

The SWiNG Project

1. Intermediate Evaluation Report

Management Summary

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Management Summary

Project SWiNG should activate resources, not just use them.

Feedback from a pilot company

Is SWiNG just one of many projects in the stressed-out world of business? Health Promotion Switzerland and the Swiss Insurance Association (SVV) have created a package to tackle costly, substance-draining workplace stress. It is to be implemented in nine pilot companies by three WPH providers.³ The Department of Health Research and Occupational Health Management (UNI/ETH Zürich) and the Winterthur Institute for Health Economics (ZHAW) have been tasked with evaluating the impact and financial benefits of this stage of the project.

In the first part of their report, the Evaluators explain the methods applied to accomplish their task (see SwiNG Evaluation Concept). Using an Outcome Model they structured the vast amount of information submitted by WPH providers about the nine participating companies. The Evaluators also visited those companies to discuss the project with participants.

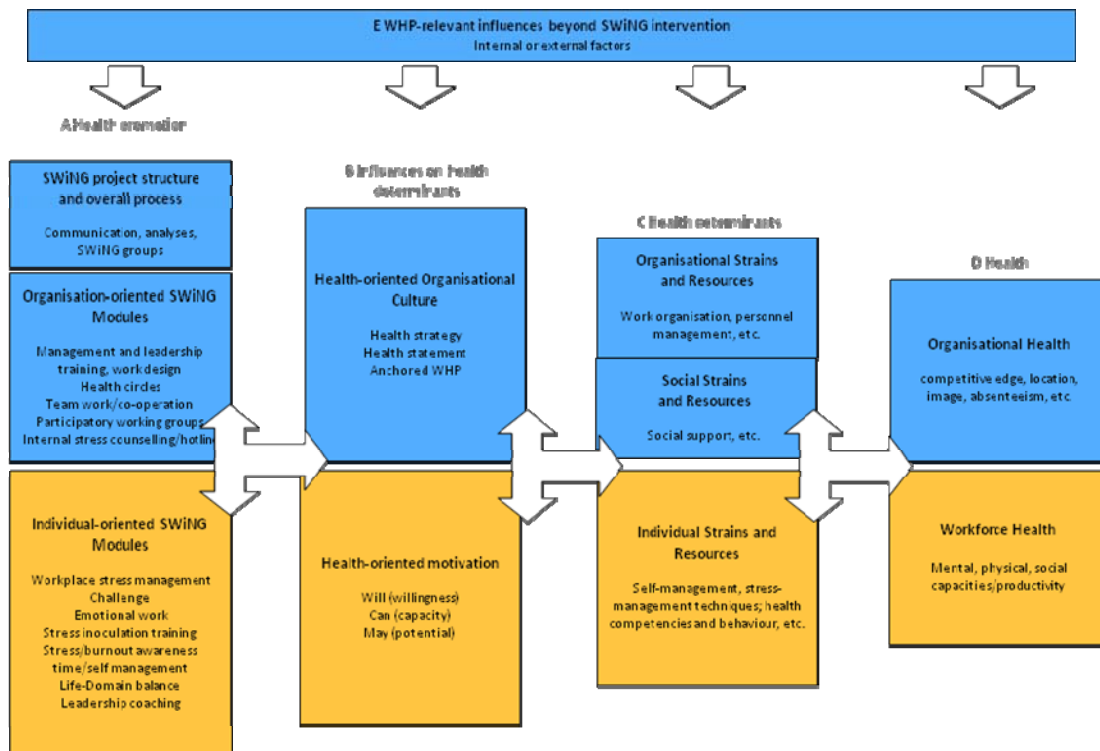
The next part of the report describes the status of the project at the end of its first year. Using the data gathered in this time, the Evaluators draw a comprehensive picture of the initial status and the first stage of implementation in the pilot companies. The companies and the context in which they operate are complex; how interventions take place can never be fully planned or predicted. SWiNG was launched at a time of great unforeseen change; the global economic crisis has had a negative impact on conditions in the private sector. The report describes these conditions and how the project has performed in this context. Selected quantitative data relevant to WPH are presented.

Finally, experiences and insights from the SWiNG project are further discussed. During the first project year numerous interactions occurred between a dozen organisational consultants and many dozens of the workforce in a fairly sketchy project design.⁴ These interactions produced ever more refined company "maps" for WPH, and modes of implementation suited to specific companies, enabling us to draw WPH lessons.

