the time of completed work		X			X	X

used to clarify barriers to and facilitators of implementation of the STAMINA model in the separate municipalities. Finally, all municipalities were compared with each other. Factors relating to all domains are described in Tables 4 and 5 in the results section and further elaborated in text under each domain.

RESULTS

An overview of barriers to implementation and facilitating factors on implementing the Stamina model in six Swedish municipalities is found in Tables 4 and 5. These factors are further presented in the text under the five main domains of the CFIR

framework: (i) intervention characteristics, (ii) outer setting, (iii) inner setting, (iv) characteristics of the individuals, and (v) process.

The overview of barriers shows that the municipalities reported various factors that hindered implementation. Most factors are found in the inner setting, which represents features of structural, political, and cultural contexts, for example, leadership engagement, available resources, and relative priority.

The number of identified factors that facilitate implementation exceeds the barriers as reported by the respondents. The facilitators are nearly equally distributed between the five domains of CFIR (see Table 5).

TABLE 5. Summary of Facilitators on Implementation of a Structured Support Model for Systematic Work Environment Management

	Municipality					
	A	B	C	D	E	F
Intervention characteristics						
The model serves as a complement to traditional work environment surveys	X		X	X		X
The model is easy to integrate with ongoing work environment management						X
The model is easy to adapt to local conditions	X	X	X		X	X
The model is structured and long-ranging		X		X	X	X
Outer setting						
Positive references regarding the model from other municipalities	X					
The model will generate positive outcomes for those served by the organization		X	X	X		X
Inner setting						
Politicians are engaged in work environment issues	X	X				
Engagement from upper management and first-line managers						X
Enhance competency levels among HR	X					
Enhance responsibility, awareness and participation in work environmental issues among employees		X	X	X	X	X
Characteristics of individuals						
The model is a good tool that creates a forum to discuss work environment issues	X	X	X	X	X	
The model enhances the focus on work environment					X	X
The model contributes to discussions on organizational development	X		X			
Process						
Project managers contribute to structure in the implementation process				X		
Sufficient support from facilitators to managers					X	
Implementation is worth invested money				X		
Implementation is worth invested time		X	X	X	X	
Wish to continue with the model		X	X		X	X

Interventions Characteristics

The CFIR domain Intervention Characteristics was mostly used by upper management and project managers. First-line managers were also represented in this domain, albeit not as frequently. Only a few of the employees commented on the characteristics of the support model.

Barriers

Some of the upper management referred to the structured support model as being too costly. Several units in one of the municipalities decided not to participate due to the costs involved. The respondents described that they needed to draw on HR-resources to facilitate the sessions in the model. From an upper management perspective, this was seen as an unnecessary load on the HR-function. The model was also costly too scale up, due to the need for either internal or external facilitators.

Upper management experienced the long-term commitment (2 years) as a barrier. They also reported that the complexity of the model was a barrier and that it needed to be more user friendly.

The respondents on various organizational levels agreed that the support model was time consuming and that sessions may need to be shortened to better suit the workgroups. The project managers also noted that using the model took much more time than anticipated and communicated by the distributors of the support model.

My critique of the project is that it takes much more time than initially presented (Project leader, second interview).

Facilitators

The upper management found the structure of the support model and the fact that it is based on research as an enabling factor. They found that the support model is a legitimate model for working with SWEM. Upper management also reported that they saw the involvement of the employees as a positive trait, which in combination with leadership support may prove a good basis for conducting SWEM.

I think it is important to get evidence and thoughts from the research community on their view on this (Upper management, second interview).

First-line managers referred to the model as being possible to adapt. Some of the first-line managers and project managers had ideas on how to build on the foundation of the support model and use it to build their own made-to-measure work environment related interventions, which indicates the adaptability of the support model. Furthermore, both employees and first-line managers appreciated the long-term implementation period as they had previous experiences of starting new projects in a high speed without satisfactory completion. With this long-term approach, they saw possibilities to actually be able to achieve changes in their work environment, even though they expressed doubts about completing the implementation according to plan.

Outer Setting

The CFIR domain Outer Setting is mainly used by the respondents when referring to the organization's clients, that is, those served by the organization. Almost none of the statements referred to pressure from other organizations to engage in working with a structured support model or as external policy from higher level external management, that is, the political level of the municipality or policy at the national level.