Next, the current state of the project has been summarised according to the various sections in the Outcome Model (see below). The focus is on the terms on which the project operates, and on the first stage of its implementation.

³ WPH = Workplace Health Promotion. Any consulting firms or organisational consultants that implement WPH measures are usually called WPH providers. The report has adopted this expression.

⁴ See SwiNG Evaluation Concept and project information on the Health Promotion Switzerland website (www.gesundheitsfoerderung.ch).



Project Context (E)

A total of just under 5,500 people work for the nine companies located in German and French-speaking Switzerland. The firms vary in terms of business activity; size; ratio of general workforce to middle and upper management; and organisational/work-flow structures (number of units, hierarchies, shift systems, foreign travel, communication, decision-making pathways, etc.). Individual departments are interlinked in various ways; sociodemographic (nationalities, age groups) and occupational differences (job qualification, job profile) also have to be considered. This is why a special focus has been placed on differences between units in each company. The question also needs to be considered how WPH providers deal with the project design and budgeted resources, and with the large number of people and great diversity they have encountered within each company.

The stability of *general conditions* for the SWiNG project also varies greatly as each of the pilot companies is subject to intense internal and external dynamics. In each company there are different expectations as regards project focus and organisation. The worst-case scenario will be for conditions to change so drastically that the continuation of the project is at risk.

Staff in each and every one of the pilot companies have (had) an *awareness of health and WPH*, which is often the case when a company joins a WPH project: firms like these are aware of what is available on the nearby WPH "market", and will find suitable products to help improve their practices. The SWiNG project prioritises the optimisation of operative management processes (i.e. of day-to-day management)⁵ and of supporting

⁵ The German terminology in the report is based on the "Neues St. Galler Management-Modell" (Rüegg-Stürm, 2003).

processes (e.g. further education and support of company staff), which most pilot companies will already be familiar with. WPH means that health is "anchored" in a company's strategic and normative management processes to ensure its sustainability. This "anchor" is already present in the management strategies of these companies, which made it possible to conduct the exhaustive S-Tool survey.

At the beginning of the project various key individuals had different, relatively undefined *expectations and objectives*. In the course of the project and in particular once the Basic Modules have been accomplished, a clearer picture will emerge in participants' and informed people's minds as regards what can be achieved through SWiNG and WPH. One of the essential expectations is that the project should be implemented seriously, transparently and in an outcome-oriented manner.

Scepticism, ambivalence and – occasionally – aversion are part of almost any project intended to effect change in organisations and individuals. *SWiNG as a project of change* and its elements (S-Tool, modules, etc.) are therefore being examined very critically. The SWiNG project has benefited from the serious manner in which it was designed and established; from the already marked awareness of work-health relationships; and – insofar as they are present – from the company managements' commitment and positive example. Moreover, for plausibility SWiNG also draws on social discussions regarding stress, burn-out, early retirement due to ill health, case and absence management, public health costs, and private-sector values and responsibilities vis-à-vis society in general. In the eyes of the workforce, however, this contrasts with the current economic crisis and its more or less negative effects on business areas, companies and, especially, on the workforce itself.

While *WPH providers* (ifa, iafo, vivit) will implement the SWiNG standard scripts and protocols, their own heterogeneity implies that they may well be apply their consulting styles and usual procedures to establish a successful project design. Consulting is a person-centred business; consultants therefore have an understandable interest in being (perceived as) successful by the people in "their" respective companies.

Project Design and Implementation (A)

Each company has evolved its own SWiNG history. For various reasons, the *project design has been adapted* since the launch of the project: WPH providers have taken numerous decisions on how to ensure the success of SWiNG in "their" companies, and how to mobilise energy for the project; new steering groups have been introduced and small-scale discussion and development fora established. Whenever possible, individual project elements have been linked with other development and optimisation processes (coaching, moderation training, etc.) and existing structures. In particular it is the great diversity of company units that requires a more refined project design to make sure that development and positive change can happen in as many teams and departments as possible.

The *SWiNG Group* is one attempt to expand the classical "WPH design" more consistently by adopting other organisational consulting approaches, i.e. by creating internal accompanying project groups. Such groups can assume operative roles; they can also mirror to the consultants and evaluators the way in which the project is evolving in a

particular company. Depending on how familiar participants are with elements of self-reflection, such groups may require time to establish and fine-tune themselves in order to function well. This implies efforts in terms of staff and time that must be expressly allocated and funded. SWiNG Groups have been established in eight of the nine companies. So far, they have played a motivating role and drawn on both formal and informal relationships to accomplish their tasks.

In general it can be said that the pilot companies and individuals involved have practiced good *communications*. Disseminated information enhances the project's acceptance and an exchange of views among the workforce, who are, moreover, interested in details, e.g. what the numbers in the S-Tool survey stand for. Most people in the pilot companies are familiar with optimisation projects; they are more interested in facts, actual steps and results than in a "glossy" look. Also, there are periods of high activity (e.g. during the preparatory stage and the S-Tool staff surveys) followed by longer periods of inaction. This is why good "fine-tuning" is required. While networking and communication among companies are motivating, they could be on a smaller scale and more immediate.

The return of questionnaires from the *Staff Surveys* was high, which enhances the validity of the data. The sheer volume of data, however, entails a risk of unmanageability. The SWiNG project pursues a gradual definition of objectives and measures in each company, based on an equally gradual study of collected data. These processes – data collection, data study – are interventions in and of themselves, a process of reflection during which the company observes and learns something new about itself. It is a process that not only encourages in-company discussions about stress, work and health, but also promotes a culture of involvement and participation.

However, *data may also trigger change* in the guise of reactance, for example, if the "data suppliers" are unwilling to process critical information. Or data may impede change if results indicate that everything is "hunky-dory". Moreover, big differences between company units may trigger jealousy: someone who was originally a model may suddenly be viewed as someone who has no "real" problems, or who works less hard and has no "stress". Finally, graphs showing average values may entrench the status quo rather than mobilise energies for necessary change. Such effects also occur if the possibility space is unclear in which values may occur: there is no overarching participation standard for various forms of organisation, for example; it will need to be defined at least in terms of branch specificity.

At this point, neither the rate nor the representativity of the *programme participants* can be evaluated at a trans-company level because companies are at various stages of accomplishing the modules. The number of courses seems to be adequate to meet the needs of workers in hot spots. However, it should be remembered that what constitutes a hot spot is defined differently from one company to the next. The planning and organisation of modules is likewise dependent on other business processes; short-term changes, cancellations or merging of dates are normal, but they can have a noticeable impact on the composition of the intervention unit. Early feedback indicates that people are less interested in voluntary courses than was originally expected. The reasons are, among other things, changes in the economic situation and employment; in some instances there is a lack of resources to provide and promote voluntary courses. It would appear that most management-level personnel can be reached by the courses that

have been scheduled (or have already occurred). Again, company-specific adaptations to the project design need to be taken into account: working groups rather than courses; holding of several refresher courses; changes nomenclature and schedule (voluntary half-day Skill workshops), and coachings organised by participants/companies themselves; team development; team reflection etc., alongside the project. Within this whole process, the Health Circle seems to be a fairly ponderous project element that does not really fit in with the dynamics and differentiation of a specific company. Accordingly, Health Circles have only been set up in a few companies, or have been replaced by team reflection sessions.

The direct *costs* of the preparatory and analytical stages and of the evaluation are being borne by Health Promotion Switzerland/SVV, while the companies themselves pay for Basic Modules and Consolidation Topics. It has become clear, however, that companies varying levels of resources mean that some companies have more intense project communication than others, and that more modules are being accomplished, extra project and working groups are being set up, more coachings, individual and organisational counselling etc. are being done. The SWiNG project therefore also merges with other processes of optimisation, which makes it difficult to allocate costs clearly. Indirect costs, such as time spent on the project, are being recorded as they occur.

Health-orientation and Willingness to Change (B)

SWiNG has already initiated many processes. Positive group dynamics have been initiated in various companies; awareness for WPH has been strengthened. Individuals' *willingness to change* depends on individual *health orientation* and, to a certain degree, also on the perception of organisational potential for change (see Table 1; SWiNG data are currently being analysed in greater detail). Tolerance of resource-intensive actions is low in companies with a high level of pressure to economise and increase efficiency. This may present additional challenges, especially in terms of a stress prevention programme, with related reactions among the workforce.