Facilitators

The first-line managers thought that the support model helps the employee to focus on the core activity of the organization and

that the employee spends more time interacting with the clients thanks to the support model. This opinion was not shared by the employees in the beginning of the process as they saw a risk that the work with the model would take time away from their ordinary work tasks related to their clients. After using the model for some time, the employees' opinions changed and they experienced that the structured support model gave them an opportunity to focus more on those served by the organization, for example, children in the day-care center.

Project managers reported that the model corresponded to national provisions and that it helped first-line managers to "get going" with SWEM. Upper management respondents reported hearing positive things about the support model from other municipalities.

I chose to focus on what I thought would be good, and took some references, heard with other municipalities that had used the model [and asked] if they thought it was a useful tool (Upper management, first interview).

Inner Setting

The CFIR domain Inner setting is one of the most used domains when coding the results in the study. Respondents from all levels of the municipalities are represented in the domain.

Barriers

One barrier for implementing the support model was creating time for working with the model. This was reported from respondents on all levels in the organization. On the ground level, employees found it hard to prioritize work with action plans between sessions. Some of the employees reported that they "forget" to work with their action plans between sessions and that they lacked sufficient support from their first-line manager and the facilitator between the sessions. The lack of support becomes a significant barrier as the respondents also highlighted the difficulties in conducting the work according to the model in the beginning and that it was very much about a learning process over time. The employees also experienced a general lack of communication and information regarding the why and how of the model. Information was given at staff meetings before the work with the model began, but this was not sufficient according to the employees, who wanted more and clearer information in advance.

Allocating time for workshops also took time away from day-to-day operations. First-line managers solved this by taking time from already planned staff meetings. However, this reduced time for coordination and planning in the work groups. First-line managers also felt that the model generated another work task in addition to an already heavy workload.

The time issue and that we need to plan our activities. We have 24-hour operations to plan. When we conduct workshops, we cover with temporary substitutes. / . . / That is the negative side of these kinds of projects, it takes time from core operations and it becomes a cost (First-line-manager, first interview).

Some first-managers and project managers experienced early resistance to the model. One manager speculated that the employees were happy with the status quo and did not want to change work practices at the unit, which would implicate a low readiness for the implementation.

Facilitators

Timing was discussed by several respondents, both as a barrier and as a facilitator. Some first-line managers thought there was never a good time for starting work with a support model, whereas others found the timing to be perfect for their work groups.

Engagement from managers and upper management during the implementation process was often described by respondents on all levels as facilitating. First-line managers could support the work groups by reminding them of the process and the work with action plans. Upper management could support by showing that they believed in the support model and that working with the model was a prioritized area. First-line managers needed to understand their role in the process of working with the support model as well as clearly describe and inform about the purpose and structure of the model. Support from first-line managers (or lack thereof) was described in the beginning of the process, but as all involved learned more about the model, the support was viewed as facilitating. On the other hand, respondents described that support from upper management was a facilitator in the beginning but that it faded during the process.

Respondents on all levels reported that the support model activates the employees and contributes to participation and involvement in work environment-related issues. The support model also contributed to the overall level of handling group processes for the facilitators in the municipality.

When we didn't have Stamina, we would work just as much. Now, we have a different mindset and we are more attentive to our work environment, I think (Employee, second focus group).

Characteristics of the Individuals

In the CFIR domain Characteristics of the individuals, the respondents reported mainly what they believed to be the core features of the support model and how they were able to use these when developing the work environment at their workplace.

Barriers

Upper management reported that they thought from the beginning that the model would be able to address a broad spectrum of work environment-related issues. However, after working with the model for an extended period of time, they realized that the model cannot (and is not intended to) solve all types of work environment-related issues and problems. Among the employees, some employees reported that they were sceptical about the support model in the beginning.

Facilitators

Upper management and first-line managers agreed that the support model provided a much sought-after structure for working with SWEM. The support model gave a concrete tool for such work and created a natural forum for employees to meet and discuss work environment issues. First-line managers also appreciated that the support model was built on active participation of the employees. Some of the first-line managers appreciated the focus on time use and time-waste in the sessions. This allowed the employees to talk about more than just work environment issues but also how the actual work practice was for the employees and how this affects the organization's clients.