It would seem all the more important to integrate WPH into strategic management processes, not least in order to convey the seriousness of the issue to the workforce. Ultimately the health issue merges with company management, which makes it difficult for WPH providers to clearly distinguish their precise contribution. Likewise, it is difficult for such companies to define where WPH stops and "normal" company improvement measures begin. This also makes it difficult to pinpoint exactly what the workforce should be motivated for.

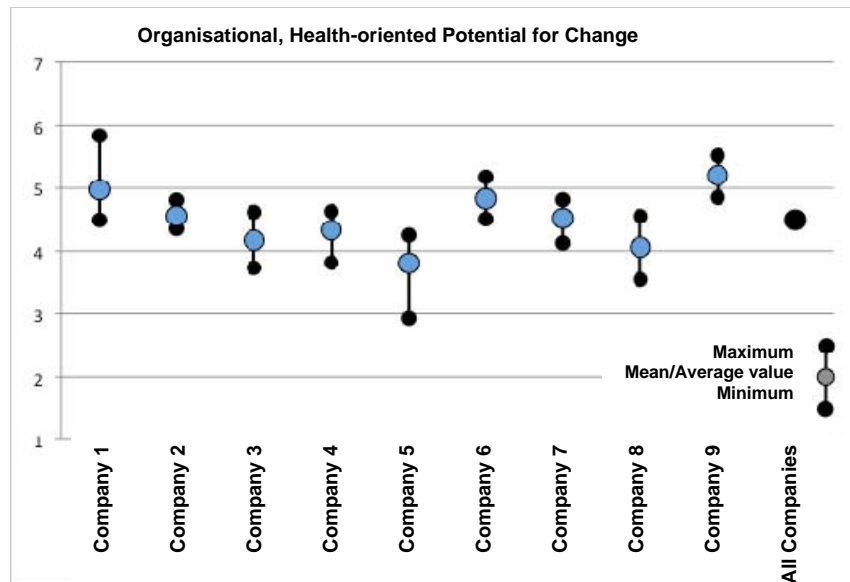


Table 1: How do workers rate their company in terms of being health-oriented and willing to invest in long-term WPH issues? Range from 1 to 7 (1 = low, 4 = medium, 7 = high); no benchmark (Range S202/4; for notes on how to read the table, see footnote ³). – In the eyes of their employees, individual companies willingness to commit to WPH varies, which is also related to existing WPH commitment. Especially the staff of companies 1, 6 and 9 feel that their firms are very health-oriented, investing in WPH (and likely to do so in the long run).

Health Determinants (C)

In this report, the tables on the *health determinants* ascertained are intended to help answer the following question: Where will we see positive change effected by the SWiNG project? The establishment of hot spots should produce a reduction in range where certain company units lagged far behind the others. In particular in terms of principals treating their subordinates with dignity and fairness, differences between company units should become slighter and they should compare more favourably with the benchmark (see Table 2).

The extent to which worker participation and independent work organisation can be increased largely depends on companies' inherent possibility spaces: while high-speed and orchestrated work organisation limits the scope, it does not pre-empt participation – a "both – and" solution should be possible (see Table 3). If SWiNG and its stress management modules can reach the breadth and depth of the workforce, there should be fewer self-effectiveness "traffic lights". Moreover, in combination with a successful

³ All tables function according to the same principle: evaluation occurred at the level of company units; maximum for company unit with highest average value; minimum for company unit with lowest average value. Total average company value is also based on unit-level values (rather than individuals) in order for the analysis to give equal weight to company units regardless of actual company size. This method takes into account the differences between company units and their function as intervention units. Moreover, average values have been highlighted as follows: green = no yellow/red "traffic lights" in any company units; yellow = less than 50% of company units have yellow/red "traffic lights"; red = more than 50% of company units have yellow/red "traffic lights"; blue = no comparable benchmark sample at this scale; "traffic lights" cannot be calculated.

Please note: number and size of company units vary across SWiNG pilot companies.

shift away from stressful work processes, the "coherent feeling" should increase. In other words, work should come to be perceived as comprehensible, manageable and meaningful. If work is perceived as more meaningful, work satisfaction, for example, and (for example) and emotional connectedness with the company will increase ($r=.4$).

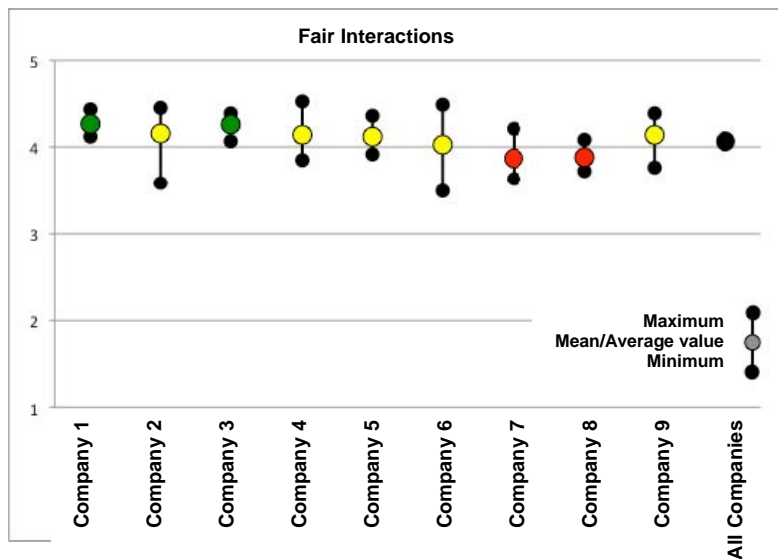


Table 2: Do principals treat their workforce with respect and dignity? Are they friendly? Range from 1 to 5 (1 = never, 3 = sometimes, 5 = always); benchmark $M=4.14$ ($SD=0.89$) (Range S58; for notes on how to read the table, see footnote 3). – Most companies treat their staff fairly and decently. Some problems seem to occur in companies 7 and 8, while elsewhere this issue seems to manifest itself in individual units. Companies 1 and 3 are doing very well in this respect.

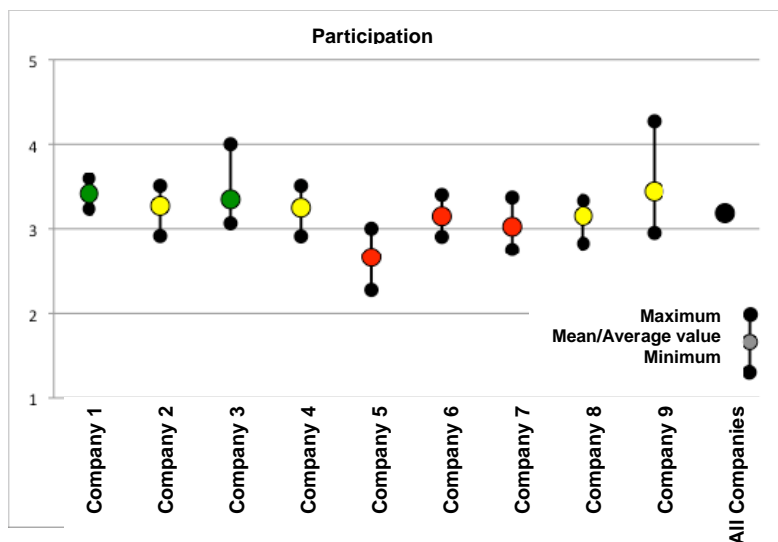


Table 3: Do the workforce have a say in decisions? Range of 1 to 5 (1 = none whatsoever, 2 = information only, 3 = can make suggestions, 4 = participation, 5 = high degree of influence); benchmark $M=3.33$ ($SD=0.90$) (Range S21; for notes on how to read the table, see footnote 3). – The degree of worker participation varies from one company to the next, which is also related to the way in which companies are organised. Nevertheless, companies 1, 3 as well as 9 show that a high degree of worker participation is possible.

Health (D)

Various *health indicators* depend on each other and – as was to be expected – on health determinants. General state of workforce health correlates, for example, $r=.2-.3$ with principals who are friendly and supportive, and treat their subordinates with respect and fairness, as well as with the scope of influence; to a similar degree, there is negative correlation with self-reported absenteeism and presentism. This roughly underscores the significant extent to which working conditions affect health, and – hence – the significance of Workplace Health Promotion (WPH). Particular expected changes effected by the SWiNG project would regard negative feelings towards the company, and emotional connectedness (see Table 4).