The employees described that the support model created a way to address functioning work practices when staffing is tight in the organization. They reported that the lack of focus on productivity and efficiency for the unit was remedied by working with the support model.

You never get this moment when everyone is gathered, and you can bring up things that affect us. (. . .) You get an opportunity to sit [together] / . . . / and it becomes a different discussion when everyone is involved (Employee, third focus group).

Process

The CFIR domain Process mainly reports on the implementation plan, how it has been executed and evaluated.

Barriers

Upper management reported that the time needed to engage work groups and work units in the organization was limited. The respondents felt that they did not have enough time to secure proper commitment from the work units and to properly inform and explain about the support model.

Another barrier to the implementation process was lack of sufficient evaluation of the model after the 2 years had passed. Some municipalities reported that a proper evaluation was planned for the future. However, upon completion, no evaluations were done. Such initiative could give a good overview of the pros and cons with the implementation of the model. At the time of the interviews, the respondents on various levels in the municipality had varying opinions on the effectiveness and qualities of the model. Lack of a timely evaluation creates difficulties in making a solid decision as to whether or not the municipality should continue with the model. Generally, the first-line managers and employees wanted to continue with the model, while upper management were more hesitant.

Facilitators

Several respondents expressed the value of having a facilitator supporting the implementation process. The first-line managers, in particular, described the need of such function; however, employees also appreciated the facilitator's support.

Some first-line managers reported that there was a good fit between the structure in the support model and the ongoing change- and quality management work in the municipality. First-line managers thought that a key to success when working with the model is to engage the employees early and to clearly communicate how and why the model is implemented.

The support model has become a tool for change and improvement in the units, according to first-line managers and employees. The employees reported that they were impressed with a support model in which they did not need to learn new things or read extensive manuals to get started and to get results.

We hope to continue working with Stamina (Employee, third focus group). [Stamina] has yielded good results and we are thankful for this (Employee, third focus group). We will continue working with this / . . . / Just because the project ends doesn't mean that we are ending it (Employee, third focus group).

DISCUSSION

The aim of this study was to describe factors that facilitate and hinder implementation of a structured support model for psychosocial work environment in Swedish municipalities. Several factors were highlighted. Naturally, respondents from various levels within the organization brought up factors in various domains of the theoretical framework used in this study, the CFIR.¹⁹ This generated a broad reporting on factors that were viewed as significant for the implementation of the support model.

Support and engagement from management and particularly from first-line managers were found to be an important facilitators for implementation, which is in line with previous research.^{7,14,15} When first-line managers showed commitment to the support model and were active during the implementation process, employees appreciated the importance and priority of working with the support model. This type of leadership is similar to behaviors referred to by Drath et al²⁷ as a processual type of leadership, focusing on giving direction, creating alignment, and creating commitment among employees. In this study, first-line managers also signaled the perceived importance by reminding the employees of action plans and by allocating time and resources to work with these action plans between sessions. This type of manifest and active support by first-line managers shows employees that work with the model is a

priority and an important factor to make things happen. Previous research have reported on the difficulties in moving from risk identification to action taking concerning the risks.⁷ One facilitating factor that enabled first-line managers to provide sufficient support to their employees was the support from trained facilitators. This result is supported by previous studies on the execution of the support model.¹⁸

Besides managerial support from all levels, the results also show that the support model needs to be easy to understand and use, and be immediately applicable for work groups and employees. The respondents appreciated that there was no studying required before being able to work with the model. This simplicity helped to reduce the initial resistance among employees. Still, some employees expressed a confusion in the beginning of the implementation as a result of not being fully aware of the aim and execution of the model. Thus, an initial barrier, from the employees' and first-line managers' perspective, was that it was hard to understand the aim of the model and that it added on another task in an already stressed work environment. According to previous research,^{28–30} for organizational change to succeed, all levels of the organization need to understand why the change is taking place and how it may help to improve the current situation. In the studied municipalities, for employees and first-line managers, it was not clear from the beginning why they should work with the support model and what the supposed outcomes would be. This lack of information is found in all studied municipalities in this study and is reflected in previous research as a possible barrier to successful implementation^{31,32} as well as in CFIR.¹⁹ However, after working with the support model for 2 consecutive years, employees and first-line managers appreciated the positive outcomes and realized that there were gains from working with the model. However, it became evident that at the end of the 2-year period, it was the employees and first-line managers that were more positive towards the model compared with the upper management who were more hesitant. Over the years, there was thus a shift in opinions regarding the model and the perceived effects of the model that mostly targeted the psychosocial environment, which differed among stakeholders in an organization. This was also recognized by Hasson et al.,³³ who found that employees perceived effective changes that were not reported by the managers. The divergent views need to be understood and taken into consideration when an organization is about to make a decision regarding the continuation of the initiative.

Results from this study indicate cost of participating in the programme and lack of time in the work units as two barriers to implementation of the support model. Regarding cost, the participating organizations must pay a small fee for each participating group to finance the use of the support model. It also draws resources from the central HR unit in the municipalities to facilitate sessions. This latter cost is the cost that some of the participating municipalities found too high.

Some of the participating municipalities report that the working with the support model takes time from ordinary work, and time constraints is reported as barrier to implementation in health care in a systematic review by Koppelaar et al.³⁴ This can also be related to the perceived costs of using the support model, because the nature of the operations in the municipalities require constant presence of staff and thus working with the model requires the unit to call in temporary substitutes during sessions. Another barrier associated with both costs and time restraint can be the fact that few of the participating work groups (as well as the participating municipalities) had a clear view of the benefits of working with the support model and expected outcomes. This has been found in earlier studies as a barrier to implementation.³⁵ However, consistent with previous studies³⁶ participants experience that they save time when they are used to working with the model. How these experiences might be captured and highlighted in discussions related to cost and time use needs to be further studied.

The study also shows that the organizational readiness for change in some of the municipalities was low. Organizational readiness is an organization-level construct describing the persistence and outcomes of a change implementation.³⁷ Organizational readiness can also be described as the motivation for change and the general capacity of the organization to execute the change.³⁸ To succeed with an implementation, the organization needs to be motivated and have the capacity to implement a new working practice. Actors in the organization need to be able and willing to implement the change.³⁷ The findings indicate that the adaptability of the model is an important facilitator for succeeding with the implementation. Local adaptations are being made by participating work groups; thus, the support model is able to adapt. However, most of the adaptations are on a minor level, where the groups change how much time they spend on a follow-up meeting or how they organize their main sessions. Making such adaptations is important for a successful implementation, as various models work differently in different contexts.¹² The results in this study, showing that adaptations were possible, reflect that the model could be adjusted for specific needs and preconditions of the work groups and thus increases the perceived value and willingness to implement the model.

Strengths and Limitations

This study used a qualitative design to obtain in depth information about factors that facilitate and hinder the implementation of the Stamina model in Swedish municipalities. Collecting interview data over a 2-year period enabled an increased understanding of the whole implementation process. To our knowledge, there are few studies with long-term follow-up over 2-year period in research, making the contribution of this study important. This is especially true as it is known that persistence in the long-term perspective is hard to maintain. In this study, the sample was not consistent during the whole data collection, but all key actors were represented at all data collection points. This needs to be reflected on as it might affect the findings. However, as the aim was to study and describe professional experiences of implementing the model rather than personal experiences, this change of participants is of less importance. Furthermore, representatives from all hierarchical levels are included in all data collection points. This makes it possible to highlight differences between levels, which is important to understand factors that facilitate and hinder from the whole organization's perspective.

CONCLUSION

The findings revealed important factors that facilitate and hinder implementation of a structured support model focusing on psychosocial work environment. An important facilitator was support from upper management in the organization and from facilitators. The model was experienced as easy to execute and adapt. Still, a clearly prominent hampering factor was the lack of information about the model in the beginning of the implementation process. The acceptance of the support model could have been faster if the employees and first-line managers had been properly informed beforehand. Upper management needs to be committed to the model and communicate the need and motives for implementation. This gives legitimacy to the model and signals for both lower-level managers and employees that working with the model is important.

Not only does information need to be given by upper management in the beginning of implementation, but it also needs to be gathered upon completion. In this study, it became evident that first-line managers and employees experienced significant improvements in their work environment and wanted to continue with the model, while upper management were more reluctant. In order to make a thoughtful decision about further use of a model, it is necessary to make a proper evaluation involving all actors in the organization to grasp all possible positive outcomes.

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