A successful transfer of stress management skills should also effect changes in terms of work satisfaction, in the sense of improved coping strategies and a feeling of "being in charge". Where organisational change has been initiated and serious pressures reduced, shifts away from psychosomatic disorders are also to be expected (see Table 5).

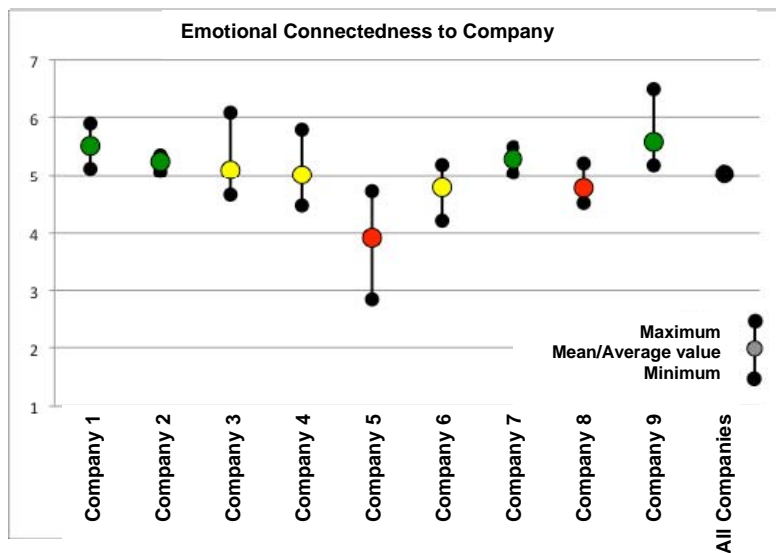


Table 4: How strong is the emotional connectedness of the workforce to their company? Range from 1 to 7 (1 = very weak, 4 = somewhat strong, 7 = very strong); Benchmark $M=5.03$ ($SD=1.28$) (Range S23. For notes on how to read the table, see footnote 3). – There is great variance of emotional connectedness of the workforce to their companies; in some companies there is great variance (both positive and negative) between company units. Company 5 would seem to have real issues.

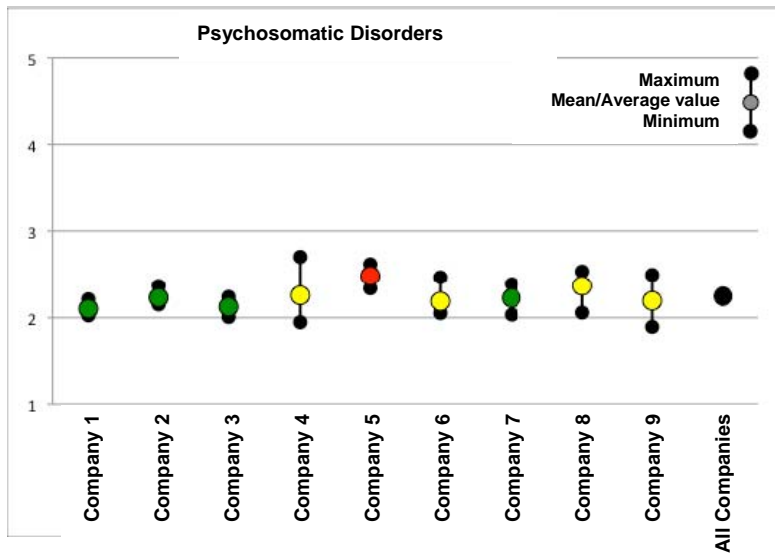


Table 5: How often did the workforce complain of psychosomatic disorders (e.g. headaches, backaches, joint aches, digestive disorders, skin problems, etc)? Range of 1 to 5 (1 = never, 3 = sometimes, 5 = always); benchmark $M=2.22$, ($SD=0.69$) (Range S31; for notes on how to read the table, see footnote 3). – In terms of mental and physical complaints, half the companies are "in the green". In another four companies, individual units are more strongly affected than others. Company 5 shows a generally high level of pressure/stress.

Outlook

The *next Interim Report* will consider changes in quantitative indicators of the S-Tool survey (health determinants / health) and will compute initial analyses of correlation.

The *Final Report* will contain the global Outcome analysis, a calculation of economic benefits and chapters on changes achieved in individual SWiNG pilot companies.